

Psychosocial aspects of rehabilitation of the National guard of Ukraine soldiers injured in combat

Anatolii Hrynzovskyi¹, Serhii V. Bielai², Vladimir S. Vasishev², Vladimir I. Pasichnik², Aleksandr M. Kernickyi², Mykola I. Tovma²

¹BOGOMOLETS NATIONAL MEDICAL UNIVERSITY, KYIV, UKRAINE

²NATIONAL ACADEMY OF THE NATIONAL GUARD OF UKRAINE, KYIV, UKRAINE

ABSTRACT

Aim: To identify the main problems and analyse the psychosocial aspects of the rehabilitation of servicemen of the National Guard of Ukraine and to develop a technology for the formation of psychological skills for psychosocial recovery in order to use it in the practice of psychosocial assistance to servicemen of the National Guard of Ukraine who were injured during the russian-ukrainian war.

Materials and Methods: The following research methods were used to study the psychosocial aspects of the rehabilitation of soldiers of the National Guard of Ukraine who were wounded during hostilities: comparative, content analysis, analysis of activity products, synthesis, specification.

Conclusions: on the basis of multidisciplinary approaches, the main problems were identified and the psychosocial aspects of the rehabilitation of soldiers of the National Guard of Ukraine were analysed, and the technology of forming psychological skills for psychosocial recovery was proposed with the aim of using it in the practice of psychosocial assistance to soldiers of the National Guard of Ukraine who were injured during the russian-ukrainian conflict war.

KEY WORDS: wounded servicemen, psychosocial rehabilitation, families of military combatants, psychological problems of families of combatants, social and psychological assistance to families of military personnel, technology of formation of psychological skills

Wiad Lek. 2024;77(9):2098-2103. doi: 10.36740/WLek/194770 DOI

INTRODUCTION

Russia's full-scale military aggression against independent Ukraine is causing large human, material, economic, demographic, psychological, and environmental losses and is causing psychological problems for the population and military soldiers directly involved in the hostilities.

When returning to civilian life, combatants experience new stresses related to social adaptation, psychological difficulties in communication, problems of professional self-determination, lack of understanding from their loved ones, etc. Injuries, traumatic experience gained during combat operations, problems with treatment negatively affect the health of the National Guard of Ukraine (NGU) and at the same time exacerbate the above difficulties [1, 2].

The current psychosocial situation in Ukraine in the context of Russia's large-scale aggression and the annexation of part of Ukrainian territories is discussed and understood by representatives of various scientific communities, including psychotherapy [3]. The Ministry of Health of Ukraine predicts that more than 15 million

Ukrainians will need psychological support because of this war [4]. At the same time, about 3 million people will need to be prescribed medication, and after the war, at least 20% of people will have negative mental health consequences.

Researchers have found that between 20% and 40% of combatants need psychological assistance [5]. At the same time, symptoms of acute trauma are detected in 60-80% of combatants who witnessed the deaths of their comrades or civilians or saw the bodies of the dead. The risk of mental health symptoms is much higher in younger soldiers, aged 18-24, who have symptoms of depression or have had problems with alcohol. Symptoms of post-traumatic stress disorder (PTSD) develop in about 12-20% of soldiers who have suffered combat trauma but have not sought psychological help [5].

Thus, the relevance of the problem we have identified lies in the fact that today there is an urgent need to identify and improve a set of measures related to the psychosocial aspects of rehabilitation of the National Guard of Ukraine soldiers who were injured during hostilities.

AIM

The aim is on the basis of multidisciplinary approaches of studying foreign and domestic experience of integration of rehabilitation with psychosocial work, identify the main problems, analyze the psychosocial aspects of rehabilitation, and develop the author's technology for the formation of psychological skills for psychosocial recovery with the aim of using it in the practice of psychosocial assistance to servicemen of the National Guard of Ukraine, who were injured under during the Russian-Ukrainian war.

MATERIALS AND METHODS

The research was based on scientific literature and regulatory documents. The following research methods were used to study the psychosocial aspects of rehabilitation of the National Guard of Ukraine soldiers who were injured during combat operations and to achieve results in improving the technology of this process: comparative, generalization, multidisciplinary, conceptual and comparative analysis, system-structural analysis of regulatory documents, synthesis, specification, etc.

REVIEW AND DISCUSSION

Research conducted over the past 15 years is based on the experience of rehabilitation of victims in modern wars from Operation Desert Storm to the current Russian-Ukrainian war, they confirm that it is very important to provide adequate and prompt medical, social and psychological assistance to combatants, especially those who have been wounded [6-8]. After all, a sharp change in social status and financial situation, domestic dislocation, which is inherent in many families of Ukrainian soldiers today, medical problems and the psychological state of the wounded, significantly affect all aspects of the life of combatants.

Researchers Y. Kuchyn and V. Horoshko stated that during the hostilities in eastern Ukraine in 2016, the number of patients with gunshot wounds to the extremities was about 64% [9, 10]. Treatment of PTSD in these patients does not result in a positive outcome in 82.1% of cases. The reasons for this are the high incidence of chronic pain syndrome and the persistence of pathological functioning in the treatment of PTSD. In 30-40% of cases, the treatment of pain in patients with gunshot wounds and PTSD does not have a positive effect. In our opinion, only systematic, targeted, comprehensive, integrative psychosocial support at the level of all social and professional groups can be a key factor in preventing and overcoming the negative

effects of combat stressful situations and recovery from injury. It is also necessary to take into account that a significant number of veterans create a kind of barrier around themselves in order to maintain control over their own intimate experiences related to important people and events. This leads to withdrawal, isolation from family and friends, colleagues, etc.

On 15 March 2024, the Cabinet of Ministers of Ukraine adopted Resolution No. 296 «On Approval of the Procedure for Conducting Restorative (Post-Isolation, Reintegration) Measures, Adaptation, Support (Accompaniment) of Persons in Respect of Whom the Deprivation of Personal Liberty as a Result of Armed Aggression against Ukraine has been Established, after Their Release». And on 18 March 2024, the Cabinet of Ministers of Ukraine adopted Resolution No. 307 «Some issues of mental, sports, physical, psychological rehabilitation and professional adaptation of war veterans, their family members and some other categories of persons». It also provides for the mechanism of using funds allocated in the state budget under the budget programme «Measures for Mental, Sports, Physical, Psychological Rehabilitation and Professional Adaptation».

The analysis of the goals, functions and tasks laid down in the above-mentioned programme documents of the state of Ukraine and taking into account the main directions of psychological assistance to combatants, allows us to emphasise that the purpose of work with soldiers who have returned from the front should be to overcome the negative psychological consequences of performing military service duties; restore the proper level of their mental health; correct the psychological functions, qualities, properties of the serviceman; increase psychological competence; carrying out the selection of specialists who will be able to return to the performance of their professional duties in the future [11, 12].

At the same time, statistics from wars and local military conflicts indicate that gunshot wounds to the extremities account for the highest frequency of injuries among soldiers, at 54-70%. According to the Medical Forces Command of the Armed Forces of Ukraine, gunshot wounds of the extremities account for approximately 64 %, of which 74.8 % are soft tissue wounds and 25.2 % are gunshot fractures [8]. Therefore, in the further disclosure of the scientific material in the article, we will not refer to psychosocial work with soldiers who have sustained gunshot wounds to the extremities.

The All-Ukrainian Mental Health Programme «Are You OK?» is currently being implemented in the country on the initiative of Olena Zelenska, and a link to it is available on the home page of the National Guard of Ukraine website. The main mission of the programme is to make mental health care a daily habit for Ukraini-

ans. With regard to psychosocial work with wounded soldiers, the Ministry of Defence of Ukraine's website now has a handbook entitled «Help after injury» in the section «Caring for a serviceman» (<https://turbota.mil.gov.ua>), which was developed for soldiers who were injured, traumatised or ill during their military service.

Let's consider the main stages of psychological recovery and psychosocial aspects of rehabilitation of wounded soldiers of the NGU. This activity consists of two stages that the wounded go through. The first stage of psychological recovery after an injury is acceptance. The shock stage is followed by emotions of pain, anger, fear, apathy, sadness or disappointment. At this time, psychologists advise family and friends to support the wounded, not to feel sorry for the wounded and not to grieve more than the wounded at such moments. It is recommended to gradually restore the person's taste for life through care and support, strengthen independence, give choices and communicate as an equal.

The second stage of psychological recovery after an injury is to get over the pain, depression, anger, resentment, etc. The duration of this stage is individual. At this stage, it is recommended to make plans with the person for the future, encourage them to act, return to a normal lifestyle, form new habits, discover new resources and abilities, get a different education, etc. When organising psychological counselling, individual and group forms of work with the wounded can be used (conversations, training exercises, lectures, creative exercises, role-playing games, exercises for personal growth, etc.) According to scholar Yuriy Bryndykov, the effect of such work will be much higher if close cooperation with public administration and social services is established [13]. The principles of patient-centredness, timeliness, systematicity, comprehensiveness and others become the main ones in such rehabilitation work [14].

Based on our experience, developing specialized skills such as emergency and medical first aid can be effective in the psychosocial rehabilitation of injured soldiers, helping them to overcome current and future challenges [15]. One of these options for developing psychological skills for psychosocial recovery was developed by the US Department of Health and Human Services for survivors of traumatic events [16]. The combination of the provisions of this option with the materials of the study of the peculiarities of the modern rehabilitation of combatants conducted by the authors of the article allowed us to propose the following technological sequence of forming psychological skills of soldiers who suffered limb injuries for use in the practice of psychosocial assistance.

The first block is the formulation of the problem, the goals of the work and the development of problem-solv-

ing skills. Soldiers who have experienced a traumatic event due to injury often have difficulty performing everyday, ordinary tasks. They are hampered by stress, anxiety, maladjustment, and loss of muscle strength, which are consequences of the injury and are also related to the treatment process in hospitals. Problem-solving skills can help to restore a sense of control, increase self-efficacy, search for resources, get rid of helplessness, expand the understanding of the situation, etc. Several sessions of individual work (up to 40 minutes) are enough to master the skills, which consist of the following main blocks of work: clearly defining and clarifying the client's problems, formulating goals; searching for directions and methods through brainstorming or generating ideas; choosing the best solution.

The next step is to determine the place of the problem in a person's life, why it interferes, what it affects, what feelings and experiences it causes. After that, ideas are generated or brainstormed, i.e., any spontaneous options that may be useful for solving the problem are voiced and written down. This includes identifying a circle of people, relatives who can help; learning ways to relieve tension; learning methods of rational thinking and calming, unloading; identifying types of psychological protection and rethinking them; updating useful experiences from the past; developing new skills; surfing useful websites and contacting social services or psychologists, etc.

The last step in this block is to evaluate each option and choose the best one, when all the «strong and weak» options are discussed. This can take the form of a follow-up meeting with a psychologist (supervisor, social worker), self-analysis of the work done, discussion with and help from close people.

The second block is positive activity. After a traumatic event, people often stop doing things that used to bring pleasure or were personally meaningful, which often leads to a decrease in mood, lack of energy in life or feelings of loneliness, hypochondria, etc. However, it can be helpful to draw up a special activity plan that will increase concentration and focus on the positive.

Assistance in identifying, planning and engaging in positive, enjoyable activities that are practically and emotionally meaningful for wounded soldiers, helping to restore a normal daily routine, improve mood and restore a sense of control, etc. A session aimed at developing these skills usually takes 30 minutes and consists of two main steps: identifying activities and planning them using a calendar. To improve the mood of a wounded soldier, it is important to increase positive experiences, i.e. to engage him in positive activities. It is worth explaining that there is a clear relationship between thoughts, feelings and behaviour. Therefore,

it is suggested that in situations where it is not possible to change the emotional state, it is possible to work on changing thoughts or behaviour. The following forms are offered to facilitate the choice of activity: indoor activity, outdoor activity, social activity. It is important to record the types of activity in a calendar that is placed at home or in the hospital, in a place that is easy to see.

The third block is work with reactions. Doctors note that after a traumatic event, the human body usually has a lower threshold to danger [16]. Therefore, even in a relaxed state, a soldier in a hospital after being wounded may feel vulnerable to imaginary dangers. In the absence of real threats, these reactions interfere with recovery and can damage physical and mental health, as well as relationships with other people.

After a traumatic event, soldiers experience unpleasant physical and emotional reactions caused by negative experiences and triggers. These reactions can lower mood, impair communication with others, decision-making, physical health, etc. Therefore, it becomes important to learn special techniques to manage these reactions and use them in everyday life to reduce the level of stress and anxiety of the wounded.

The next step is to identify the types of distress reactions in a soldier: which reactions are most disturbing or interfere with the usual way of life; which reactions are most difficult to master, etc. The triggers of such reactions can be various external (events, people, situations, things) and internal (thoughts, roles, status) factors. Knowledge of these indicators helps to avoid undesirable chain reactions in the future.

Noteworthy are such methods of overcoming unpleasant physical and emotional reactions as methods of emotional and volitional self-regulation of mental states, with the help of which it is possible to learn techniques of relaxation or detachment when such reactions arise. This can be autogenic training according to I. Schultz, progressive muscle relaxation according to Jacobson, breathing regulation according to G. Benson's method, «belly breathing» according to the Qigong system.

For soldiers who have experienced traumatic events with some manifestations of post-traumatic stress disorder, it is advisable to provide additional information about the stress reactions of re-experiencing, avoidance, numbness and hyperactivation, with the emphasis on the fact that these reactions can be gradually controlled. The goal here is to learn to control distressing emotions. Methods that can be used: reminding yourself that post-stress reactions are common; positive activity; spending time with loved ones; using any relaxation techniques (meditation, autogenic exercises, yoga, listening to relaxing music,

etc.); rationalising thoughts; attending individual or group psychotherapy sessions. It is advisable to avoid the use of alcohol or psychoactive substances. It is also advisable to draw up a detailed action plan for a warrior to cope with unpleasant reactions.

A session for this purpose can last up to 45 minutes and consists of defining and identifying reactions that cause distress and their triggers, learning coping skills, replacing them and developing an appropriate plan.

The fourth block is the rationalisation of thoughts. Scientists have stated that after a traumatic event, people's opinions about the world and themselves in it often change [16]. Today, it is a common phenomenon when soldiers, after the horrors of war, look at the world as a hostile environment and have difficulty trusting other people, even their loved ones. In order to change such behaviour and emotions, it is advisable to replace negative or irrational thoughts with positive or rational ones.

A session aimed at rationalising thoughts according to the Albert Ellis methodology can last up to 45 minutes and consist of the following stages [17]: joint identification of irrational thoughts, their discussion and replacement with rational ones; assessment of the strength of arguments (sufficient or not); repeating the procedure when irrational thoughts reappear.

The fifth block is healthy social connections. Social support is considered to be one of the most important protective factors that helps to survive a traumatic event. Social support from family, relatives, and friends can significantly accelerate recovery from a traumatic event by meeting the emotional and practical needs of a soldier. Therefore, according to our practical experience, the best way to overcome it is to discuss it with other people, as it becomes important for a wounded soldier to seek support more effectively and provide it to others.

Building skills to establish healthy social connections will be especially useful for soldiers who feel isolated, lonely, living in a new environment, insecure and do not have family or friends with whom to discuss their feelings and experiences of war. This is especially true for severely wounded soldiers who are limited in movement and communication.

It is important to explain to such soldiers that negative thoughts, emotions and related unpleasant reactions can affect relationships with other people, lead to distancing, and form attitudes of distrust and alienation. It is human communication that can help to feel cared for by others, to be needed, to be part of society, to overcome the problems that arise in war-wounded soldiers.

A drawing of a social grid, for example, in the form of a solar system, in which the soldier is centrally located, is quite effective and visual. The planets, as in the case of

the solar system, can be a father and mother, husband or wife, friends, children, comrades-in-arms, doctors and psychologists, representatives of social services, a chaplain, teacher or trainer, commander, subordinates, members of various groups, etc.

The next step is to review these relationships with answers to the following questions: who is currently the most important for the soldier in the scheme of social connections and the hierarchy of empathy; with whom he can share his experiences and get useful advice; who can help and who needs help; with whom it is necessary to restore connections or improve relationships; with whom it is necessary to spend more or less time, why; whether there is a need to increase social activity and the number of social connections.

The last step of the proposed technology, which we have adapted to the conditions of today's russian-ukrainian war, is for the soldier to create a specific action plan for the next few weeks. For example, «tomorrow I will call the commander and thank him for his help, offer my experience to other soldiers in the unit», «tomorrow I will offer my services to young soldiers as an advisor or weapons consultant», «I will call my friends and offer to meet them near the hospital», «I plan to join a group where soldiers share their impressions of prostheses and how to adapt to them quickly», «I will join a community of veterans involved in veteran sports», «tomorrow I will start helping more soldiers in the hospital who are seriously injured and need support», etc.

The session is recommended to last for 30 minutes. Its goal is to create and maintain healthy social connections, and the main stages can be: building a visual map of social connections, reviewing it, implementing a social support plan, etc. The programme of such work should be based on observance of important points

in working with wounded soldiers: First, it is the specificity of the individual programme with its maximum approximation to the real life of the soldier (hospital, rehabilitation centre, family); second, this programme should be flexible and variable in accordance with the requests and achievements of the soldier in working on himself (regardless of the personality of the psychologist or supervisor, circumstances of life, etc.); thirdly, it should allow for reflection on the results of each stage or steps taken by the psychologist or counsellor and the wounded soldier himself to get closer to the goal, taking into account the skills already developed, as mentioned above; Fourth, it is important to follow the protocols recommended by the Ministry of Veterans Affairs of Ukraine during the psychosocial rehabilitation of wounded soldiers, but to assess the individual course of such work and make timely adjustments during practical work with them; fifth, to use supervision as a form of professional support and training for psychologists who want to improve their work with clients, develop their competencies and prevent professional burnout.

CONCLUSIONS

The study of foreign and domestic experience in the rehabilitation of wounded soldiers shows that today the need for its integration with such an important area as psychosocial work is not fully taken into account. Therefore, on the basis of multidisciplinary approaches, the main problems are identified and the psychosocial aspects of the rehabilitation of the National Guard of Ukraine are analysed, and the technology of forming psychological skills for psychosocial recovery is proposed for its use in the practice of psychosocial assistance to the National Guard of Ukraine, who were injured during the russian-ukrainian war.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

CORRESPONDING AUTHOR

Anatolii Hrynzovskiy

Bogomolets National Medical University
13 T. Shevchenko Blvd, 01601 Kyiv, Ukraine
e-mail: grin_am@ukr.net

ORCID AND CONTRIBUTIONSHIP

Anatolii Hrynzovskiy: 0000-0002-8391-5294 [B](#) [E](#) [F](#)

Serhii V. Bielai: 0000-0002-0841-9522 [A](#) [B](#) [D](#)

Vladimir S. Vasishev: 0000-0003-2630-6377 [B](#) [E](#) [F](#)

Vladimir I. Pasichnik: 0000-0002-2587-7840 [B](#) [D](#) [F](#)

Aleksandr M. Kernickyi: 0000-0002-9067-3844 [B](#) [E](#) [F](#)

Mykola I. Tovma: 0000-0001-8814-9544 [B](#) [E](#) [F](#)

[A](#) – Work concept and design, [B](#) – Data collection and analysis, [C](#) – Responsibility for statistical analysis, [D](#) – Writing the article, [E](#) – Critical review, [F](#) – Final approval of the article

RECEIVED: 16.06.2024

ACCEPTED: 15.09.2024

