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COGNITIVE-BEHAVIORAL THERAPY IN THE SYSTEM OF MODERN APPROACHES TO WORK WITH PSYCHOTRAUMA

Анотація. У статті здійснено аналіз когнітивно-поведінкової терапії як одного з провідних методів сучасної психотерапевтичної практики, спрямованої на подолання наслідків психотравматизації. Розглянуто особливості впливу травматичного досвіду на емоційний, когнітивний, фізіологічний та соціальний рівні функціонування особистості. Окреслено місце когнітивно-поведінкової терапії у системі сучасних підходів роботи з психотравмою та охарактеризовано її ключові техніки, зокрема когнітивну реструктуризацію, експозиційні методи, навчання навичкам саморегуляції та поведінкові інтервенції. Узагальнено результати емпіричних досліджень, що підтверджують ефективність когнітивно-поведінкової терапії у зниженні симптомів посттравматичного стресового розладу, тривожних та депресивних станів. Особлива увага приділяється інтегративному потенціалу когнітивно-поведінкової терапії у поєднанні з іншими психотерапевтичними методами (EMDR, тілесно-орієнтованими практиками, психодрамою, арттерапією). Визначено виклики та перспективи впровадження когнітивно-поведінкових інтервенцій у вітчизняний контекст, зокрема у роботі з ветеранами та цивільними особами, що пережили наслідки війни. Зроблено висновок про значущість когнітивно-поведінкової терапії у сучасній системі психологічної допомоги та доцільність її інтеграції у комплексні програми відновлення психічного здоров'я.

Ключові слова: когнітивно-поведінкова терапія, психотравма, психологічна допомога, травматерапія, техніки подолання травми, інтегративні підходи у психотерапії.

Abstract. The article analyzes cognitive-behavioral therapy as one of the leading methods of modern psychotherapeutic practice aimed at overcoming the consequences of psychotraumatization. The peculiarities of the influence of traumatic experience on the emotional, cognitive, physiological and social levels of personality functioning are considered. The place of cognitive-behavioral therapy in the system of modern approaches to dealing with psychotrauma is outlined and its key techniques, including cognitive restructuring, exposure methods, training in self-regulation skills and behavioral interventions, are characterized. The results of empirical studies confirming the effectiveness of cognitive behavioral therapy in reducing the symptoms of post-traumatic stress disorder, anxiety and depression are summarized. Particular attention is paid to the integrative potential of cognitive behavioral therapy in combination with other psychotherapeutic methods (EMDR, body-oriented practices, psychodrama, art therapy). The challenges and prospects for the implementation of cognitive behavioral interventions in the national context, in particular in working with veterans and civilians who have experienced the consequences of war, are identified. It is concluded that cognitive-behavioral therapy is important in the modern system of psychological assistance and that it is advisable to integrate it into comprehensive mental health recovery programs.

Key words: cognitive-behavioral therapy, psychotrauma, psychological assistance, trauma therapy, trauma coping techniques, integrative approaches in psychotherapy .

Formulation of the problem. The problem of psychotraumatization has become especially relevant in the context of armed conflicts, mass social upheavals, and crises, which significantly increase the number of individuals suffering from post-traumatic disorders. Traumatic experiences

disrupt basic cognitive schemas of safety, trust, control, and self-worth, leading to emotional maladjustment, somatic disorders, and social isolation. At the same time, psychological practice requires methods with strong empirical evidence that can effectively reduce the severity of post-traumatic stress disorder (PTSD), anxiety, and depressive symptoms. Cognitive-behavioral therapy (CBT), due to its structured, short-term, and universal nature, occupies a leading place among modern approaches to working with psychotrauma. However, the issue of integrating CBT with other psychotherapeutic methods and adapting it to the Ukrainian socio-cultural context remains urgent, particularly in work with veterans and civilians affected by war.

Analysis of recent research and publications. Recent studies emphasize the multidimensional impact of psychotraumatization on personality. Vintoniak, Rybchuk, and Nedvyha [1] highlight the complexity of combat psychological trauma and the need for a comprehensive approach to its treatment. Melnyk [2] focuses on the psychological mechanisms underlying the development of PTSD, which determine the specifics of therapeutic strategies. Fedotova [3] summarizes modern methods of psychotherapy in trauma treatment, identifying CBT as one of the most effective due to its evidence-based nature. Tarasova and Rodchenko [4] stress the importance of psychological support and recovery of individuals affected by military aggression, which involves the integration of individual psychotherapy with socio-psychological support. Research also confirms the effectiveness of CBT in working with different categories of clients — veterans, children, and adolescents who have experienced trauma — due to its adaptability to their specific needs. Furthermore, there is a growing interest in integrative models combining CBT with EMDR, body-oriented practices, psychodrama, and art therapy, which allows addressing not only the cognitive but also the bodily and emotional dimensions of traumatic experience.

The purpose of the article is to analyze cognitive-behavioral therapy as one of the leading methods of working with psychotrauma, to determine its place in the system of modern psychotherapeutic approaches and to outline the possibilities of integration with other methods of psychological assistance.

Outline of the main material. The problem of psychotraumatization is one of the key issues in modern psychological practice, especially in the context of the growing number of people experiencing the consequences of war, violence, loss, and other crisis events. Traumatic experiences often lead to the development of post-traumatic stress disorder, anxiety, and depression, which complicates the social functioning of the individual. In this context, it is important to use scientifically based and effective psychotherapeutic methods. Cognitive-behavioral therapy has proven to be one of the most effective approaches to dealing with trauma, which is confirmed by numerous empirical studies. Its integration into the system of modern psychotherapeutic practices allows for increased effectiveness of psychological assistance and a more complete recovery of clients' mental health.

The issue of psychotraumatization is a leading one in modern psychological science and practice, as the scale of social upheavals and crises leads to a significant increase in the number of people facing the consequences of traumatic experiences. War, violence, loss, forced displacement, and other extreme events often lead to the development of post-traumatic stress disorder, anxiety and depression, and somatization disorders. Such consequences are complex and multidimensional, complicating the social functioning of the individual, his or her relationship with the environment and his or her own inner world, creating the need for professional psychological assistance [1].

Scientific research emphasizes that traumatic events not only form new experiences but also destroy basic cognitive schemes associated with a person's sense of security, trust, control, and the value of the self. The violation of the integrity of these schemes affects all levels of mental organization: emotional, cognitive, physiological, and social. On the emotional level, psychotrauma manifests itself through anxiety, depression, aggressiveness, feelings of guilt or shame. At the cognitive level, flashbacks, intrusive thoughts, negative beliefs about the world and oneself, and decreased concentration and memory occur. The physiological level is characterized by somatic

symptoms, sleep disorders, and psychosomatic diseases. The social level includes maladjustment, communication difficulties, social isolation, loss of roles and meanings [2].

Modern psychotherapeutic science provides a wide spectrum of approaches to addressing the consequences of psychotrauma, reflecting the multidimensional nature of trauma itself. These include psychodynamic models, which focus on uncovering unconscious conflicts and analyzing how early relational patterns influence the current experience of trauma; humanistic approaches, which emphasize authenticity, self-acceptance, and the mobilization of inner resources; and body-oriented methods, which highlight the somatic manifestations of trauma, aiming to restore the connection between body and mind through breathing, movement, and sensory awareness. Other methods such as psychodrama enable individuals to re-enact and integrate traumatic experiences through role-play in a safe therapeutic setting, while narrative therapy assists clients in reconstructing the meaning of their personal stories and reclaiming agency after experiences of helplessness. Finally, Eye Movement Desensitization and Reprocessing (EMDR) offers a neuropsychological pathway to trauma integration by stimulating adaptive information processing systems through bilateral stimulation [3].

Within this diversity of approaches, a particularly prominent place is occupied by cognitive behavioral therapy (CBT), which has become one of the most widespread and empirically validated trauma-focused interventions worldwide. Its recognition stems from a robust evidence base, standardized treatment protocols, and flexibility in application across diverse age groups, cultural contexts, and diagnostic categories.

The theoretical foundation of CBT rests on the principle that thoughts, emotions, and behaviors are closely interconnected. Traumatic experiences frequently generate dysfunctional core beliefs that reinforce pathological emotional states and maladaptive patterns of avoidance. Typical examples of such beliefs include “I am helpless,” “The world is unsafe,” or “Nothing will ever change.” These cognitive distortions sustain hypervigilance, fear, and avoidance of trauma-related reminders, which in turn consolidate symptoms and deepen maladjustment. Avoidance provides short-term relief but prevents emotional processing, thereby maintaining post-traumatic stress reactions.

The therapeutic task of CBT is therefore to help clients gradually identify and modify these dysfunctional cognitions, challenge catastrophic appraisals, and develop more balanced interpretations of their experiences. Through techniques such as cognitive restructuring, exposure to trauma reminders in safe conditions, and behavioral experiments, clients learn new ways of interpreting events and responding to their own emotions and bodily reactions. As a result, CBT not only alleviates symptoms of post-traumatic stress but also promotes the acquisition of adaptive coping strategies, fosters resilience, and restores a sense of personal control and agency. The methodology of cognitive-behavioral therapy in dealing with psychotrauma involves several key areas. First, it is a cognitive restructuring aimed at identifying irrational beliefs and forming more realistic and adaptive attitudes. Secondly, exposure methods, when a client, under the guidance of a therapist, gradually encounters traumatic memories or their symbolic representations, which allows them to reduce the intensity of their emotional reaction and integrate their experiences into their own life experience. Thirdly, it is the training of self-regulation skills that provide the ability to control the level of anxiety and arousal through breathing techniques, relaxation, or mindfulness practices. Finally, behavioral interventions are aimed at restoring the client's activity, returning him or her to activities that were previously avoided due to fear or pain.

Empirical studies show that cognitive behavioral therapy is one of the most effective approaches in the treatment of post-traumatic stress disorder, anxiety and depression. According to meta-analyses, after 12-16 sessions, a significant proportion of clients demonstrate a decrease in the severity of PTSD symptoms, including hyperarousal, flashbacks, and nightmares [2]. Researchers pay special attention to working with veterans, for whom CBT has shown high effectiveness in reducing the intensity of traumatic symptoms and increasing adaptive potential [1]. At the same time, practice

shows the effectiveness of CBT for children and adolescents who have experienced trauma, as its techniques can be easily adapted to the age needs and capabilities of the client.

In modern conditions, psychological support for victims of hostilities is of particular importance, as war creates situations of mass and collective traumatization. As noted by I. Tarasova and L. Rodchenko, the process of recovery of survivors of military aggression requires a systematic approach that includes not only individual psychotherapy but also social and psychological support aimed at restoring basic feelings of security, trust and ability to interact [4]. It is important to emphasize that cognitive behavioral therapy in this context can be one of the most effective tools, as it allows working with dysfunctional beliefs and restoring adaptive behaviors that war destroys or significantly distorts.

The studies of the mentioned authors also emphasize the need for a comprehensive combination of psychotherapeutic and socio-rehabilitation measures, which ensures not only the reduction of post-traumatic stress disorder symptoms but also the development of new meanings and life adaptation strategies among those affected [4]. In this sense, cognitive-behavioral techniques, integrated into a broader recovery context, contribute not only to individual psychological healing but also to the restoration of social connections, which is critically important for post-conflict society.

Despite the high effectiveness of cognitive-behavioral therapy, scholars and practitioners emphasize the importance of an integrative approach to trauma therapy. Focusing mainly on cognitive and behavioral aspects, CBT does not always sufficiently take into account the bodily and existential dimensions of traumatic experiences. Therefore, in recent years, models combining CBT with other methods have been actively developing. In particular, the integration of CBT with EMDR allows for faster and more effective processing of traumatic memories; the combination with body-oriented approaches helps relieve somatic tension accompanying trauma; psychodrama and art therapy create opportunities for symbolic expression and reconstruction of traumatic experiences. As a result of such integrations, a more holistic recovery process is formed, covering the cognitive, emotional, bodily, and social levels of personality functioning [3].

The current context of trauma therapy development in Ukraine presents several challenges for the application of cognitive-behavioral methods. Firstly, there is an urgent need to train a large number of specialists capable of providing high-quality psychological assistance during wartime and post-war recovery. Secondly, it is necessary to adapt CBT protocols to Ukrainian socio-cultural realities and to consider the specifics of experiencing collective trauma. Thirdly, there is a need to develop group and online formats of therapy, which can ensure broader access of the population to psychological support.

In the future, cognitive-behavioral therapy has significant potential for development in the context of integrative psychotherapeutic models. It can be combined with other approaches, expanding its possibilities for working with complex traumas and chronic conditions. Another important task is the further scientific verification of protocols, as well as their adaptation to different age and social groups, including children, adolescents, veterans, and civilians who have experienced war.

A significant dimension in understanding the effectiveness of cognitive-behavioral therapy is its neurobiological grounding. Research demonstrates that traumatic experiences alter the functioning of key brain structures, including the amygdala, hippocampus, and prefrontal cortex, which are responsible for emotional regulation, memory processing, and executive control. These changes often manifest in heightened reactivity to stressors, difficulties with memory integration, and impaired decision-making. CBT, through its structured interventions, fosters neuroplasticity by reshaping dysfunctional cognitive patterns and enhancing adaptive responses. Neuroimaging studies have confirmed that CBT contributes to normalization of activity in brain regions linked to fear and anxiety regulation, underscoring its role as not only a psychological but also a biologically informed therapeutic method.

Another crucial factor in the application of CBT to psychotrauma is the cultural and socio-historical context in which trauma is both experienced and treated. Ukraine's ongoing war highlights

the urgency of developing culturally sensitive adaptations of CBT protocols that account not only for individual suffering but also for the collective experiences of loss, displacement, and resilience. Traditional Western-developed CBT manuals, while highly structured and evidence-based, cannot always capture the specific meanings, coping strategies, and symbolic frameworks that are rooted in Ukrainian society. For example, collective memory of past traumas, religious and spiritual beliefs that serve as protective factors, and community solidarity networks all play a critical role in shaping the perception of adversity and the process of recovery. Consequently, effective CBT practice in Ukraine should go beyond the reduction of individual symptomatology to include interventions that strengthen communal bonds, restore trust in social systems, and reinforce a sense of continuity and identity in times of disruption.

Equally important is the development of prevention and early intervention programs based on CBT principles. Research shows that timely, structured CBT interventions implemented shortly after traumatic exposure significantly decrease the probability of chronic post-traumatic stress disorder (PTSD), depression, and comorbid anxiety disorders. Preventive initiatives may take the form of psychoeducational modules that normalize stress reactions and reduce stigma, skills training in grounding, relaxation, and emotional regulation, and resilience workshops that cultivate flexible coping strategies. Particularly effective is the integration of such interventions into schools, universities, military units, healthcare institutions, and community organizations, where large numbers of people can be reached proactively. These measures not only mitigate acute stress reactions but also strengthen long-term psychological preparedness, enabling individuals and communities to withstand future crises with greater resilience. In addition to individual therapy, the group and online formats of CBT are becoming increasingly relevant in the contemporary Ukrainian context. Group CBT offers participants the opportunity to share experiences, reduce feelings of isolation, and develop adaptive coping strategies in a supportive environment. Online CBT platforms, meanwhile, ensure accessibility of psychological care for those in remote or war-affected regions, overcoming barriers of geography and mobility. Studies indicate that digitally delivered CBT interventions can be as effective as traditional face-to-face therapy, provided that they maintain structured protocols and therapeutic alliance. Expanding the reach of CBT through innovative formats is therefore essential for addressing the large-scale mental health needs arising from collective trauma.

Finally, the future of CBT in trauma therapy depends on the advancement of interdisciplinary research and the integration of evidence from psychology, neuroscience, and social sciences. Continued empirical validation of CBT protocols, especially within war-affected populations, is crucial for their refinement and adaptation. Moreover, comparative studies exploring the effectiveness of CBT relative to other therapeutic modalities, as well as studies on integrative approaches, will enhance the understanding of its strengths and limitations. Collaborative research across international contexts can contribute to building a global evidence base while allowing for local cultural adaptation. By aligning scientific rigor with clinical innovation, CBT can continue to evolve as a cornerstone of trauma-informed psychological care, meeting the urgent needs of individuals and societies affected by profound adversity.

An essential aspect of advancing trauma-focused CBT lies in the professional training and supervision of therapists. High-quality delivery of CBT protocols requires not only theoretical knowledge but also practical skills in cognitive restructuring, exposure techniques, and self-regulation training. In the Ukrainian context, the urgent demand for trauma-informed specialists necessitates systematic training programs supported by universities, professional associations, and international collaborations. Continuous supervision and peer support systems are also vital to prevent therapist burnout and secondary traumatization, which are common risks when working with war-related trauma. Thus, investment in professional development directly influences the effectiveness and sustainability of CBT interventions in practice.

Equally important is the integration of CBT into multidisciplinary systems of mental health care. Trauma recovery is a multifaceted process that rarely depends on psychotherapy alone; instead, it requires a coordinated response involving psychologists, psychiatrists, social workers, medical professionals, and community organizations. Within such an integrative framework, CBT can serve as the central psychotherapeutic component, providing evidence-based strategies for addressing maladaptive cognitions and behaviors, while being complemented by pharmacological interventions for severe symptomatology, psychoeducation to enhance awareness, and social programs that strengthen everyday functioning.

Multidisciplinary collaboration ensures that the individual receives support not only at the psychological level but also across medical, social, and occupational domains. For example, a trauma survivor with symptoms of PTSD may benefit simultaneously from CBT sessions aimed at restructuring catastrophic beliefs, psychiatric monitoring and medication for sleep or anxiety regulation, and social services that assist with housing, employment, or access to education. Community organizations can further reinforce recovery by creating peer-support groups, cultural or spiritual activities, and opportunities for social reintegration.

Such systemic approaches significantly enhance clinical outcomes: they accelerate symptom reduction, prevent chronic maladaptation, and contribute to the restoration of self-efficacy. Importantly, they also facilitate the reintegration of survivors into society, enabling them to reclaim social roles, rebuild family and community ties, and engage productively in education and employment. By embedding CBT into holistic frameworks of care, it becomes possible to address both the individual dimensions of trauma—emotional pain, intrusive memories, maladaptive beliefs—and the societal dimensions such as loss of social capital, disruption of communities, and reduced workforce participation. In this sense, CBT acts as a bridge between personal healing and collective resilience, contributing not only to individual well-being but also to the mental health of entire communities. In conclusion, the implementation of CBT in trauma-focused practice must be accompanied by ongoing evaluation and policy support at the national level. Establishing evidence-based clinical guidelines, monitoring treatment outcomes, and integrating CBT into public health strategies are critical for ensuring consistent standards of care. Governmental and non-governmental organizations can play a decisive role in scaling up access to CBT, particularly for war-affected populations and displaced persons. By embedding CBT within national mental health reforms and aligning it with international best practices, Ukraine has the opportunity to strengthen its psychological support system and promote long-term resilience in both individuals and communities.

Conclusions. Cognitive-behavioral therapy is one of the leading and most evidence-based methods of working with psychotrauma in modern psychotherapeutic practice. Its application ensures a reduction in the intensity of post-traumatic symptoms, the formation of new cognitive attitudes, and the restoration of adaptive behavior. CBT is characterized by its structured format, universality, and short-term nature, which makes it accessible to a wide range of clients. At the same time, the experience of modern practice demonstrates the feasibility of integrating CBT with other psychotherapeutic approaches, which makes it possible to take into account the multidimensionality of traumatic experiences and ensure a more holistic recovery of the individual. Further development of this approach in Ukraine requires the training of specialists, adaptation of protocols to cultural and social realities, as well as the expansion of opportunities for group and online therapy. Thus, cognitive-behavioral therapy, combined with an integrative approach, can become a powerful tool of psychological assistance in overcoming the consequences of individual and collective psychotraumatization.

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Review received 05.03.2025