

роботі, спрямованій на формування гармонійної структури особистості, розвиток когнітивної, ціннісно-сислової сфери, формування активної життєвої позиції особистості, прагнення до саморозвитку та самореалізації.

#### ЛІТЕРАТУРА

1. Злобіна О. Регуляції соціальної поведінки в ситуаціях суспільної нестабільності: концептуалізація предметного поля дослідження [Зб. наук. праць] / О.Злобіна // Соціальні виміри. Вип. 3 (14). – К.: ІС НАНУ– “Азбука”, 2011. – С. 28–38.
2. Кутько И.И., Табачников С.И., Долганов А.И., Панченко О.А. Медико-психологическое обеспечение безопасности и надёжности работы персонала атомных электростанций. – К.: Здоровье, 1994. – 227 с.
3. Козаченко Л.М. Чи дозволяє сучасний стиль життя зберегти особистісну ідентичність? / Л.М. Козаченко // Філософська думка. – 2000. – No 2. – С. 56-71.
4. Лебедев В. И. Личность в экстремальных условиях / В.И. Лебедев. – М.: Политиздат, 1989. – 304 с.
5. Максименко С. Д. Загальна психологія. / За загальною редакцією академіка С. Д. Максименка: Підручник. – М.: Вінниця. Нова Книга, 2004. - С. 44-163.
6. Маклаков А. Г. Общая психология: Учебник для вузов / А. Г. Маклаков. – СПб.: Питер, 2012. – С.470-490.
7. Немов Р.С. Практическая психология: Учеб. Пособие / Р.С. Немов. – М.: Гуманит. изд. центр ВЛАДОС, 1997. – С.263-278.
8. Сидорина Т.Ю. Философия кризиса / Т. Ю Сидорина. – М.: Флинта: Наука, 2003. – 456 с.
9. Семенов В.С. О перспективах человека в XXI столетии / В.С. Семенов // Вопросы философии. – 2006 – № 9. – С. 26-37.

УДК 159.98

#### PSYCHOLOGICAL CORRECTION OF EXTRAORDINARY FACTORS INFLUENCE ON A RESCUER PERSONALITY

*Ippolitov A.T., Lviv State University of Life Safety,*

*Humanitarian Faculty, Speciality «Practical Psychology»*

*Krivopys'hyna O.A., Doctor of Psychological Science, Assistant Professor, head of practical psychology and pedagogics department of Lviv State University of Life Safety*

In the psychological rehabilitation all victims of emergency situations as well as medical personnel and rescue workers are involved. Psychological assistance for victims is provided by different specialists: doctors (psychiatrists, psychotherapists), psychologists. Moreover, as the experience of different countries of the world shows, the most fruitful is an

integrated approach of providing psychological support to such victims involving close interaction of doctors and psychologists.

Help for victims is organized using existing offices "helpline", offices of social and psychological assistance, departments of crisis conditions, psychotherapeutic teams of specialized medical care.

In the "hotline" offices separate telephone numbers are allocated for people affected by an emergency, working 24 hours day, without interruption. "Hot line" phone numbers for the period of emergencies are announced to the public through the media.

Offices of social and psychosocial care institutions work 24 hours a day. Their tasks include providing outpatient care for people with mental disorders that arise as a result of ES, including those in the epicenter of emergency situations.

Medical and paramedical teams of psychiatric emergency care work 24 hours a day, together with social and psychological care offices, offices of crisis conditions, neuropsychiatric clinic and psychiatric hospitals.

**Psychotherapeutic teams, participating in elimination of disaster consequences, perform the following tasks:**

- organizing and conducting triage of people with neuro-psychiatric disorders;
- timely and rapid evacuation of victims;
- organization and providing of immediate specialized psychotherapeutic assistance in the closest to the emergency area hospitals;
- combination of treatment and rehabilitation.

**Conducting triage the following groups of victims are distinguished:**

- Group 1 – posing a danger to themselves and others. Psychogenic affect and shock response with excitement or stupor.
- Group 2 – requiring the first medical aid. In case of insufficiently effective therapy, this group of people is sent to a psychoizolyator.
- Group 3 – requiring delayed medical care that can be provided in a mental hospital.
- Group 4 – the most mild forms of mental disorders. Patients after being given sedatives and a brief rest can start working.

**To carry out triage the following criteria are used:**

- state of consciousness;
- presence of movement disorders;
- particularities of emotional state.

**Emergency assistance to victims is in undertaking the following activities:**

- relieving of affect excitement while maintaining contact with affected person;

- relieving of psychogenic or depressive stupor;
- relieving of convulsions or status epilepticus;
- relieving of effects of severe withdrawal symptoms, delirium;
- relieving of developed acute psychotic states.

The primary goal of neuropsychiatric disorders drug therapy is relieving of acute condition using antipsychotics, tranquilizers, antidepressants, and their combinations. When evacuation is delayed a hospital to repeated injections of agitated victims, as well as mandatory for 20-30 minutes before the start of evacuation measures.

Specialized psychological care in nearby hospitals includes the following activities:

- organization of mental health care for people with mental disorders, that were left to be treated there;
- medicamental preparation of people with mental disorders to evacuation into a psychiatric hospital.

#### LITERATURE

1. <http://www.syntone.ru/library/books/content/3330.html>
2. <http://lutim.narod.ru/extremal.htm>
3. <http://psyera.ru/psihologiya-ekstremalnyh-siruaciy-621/htm>
4. [http://tyr-zo.narod.ru/met/met\\_zan/medic1/html](http://tyr-zo.narod.ru/met/met_zan/medic1/html)