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CONTEMPORARY TRENDS IN THE DEVELOPMENT OF TRAUMA THERAPY: THEORETICAL FOUNDATIONS AND PRACTICAL APPROACHES

Анотація. статті здійснено комплексний виклад сучасних підходів до травматерапії. Розглянуто історичні витоки поняття психологічної травми, її нейропсихологічні механізми та сучасні наукові пояснення. Послідовно описано провідні методи роботи з травмою – когнітивно-поведінкові програми, EMDR-терапію, тілесно-орієнтовані практики, майндфулнес, наративну експозиційну терапію та кризові втручання. Показано, як ці методи природно доповнюють один одного, формуючи цілісну систему допомоги. Окремо висвітлено особливості розвитку травматерапії в Україні, де вона набуває особливої ваги в умовах війни.

Ключові слова: травматерапія, психологічна травма, когнітивно-поведінкова терапія, EMDR, тілесно-орієнтовані методи, майндфулнес, наративна терапія, Україна.

Abstract

The article provides a comprehensive overview of modern approaches to trauma therapy. The historical origins of the concept of psychological trauma, its neuropsychological mechanisms, and contemporary scientific explanations are examined. The leading methods of trauma treatment are consistently described: cognitive-behavioral programs, EMDR therapy, body-oriented practices, mindfulness, narrative exposure therapy, and crisis interventions. It is shown how these methods naturally complement each other, forming an integral system of assistance. Special attention is paid to the development of trauma therapy in Ukraine, where it has become particularly important under wartime conditions.

Keywords: trauma therapy, psychological trauma, cognitive-behavioral therapy, EMDR, body-oriented methods, mindfulness, narrative therapy, Ukraine.

Formulation of the problem. Psychological trauma has become one of the central challenges of modern psychotherapy, with its prevalence growing due to armed conflicts, natural disasters, terrorism, and violence. According to WHO, 7–8% of the global population experience PTSD during their lifetime. In Ukraine, this issue became particularly acute after 2014 and especially following the war escalation in 2022, when millions faced shelling, occupation, loss, and displacement. This situation caused a sharp increase in PTSD, depression, and anxiety, creating urgent challenges for the healthcare system and society, and underscoring the need for effective trauma-therapeutic interventions.

Analysis of recent research and publications. Studies on trauma therapy emphasize the multidimensional nature of traumatic experiences and the necessity of integrative approaches to treatment. International scholars such as J. Briere and C. Scott (2015), J. Herman (2015), and B. van der Kolk (2015) have demonstrated that trauma affects cognitive, emotional, somatic, and neurobiological levels, which explains the need for combined therapeutic strategies. In the Ukrainian context, researchers including O. Kokun (2020) and T. Tytarenko (2020) highlight the importance of resilience and psychological resources in overcoming the consequences of traumatic events. Practical developments by Ukrainian psychologists focus on adapting evidence-based methods, such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), mindfulness practices, and Narrative Exposure Therapy (NET), to the realities of war and mass traumatization.

The purpose of the article is to analyze theoretical foundations and practical approaches to trauma therapy, focusing on evidence-based methods such as CBT, EMDR, body-oriented and mindfulness practices, and NET. Special attention is given to their adaptation in Ukraine under conditions of war-related mass traumatization and the need to integrate international standards with national experience.

Outline of the main material. The problem of psychological trauma occupies a central place in contemporary psychotherapy. Its prevalence continues to grow in line with the increasing frequency of

armed conflicts, natural disasters, terrorist attacks, and various forms of violence. According to the World Health Organization (WHO), between 7% and 8% of the global population experience Post-Traumatic Stress Disorder (PTSD) at some point in their lives. For Ukraine, this issue gained particular significance after 2014 and became especially acute since 2022. Millions of individuals have endured shelling, occupation, the loss of loved ones, and forced displacement. This has resulted in a sharp increase in the number of people affected by PTSD, depression, and anxiety disorders, creating challenges both for the healthcare system and for society at large.

The study of contemporary methods of trauma therapy is therefore a necessary step toward establishing an effective system of psychological assistance. In this context, psychotherapy ceases to be only an individual practice and becomes an important factor in social resilience.

The understanding of this phenomenon has followed a long and complex trajectory. From the early observations of Jean-Martin Charcot, who described hysterical symptoms and emphasized the connection between somatic manifestations and psychological experiences, to Sigmund Freud's psychoanalytic concepts, which argued that traumatic events leave "traces" in the unconscious and influence human behavior even years later. Further development came through the work of twentieth-century military psychiatrists, who studied soldiers' reactions at the front and described the phenomena of "shell shock" and "combat fatigue." These studies were the first to raise the issue that trauma has not only a psychological but also a biological dimension.

In 1980, the concept of Post-Traumatic Stress Disorder (PTSD) was officially introduced into the DSM-III diagnostic classification, which became a turning point in recognizing trauma as a distinct mental disorder. This milestone marked the beginning of a new era in psychotherapy, when trauma ceased to be regarded as a marginal phenomenon and acquired the status of a serious scientific and clinical problem.

On this foundation, new approaches gradually emerged that considered not only psychodynamic but also social and somatic dimensions of traumatic experience. Judith Herman systematized the manifestations of violence and political terror and described the phenomenon of Complex PTSD, which arises as a result of prolonged or repeated exposure to traumatic factors. Bessel van der Kolk demonstrated that "the body keeps the score," highlighting the role of somatic processes and showing that trauma is imprinted not only in memory but also in the nervous system itself. These ideas created a bridge to contemporary integrative models of trauma therapy, which combine psychological, biological, and social approaches.

Today, research in neuroscience provides a much more precise explanation of why trauma exerts such a powerful impact on the individual and why its consequences can persist for years. At the level of brain structures, it has been established that the amygdala—responsible for generating fear and anxiety responses—remains in a state of chronic hyperactivation among traumatized individuals. This means that even minor stimuli are perceived as threats, provoking an immediate and intense emotional reaction. In parallel, the functioning of the hippocampus—which under normal conditions helps to organize events in time and space—is disrupted. Under trauma, this function becomes distorted: memories remain fragmented, detached from context, and therefore often return in the form of flashbacks, as if the event were happening again in the present moment. Equally important is the reduced activity of the prefrontal cortex, which performs the function of cognitive control. This brain region enables individuals to evaluate situations rationally, weigh consequences, and regulate their impulses. When its functioning is impaired by traumatic stress, the person loses the ability to restrain impulsive reactions, which often manifests as outbursts of anger, disorientation, or, conversely, a state of «freezing». Another essential component is the hypothalamic–pituitary–adrenal (HPA) axis, which regulates the production of stress hormones. In a healthy state, this system is activated briefly, allowing the body to mobilize resources. However, in cases of chronic traumatization, it remains continuously engaged, leading to exhaustion, sleep disturbances, somatic illnesses, and an overall reduction in adaptive capacity.

Thus, trauma impacts the individual on multiple levels simultaneously—cognitive, emotional, neurobiological, and somatic. This explains why no single approach can fully capture the complexity of this phenomenon. It also substantiates the necessity of employing diverse psychotherapeutic methods, which, by complementing one another, create an integrated system of care. The search for effective strategies of working with trauma over the past decades has led to the development of a range of approaches that together form a kind of "therapeutic sequence." It begins with crisis interventions and psychoeducation, continues with cognitive and sensory methods, is supplemented by body-oriented and narrative practices, and culminates in the integration of traumatic experiences into a coherent life story. This logic defines the contemporary understanding of trauma therapy. At the beginning of this therapeutic sequence typically

stands Cognitive Behavioral Therapy (CBT). It was the first evidence-based approach, whose effectiveness has been confirmed by a large body of clinical research. Its task is to help individuals recognize dysfunctional thoughts and beliefs that sustain trauma symptoms and to replace them with more adaptive alternatives. Within CBT, clients are trained to monitor automatic thoughts triggered by trauma-related cues, evaluate their realism, and gradually develop new, more flexible ways of interpreting situations.

Modifications of CBT make this approach even more versatile. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) combines psychoeducation, relaxation skills, and exposure exercises, enabling clients to integrate traumatic memories in a safe therapeutic environment. Cognitive Processing Therapy (CPT) focuses on restructuring «stuck beliefs», such as «I am guilty for having survived» or «I can no longer trust anyone». Prolonged Exposure Therapy (PE) involves the systematic recall of traumatic memories and anxiety-provoking situations in order to reduce their emotional intensity. All of these methods share a common feature: they gradually restore the individual's sense of control over their own life. However, despite its strong evidence base, cognitive-behavioral programs do not always capture the sensory and emotional mechanisms in which trauma remains “frozen.” A person may rationally understand that the danger has passed, yet their body and nervous system continue to respond as if the threat persists. In such cases, another method logically follows CBT – Eye Movement Desensitization and Reprocessing (EMDR) therapy – which offers a different pathway to the integration of traumatic memories.

The essence of EMDR lies in the use of bilateral sensory stimulation – eye movements, tactile, or auditory signals – that activate the brain's natural information-processing mechanisms. If CBT can be compared to a “rational rewriting of the story” through cognitive restructuring, EMDR resembles a “neuropsychological cleansing,” during which memories lose their destructive power and gradually become integrated into the individual's life experience. This is why the two approaches do not contradict but rather complement and reinforce one another: cognitive work creates the foundation for belief change, while EMDR allows the brain and body to complete the unfinished processing of traumatic experience. From there, it logically becomes necessary to turn to the body, since trauma is imprinted not only in memories and emotions but also at the somatic level. Many researchers note that even after the threat has passed, the body continues to “remember” the traumatic experience through muscle tension, somatic pain, sleep disturbances, gastrointestinal disorders, or cardiovascular symptoms. This explains why some clients may rationally understand for years that the danger is over, yet still experience chronic anxiety, restlessness, or uncontrolled bodily reactions. In this context, body-oriented practices have emerged, aimed at “unfreezing” blocked physiological reactions. The most well-known approach is Somatic Experiencing (SE), developed by Peter Levine. It is based on the assumption that the natural “fight–flight–freeze” response often remains incomplete at the moment of trauma. As a result, the body becomes stuck in a state of constant readiness for action, which generates symptoms of anxiety, panic, or somatic disturbances. Work in SE involves gradually and safely reestablishing contact with bodily sensations, enabling the body to complete the reactions that were previously blocked. For example, a client may feel a strong impulse for movement in the legs or arms, which the therapist helps to “complete” in a safe environment.

Another direction is Sensorimotor Psychotherapy, developed by Pat Ogden. It combines body-based practices with elements of cognitive therapy, enabling individuals to become aware of how bodily reactions are connected with emotions and thoughts. This approach is particularly effective for clients with dissociative symptoms, when the body reacts faster than conscious awareness, or when a person appears to be “detached” from their own sensations. Thus, if EMDR therapy helps the brain integrate images and sensory impressions, body-oriented methods restore the natural flow of energy in the body, returning to the individual the capacity to feel safety and grounding. They expand the scope of trauma therapy, as they allow work with those deeper layers of experience that cannot be fully processed through verbal or cognitive techniques alone. This is especially important when working with children, adolescents, or individuals who find it difficult to verbalize their experiences. At the same time, restoring contact with the body requires the development of new skills of consciousness regulation, since it is precisely awareness that ensures bodily experience is integrated into daily life. In this context, mindfulness programs play an important role, the most well-known being Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). These approaches teach individuals to observe their thoughts and emotions without judgment, without attempting to suppress or deny them. Such practice gradually reduces the influence of intrusive flashbacks and anxious thoughts, which often “take over” the mind of a traumatized person.

If body-oriented methods can be compared to the process of “unlocking” energy trapped in the muscles and nervous system, mindfulness creates a space of inner calm and observation. The client learns

to notice their reactions but not to merge with them, maintaining the position of a mindful observer. This allows them to step out of the cycle of automatic reactions and experience a new level of control over their life. Gradually, as the balance between bodily and mental levels is restored, the next stage of therapeutic work arises – the reconstruction of the life story. Even if anxiety symptoms or flashbacks diminish, a person often remains with the feeling of a “ruptured biography,” as if life were divided into “before” and “after.” Narrative Exposure Therapy (NET) helps to overcome this fragmentation.

The essence of this approach is that the client consistently reconstructs their autobiographical narrative, in which traumatic events are interwoven into the broader context of life rather than remaining isolated “black holes.” The therapist assists the individual in creating a conditional “lifeline,” where both moments of joy and painful experiences are interwoven, enabling them to regain a sense of wholeness and identity. If mindfulness teaches individuals to live “here and now,” narrative therapy allows them to view their life as a sequential and meaningful process in which even trauma becomes part of personal growth.

However, all of these approaches can be effective only after basic stabilization has been ensured. This is why the first step in working with a traumatized individual is always crisis intervention and Psychological First Aid (PFA). They create the “foundation of safety” on which further therapy can be built. Without restoring the basic sense of security and grounding, more complex methods – cognitive, sensory, or narrative – cannot produce their full effect.

In such a sequence, trauma therapy methods do not compete with each other but rather naturally build upon one another. They form an integral path of healing: from cognitive understanding to sensory integration, from bodily release to the cultivation of mindfulness, and finally – to the reconstruction of a coherent life story. This logic clearly reflects the principle of gradual progression: from the simplest stabilization interventions to the deepest levels of trauma integration. Today, this multi-level system of trauma therapy has particular relevance in the Ukrainian context. On the one hand, the country has a strong tradition of psychological science and practice, with a developed network of universities, institutes of postgraduate education, and professional associations of psychologists and psychotherapists. On the other hand, the war that has continued since 2014 and escalated dramatically in 2022 has confronted Ukrainian society with unprecedented challenges in the field of mental health. The scale of population-wide traumatization requires systemic solutions, where each of the approaches described finds its place within the overall structure of care.

Large-scale military events have led to a significant spread of post-traumatic disorders among servicemen, veterans, civilians, internally displaced persons, and children. The loss of loved ones, destruction of homes, forced displacement, and life under constant threat – all these conditions create a fertile ground for the development of PTSD, depression, and anxiety disorders. The response to these challenges has been the active introduction of contemporary trauma-therapeutic methods into the practice of psychological assistance.

One of the important steps was the adoption by the Ministry of Health of Ukraine in 2024 of the unified clinical protocol of medical care “*Acute Stress Reaction. PTSD. Adjustment Disorders.*” This document defines the main standards of diagnosis and treatment, affirming the use of Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and crisis interventions as priority methods. Such a protocol brought Ukrainian practice closer to international standards and became the foundation for specialist training.

International organizations and foundations also play a crucial role in the dissemination of trauma therapy. For example, *Médecins Sans Frontières* (Doctors Without Borders) implement emergency psychological assistance programs in frontline regions. The International Medical Corps conducts training sessions on Psychological First Aid (PFA) and EMDR for Ukrainian professionals. *Vostok-SOS* and other non-governmental organizations organize mobile teams of psychologists who provide support to internally displaced persons and those affected by hostilities. Universities are also actively integrating trauma-therapeutic modules into their curricula. In particular, departments of psychology and social work at several pedagogical and medical universities in Ukraine offer courses in crisis psychology, contemporary methods of psychotherapy, as well as practical trainings in CBT, mindfulness, and art therapy. This contributes to the preparation of a new generation of specialists capable of working under the difficult conditions of war.

At the local level, many communities are establishing support centers for internally displaced persons, where trauma-therapeutic practices are combined with art therapy, peer-support groups, and workshops aimed at restoring social connections. Programs for children are of particular importance, including elements of body-oriented methods, play therapy, and narrative approaches.

Thus, the development of trauma therapy in Ukraine is taking place along several interconnected directions, each of which has its own specificity while simultaneously complementing the others.

The regulatory and governmental direction includes the creation and implementation of unified standards of care. The adoption of clinical protocols by the Ministry of Health was an important step in ensuring evidence-based practice and promoting such methods as CBT, EMDR, and crisis interventions. The development of a legislative and methodological framework makes it possible to unify approaches across institutions and raises the quality of psychological assistance at the national level.

The international direction is manifested in close cooperation with humanitarian organizations and professional associations from other countries. As a result, Ukrainian specialists gain access to modern training programs, supervision, and certification, while also adapting to local conditions the experience accumulated in countries that have already faced large-scale traumatic events. An important outcome of this collaboration is the integration of international standards into the practice of local psychologists and social workers.

The educational direction involves expanding opportunities for the training and retraining of specialists. Modern universities include courses on crisis psychology, trauma therapy methods, as well as practical trainings in CBT, mindfulness, and art therapy in their curricula. This creates the foundation for a new generation of psychologists to acquire not only theoretical knowledge but also practical skills necessary for working under conditions of widespread population traumatization.

The community-based direction encompasses a wide range of volunteer and local initiatives. In many cities and communities, support centers for internally displaced persons, peer-support groups, and mobile teams of psychologists are operating. Here, trauma-therapeutic practices are combined with art therapy, body-based exercises, mindfulness sessions, and group work, creating an accessible space for healing even in areas where medical infrastructure is underdeveloped.

The coordinated interaction of these four directions forms the foundation for the establishment of a national model of trauma therapy that simultaneously takes into account scientific standards, the real needs of society, and the cultural characteristics of Ukraine. Its main feature lies in integration: international approaches are adapted to the Ukrainian context, while local practices are enriched by the results of contemporary research. In this way, a holistic system is formed, capable of responding to the challenges of large-scale population traumatization. The integration of these levels allows us to speak of a comprehensive approach that goes beyond individual psychotherapy. It is not only about healing individuals but also about restoring social ties, supporting communities, and strengthening the psychological resilience of society as a whole. In this sense, trauma therapy performs a dual function: on the one hand, it helps individuals regain their inner balance, and on the other – it becomes an important factor in the consolidation of society in the context of wartime and post-war realities. It is worth noting that the development of a Ukrainian model of trauma therapy is not only a response to the urgent challenges of war but also an investment in the future. It combines international standards of evidence-based psychotherapy with national experience, mental characteristics, and cultural practices. This makes it possible to create an approach that will be sustainable in the long term, capable of providing both individual assistance to those affected and the development of collective readiness to cope with the consequences of crises. Thus, contemporary Ukrainian trauma therapy appears as a multi-level system – ranging from regulatory support and international cooperation to educational programs and volunteer initiatives. Its development signifies not only the expansion of access to care but also the strengthening of the overall psychological security and resilience of the nation. Summarizing the analysis, it can be stated that modern trauma therapy is a multidimensional phenomenon that integrates various approaches aimed at overcoming the consequences of psychotraumatic events. The development of this field reflects the evolution of scientific knowledge: from the first psychoanalytic attempts to explain the nature of trauma to contemporary neuropsychological research, which has demonstrated that the consequences of trauma are imprinted not only in the psyche but also in neural mechanisms and bodily reactions.

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Cognitive-behavioral methods have proven effective in transforming dysfunctional beliefs and gradually reducing the intensity of traumatic memories. EMDR therapy, in turn, has opened the way toward sensory integration of experience, enabling clients to complete the information-processing cycles left unfinished at the time of the event. Body-oriented practices have shown that trauma is stored in the somatic sphere and requires work at the level of bodily sensations. Mindfulness programs have highlighted the importance of awareness and the ability to remain in the present moment as a way of reducing anxiety and restoring inner balance. Finally, Narrative Exposure Therapy has confirmed the significance of reconstructing life stories and identity as a condition of holistic healing. It is important to stress that none of these methods should be viewed as mutually exclusive. On the contrary, they form a kind of chain: from crisis interventions that ensure basic stabilization, through cognitive and sensory interventions, to body-based and narrative practices that complete the integration of traumatic experience. Such a sequence creates the foundation for systemic and long-term recovery.

In the Ukrainian context, the development of trauma therapy carries special significance. The ongoing war has caused large-scale traumatization of the population, which determines the urgent need to implement evidence-based methods of assistance. Practical programs developed by the Ministry of Health, international organizations, and civic initiatives are already demonstrating their effectiveness in working with military personnel, displaced persons, and children. At the same time, a promising task is the establishment of a national school of trauma therapy that will combine international standards with culturally sensitive approaches.

Conclusions. Thus, trauma therapy emerges not only as a field of individual assistance but also as a strategic resource of social resilience. It contributes not only to the healing of individuals but also to the strengthening of communities, the restoration of social ties, and the development of collective capacity to withstand the challenges of war and crisis events. The further development of this field in Ukraine requires the expansion of specialist training, the integration of trauma-therapeutic practices into state and educational programs, and active cooperation with the international scientific community.

References

1. Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (2nd ed.). Thousand Oaks, CA: SAGE.
2. Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York: Basic Books.

3. van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
4. World Health Organization. (2022). *Guidelines on mental health and psychosocial support in emergencies*. Geneva: WHO.
5. Kokun, O. M. (2020). *Psychological resources of the individual in overcoming the consequences of stress and trauma*. Kyiv: H. S. Kostiuk Institute of Psychology.
6. Tytarenko, T. M. (2020). *Resilience of personality: From theory to practice*. Kyiv: Lybid.
7. Chepa, M. V. (2021). *Modern approaches to psychological assistance in crisis conditions*. Kharkiv: Osnova.

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