

Lesia Martseniuk

Mental Health Supervisor,

Doctors Without Borders/Médecins Sans Frontières

lesia.martseniuk27@gmail.com

PSYCHOLOGICAL ASPECTS OF EARLY REHABILITATION OF PERSONS AFFECTED BY MILITARY ACTIONS

У статті здійснено теоретичний аналіз психологічних аспектів ранньої реабілітації осіб постраждалих внаслідок військових дій. Розкрито сутність поняття «рання психологічна допомога» та її роль у системі медико-психологічної підтримки. Окреслено етапи психологічного відновлення після травматичної події, визначено ключові принципи (безпечність, автономія, емпатійність, ресурсність, мультидисциплінарність) та моделі втручання (BASIC Ph, кризова інтервенція, trauma-informed care, біопсихосоціальна модель). Зроблено акцент на сучасних українських підходах до організації психологічної допомоги в умовах ранньої реабілітації, зокрема у межах програм mhGAP та діяльності мультидисциплінарних команд МОЗ. Проаналізовано труднощі впровадження таких практик в Україні: дефіцит фахівців, відсутність стандартизованих протоколів, високий рівень емоційного навантаження на персонал. Підкреслено необхідність розвитку supervisory підтримки, етичних стандартів роботи в гострих відділеннях і розроблення єдиних методичних рекомендацій. Рання психологічна реабілітація розглядається як невід'ємний компонент комплексного відновлення особистості після бойової травми, спрямований на стабілізацію емоційного стану, попередження посттравматичних розладів і формування здатності до подальшої соціальної інтеграції.

Ключові слова: *рання реабілітація, психологічна допомога, бойова травма, психоемоційна стабілізація, мультидисциплінарна команда, supervisory, психічне здоров'я.*

The article presents a theoretical analysis of the psychological aspects of early rehabilitation of individuals affected by military actions. The essence of the concept of “early psychological assistance” and its role within the system of medical and psychological support are revealed. The stages of psychological recovery after a traumatic event are outlined, and the key principles – safety, autonomy, empathy, resource orientation, and multidisciplinary – are defined. The main intervention models, including BASIC Ph, crisis intervention, trauma-informed care, and the biopsychosocial approach, are described. Special attention is given to modern Ukrainian approaches to organizing psychological assistance in the context of early rehabilitation, particularly within the mhGAP program and the activities of multidisciplinary teams of the Ministry of Health of Ukraine. The article analyzes the main challenges in implementing such practices in Ukraine: a shortage of qualified specialists, the lack of standardized protocols, and the high emotional workload of personnel. The necessity of developing supervisory support, ethical standards for work in acute departments, and unified methodological guidelines is emphasized. Early psychological rehabilitation is considered an integral component of comprehensive recovery after combat trauma, aimed at emotional stabilization, prevention of post-traumatic disorders, and fostering the ability for further social reintegration.

Keywords: *early rehabilitation, psychological assistance, combat trauma, psycho-emotional stabilization, multidisciplinary team, supervision, mental health*

Formulation of the problem. The full-scale war in Ukraine has led to a significant increase in the number of individuals who have sustained injuries as a result of combat operations. For these persons, recovery involves not only the restoration of physical functions but also the timely provision of psychological support aimed at emotional stabilization, reduction of anxiety levels, and the development

of adaptive coping mechanisms. Early psychological rehabilitation is viewed as a key component of a comprehensive medical and psychological approach that ensures holistic human recovery.

The challenge lies in the fact that during the acute phase of trauma, affected individuals experience physical pain, emotional exhaustion, and uncertainty about the future. This situation creates a demand for specially trained professionals capable of providing psychological assistance within hospital settings – at the patient's bedside, in a short-term format, and in accordance with the principles of safety and respect for personal autonomy.

Analysis of recent research and publications

Recent Ukrainian and international publications reflect the growing attention to the issue of early psychological rehabilitation of individuals affected by war-related injuries. In the Ukrainian scientific field, fundamental studies by Osiodlo and Horbunova (2020), Hilman and Kulesha (2025), Tytarenko (2020), and Matiash and Panfilova (2024) emphasize the importance of integrating psychological and medical rehabilitation within a single systemic approach. These works outline the need to support emotional stabilization, restore motivation for life, and prevent secondary traumatization among war-affected individuals.

The publications of Horbunova (2019) and Korotia (2022) focus on the role of psychological resources and social factors in overcoming trauma, while Kochubei (2023) explores the peculiarities of providing psychological support to military personnel during medical rehabilitation. Research findings presented in the Bibliographic Index “Medical-Psychological Rehabilitation and Social Adaptation of Combatants” (Matiash & Panfilova, 2024) summarize national experience in the development of multidisciplinary teams and integrated rehabilitation protocols.

At the international level, the World Health Organization (2023) through its mhGAP Humanitarian Intervention Guide promotes trauma-informed care principles, emphasizing the early initiation of psychological support at the stage of medical stabilization. Current reports of Médecins Sans Frontières (2025) and studies in European Psychiatry (2024) confirm the effectiveness of simultaneous physical and psychological rehabilitation.

Thus, the analysis of recent research demonstrates that modern rehabilitation psychology increasingly relies on a biopsychosocial paradigm and a multidisciplinary model of intervention, which ensures the integrity of psychological recovery processes in individuals who have sustained combat-related injuries.

The purpose of the article is to conduct a theoretical analysis of the psychological aspects of early rehabilitation among persons injured as a result of military actions, as well as to summarize contemporary approaches to organizing psychological assistance during the acute recovery stage.

The objectives of the study are as follows:

1. To reveal the essence of the concept of “early rehabilitation” in the context of psychological assistance.
2. To analyze the main psychological needs of individuals with combat-related injuries during the acute phase.
3. To characterize the principles and models of psychological intervention that are effective in the early stages of rehabilitation.
4. To outline the role of the psychologist within a multidisciplinary team and the factors influencing the effectiveness of early rehabilitation.

Outline of the main material. The issue of early psychological rehabilitation of persons injured as a result of military actions belongs to the key domains of modern rehabilitation psychology, which lies at the intersection of crisis counseling, clinical psychology, psychotraumatology, and medical-social rehabilitation [7]. The growing number of individuals who have sustained injuries and psychological trauma during the war has highlighted the need for a systemic approach to personal recovery that integrates both biological and psychosocial mechanisms of healing.

As emphasized in the textbook «Theory and Practice of Psychological Assistance and Rehabilitation» [7], the psychologist's main task is to ensure the holistic functioning of the individual after a traumatic event through emotional stabilization, the maintenance of motivation for life, the development of adaptive coping strategies, and the prevention of secondary traumatization. According to Tytarenko [8], early psychological rehabilitation is not limited to overcoming the consequences of trauma but involves a gradual restoration of life activity, the formation of a renewed identity, and the development of the capacity for post-traumatic growth.

Contemporary approaches to psychological assistance for individuals with combat-related injuries emphasize the step-by-step nature of the recovery process, which enables a gradual transition from crisis

stabilization to post-traumatic growth. The initial stage, crisis stabilization, focuses on emotional calming, re-orientation to the present moment, and the restoration of a basic sense of safety. The subsequent adaptation phase involves acceptance of bodily, social, or professional limitations resulting from the traumatic experience. During the *integration phase*, traumatic experiences are reinterpreted, new cognitive schemas and meaning structures are formed, and internal coherence is strengthened. The final stage, post-traumatic growth, is characterized by an expanded worldview, a reassessment of personal values, and the establishment of renewed life priorities – indicators of restored psychological integrity and enhanced personal resilience [5; 8].

This structure is consistent with international models of crisis intervention, particularly BASIC Ph [10], and with contemporary Trauma-Informed Care protocols [10, 11]. Both approaches emphasize timeliness and humanistic orientation – psychological assistance should begin already at the stage of medical stabilization, when the individual is in a state of shock, fear, and disorientation.

In the context of war-related trauma, early intervention is understood not as a reaction to consequences but as proactive psychological support during the acute phase of trauma, aimed at restoring basic feelings of safety, control, and connection with reality [1, 7]. In hospital settings, where the patient experiences physical pain and dependency on medical personnel, the psychologist acts as a moderator of emotional stabilization and a mediator between bodily and psychological experience, helping the person integrate the traumatic event into a renewed self-structure.

Hilman and Kulesha [1] note that psychological rehabilitation in wartime conditions must take into account the patient's age, social, and cultural characteristics. For adults, the dominant need lies in rethinking one's identity and social role after trauma, while for younger groups, emotional regulation and the support of the family system are more crucial. These ideas align with the psychology of life creation concept [8], which considers the individual an active subject capable of reconstructing their life world even after destructive experiences.

The theoretical foundations of early psychological rehabilitation are based on a number of principles that determine both the effectiveness and ethicality of assistance provision [5, 7, 11]. One of the core principles is complexity, which implies the integration of medical, psychological, social, and spiritual professionals' efforts within a unified rehabilitation process. The principle of graduality ensures a consistent transition from crisis intervention to long-term psychological support, promoting stabilization and the development of adaptive mechanisms. Individualization of rehabilitation measures involves selecting methods and techniques that consider the type of trauma, level of awareness, and previous life experience of the person.

An important methodological guideline is resource orientation, which presupposes reliance on both internal resources (faith, willpower, life experience) and external ones – family, peers, and community support. The final principle, humanism and subjectivity, involves respect for the autonomy and uniqueness of every individual as well as the prevention of secondary traumatization during the provision of psychological assistance.

According to the Bibliographic Index “Medical-Psychological Rehabilitation and Social Adaptation of Combatants” [5], the modern Ukrainian rehabilitation system is evolving toward a multidisciplinary approach, where the psychologist is an integral member of the rehabilitation team. The key task of the early stage is to prevent the development of post-traumatic disorders, preserve social identity, and sustain motivation for life.

Recent studies (European Psychiatry, 2024; International Journal of Mental Health Systems, 2025; Médecins Sans Frontières Reports, 2025) demonstrate that the effectiveness of psychological recovery significantly increases when the rehabilitation process begins concurrently with physical treatment rather than after it. Such an integrative perspective corresponds to the biopsychosocial model of health [4], according to which physical, psychological, and social aspects of human functioning are interdependent.

Within this framework, psychological assistance is not the final stage of treatment but an accompanying process that begins once vital functions have stabilized. This approach reduces the risk of chronic anxiety and depressive disorders, supports a positive self-concept, and preserves the integrity of personal experience.

Researchers emphasize that rehabilitation should be directed not only toward compensating for losses but also toward the activation of personal potential and the development of an individual's capacity for self-realization and life creation. This approach aligns with the concept of post-traumatic growth proposed by Tedeschi and Calhoun [2], which acquires new significance in the context of the wartime experiences of Ukrainian service members.

A theoretical analysis of the issue would be incomplete without addressing the ethical and deontological dimensions of professional practice. The Code of Ethics for Psychologists highlights the importance of the principles of confidentiality, voluntariness, and non-maleficence. In the context of early intervention, particular importance is attached to respect for a person's autonomy, even when they are in a state of physical helplessness [9]. Psychological support should be provided according to the principle of supportive presence – being alongside the patient without imposing emotional openness until the individual is ready to share their experiences [1].

Thus, theoretical analysis demonstrates that early psychological rehabilitation represents a systemic process integrating clinical, psychological, social, and spiritual dimensions of recovery.

Its theoretical foundations rest upon the biopsychosocial model of health [4], which views the human being as a holistic system of interconnected biological, psychological, and social factors; the crisis concepts of Rapoport [1] and Lahad [10], which describe the patterns of response to traumatic events and pathways toward restoring psychological equilibrium; and the humanistic psychology of life creation [8], which underscores the active role of the individual in reconstructing their life path. In addition, the framework incorporates modern Trauma-Informed Care standards [10, 11], which focus on establishing a safe, supportive environment that prevents re-traumatization and promotes the restoration of personal autonomy.

Therefore, early psychological rehabilitation of patients with combat injuries is grounded in interdisciplinarity, humanism, graduality, and subjectivity, while its effectiveness depends on the readiness of professionals to operate in acute conditions with empathy, flexibility, and professional composure.

In the contemporary framework of rehabilitation psychology, early intervention is regarded as a complex of purposeful actions aimed at restoring basic psychological functions, stabilizing the emotional state, and preventing the development of maladaptive reactions in patients with traumatic experiences [7, 11]. Early psychological assistance is not limited to short-term crisis intervention – it represents an ongoing, accompanying process that begins in the acute phase of trauma and continues throughout the early stage of rehabilitation. The foundation of this process lies in adherence to key principles that ensure the ethical integrity, effectiveness, and sustainability of recovery efforts.

1. The Principle of Safety

The principle of safety constitutes the foundation of the entire system of early rehabilitation. It involves creating conditions of physical, emotional, and psychological stability in which the patient can regain a sense of control and trust toward the staff. According to WHO recommendations [11], a sense of safety is fostered through a predictable daily routine, clarity of medical procedures, minimization of sensory stimuli (such as loud noises or abrupt movements), and calm, confident communication.

Tytarenko [8] emphasizes that modeling a controlled environment near the patient's bedside helps reduce anxiety, restore a sense of reality, and stabilize bodily and emotional sensations. In practical terms, this includes clearly explaining medical procedures to decrease uncertainty; providing information gradually to prevent cognitive overload; supporting orientation in time and space; and maintaining an empathic, unhurried presence that fosters trust and facilitates emotional stabilization. Safety, in this sense, serves as a framework within which further psychological processing of the traumatic experience becomes possible.

2. The Principle of Autonomy and Subjectivity

Physical trauma and hospitalization often deprive individuals of their usual sense of control, provoking feelings of helplessness and dependence. Therefore, the psychologist's key task is to restore the individual's sense of subjectivity – the ability to influence one's own condition and make decisions [5]. Modern approaches interpret autonomy as an internal resource of self-regulation that can be activated through the support of choice, even in small matters: deciding when to rest, whom to communicate with, or which topics to discuss [1].

Psychological assistance in this context involves gradually restoring control through the development of self-observation, breathing techniques, short-term goal setting, and the reinforcement of achievements during treatment. The restoration of subjectivity is a prerequisite for post-traumatic growth, marking the transition from the role of a «victim» to that of an «active participant in recovery» [8].

3. The Principle of Empathy and Validation of Experience

Empathy in early psychological intervention is not merely emotional support but a professional capacity to accept the person's experiences without judgment, which fosters trust and reduces internal tension. The validation of experience refers to the acknowledgment that all emotional responses – fear, anger, tears, or apathy – are normal reactions to abnormal circumstances.

During early intervention, it is crucial to help patients become aware of their feelings, name them, and find safe ways of expression. This emotional articulation facilitates the integration of traumatic memories into the personality structure. Psychologists working in hospital environments often serve as *emotional containers*, maintaining stability through verbalization, body-oriented techniques, or elements of narrative therapy [5].

Empirical studies demonstrate that the practice of emotional validation, combined with short-term cognitive-behavioral interventions, significantly reduces acute stress manifestations during the first two weeks after trauma [1].

4. The Principle of Resource Orientation

One of the most important components of early intervention is identifying and activating the patient's resources – both internal (faith, will, personal meaning, humor) and external (family, peers, medical staff, spiritual community). According to Hilman and Kulesha, the resource-based approach shifts the focus from deficits to potential, reinforcing dignity and hope.

In practice, psychological support based on resource activation involves helping patients recall previous achievements, identify sources of strength, and reconnect with supportive relationships. This may take the form of exercises aimed at recognizing personal strengths, creating “resource maps,” or discussing positive experiences that coexist with pain and loss [8]. Modern research confirms that early activation of resources decreases the intensity of acute stress symptoms and reduces the likelihood of developing post-traumatic stress disorder (PTSD).

5. The Principle of Multidisciplinarity

Early psychological rehabilitation proves effective only when implemented through team-based collaboration among specialists – psychologists, physicians, physical therapists, occupational therapists, social workers, and chaplains. Multidisciplinarity allows for a holistic view of the patient – not merely as a clinical case, but as a person with an individual history, system of values, and social roles [5].

Research conducted by the Ukrainian Scientific and Practical Center for Psychological Assistance to Veterans underscores that coordinated teamwork among specialists shortens the rehabilitation period and decreases the risk of re-hospitalization. According to WHO international standards, such collaboration must be grounded in mutual respect, shared goal-setting, and information exchange conducted with full respect for confidentiality.

Both international and Ukrainian rehabilitation practices employ several conceptual models that are highly relevant in the context of early rehabilitation for patients with combat-related injuries.

1. The BASIC Ph Model describes six fundamental channels of stress coping – Belief (faith, values), Affect (emotions), Social (social support), Imagination (symbolization, imagery), Cognition (thinking, meaning-making), and Physical (bodily activity, recovery). In early rehabilitation, this model allows the psychologist to quickly assess which channels are currently active and which require strengthening – for instance, enhancing cognitive orientation, broadening emotional expression, or stimulating social engagement.

2. The Trauma-Informed Approach assumes work with the patient while taking into account the pervasive impact of trauma on their emotions, cognition, and behavior. Its core principles include safety, trust, choice, collaboration, and empowerment. This approach is widely applied in clinical departments where psychological support is integrated into the broader process of medical care.

3. Rapoport's Crisis Intervention Model is a short-term framework of psychological support focused on stabilization and mobilization of personal resources. In military settings, it has been adapted as the «Stabilize – Normalize – Mobilize» model, which enables effective responses to states of acute disorganization following trauma.

4. The Biopsychosocial Model of Rehabilitation provides an interdisciplinary framework that views recovery as the outcome of interaction among physiological, psychological, and social factors. It facilitates the integration of psychologists into medical teams and underscores the importance of psychological support for physical healing.

Applying these models during the early phase of rehabilitation optimizes patients' adaptation, minimizes the risk of chronic psychological trauma, and enhances the overall effectiveness of treatment. As noted by Ukrainian researchers [5], the highest efficiency is observed when psychological support begins immediately after stabilization of vital functions, in cooperation with physicians and physical therapists.

Early psychological rehabilitation of individuals injured as a result of military actions is a complex and multidimensional process that integrates clinical, psychosocial, and ethical components. Despite

growing attention to this issue in Ukraine, its practical implementation remains fragmented and uneven due to various objective and organizational constraints.

One of the major challenges involves limited resources – human, temporal, and institutional. In many medical institutions, psychologists lack the opportunity to work directly at the patient's bedside or to be fully integrated into the multidisciplinary team. According to Matyash, this leads to a disconnection between the physical and psychological dimensions of rehabilitation, reducing the overall effectiveness of the comprehensive approach. Furthermore, the absence of unified national protocols for early psychological assistance complicates the standardization and scaling of practices within the healthcare system.

Another critical factor is the emotional burden on professionals working with patients in acute conditions. Constant exposure to severe injuries, pain, loss, and death results in a high risk of professional burnout and secondary traumatization among psychologists [7]. In this regard, supervisory support systems play an essential role and should be an integral component of psychological work in medical institutions. Regular supervision sessions help reduce emotional exhaustion, sustain professional competence, and maintain adherence to ethical standards in patient interaction.

Equally important is the ethical dimension of early intervention. Psychologists in clinical settings frequently face dilemmas concerning confidentiality, boundaries of personal contact, and informed consent – especially when patients are in a state of physical or psychological shock. In line with the Code of Ethics for Psychologists [10], specialists are obliged to ensure informed consent, operate within their competence, and avoid actions that may cause re-traumatization. This is particularly critical when working with military patients, where trust and a sense of safety are essential for therapeutic effectiveness.

Another aspect requiring attention is the training of psychologists for work in early rehabilitation settings. Traditional academic education often does not address the specifics of clinical interaction in hospital environments. As evidenced by the training programs of the Ministry of Health of Ukraine and mhGAP, effective practice demands the development of applied competencies – including short-term counseling, crisis intervention, and interdisciplinary communication. Psychologists must be able to adapt therapeutic methods to the limited temporal and spatial conditions of hospital settings, employing flexible yet evidence-based approaches. In the Ukrainian context, early psychological rehabilitation is gradually becoming an integral part of the national system of medical and psychological care. The number of specialists engaged in hospitals, mobile teams, and rehabilitation centers is steadily increasing. However, further progress requires systemic support – including regulatory frameworks, educational programs, intersectoral collaboration, and ongoing scientific evaluation.

Thus, early intervention in the rehabilitation of injured patients is not only a therapeutic but also a socio-humanitarian task that requires a holistic understanding of the human being as a biopsychosocial entity. Its effectiveness depends not only on the professional competence of psychologists but also on the institutional maturity of the system within which they operate.

Conclusions

The psychological aspects of early rehabilitation for patients injured as a result of military actions represent a key domain of contemporary clinical and rehabilitation psychology. Based on the conducted theoretical analysis, several generalizations can be made:

Early psychological assistance constitutes an integral component of a comprehensive medical and psychological approach to the treatment and recovery of individuals with combat-related injuries. It contributes to the stabilization of emotional states, prevention of post-traumatic disorders, and the development of adaptive coping mechanisms.

The core principles of early intervention – safety, autonomy, empathy, resource orientation, and multidisciplinary – ensure the effectiveness of psychological support even during the acute phase of trauma.

Analysis of modern models – BASIC Ph, the Trauma-Informed Approach, Rapoport's Crisis Intervention Model, and the Biopsychosocial Model – demonstrates that the greatest effectiveness is achieved through the integrated application of approaches that combine emotional, cognitive, and social dimensions of adaptation.

Among the main challenges to implementing early psychological rehabilitation in Ukraine are the shortage of qualified specialists, the lack of unified national protocols, the high emotional burden on professionals, and insufficient supervisory support.

The further development of the early psychological assistance system requires intersectoral collaboration, state-level support, the creation of clinical practice standards, and the enhancement of training programs that prepare professionals to work effectively in medical and crisis environments.

In conclusion, early psychological rehabilitation should be regarded not merely as a therapeutic tool but as a humanistic practice aimed at restoring personal integrity, subjectivity, and the individual's capacity for meaningful life after trauma.

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