

**MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS  
EDUCATIONAL INSTITUTION  
BELARUSIAN STATE MEDICAL UNIVERSITY**

**Контрольный  
экземпляр**

**APPROVED**

by First Vice-Rector, Professor

S.V. Gubkin



Reg. №

*10.08.2017*

*УД-Г. 608/1718/едч*

**MEDICAL PSYCHOLOGY**

**Curriculum of higher educational institution  
in the educational discipline for the specialty**

**1-79 01 01 «General Medicine»**

Curriculum is based on the standard educational program «Psychiatry and Narcology», approved on 08.08.2017, registration № 780-л.608/ман

**COMPILERS:**

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**RECOMMENDED FOR APPROVAL:**

by the Department of Psychiatry and Medical Psychology of the Educational Institution «Belarusian State Medical University»

(protocol № 16 of 19.05.2017);

by the Methodological Commission, Educational Institution «Belarusian State Medical University»

(protocol № 14 of 15.06.2017)



### EXPLANATORY NOTE

Medical Psychology - is an academic discipline containing systematic scientific knowledge about the role of the psychic characteristics of the personality in the emergence, progress and prevention of mental and somatic diseases, the main regularities of the psychology of a sick person, the psycho-correctional effect on the process of recovery.

The aim of teaching and studying the academic discipline «Medical Psychology» is the training of a doctor with modern, profound medical knowledge on the psychology of patients suffering from mental and / or somatic disorders, knowing the methods of medical and psychological correction and prevention of the psychological problems at all stages of the disease.

The tasks of the academic discipline studying are the acquisition of academic competences by students, the basis of which is knowledge of the psychological component of people's illness, the causes of maladaptive behavior and methods of psychological rehabilitation.

The tasks of teaching of the discipline are to form social, personal and professional competences, based on knowledge and application of:

- modern psychological methods of professional activity and interpersonal communications;
- strategies for interaction between a physician and patients with various disorders of personality and behavior;
- methods of the diagnosing of suicidal risk;
- basic methods of crisis intervention.

Teaching and successful study of the discipline «Medical Psychology» is based on the knowledge and skills formed by the following disciplines.

**Specialized module «Philosophy». Fundamentals of Psychology and Pedagogy.** The essence, regularity and principles of a person's mental life in the ontogenetic context with taking into account gender differences. The structure of clinical interview, psychological perception and assessment of the events of the surrounding world. Basic ideas about the psychology of personality; the process of personality formation in the process of education, development and upbringing; the essence of the processes of self-actualization and self-realization; personal realization in the system of interpersonal and social relationship.

**Human anatomy.** Anatomical structure of the brain.

**Normal physiology.** The human body and its protective systems. Principles of the formation and regulation of physiological functions. Structural and functional organization of the higher nervous activity.

**Pathological physiology.** Etiology. Theory of pathogenesis. The role of the reactivity of the human body in pathology.

**General hygiene and military hygiene.** Problems of anthropogenic pollution of the human environment and ways to prevent it. Protection of the human environment. Human and the biosphere. Valeology is the science of human health. Rational way of life, giving up bad habits, active way of life, full and physiologically balanced nutrition.



**As a result of studying the discipline «Medical Psychology» the student should**

**know:**

- basic mental functions and their physiological mechanisms, the correlation of natural and social factors in the development of the psyche, the importance of volition and emotions, needs and motives, unconscious mechanisms of the human behavior;
- the structure of the internal representation of the disease;
- typical personality reactions to the disease, the characteristics of the patient's response to the work of hospital and outpatient health organizations, features of the reactions of the family to the illness of its members;
- theoretical bases and phases of development of doctor-patient relations;
- theoretical positions of the psychology of dependence, types and degree of manifestation of dependent behavior;
- characteristics of personality, psychological resources and adaptive capabilities of the patients with various somatic disease;
- types of psychological defense;
- types, models and stages of psychological counseling;
- goals and objectives of the crisis intervention; differences between crisis intervention and psychotherapy;
- psychological mechanisms of the reaction to loss, stages of mourning, age-specific features of the perception of death; strategies for psychological assistance in reaction to loss;
- types of violence; social stereotypes that cause specific psychological reactions of the victims of violence;
- psychological aspects of various forms of auto-destructive behavior;

**be able:**

- to make a psychological characteristic of a person, to collect a psychobiographic anamnesis, to assess a patient's condition;
- to evaluate self-condition at the time of the interaction with a patient, to know the simple methods of mental self-regulation, elementary skills of the self-management of attention, memory, thinking;
- to evaluate the structure and severity of disturbances of cognitive processes and emotional-volitional sphere of patients;
- to structure diagnostic skills taking into account the psychological characteristics and social positions of the patient in order to obtain data for the functional (multi-axis or multivariate) diagnosis;
- to use psychodiagnostic methods and psycho-correctional approaches;
- to apply basic methods of psychological diagnosis of addiction;
- to manage psychological and personal mechanisms in the process of treatment of neuropsychic, behavioral disorders and somatic diseases;
- to evaluate the dynamics of psychological problems depending on the effectiveness of the treatment;



**master:**

- verbal methods of communication, active listening technique;
- methods of verbal reactions during the conversation;
- strategy of behavior in the conflict: cooperation, compromise, avoidance, adaptation.
- principles and methods of psychological counseling, psychocorrection, as well as certain principles and methods of psychotherapy.

The structure of the curriculum of the educational discipline «Medical Psychology» includes six sections.

**Total number** of hours for the discipline study is 64 academic hours. Distribution of the classroom hours according to the types of studies: lectures - 12 hours, practical classes - 30 hours, student independent work (self-study) - 22 hours.

Current assessment is carried out according to the curriculum of the specialty in the form of credit (9<sup>th</sup> semester).

Form of higher education – full-time.

## THEMATIC PLAN

Theme	Number of class hours	
	lectures	practical classes (seminars)
<b>1. Introduction</b>	<b>2</b>	<b>-</b>
<b>2. Psychology of patients suffering from mental and / or somatic disorders</b>	<b>2</b>	<b>10</b>
1.1. Internal representation of the disease. Reaction of the person to the disease. Psychological defense.	2	-
1.2. Psychological features of patients suffering from mental and / or somatic disorders	-	10
<b>3. Mechanisms of the neurogenesis</b>	<b>2</b>	<b>10</b>
3.1. The multifactorial nature of neurotic reaction mechanisms, the role of situational, personal factors, age and sexual reactivity	2	-
3.2. The realization of the mechanisms of neurosis in the psychology of patients suffering from mental and / or somatic disorders	-	10
<b>4. Disorders of personality and behavior</b>	<b>2</b>	<b>5</b>
4.1. Personal harmony and disharmony. Accentuation of the character. Deviant behavior	2	-
4.2. Clinical phenomenology of personality and behavioral disorders. Strategies for the interaction of physicians and patients with various personality and behavioral disorders	-	5
<b>5. Suicidal behavior</b>	<b>2</b>	<b>5</b>
5.1 Psychopathological and psychological mechanisms of suicidal behavior. Suicidal risk and its markers	-	5
5.2 History of suicidology. Epidemiology of suicides. The suicide crisis and strategies for its overcoming	2	-
<b>6. The reaction of grief</b>	<b>2</b>	<b>-</b>
<b>Total time</b>	<b>12</b>	<b>30</b>



## CURRICULUM CONTENT

### 1. INTRODUCTION

Medical psychology as a science. Goals and objectives of medical psychology. The relationship between mental and somatic in norm and pathology. The concept of mental health and its criteria. Connection of the academic discipline «Medical Psychology» with other academic disciplines. The role of medical psychology in the work of a physician.

Definition of the concepts «norm» and «pathology» as the main methodological problem of medical psychology. Definition of the concept «mental health». The relationship between the concepts «norm» and «mental health». The «spirit-soul-body» triad and its connection with the definition of health: mental and spiritual health.

Theoretical concepts of psychological help (behavioral, psychoanalytic, client-centered, existential). The concept of psychological health, the means of psychological help, the professional position of the doctor and the understanding of the disease in various psychological concepts.

Theoretical and tactical aspects of doctor-patient interaction. The terms «therapeutic space», «therapeutic relationship», «presence». Professional and personal readiness of the doctor to provide medical assistance.

The main directions of psychological care. Functions of clinical and psychological care (personality development, correction, rehabilitation, prevention). Psychological counseling. Psychological correction and psychotherapy. Psychological rehabilitation. Crisis intervention. Psychological methods of disease prevention.

The concept of «contact». Different levels of contact. Verbal and non-verbal levels of contact. Joining the client according to his expressive manifestations. The main psychological problems of the relationship between the doctor and the patient. Models of the relationship between the doctor and the patient (authoritarianism, cooperation, consumerism). Factors of satisfaction of the medical care quality. The boundaries of acceptance. Tolerance. Conditions of professional activities of the doctor: congruence (authenticity, self-acceptance, sincerity), unconditional acceptance of another person, empathic understanding (empathy). The concept of empathy. The difference between the professional empathy of the doctor and identification, sympathy, interpretation.

### 2. PSYCHOLOGY OF PATIENTS SUFFERING FROM MENTAL AND / OR SOMATIC DISORDERS

#### 2.1. Internal representation of the disease. Reaction of the person to the disease. Psychological defense

Definition of the concept of «internal representation of the disease».

Sexual, age and professional peculiarities of the reaction to the disease. Individual and personal peculiarities of the reaction to the disease. The subjective representation of the disease is the most important factor determining the patient's behavior. Types of personality reaction to disease and social adaptation. Abnormal



behavior associated with the disease: somatization, simulation, denial of the disease. Social concepts of health and disease (K. Herzlich). Cognitive representations of the disease and health (G. Levental, S. Bishop, S. Taylor, C. Petri). Studies of the subjective representations of the disease using narrative psychology (A. Kleinman). Stages of the formation of the subjective representation of the disease. Functions of the subjective representation of the disease. Difference between subjective and medical patterns of the disease.

## **2.2. Psychological features of patients suffering from mental and / or somatic disorders**

Psychological features of patients with cardiovascular, oncological, gastrointestinal diseases, respiratory diseases. Methods of psychological work with dying people, patients suffering from disfiguring appearance diseases, demented patients, patients who'd survived after events beyond the limits of ordinary human experience.

Mechanisms (interiorization, identification, isolation and compensation) and the principles of psychological development. The main categories of development psychology: growth, maturation, learning, socialization, imprinting. General and specific patterns of normal and abnormal development of the child. Psychological patterns of the child's dysontogenetic development; classification of disorders of psychophysical development by the type of dysontogenesis; disharmonic development of the child's personality, mental retardation. Psychology of a child with normal and dysontogenetic development. Psychodiagnosis and examination of a child with development deviations. Clinical aspects of the developmental disorders of children: socialized and non-specialized disorder of behavior. Pathological habitual actions in children and adolescents. Fundamentals of psychocorrective work with children with development deviations. Psychological correction of individual mental functions (attention, memory, constructive and verbal thinking, cognitive activity). Psychological correction of the child's personality development. Directive and nondirective strategies for psychological correction of children. Methods of psychological correction of the family.

Management of the patients with different types of personality reaction to the disease with the development of tactics of their psychological support. Management of the patients with various forms of abnormal behavior associated with the disease: affirmation (somatization, simulation) and denial of the disease. Development of a plan for giving psychological assistance.

## **3. MECHANISMS OF NEUROGENESIS**

### **3.1. The multifactorial nature of neurotic reaction mechanisms, the role of situational, personal factors, age and sexual reactivity**

Intrapersonal conflicts. Phase-specific developmental stages and their significance in neurosis. Disbalance of the structure of the self-concept in neurosis. Features of the locus-control in the neurotic register of response. The importance of cognitive activity in neurosis in the context of an anticipatory concept. Stages of formation of neurotic syndromes. Medico-psychological features of family functioning in disorders of the neurotic spectrum. The concept of the functional /



dysfunctional family. Disbalance of the family structure: imbalance of family unity and family flexibility (adaptation), coalitions, alliances, reversion of the family hierarchy, lack of differentiation in the status among children. Psychological (sibling) position of a child in the family and its significance for the formation of a life style of behavior and stable matrimony. Advantages and disadvantages of sibling stereotypes, regularities and exceptions. Stages of experiencing parents' divorce. Conditions burdening the experience of divorce in children. Psychological features of children in single-parent families. Families with a single parent (divorce, death of one of the spouses, adoption, birth outside marriage).

### **3.2. The realization of the mechanisms of neurosis in the psychology of patients suffering from mental and / or somatic disorders**

Non-pathological and pathological anxiety. Phenomenon of anticipatory anxiety. Structure and dynamics of anancastic syndrome. Psychological mechanisms of somatization of psychological problems. The phenomenon of «flight into illness». Depressive syndromes with somatic manifestations. Psychological mechanisms of the pain syndrome. Alexithimia. The phenomena of dissociation and conversion in clinical psychology. Psychological help in the situation of post-traumatic stress. The concepts of «traumatic event», «stress», «posttraumatic stress». Types of extreme situations. A complex of reactions of «posttraumatic stress disorder». Features of posttraumatic syndrome in persons who participated in hostilities.

Management of patients with panic, obsessive-compulsive, dissociative (conversion) disorders: collection of complaints and anamnesis; objective examination; making a plan of examination; diagnosis.

## **4. Disorders of personality and behavior**

### **4.1. Personal harmony and disharmony. Accentuation of the character. Deviant behavior**

Definition of personality. The basic components of personality. Social structure of personality. Harmonic personality and accentuated personality.

The accentuation of the character of adolescent period according to A. E Lichko: hyperthymic, cycloid, labile, schizoid, asthenoneurotic, sensitive, psychasthenic, epileptoid, hysteroid, unstable, conformal types. The accentuation of the character by K. Leongard.

Determinants of human behavior (biological, psychological, social). Types of deviant behavior. Delinquent, addictive, pathocharacterological, psychopathological behavior. Clinical aspects of deviant behavior. Changes in the motivational sphere. Disturbance of the hierarchical construction of motives. Weakness of intellectual regulation of the motivational sphere. Decreased focus and activity of the behavior. Noncritical behavior. The loss of socially developed "standards" of behavior. Inadequate self-assessment. Formation of pathological needs and motives. Formation of an inadequate orientation of the person. Aggressive and auto-aggressive behavior.

Addictive, antisocial, suicidal, conformist, narcissistic, fanatic, autistic behavior. Biological components of personality disorders (genetically inherited patterns of destructive behavior, birth trauma, diseases and physical trauma of infancy and early childhood, somatic diseases and injuries, arrested development,



mental diseases, etc.) Psychological components of personality disorders (disruptions in the maturation of higher mental functions, self-awareness defects, abnormal development of emotional-volitional processes and personality traits, inadequate mechanisms of psychological defense, deficit and inefficient copying strategies, etc.). Social components of personality disorders (consequences of deviant motherhood, social deprivation, pedagogical neglect, incorrect family education, unhappy living conditions, aggressive environment, problems of child-parent relations, etc.). Types of the aggressive behavior. Constructive and non-constructive forms of aggression. Aggression in the structure of the psychopathological syndromes. Overvalued hobbies. Psychological mechanisms of overvalued hobbies. Overvalued hobbies in the professional sphere. Gambling. Paranoia of the health. Religious fanaticism. Communicative deviations. Autistic behavior. Flexibility. Conformist behavior. Immoral and unaesthetic behavior. Psychological mechanisms of rejection of conventional norms of behavior. Forms of violation of moral laws and moral prohibitions accepted in society.

#### **4.2. Clinical phenomenology of personality behavioral disorders and. Strategies for the interaction of physicians and patients with various personality behavioral disorders.**

Clinical phenomenology of the disorders of adult personality and behavior. Paranoid personality disorder. Antisocial personality disorder. Schizoid personality disorder. Emotionally unstable personality disorder (impulsive type, borderline type). Hysterical personality disorder. Anancastic personality disorder. Anxiety personality disorder. Obsessive-compulsive personality disorder. Dependent personality disorder, other specified personality disorders, mixed and other personality disorders, troublesome personality changes. Strategies for the interaction of the physician and patients with disorders of personality and behavior.

Management of the patients with the disorders of adult personality and behavior: collection of complaints and anamnesis; psychiatric interview; making a plan of examination; interpretation of the results of psychodiagnostic methods; diagnosis, detection of comorbid diseases and aggravating factors; substantiation of indications for the prescription of medicinal products; determining the prognosis of the disease.

### **5 . Suicidal behavior**

#### **5.1. Psychopathological and psychological mechanisms of suicidal behavior. Suicidal risk and its markers.**

Suicidal behavior, basic concepts. Suicide, parasuicide, suicide crisis. Classification of the suicidal manifestations. Inner and external forms of suicidal behavior. Periods, motives for suicidal behavior. Group, imitative, individual, true, demonstrative, hidden, selfish, altruistic, anomic suicides. Personal features of suicides. Prejudices and facts about suicides. Typology of suicides according to E. Shneidman: «death seekers», «initiators of death», «deniers of death», «players with death».

Features of suicidal behavior of children and adolescents. «Protest» forms of suicidal behavior, suicidal behavior such as «appeal», «self-punishment» and



«rejection of reality». Fatal errors of parents and other teenagers surrounding at a high risk of committing attempted suicide. Suicide dangerous groups. Provoking factors of suicide risk in children and adolescents.

Psychopathological and psychological mechanisms of suicidal behavior. Psychopathological concepts of F. Pinel, J. Esquirol, R. Kraft-Ebing. Psychodynamic, existential-humanistic, cognitive-behavioral models of suicidal behavior.

Diagnosis of suicidal behavior. Blank tests, questionnaires, instrumental techniques. Risk factors for suicidal behavior. Differential diagnosis of suicidal behavior with chronic self-injurious behavior and accidents.

Management of the patients with suicidal behavior: collection of complaints and anamnesis; objective examination; making a plan of examination; interpretation of the results of psychodiagnostic methods; diagnosis; development of a plan for psycho-correction intervention. Conducting an individual prophylactic conversation with a suicidal patient, training in methods for eliminating short-term stress: exercises to eliminate short-term stress, anti-stress relaxation, exercises on understanding life and death.

## **5.2. History of suicidology. Epidemiology of suicides. The suicide crisis and strategies for its overcoming.**

History of suicidology. Researchers in the field of suicidology - E. Durkheim, Z. Freud, K. Menninger, E. Shneidman, N. Farberou, and others. Epidemiology of suicides. The suicide crisis, its signs, causes and varieties. Principles and methods of crisis intervention.

## **6. The reaction of grief.**

Grief as a psychological phenomenon. Dynamics of grief. Pathological reaction of grief: clinical, psychological and correctional aspects. Psychological characteristics of persons who have experienced acute grief. Normal and pathological reactions of loss; criteria for their evaluation. Medico-psychological context of the circumstances of stigmatized death. Psychological help to persons who have experienced acute grief. Psychological features of perception of death in childhood.

**EDUCATIONAL-METHODICAL MAP OF DISCIPLINE «MEDICAL PSYCHOLOGY»**

Section, topic #	Section (topic) name	number of hours		Self-study work	The forms of knowledge control
		lectures	practical (laboratory or seminars)		
1	<b>Introduction</b>	2	-	1	interview
2	<b>Psychology of patients suffering from mental and / or somatic disorders</b>	2	10	5	
2.1	Internal representation of the disease. Reaction of the person on the disease. Psychological defense	2	-	1	interview
2.2	Psychological features of patients suffering from mental and / or somatic disorders	-	10	4	interview, tests, article/report publications
3	<b>Mechanisms of the neurogenesis</b>	2	10	5	
3.1	The multifactorial nature of neurotic reaction mechanisms, the role of situational, personal factors, age and sexual reactivity	2	-	1	interview
3.2	The realization of the mechanisms of neurosis in the psychology of patients suffering from mental and / or somatic disorders	-	10	4	interview, tests, control questioning(quizes)
4	<b>Disorders of personality and behavior</b>	2	5	5	
4.1	Personal harmony and disharmony. Accentuation of the character. Deviant behavior	2	-	1	interview
4.2	Clinical phenomenology of personality behavioural disorders. Strategies for the interaction of physicians and patients with various personality behavioural disorders	-	5	4	interview, article/report publications, tests
5	<b>Suicidal behavior</b>	2	5	5	
5.1	Psychopathological and psychological mechanisms of suicidal behavior. Suicidal risk and its markers	-	5	4	interview, tests, article/report publications, final test



Section, topic #	Section (topic) name	number of hours		Self-study work	The forms of knowledge control
		lectures	practical (laboratory or seminars)		
5.2	History of suicidology. Epidemiology of suicides. The suicide crisis and strategies for its overcoming	2	-	1	interview
6	<b>The reaction of grief</b>	<b>2</b>	<b>-</b>	<b>1</b>	interview, credit
	<b>Total time:</b>	<b>12</b>	<b>30</b>	<b>22</b>	



## INFORMATION AND METHODOLOGICAL PART

### LITERATURE

#### **The Main Literature:**

1. Psychiatry / edited by Janis L. Cutler, Eric R. Marcus.- 2<sup>nd</sup> ed.- 2010.- Oxford University Press.- 636 p
2. Saxby Pridmore.- Download of Psychiatry.- 2011.- <http://eprints.utas.edu.au/287>
3. *Фролова, Ю.Г.* Медицинская психология: учебное пособие / Ю.Г.Фролова. - Минск: Вышэйшая школа, 2009. – 383 с.

#### **Additional literature:**

4. Psychopathology: foundations for a contemporary understanding/ editors, James E. Maddux and Barbara A. Winstead.- 2nd ed.- Routledge, 2008.- 458 p.
5. Case files: Psychiatry/ [edited by] Eugene C. Toy. Debra Klamen.- 2nd ed.- 465 p.
6. Evsegneev R.A. Psychiatry for general practitioner: reference publishing / R. A. Evsegneev. Minsk: Belarus, 2001.- 426 p.

#### **Normative regulatory acts:**

7. International Statistical Classification of Diseases and Related Health Problems (ICD-10) <http://apps.who.int/classifications/icd10/browse/2016/en>

#### **List of recommended diagnostic tools**

The following forms are used for competences diagnostics:

1. Oral form:
  - interview;
2. Written form:
  - tests;
  - control questionings;
  - article/report publications;
3. Oral-written form:
  - Credits.



**PROTOCOL OF THE CURRICULUM APPROVAL  
BY OTHER DEPARTMENTS**

Title of the discipline requiring approval	Department	Proposals for changes in the content of the curriculum of higher education institutions by academic discipline	Decision of the department, which designed the curriculum (date, protocol #)
Psychiatry and Narcology	Department of Psychiatry and Medical Psychology	There are no changes in the content of the discipline	protocol №__ from _____

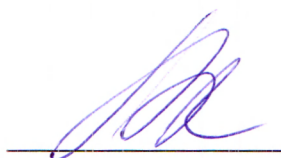


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Content, design of curriculum and the accompanying documents conform to specified requirements.

Dean of the Medical Faculty for  
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V.V. Davydov

Methodologist of Educational  
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