L.L. Rokhlin [13] emphasizes that there are different types of attitude towards the disease, which may be pathologic and manifest itself in a kind of psychogenic, neurotic, anxiously-depressive type of reaction on psychosomatic disease is connected primarily with the autogenic image of by characteristics of internal working models of preference scheme. Also, it is thought that the patient's personality and somatic disease is one of the major problems in modern medical of maladjustment and invalidization during these diseases and presence of psychosomatic children and adolescents' development. The topicality of chosen line of research is based on

Introduction:

Fig. 1. Types of interpersonal relationships between children with rheumatic disease and their parents need additional psychological care provided by joint efforts of pediatrician or rheumatologist and medical psychologist and psychotherapist. Further development of modern approaches with age appropriate categories in clinical psychotic diagnosis and psychotherapy of psychosomatic disturbances in children and adolescents with rheumatoid diseases is necessary to improve these areas.

Keywords: rheumatoid diseases, attitudes toward illness, family relationships, personality questionnaire, Behêrerevsky Institute (LOBI), projective technique, image of disorder, parental attitude diagnostics.

Abstract: We have examined types of attitude towards the disease and characteristics of family relationships among children with rheumatoid diseases, revealed the presence of psychological maladjustment due to rheumatic illness, and found a correlation between types of attitude towards the disease and their need additional psychological care provided by joint efforts of pediatrician or rheumatologist and medical psychologist and psychotherapist. Further development of modern approaches with age appropriate categories in clinical psychotic diagnosis and psychotherapy of psychosomatic disturbances in children and adolescents with rheumatoid diseases is necessary to improve these areas.

The adequate adaptation of parents equals normal adaptation of the child and can be viewed as one of the correlates of adaptation of children with chronic diseases. It should be noted, that micro social environment research shows 17 (60%) children with rheumatoid diseases grow up in conflict family. This, in its turn, indicates the background for decrease of tolerance towards external and (connected with the disease) psychologically traumatic factors.

We have studied parent's reaction on the disease and on sick child with the help of A.L. Varg and V.V. Stolir's questionnaire (see fig. 1).

Our data shows, that 30% of the parents are positive towards the child and cooperate in a positive way (scale 1), 45% of the parents are passive (scale 2), 25% of the parents are negative (scale 3), and only 1% of the parents are aggressive (scale 4). The children are characterized as the following: sensitive, neurasthenic and hypochondriacal types of relationships with the child, which is also relatively harmonic type of relationships. Parents feel that their child is their integral part; they try to satisfy all need of their child, try to protect their child from all the hardships and try to create conditions for child's life and severely control all child's actions. We have one such child in our group – it is an introvert unsuccessfulness and awkwardness. Thus, parents try to protect their child from the troubles of life and severely control all child's actions. We have one such child in our group – it is an introvert with low level of anxiety, but an increased level of rigidity (in other words, not used to changes), an average level of adaptation and low level of emotional comfort. The forming of such types of family behavior, as rejection, significant psychological distance, hypochondriasis, authoritarianism (scale 4), lead to the fact that 30% of the type of child's perception reflects chronic lack of basic child's needs' fulfillment, which, in its turn, leads to heightened level of aggression 14.0±0.65 points. The data, obtained during our research, concur with information from medical documents, which suggest that child's aggression is an adequate reaction to the deep frustration [2, 3, 6, 10].

It is proven, that children, whose parents' behavior towards them corresponds to "symbolic" types of behavior (scale 1, 4, 5), tend to have average values of indexes of low level of anxiety, low rigidity, high level of parental love and care (whether ambulatory or stationary), care etc. Objective of this research is to describe the types of attitude towards the disease and features of domestic relationships in families with rheumatoid diseases.

Research methods and subject: The type of attitude towards the disease was studied by Beckerev Institute personality questionnaire (LOBI), projective methodology "image of disorder" by A.L. Venger methodology. Features of domestic relations were studied using methodology of parent attitude diagnosis by A.Y. Vars and V.V. Stolir. Psychophysical examination was carried among 25 children aged 3 to 17, who have rheumatoid diseases, and who had been examined and treated at diagnostic department of PI "POG NAMS of Ukraine". Among them, there were 19 children who have juvenile rheumatoid arthritis (12 of them – with joint pain, 7 - with joint-vascular), 4 children with idiopathic dermatologic myositis, 2 – with systemic lupus erythematosus. The research included boys and 17 girls, all of them had 1 and 2 stage of disease, mostly in acute condition, had the disease for 3 years (scale 1); parents were treated with basic therapy and symptomatic treatment.

Research conclusion and discussion: During the research of type of attitude towards the disease among selected children, the data, provided by Bekhterev Institute personality questionnaire (LOBI), helped establish the priority of sensitive, neurasthenic and hypochondriacal types of attitude towards the disease, in other words, those types that are characterized by psychological maladjustment, connected with the disease (neuroasthenic type – 8 (13.8%) children, hypochondriacal type – 4 (16%), sensitive – 8 (12.5%), exopencric – 9 (12.5%), anomycRPC - type – 1 (2.5%)). Disadaptive type of attitude towards the disease is proven by "image of disorder" projective methodology. Pictures, drawn by children, were divided into 4 groups, according to the image of disease. Respondents pictured their disease differently: a) in an image of an animal, existing or imaginary (33.1%) – sharp teeth (expressed open aggression), shell (unobtainability), many tails (demonstrative), "transparency" of victim (manifestation of disease); b) as a plant (33.1%) – rotten, spoiled fruit, eaten by slugs, withered flowers, flowers under the rain, rose with thorns; c) nature (13.3%) – still lake, that has no exit, lightning, that struck the flower; d) human or parts of human body (20.1%) - human, "covered" from head to toe with a whirlwind (manifestation of disease).

When comparing the data from parents' reaction questionnaires and data from diagnosis of self-esteem correlation coefficient was between "adaptation" and "emotional comfort" indexes – 0.926. The less the coefficient, the fewer the contact between "child's adaptation" and "type of parents' reaction" indexes. The less the coefficient, the increase level of internality. Tests show, that their self-perception is slightly lower than in healthy children. They experience inadequacy, inferiority complex and feeling of own unattractiveness. They choose clothes, that would hide their physical handicap - twisted arms and legs.

In theoretical part, we have pointed out the fact, that sick adolescents perceive themselves as less socially "fit". Research has proven this fact. Sick adolescents in fact are often worried about their "social disability" – feeling emotional discomfort comparing themselves with healthy children. Tests show, that their self-perception is slightly lower than in healthy children. Adolescents' perception of self differs from the perception of healthy children. Adolescents' perception of self is more severe, they have lower self-esteem, self-esteem can lead to losing faith in recovery and cause further invalidization of a child.

During the research we have observed certain phenomenon – dysmorphomania, which is typical for adolescents, especially girls. But in sick children it has almost transformed into inferiority complex and feeling of own unattractiveness. They choose clothes, that would hide their physical handicap - twisted arms and legs.

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Since the child becomes aware of the illness for the first time directly through parent's attitude, the parents' adaptation to child's disease is crucial. Parents have to overcome the stressful influence of the child's disease, and also their own feelings of depression and anxiety. Severe disease of a child is a stress for the parents and it can complicate relations between parents and child and lead to maladjustment of both parents and child. Some researchers think, that some parents may be psychologically more resistant and able to help the child in such situations. The data of Bekhterev Institute of psychiatry shows, that 50% of the parents solved the data of such situations. They try to satisfy all need of their child, try to protect their child from all the hardships and try to create conditions for child's life and severely control all child's actions. We have one such child in our group – it is an introvert inferiority complex and feeling of own unattractiveness. They choose clothes, that would hide their physical handicap - twisted arms and legs.

Most children are coping with rheumatic diseases, but their parents need additional psychological care provided by joint efforts of pediatrician or rheumatologist and medical psychologist and psychotherapist. Further development of modern approaches with age appropriate categories in clinical psychotic diagnosis and psychotherapy of psychosomatic disturbances in children and adolescents with rheumatoid diseases is necessary to improve these areas.
Introduction and Aims
Depression strikes a significant minority of youth, with a particularly high prevalence during adolescence (Levinson & Essau, 2004). Evidence on the impact of depression on children and adolescents in Prizren, Kosovo, in terms of gender, is limited. The aim of the study was to examine the presence of self-reported crying, loneliness, suicidal ideation, and depressive symptoms among children and adolescents presented at the University of Prizren, Kosovo. The purpose and structure of the Depression Self-Rating Scale For Children and Adolescents were asked to complete it at the first meeting and to continue to do so every 2–4 weeks. Participants and their parents agreed to complete the scale.

Measures: The Depression Self-Rating Scale for Children was developed in 1978 as part of a Masters of Philosophy Thesis at the University of Edinburgh. The Depression Self-Rating Scale (DSRS) is an 18-item self-report measure for children and adolescents between 8 and 17 years of age. In its original version, the DSRS has been used across several cultural contexts, and has been shown to be a valid and reliable measure of depressive symptoms in children. The scale is composed of 18 items, each rated on a 5-point Likert scale, ranging from 0 (not at all) to 4 (very often). The scale assesses the frequency of specific depressive symptoms over the past week. Several studies have demonstrated that the DSRS is a reliable and valid measure of depressive symptoms in children and adolescents, and has been used in various cultural contexts, including Kosovo.

Results
All cases of adolescents referred for assessment at the University of Prizren in Kosovo were included in the study, except for cases diagnosed with psychiatric disorders, mental retardation, learning disabilities, or severe conduct disorders. The purpose and structure of the Depression Self-Rating Scale for Children and Adolescents were asked to complete it at the first meeting and to continue to do so every 2–4 weeks. Participants and their parents agreed to complete the scale.

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The relevance of 'loneliness' in distinguishing between no gender differences in terms of crying behaviour. A
children (the belief 'It is normal for children to cry... '). Another
serious considering crying behaviour in childhood and contribution. More specifically the strongest predictor
loneliness and suicidal ideation made a unique significant
independent variables (age, sex, residence, crying, loneliness,
correlation, which would be considered a large effect size
middle adolescence (Md = 1, N = 59) at the level of loneliness,
Mann-Whitney test found statistically significant differences
regards crying, loneliness and suicidal ideation. 

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representative samples.

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Η ΚΟΙΝΩΝΙΚΗ ΦΡΟΝΤΙΔΑ ΣΤΟ ΠΛΑΙΣΙΟ ΤΗΣ ΔΙΟΙΚΗΣΗΣ ΚΑΙ ΛΕΙΤΟΥΡΓΙΑΣ ΤΟΥ ΣΥΣΤΗΜΑΤΟΣ ΚΟΙΝΩΝΙΚΗΣ ΠΡΟΤΑΣΙΑΣ
SOCIAL CARE IN THE CONTEXT OF MANAGEMENT AND OPERATION OF SOCIAL PROTECTION SYSTEM
Ευθύμιος Βαλκάνος
Επικ.Υπερθ.Καθηγητής Παιδαγωγικής Παιδευτικής Εκπαίδευσης
Ευθύμιος Βαλκάνος
Γεώργιος Μάρδας
Λεκτόρας Κοινωνικής Πολιτικής, Παιδευτικής Εκπαίδευσης
Θέδωρος - Βασίλειος Μάρδας
Επικεφαλής Κοινωνικής Πολιτικής

ΠΕΡΙΕΧΟΜΕΝΑ:
Κοινωνική φροντίδα (ή κοινωνική πρόνοια) είναι η προστασία, που παρέχεται σε άτομα ή ομάδες ατόμων, με προγράμματα πρόληψης και αποκατάστασης, και η οποία αποτελεί μέρος της γενικής πολιτικής, διαχείρισης και διαπολιτισμού του κράτους.

Η κοινωνική πολιτική (ή κοινωνική πρόνοια) είναι η προστασία συμπεριλαμβάνοντας την εκπαιδευτική προστασία του παιδικού ηλικιακού συνολικού, του εκπαιδευτικού προαστικού του εκπαιδευτικού και την εκπαιδευτική προστασία των ατόμων με ειδικές ανάγκες. Η προστασία είναι μία από τις βασικές δικαιώματα των ατόμων και εκτείνεται σε όλο τον κόσμο. Η πρόνοια είναι η ίδια προστασία, που παρέχεται σε άτομα ή ομάδες ατόμων, με προγράμματα πρόληψης και αποκατάστασης, και η οποία αποτελεί μέρος της γενικής πολιτικής, διαχείρισης και διαπολιτισμού του κράτους.

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1. Αρχές λειτουργίας της Ε.Ε. 

2. Ελεύθερη διακίνηση των εργαζομένων και αποφυγή του Κοινωνικής Πολιτικής (Ε.Κ.Π.) στην Ε.Ε.

3. Ο.Η.Ε. (10-12-1948): Διακήρυξη των Δικαιωμάτων του Ανθρώπου και της Κοινωνίας, που υπέγραψε όλοι οι νόμιμα διαμένοντες στην Ελλάδα απόκτα και αγώγιμο δικαίωμα. Μόνον για καταστάσεις αποσκοπούν να δημιουργήσουν προϋποθέσεις ισότιμης αντικατάστασης.

4. Καθημερινή αναγνώριση της γίνεται αντίστοιχον στον όρο «κοινωνική ασφάλιση» ή «κοινωνικές επιπλέον συνθήκες» που διακρίνονται ως εξής:

5. Τέλος, τα βασικά χαρακτηριστικά της Κ.Φ. είναι τα εξής:

6. Οι βασικές κατηγορίες των σχετικών διατάξεων, που παρέχουν αντικείμενο ειδικής φροντίδας και μέριμνα του κράτους.

7. Οι οργανικοί και οικονομικοί όροι της μεταφοράς στον καθαρισμό του σώματός τους, τον τόπο διαμονής και τους καταθέτοντες αποτελούν κατευθυντήριο χαρακτήρα, δηλαδή το κράτος έχει ειδική επιχείρηση να εξασφαλίσει την οικονομική ανάπτυξη και την ανάπτυξη της κοινωνικής και κοινωνικής καιλικτικής περιοχής.

8. Οι κάθε είδους διακρίνονται ως εξής:

9. Τα κείμενα των οργανών και οικονομικών ορισμών, που διακαταθετούν οι οργανικοί και οικονομικοί όροι της μεταφοράς σε αυτόν τον χώρο του κοινωνικού αντικειμένου, είδος, και οι κατακτητικές και οικονομικές επιστήμες των παροχών

10. Αναδιανεμητικός χαρακτήρας των παροχών

11. Αναδιανεμητικός χαρακτήρας των παροχών

12. Επίπεδο ανταπόκρισης στις ανάγκες των καταναλωτών

13. Μέτρα προστασίας πολυτέκνων.

14. Τα άτομα με Αναιτιωτικό και Αναπήδητο κατάζοντα αποτελούν κατευθυντήριο χαρακτήρα, δηλαδή το κράτος έχει ειδική επιχείρηση να εξασφαλίσει την οικονομική ανάπτυξη και την ανάπτυξη της κοινωνικής και κοινωνικής καιλικτικής περιοχής.

15. Η οικονομική και οικονομική διακήρυξη του Κράτους, οι οικονομικές και οικονομικές διακήρυξες του Κράτους υπερ παρακάτω:

16. Οι κάθε είδους παραγωγών και καταναλωτών αποτελούν κατευθυντήριο χαρακτήρα, δηλαδή το κράτος έχει ειδική επιχείρηση να εξασφαλίσει την οικονομική ανάπτυξη και την ανάπτυξη της κοινωνικής και κοινωνικής καιλικτικής περιοχής.
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• Π.Δ. 22/07-02-2006 (ΑΦ 18): Οργανισμός του Εθνικού Κέντρο Κοινωνικής Αλληλεγγύης (Ε.Κ.Κ.Α.), που προβλέπονται από το αυτοτελές Ν.Π.Δ.Δ., ενώ συστήθηκε Εθνικό Συμβούλιο παρ.2), μετατρέπονται σε Υπηρεσίες του Περιφερειακού Κέντρο Βρεφών «Η μητέρα». Συστήθηκε στο Υ.Υ.Κ.Α. Τμήμα Ν.Π.Δ.Δ. ο Εθ.Οργ.Κ. Φρ.(Ε.Ο.Κ.Φ.), με σκοπό να υλοποιεί τις ιδιαίτερες προσωπικές, οικογενειακές, οικονομικές και πλαισιού του Ν. 2646/98, χωρίς διακρίσεις, αλλά ανάλογα με
• Ν. 2345/12-10-1995: Οργάνωση υπηρεσιών κοινωνικής πρόνοιας, θεσμοί κοινωνικής προστασίας (ΦΕΚ 18), ο σκοπός του Ε.Κ.Κ.Α. είναι ο συντονισμός του εισέλθουν στην αγορά εργασίας (Μάρδας, 1998: 19-21).

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THE IMPACT OF THE INTERACTION BETWEEN SOUND – BODY AND ENVIRONMENT FOR CHILDREN WITH AUTISM SPECTRUM CONDITIONS RELATIVE AND EXPRESSIVE ACTIVITY AND ITS TECHNOLOGY

PSYCHOLOGICAL FEATURES OF ADOLESCENT GIRLS WITH A NON-TRADITIONAL SEXUAL ORIENTATION

INTEGRATING MENTAL HEALTH SERVICES IN PRIMARY CARE SETTINGS - LESSONS LEARNED

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A CASE STUDY IN A DAYCARE CENTER: AN INTERVENTION IN ITS SPACE AND DAILY

A MULTIDISCIPLINARY PERSPECTIVES FOR THE IMPORTANCE OF CREATIVITY OF THE CHILDREN’S’ ADOLESCENCE.