

The practical psychologist's work with teenagers who have overcome the psycho-traumatic situations

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Abstract. The author consider concept of posttraumatic stress disorder (PTSD) in article and its characteristics. Also the features of children's and teenagers' PTSD are described. The purpose of article is to identify influence of continuous stay in the zone of anti-terrorist operation which is performed in the Donetsk and Luhansk regions of Ukraine on teenagers' emotional state. During empirical research of teenagers group, living in the respective territory and having survived a fight situation, the author comes to a conclusion that most of the teenagers having taken part in research have the following symptoms of PTSD: nightmares, behavior disorder, aggression.

Key words: *posttraumatic stress disorder, traumatic stress, psychological trauma, teenagers, zone of anti-terrorist operation.*

The beginning of XXI century was filled with events extreme for the person which became a source of emotional shocks - natural disasters, human-made disasters, the military conflicts, acts of terrorism that grow as avalanche. These events are characterized first of all, by extreme action on the person's mentality causing a traumatic stress which psychological consequences, in extreme manifestation, are expressed in posttraumatic stress disorder (PTSD). Unfortunately, events of the last time demonstrate that the number of people who got into the difficult psycho-traumatic situations is increasing.

More and more about a problem of posttraumatic stress disorder is said, all new and new works in this field appear [E.S. Andreyeva, 2004; Ya.V. Bogdanov, 2005; I.K. Silenok, 2013; N.V. Tarabrina, 2001, 2009], even more often it is possible to hear the experts' speeches devoted to this matter in mass media.

Analysis of specialized literature [M.L. Macklin, J. Metzgerl et. al., 1998, M.Sh. Magomed-Eminov, 1998; etc.] has shown that not each event is capable to cause a traumatic stress. The psychological trauma is possible if: an event which has taken place, is realized namely the person knows what has happened to him and why his psychological state has worsened, the endured destroys a habitual way of life. The traumatic stress is a normal reaction to abnormal circumstances.

In a stressful situation a person "absorbs" everything that occurs around. All information comes to nervous system which "writes down" what occurs: groans, shouts, blood, etc. Thus, the person gets a psychological trauma. In this case his mentality falls into a combat fatigue. His fear in case of a traumatic stress isn't in consciousness power [N.V. Tarabrina, 2001; A. Allen, S.L. Zoom, 1994 and others]. When the stress overloads psychological, physiologic, adaptation opportunities of the person and destroys his protection, it becomes traumatic. Traumatic stress - is a special form of the general stress reaction [1].

Posttraumatic stress disorder (PTSD) develops at people who have endured an event which is extremely traumatic practically for any person. This disorder can develop at 50 - 80% of people who have endured such event [8].

Researchers [A.L. Pushkaryov, V.A. Domoratskaya and others, 2000; N.V. Tarabrina, 2001 and others] define that posttraumatic stress disorder is violation which touches several psychological and physiologic levels, including biological, behavioural and informative compo-

nents. Stress disorder conducts to maladaptive behaviour, problems with health, and violations of professional functioning, violations of functioning in the sphere of social contacts (including family problems). And it is still the incomplete list of what happens to the person who has given in to a traumatic stress.

Unfortunately the problem of posttraumatic stress disorder of children and teenagers is lit insufficiently in psychological literature, the majority of researches of this subject have appeared in recent years [Z.I. Kekelidze, A.A. Portnov, 2002; E.G. Dozortseva, 2006; I.K. Silenok, 2013, and others]. There is hardly systematic scientific researches of mental consequences of children's and teenagers' continuous stay in a zone of anti-terrorist operation.

The purpose of our research is identification of influence of continuous stay in a zone of anti-terrorist operation which is performed in the Donetsk and Luhansk regions of Ukraine, on children's and teenagers' emotional state.

Manifestations and development of children's PTSD have a number of features in comparison with adults whom the similar diagnosis has been made. It is connected with features of children's mentality. Also children cannot always connect the traumatic manifestations with the fact of a psychological trauma and it is very important during the work with a trauma [1, 7 etc.].

The children with PTSD have a broken ability to integration of traumatic experience with other events of life, their traumatic memories exist in memory not in the form of coherent stories but consist of intensive emotions and the somatosensory elements [7].

The children's and teenagers' expressed PTSD symptoms are fear and alarm. Emergence of alarm can be regarded as reaction to threat for the child from the environment i.e. danger of psychological or physical action. Concern or alarm can arise or be amplified owing to understanding of the helplessness, surprise or unpredictability of psychotrauma developing, regular and occasionally the accruing expectation of the inevitable traumatic event.

Children with PTSD usually have wide range of affective disorder - from emotional lability to persistent depressions which in certain cases reach psychotic level. Often affective violations are accompanied by senestopathy and psychosomatic disorder [3, 5].

Besides, according to N.V. Tarabrina (2001), for children's age the following symptoms of PTSD are characteristic:

- the pathological memories, offenses and thoughts connected with the traumatic event;
- avoidance of the situations connected with a trauma;
- the stereotyped game, a constant reconstruction of behaviour which took place during the psychotraumatic event;
- sleeps, at first sight unclear, but they cause the child's horror;
- violations in the informative sphere which influence deteriorations in academic performance of children or teenagers;
- the disturbing thoughts of extramental contents caused by traumatic experiences;
- decrease of interest in game and communication [6, p. 72-73].

The picture of a disease can be presented by the general bradyesthesia (emotional anesthesia, feeling of remoteness from other people, interest loss, impossibility to feel joy, tenderness) or feeling of humiliation, fault, shame, spite.

Except the trauma, there are additional factors which define substantially how the child or the teenager endures received trauma. Important internal condition of the reactive states emergence is presence of the special features of the personality, specified as "neurotic structure of the personality" which develops owing to violation of process of her/his formation. To conditions of emotional violations appearance necessarily should be referred – lack of social support, lack of close emotional ties with surrounding people and their supports, loss of trust to people around.

The physical state at the time of a stress, especially physical exhaustion, sleep loss, malnutrition is not less important. Similar factors facilitate emergence of psychogenic frustrations [Yu.A. Aleksandrovsky, 1993; D. Kalshed, 2001; E.Yu. Petrova, E.V. Samsonov, 2010].

Thus, the major etiological factors in development of PTSD can be: duration of the psychotraumatic event, degree of an involvement into the psychotraumatic event and personal features.

Analyzing a situation which occurs in the zone of anti-terrorist operation (ATO) in Ukraine (the Donetsk and Luhansk regions) now, we can assume that PTSD symptoms have most of teenagers of this territory who became participants or witnesses of tragic events.

Because of complexity to get to the zone of anti-terrorist operation, to check our hypothesis, as examinees we have chosen group of children from the Luhansk and Donetsk regions who were in the Ukrainian children's center "Young Guard" (Odessa city) on health improvement.

Analyzing approaches to diagnostics of PTSD we have come across that the majority of the existing techniques are suitable for adults (Trauma Symptom Inventory (TSI), Mississippi Scale for Combat - Related PTSD, The Structured Interview for PTSD, SI - PTSD, etc.) but can't be applied to children and teenagers. In connection with the research goal our attention was drawn to the Harvard questionnaire for definition of the past traumas (Harvard Trauma Questionnaire), the offered Mollica et al. The

questionnaire consists of four parts and is directed to detecting traumas which the child has experienced and his/her actual emotional state. 16 psychotraumatic events are listed in the first part. The respondent has to answer: he has endured these events, witnessed or just heard about them. The second part includes an open question of perception of the most traumatic events for the examined. The third part detects the traumas presence. The last, fourth part is a questionnaire which consists of 30 questions and gives the chance to detect existence of depression, alarm, somatic, general disorder and post-traumatic stressful reactions.

We have chosen namely this questionnaire to carry out diagnostics among teenagers.

Also projective techniques are used during diagnosing of PTSD symptoms. It is assumed that test materials play a role of conditional "screen" on which examinees "project" the characteristic thought processes, alarms and requirements when they are carried out.

Taking into consideration all this, we have chosen for research also a projective technique of J. Buck "House. Tree. Person".

The qualitative analysis of drawings is carried out taking into account their formal and substantive aspects. The informative formal signs of drawing are considered, for example: the drawing position on the paper, proportions of separate parts of drawing, its size, style of colouring, force of pressing a pencil, deleting of the drawing or its separate parts, outlining of separate details. Substantive aspects contain features, movement and mood of the drawn object.

The standard quality indicators for a quantitative assessment of a projective technique «House. Tree. Person» are grouped into the following symptom complexes: 1) insecurity, 2) anxiety, 3) mistrust to themselves, 4) feeling of inferiority, 5) hostility, 6) the conflict (frustration), 7) difficulties in communication, 8) depressiveness. Each symptom complex consists of a number of indicators which are estimated from 0 to 3 points. More points are put if there are majority of signs. Expressiveness of symptom complex is shown by the score of all its indicators.

29 teenagers aged from 10 till 13 participated in procedure of diagnosing they constantly live in venues of anti-terrorist operation (such settlements as: Avdiivka, Maryinka, Krasnogorievka, Kurahovo).

Having carried out two specified diagnostic techniques we held the quantitative and qualitative analysis of the obtained data.

The quantitative analysis "The Harvard questionnaire for definition of the past traumas" results has shown that:

- all teenagers (100%) who have taken part in research have endured a fighting situation;
- PTSD symptoms are shown to some extent at 83% of examinees;
- weak symptoms of PTSD are detected at 28% of respondents;
- 21% of examinee have nightmares;
- 17% of teenagers have no evident symptoms of PTSD;
- behaviour impairment and aggression are observed at 10% of respondents;
- also 10% of teenagers have complexity of concentration;
- 10% of children have got fearfulness.

Interesting in our opinion, is the fact that 5 teenagers who have no evident symptoms of PTSD: four are of 11 years, and one just reached 12 years. In our opinion, it can be explained with the fact that younger teenagers are inclined to explain themselves the endured situation less dramatically, they more often believe in a happy end.

Further we have carried out the analysis of results of the projective technique "House. Tree. Person". As the qualitative analysis of the received results testifies:

- high level of anxiety is diagnosed at 100% of teenagers;
- 62% of examinees have the high level of feeling of insecurity;
- the most part of respondents (59%) is in a state of depressiveness (high level);
- 52% of teenagers revealed the high level of feeling of mistrust to themselves;
- for rather big percent of respondents (41%) the high level of feeling of inferiority is characteristic;
- 38% of teenagers have serious difficulties in communication;
- the high level of hostility is observed at 31% of examinees, and at 24% - conflict.

Thus, all teenagers participating in diagnostics need the help of the psychologist or people around, as high level of one or several symptom complexes was detected at all of them. The final analysis of the obtained data and comparison of results of both techniques demonstrates that almost all teenagers from the anti-terrorist operation zone who took part in research (26 of 29) have PTSD symptoms. Those teenagers whom the evident symptoms aren't revealed at have the high level of insecurity. All this confirms the hypothesis made by us: the majority of the teenagers who are constantly living in a zone of anti-terrorist operation, and who became participants or witnesses of tragic events have PTSD symptoms.

With the aim of psychological supporting of teens, who survived battle actions and who have symptoms of PTSD we had carried out the program which was oriented to the correcting work with anxious children, who have different (various) fear, pressed aggressive.

The tasks of the program:

1. To reduce anxious and irritability
2. To reduce the level of hostility and aggressive.
3. To increase the confidence level.
4. To develop the skills of positive and constructive dialog (conversation).

The correcting program was consist of six lessons which were held three times a week by us. We want to show us summary of this correcting program.

Lesson 1.

The aim: an introducing the participants of the program with each other increasing the positive mood and rallying (connecting) the children, setting up the first (primary) relationships.

1. "Snowball". The aim: to introducing the participants of the program with each other and leading of the training developing the skills of self presentation. (the development of the self presentation skills).
2. Getting the rules of the work in the group/ Behavior rules at training lessons. The aim: the teaching (educating) the child to the behavior rules at training lessons, the rallying children, inventing the atmosphere of group confidence and taking each other closely.

3. The game "Compliments". The aim: the activating working (action activities) for forming the positive emotional conditions.

4. The game "Passing the items (things)". The aim: the ability of showing and watching are developed.

5. The game: "Passing the feelings". The aim: the ability to take of the barriers are grown up, to achieve the understand each other.

6. The game "Remember". The aim: to understand the other person and development attentive attitude to him.

7. The game "What has changed?" The aim: to understand the other person and development attentive attitude to him.

8. Saying Good bye.

Lesson 2.

The aim: approximation the children in group, emotion and motor self-expression, taking of tension, stimulation of the spontaneous behavioral responses.

1. The game "Traveling by ship". The aim: developing of self-presentation skills

2. Discussion "What fear is?" The aim: reducing emotional tension.

3. The task "Drawing the fears" The aim: reducing emotional tension.

4. The exercise for relaxation. The aim: taking of muscle clips.

5. The task "Excogitation of the fairy tales" The aim: to reduce the stress level, to form the groups rallying.

6. The game "The Wrangler". The aim: developing the ability of confidence in surrounding, putting of the fears of suspense.

7. Saying Good Bye.

Lesson 3.

The aim: directed removal of fears, which the child is subjected to, reduction the stress level, development the self-confidence.

1. The game "Like – Don't Like". The aim: supporting the good mood, attentiveness, contribution body stress expression.

2. The task "Draw what you are not angry". The aim: to put of the fears, to develop the self-confidence.

3. The relaxation "Confusion". The aim: decreasing of the tension, anxiety.

4. Playing fear correction. The aim: development of speed reacted, ability to be guided in unfamiliar setting, declining emotional braking, constraint and fears.

5. The metaphor "Awful cave". The aim: work with fears, taking of tension.

6. The task "Finish the ideas". The aim: development of self-confidence.

7. Saying Good Bye.

Lesson 4.

The aim: reaction of stress worries and discharge of tension, which is connected with it, in the group work.

1. The exercise "What is my mood look like?" The aim: development the ability to distinguish emotions, rallying group, the diagnostic of participants' mood.

2. Discussion "Emotions". The aim: studying of mains emotions and their external appearance.

3. The game "Guess". The aim: development the ability to understand the emotions of other people and to transfer own emotional state.

4. The exercise "Sport bar". The aim: to relax the back muscles.

5. The exercise "Eyes to eyes". The aim: development of empathy, the ability to distinguish different emotional states.

6. The exercise "Zebra"

7. Saying Good Bye.

Lesson 5.

The aim: teenagers' educating of safe ways of the tension's discharge, increased attention to feelings.

1. The exercise "Mood". The aim: an introduction to the work, creating a group atmosphere of group confidence and taking part in it.

2. The exercise "Wolf game". The aim: reacting the anger feelings, taking of muscle tension

3. The game "Broken telephone". The aim: to take social anxiety and stress of, to provide a kind and attentive relationship to each other.

4. The game "Miswriting". The aim: to educate to perceive music and find appropriate images to her; the formation of emotional balance.

5. The exercise "Who is louder". The aim: to cooperate the group

6. The game. "It can not be". The aim: to develop the creative thinking, self-confidence

7. Saying Good Bye.

Lesson 6.

The aim: reducing the level of aggression, anxiety and eliminating fear.

1. The exercise "Take and pass". The aim: an introduction to the work, creating a group atmosphere of confidence and taking part.

2. The exercise "Recipe: How to make a child's aggressive". The aim: to help the child to determine the types of aggressive behavior, also their own aggressive behavior, as well as to explore unfamiliar aggression.

3. The exercise "Fix". The aim: to take muscle clips of in the shoulder girdle.

4. The exercise "Fearful Tale in a circle". The aim: to decrease the anxiety level, the development of the ability to laugh at their fears

5. The exercise "Little sculptor". The aim: to reduce the emotional stress, anxiety.

6. The exercise "Magic chair". The aim: to increase the child's self-esteem, to improve the relationships between the children.

7. Saying Good Bye

In addition to these exercises, we were also held 3-4 individual counseling with each of 29 teens.

After the correctional programs and individual consultations with teenagers, with the aim to determine the effectiveness of carried out work, we held the method "House. Tree. Person" one more time.

Repeated diagnostics showed some improvement in the status of children:

- Identification of a high level of anxiety in 76% of teens (out of 100%);

- high level of insecurity is diagnosed in 52% of teens (out of 62%);

- high level of depressiveness at the time of re-testing was detected in 48% of teenagers (out of 59%);

- In 38% of teens find out a high level of mistrust to themselves (out of 52%);

- A high level of feelings of inferiority was detected in 31% of subjects (out of 41%);

- 24% of teens with repeated diagnosis revealed serious difficulties in communication (out of 38%)

- 24% of the subjects experienced high levels of hostility (out of 31%);

- 4% of teens diagnosed with a high level of conflict (out of 24%).

About the improvement of the teenagers state testify similarly given, got during conversations with leaders. Thus, individual and group work with teenagers which were witnesses or battle actions outlived, positively influences on their mental condition.

In the work we tried to focus attention on a problem of children's and teenagers' post-traumatic stress disorder. During research we have assumed that PTSD symptoms have most of the teenagers living in a zone of carrying out anti-terrorist operation who became participants or witnesses of tragic events. Further empirical research has completely confirmed our hypothesis: 26 of 29 teenagers who took part in research have PTSD symptoms.

The most part of teenagers who have got psychological traumas need the qualified help of the psychologist. Right after a trauma they usually show the following symptoms: a sleep disorder, nightmares, the increased anxiety, and violation of cognitive processes. If everything is neglected then consequences can be very deplorable.

Further we plan to consider gender aspect of children's and teenagers' PTSD symptoms manifestation.

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Работа практического психолога с подростками, пережившими психотравмирующую ситуацию

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Аннотация. В статье автор рассматривает понятие посттравматического стрессового расстройства (ПТСР) и его характерные особенности. Также описываются особенности ПТСР у детей и подростков. Целью статьи является выявление влияния постоянного пребывания в зоне антитеррористической операции, которая проводится в Донецкой и Луганской областях Украины, на эмоциональное состояние детей подросткового возраста. В ходе эмпирического исследования на группе подростков, проживающих на соответствующей территории и переживших ситуацию боя, автор приходит к выводу, что большинство подростков, принявших участие в исследовании, имеют следующие симптомы ПТСР: ночные кошмары, ухудшение поведения, агрессивность.

Ключевые слова: *посттравматическое стрессовое расстройство, травматический стресс, психологическая травма, подростки, зона антитеррористической операции.*