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PSYCHOLOGICAL CLINIC "BALANCE" AND SUPERVISION GROUP RULES

У статті аналізуються ключові фактори формування колективної травми. Для населення України нинішні умови російської військової агресії сприяють одночасному формуванню індивідуальної та колективної травми. Травма негативно впливає на особисті, психосоматичні та соціальні умови. Війна з ворогом після карантину COVID-19 стала ідеальним інкубатором для зростання проблем психічного здоров'я. Ключовими факторами колективної травми для населення України стали: значна поширеність травми, значне соціальне роздратування, колективне і всеосяжне відчуття несправедливості, неможливість швидко реагувати та довготривалий характер травмування. Найпоширенішими супутніми розладами колективної травми є тривожні розлади, депресія, зловживання алкоголем або залежність від нього, а також психосоматичні розлади. Найбільш вразливими є жінки та діти, тому необхідна довготривала сімейна, медична та психологічна підтримка і реабілітація постраждалих сімей.

У ситуаціях військової агресії та колективних катастроф, спричинених діяльністю людини, потреба у психологічній допомозі зростає.

У статті аналізуються проблеми підготовки психологів у період колективної травми та показано міжнародну співпрацю зарубіжних колег з викладачами кафедри психології та соціальної роботи Вінницького державного педагогічного університету імені Михайла Косубінського у підготовці майбутніх психологів.

У статті проведено кількісний та якісний аналіз діяльності психологічної клініки «Баланс» при Вінницькому державному педагогічному університеті імені Михайла Косубінського. Вказано кількість консультацій та причини звернень.

Учасники Міжнародного інституту травматології, які брали участь у психологічній практиці в психологічній клініці «Баланс», потребують постійного професійного супроводу та підтримки у формі супервізії.

Ключові слова: Міжнародний інститут травматології, психологічна клініка «Баланс», супервізія, колективна травма.

The article analyzes the key factors in the formation of collective trauma. For the population of Ukraine, the current conditions of Russian military aggression contribute to the simultaneous formation of individual and collective trauma. Trauma negatively affects personal, psychosomatic, and social conditions. The war with the enemy following the COVID-19 quarantine became an ideal incubator for growing mental health problems. The key factors of collective trauma for the Ukrainian population were: significant prevalence of trauma, considerable social irritation, collective and comprehensive sense of injustice, inability to respond quickly, and the long-term nature of traumatization. The most common comorbid disorders of collective trauma are anxiety disorders, depression, alcohol abuse or dependence, and

psychosomatic disorders. Women and children are the most vulnerable, therefore long-term family, medical, and psychological support and rehabilitation of affected families is necessary.

In situations of military aggression and collective catastrophe caused by humans, the need for psychological assistance increases. The article analyzes the problems of training psychologists during collective trauma and shows the international cooperation of foreign colleagues with teachers of the Department of Psychology and Social Work at Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University in training future psychologists.

The article conducts quantitative and qualitative analysis of the activities of the psychological clinic "Balance" at Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University. The number of consultations and reasons for referrals are indicated.

Participants of the International Institute for Trauma Studies who were involved in psychological practice at the "Balance" psychological clinic require constant professional accompaniment and support in the form of supervision.

The article presents the rules for conducting supervision.

Keywords: International Institute for Trauma Studies, psychological clinic "Balance", supervision, collective trauma.

Problem Relevance.

Among the Ukrainian population, the key factors of collective traumatization are the significant prevalence of trauma, which affects the entire population (directly and through online sources), regardless of their direct relation to traumatic events.

Significant social irritation because interaction between people is much more important than natural and technical factors.

A collective and comprehensive sense of injustice is also present, which is characterized by a painful awareness of the innocence of victims (e.g., disabled children) and an inability to resist. In this case, the objects of traumatization are social groups, not just individuals. The entire community experiences trauma.

The inability to respond quickly: The waiting period is prolonged; people are forced to endure prolonged tension. Current events occur over an 11-year period of war and are intensified by the traumatic memories of past generations.

The long-term nature of traumatization continues as the war persists and there is no time for processing trauma [2]. Untreated traumas have many invisible psychosomatic effects.

Community trauma is shared traumatic stress. It occurs when society is overwhelmed by traumatic events, such as natural disasters, man-made catastrophes, terrorist attacks, mass shootings, massacres, inter-tribal conflicts, or war. This creates a context of a "wounded society," in which clients experience the same shared trauma as mental health specialists, humanitarian personnel, and medical personnel.

Without calming strategies or other resilience practices, teachers and clinicians endure extraordinary stress while trying to manage traumatic incidents involving students and clients.

The purpose of this article is to examine the activities of the International Institute for Trauma Studies and psychological clinic „Balance“.

Presentation of the main material. In light of the current situation in the field of training future psychologists, a Memorandum was signed in September 2023 between Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University (Ukraine) and the International Center for Mental Health and Human Rights (Boulder, Colorado, USA). This Memorandum concerns the establishment of the International Institute for Trauma Studies within the Department of Psychology and Social Work. The International Institute for Trauma Studies aims to train specialists with world-class psychologists, psychotherapists, and trauma therapists to provide psychological assistance to combat participants, war veterans, and their family members, as well as to conduct support groups for the spouses of military personnel and fallen servicemen.

Within the framework of the cooperation between the Department of Psychology and Social Work faculty and American psychotherapists, a working group was formed to develop a strategy for the International Institute for Trauma Studies at Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University.

The working group included:

- Prof. Lazarenko Nataliia Ivanivna, Rector of the University;
- Gea Logan, Clinical Director of the International Center for Mental Health and Human

Rights;

- Prof. Palamarchuk Olga Mykolaivna, Head of the Department of Psychology and Social Work at the university;
- Associate Professor Komar, Tetiana Oleksandrivna, Associate Professor of the Department of Psychology and Social Work at Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University and Head of the Psychodrama Section of the Ukrainian Association of Practical Psychology (NGO UAPP);
- Prof. Chukhrii Inna Volodymyrivna, Professor of the Department of Psychology and Social Work at Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University, Project Coordinator of the Vinnytsia School of Modern Psychotherapy. (NGO UAPP).

Working meetings took place between Douglas Gardner, the director of the Highland Institute for Human Development in Boulder, Colorado and former UN Resident Coordinator and UNDP Permanent Representative in Ukraine from 2000 to 2004, and the following individuals:

- Nataliia Lazarenko, the rector of Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University
- Serhii Morgunov, the mayor of Vinnytsia
- Nataliia Zabolotna, the first deputy head of the Vinnytsia Regional Military Administration
- Olena Bessaraba, the regional coordinator of the All-Ukrainian Mental Health Program in the Vinnytsia region, initiated by First Lady Olena Zelenska
- Halyna Yakubovych, the deputy mayor
- Oksana Yatsenko, the director of the Education Department of the Vinnytsia City Council

Within the framework of the International Institute for Trauma Studies' activities, the following activities took place:

- Supervision meetings with Naomi Richman and Monique Leferink – 15 sessions.
- „Demo grief support group“ with group leaders Mary Suscilo and Tetiana Komar – 15 sessions.
- „Childhood trauma therapy“ training course by Patricia Tollison – 15 sessions.
- "Group Meditation Class," training course by Gea Logan – 15 sessions.
- "Introduction to Group Psychotherapy," training course by Michele Ribeiro – 15 sessions.
- "Combat Trauma" training course by Russ Carr – 15 session.

To consolidate the practical competencies of students at the International Institute for Trauma Studies, practical trainings and supervisions were organized. Students provided consulting services to the population of the Vinnytsia region.

The psychological clinic "Balance" began operating on February 19, 2024. From February 19 to August 29, 2024, the clinic held 934 consultation sessions across 118 cases, with 23 consultants participating. On average, this amounts to approximately 41 sessions and 5 clients per consultant and 8 sessions per case. This indicates consistent support and depth of request processing.

Of the consultants, 12 work permanently, and three are recent graduates. This combination of experience and fresh academic knowledge creates a balanced, dynamic mentoring environment.

Currently, 90 cases have been successfully closed (approximately 76% of the total), demonstrating the team's high level of effectiveness, engagement, dedication, and efficient organizational processes (planning, supervision, and case transfer).

Therefore, it is advisable to maintain the mixed team model, invest in supporting the sustainability of supervision and training modules for newcomers, develop analytics on "time to case closure" and success factors, and share best practices between permanent consultants and graduates.

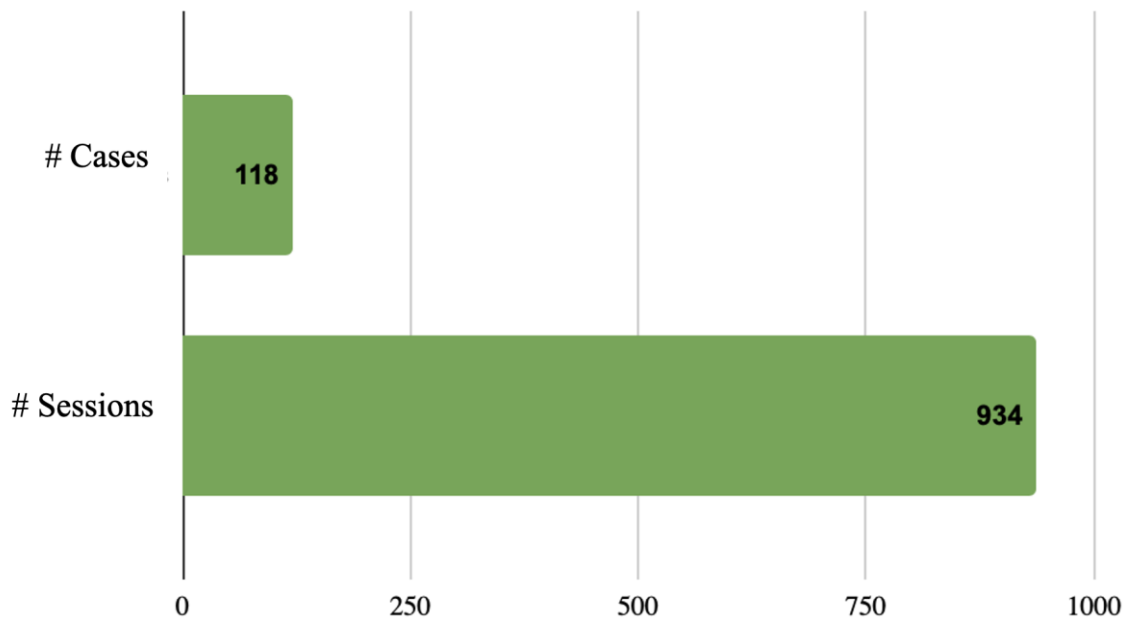


Figure 1.1. Distribution of cases and number of sessions conducted

The age range of clients was from 15 to 61 years old, with a median age of 19. This means that at least half of the referrals were from young adults, which emphasizes the particular relevance of consultation services for this demographic. Of the 934 consultation sessions, 76.4% (≈ 714 sessions) were conducted remotely, and 23.6% (≈ 220 sessions) were conducted offline. Service delivery channels (Fig. 1.2) were predominantly online.

The dominance of the digital format indicates the high accessibility and convenience of online interaction for the target audience. It also indicates the feasibility of further developing a hybrid model that prioritizes remote services and supportive, in-person formats for cases that require an in-person presence.

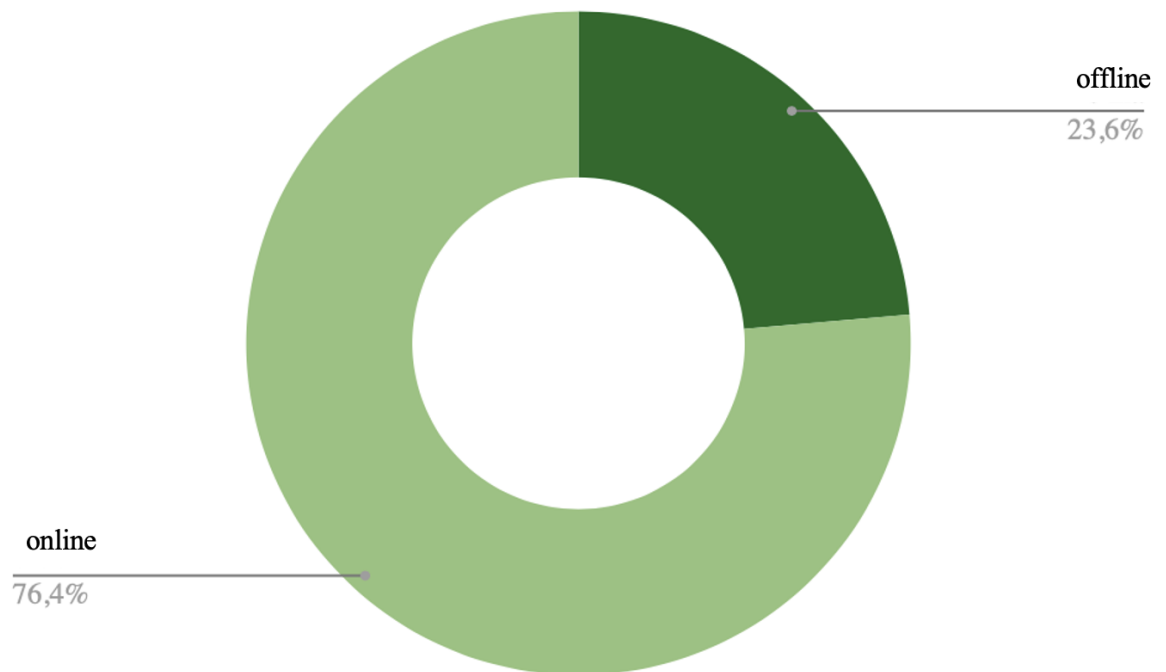


Figure 1.2. Distribution by session format

Based on the results of 934 consultation sessions, the thematic structure of cases (Table 1.1) reveals that internalized difficulties and interpersonal problems are prevalent among young adults.

Clients most frequently sought help for anxiety (201 sessions, 22%), low self-esteem (135 sessions, 14%), relationship problems (110 sessions, 12%), and difficulty communicating with family and friends (109 sessions, 12%). Together with family problems (71 sessions, 8%), these topics form the core of requests and account for 68% of all consultations. This indicates the need for systematic work on emotional regulation and interpersonal skills.

Functional difficulties related to studies and daily workload were represented by procrastination (7%) and stress (6%), strengthening the argument for implementing self-management programs and burnout prevention. Issues of loss and grief were recorded in 46 cases (5%), and aggression and personal boundaries in 40 cases (4%), emphasizing the importance of assertiveness training and safe conflict resolution. Episodes of depression (3%), loneliness, avoidance, and fears (2%), eating disorders (1%), feelings of guilt (1%), panic attacks (1%), and isolation (1%) have smaller shares but are clinically significant and require clear referral pathways and safety protocols. Adaptation difficulties related to IDP status were noted in five sessions (1%), requiring specialized, trauma-informed approaches.

Internalized states (e.g., anxiety, stress, panic attacks, depressive episodes, loneliness, and fears) account for approximately 35% of cases, increasing to 49% when low self-esteem is included. The expanded interpersonal cluster (e.g., relationships, communication, family, and boundaries) accounts for 36% of cases

These results confirm that clients' primary needs are to develop emotional self-regulation skills, increase self-esteem, improve communication, and establish personal boundaries.

Practically speaking, it is advisable to prioritize resources for group and modular interventions for anxiety and self-esteem, communication, and boundary training. It is also advisable to implement routine screening and referral algorithms for less common but risky conditions. This approach maximizes coverage of the most common requests while ensuring the safety and quality of care in more complex cases.

Table 1.1.

Consultation sessions distributed by themes

Topic	# Sessions	%
anxiety	201	22%
low self-esteem	135	14%
relationship problems	110	12%
communication difficulties (family, friends)	109	12%
family issues	71	8%
procrastination	64	7%
stress	56	6%
loss	46	5%
aggression and personal boundaries	40	4%
episodes of depression	32	3%
loneliness, avoidance of others, fears	22	2%
eating disorders	14	1%
feelings of guilt	13	1%
panic attacks	9	1%
isolation	7	1%
adaptation difficulties due to IDP status (internally displaced person)	5	1%
	934	100%

Supervision is a discussion among professionals working with clients where experienced specialists (supervisors) help colleagues analyze complex cases, gain new insights, and improve their professional skills. Supervision can be defined as mutual consultation or experience sharing among colleagues, which promotes professional growth and improvement in work quality. Supervision groups are a method of collegial learning applied by professionals to expand knowledge, improve skills, and increase work effectiveness. Supervision provides professionals with the opportunity to analyze complex situations, reflect on their experience, and explore new approaches to their work. The main tasks of supervision groups are:

- Analysis of complex cases and work situations
- Providing feedback and recommendations
- Supporting the emotional state of professionals
- Forming new approaches to working with clients

Supervision groups allow for a deeper exploration of therapeutic processes, an understanding of the interconnections in counseling, and the discovery of new work perspectives. Participants have the opportunity to consider complex cases in a broader context, analyze professional difficulties, recognize "blind spots," and find effective solutions. Supervision groups also serve as a platform for discussing differences of opinion, which broadens understanding of specific cases. The safe environment of the group process promotes interpersonal communication development, strengthening group dynamics and facilitating deeper exploration of all professional inquiries related to therapeutic practice.

Supervision can significantly improve the psychological counseling process.

- improving the quality and effectiveness of therapy
- sharing experience in overcoming complex cases and problematic situations
- achieving consensus and strengthening cooperation between professionals
- team cohesion through a shared understanding of professional approaches

Supervision is particularly useful when a professional is having difficulty determining an effective work plan with a client. Analyzing a client case in a group setting helps identify the optimal approach and expand professional horizons. Additionally, supervision provides an opportunity to discuss issues of monitoring and evaluating professional approaches to therapy and ways to improve work effectiveness. The supervision group program includes sharing competent opinions and solving problems together, which promotes professional development.

Supervision is a key component of psychologists' professional development, providing opportunities for learning, support, and sharing experiences with colleagues. Supervision is an effective method of competency development that improves the quality of psychological service delivery.

Supervision Rules:

1. **Process confidentiality:** All conversations, situations, and cases discussed during supervision must remain confidential. This fosters an environment where participants can openly share their experiences and professional challenges.
2. **Adherence to the setting:** It is important to maintain the agreed-upon framework and meeting conditions, including the place, time, discussion format, and absence of distractions. This helps preserve the structure and effectiveness of supervision.
3. **Openness and honesty of participants:** Participants must be willing to openly share their thoughts, experiences, and professional challenges. This allows the supervisor to better assist each participant.
4. **Maximum engagement in the process is necessary:** All participants must engage fully in discussions and actively participate in supervision. This promotes a deeper understanding of situations and more effective learning processes.
5. **Contact from the "I-position":** Participants should express their thoughts and feelings from the "I position," speaking for themselves without making generalizations or shifting responsibility to others. This helps avoid accusations and maintains an atmosphere of mutual respect.
6. **Focus on the requests of the professional presenting the case:** All participants should focus their attention on the presenter's requests regarding a specific case or problem. This helps us concentrate on the main difficulties and needs of those seeking support.
7. **Absence of categoricalness:** Supervision should avoid making categorical judgments and recommendations. It is important to be flexible and open to consider the diversity of situations and contexts.
8. **Open and Clarifying Questions:** Participants should ask open and clarifying questions during supervision. This promotes a deeper analysis of situations and clarifies important moments that may not be obvious.
9. **Maintaining an atmosphere of cooperation** and mutual respect is also important. It is important to create an atmosphere where all participants interact with respect, regardless of their qualifications or experience level. This promotes constructive discussion and development.
10. **Absence of diagnostic conclusions:** Supervision does not involve making diagnoses or giving categorical assessments of clients' or colleagues' behavior. Supervision involves professional discussion of situations, not judgments about personality or health.
11. **Openness to thoughts and proposed hypotheses:** Participants should be open to new thoughts, ideas, and hypotheses proposed by others. This fosters diverse approaches and enables the discovery of non-standard solutions to complex situations.

Requirements for Supervision Participants:

- **Readiness for self-reflection:** Participants must be prepared to reflect on their professional strengths and weaknesses. This allows for a deeper understanding of one's own practice.
- **Respect for other participants:** It is important to interact with other participants respectfully, avoiding criticism that may be offensive or hostile.
- **Readiness for cooperation:** Participants must be prepared to collaborate, discuss potential solutions, and support one another while fostering a positive learning environment.
- **Openness to new approaches:** Participants should be open to new approaches to work and to seeking non-standard solutions. They should be ready to apply new knowledge and ideas to improve their practice.

These requirements and rules establish the basis for effective, constructive, and safe supervision aimed at supporting and developing each participant professionally.

Conclusions:

During collective trauma, when the entire population of Ukraine is affected, the need for psychological assistance and training for future psychologists becomes urgent. International colleagues (psychotherapists and trauma therapists) provide invaluable assistance in solving these problems. They teach relevant training courses and conduct practical classes and supervision. All of this is aimed at the quality training of specialists who will preserve the mental health of Ukraine's population.

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Review received 19.12.2024