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Modern psychological assistance technologies for internally displaced persons

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Abstract. Since the full-scale invasion of Ukraine by Russia, many Ukrainians have fled their homes in search of safer places, thus the problem of developing convenient and effective methods of providing psychological support to the maximum number of citizens has become urgent. The research aims to develop a technology for helping internally displaced persons based on exposure therapy methods. The study sample consisted of 84 respondents who had the official status of internally displaced persons. To quantify the parameters of the stressful state, the PCL-5 post-traumatic stress disorder diagnostic tool was used, and the updated Oxford Happiness Inventory (OHI) was used to determine the emotional state. At the beginning of the study, 67% of respondents in the sample had a level of symptoms sufficient to diagnose post-traumatic stress disorder, which indicates a high level of psychological distress. The methods of trauma-focused cognitive behavioural therapy and Eye Movement Desensitisation and Reprocessing were used for psychotherapeutic procedures. The use of both methods proved to be effective in improving the overall psychological state of the respondents. The use of trauma-focused cognitive behavioural therapy led to a 9.0% reduction in symptoms of post-traumatic stress disorder and a 37.73% increase in happiness compared to the control group. The method of desensitisation and eye movement processing led to a 15.41% reduction in symptoms of post-traumatic stress disorder and a 35.30% increase in subjective indicators of happiness compared to the control group. The combined use of both methods showed the best results: after three months, there was a 19.72% reduction in post-traumatic stress disorder symptoms and a 42.54% increase in happiness scores compared to the control group. Based on the data demonstrated in this paper, the combined use of trauma-focused cognitive behavioural therapy and eye movement desensitisation and reprocessing can be recommended to reduce the severity of post-traumatic stress symptoms and improve the well-being of internally displaced persons

Keywords: post-traumatic stress disorder; exposure therapy; trauma-focused cognitive behavioural therapy; eye movement desensitisation and processing; subjective sense of happiness

INTRODUCTION

About 1.5 million Ukrainians have been displaced within the country since Russia invaded the Donetsk and Luhansk regions in 2014 (Kraieva, 2022). And since Russia's full-scale invasion of Ukraine on 24 February 2022, many Ukrainians have fled their homes in search of safe havens. According to the Ministry of Social Policy (n.d.), from the beginning of the war until May 2023, 4.9 million citizens were registered as internally displaced persons (IDPs). Therefore, the problem of organising and functioning of the psychological support system has been very acute since 2014. At that time, not only citizens in the armed conflict zone but also psychological and social services of Ukraine, which had no experience in organising support for victims of hostilities, found themselves in a crisis.

Refugees forced to flee their places of residence due to hostilities are always the group that suffers the most negative mental health consequences, as the stressful situation becomes chronic for them, leading to the development of distress (Acarturk *et al.*, 2022). People who were forced to change their place of residence faced humanitarian and social problems such as the loss of housing, jobs, and places of education for schoolchildren and students, as well as psychological problems: stress associated with being in the armed conflict zone, loss of familiar social environment, and separation from loved ones. The state and social organisations should organise a system of social and psychological support for such citizens. Foreign experience and cooperation can greatly contribute to the establishment of such a system.

Many researchers focus on the organisation of social and legal support and protection of internally displaced persons. For example, D. Lukanov and I. Syomkina (2021) believe that to improve public policy, IDPs need to be directly involved in solving the problems of internally displaced persons, and the state itself needs to improve the training of personnel working with this category of population. The authors also considered the creation of IDP interaction and development clubs, psychological support for all age groups of IDPs, as well as legal and social support necessary for employment to be important. The organisation of these measures has a significant impact on the sense of security, confidence, and psychological well-being of IDPs, but does not solve all problems.

At the same time, the scientific community is focused on analysing the psychological state of internally displaced Ukrainians, identifying their needs, and selecting effective and convenient methods of psychological support. Generalised statistics show that among IDPs who have moved from the war zone, 50% develop post-traumatic disorders or certain symptoms of maladjustment (Hrudii *et al.*, 2015). A.-M. Asanov Noha *et al.* (2022) present the results of a study of the mental well-being of 1165 migrant refugees and internally displaced persons, according to which 57% of respondents have severe psychological distress and 81% are at risk of developing depressive conditions. Those Ukrainians who receive psychological assistance significantly improve their mental well-being. Distress can also lead to psychosomatic illnesses and substance abuse. Kraieva (2022) describes the personality changes of internally displaced Ukrainians who had to move from the territories of Luhansk and Donetsk regions. The author demonstrates that the forced change of the month of residence results in changes in self-esteem, perception of time, and assessment of the future. It also shows the dominance of security values and identity crises. Thus, both physical health indicators and personality are affected.

V. Overchuk *et al.* (2023) developed the educational and professional programme "Rehabilitation Psychology in emergency situations", which summarises the best approaches to the rehabilitation of people in crises. M. Hrudii *et al.* (2015) analysed the main signs of stress reactions and crisis states that develop in witnesses of war events and internally displaced persons. The information is based on the analysis of data on people displaced from the occupied areas of Donetsk and Luhansk regions in 2014-2015. The authors emphasised the need to involve social workers, doctors, and psychologists in the adaptation of IDPs. The main areas of psychotherapeutic intervention to overcome crisis states in adults and children are described. O. Protas (2022) highlighted the need for social and pedagogical support for children who have been displaced by their parents to prevent maladjustment and disruption of their lives.

Many psychologists and psychotherapists have joined forces to provide free psychological assistance to internally displaced persons. Given the availability of qualified human resources, the problem of developing specific, most convenient, and effective methods that will allow the maximum number of people in need to receive the necessary therapeutic support is relevant. Therefore, the research aims to develop a technology for helping internally displaced persons based on exposure therapy methods. The methods under study are effective in many studies and represent the first line of therapy for various stress disorders.

MATERIALS AND METHODS

The study design was a psychological formative experiment in which the results were compared with a control group that did not receive any therapeutic interventions. The study sample included 84 people who had the status of internally displaced persons and had experienced an acutely stressful event related to a change in their usual place of residence, social environment, temporary loss of work and habitual lifestyle. Volunteers took part in the study: 42 women and 42 men aged 21 to 55. The respondents were evenly divided into four groups based on age and gender. The first, the control group, did not receive

psychotherapy, but their condition was monitored by questionnaires in parallel with the therapy groups.

To assess the state of internally displaced persons, indicators of stress symptoms and general sense of happiness were determined. To quantify these parameters, the Post-traumatic Stress Disorder Questionnaire (PCL-5) (2022) and the updated Oxford Happiness Inventory (OHI) (n.d.) were chosen. The PCL-5 (2022) is a self-assessment tool consisting of 20 questions related to the consequences of a traumatic situation and a person's attitude towards it. The questionnaire includes the following criteria: description of the traumatic event; intrusion symptoms, avoidance symptoms, negative thoughts, and emotions, and overreactivity. Each item should be scored from 0 to 4 points, so the maximum possible number of points in the test is 80. For ease of calculation and further data analysis, the scores obtained during the survey were converted into relative units - percentages. The diagnosis of post-traumatic stress disorder (PTSD) was considered probable if the respondent scored more than 33 points on the test (41.25%). The basis for the diagnosis of PTSD is the presence of exposure to a traumatic event, so this criterion was also mandatory.

The Oxford Happiness Inventory (n.d.) was developed to provide a self-assessment of happiness, which includes such factors as life satisfaction, and positive and negative emotions. The questionnaire consists of 29 items, each of which has four options for statements relating to a particular aspect, from which the respondent must choose one option that best expresses the respondent's attitude. Each item can be scored from 0 to 3 points. For the final calculation, the scores are converted to a percentage of a hypothetical maximum.

Two methods of conversational exposure therapy were selected based on scientific research and analysis of colleagues' experiences. Exposure therapy brings a person back to a traumatic situation or event and allows them to accept it cognitively and emotionally, to change traumatic behavioural patterns to more adaptive ones.

The first method used was traditional trauma-focused cognitive behavioural therapy (TF CBT). This method is recommended for use in post-traumatic disorders, as it allows focusing on the traumatic event and separating its consequences from the client's current state. The method is quite fast compared to other methods of talk therapy, twelve sessions are enough to achieve therapeutic progress. Therefore, in the current study, twelve sessions of one-hour duration were conducted with an interval of one week. The duration of the full course was three months.

The second method of psychological assistance was Eye Movement Desensitisation and Reprocessing (EMDR), which combines exposure therapy with a series of controlled eye movements. The method is based on alternate bilateral stimulation of the cerebral hemispheres. The hypothetical mechanism of this effect is that simultaneous focus on traumatic experience and sensory stimuli promotes rapid reprocessing of the event and helps integrate memories into explicit memory, reducing PTSD symptoms. The sessions lasted 30 minutes each, with a one-week break between them. In total, the respondents had twelve sessions over three months.

The fourth study group received psychological assistance, which consisted of a combination of the two methods described above, using the same scheme. Sessions using different methods were held on the same day, with an interval of several hours between them. Individual sessions with clients participating in the study were held once a week online. The statistical significance of the results was determined using Pearson's test. The relationship between the severity of PTSD symptoms and indicators of subjective happiness was analysed using correlation analysis.

All research procedures involving human subjects were conducted following the American Psychological Association's (APA's) ethical principles of psychologists and code of conduct (2002) and the guidance note of the European Commission (2021) on ethics and data protection.

RESULTS

To begin with, the symptoms of post-traumatic stress disorder among the study sample were investigated. The respondents were divided into four groups, each of which separately studied the symptoms inherent in this condition. It should be noted that the intra-group variation was quite large, reflecting the diversity of individual reactions to stress. The overall level of PTSD symptoms in the study sample was 53.83 ± 19.84%. This corresponds to the average level of severity of the disorder and the presence of problems with adaptation. Next, the initial level of symptoms was calculated separately for each study group to compare the dynamics of symptoms.

The initial level of PTSD symptoms in the control group was 59.57 ± 20.67%, meaning that some respondents had severe symptoms of the disorder, while others did not; the same was true for the other groups: 54.95 ± 20% for the psychotherapy group, 61.45 ± 23.86% for the EMDR group, and 54.23 ± 20.40% for the combined therapy group. The total number of people with a response rate indicating a high probability of PTSD was 56 people (67%) in the study group. The main symptoms that occurred most often included sleep disturbances (45% of respondents), increased nervousness and fearfulness (37% of respondents), disturbing memories of the situation related to the circumstances of the move (33% of respondents), and sudden feelings about the situation (29%). Respondents in Groups 2, 3 and 4 underwent their chosen therapy method once a week, so by the time of the first follow-up survey, they had all had four therapy sessions. As it turned out, the positive changes that emerged occurred after this period, as shown in Table 1.

Table 1. Dynamics of PTSD symptoms in respondents who underwent various methods of rehabilitation

Method of therapeutic effect	Before therapy	1 month	3 months	Decrease since the observation starts, %	Compared to control, %
EMDR	61.45 ± 23.86	49.60 ± 20.81	40.35 ± 17.20	34.34	15.41
TF CBT	54.95 ± 20.07	43.76 ± 18.66	40.10 ± 14.10	27.02	9.00
TF CBT+EMDR	54.23 ± 20.40	50.73 ± 17.52	33.27 ± 9.36	38.65	19.72*
Control	59.57 ± 20.67	55.43 ± 16.69	48.10 ± 18.06	18.03	-

Note: * – data are statistically significant compared to the control (≤0.05)
Source: compiled by the autors

Figure 1 shows a tendency towards a decrease in PTSD symptoms in the control group, which did not receive any therapeutic interventions, but the respondents agreed to report their condition. Over the course of three months, the number of PTSD symptoms gradually decreased, as evidenced by the lower number of respondents with high test scores. However, after three months, the minimum level of indicators slightly increased, indicating the presence of anxiety that requires intervention. At the beginning of the observation, the average level of symptoms of stress disorder was 59.57 ± 20.67 of the maximum possible according to the questionnaire, while in three months it decreased to 48.10 ± 18.06, which, however, corresponds to a high probability of PTSD. The overall reduction in symptoms, which is typical for a stress disorder, was 18.03% at the end of the observation period (three months). Three months after the start of the observation, out of 17 clients with clinically significant PTSD symptoms, 5 moved to the group with subclinical symptoms. Analysis of responses to the most common symptoms showed that there was a decrease in disturbing memories of the relocation situation (29%) and sudden feelings about the situation (24%). However, sleep disturbances, reported by 39 per cent of respondents, and feelings of nervousness and fearfulness (34 per cent) remained at a fairly high level. The greater spontaneous reduction in symptoms mainly concerned cognitive and psychological manifestations of PTSD, while neurological and psycho-emotional symptoms decreased to a lesser extent.

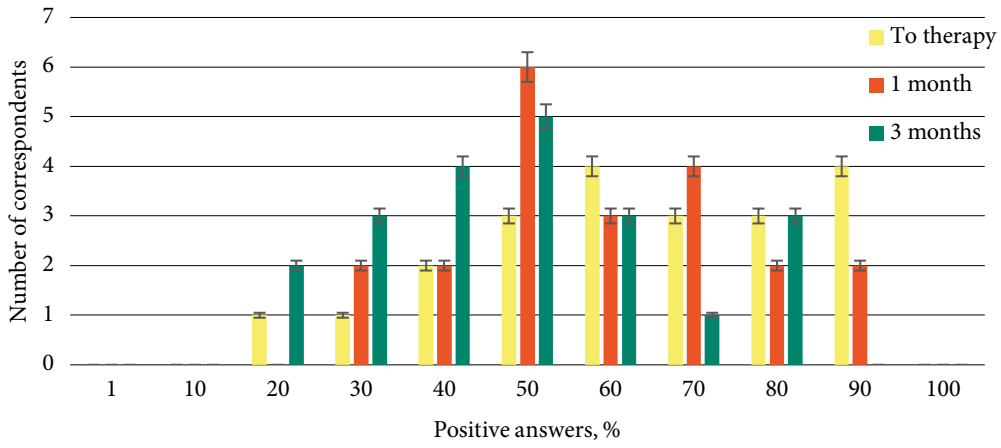

Figure 1. Dynamics of PTSD symptoms in respondents who did not undergo psychological rehabilitation (control group)

In the group that received individual psychotherapy using the method of trauma-focused cognitive behavioural therapy (TF CBT), similar positive dynamics were observed, but even more pronounced than in the control group (Fig. 2). At the beginning of therapy, the main symptoms were sleep disturbances (49% of respondents), increased nervousness and fearfulness (41% of respondents), and disturbing memories of the situation related to the circumstances of the move (36% of respondents). At the beginning of the study, the level of PTSD symptoms was 54.95 ± 20.07%, while in three months it decreased to 40.10 ± 14.10%. A pronounced decrease in the assessment of their condition as negative was observed after a month of therapeutic work, and this dynamic continued in the future. In total, clients had 12 psychotherapy sessions during the study, and as a result, the overall reduction in trauma symptoms was 27.02%. This is 9.0% more than in the control group. As a result of therapeutic work with a psychotherapist, out of 15 patients who had symptoms of severe post-traumatic disorder at the beginning of therapy, 8 moved to a group with a sub-threshold level of symptom severity, which is more than in the control group. The analysis of the responses revealed that the clients reported improved sleep (31%), reduced nervousness and fearfulness (22%), and disturbing memories of the relocation situation (21%). Thus, the impact of psychotherapy had positive effects on reducing both cognitive psycho-emotional and neurological consequences of the stress experienced.

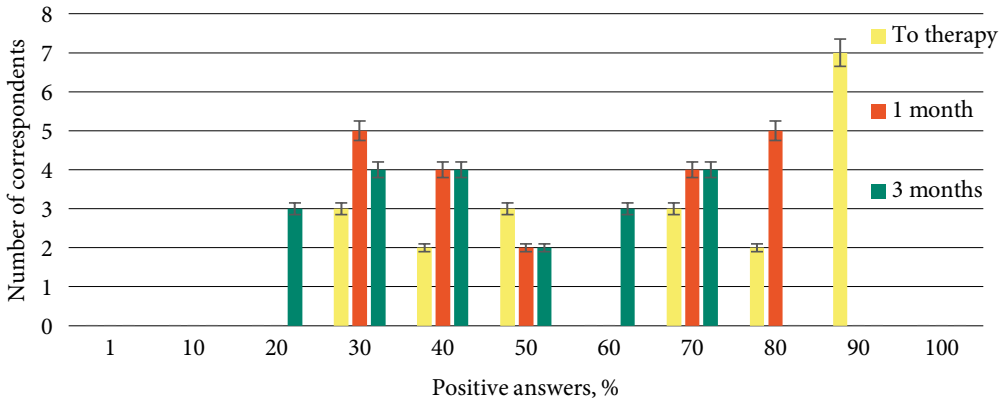

Figure 2. Dynamics of PTSD symptoms in respondents who underwent individual psychotherapy (TF CBT)

In the group receiving rehabilitation using the Eye Movement Desensitisation and Reprocessing (EMDR) technique, at the beginning of therapy, negative post-traumatic symptoms similar to other groups were observed: sleep disturbances (48% of respondents), increased nervousness and fearfulness (39% of respondents), disturbing memories of the situation related to the circumstances of the move (30% of respondents), and loss of previous interests (26%). The initial level of symptoms of stress disorder was higher than in other groups and amounted to 61.45 ± 23.86% of the maximum number of points in the questionnaire. The dynamics of post-traumatic symptom reduction are shown in the diagram (Fig. 3). As can be seen from the figure, positive dynamics were observed from the first month of therapy. After 3 months, the overall level of PTSD symptoms decreased to 40.35 ± 17.20% of the maximum, which is 34.34% less compared to the beginning of the study. Compared to the control group, the difference was 15.41%. 7 out of 17 people who had a level of symptoms sufficient for the diagnosis of PTSD moved to the group of moderate and low symptom severity. The analysis of the responses revealed that clients reported a decrease in psychosomatic symptoms, sleep disturbances (29%), nervousness (23%), and disturbing memories of the relocation situation (25%).

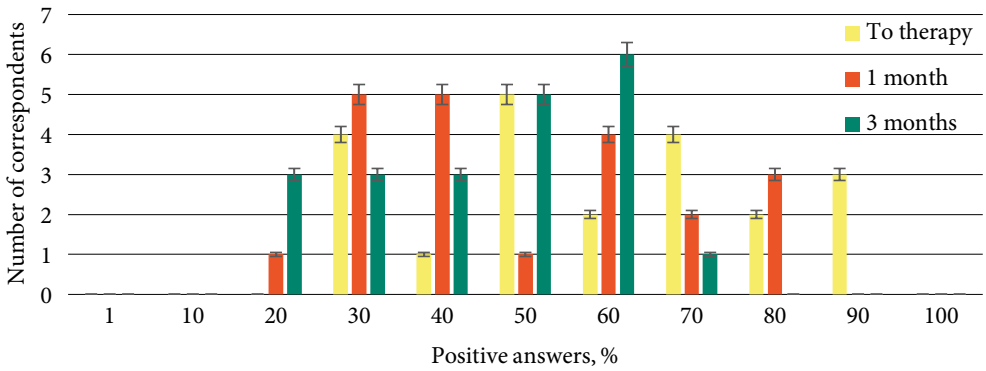

Figure 3. Dynamics of PTSD symptoms in respondents undergoing EMDR therapy

The results of the combination of the two selected methods had the most pronounced effect on reducing the negative effects of stress. Before therapy, the average level of PTSD symptoms was 54.23 ± 20.40%. In addition, this group had the largest number of people with high-severity PTSD, with 7 people scoring 90% positive answers to the questionnaire. As a result of the combination of the two methods, this level decreased to 33.27 ± 9.36 in three months, which is the lowest result of all the therapeutic groups. Positive changes were already noticeable after the first month of therapeutic work (Fig. 4). However, the most significant reduction in symptoms occurred after three months of therapy, compared to the control group, which did not undergo therapeutic intervention, it was 19.72% (results are statistically significant at $p \leq 0.05$). At the same time, out of 15 people who had a level of symptoms that met the criteria for PTSD, 9 people moved to the group of moderate and low severity of post-traumatic symptoms. Therefore, there is a pronounced trend towards a decrease in cognitive symptoms of negative thoughts (23%), physical and emotional reactions (sleep disturbances – 19%), and nervousness and fearfulness – 18%. Thus, the combination of methods is more effective than each of them alone.

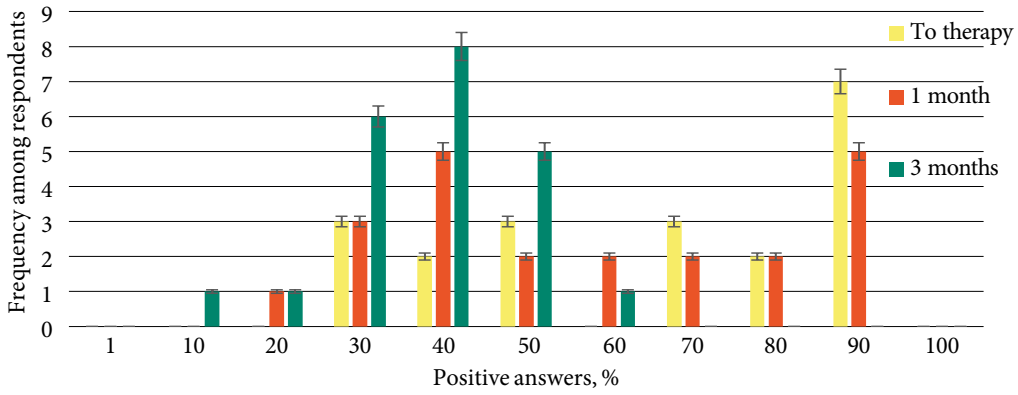

Figure 4. Dynamics of PTSD symptoms in respondents treated with a combination of TF CBT and EMDR

The next step was to analyse the impact of different therapeutic methods on the indicators of subjective happiness. The general data obtained in the course of the study are presented in Table 2. Thus, at the beginning of the survey, the study sample had a fairly even distribution of respondents by the level of happiness indicators, the average indicator in the group was 42.13 ± 9.75%, which was in the range of 41-50%, and this corresponds to a lower average according to the methodology used. A paradoxical situation was observed in the group that did not receive psychological assistance: at the end of the third month of observation, the level of subjective happiness in this group did not increase but decreased. At the beginning of the study, it was 42.48 ± 11.20%, and at the end, it was 36.05 ± 8.38%, a decrease of 15.13%. This was although the level of post-traumatic symptoms in this group was gradually decreasing, as discussed above. These results indicate that even a reduction in negative memories of the traumatic event is not a guarantee of improved psychological well-being.

Table 2. Dynamics of the subjective feeling of happiness in respondents who underwent various methods of rehabilitation, %

Method of therapeutic effect	Before therapy	1 month	3 months	Increase since the observation started, %	Increase, compared to control, %
EMDR	42.18 ± 9.09	44.86 ± 8.33	48.77 ± 7.54	15.59	35.30*
TF CBT	42.80 ± 9.95	43.20 ± 9.69	49.65 ± 11.33	16.00	37.73*
TF CBT+EMDR	41.05 ± 10.92	47.05 ± 10.79	51.38 ± 9.15	25.16*	42.54*
Control	42.48 ± 11.20	43.86 ± 10.63	36.05 ± 8.38	-15.13	-

Note: * – statistically significant compared to the control (p≤0.05)
Source: compiled by the autors

When analysing specific responses, the greatest deficit was observed in the area of positive emotions. Although people were getting rid of some of the cognitive problems associated with their traumatic experience, their emotional sphere continued to be affected by depressing memories. The dynamics of the process are shown in the diagram (Fig. 5).

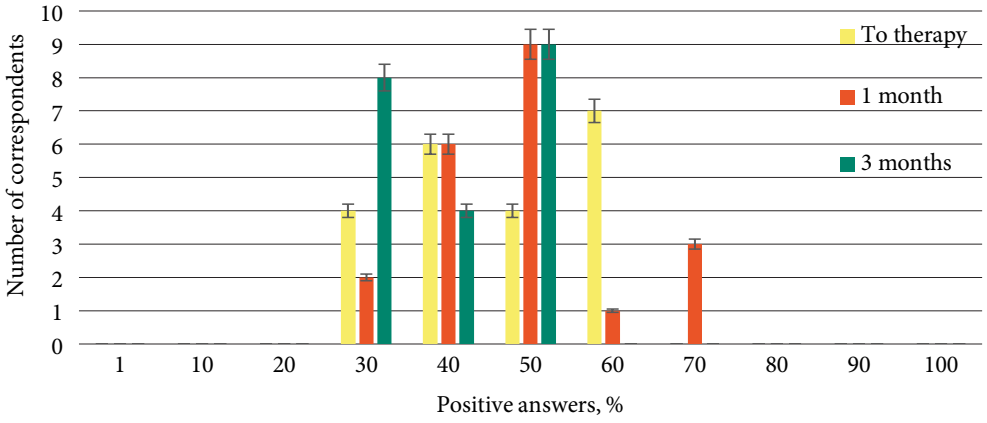

Figure 5. Dynamics of symptoms of subjective happiness in the control group

In the group receiving psychological care using the TF CBT method, the dynamics of happiness indicators were positive compared to the beginning of the study (Fig. 6). In the beginning, the average level of happiness according to the results of self-assessment was 42.80 ± 9.95%, and after three months it was 49.65 ± 11.33%, which is an increase in the level of happiness by 16.0%. At the same time, when compared to the control group, this increase was 37.73% (statistically significant at $p \leq 0.05$). Three patients moved from the group with low to medium levels of happiness, and four more increased their scores from medium to high levels. Thus, the TF CBT methodology proved to be quite effective in improving the subjective state of internally displaced persons in the study sample.

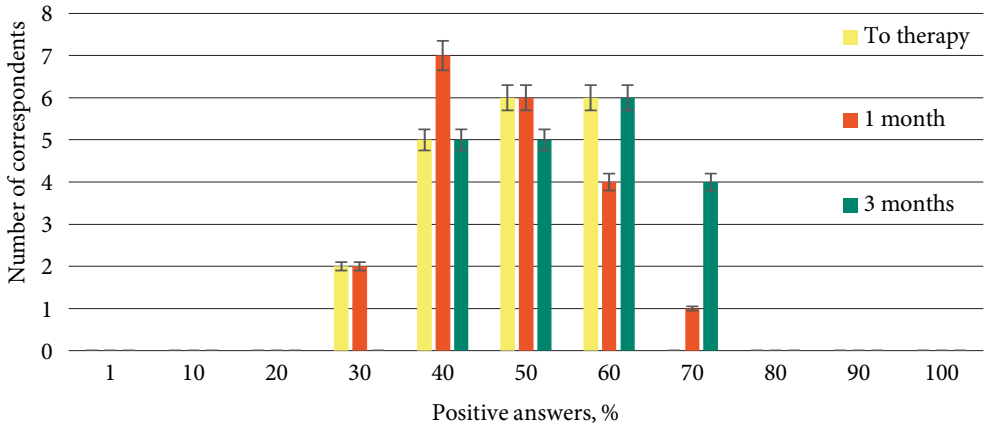

Figure 6. Dynamics of symptoms of the subjective sense of happiness in respondents undergoing individual psychotherapy (TF CBT)

Next, it is advisable to consider the impact of the EMDR technique on the dynamics of respondents' assessment of their state. As can be seen from Table 2, the results obtained are quite similar to those of the group that received CBT. At the beginning of the study, the average score of happiness in the group was 42.18 ± 9.09%, and after three months it increased to 48.77 ± 7.54%, an increase of 15.59%. Compared to the control group, the results were 37.73% higher. This indicates the effectiveness of the chosen methodology in improving the emotional state of internally displaced persons. As a result of the therapy, 10 respondents increased their level of life satisfaction from a low level to an average and high level (Fig. 7).

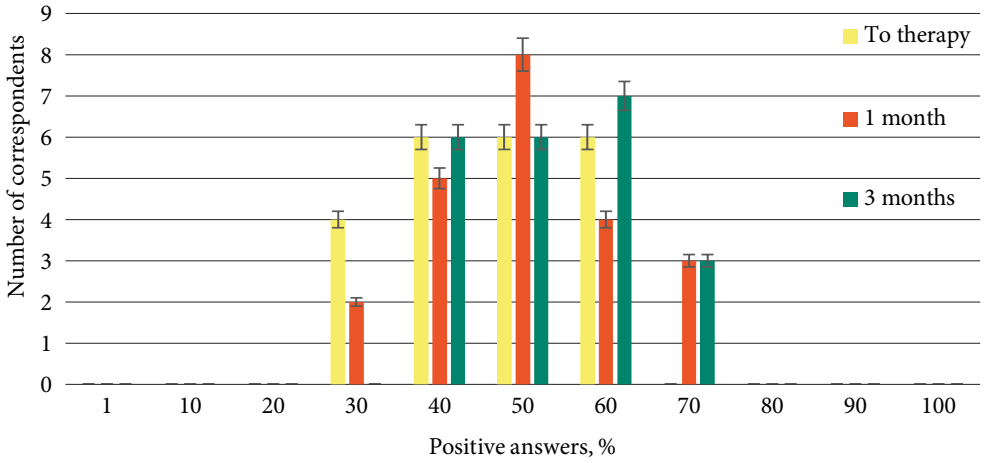

Figure 7. Dynamics of symptoms of subjective happiness in respondents undergoing EMDR therapy

The combination of the two studied methods – psychotherapy and EMDR – demonstrated the highest effectiveness in improving the emotional state of respondents. The initial level of happiness in the group was 41.05 ± 10.92%, and at the end of the three-month course, it was already 51.38 ± 9.15%, an increase of 25.16%, which is the highest in this study. Compared to the control group, the difference was 42.54%. Positive dynamics were observed in all group members, while 7 people from the sample increased their happiness scores from low to medium and 11 moved from the medium to high group (Fig. 8).

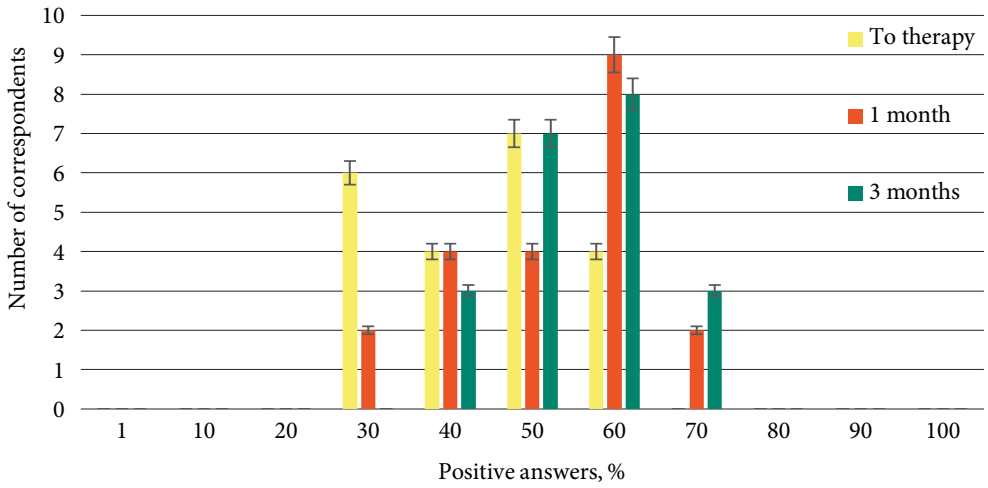

Figure 8. Dynamics of symptoms of subjective happiness in respondents undergoing therapy with the use of combination therapy

Thus, the combination of the two methods proved to be the most effective in reducing the symptoms of stress disorder and increasing the indicators of subjective happiness. All the studied variants of the applied methods of psychological assistance proved to be effective in comparison with the group that did not receive psychological support.

The correlation analysis showed a strong negative correlation between PTSD and subjective happiness (Pearson correlation coefficient – 0.34; statistically significant at $p \leq 0.01$). Thus, the reduction of symptoms accompanying post-traumatic stress disorder leads to a significant increase in subjective life satisfaction and the prevalence of positive emotions over negative ones.

DISCUSSION

A stay in an emergency zone is usually characterised by a high intensity of psycho-traumatic factors for people who suddenly find themselves in it. War carries numerous stressors, such as direct threats to life and health, uncertainty, and changes in the way of life. All of this is associated with the development of an acute stressful situation, which, according to many experts, is the most severe situation in terms of trauma and its consequences. B. Roberts *et al.* (2008) in their study of internally displaced persons during the military conflict in Uganda state that more than half of the refugees (54%) had severe symptoms of PTSD, and 67% had symptoms of depression. The level of symptoms depended on the age, gender, distance of displacement, and physical and social conditions of the person at the time of the survey. The current study found similar changes in psycho-emotional state: sleep and attention disorders, increased nervousness and fearfulness, disturbing memories of the situation related to the circumstances of the move, and sudden feelings about the situation. As well as personality changes: loss of interest in previous activities, obsessive thoughts and attitudes towards oneself and others, and a sense of isolation from others, these changes are also predictors of a possible personality crisis. It has also been shown that the level of symptoms sufficient for the diagnosis of PTSD before the start of therapy was 67%, which is a high rate for the population and proves the presence of significant distress among internally displaced persons.

Many researchers pay attention to the importance of personal individual psychological characteristics in the structure of stress resistance. V. Overchuk *et al.* (2023) demonstrated that individual qualities of adaptation, such as self-control, endurance, and communication skills, contribute to a qualitatively better adaptation of people during wartime, especially when changing living conditions. At the same time, negativism, a tendency to oppositional behaviour, and distrust are factors in the development of maladaptive behavioural patterns. A.C. Fru-Ngongban (2023) provides statistics on the impact of individual psychological resilience of adolescents in Cameroon and concludes that it is a significant factor in stress resistance and psychological well-being during armed conflicts. The topic of individual psychological qualities that contribute to the adaptation of IDPs is addressed by I. Grabowska *et al.* (2023). When studying the adaptation of Ukrainian IDPs in Poland, they use the concept of "psychological capital", which is a component of resilience that allows one to adapt to a forced sudden change in conditions. Among the components, the authors identify such indicators as hope, self-efficacy, resilience, and optimism. According to the results of the study, the Ukrainians included in the sample have a fairly high adaptive potential, which allows them to successfully overcome the crisis. The paper demonstrates that there is a large individual variation in the intensity of post-traumatic symptoms, reaching almost 40%. This may be due to such individual psychological characteristics. Compared with the results of the current study, it can be stated that the reduction of post-traumatic symptoms in the control group is a manifestation of the ability to adapt and self-help, but external psychological support significantly improves the psycho-emotional state of IDPs.

Therapy for post-traumatic conditions, including PTSD, is usually based on exposure therapy techniques, which allow for the actualisation and reliving of the traumatic situation. Trauma-focused cognitive behavioural therapy is the first-line method recommended for working with patients with PTSD. N. Ennis *et al.* (2021) conducted a systematic review of studies on TF CBT, which included 21 studies of individuals at repetitive risk of threat. The authors conclude that in most cases, the therapy is effective, but some studies point to the risks of side effects in the form of re-traumatisation when the traumatic situation is actualised. It should be noted that the internally displaced persons under study belong to this group with a recurring risk of threat, as they are in places of temporary residence, and military operations in the country continue. However, in the course of this study, no cases of deterioration of patients' condition in connection with TF CBT were reported. M. Zemestani *et al.* (2022) report the results of a randomised clinical trial of the culturally adapted TF CBT method. The study describes the effectiveness of the technique in reducing PTSD symptoms among a population of Iraqi women affected by military operations. Reductions in PTSD symptoms, anxiety, depression, and emotional dysregulation were reported within one month of starting therapy, with significant gains achieved after three months of weekly sessions. This study demonstrated a very similar pattern of positive response to therapy, as positive changes began in the first month and improved by the third month. The technique proved to be effective in reducing PTSD symptoms by 27% compared to baseline, and by 9% compared to controls. Self-reported happiness increased by 37.73%. E. Baroud and L. Dirani (2023) also emphasise the effectiveness of TF CBT as a therapeutic technique that helps to reduce PTSD symptoms in children and adolescents affected by war.

Eye movement therapy is widely used in the treatment of post-traumatic stress disorders, including combat veterans (Verstrael *et al.*, 2013; Vanderschoot & Van Dessel, 2022). Although not all studies show equally high positive results with traditional tests, respondents usually report a reduction in subjective suffering (Schrier *et al.*, 2016). L. Tay *et al.* (2018) showed neurobiological changes associated with a decrease in the activity of brain areas that were over-excited due to stress disorder (amygdala, thalamus, caudate nucleus, ventromedial prefrontal cortex). This indicates that the technique has effective mechanisms of physiological influence that can change the activity of brain structures, and thus lead to a clinical effect. The group of children is the most vulnerable to stress and its negative consequences and needs psychological intervention. The EMDR method is more accessible for use in the paediatric population compared to CBT methods. K. Banoğlu and U. Korkmazlar (2022) in a randomised controlled trial demonstrated the high effectiveness of eye movement reprocessing in reducing symptoms of PTSD, depression, and anxiety in Syrian refugee children during the war. In the present study, the authors confirmed the high effectiveness of the EDMR technique in reducing PTSD symptoms by 15.41% compared to the control group and increasing subjective happiness by 35.3% compared to the control group.

As for comparing the effectiveness of the two methods described, large-scale reviews comparing the results of many studies are needed. G. Seidler and F. Wagner (2006) present the results of such a meta-analysis, which includes eight randomised controlled trials comparing the methods. The authors conclude that both methods are equally effective in reducing posttraumatic symptoms. This is confirmed by the results of the current study, as both methods were found to be effective, but their combination had a cumulative effect on both reducing PTSD symptoms by 19-42% and increasing subjective happiness by 42-54% compared to control.

It is worth emphasising the need for psychological intervention to help IDPs during hostilities, as the lack of timely assistance often leads to the transition of conditions to chronic ones. J. Kalyegira (2022) presents the results of a study of the psychological well-being of refugees of different ages and genders in sub-Saharan Africa. The author concludes that the availability of psychological care providers matters for subjective well-being in the same way as physical safety and material security. W. Tol *et al.* (2020) analysed a sample of female refugees from South Sudan and concluded that respondents have high levels of personal distress. The use of a psychological self-help programme for three months leads to a significant improvement in subjective well-being. S. Acarturk *et al.* (2022), analysing the methods of psychological assistance to Syrian refugees in Turkey, concluded that people's psyche undergoes certain changes that require the intervention of psychological assistance specialists. Psychosocial assistance significantly speeds up the process of psychological adaptation. As shown in this study, over time, the level of subjective happiness decreases in the group that did not receive psychological assistance, despite the same level of social support in the groups. In this study, the authors also found that in the absence of intervention, the negative effects of distress increase over time, but psychological help is effective after three months of follow-up, with the initial level of stress being important.

CONCLUSIONS

The study found that the majority of the sample of respondents had symptoms of post-traumatic stress disorder (PTSD) from mild to severe high severity. The average rate in the study sample was 53.83±19.84%, which corresponds to the average level of severity of the disorder and the possible presence of problems with adaptation. A fairly wide range of symptoms is noteworthy, indicating the contribution of individual psychological traits to the development of a stress reaction. In general, 67% of the sample had a level of symptoms sufficient to diagnose PTSD, which is a high rate for the population and proves the presence of significant distress among internally displaced persons. The most common symptoms included sleep disturbances (45% of

respondents), increased nervousness and fearfulness (37% of respondents), disturbing memories of the situation related to the circumstances of displacement (33% of respondents), and sudden feelings about the situation (29%).

The study of indicators of individual happiness showed that at the beginning of the survey, the sample had a fairly even distribution of respondents by the level of happiness indicators, the average indicator in the group at the beginning of the study was 42.13 ± 9.75%, which corresponds to a lower average according to the methodology used. The use of both selected methods proved to be effective in improving the general psychological state of the respondents. The use of trauma-focused cognitive behavioural therapy led to a 9.0% reduction in PTSD symptoms and a 37.73% increase in happiness compared to the control group without intervention. The use of eye movement desensitisation and reprocessing techniques proved to be effective: PTSD symptoms decreased by 15.41% compared to the control group, while subjective indicators of happiness increased by 35.30%. The most effective was the combined use of both techniques, which led to a 19.72% reduction in PTSD symptoms and a 42.54% increase in happiness scores after three months compared to the control group.

Therefore, the combined use of TF CBT and EMDR techniques can be recommended to reduce the severity of post-traumatic stress symptoms and improve the well-being of internally displaced persons. The issue of the psychological state of persons who were internally displaced during the war and the need for not only social and material, but also psychological support is highlighted in the study. The research is also of theoretical importance, as it contributes to the understanding of the effectiveness of the combination of two exposure therapy methods: TF CBT and EMDR. Further research should focus on the factors that may influence the effectiveness of both techniques among different target groups.

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CONFLICT OF INTEREST

None.

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Сучасні технології психологічної допомоги внутрішньо переміщеним особам

Анотація. З моменту повномасштабного вторгнення Російської Федерації в Україну багато українців покинули свої домівки в пошуках безпечніших місць, тож актуальності набула проблема розробки зручних та ефективних методик надання психологічної підтримки максимальному числу громадян. Метою роботи була розробка технології допомоги внутрішньо переміщеним особам, що базується на методах експозиційної терапії. Досліджена вибірка складалася з 84 респондентів, які мали офіційний статус внутрішньо переміщених осіб. Для кількісного визначення параметрів стресового стану використовувалася методика діагностики посттравматичного стресового розладу – PCL-5, для визначення емоційного стану – оновлений Oxford Happiness Inventory (OHI). На початку дослідження встановлено, що 67 % осіб у вибірці мали рівень симптомів, достатній для діагностування посттравматичного стресового розладу, що свідчить про високий рівень психологічного дистресу. Для психотерапевтичної роботи використано методи травмофокусованої когнітивно-поведінкової терапії і десенсибілізації та переробки рухами очей (Eye Movement Desensibilization and Reprocessing). Застосування обох обраних методів виявилося ефективним щодо покращення загального психологічного стану респондентів. Застосування травмофокусованої когнітивно-поведінкової терапії призводило до зменшення симптомів посттравматичного стресового розладу на 9.0 % та підвищення рівня відчуття щастя на 37.73 %, порівнюючи з контролем. Методика десенсибілізації та переробки рухами очей призводила до зменшення симптомів посттравматичного стресового розладу на 15.41 % та підвищення суб'єктивних показників відчуття щастя на 35.30 %, порівнюючи з контролем. Комбіноване застосування обох методик продемонструвало найкращі результати: через три місяці спостерігалася редукція симптомів посттравматичного стресового розладу на 19.72 % та підвищувалися показники відчуття щастя на 42.54 %, якщо порівнювати з контролем. На основі даних, продемонстрованих у роботі, можна рекомендувати комбіноване застосування методики травмофокусованої когнітивно-поведінкової терапії і десенсибілізації та переробки рухами очей для зменшення вираженості симптомів посттравматичного стресу та покращення самопочуття внутрішньо переміщених осіб

Ключові слова: посттравматичний стресовий розлад; експозиційна терапія; травма-фокусована когнітивно-поведінкова терапія; десенсибілізація та переробка рухами очей; суб'єктивне відчуття щастя

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