

UDC 614.84:159.9.018.1-057.16:616-001:005.934 (045)

*A. Topchylo, graduate student
National University of Civil Protection of Ukraine*

PSYCHOLOGICAL RECOVERY FOR EMERGENCY SERVICE PERSONNEL WHO HAVE BEEN INJURED: USING ROADMAPS

The article is devoted to the problems of psychological recovery of personnel of the State Emergency Service (SES), who were injured in the course of their official duties. Exploratory research on this issue is currently very relevant. Psychological traumas received by SES personnel while performing assigned tasks in war conditions have serious consequences for their mental health. The development of innovative methods and techniques for carrying out recovery activities is an extremely important aspect of rehabilitation.

The article considers the concept of using roadmaps as a tool for a structured recovery process. The main stages and methods are studied, including assessing the psychological state, determining recovery goals and developing individual action plans. The possibility of implementing this methodology in the practice of SES is highlighted, in particular the impact on the emotional state, productivity and overall quality of life of rescuers.

The article also provides developed roadmaps for the SES personnel regarding the implementation of psychological recovery measures based on psychological relief rooms and for the SES psychologist, who provides psychological recovery services to facilitate and facilitate the implementation of assistance. The emphasis is on the step-by-step work of the psychologist. It begins with an assessment of needs, obtaining information, drawing up relevant documents, then conducting an initial assessment, developing a personal plan, group and individual sessions, and at the end of the work, evaluating the results and long-term support of the employee by a psychologist from his garrison.

The examples of roadmaps given in the article can be adapted depending on the specific needs and characteristics of each client, which makes them very convenient for use by SES psychologists.

Keywords: psychological recovery, injury, psychological rehabilitation, mental trauma, psychological support, PTSD, EMS personnel, psychological relief room, individual consultations, group sessions.

Introduction. In the context of the full-scale war in Ukraine, personnel of the State Emergency Service (SES) constantly face extremely challenging conditions, including shelling and the danger of injuries during fires or other emergencies. In today's environment, the insidious enemy often carries out repeated shelling targeting SES personnel while they are engaged in the aftermath of attacks, leading to casualties and injuries among the staff.

Injuries sustained by SES personnel during the mitigation of

emergencies resulting from military actions cause severe physical and psychological trauma. This situation necessitates a comprehensive approach to psychological recovery and medical-psychological rehabilitation for those injured among SES personnel following traumatic events.

We believe that it is essential to provide injured individuals not only with medical assistance but also with psychological support to help them cope with stress, trauma, and mental difficulties they may encounter while

performing their duties under wartime conditions.

The development of specialized psychological support programs for SES personnel who have been injured or are experiencing trauma due to shelling is extremely important and necessary in modern conditions. Effective psychological interventions can assist firefighters and emergency rescue units in overcoming stress, anxiety, and psychological trauma, improving their mental well-being, and facilitating a quicker recovery after extreme situations.

Analysis of Recent Research and Publications. Research on psychological recovery following injuries, particularly in the context of State Emergency Service (SES) personnel, has become an important topic in recent years. Many studies focus on the issue of post-traumatic stress disorder (PTSD) among individuals who have experienced injuries, especially military personnel and rescuers. Researchers note that early psychological intervention, support from colleagues and family, as well as ongoing individual counseling can reduce the symptoms of PTSD [3, p. 89-102; 5, p. 15-17].

For example, Bessel van der Kolk discusses how experienced traumas impact both mental and physical health, particularly in military personnel [11, p. 213]. Judith Lewis Herman highlights a wide range of traumatic experiences, including military and medical contexts, as well as the mechanisms for recovery [13, p. 32]. Karen L. and B. Weiss conduct research focused on the experiences of veterans of military conflicts and their struggles with PTSD. John A. King offers practical recommendations for supporting the

recovery of veterans suffering from PTSD [13, p. 47-52; 18, p. 21]

Researchers emphasize that a crucial component of recovery is the timely provision of psychological support and counseling services to the injured. It is important that specialists who work with injured individuals have experience working with military personnel or rescuers, as these are distinct categories in need of tailored assistance [3, p. 113-127; 5, p. 15-23]. Studies demonstrate that combining cognitive-behavioral therapy (CBT) with support systems (group therapy, online platforms) shows positive results in restoring the psychological state of the injured [3, p. 33-38; 5, p. 15-18].

Physical activity and socialization play a significant role in reducing levels of stress and anxiety. Regular physical activity contributes to the improvement of psychological well-being, which is especially important for recovery following injuries [3, p. 59-68; 5, p. 42-49].

Methods and Techniques of Research. Psychological recovery programs for State Emergency Service (SES) personnel who have sustained injuries can include multiple stages and various methods. Each stage aims to support not only the physical but also the psychological recovery of the affected individuals. The following are the main stages of such a program:

1. Initial Needs Assessment: Conducting preliminary psychological testing and interviews to determine the current psychological state of the injured employee. Identifying priorities by uncovering primary issues such as post-traumatic stress, anxiety, depression, etc.

2. Short-Term Support: Implementing short-term methods to

reduce stress (breathing techniques, meditation).

3. Professional Assistance: Initiating work with the psychologist of their unit through individual consultations, involving a psychotherapist or physician if necessary.

4. Physical Recovery: Integrating physical exercises and therapies to improve physical health, which in turn aids psychological recovery. Opportunities to participate in sports groups or events to boost endorphin levels.

5. Support of Social Connectivity: Creating groups for communication with colleagues who have experienced injuries. Participating in group sessions: organizing support meetings with colleagues where participants can share their experiences. Engaging family members and close friends in the recovery process to ensure a stable support system.

6. Ongoing Support: Organizing regular consultations to prevent the recurrence of psychological issues. Ensuring access to applications, materials, or platforms for self-help and recovery. Utilizing mobile applications to obtain additional information and track one's psychological state.

7. Effectiveness Assessment: Regularly assessing the employee's condition to monitor changes and adjust the program. Gathering feedback and identifying strengths and weaknesses of the program through surveys or personal interviews.

8. Return to Service: Psychological preparation for returning to service, including training and adaptation programs. Evaluation of the employee's condition by a psychologist before returning to work.

The results. This program should be flexible and adapted to the individual needs of each SES employee who has sustained injuries. It is crucial that the entire process is supported by management at all levels to create a positive environment for recovery.

Discussion of results. We believe that in order to develop a high-quality psychological recovery program for injured SES personnel, it is essential to create roadmaps with clearly defined stages of receiving and providing psychological recovery services from SES psychologists. This is most conveniently done in psychological unloading offices, considering the specific nature of service in emergency rescue units. We have identified the reasons why they should be implemented in psychological recovery programs.

Firstly, it provides a clear structure and organization of the process. A roadmap offers a clear and sequential action plan for injured personnel. It helps them understand what steps are necessary to receive psychological assistance.

Secondly, it ensures transparency and accessibility of operational information. Thanks to the roadmap, injured SES personnel can quickly find necessary information about available services, contact details for psychologists, and the specifics of recovery programs.

Thirdly, it allows for the individualization of support based on personalized plans. Roadmaps can create individual pathways tailored to each employee's needs, taking into account the specifics of their injuries, the nature of their unit, their distance from the psychologist, etc.

Fourthly, it improves coordination and connections between services. The

roadmap aids effective interaction among different SES services and specialists involved in the recovery process. This is important to avoid confusion and double efforts.

Fifthly, it fosters motivation for recovery and supports progress. Visualizing recovery progress through the roadmap can serve as a powerful motivational factor for employees, helping them track their achievements.

Finally, it allows for results assessment and effectiveness measurement. Roadmaps can include stages for evaluating recovery progress, enabling the identification of which methods work and which do not, for further improvement of the support program.

Furthermore, the roadmap may provide consulting support and outline necessary steps to take before seeking help, such as what documents to prepare and what questions to ask specialists.

Involving family members and providing support to close friends is also crucial. Roadmaps can include recommendations for relatives to help support the mental health of their loved ones.

Additionally, clear steps for obtaining assistance can prevent crisis situations that might arise from delays or inaccessibility of psychological services.

In conclusion, roadmaps can greatly facilitate the process of psychological recovery, enhance its effectiveness, and serve as an important tool in the strategic planning of support for SES personnel. Based on our analysis of literature and our own experience working with injured personnel, we propose the following roadmap for SES personnel who have sustained injuries to receive psychological recovery services in units

based on psychological unloading offices. This roadmap will assist injured SES personnel in understanding the recovery process and accessing necessary support.

Roadmap for State Emergency Service Personnel Regarding the Implementation of Psychological Recovery Activities Based on Psychological Unloading Rooms.

Step 1. Needs Assessment for Psychological Recovery: An injured SES employee can independently approach their unit leader or other responsible persons to request psychological recovery services.

Step 2. Information Session: Introduction to the zone-assigned psychologists for the relevant SES unit based on territorial principles, as well as the psychologists who perform the role of supporting injured employees (mental tutors) and the functioning of the psychological unloading room.

Step 3. Appointment with the Psychologist: Scheduling an individual consultation with the psychologist working in the psychological unloading room.

Step 4. Documentation Processing: For the implementation of psychological recovery measures, the employee, after submitting a written report from the relevant unit leader, is directed to the zone-assigned psychologist. Alternatively, the psychologist may travel to the unit and work with personnel from the nearest territorial units that require such recovery.

Step 5. Conducting Initial Assessment: The psychologist assesses the overall state of the employee and identifies primary issues.

Step 6. Development of a Personalized Recovery Plan: The psychologist creates an individualized support plan based on the needs and

psychological state of the injured SES employee.

Step 7. Participation in Group Sessions: For effective support, the unit psychologist may organize groups for experience sharing among other employees undergoing psychological recovery.

Step 8. Individual Sessions: Regular participation in individual sessions with the psychologist (once a week) to discuss progress and adjust the individual plan.

Step 9. Activities in the Psychological Unloading Room: Utilizing relaxation techniques, meditation, and physical exercises provided by the psychologist. Conducting sessions with elements of art therapy, aromatherapy, or music therapy.

Step 10. Evaluation of Results: Conducting control sessions with the psychologist to assess progress and potentially change intervention strategies.

Step 11. Long-Term Support: Scheduling long-term support sessions, if necessary, or transitioning to a stage of self-guided management with online consultations.

Step 12. Inclusion in Group Work within the Unit: Inviting participation in support programs to build social connections with other employees.

Step 13. Final Meeting with the Psychologist in the Recovery Program: Summarizing the number of sessions conducted and evaluating the overall condition.

This roadmap serves as a basic structure that can be adapted to the specific needs of units and employees. It will help streamline the process of receiving psychological support and make it clearer and more accessible for all participants.

Equally important and effective is the psychological recovery roadmap for the SES psychologist. The main reasons for its utilization include:

Structured Process for Providing Psychological Recovery Services: It offers a clear action plan that helps psychologists effectively organize their work with the injured, reducing the risk of emotional burnout.

Adaptation of Action Algorithms to Work Specifics: Psychologists working in SES encounter unique stressful situations. The roadmap considers the specific needs of these specialists and provides recommendations.

More Convenient Assessment of Needs: It aids in identifying which resources and support are needed at various stages of recovery, contributing to more effective assistance.

Professional Development of the Psychologist During Service Delivery: The roadmap may include activities for enhancing the qualifications and skill development of psychologists working in extreme situations.

Thus, such a roadmap serves as an important tool for supporting SES psychologists and providing quality assistance to the injured. We, in turn, propose the following roadmap.

Roadmap for a State Emergency Service (SES) Psychologist Providing Psychological Recovery Services to an Injured SES Employee:

1. Preliminary Analysis and Assessment: Gather information about the injury and its impact on the psychological state of the employee. Assess the physical and psychological condition, considering individual characteristics, family status, living conditions, and the social security of the injured employee.

2. Development of an Individual Recovery Plan: Define the goals and objectives of psychological assistance. Choose appropriate methods and approaches (e.g., cognitive-behavioral therapy, art therapy, etc.).

3. Conducting Psychological Sessions (Individual and Group Work): Regular consultations focusing on the emotional and psychological aspects of the trauma. Incorporate relaxation and stress-management techniques.

4. Monitoring Progress: Maintain documentation and records of changes in the patient's mental health. Regularly evaluate the achievement of therapy goals.

5. Support and Integration into the Team: Provide support for adapting to new life and work conditions after the injury. Develop a support program for team integration and relapse prevention.

6. Evaluation of Effectiveness: Assess the results of therapy and adjust the plan if necessary. Gather feedback from the employee undergoing psychological recovery.

7. Post-Therapeutic Support: Plan for further support or consultations if needed. Include the patient in support groups, if appropriate. Provide access to online applications and platforms for additional resources during and after recovery.

This roadmap can be adapted according to the specific needs and characteristics of each client.

Conclusions. Thus, the development of psychological recovery programs with clear algorithms in the form of roadmaps for SES personnel who have been injured is very relevant and necessary during wartime. It will help address several current challenges, namely:

- Improvement of psychological well-being: The program can assist fire department and rescue unit personnel in dealing with traumatic situations, reducing stress, and improving mental health.

- Increased efficiency: Maintaining psychological resilience can positively impact their productivity and work efficiency.

- Psycho-emotional support: Recovery of the psychological state of employees who have experienced traumatic events to prevent the development of post-traumatic stress disorder.

- Improvement of adaptation: Facilitating faster adaptation to changes in service and living conditions after injuries.

- Creating a safe environment: Ensuring psychological safety and reducing the risk of conflicts within the team.

References

1. Baidyk V. V., Bondaruk Yu. S., Hopkalo Yu. P., Hnida T. B., Korniienko I. O., Luchenco N. V., Lutsenko Yu. A., Moroz R. A., Tkachuk I. I. (2020). Hrupovi formy roboty v systemi psykhosotsialnoi dopomohy ditiam i simiam, shcho opynylys u skladnykh zhyttievakh obstavynakh vnaslidok viiskovykh dii (dosvid uprovadzhennia). [Group forms of work in the system of psychosocial assistance to children and families who find themselves in difficult life circumstances as a result of military operations (implementation experience)]. Kyiv: Nika-Tsentr, 122 [in Ukrainian].
2. Dosvid poranennia ta psykhohichnyi suprovid viiskovsluzhbovtsov. URL: <https://www.pidtrymka.in.ua/useful-pages/dosvid-pora-nennyta-psihologichniy-suprovid-viy>

skovosluzhbovciv (data zvernennia 25.02.2024) [in Ukrainian].

3. Kokun O.M., Pishko I.O., Lozinska N.S., Oliynyk V.O., Khoruzhyi S.M., Larionov S.O., Syrytsia M.V. (2023) Osoblyvosti nadannia psykholohichnoi dopomohy viiskovosluzhbovtsiam, veteranam ta chlenam yikhnikh simei tsvyilnymy psykholohamy: metod. posib. [Peculiarities of providing psychological assistance to military personnel, veterans and members of their families by civilian psychologists: method. manual]. Kyiv : 7BTs, 175 [in Ukrainian].

4. Nakaz MVS Ukrainy vid 31.08.2017, № 747 «Pro zatverdzhennia Poriadku psykholohichnoho zabezpechennia v Derzhavnii sluzhbi Ukrainy z nadzvychainykh sytuatsii «MVS Ukrainy. [Order of the Ministry of Internal Affairs of Ukraine dated August 31, 2017, No. 747 "On approval of the Procedure for Psychological Support in the State Service of Ukraine for Emergency Situations" of the Ministry of Internal Affairs of Ukraine] URL: <http://zakon5.rada.gov.ua/laws/show/z1390-17/page>. (date of application 25.02.2024) [in Ukrainian].

5. Karamushka T. V., Polivko L. Yu., Visich O. Yu. (2023) Psykholohichnyi supovid nezlamnykh: metodychni rekomenratsii po roboti z viiskovosluzhbovtsiamy, yaki zaznaly amputatsii vnaslidok boiovykh dii. [Support of the indomitable: methodical recommendations for working with military personnel who suffered amputations as a result of hostilities]. Kyiv – Lviv : Vydavets Viktoria Kundelska. 60 [in Ukrainian].

6. Boiarskyi Nazarii, Yelfimova Yuliia, Makiienko Nataliia, Chernykh Olena. (2022). Posibnyk z navchalnoho kursu z molodizhnoi

roboty, informovanoi pro travmu, projekt. [Training course manual on trauma-informed youth work, project] <https://rm.coe.int/posybnyk-trauma-informed-youth-works-ukr-digital-yfduii/1680a8ec2f> [in Ukrainian].

7. Protokoly nadannia pershoi yi dopomohy viiskovosluzhbovtsiam Natsionalnoi hvardii Ukrainy v ekstremalnykh umovakh diialnosti. Posibnyk. [Protocols for providing first aid to servicemen of the National Guard of Ukraine in extreme operating conditions. Manual] http://books.ncdnangu.co.ua/knigi/posibnyk_PPD.pdf [in Ukrainian].

8. American Psychological Association. (2023). Resilience. <https://www.apa.org/topics/resilience> [in English].

9. Acosta, J., Chandra, A., & Madrigano, J. (2017). An agenda to advance integrative resilience research and practice: key themes from a Resilience Roundtable. Res. Rep., RAND Corp., Santa Monica, CA. [in English].

10. Bonanno, G. A., & Diminich, E. D. (2013). Annual research review: Positive adjustment to adversity–trajectories of minimal–impact resilience and emergent resilience. Journal of Child Psychology and Psychiatry, 54(4), 378-401. <https://doi.org/10.1111/jcpp.12021> [in English].

11. Bessel van der Kolk (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma", New York, 465, <https://ia601604.us.archive.org/35/items/the-body-keeps-the-score-pdf/The-Body-Keeps-the-Score-PDF.pdf> [in English].

12. Fike L., Najera C., Dougherty D. Occupational therapists as

- dog handlers: the collective experience with animal-assisted therapy in Iraq. US Army Med. Dep. J. 2012, Apr-Jun., Rr. 51–54. [in English].
13. Harry Mallik Egonsson (2016). When the Dust Settles Psychological Resilience among Swedish Veterans after Deployment in Afghanistan, 83, <https://lup.lub.lu.se/1uur/download?func=downloadFile&recordId=8901993&fileId=8901996> [in English].
14. Ohtani N., Narita S., Yoshihara E., Ohta M., Iwahashi K. (2015) Psychological Evaluation of Animal-assisted Intervention (AAI). Programs Involving Visiting Dogs and Cats for Alcohol Dependents: A Pilot Study – Nihon. Arukoru Yakubutsu Igakkai Zasshi., Dec., 50(6). 289– 295. [in English].
15. Schuurmans L., Enders-Slegers M. J., Verheggen T., Schols J. (2016) Animal – Assisted Interventions in Dutch Nursing Homes: A Survey. J. Am. Med. Dir. Assoc., Jul 1, 17(7), 647–653 [in English].
16. The Integrative Model of Resiliency –The «BASIC Ph» Model, or What Do We Know about Survival? The «BASIC Ph» Model of Coping and Resiliency Theory, Research and Cross-Cultural. Lahad, (2022). M., &Leykin, D. London, UK and Philadelphia, USA: Jessica Kingsley [in English].
17. Teri Tanielian, Lisa H. Jaycox. (2008). Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. R. 499. https://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf [in English].

*A. Топчило, ад'юнкт ад'юнктури
Національний університет цивільного захисту України*

ПСИХОЛОГІЧНЕ ВІДНОВЛЕННЯ ПЕРСОНАЛУ ДСНС, ЯКИЙ ЗАЗНАВ ПОРАНЕНЬ: ВИКОРИСТАННЯ ДОРОЖНИХ КАРТ

Стаття присвячена проблемам психологічного відновлення персоналу Державної служби надзвичайних ситуацій (ДСНС), який зазнав поранень у процесі виконання службових обов'язків. Пошукові дослідження з цього питання, є наразі дуже актуальними. Психологічні травми, отримані персоналом ДСНС під час виконання завдань за призначенням в умовах війни мають серйозні наслідки для їх психічного здоров'я. Розробка інноваційних методів та технік для проведення відновлювальних заходів є надзвичайно важливим аспектом реабілітації.

У статті розглядається концепція використання дорожніх карт як інструмента для структурованого процесу відновлення. Досліджуються основні етапи та методи, що включають оцінку психологічного стану, визначення цілей відновлення та розробку індивідуальних планів дій. Висвітлюється можливість впровадження даної методики у практиці ДСНС, зокрема вплив на емоційний стан, продуктивність та загальну якість життя рятівальників.

В статті також наведені розроблені дорожні карти, для персоналу ДСНС щодо проведення заходів психологічного відновлення на базі кабінетів психологічного розвантаження та для психолога ДСНС, який надає послуги психологічного відновлення для полегшення і зручності в реалізації надання допомоги. Акцент робиться на покроковій роботі психолога. Починається з оцінки потреб, отримання інформації,

оформлення відповідних документів потім проведення первинної оцінки, розробка персонального плану, групові та індивідуальні сеанси і в завершенні роботи оцінка результатів та довгострокова підтримка співробітника психологом свого гарнізону.

Наведені в статті приклади дорожніх карт можуть бути адаптовані в залежності від конкретних потреб та особливостей кожного клієнта, що робить їх дуже зручними в користуванні психологів ДСНС.

Ключові слова: психологічне відновлення, поранення, психологічна реабілітація, психічна травма, психологічний супровід, ПТСР, персонал ДСНС, кімната психологічного розвантаження, індивідуальні консультації, групові сесії.

Література

1. Групові форми роботи в системі психосоціальної допомоги дітям і сім'ям, що опинились у складних життєвих обставинах внаслідок військових дій (досвід упровадження). В. В. Байдик, Ю. С. Бондарук, Ю. П. Гопкало, Т. Б. Гніда, І. О. Корніenko, Н. В. Лунченко, Ю. А. Луценко, Р. А. Мороз, І. І. Ткачук]. заг. ред. В. Г. Панка, І. І. Ткачук. Київ : Ніка-Центр, 2020. 122 с.

2. Досвід поранення та психологічний супровід військовослужбовців. URL: <https://www.pidtrymka.in.ua/useful-pages/dosvid-poranennya-ta-psihologichniy-suprovid-viyskovosluzhbovciv> (дата звернення 25.02.2024).

3. Кокун О.М., Пішко І.О., Лозінська Н.С., Олійник В.О., Хоружий С.М., Ларіонов С.О., Сириця М.В. Особливості надання психологічної допомоги військовослужбовцям, ветеранам та членам їхніх сімей цивільними психологами : метод. посіб. Київ : 7БЦ, 2023. 175 с.

4. Наказ МВС України від 31.08.2017, № 747 «Про затвердження Порядку психологічного забезпечення в Державній службі України з надзвичайних ситуацій» МВС України. URL: <http://zakon5.rada.gov.ua/laws/show/z1390-17/page>. (дата звернення 25.02.2024)

5. Психологічний супровід

незламних: методичні рекомендації по роботі з військовослужбовцями, які зазнали ампутації внаслідок бойових дій. Карамушка Т. В., Полівко Л. Ю., Вісіч О. Ю. [та ін.]. Київ Львів : Видавець Вікторія Кундельська, 2023. 60 с.

6. Посібник з навчального курсу з молодіжної роботи, інформованої про травму, проект (2022) Боярський Назарій, Єлфімова Юлія, Макієнко Наталія, Черних Олена. Доступ: <https://rm.coe.int/posybnyk-trauma-informed-youth-works-ukr-digital-yfduii/1680a8ec2f>

7. Протоколи надання першої допомоги військовослужбовцям Національної гвардії України в екстремальних умовах діяльності. Посібник. Доступ: http://books.ndcnangu.co.ua/knigi/posibnyk_PPD.pdf

8. American Psychological Association. (2023). Resilience. <https://www.apa.org/topics/resilience>

9. Acosta, J., Chandra, A., & Madrigano, J. (2017). An agenda to advance integrative resilience research and practice: key themes from a Resilience Roundtable. Res. Rep., RAND Corp., Santa Monica, CA.

10. Bonanno, G. A., & Diminich, E. D. (2013). Annual research review: Positive adjustment to adversity—trajectories of minimal-impact resilience and emergent resilience. Journal of Child Psychology

- and Psychiatry, 54(4), 378-401.
<https://doi.org/10.1111/jcpp.12021>
11. Bessel van der Kolk (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, New York, p.465, <https://ia601604.us.archive.org/35/items/the-body-keeps-the-score-pdf/The-Body-Keeps-the-Score-PDF.pdf>
12. Fike L., Najera C., Dougherty D. Occupational therapists as dog handlers: the collective experience with animal-assisted therapy in Iraq. US Army Med. Dep. J. 2012, Apr-Jun., Pp. 51–54.
13. Harry Mallik Egonsson (2016). When the Dust Settles Psychological Resilience among Swedish Veterans after Deployment in Afghanistan, p 83, <https://lup.lub.lu.se/luur/download?func=downloadFile&recordId=8901993&fileId=8901996>.
14. Ohtani N., Narita S., Yoshihara E., Ohta M., Iwahashi K. Psychological Evaluation of Animal-assisted Intervention (AAI). Programs Involving Visiting Dogs and Cats for Alcohol Dependents: A Pilot Study – Nihon Arukoru Yakubutsu Igakkai Zasshi. 2015, Dec., 50(6), Pp. 289– 295.
15. Schuurmans L., Enders-Slegers M. J., Verheggen T., Schols J. Animal – Assisted Interventions in Dutch Nursing Homes: A Survey. J. Am. Med. Dir. Assoc. 2016, Jul 1, 17(7), Pp. 647–653.
16. The Integrative Model of Resiliency –The «BASIC Ph» Model, or What Do We Know about Survival? The «BASIC Ph» Model of Coping and Resiliency Theory, Research and Cross-Cultural. Lahad, M., &Leykin, D. London, UK and Philadelphia, USA: Jessica Kingsley.
17. Teri Tanielian, Lisa H. Jaycox. 2008. Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. P. 499. https://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf

Надійшла до редколегії: 10.10.2024
Прийнята до друку: 29.10.2024