

BIO-PSYCHO-SOCIO-SPIRITUAL MODEL IN EDUCATIONAL INSTITUTIONS: POSSIBILITIES FROM SUICIDOLOGIST'S CONSIDERATION

Olga Kalashnikova

Crisis Department, A.K. Eramishantsev Moscow City Clinical Hospital, Moscow, Russia

Despite hard efforts, the progress to decrease suicide mortality rates stays low. Up to date science can't predict suicidal behavior and decisively evaluate individual suicidal risk. The quest to find a solution and new methodology stimulates us to view suicidal behavior as a humanitarian problem. "Anyone can be at risk of suicide at any time," according to the American Association of Suicidology.

And because living people always have problems, AAS encourages active, long-term, everyday efforts for suicide prevention not only in clinicians, but in everybody, who influences society in aspects of upbringing, morals and spirituality.

Another strategy of suicide prevention requires cooperation of individuals and the whole society. A person at risk is the strongest resource in preventing suicide. As a rule, people don't want to die. They just don't want to live as they live at the present moment. The best suicide prevention is to make life better for all people. And our task as of mental health specialists is to enhance people's quality of life.

That's why the objective of Dialectical Behavior Therapy (DBT), of one of the modern approaches to suicidal behavior, is not to lower the rates of suicides and self-injuries, but to help each person to build a life, which they would like to live - a Life Worth Living. From the point of view of DBT, suicidal behavior is not a problem, but a solution, perceived as the only possible one, to deal with unbearable frustrations on the way to the desired goal. In order to broaden the range of choices, first of all one needs to learn emotional regulation. Sadly, up to date, unlike with physical health or intelligence, the patterns of psychic world have developed erratically; they were not viewed as a skill that could be purposefully and systematically taught.

The DBT approach, which is aimed to study the whole specter of skills of psychological self-regulation (emotion regulation, distress tolerance, mindful awareness, interpersonal effectiveness), is now effectively implemented into the work with patients, who previously has been considered hopeless. The foundation of the approach is the skill of specifically viewed mindfulness. It is a psychological process, which allows developing critical attitude toward various ideas and theories, allows choosing a favorable emotional reaction, which mediates behavior in response to actions from without. The mindfulness helps not only to view intellectual and emotional psychological hygiene anew, but teaches us to establish cooperative relationships, based on acceptance and responsibility. The psychological skill of mindfulness, which is formed in a special psycho-educational and psychotherapeutic situation, helps to bridge differences of biological, personal and social spheres. Practices of mindfulness teach to cooperate with all aspects of one's Self through regaining contact with one's bodily sensations and emotions. It is the skillful inclusion of the biological component that gives the flavor of life, which makes us immune against suicide.

Later on the basis of work with borderline patients the modifications of psychotherapy were created for cases, where suicidal behavior is less pronounced: depressions, drug and alcohol problems, binge-eating disorder, mood disorders. Today one of the criteria for DBT is the category "students".

It is vitally important for society to boost interest of young generation in their inner world. This may be realized through the primary sincere public interest in young people's opinions on all the aspects of life, which will soon become their future. Psychologists need to redirect technical potential of testing and screenings to establishing feedback practically with every growing person. Sadly, so far tests and screenings in the educational system are held in the form of expertise and are attuned to detect ill-being. The quantitative methods lead to implementation of norms, rates and hierarchies. This creates the spiritual atmosphere of threat, hostility and unfriendliness, which does not heal the society as a whole. The upshot is that the more we try to prevent suicides, the more chances are to provoke them. In order to use public resources more effectively, we need to drop the unproductive stating-testing position ("Is there a problem - or is there not?"). We need to take the position of mindful development in youth such inner psychological skills and such public conditions (mostly spiritual), which allow changing unproductive behavioral stress reaction to an adaptive one.

Of course, the formation of environment, where there is place for everyone, where suicides are less probable, make high demands to training psychologists and psychotherapists, as well as to their quantity.

Psychotherapeutic work with difficult cases in DBT proved to be dramatically more effective, when people from close circle of a patient were involved. For the young students their significant others are their peers, parents and even teachers. And they all want to be good friends, understanding parents and wise mentors, but they don't always know how to achieve it. And mastering skills of psychological settlement, formulated in DBT, is an excellent way to help them. In modern conditions parents stay as a

significant environment for their children for a long time - because of the emotional and financial dependency. Some countries already have the experience of parents organizing into the social movement, in which they teach each other psychological skills and abilities to interact with their kids in difficult situations. Teachers, who create the important context of study for youth, need to think of the similar organization.

The excellent help for the collective practices of new psychological skills and abilities is the emotionally rich physical activity (sport, dances, tourism), artistic and theatrical activity.

Surprisingly, but consistently, the skills of emotional, cognitive and behavioral regulation, taught in DBT, echo with transprofessional meta-skills (soft skills). They are not connected with a specific subject, but are closely intertwined with personal qualities and attitudes, with one's social skills, they depend on the skill to control oneself and influence others. Without it, the acquired professional knowledge can't be realized, for it is just instrument for work, where the eventual result supposes the skillful usage.

Teaching various population groups to live a good life with the help of psychological skills of emotional regulation is based on a unified human nature: to be emotional, thinking, vulnerable, to strive for a better life, but suffer sometimes. The process of such an education establishes conditions for mutual understanding, for creating new rules of communal living and even suits for a role of a national idea. Spirituality does not always have a religious meaning, but it is always about how to live together.

In 2018 the American Association of Suicidology asked media to tell more of hope and resilience, which could prevent more suicides. There is a lot of hope in a functional approach to behavior free of suicides and addictions - a behavior, which can be learned.

The economist and sociologist R. F. Inglehart speaks of a special mission of the period of early adulthood (18-25 years of age). It is the time of formation and shift of values. It is in this time that human assets of the nation are created and its culture is spread. Thus, what will become of the today's generation of students is precisely what in 15 years will become of the country. And today we may affect the tomorrow suicide rates - and decrease them.

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NEUROPSYCHOLOGICAL APPROACH TO REHABILITATION IN PATIENTS WITH CEREBRAL DAMAGE

Maria Kamenetskaya, Oleg Zaitsev & Olga Maksakova

N.N. Burdenko National Medical Research Center of Neurosurgery, Moscow, Russia

Introduction: Neuropsychological rehabilitation is needed in case of disorders of higher mental functions (HMF) due to various brain diseases of traumatic, hypoxic, vascular, inflammatory, atrophic or neoplastic genesis.

The severity of HMF disorders is associated with many factors, including the volume and location of brain damage, the presence and duration of a coma and post-comatose unconscious state in the acute phase of brain trauma. A coma up to seven days' results in moderate disability or so-called complete recovery, whereas a longer coma increases the risk of severe disability. Even a one-to-two-day post-comatose unconscious state triples (17 to 56%) the risk of low-reversible cognitive disorders in the late period after TBI. Only 7% of patients having a post-comatose unconscious state for more than one month end up with moderate to mild cognitive disorders.

Neuropsychological rehabilitation should start as early as possible, ideally as soon as vital functions stabilise. The recovery is fast within the first five months after TBI and then it slows down significantly. New neural ensembles formed as a result of neurogenesis, are meant to increase the adaptivity in the changing conditions of the internal and external environment. Thus, in order to integrate new neurons into functional neural networks, the environment must be restructured as to get problem areas activated. Newly formed functions can appear only in a specially designed problem environment. However, neuropsychological rehabilitation has not been developed enough so far to provide evidence-based options and standards for this type of patient care.

Goal: Developing strategies for neuropsychological care in patients with cerebral damage at different stages of HMF recovery.

Subjects and methods: Based on the analysis of neuropsychological rehabilitation in 93 patients (57 with traumatic brain injuries, 36 with cerebral vascular disorders), the principles of a rehabilitation intervention to restore HMF were defined and further elaborated.