АКТУАЛЬНІ ПРОБЛЕМИ ПРАКТИЧНОЇ ПСИХОЛОГІЇ

Збірник наукових праць

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ДЕРЖАВНИЙ ЗАКЛАД «ПІВДЕННОУКРАЇНСЬКИЙ НАЦІОНАЛЬНИЙ ПЕДАГОГІЧНИЙ УНІВЕРСИТЕТ ІМЕНІ К. Д. УШИНСЬКОГО»
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АКТУАЛЬНІ ПРОБЛЕМИ ПРАКТИЧНОЇ ПСИХОЛОГІЇ

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Actual problems of practical psychology: Collection of scientific works of International Scientific and Practical Internet Conference(17 May 2024, м. Odessa). Odessa, 2024. 425 P.

The collection contains materials from an international scientific and practical conference dedicated to addressing current issues in practical psychological science. The scientific works primarily focus on theoretical and practical aspects of modern psychological science.

Attention to all applicants, post-graduate students, and young scientists from psychological and pedagogical universities.

Головська Ірина Георгіївна – кандидат психологічних наук, доцент кафедри теорії та методики практичної психології, Державний заклад «Південноукраїнський національний педагогічний університет імені К.Д. Ушинського» (м. Одеса).
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Майстренко Тетяна Миколаївна – здобувачка третього (освітньо-наукового) рівня вищої освіти за спеціальністю 053 Психологія ОПП «Психологія», Державний заклад «Південноукраїнський національний педагогічний університет імені К.Д. Ушинського (м. Одеса).

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В збірник увійшли матеріали Міжнародної науково-практичної конференції здобувачів, яка присвячена актуальним проблемам практичної психологічної науки. Тематика наукових праць присвячена переважно теоретичним та практичним аспектам сучасної психологічної науки.

Для здобувачів, аспірантів, молодих науковців психологічних та педагогічних вузів.

Секція IV.
ОСНОВИ ВЗАЄМОДІЇ ПСИХОЛОГА, УЧИТЕЛЯ І БАТЬКІВ В УМОВАХ ОСВІТНЬОГО ПРОЦЕСУ

19. Refisch, A., & Walter, M. (2023). The importance of the human microbiome for mental health. *Der Nervenarzt*, *94*(11), 1001-1009.
20. Cai, H., Chen, X., Burokas, A., & Maldonado, R. (2023). Gut microbiota as a therapeutic target in neuropsychiatric disorders: current status and future directions. *Frontiers in neuroscience*, *17*, 1198291.
21. Karakuła-Juchnowicz, H. (2020). Znaczenie, zapomnianego narządu"—mikrobioty jelitowej—w rozwoju i terapii zaburzeń neuropsychiatrycznych. In *Forum Medycyny Rodzinnej* (Vol. 14, No. 6, pp. 265-280).

PSYCHEDELIC-ASSISTED THERAPY – THE POSSIBLE FUTURE OF PTSD TREATMENT

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Many researchers and activists who are skeptical of psychotropic drugs are coming around to the proposal of popularizing the role of psychedelic substances in treating mental disorders.

Among the most common effects characteristic of psychedelic substances are multisensory hallucinations and the so-called 'blurring of the senses' (synaesthesia), giving the impression of being able to taste a color or smell a sound[1][2]. Such effects evoke different emotions and experiences and can be subjectively considered positive, referred to as a 'good trip', and negative, known as a 'bad trip'[2]. In addition, the ingestion of larger amounts of substances can cause unpleasant and dangerous physiological reactions, such as muscle spasms, convulsions, loss of consciousness, loss of motor coordination, and psychological issues like psychosis, panic, paranoia or dangerous and aggressive behavior towards oneself and others[3].

The psychedelic effect itself can be divided into 5 levels. Each successive one is an intensification of the previous one and introduces additional elements into the experience[4][5][6].

Post-traumatic stress disorder (PTSD) is a mental disorder that originates from the experience of a traumatic event (most commonly associated with war veterans). It is characterized by negative thoughts, feelings, dreams and flashbacks associated with the event that triggered the trauma, as well as a significant risk of suicide and self-harm[7]. Treatment for PTSD includes psychotherapy (for example, Cognitive behavioral therapy [CBT] or Eye movement desensitization and reprocessing [EMDR]) and pharmacological treatment, with SSRIs (for example, sertraline, paroxetine) or SNRIs (for example, venlafaxine)[8]. Duration (for psychotherapy and pharmacotherapy) and side effects (for case of pharmacotherapy) mean that faster, more effective and safer alternatives are still being sought, hence the research into Psychedelic-Assisted Therapy.

Substances used

N,N-Dimethyltryptamine (DMT)

DMT is an organic chemical compound that has found its use for centuries in the religious rituals of some of the South American regions, where it is extracted from certain plants[9], and is administered in the form of ayahuasca to participants, thus providing multisensory distortions and hallucinations. It can be administered orally

(necessarily with a monoamine oxidase inhibitor (MAOi) to prevent the substance from being metabolized too quickly), injected into the bloodstream or snorted through the nose. Its use in spiritual practices is due to the mystical effect it induces, in psychology, called the entheogenic experience. DMT's side effects include a sharp rise in blood pressure, accelerated pulse rate and body temperature. In addition, the concentration of cortisol, among other things, increases in the blood. The effect of this substance becomes noticeable even as quickly as within 5-15
minutes, depending on how it is taken[9][10].

DMT is a powerful psychoplastogen that promotes neuroplasticity, which, for psychotherapy, is the most important feature of this substance[11].

Lysergic acid diethylamide (LSD)

LSD is a laboratory-produced substance. Among its effects we can include intensification of sensory perception, along with its disturbance, increase in emotional reactivity and intensification of thoughts combined with multisensory hallucinations[12]. Despite its rapid action, with effects noticeable in as little as 30 minutes, the duration of LSD's effects can reach even up to 20 hours at higher doses. LSD is similar in its effects to psilocybin (a substance found in 'magic mushrooms') [13]. Side effects of LSD include increased blood pressure, dry mouth, increased sweating, nausea, decreased muscle tone, anxiety and even suicidal thoughts[3][14][15].

3,4-Methylenedioxymethamphetamine (MDMA, ecstasy)

Although MDMA is not a classic psychedelic due to its lower hallucinogenic effects compared to other psychedelic substances[16], it is used in Psychedelic-Assisted Therapy[17]. Ecstasy belongs to the group of psychoactive substances referred to as 'emphatogens', which, as the name suggests, induce a greater openness to emotions, a sense of emotional unity with other people, and a temporary increase in empathy and compassion. When MDMA is taken orally, in pill form, the effects begin to be noticeable after about 30-45 minutes[16].

Ketamine

Ketamine also is not considered a classic psychedelic substance, as it is a dissociative anesthetic. It is capable of producing lighter and fewer hallucinogenic effects than LSD or psilocybin. It is usually used for pain relief, but also has a short-term antidepressant effects and is a psychoplastogen. Side effects of ketamine include dry mouth, numbness, speaking difficulties and deconcentration[18].

Therapeutic procedure

The exact procedure, due to still ongoing clinical trials, is not precisely known. From the available information, we can learn that Psychedelic-Assisted Therapy is usually divided into three parts: preparation, the acute psychedelic experience and integration. It is emphasized that the elements of the procedure that constitute 'talk- therapy', that is, the non-psychedelic ones, are important for safety reasons and effectiveness. It is indicated that a psychotherapist who is to participate in psychedelic sessions should first have several regular 'talk-therapy' sessions with their patient to form a psychotherapeutic alliance and gain trust.

The role of the psychotherapist is to prepare the patient for the process of the psychedelic session, to build curiosity in the patient for the things they will experience,

and to make sure the patient knows how to react to unpleasant stimuli. It remains on the experts' side to take care of the so-called ‘set and setting’, i.e. the patient's attitude and mood (set) and make sure the environment is safe and friendly (setting) for the duration of the session with psychedelic substances, in order to minimize the risk of a ‘bad trip’. During the procedure, which lasts about eight hours, the patient may sit or lie down, blindfolded to focus on introspection instead of the surrounding, and sometimes appropriately selected music is offered, to keep the patient calm. Psychedelic drugs are usually administered in pill form.

During the ‘trip’, therapists (usually two people) remain quiet but alert to any signs of distress in the patient’s behavior. Their role is to respond to questions and comments and potentially offer ‘guidance’. In some cases this therapy can last one session, in other – two or three. After a session with a psychedelic substance, the patient goes through an integration process with the psychotherapist, which involves talking about the sensations they experienced, making sense of them and assigning them meaning[19][20][21].

Research results

In the meta-analysis examining the effects of MDMA and ketamine, whose strict criteria were met only by 9 studies with a total of 205 subjects, the researchers team offers support of efficacy of MDMA and ketamine in the treatment of PTSD (AlFardan et al., 2023)[22].

Another meta-analysis, by Luoma et al. (2020), selected 9 randomized, placebo-controlled studies of MDMA, LSD and ayahuasca published since 1994.The analysis showed, greater than most of the studies on psychiatric drugs and psychotherapy do, a between-groups effect size of as high as 1.21 (Hedges g). This study also indicates the efficacy of Psychedelic-Assisted Therapy in treating PTSD[23].

The study, which yields less promising results, indicates a consistent reduction in PTSD symptoms in most MDMA-treated subjects and in those given ketamine, although the latter indicated that symptom relapse occurred in 80% of patients. The authors maintain, however, that: ‘so far, no clinical trials have been conducted to examine the potential of classical psychedelics for the treatment of PTSD,’ but it’s worth noting, that they refer to a 2020 study analysis (Mohamed et al., 2022)[24].

Discussion and summary

An article published in The Lancet Regional Health – Europe indicates that, quote: ‘The long-term effectiveness of psychedelic-assisted psychotherapy and its potential to outperform existing medications for PTSD and treatment-resistant depression can only be determined through more trials and subsequent observational studies’ (Lancet Regional Health – Europe, 2023)[25]. To be convinced of the real efficacy of psychedelic substances, we really need time and methodologically decent experiments. It is important to keep in mind that most, if not all, of the currently available studies are on efficacy, not effectiveness, which should cool our enthusiasm. The meta-analyses presented in the text, concern a small number of studies. It is worthwhile to ensure methodological rigor in empirical studies so that subsequent analysis of the data can be possible. At this point, we only have some evidence of the possible efficacy of Psychedelic-Assisted Therapy in the treatment of PTSD. However we lack hard

empirical and analytical evidence of its effectiveness. Minimizing the side effects of such therapy seems to be quite difficult, as if we rely mainly on preparing the patient through 'talk-therapy'. A
conversation, even one that follows therapeutic procedures, remains to some extent unpredictable, and the number of possible confouding variables increases with time. To summarize, we need more time, more studies and better methodological criteria, to meet the rigors of future meta-analyses, but the research that we have for now, gives hope for the future of treatment of PTSD.

Literature

1. Nichols, D. E. (2016). Psychedelics. Pharmacological Reviews, 68(2), 264–355. https://doi.org/10.1124/pr.115.011478
2. McClure-Begley, T., & Roth, B. L. (2022). The promises and perils of psychedelic pharmacology for psychiatry. Nature Reviews. Drug Discover/Nature Reviews. Drug Discovery, 21(6), 463–473. https://doi.org/10.1038/s41573-022-00421-7
3. Psychedelic and Dissociative drugs | National Institute on Drug Abuse. (2009). National Institute on Drug Abuse. http://www.nida.nih.gov/infofacts/hallucinogens.html
4. Erowid Psychoactive Vaults : The Psychedelic Experience FAQ v1.1. (n.d.). https://www.erowid.org/psychoactives/faqs/psychedelic_experience_faq.shtml
5. Stafford, P. (2003). Psychedelics. Ronin Publishing (CA).
6. Grof, S. (1999). Poza mózg: narodziny, śmierć i transcendencja w psychoterapii.
7. Bisson, J., Cosgrove, S. J., Lewis, C., & Roberts, N. P. (2015). Post-traumatic stress disorder. BMJ, h6161. https://doi.org/10.1136/bmj.h6161
8. Forman-Hoffman, V. L., Middleton, J. C., Feltner, C., Gaynes, B. N., Weber, R. P., Bann, C., Viswanathan, M., Lohr, K. N., Baker, C., & Green, J. (2018). Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder: A Systematic Review update. https://doi.org/10.23970/ahrqepccer207
9. McKenna, D. J., Towers, G., & Abbott, F. S. (1984). Monoamine oxidase inhibitors in South American hallucinogenic plants: Tryptamine and β- carboline constituents of Ayahuasca. Journal of Ethnopharmacology, 10(2), 195–223. https://doi.org/10.1016/0378-8741(84)90003-5
10. Carbonaro, T. M., & Gatch, M. B. (2016). Neuropharmacology of N,N-dimethyltryptamine. Brain Research Bulletin, 126, 74–88. https://doi.org/10.1016/j.brainresbull.2016.04.016
11. Ly, C., Greb, A. C., Cameron, L. P., Wong, J., Barragan, E. V., Wilson, P. C., Burbach, K. F., Zarandi, S. S., Sood, A., Paddy, M. R., Duim, W. C., Dennis, M. Y., McAllister, A. K., Ori-McKenney, K. M., Gray, J. A., & Olson, D. E. (2018). Psychedelics promote structural and functional neural plasticity. Cell Reports, 23(11), 3170–3182. https://doi.org/10.1016/j.celrep.2018.05.022
12. Holze, F., Vizeli, P., Ley, L., Müller, F., Dolder, P. C., Stocker, M., Duthaler, U., Varghese, N., Eckert, A., Borgwardt, S., & Liechti, M. E. (2020). Acute dose-dependent effects of lysergic acid diethylamide in a double-blind placebo-controlled study in healthy subjects. Neuropsychopharmacology, 46(3), 537–544. https://doi.org/10.1038/s41386-020-00883-6
13. Holze, F., Ley, L., Müller, F., Becker, A., Straumann, I., Vizeli, P., Kuehne, S. S., Röder, M., Duthaler, U., Kolaczynska, K. E., Varghese, N., Eckert, A., & Liechti, M. E. (2022). Direct comparison of the acute effects of lysergic acid diethylamide and psilocybin in a double-blind placebo- controlled study in healthy subjects. Neuropsychopharmacology, 47(6), 1180–1187. https://doi.org/10.1038/s41386-022-01297-2
14. Krebs, T. S., & Johansen, P. (2013). Psychedelics and Mental Health: A Population study. PloS One, 8(8), e63972. https://doi.org/10.1371/journal.pone.0063972
15. Schiff, P. L. (2006). Ergot and its alkaloids. American Journal of Pharmaceutical Education, 70(5), 98. https://doi.org/10.5688/aj700598

16. Js, M. (2013). 3,4-methylenedioxymethamphetamine (MDMA): current perspectives. Substance Abuse and Rehabilitation, 83. https://doi.org/10.2147/sar.s37258
17. Mitchell, J., Bogenschutz, M. P., Lilienstein, A., Harrison, C., Kleiman, S. E., Parker-Guilbert, K., G, M. O., Garas, W., Paleos, C., Gorman, I., Nicholas, C. R., Mithoefer, M. C., Carlin, S., Poulter, B., Mithoefer, A. T., Quevedo, S., Wells, G., Klaire, S., Van Der Kolk, B., . . . Doblin, R. (2023). MDMA-Assisted Therapy for Severe PTSD: a randomized, Double-Blind, Placebo-Controlled Phase 3 study. Focus/Focus (American Psychiatric Publishing. Online), 21(3), 315–328. https://doi.org/10.1176/appi.focus.23021011
18. Sachdeva, B., Sachdeva, P., Ghosh, S., Ahmad, F., & Sinha, J. K. (2023). Ketamine as a therapeutic agent in major depressive disorder and posttraumatic stress disorder: Potential medicinal and deleterious effects. Ibrain, 9(1), 90–101. https://doi.org/10.1002/ibra.12094
19. What is Psychedelic-assisted therapy · Mind Medicine Australia. (n.d.). https://mindmedicineaustralia.org.au/what-is-psychedelic-assisted- therapy/
20. Zinberg, N. E. (1984). Drug, set, and setting: The Basis for Controlled Intoxicant Use.
21. How to Administer Psychedelic-Assisted Therapy: A Clinical Preview. (2022). MedCentral. https://www.medcentral.com/meds/psychedelics/how-to-administer-psychedelic-assisted-therapy
22. AlFardan, S., Rose, J., Siddig, M., & Yousif, A. (2023). Psychedelics for post-traumatic stress disorder: Asystematic review and meta-analysis. International Journal of Emergency Mental Health and Human Resilience, 25(3), 56–66.
23. Luoma, J. B., Chwyl, C., Bathje, G. J., Davis, A. K., & Lancelotta, R. (2020). A Meta-Analysis of Placebo-Controlled trials of Psychedelic- Assisted therapy. Journal of Psychoactive Drugs, 52(4), 289–299. https://doi.org/10.1080/02791072.2020.1769878
24. Mohamed, A., Touheed, S., Ahmed, M. Z., Hor, M., & Fatima, S. (2022). The Efficacy of Psychedelic-Assisted therapy in managing post- traumatic stress disorder (PTSD): a new frontier? Curēus. https://doi.org/10.7759/cureus.30919
25. Lancet Regional Health – Europe. (2023). Psychedelic-assisted psychotherapy: hope and dilemma. The Lancet Regional Health. Europe, 32, 100727. https://doi.org/10.1016/j.lanepe.2023.100727

PROBLEM BEHAVIOUR OF A CHILD WITH AUTISM SPECTRUM DISORDER: THE ROLE OF PARENTAL EMOTION REGULATION AND SELF-COMPASSION

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Introduction. Autism spectrum disorder (ASD) is a neurodevelopmental disorder that manifests itself in a child's social skills, language, sensory and behavioral difficulties. Although ASD is usually associated with issues in verbal communication, children on the spectrum often also display behavioral difficulties, such as aggressiveness towards themselves or others, as well as stereotypical behaviors, i.e. body rocking. Early interventions aimed at alleviating behavioral manifestations of ASD is crucial, as specific behaviours, to others often seeming unusual or aggressive, limit the ability of children with ASD to communicate, build close relationships with others, learn, and develop social competences. There is a great deal of knowledge about various interventions in educational settings; nevertheless, a child spends most of his or her time at home with the family. That is the reason why we must explore ways in which parents can contribute to reducing their child's challenging behavior.

Method. The sample of the research included 118 parents, raising a child with ASD: 108 mothers (91,5%) and 8 fathers (6,8%). Their age varied from 25 to 63 years