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CON GLI ATTI DELLA CONFERENZA SCIENTIFICA E PRATICA INTERNAZIONALE

LE TENDENZE E MODELLI DI SVILUPPO DELLA RICERCHE SCIENTIFICI

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CONTENUTO

SEZIONE VIII. MEDICINA

CLINICAL FEATURES OF THE COURSE OF INTESTINAL INFECTIONS IN CHILDREN IN THE BACKGROUND OF H. PYLORI INFECTION

Poliakova V., Liesna A. 7

FEATURES OF CLINICAL COURSE OF APICAL PERIODONTITIS OF PERMANENT TEETH WITH DISORDERS OF ROOT FORMATION AS A RESULT OF INJURY

Plyska O. 9

INTEGRATED APPROACH AT THE RELATED DISCIPLINES AT THE KHARKIV NATIONAL MEDICAL UNIVERSITY

Erokhina V., Stepanenko A. 11

SHORT-TERM EFFECTS OF STATINS ON FIBRINOLYTIC POTENTIAL OF BLOOD PLASMA IN PATIENTS WITH UNSTABLE ANGINA

Research group:

Lizogub V., Vovk T., Raksha N., Savchenko O., Tyravska Y. 13

ВИКОРИСТАННЯ ЗАСОБІВ ПРИМУСОВОГО ХАРАКТЕРУ В УМОВАХ ПОШИРЕННЯ КОРОНАВІРУСУ 2019-NCOV В УКРАЇНІ

Біляков А.М., Михайличенко Б.В., Личман Т.В. 16

ВЛИЯНИЕ ГИПОКСИЧЕСКИ-ГИПЕРКАПНИЧЕСКОЙ НАГРУЗКИ НА БИОЭЛЕКТРИЧЕСКУЮ АКТИВНОСТЬ ГОЛОВНОГО МОЗГА ЧЕЛОВЕКА

Ібрагимов Ш.У. 19

ДІАГНОСТИЧНЕ ЗНАЧЕННЯ МОЗКОВОГО НАТРІЙУРЕТИЧНОГО ПЕПТИДУ (ВНР) ДЛЯ СУДОВО-МЕДИЧНОЇ ОЦІНКИ ТРАВМИ

Ергард Н.М., Кубаля С.М., Кулій О.І. 21

МЕДИКО-СОЦИАЛЬНАЯ ХАРАКТЕРИСТИКА ПАЦИЕНТОВ С ЗАБОЛЕВАНИЕМ ЧЕСОТКИ

Дащук А.А., Деркач Ю.В., Усенко С.Г. 23

СИНТЕЗ ДЕЗИНФІКУЮЧОГО МИЛА І РЕЧОВИН ДЛЯ ВИКОРИСТАННЯ В МЕДИЦІНІ З РОСЛИННИХ ЖИРІВ І КОМПОНЕНТІВ КОКСУВАННЯ ВУГІЛЛЯ

Науково-дослідна група:

Соколенко Н.М., Островка В.І., Седих Г.О., Попов Є.В., Мороз О.В. 25

**ПРОБЛЕМНІ ПИТАННЯ СУДОВО-МЕДИЧНОЇ ДІАГНОСТИКИ
ПРИЧИН РАПТОВОЇ СМЕРТІ У ХВОРИХ НА ЦУКРОВИЙ ДІАБЕТ**

Науково-дослідна група:

**Бондар С.С., Михайличенко Б.В., Волобуєв О.Є.,
Дубровська О.М., Недлінська Т.Ю. 36**

**SEZIONE IX.
SCIENZA FARMACEUTICA**

**ОБОСНОВАНИЕ ЦЕЛЕСООБРАЗНОСТИ СОЗДАНИЯ НОВЫХ
ПРЕПАРАТОВ АНТИСКЛЕРОТИЧЕСКОГО И
АНТИАНГИНАЛЬНОГО ДЕЙСТВИЯ НА ОСНОВЕ ЛЬНА
ПОСЕВНОГО (LINUM USITATISSIMUM L.)**

Научно-исследовательская группа:

Столетов Ю.В., Куценко Т.А., Уланова В.А., Белик Г.В. 39

**SEZIONE X.
VETERENARIA**

**АНАЛІЗ ФАРМАЦЕВТИЧНОГО РИНКУ В УКРАЇНІ: ПРЕПАРАТИ
ДЛЯ ЛІКУВАННЯ КРОВОПАРАЗИТАРНИХ ЗАХВОРЮВАНЬ У
ТВАРИН ТА ЇХ ПРОФІЛАКТИКА**

Сліпченко В.О. 43

**SEZIONE XI.
PSICOLOGIA E SOCIOLOGIA**

**CHILDREN'S TRAUMA: PSYCHOLOGICAL FEATURES OF
REACTION**

Overchuk V. 45

**ОСОБЛИВОСТІ СТАВЛЕННЯ ЗДОБУВАЧІВ ВИЩОЇ ОСВІТИ ДО
СОЦІАЛЬНИХ МЕРЕЖ**

Васильєва О.М., Бугера А.І., Павлюк О.В. 49

**ТЕОРЕТИЧНИЙ АНАЛІЗ ПОНЯТТЯ СТРЕСОСТІЙКОСТІ ЯК
ОСОБИСТІСНОГО ЧИННИКА ПРОФЕСІЙНОЇ ДІЯЛЬНОСТІ
МАЙБУТНІХ ПСИХОЛОГІВ**

Гупало С.Р., Кулик Ю.О., Свідерська О.І. 52

**SEZIONE XII.
COMUNICAZIONI E CULTURA SOCIALE**

**КОЛЕКТИВИ З ХОРОЛЬЩИНИ - ЯСКРАВІ ПРЕДСТАВНИКИ
ПОЛТАВЩИНИ НА ФЕСТИВАЛІ «УКРАЇНСЬКА ПІСНЯ ЄДНАЄ
НАС»**

Шершова Т.В. 56

SEZIONE XIII. PEDAGOGIA

CLINICAL CASE BASED LEARNING AS AN INNOVATIVE METHOD FOR TEACHING BIOCHEMISTRY IN MEDICAL UNIVERSITY Кіндрат І.П.	58
DIFFERENT TYPES OF ACTIVITY TO LEARN ENGLISH THROUGH THE SONGS Kachmar O.V., Krytsak O.O.	60
IMPLEMENTATION (INTEGRATION) OF FRACTAL ANALYSIS METHODS IN EDUCATIONAL ARCHITECTURAL DESIGN Щелкунова Л.И.	63
INTEGRATING VISUAL ARTS INTO ESP FOR CHEMISTS Olizko Y.	65
METHODOLOGICAL PECULIARITIES OF THE USAGE OF INFORMATION TECHNOLOGIES IN THE FORMATION OF A MEDICAL STUDENT KNOWLEDGE Haborets O., Pyshnogub M.	67
PHYSICAL EDUCATION: THE ACADEMIC SIGNIFICANCE Nadiya Y., Styfanyshyn I., Romanchuk O.	69
TEENAGER`S MOTIVATION FOR STUDYING ENGLISH Rybina I., Bobro O.	71
ВІДЕОКОНФЕРЕНЦІЯ ЯК ЕФЕКТИВНИЙ МЕТОД НАВЧАННЯ ТА ЗАСІБ ЗАБЕЗПЕЧЕННЯ ПРОФЕСІЙНОГО СПРЯМУВАННЯ ЗМІСТУ НАВЧАННЯ ВІЙСЬКОВИХ ФАХІВЦІВ У ПРОЦЕСІ ВИВЧЕННЯ ІНОЗЕМНИХ МОВ Шалигіна Н.П.	73
ВПРОВАДЖЕННЯ У ПРОЦЕС НАВЧАННЯ ІННОВАЦІЙНИХ ПЕДАГОГІЧНИХ ТЕХНОЛОГІЙ Литвин А.Ф.	75
ДЕЯКІ ПИТАННЯ ОЗДОРОВЧОГО ВПЛИВУ СПІВУ НА ДИТЯЧИЙ ОРГАНІЗМ Цуранова О.О., Полинько Я.Р.	77
ЕТАПИ РЕАЛІЗАЦІЇ ДИСТАНЦІЙНОГО НАВЧАННЯ Пастушенко О.А.	79
ИЗУЧЕНИЕ ГРАММАТИЧЕСКОГО МАТЕРИАЛА ИНОСТРАННЫМИ СТУДЕНТАМИ Кон О.О.	80

ІНТЕРАКТИВНІ ТЕХНОЛОГІЇ - ШЛЯХ ДО ФОРМУВАННЯ ТВОРЧОЇ ОСОБИСТОСТІ Юркевич Г.	82
ІНФОРМАЦІЙНО-ЦИФРОВІ ОСВІТНІ СЕРЕДОВИЩА, ЯК ЗАСІБ ФОРМУВАННЯ ЕЛЕКТРОТЕХНІЧНИХ ЗНАТЬ І ВМІНЬ МАЙБУТНЬОГО ВИКЛАДАЧА ПРОФЕСІЙНОГО НАВЧАННЯ У ГАЛУЗІ ТРАНСПОРТУ Петрицин І.О.	87
К ПРОБЛЕМЕ ОБУЧЕНИЯ ИНОСТРАННОМУ ЯЗЫКУ С ИСПОЛЬЗОВАНИЕМ ПРОЕКТНОЙ МЕТОДИКИ Щербань Л.М.	94
КЕЙС-МЕТОД І ДІЛОВА ГРА У ВИКЛАДАННІ ІНОЗЕМНОЇ МОВИ СТУДЕНТАМ ЕКОНОМІЧНИХ СПЕЦІАЛЬНОСТЕЙ Демченко Н.С.	95
КРИТИЧНЕ МИСЛЕННЯ ЯК БАЗОВА КОМПЕТЕНЦІЯ ДИТИНИ ДОШКІЛЬНОГО ВІКУ Семеняко Ю.Б.	97
МЕРЕЖЕВІ ПЕДАГОГІЧНІ СПІЛЬНОТИ ЯК ІНСТРУМЕНТАРІЙ ПРОФЕСІЙНОГО РОЗВИТКУ ВЧИТЕЛЯ ДО ФОРМУВАННЯ КЛЮЧОВИХ КОМПЕТЕНТНОСТЕЙ УЧНІВ Левченко Ф.Г.	101
МЕТОДИКА ДІАГНОСТИКИ РІВНЯ ВИКОРИСТАННЯ ІНФОРМАЦІЙНО-КОМУНІКАЦІЙНИХ ТЕХНОЛОГІЙ СЕРЕД СТУДЕНТІВ Драчук М.І., Федорович З.Я.	103
ПЕДАГОГІЧНІ УМОВИ ФОРМУВАННЯ ДОСЛІДНИЦЬКОЇ КОМПЕТЕНТНОСТІ У МАЙБУТНІХ ФАХІВЦІВ ІЗ ОХОРОНИ ПРАЦІ Левченко І.М.	105
МУЗИЧНО-ПЕДАГОГІЧНА ОСВІТА У КОНТЕКСТІ ГЛОБАЛІЗАЦІЙНО-ЦИВІЛІЗАЦІЙНИХ ЗМІН Прокопчук В.І.	108

**SEZIONE XI.
PSICOLOGIA E SOCIOLOGIA**

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**CHILDREN'S TRAUMA: PSYCHOLOGICAL
FEATURES OF REACTION**

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Trauma is a frightening, dangerous or violent event that poses a threat to the mental or physical safety of a child. Evidence of a traumatic event that threatens the life or physical safety of a loved one can also be traumatic. This is especially important for young children, as their sense of security depends on the perceived security of their attachment figure.

Traumatic experiences can cause strong emotions and physical reactions that can persist long after the event. Children may feel horror, helplessness, or fear, as well as physiological reactions such as heartbeats, vomiting, or loss of control of the intestines or bladder. Children who are unable to protect themselves or who lacked protection from others to avoid the effects of a traumatic experience may also feel overwhelmed by the intensity of their physical and emotional reactions.

Despite the fact that adults try to ensure the safety of children, dangerous events still occur. This danger can come from outside the family (for example, a natural disaster, a car accident, shooting at school or violence in the community) or from within the family, for example, – due to domestic violence, physical or sexual abuse, or the unexpected death of a loved one.

Because of the gap in relationships with close adult, there may be negative changes in the child's behavior. When the attachment object (family as a sphere of attachment formation) is lost, there is a violation of a child's attachment. The following types of it are determined [1]:

- Negative (neurotic) attachment – the child constantly looks for attention from adults, even negative, provoking punishment, annoying adults.
- Ambivalent attachment – the child constantly demonstrates a double attitude to a close adult: then caresses to him, then roughens, avoids. There are no compromises in the relationships, and the child cannot explain himself his behavior and suffers from it.
- Avoiding attachment – the child is locked, downcast, does not allow trusting relationships with adults and children. The main motive for such behavior is «nobody can be trusted».
- Disorganized attachment – the child has learned to survive, breaking all the rules and boundaries of human relationships. She does not need to be loved – she

wants that everyone was afraid of her. This type of attachment is characteristic for children who have been subjected to ill-treatment in relation to themselves.

Traumatic events can cause different behavioral features in children, feelings that are important to track and adequately help the child to survive, manifest and work on them. These can be a sense of insecurity, fear of the future, anger, aggression, shame and guilt, alienation and isolation from the environment, sadness. Children may have problems with learning, attention, the ability to memorize information, psychosomatic disorders (such as logoneurosis (stuttering), enuresis (urinary incontinence), bronchial asthma, neurodermatitis, etc.). There are certain features of children's behavioral manifestations who have received the traumatic experience, taking into account age [2].

The preschool children (under 6 years) are in close contact with their parents and can not independently resolve certain questions, they largely depend on the parents' decision or support. Parents for a preschool child are basis of the security and the basic figure for satisfaction of needs, including the need for communication with friends, the need for physical contact, etc. Children of preschool age often have diffuse and somatic reactions to traumatic events. They can think by mistake that this event is their fault. It can lead to so-called "magic thinking" (for example, a child may think, "If I am beautiful, it will not happen") and the formation of a feeling of own guilt. The children of this age often show their emotional reactions to injury in the form of sleep problems, they can have nightmares. They may have anxiety and disturbances that are manifested in "adhering to the adults" (the child is afraid of staying alone in the room, constantly in need of attention, afraid of falling asleep, etc.) [2].

Children (7-11 years) begin to be more afraid after an injury, to be ashamed and to show increased anxiety. There can be a regressive behavior (a return to the previous stages of development), which includes enuresis, sucking a finger, baby babbling, the desire to keep a toy along with them. The loss of appetite, complaints of abdominal pain, headaches, and dizziness can develop in the children of this age. There are also common educational problems, such as inability to concentrate, refusal to attend school, aggressive behavior at school.

The teenagers (from 12 years old) usually hold a sense in himself, which can lead to depression. At the same time, they may pretend that "everything is fine". The children can try to spend less time with their family, and more time with other people, trying to be active and thus manage their fears. For such children, there is a risk of being included in different groups. In high stress, the important place belongs to the understanding of the adolescent as a person, awareness of his place in society, the formation of reflection skills, the ability to take into account the needs and feelings of the environment, possessing methods of constructive conflict resolution and self-regulation skills. In dealing with a child, it is important to understand the essence of his problems. Plan the work together with parents. However, the parents and the nearest surrounding of the child can become for her the resource surrounding - such that, it will help to survive the trauma and adapt to the new conditions [3].

The children, who have survived the trauma, as a rule, are characterized four peculiarities [4]:

1. Visual obsessive, oppressive memories of traumatic events that are constantly being repeatedly experienced in nightly horrors.

2. Behavior that is again repeated (repeated play of a tragic episode during a game, reproduction of essential parts in the game or behavioral idiosyncrasy).

3. The specific fears that are associated with trauma, avoidance of incentives or situations associated with an event or reminiscent of the trauma.

4. Change in attitude towards people, to different aspects of life and to the future.

As a result, we consider it is important to indicate the main types of immediate or delayed reactions, that are shown by children, as a result of the experience of a traumatic situation:

1. Expressive reactions, when the child shows the strong emotions, can cry, shout, swear, laugh, swing, but the main thing – he can not control his emotions.

2. Controlled reactions, when the child tries to restrain himself, he may look superficially calm outside.

3. Shock reactions, when a child, who has survived an acute traumatic situation, as if he shocked, depressed, it is difficult for her to understand what had happened to her.

Such types of reactions can change each other, appearing in a certain type of behavior. The trauma does not happen by itself. She immerses everything deeper and deeper – the child tries to manage with the situation through the psychological mechanisms of defenders.

The most typical mechanisms of psychological protection in children and adolescents are as follows [2]:

1. Regress to Early Child's Behavior. In a crisis situation, this protective mechanism manifests itself in the return of a child (or teenager) to more primitive means of reaction – the child becomes whining, capricious, irritating, not self-contained, etc. Some children and adolescents might be observed enuresis, biting nails, sucking fingers and so on. Some traumatized children receive the reassurance from abundant food and drink, smoking. The predominance of regression as a psychological defense is often observed in the infantile adolescents, as well as in adolescents with mental retardation. At the age of 5-11 years, the regression is manifested in increased dependence on the immediate surrounding and weaker control over impulses and aspirations. Regress also shows itself in obsession, the development of sadomasochistic features in relation to others (the child can act both in the role of being offended and in the role of the offender), aggressiveness, etc. In a situation of violence, regression is a sign of mental exhaustion due to the duration of stress.

From the age of 12-13 years, the tendency to regress manifests itself as a norm of the age-old teenage crisis. There are normally differences between high vigorousness and activity at one time, and fatigue and passivity in the next, when the internal conflicts exhaust the energy resources of the organism.

The regressive types of the adolescents' protection in a crisis condition are the dreams and fantasies, that is, the replacement of the action with the expectations of the reality magical permission, when all difficulties would be solved by themselves.

2. Identification with the aggressor. In behavior, the child demonstrates those feelings and qualities that are inherent in a person who has shown the aggression

or abuse about a child. This kind of psychological protection is often observed in infantile adolescents with unstable self-esteem.

3. Suppression I – it is another commonly used mechanism of protection for children aged 5-11, often combined with passivity. A child avoids new life experiences that can carry a risk and challenge, chooses a narrow, but safe area of activity with a minimum number of interests, she is pre-pessimistic about the outcome of her actions. Because of this, often, the ability to study is suffered in such children. At this age, the sense of self-esteem is still very fragile, and although the child's ambitions are high, her ability to defend itself with humor and irony has not formed yet. In this connection, the irony of adults and the actual or predictable critique of coevals, friends often become unbearable.

4. The denial is protection from unpleasant reality due to the child's refusal from her realistic and adequate perception, from awareness of her own problems. Denial is a cardinal psychological defense for all external injuries. The teenagers with this type of psychological protection do not take the source of anxiety as a real event. In the structure of the personality, as a rule, they are tended the inadequately overestimated self-esteem, they do not tolerate criticism, selfish; actively deny the existence of difficulties, difficulties in their lives.

5. Designing is the attribution to others their own, desires and intentions that are denied in themselves. The projections can be seen in their drawings, games, fairy tales, and stories in the children, who have survived violence. Often under the influence of this type of protection, the children accuse others of that, they feel themselves, but they do not want to admit themselves.

References:

1. Brish, K. H. (2012). *Rozlady pryviazanosti vid teorii do terapii*: posibnyk [Disorders of attachment from theory to therapy] Karl Haints Brish; per. z nim. Yu. Kovaliv. Lviv. [Ukrainian].
 2. Paramjit, T., A. O'Donnell, J., A. O'Donnell, D. (2003). *Consequences of Child Exposure to War and Terrorism*. Clinical Child and Family Psychology Review, 4.
 3. Bohdanov, S. O., Hnida, T. B., Zalevska O. V., Lunchenko O. V., Panok V. H., Soloviova V. V. (2017). *Korektsiino-rozvytkova prohrama formuvannia stiikosti do stresu v ditei doshkilnoho viku ta shkoliariv «Bezpechnyi prostir»: navchalno-metodychnyi sposib* [Correctional and developmental program for the formation of resistance to stress in preschool children and schoolchildren]. Kyiv: NAUKMA, « Glif Media» Ltd. [Ukrainian].
 4. *Psychological perspectives on health and disease*: Collective monograph. (2019). Riga: Izdevnieciba "Baltija Publishing".
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