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PSYCHOSOCIAL ASPECTS OF CRISIS COUNSELLING IN WAR CONDITIONS

ABSTRACT

The article is devoted to the analysis of psychosocial aspects of crisis counselling in wartime conditions. The methods, strategies, and their impact on the mental health of the affected individuals are examined. It is found that providing comprehensive support to the community during and after the war positively influences the restoration of resilience among the population. The high level of psychological distress in communities that have experienced military conflicts necessitates thorough psychological and psychosocial support. The article also discusses ethical issues and the integration of modern technologies into crisis counselling, which significantly expands access to psychological assistance. Additionally, the peculiarities of training and preparing specialists in the context of providing aid in extreme conditions are analysed.

Crisis counselling in wartime conditions is an important tool for supporting mental health and social adaptation of the affected individuals. Considering psychosocial aspects, tailoring counselling methods to cultural and social conditions, integrating modern technologies, and preparing specialists are key elements of effective assistance. The use of exposure methods in crisis counselling during wartime is an effective means of psychosocial support for the population, reducing symptoms of stress, fear, and anxiety associated with traumatic memories. Further research and the development of practical recommendations will enhance the effectiveness of crisis counselling and improve the quality of life for those affected by war.

KEYWORDS

crisis, crisis counselling, war, psychosocial aspects, exposure methods, psychological assistance.

Introduction

The need to provide comprehensive support to the community is to ensure the physical and mental well-being of each of its members [1]. In this process, various elements of the system of providing comprehensive support to the community play a significant role: the sphere of health care, the system of psychological support, the sphere of social security [2, 3], the sphere of education, the system of legal aid, the system of information support, cultural and recreational programs [4, 5], etc. In times of war, the challenge of providing comprehensive community support becomes more important than in times of peace due to increased levels of stress, trauma, and uncertainty. Such support is critically needed to ensure people's physical and mental health and promote social cohesion and recovery after crises.

Armed conflicts and natural disasters cause serious psychosocial problems. Providing comprehensive support to the community during and after a war, traumatic, or destructive event has a positive effect on the recovery and resilience of the country's population. There is sufficient evidence to suggest a high level of psychological distress in communities that have experienced major military conflicts. According to research, victims of war have an increased level of post-traumatic stress disorder (PTSD), depression, anxiety, and somatization [6-9]. Chronic problems in their daily lives, caused or aggravated by the armed conflict, affect the intensity of psychological suffering [10-11]. Death or separation from family members, physical injury, sexual assault, destruction of property, security issues, destruction of social networks, and anxiety about the future are just a few examples. To mitigate the long-term consequences of the war for the population, comprehensive psychological and psychosocial assistance is needed.

During and after the war, people face numerous psychosocial problems, including psychological trauma (loss of loved ones and separation from family; witnessing or experiencing violence and death; risk of sexual violence and other forms of exploitation; constant threat to life and safety; damage to one's own health and health of loved ones); social problems (destruction of housing and infrastructure; disruption of social ties and community structures; loss of jobs and livelihoods; lack of survival resources such as food, water, health care); economic problems (economic instability and rising poverty; inability to find a job or maintain a business; rising prices for basic necessities); cultural and social factors (loss of cultural identity and destruction of cultural values; stigmatization and discrimination of survivors of violence; violation of traditional social structures and norms).

Scientists describe the integration of traumatic experience as a process that includes fluctuations between intrusions, re-experiencing critical events, and avoiding disturbing reminders [12, 13]. This is considered part of the adaptation process, which helps to adapt to the experience. These processes do not occur in isolation. Many factors contribute to positive coping and protection against the adverse effects of trauma, while others may increase the risk of a negative outcome. The interaction between these factors together with the traumatic situation itself determines the final results of coping processes. Many humanitarian crises are characterized by multiple risks, while protective mechanisms such as social support may be lacking. In such conditions, the ability to cope with adversity is reduced, and the number of people who may develop severe traumatic symptoms, psychosocial problems, or even chronic mental disorders is higher than in less critical conditions. For this reason, psychosocial programs aim to

provide support at an early stage of a humanitarian crisis to introduce assistance that will strengthen the coping resources of those affected. One of the goals is to promote resilience. Psychological approaches (for example, crisis counseling, and short-term therapy) are used when it is necessary to prevent or minimize the further development of psychopathology [6, 14-16].

One of the types of psychological assistance to the population during the war is crisis counseling, which consists of providing psychological support and assistance to a healthy but emotionally exhausted person in difficult, problematic, critical situations. Crisis counseling is aimed at facilitating the expression of affect, establishing communication, achieving the client's understanding of his problems and feelings, demonstrating care and empathy, increasing self-esteem, and supporting behavior aimed at overcoming problems. Crisis counseling is used for people who are in a state of crisis, in the form of urgent help aimed at emotional support and attention to their experiences, awareness of the impact of the crisis, expansion of consciousness and increase of psychological competence, change of attitude towards the problem, increase of stress and crisis tolerance, responsibility, mastering new behavior patterns [9, 10].

The purpose of the study is to consider the psychosocial aspects of crisis counseling in the conditions of war, its methods and strategies, as well as the impact on the mental health of the victims.

Research results

Psychosocial aspects of crisis counseling in wartime require a comprehensive approach that includes psychological, social, and economic support [18, 19]. It is important to take into account cultural and social factors, to adapt methods of assistance to specific conditions. The integration of the latest technologies, such as online counseling, can significantly expand access to psychological care. The main aspects of war crisis counseling are psychological trauma and stress reactions - war causes deep psychological trauma manifested through post-traumatic stress disorder, anxiety, depression, suicidal thoughts, and other stress reactions. An important part of crisis counseling is the identification and diagnosis of these conditions, as well as the provision of immediate psychological help.

Wartime crisis counselling can be effective for many populations, including: Military and Veterans: Those in combat zones and those who have returned home may be dealing with post-traumatic stress disorder, anxiety, depression, and other mental health issues ; war-affected civilians: people in conflict zones or displaced by war may experience stress, anxiety, depression and other mental health problems; refugees and internally displaced persons: people who have been forced to flee their homes by war often face great emotional and psychological stress due to loss, uncertainty and instability; children and adolescents who experience war may experience anxiety, fears, depression and behavioural problems; families of military personnel who are at the front can face anxiety, fear and stress because of the dangers that threaten their loved ones; psychologically and emotionally vulnerable groups: people with previous experience of mental disorders or those with low resistance to stress may need additional support during wartime; medical workers and rescue workers who provide assistance to victims in a conflict zone may face exhaustion, burnout and mental stress due to the constant exposure to traumatic events; people who have witnessed or experienced direct violence, loss of loved ones, injury or other traumatic events need crisis counselling to deal with the effects of the trauma.

The purpose and tasks of crisis counselling for these categories: providing emotional support, help in expressing and discussing feelings, fears, and anxiety; building resilience, teaching stress management skills and developing coping strategies; reduction of symptoms of PTSD and other mental disorders; assistance in adapting to new living conditions, integration into a new social environment and support in restoring normal life; relapse prevention and long-term mental health support.

Methods of crisis counselling in wartime include:

1. Psychological First Aid (PFA): provision of immediate support in a crisis aimed at stabilizing the emotional state of victims.
2. Cognitive Behavioural Therapy (CBT): Helps sufferers change negative thoughts and behaviours that contribute to stress reactions.
3. Group therapy: provides support through communication with people experiencing similar problems.
4. Psychosocial support: includes assistance in adapting to new living conditions, job search, training, and solving social problems.

Ethical issues related to confidentiality, professional responsibility, and protection of victims' rights arise during crisis counselling in war conditions. Psychologists must adhere to high ethical standards, and ensure the protection of personal data and the dignity of clients. Ethical issues in crisis counselling are extremely important because the professionals who provide help work with people who are in a vulnerable state. Non-compliance with ethical standards can lead to deterioration of the condition of the victims, loss of trust in the psychologist, and other negative consequences. The main ethical issues related to crisis counselling:

1. Confidentiality is one of the main principles of psychological assistance. In crisis counselling, it is important to ensure the protection of the personal data of clients. This includes following the rules regarding the collection, storage, and use of information that the client entrusts to the psychologist. In times of crisis, victims must know that their data will not be disclosed without their consent, except as required by law (for example, a threat to life or safety).
2. Informed consent. Psychologists must ensure that the client is fully informed about the counselling process, its purpose, possible risks, and expected results. In crises, clients must understand their rights and have the opportunity to make informed decisions about their participation in counselling.
3. Respect for client autonomy. In crisis counselling, psychologists must respect the client's autonomy, empower them to make their own decisions about their treatment and support their right to self-determination. This is especially important in situations where clients may feel a loss of control over their lives.
4. Professional competence. Psychologists must constantly improve their qualifications to ensure the provision of quality care. In crises, when customer needs can be very complex, professionals must have the necessary knowledge and skills to work effectively.
5. Respect for cultural diversity. In crisis counselling, it is important to consider the cultural, religious, and social characteristics of clients. Psychologists must be aware of cultural differences and avoid any form of discrimination or prejudice.
6. Protection from harm. One of the main principles of ethics is the principle of „no harm”. Psychologists must avoid any actions that may harm clients. This includes physical, emotional, or psychological harm. In crises, it is especially important to be careful and attentive to the state of clients.
7. Fairness and equal access to care. Psychologists must ensure equal access to help for all clients, regardless of their social, economic, or other status. In crises, all

victims must have the opportunity to receive the necessary support.

8. Ethical use of technologies. With the development of online counselling and the use of digital technologies in crisis counselling, new ethical issues arise. Psychologists must ensure the security and confidentiality of data transmitted through digital platforms and be aware of the limitations and risks associated with the use of technology in crises.
9. Support and supervision. Professionals working in crisis settings also need support and supervision to avoid professional burnout and ensure a high level of care. Regular supervision and support of colleagues can help in solving complex issues arising in the work process.
10. Advocacy and protection of clients' rights. In crises, psychologists can act as advocates for their clients, helping them access the resources and support they need. It may include protecting clients' rights, informing them of their rights and options, and helping them get help from other services.

The use and integration of technology, such as online counselling and mobile applications, can greatly expand access to psychological care. In times of war, when access to traditional forms of support may be limited, technology becomes an important tool for relief. Integrating technology into crisis counselling has significant potential to increase the availability, efficiency, and timeliness of psychological care. Modern technologies allow for providing support in real-time, provide a secure platform for storing and exchanging information, and also expand opportunities for training and development of specialists. Main aspects of technology integration in crisis counselling:

1. Online counselling allows you to get help regardless of geographic location. This is especially important for people living in remote areas or in settings where access to traditional psychological care is limited. Clients can seek help at a time convenient for them, which is especially useful for those with busy schedules or unable to attend offline consultations. The tools of online counselling are video conferences (Zoom, Skype, Microsoft Teams) allow video sessions to be held, which ensures personal contact between the psychologist and the client; chats (platforms for text consultations: Talkspace or BetterHelp) allow clients to communicate with a psychologist via text messages.
2. Mobile applications make it possible to receive help directly from a smartphone. This allows people to access support whenever they need it. Many apps offer interactive exercises, mood trackers, relaxation techniques, and other self-help tools. Examples: Headspace and Calm are apps for meditation and stress management; Woebot is a virtual therapist that uses artificial intelligence to provide support.
3. Virtual reality (VR). VR technologies can be used to simulate different situations, helping clients work through their fears and anxieties safely. VR technologies provide an opportunity to create an interactive environment that promotes the active involvement of the client in the therapy process. Examples: Bravemind is used to treat PTSD in veterans; Psious is a platform for virtual therapy for anxiety disorders.
4. Telemedicine. Telemedicine platforms allow psychologists to quickly respond to client requests and provide assistance in crises. Provides the opportunity to counsel clients who are unable to attend in-person meetings due to physical limitations or geographic location. Examples: Teladoc is a platform that provides access to doctors and psychologists via the Internet; Doctor on Demand allows you to get a consultation with doctors and psychologists in real time.
5. Online platforms for training and support of specialists. Online courses and webinars allow specialists to constantly update their knowledge and skills. Platforms for

exchange of experience and supervision contribute to professional development and improvement of the quality of provided services. Examples: Coursera and Udemy offer courses in psychology and crisis counselling; GoodTherapy is a platform for sharing experiences among psychologists and other specialists.

Effective crisis counselling requires highly qualified specialists. It is necessary to develop and implement training programs that take into account the specifics of work in war conditions and preparation for providing psychological assistance in extreme situations. Education and training of wartime crisis counsellors are critical to effective relief. Military conflicts create specific conditions that require special skills and knowledge from psychologists, social workers, and other professionals working in this field.

The main aspects of education and training of specialists in the context of crisis counselling during the war:

1. Specifics of crisis counselling in wartime. The training of specialists should take into account the specifics of work in combat zones, including risks to life, work in conditions of limited access to resources, and constant danger. Professionals must be trained to deal with post-traumatic stress disorder (PTSD), acute stress reactions, depression, anxiety disorders, and other psychological traumas that are the consequences of war. Training should include ethical aspects of working in crises, such as confidentiality, informed consent, respect for cultural and social differences, etc.
2. Education and training programs include basic theoretical knowledge about crisis counselling, methods of diagnosis and treatment of mental trauma, as well as ethical work standards. Specialized courses covering specific aspects of wartime work, such as methods of working with military personnel and their families, counselling victims of sexual violence, and helping children and adolescents in crises. Hands-on training includes simulations, role-playing games, and group work, allowing professionals to practice skills in a controlled environment. Regular supervision and mentoring help professionals develop their skills and receive feedback and support in difficult cases.
3. Use of modern technologies. Online courses and webinars provide access to educational materials regardless of the location of specialists. This is especially important in a military environment where access to offline courses may be limited. Using VR technologies to train crisis counselling skills. Virtual simulations can simulate real situations, allowing professionals to practice their skills in a safe environment. Mobile applications for self-study and support of specialists in crises. These may include educational materials, relaxation techniques, stress self-management tools, etc.
4. Psychological support of specialists. Regular supervision allows specialists to receive support and advice from more experienced colleagues, which helps to cope with the emotional burden of work. Support groups for professionals allow you to share experiences, receive emotional support, and reduce the risk of professional burnout. Providing access to psychological help for crisis professionals themselves may include individual counselling, group therapy, and other forms of support.
5. International standards and cooperation. Cooperation with international organizations, such as the United Nations, the Red Cross, and WHO, for the development and implementation of standards for education and training of specialists. Participation in international conferences, seminars, and training allows for the exchange of experience and best practices in the field of crisis counselling.

An effective wartime crisis counselling technique is the use of exposure techniques, which involve systematic and controlled exposure of the victim to traumatic memories, situations, or stimuli that cause fear and anxiety. The goal of exposure methods is to reduce stress symptoms through desensitization and changing reactions to traumatic memories.

The main stages of crisis counselling using exposure:

I. Initial assessment and preparation. A psychologist conducts a detailed assessment of a person's condition, including diagnosis of symptoms of acute stress, fear, anxiety, etc., as well as studying the history of traumatic events. Methods and goals of counselling are explained to the client, as well as possible reactions to it. This stage is important in the crisis counselling process. It includes a detailed examination of the client's condition, determination of his needs, and preparation for counselling. The main aspects of this stage are:

1. Diagnosis and assessment of the client's condition. The psychologist conducts a comprehensive assessment of the client's condition, which includes: an assessment of the mental state, determination of the presence and severity of symptoms of acute stress, anxiety, fear, depression, post-traumatic stress disorder, and other psychological disorders. Usually, an in-depth clinical interview is used to find out the details of the traumatic event, reactions to it, and the client's current mental state. Standardized questionnaires and tests are used: Beck Anxiety Scale, PTSD Checklist (PCL), the Center for Epidemiologic Studies Depression Scale (CES-D), and others to quantify symptoms. In addition, it is important to collect detailed information about the traumatic events that happened to the client: their chronology, that is, establishing the sequence of events that led to the trauma; the context of the events, an analysis of the circumstances under which the traumatic events took place, including the place, time, persons involved and other details; determination of the client's physical, emotional and behavioural reactions to traumatic events.
2. Explanation of possible reactions to the application of the exposure method in the consultation process: physical reactions: heartbeat, sweating, muscle tension; emotional reactions: feelings of anxiety, fear, sadness, anger, or despair; behavioural responses: Possible changes in behaviour, such as avoiding certain situations or places.
3. Establishing a trusting relationship between the psychologist and the client is a key factor in the success of crisis counselling. This process includes: identifying empathy and emotional support from the psychologist, which helps the client feel safe; the psychologist must be open, honest, and supportive so that the client can trust him and feel comfortable during the sessions; the psychologist, together with the client, develops an individual work plan, which includes: identification and ordering of traumatic memories and situations according to the level of the induced stress; determining the optimal number and duration of sessions to achieve the best results; teaching self-regulation methods that will help the client cope with stress and anxiety during the consultation.

II. Psychoeducation. The affected person is provided with information about stress disorders, the mechanisms of their occurrence, and the principles of crisis counselling. The client needs to understand that exposure to traumatic memories is a controlled process designed to reduce fear and anxiety. This stage helps the client to better understand his symptoms and the counselling process, which helps to increase the motivation to receive help and its effectiveness. The affected person is informed about the main symptoms of PTSD, such as intrusive memories, nightmares, flashbacks, emotional detachment, hyperarousal, and avoidance of situations related to the trauma.

It is explained that PTSD arises as a result of excessive activation of the stress response system after traumatic events. They talk about other stress disorders such as acute stress reaction and its symptoms, which occur immediately after a traumatic event and can include disorientation, a feeling of unreality, emotional alienation, and severe anxiety; anxiety disorders, which can develop as a response to prolonged stress and include constant anxiety, panic attacks, and other symptoms. The mechanisms of the occurrence of stress disorders are clarified: physiological mechanisms - how traumatic events activate the body's stress response system, including the release of stress hormones (cortisol and adrenaline), which leads to physiological changes; brain changes - information about how trauma affects brain structures, in particular, the amygdala (responsible for fear and emotional reactions) and the hippocampus (responsible for memory); psychological mechanisms: cognitive distortions: traumatic events can cause negative beliefs and cognitive distortions, such as „the world is dangerous” or „I can't cope”; emotional reactions: the trauma may cause feelings of fear, helplessness, anger or guilt. It is also explained to the client that the main goal of crisis counselling is to provide support, stabilize the emotional state, and help overcome the crisis; it is aimed at developing skills to overcome stress and anxiety.

III. Identification of traumatic memories and stimuli. Together with the psychologist, the client identifies the key traumatic memories and stimuli that cause the symptoms of stress disorder. These memories and stimuli will form the basis for exposure during counselling. The main aspect of identifying traumatic memories and stimuli gathering information about traumatic events: the psychologist conducts a detailed interview with the client to collect a complete history of traumatic events that have occurred in his life. This includes: establishing the sequence of traumatic events, from beginning to end; identifying key moments, places, people, and circumstances related to the trauma; finding out what emotional and physiological reactions these memories cause. A psychologist can ask about: feelings of fear, anxiety, anger, guilt, helplessness, etc.; palpitations, sweating, tremors, muscle tension, and other physical symptoms. Together with the client, the psychologist determines the most traumatic and significant memories that cause symptoms of stress disorder. These can be: events that cause the strongest emotions (accident, attack, violence, loss of loved ones); memories that cause intrusive thoughts or flashbacks (memories that constantly return and cause strong emotional reactions); triggers and stimuli that activate memories and cause stress reactions. These can be external triggers - sounds, smells, images, places, people, or situations that are associated with a traumatic event; internal triggers - thoughts, memories, emotional states, or physical sensations that remind you of the trauma.

IV. Hierarchy of exposure. Together with the psychologist, the client creates a hierarchy of traumatic memories and stimuli, and arranges them according to the level of stress and anxiety they cause. This allows psychological work to begin with less stressful situations, gradually moving to more complex ones. Together with the client, the psychologist creates a hierarchy of traumatic memories and stimuli, arranging them according to the level of stress and anxiety caused, which allows for a gradual transition from less stressful situations to more complex ones. It is important to assess which memories and stimuli have the greatest impact on PTSD symptoms. This helps to determine priorities for further psychological work. Based on the hierarchy of traumatic memories and stimuli, the psychologist develops a detailed counselling plan. It includes initial sessions: work with less stressful memories and stimuli to gradually accustom the client to counselling work; a gradual increase in intensity: and introduction of more complex and stressful memories and stimuli. Before the exposure, the client is taught

anxiety and stress management techniques so that they can effectively manage their reactions during counselling. Among the practical tools for determining traumatic memories and stimuli, we prefer clinical interviews; questionnaires, and tests; diaries and journals to record the client's memories, thoughts, and reactions to triggers; visualization and drawing to identify and reproduce traumatic memories, which can help the client safely express their emotions and memories.

V. Carrying out expositions. Crisis counselling using exposures can be carried out in different formats: internal exposure – the affected person re-experiences traumatic memories in his imagination under the guidance of a psychologist, which allows him to gradually get used to the memories and reduce their impact. The psychologist explains to the client the purpose of internal exposition and prepares him for possible emotional reactions. The client, with the help of a psychologist, visualizes traumatic events, focusing on the details that cause the greatest stress. The psychologist starts with less stressful memories, gradually moving to more traumatic ones. After each session, the client discusses his emotional and physiological reactions with the psychologist, which helps reduce fear and anxiety. The advantage is that the client is in a safe environment while reliving the traumatic memories. Gradually re-experiencing memories helps reduce anxiety and fear.

Real exposure: the client, under the supervision of a psychologist, encounters real situations or stimuli that cause symptoms of stress disorder. This helps reduce anxiety and avoidance in real life. The psychologist explains to the client the purpose of real exposure and prepares him for possible reactions, together with the client develops an exposure plan, determining specific situations and stimuli for exposure. The client, under the supervision of a psychologist, encounters certain stimuli in real conditions. After each exposure, the client discusses his reactions and feelings with a psychologist, which helps reduce anxiety and avoidance. The advantage is that the client is exposed to real situations, it helps to transfer the learned skills to everyday life, and it helps the client to gradually reduce the avoidance of anxiety-provoking situations.

Using virtual reality technologies to create controlled environments where the victim can interact with traumatic stimuli in a safe environment. VR provides an opportunity to more realistically recreate traumatic events and stimulate emotional responses, making this method effective for crisis counselling. The psychologist adjusts the VR system according to the needs of the client, creating virtual environments corresponding to traumatic events. The client uses a VR headset to interact with the virtual environment under the control of a psychologist. They start work with less stressful scenarios and gradually move to more complex and traumatic situations. After each session, the client discusses his reactions with a psychologist to analyse and reduce anxiety. The advantages are that VR allows you to create safe and controlled conditions for exposure, provides the ability to reproduce detailed and realistic scenarios that enhance the effect, and allows you to change scenarios and adjust exposures according to the needs of the client.

VI. Anxiety support and management. A psychologist teaches the affected person anxiety and stress management techniques that can be used during the exposure. These can be breathing techniques, meditation, progressive muscle relaxation, and other methods. The Anxiety Support and Management phase provides the client with the skills and tools needed to effectively manage anxiety and stress during and after exposure sessions. This stage includes learning various self-regulation techniques that help reduce anxiety and increase emotional resilience.

Basic anxiety and stress management techniques:

Deep breathing (diaphragmatic breathing): The goal is to calm the nervous system and reduce the physiological symptoms of anxiety. The client slowly inhales through the nose, fills the diaphragm (stomach rises), holds the breath for a few seconds, and then slowly exhales through the mouth. It is recommended to repeat for 5-10 minutes. Reduces heart rate, improves blood oxygenation, and reduces muscle tension.

Square breathing: the goal is to calm the mind and focus attention. The client breathes in for four counts, holds the breath for four counts, exhales for four counts, and holds the breath again for four counts. Repeat several times. Helps reduce anxiety and increase concentration.

Meditation and mindfulness. Mindfulness meditation: the goal is to develop the skill of being present in the present moment without judgment. The client sits in a comfortable position, focusing attention on his breath or a specific object, when thoughts distract her/him, gently returns attention to breathing. Reduces anxiety, improves concentration, and promotes emotional stability.

Guided meditation: The goal is to calm the mind and body by visualizing peaceful scenes or positive images. A psychologist or audiotope guides the client through visualization of peaceful places (for example, beach, forest), prompting them to relax and focus on positive imagery. Promotes deep relaxation and anxiety reduction.

Progressive muscle relaxation (PMR): The goal is to reduce physiological tension by successively tensing and relaxing muscle groups. The client successively tenses and relaxes different muscle groups of the body, starting from the feet and rising to the head. A psychologist can guide the process or use an audio recording. Reduces muscle tension, improves body awareness, and promotes general relaxation.

Cognitive techniques: Redefining negative thoughts. The client is taught to identify and redefine negative or irrational thoughts that cause anxiety.

Positive Affirmations: Using positive affirmations to increase self-confidence and reduce anxiety.

Physical Activity: Incorporating regular exercise into the client's life to reduce stress and improve mood.

VII. Continuous monitoring and assessment of progress. The psychologist regularly assesses the client's progress and detects changes in stress disorder symptoms and anxiety levels. This allows you to adjust the work plan and adapt exposure exercises to the needs of a specific person. The main aspects of monitoring and evaluating progress: Regular symptom assessments using standardized questionnaires and scales: Impact of Events Scale (IES) - used to assess the intensity of post-traumatic stress disorder (PTSD) symptoms such as intrusive memories, avoidance, and hyperarousal; The Beck Anxiety Scale (BAI) assesses the level of anxiety, including physical and emotional symptoms; The PTSD Checklist (PCL) is a PTSD-specific instrument that assesses changes in symptoms.

Subjective assessments of the client: diaries and journals - the client keeps a diary or journal where he records his thoughts, feelings, and reactions to exposure exercises; the psychologist conducts regular interviews with the client to discuss his condition and reactions; analysis of changes in symptoms and anxiety: decrease in intensity of symptoms, frequency, and intensity of intrusive memories, flashbacks, avoidance, and hyperexcitability; improvement of emotional state, reduction of anxiety and depression.

Detection of negative changes or stagnation: lack of progress - if the symptoms remain at the same level or worsen, the psychologist analyses the possible causes and considers the need to correct the counselling plan; adverse reactions – identification and analysis of unwanted or negative reactions to exposure exercises, such as increased anxiety or other emotional reactions.

Adjustment of the counselling plan: a gradual increase in intensity is carried out if the client successfully copes with the current exposure exercises, the psychologist gradually increases the intensity and complexity of the exercises; reducing the intensity, if the client faces excessive difficulties, the psychologist can temporarily reduce the intensity or return to less difficult exercises; using additional techniques, if progress is not sufficient, the psychologist can add new anxiety management techniques.

The psychologist provides positive feedback on the client's achievements, which helps to maintain motivation to continue psychological work; discusses difficulties and problems with the client, providing support and advice on overcoming them; sets achievable short-term goals that help the client feel progress and stay motivated; sets long-term goals that help the client see the big picture of therapy and the result. Thanks to this approach, the client receives individualized care that takes into account his characteristics and needs, which increases efficiency and improves the general mental state.

VIII. Termination and On-going Support. After the psychological work is completed, the psychologist and the client discuss the results and develop a plan for further support, which may include regular counselling, support groups, or other types of work to prevent relapse. This helps to consolidate the results achieved and ensure the continued support of the client in the future. At this stage, the psychologist and the client summarize the results of therapy, discuss the next steps, and develop a support plan, which may include various activities and resources.

Summing up: the psychologist and the client discuss the achieved results, comparing them with the initial goals. It is important to note the successes and improvements that have been achieved: changes in stress disorder symptoms, anxiety levels, and other mental health indicators are identified. The client shares his impressions of the counselling process and expresses his thoughts and feelings about the achieved results. The psychologist assesses the client's level of satisfaction with the consultation process and its results, which helps to understand the effectiveness of the applied methods.

The individual support plan includes: regular consultations – the psychologist and the client agree on regular consultations to monitor the client's condition and provide support. These can be monthly or quarterly meetings. The client is encouraged to attend support groups where he can communicate with other people who are experiencing similar problems, which helps to get additional emotional support and share experiences. The psychologist may suggest that the client perform certain tasks or exercises aimed at consolidating anxiety and stress management skills. These can be relaxation techniques and cognitive or physical exercises. The psychologist also helps to attract support from loved ones, explaining the importance of social support and providing recommendations on communication and interaction.

Relapse Prevention Strategies: Identifying Triggers – The psychologist helps the client identify triggers that may cause symptoms of relapse, such as stressful situations,

negative thoughts, or certain behavioural patterns. The client, together with the psychologist, develops an action plan in case of stressful situations or triggers. The plan includes specific anxiety management steps and techniques that can be applied at critical moments. The client learns to independently monitor his condition, detect signs of anxiety or stress in the early stages, and apply self-regulation techniques promptly. The psychologist conducts regular assessments of the client's condition, using questionnaires and interviews to monitor symptoms and identify potential problems. It encourages the client to independently study materials on managing anxiety, and stress and developing resilience. The client learns to reflect on his thoughts, feelings, and behaviour, which helps him better understand himself and his reactions to stressful situations. A psychologist provides recommendations for a healthy lifestyle, including physical activity, healthy eating, adequate sleep, and time management. The client is encouraged to maintain active social connections, participate in social events, and communicate with friends and family. Restoring social interaction and fostering social support can facilitate recovery and adaptation to trauma. The degree of social support is negatively correlated with disease symptoms and even with mortality. During emergencies, there are violations of protective mechanisms, which are usually provided by the family, the community, the usual environment, and rituals. A sense of previously existing social cohesion may be lost. However, one cannot forget the resilience of people even in the terrible conditions caused by war. Potential and resources The personal and social resources of the community must be recognized and further developed in psychosocial programs, because they contribute to the stimulation of the natural protective and healing abilities of the social environment, while learned helplessness is significantly reduced. Furthermore, focusing on communities rather than just specific target groups prevents the marginalization and stigmatization of war victims.

Conclusions

Crisis counselling in the conditions of war is an important tool for supporting the mental health and social adaptation of victims. Taking into account psychosocial aspects, adjusting counselling methods to cultural and social conditions, integrating the latest technologies, and training specialists are key elements of effective care. The use of exposure methods in crisis counselling during war is an effective means of psychosocial support for the population, reducing symptoms of stress, fear, and anxiety associated with traumatic memories. It is based on the systematic exposure of the client to traumatic stimuli, which contributes to desensitization and improvement of adaptation skills. An important condition for the success of crisis counselling is the psychologist's professional training, and the client's willingness to cooperate and support during the entire process of providing assistance. Further research and development of practical recommendations will contribute to increasing the effectiveness of crisis counselling and improving the quality of life of war victims.

REFERENCES

- [1] Ostenda, A., Nestorenko, T., Yemchenko, I.: The suburbanization process and quality of life. Recent Advances in Information Technology, Tourism, Economics, Management and Agriculture. Conference Proceedings (part of ITEMA conference collection). Third International Scientific Conference ITEMA, 2019, p. 235-240. www.doi.org/10.31410/ITEMA.2019.235.
- [2] Dubrovina, N., Azhazha, M., Nestorenko, T.: Evaluation of Quality of Services and Management in the Healthcare System. International Relations 2020: Current issues of world economy and politics : proceedings of scientific works from the 21th International Scientific Conference, 3–4th December 2020. Bratislava : Ekonomická univerzita v Bratislave, 2020, p. 174-185. URL: www.shorter.me/T9D1D.
- [3] Peliova, J., Guryanova, L., Dubrovina, N., Nestorenko, T.: Assessment of material and living conditions of the quality of life in Slovakia. Economic journal of Lesya Ukrainka Volyn National University, 2023, 4, 32 (Feb. 2023), p. 14–26. www.doi.org/10.29038/2786-4618-2022-04-14-26.
- [4] Nestorenko, T., Tokarenko, O., Nestorenko, O. : Health-resort complex development as a part of preventive medicine in the context of providing well-being. *Ekonomia – Wrocław Economic Review, Acta Universitatis Wratislaviensis*, 2017, 23/4, 3823, p. 239-249. www.dx.doi.org/10.19195/2084-4093.23.4.19
- [5] Nestorenko, T., Tokarenko, O., Nestorenko, O.: Health-resort industry in Ukraine: The underlying causes of changes. *Ekonomia – Wrocław Economic Review 2018 24/4. Acta Universitatis Wratislaviensis*, 2018, 24/4, 3882, p 51-63. www.doi.org/10.19195/2084-4093.24.4.4.
- [6] Зливков, В. Л. & Лукомська, С. О.: Особливості використання тренінгу життєстійкості у психологічній реабілітації учасників бойових дій. *Вісник Національного університету оборони України*, 2022, №1(65), p. 24–30.
- [7] Мерзлякова, О. Л.: Травма війни: розмаїття викликів та їх подолання (узагальнення досвіду кризового консультування). *Імідж сучасного педагога*, 2023, №5(212), p. 5–11. [www.doi.org/10.33272/2522-9729-2023-5\(212\)-5-11](http://www.doi.org/10.33272/2522-9729-2023-5(212)-5-11)
- [8] Меньяйло, О. А., Остополець, І. Ю.: Можливості арт-терапії у відновленні психоемоційного стану особистості у воєнний час. Сучасні проблеми гуманітарної науки і практики: філософський, психологічний та соціальний виміри: зб. наук. праць. К.: ПВТП «LAT&K», 2023, p.40-43.
- [9] Остополець, І. Ю., Педченко, О. В., Резнікова, О. А., Свіденська, Г. М.: Взаємозв'язок соціальних страхів та тривожності у юнацькому віці. Теоретичні і прикладні проблеми психології та соціальної роботи, 2023, № 3 (62), vol.2, p. 148-156. www.doi.org/10.33216/2219-2654-2023-62-3-2-148-156.
- [10] Мала, Н. В., Остополець, І. Ю.: До проблеми вивчення психологічних особливостей сприйняття та подолання стресових ситуацій. Сучасні проблеми гуманітарної науки і практики: філософський, психологічний та соціальний виміри: зб. наук. праць. К.: ПВТП «LAT&K», 2023, p.36-40.
- [11] Пилипенко, Н. М.: Психологічна допомога та підтримка постраждалим внаслідок війни в Україні. *Вісник Національного університету оборони України*, 2022, №6(70), p.142–148.
- [12] Джеджора, І.: Стрес та кризовість в житті людини. *Наукові записки. Серія: Психологія і педагогіка*, 2018, №40, p. 51-56.
- [13] Каліщук, С. М.: Внутрішня логіка відновлення реалістичності у кризовому втручанні. *Науковий вісник Херсонського державного університету. Серія: Психологічні науки*, 2023, №3, p. 35-41.
- [14] Гуртовенко, О. В.: Індивідуальна психотерапія в Україні: становлення і розвиток. *Збірник наукових праць. Київ: КНУ імені Тараса Шевченка*, 2018, p. 12-14.
- [15] Детьчук, А. І.: Компетентність психолога кризового спілкування у вимірах емоційно-ціннісної сфери. *Вісник Житомирського державного університету імені Івана Франка*, 2017, №87(1), p. 42-46.
- [16] Каліщук, С. М.: Внутрішня логіка відновлення реалістичності у кризовому втручанні. *Науковий вісник Херсонського державного університету. Серія: Психологічні науки*, 2023, №3, p. 35-41.

[17] Лазос, Г. П.: Резильентність: концептуалізація понять, огляд сучасних досліджень. Актуальні проблеми психології: Консультативна психологія і психотерапія, 2018, №14, p. 26–64.

[18] Bryant, R. A.: The Current Evidence for Acute Stress Disorder. *Curr Psychiatry Rep*, 2018, №20(12), p. 111. www.doi.org/10.1007/s11920-018-0976-x.

[19] Ivanova, O.: The «Psychological forces of Ukraine» project: promoting the resilience development in war conditions. *UNESCO Chair Journal Lifelong Professional Education in the XXI Century*, 2022, №2(6), p. 62–73. [www.doi.org/10.35387/ucj.2\(6\).2022.62-73](http://www.doi.org/10.35387/ucj.2(6).2022.62-73).

PSYCHOLOGICZNO-SPOŁECZNE ASPEKTY PORADNICTWA KRYZYSOWEGO W WARUNKACH WOJENNYCH

STRESZCZENIE

Artykuł poświęcony jest analizie psychospołecznych aspektów poradnictwa kryzysowego w warunkach wojny. Badane są metody, strategie i ich wpływ na zdrowie psychiczne ofiar. Stwierdzono, że kompleksowe wsparcie społeczności w czasie wojny i po wojnie pozytywnie wpłynęło na przywrócenie witalności ludności. Wysoki poziom cierpienia psychicznego społeczności, które przetrwały konflikty zbrojne, wymaga wszechstronnego wsparcia psychologicznego i psychospołecznego. W artykule poruszono także kwestie etyczne oraz integrację nowoczesnych technologii w poradnictwie kryzysowym, co znacząco poszerza dostęp do pomocy psychologicznej. Ponadto, przeanalizowano specyfikę szkolenia i kształcenia specjalistów, w kontekście udzielania pomocy w ekstremalnych warunkach.

Poradnictwo kryzysowe w warunkach wojny jest ważnym narzędziem wspierania zdrowia psychicznego i adaptacji społecznej ofiar. Uwzględnianie aspektów psychospołecznych, dostosowanie metod poradnictwa do warunków kulturowych i społecznych, integrowanie najnowszych technologii oraz szkolenie specjalistów to kluczowe elementy skutecznej opieki. Stosowanie metod ekspozycyjnych w poradnictwie kryzysowym w czasie wojny jest skutecznym środkiem wsparcia psychospołecznego ludności, redukującym objawy stresu, lęku i niepokoju związanego z traumatycznymi wspomnieniami. Dalsze badania i opracowanie praktycznych zaleceń przyczynią się do zwiększenia efektywności poradnictwa kryzysowego i poprawy jakości życia ofiar wojny.

SŁOWA KLUCZOWE

kryzys, poradnictwo kryzysowe, wojna, aspekty psychospołeczne, metody ekspozycji, pomoc psychologiczna.



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