## INTERACTIVE MODEL OF PSYCHODIAGNOSTICS AS A BASIC COMPONENT OF PSYCHOCORRECTION IN THE CLINIC OF CRISIS STATES

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The purpose of the study was to expand the arsenal of ways to reflect and represent, completely and adequately, the motivations and actual conceptualizations of individuals who need and are looking for psychotherapeutic assistance. And with all due respect to these people, who, no matter how we relate to the subject, already have their own established concept of the nature of the existing problems and kinds of help which, probably, should be useful and preferable to them.

Now we do not discuss the "quality" of conceptualization and adequacy of patients' motives and their ideas of useful help. Moreover, we are talking about a person in a crisis situation, accompanied by complicated features of some special psychological status.

The question under discussion is the necessity to unite the therapist's and the patient's views on the character and content of existing problems and the forthcoming psycho-corrective measures in a big single information field. And this task is not so simple nowadays as, for example, half a century ago. The modern patient, as a rule, is highly loaded, and even overloaded with information of any kind of humanities, and knowledge of a purely medical type as well. And the whole set of amateurish knowledge can assemble into complexly organized pictures with far-reaching consequences, not only not helping psychotherapy, but also creating real obstacles to its implementation. To our condolences or not, but a patient is an expert, and another big task is to find short ways to collaborate with patients, is becoming co-experts in our existential problems. And having this approach, we must think about getting the availability of all possible relevant information to start our co-working in a very quick time. The practice need some means to clarify multi-meanings and putting them into some orders.

Our research (2015-2017) was to investigate the ambivalence of the client' request and motivation for psychotherapy. At the first stage spontaneous replies of the patients in treatment were collected. Then, on the basis of the most frequent little narratives of "Psychotherapy: Pros and Cons.", a questionnaire was created and tested in the Clinic of Crisis States, and in 2 control-groups: graduate students and practicing psychologists-psychotherapists.

Approbation of the questionnaire "quick and easy", "12 pro-12 contra" showed its in formativeness and effectiveness as a way of rapid anamnesis data collection; as a means of statistical study of the features of the request and motivation for psychotherapy; as a way to self-disclosure in the first phase of therapeutic contact.

In the conditions of the Clinic, the "co-expert" approach at the start of the therapeutic contact provides a free and protected position for the patient. They estimate it as a creative task, which disposes to conversation (The amount of refusals to participate only 5%).

Approbation showed that the questionnaire has some future life. It is quite good for collecting data

Especially important was numerous episodes of patients' disclosure of those traumatic experiences that they "never say at the start of a contact", but they can easily write about it in conditions of relative anonymity of written answers. Co-expert approach at the start of a therapeutic contact provides a sufficiently protected position. Self-disclosure now is not a confession, but goes through evaluation of experience, not necessarily deeply personal. Discussing the advantages and disadvantages of psychotherapy in humanitarian context, the patient spontaneously chooses the most significant details from the general context, easily accepts the ambiguity paradigm of choice - not as a painful personal problem, but as a peculiar form of discourse.

It was disclosed and phenomenologically described 4 main strategies of answers: "for", "against", "reasoning dialogue", "indifference", behaviorally correlated with the personality characteristics of patients, the severity of the crisis situation and the available past experience of psychotherapy. The questionnaire has the potential for further standardization and application in therapeutic practice.