

REVIEW ARTICLE

MEDICAL, SOCIAL AND PSYCHOLOGICAL ASPECTS OF ASSISTING THE FAMILIES OF THE MILITARY PERSONNEL OF UKRAINE WHO PERFORMED COMBAT TASKS IN EXTREME CONDITIONS

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ABSTRACT

The aim: The aim of the research is to study the medical, social and psychological aspects of providing assistance to families of military personnel who performed combat missions in extreme conditions and to develop the main directions for improving the organization of providing psychological assistance to such families in Ukraine.

Materials and methods: The research material is the legislation of Ukraine, foreign and domestic experience in providing psychological assistance to families of military personnel, statistical information. In the course of the study, the method of systematization, the comparative method, content analysis, the research of products of activity, concretization, abstraction and generalization of statistical data were applied.

Conclusions: The study of foreign and current domestic experience in providing psychological assistance to families of military personnel shows that today the need for its integration with such an important area as medical and social work is not fully taken into account. The break in unity between these areas significantly impairs the effectiveness and completeness of the rehabilitation of servicemen, violates the integrity and staged provision of all-round assistance to the families of Ukrainian combatants. Along with this, it should be noted the increasingly significant role that the work of specialists in the field of Civil-Military Cooperation takes, who, among other tasks, in special cases are obliged to organize work with members of the families of military personnel. To design the main directions for improving work with families, we analyzed the ramified structure of state and non-state organizations and institutions, volunteer and research centers, support groups for military personnel, veterans and their family members, which today operate in the United States. Proceeding from this and the realities of solving the problem in Ukraine, the main directions and proposals for the organization of medical, social and psychological assistance to the families of Ukrainian military personnel who performed combat missions in extreme conditions were formulated.

KEY WORDS: combatants, families of military combatants, psychological problems of families of combatants, medical, social and psychological assistance to families of military personnel, Civil-Military Cooperation

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INTRODUCTION

The current state of Ukrainian society is associated with the impact of a complex of various factors of a political, military, economic, demographic and spiritual nature, which negatively affect citizens. A special place here is occupied by the military conflict, accompanied by the conduct of active hostilities on the territory of Ukraine since 2014, and the associated psychological problems and social catastrophes.

Military actions in the east of Ukraine today significantly affect the psyche of citizens and the well-being of groups of people, cause changes in the life and behavior of a particular individual. Such events led to the emergence of a special category of military personnel involved in hostilities - "combatants" who took a direct part in combat actions and were exposed to serious stress loads. This resulted in psychological traumas, post-traumatic stress disorders, psychoemotional disorders, etc. After the return of the combatants home, to the place of permanent deployment of the military units, the problems that have arisen are often transferred to their families, relatives and friends.

When returning to a peaceful life, combatants experience new stresses associated with social adaptation, difficulties in communication, misunderstanding on the part of grown children, loved ones, difficulties in intimate life, problems of professional self-determination. In addition, the traumatic experience gained during combat actions negatively affects the health of servicemen and at the same time complicates these difficulties. As a result, misunderstandings, quarrels arise in the family, sleep disturbances, depression, mood swings, alienation, etc., are also observed in its members. [1-2].

Returning often becomes a serious test both for the combatant himself and for those close to him. This state often becomes the internal basis for the psychological and social maladjustment of combatants in a peaceful society.

Ukrainian psychiatrists say that 20% of former Anty-Terrorist Operation (ATO) and current Joint Forces Operation (JFO) participants in the coming years in Ukraine will be diagnosed with chronic post-traumatic stress disorder (PTSD), so-called "ATO syndrome".

Taking this into account, at present, there is an urgent need to improve rehabilitation activities, to include in this field of work scientists, methodologists, doctors, social workers, specialists from government agencies, as well as specialists in Civil-Military Cooperation (CIMIC) in order to respond more quickly to requests from combatants in organizing and conducting systems of comprehensive rehabilitation measures that cover the family and loved ones of a serviceman. Moreover, some of the servicemen, after returning from the combat areas, already have manifestations of PTSD, which leaves an imprint on their relations with loved ones, and therefore one cannot do without rehabilitation, which includes family psychotherapy. [3-6].

THE AIM

Purpose of the research: to study the medico-social and psychological aspects of providing assistance to families of military personnel who performed combat missions in extreme conditions and to develop the main directions for improving the organization of providing psychological assistance to such families in Ukraine.

MATERIALS AND METHODS

To study the existing problems of providing psychological assistance to the families of Ukrainian military personnel who performed combat missions in extreme conditions and achieve results in improving the technology of this process, the following methods were used: comparative, statistical, content analysis, analysis of the products of activity, synthesis, concretization, abstraction.

The studies carried out in recent years confirm that it is necessary to provide medical, social and psychological assistance not only to a former soldier or combatant, but also to all his relatives: parents, wife, children and close relatives. [7-8]. After all, a sharp change in social status and financial situation, everyday life disorder, which is inherent in many families of Ukrainian military personnel today, the psychological state of the head of the family, cannot but affect all its representatives, their comfort and health. That is why family psychotherapy is extremely relevant for the adaptation of both the serviceman himself and his entire family: both to the conditions of his military service, and in the peaceful conditions of the life of his military unit.

REVIEW AND DISCUSSION

The psychological help today is understood as the type of help provided to a person or a group of people to restore the required quality of psychological states, improve the functioning of mental processes, behavior, communication and their implementation in group activities [9]. General aspects of psychological assistance and rehabilitation are presented in the works of T. Dobrovolskaya, S. Kharchenko, L. Yakovleva and others. The peculiarities of the implementation of rehabilitation work with servicemen were analyzed by V. Aleshchenko, V. Mogilev and others.

V. Bondarenko, D. Kramer and others studied theoretical and practical aspects of social assistance to families of servicemen.

At the same time, the problem of rehabilitation of military personnel involved in a combat actions, especially in the context of a hybrid war, is still poorly understood. As our experience shows, today both theoretical and practical aspects of organizing such a sphere of activity in Ukraine, the development and construction of a new, modified system, require additional research.

In full measure, this concerns the determination of the possibilities of family psychotherapy for families of military personnel participating in combat actions, since today the families of military personnel are faced with many problems of a different nature, and more often they are forced to solve them on their own without support from the state and other institutions. [10-12].

Foreign researcher Satir V. insisted on the obligation to conduct family psychotherapy. So, in his research, conducted after the US military operations in Afghanistan and Iraq, he argues that it is imperative to keep the whole family in the focus of therapy, to carry out therapy for the family as a whole system, and not just its selective parts.

Researchers identify various family problems by focusing on the characteristics of the families of combatants or on factors that affect the functioning of the family in different ways:

- the family functions without one of the parents, husband or wife for a long time;

- the family often lacks a serviceman for holidays, birthdays and other events important for the family and children, since he may be at a trainings, studies, field exercises, or performing a combat mission;

- if, nevertheless, a personnel is not involved in missions, then military service often includes an extended working day;

- the structure of the family has to be adjusted in such a way as to put military service above everything and work in the absence of one of its members;

- the possibility of domestic violence, especially after military personnel have been exposed to traumatic combat situations (McCarroll JE, Ursano RJ, Newby JH, 2003) [13];

- each family member deals with the possible formation of distress in the event of the potential failure of a loved one to return home from the war, or the return of an injured person (psychologically and physically);

- problems and difficulties in raising children;

- a high level of anxiety associated with the specifics of professional activity;

- a high level of aggressiveness of military parents who returned from the combat zone.

Another significant problem in the families of combatants can be called reintegration, because during separation existed, spouses live a separate life. [14].

An analysis of research shows that today there is such a predominant variant of changes in roles in the family of a serviceman: while he is performing a combat mission, at home his spouse performs an economic and social role

instead of her husband, and copes with the workload, which was previously more or less distributed between two. Therefore, problems inevitably arise when a soldier returns and expects to restore relations at the level at which they existed before being sent to the combat area. The wife's independence almost immediately becomes a "risk" factor that prevents the man from «returning» and he makes efforts to reintegrate into the family [15].

Analysis of scientific literature and practical experience confirm that the determining factor influencing the emotional state and well-being, and which determines the speed and quality of rehabilitation and adaptation after combat actions, is the family. Veterans with disabilities due to illness, disability after injury or trauma have an increased need to support those close to them.

It should be added to this that the process of returning is associated with eustres - it is accompanied by both joy and shock, which leads those close to a stressful state, causes a state of euphoria, and at the same time can cause emotions of confusion, the inevitability of changes, a lack of understanding of their modality and meaning for their own life.

Scholars have variously defined family therapy as a scientific definition. V. Mager notes that this is a special type of psychotherapy aimed at correcting interpersonal relationships, with the aim of eliminating emotional disorders in the family, which are most pronounced in a sick family member.

A. Bodalev defines family psychotherapy as any form of psychotherapy with the family as a group, including spouses, children, grandparents, other family members, as well as a foster family and nonblood relatives. At the same time, family psychotherapy, in his opinion, affects the structure of the family, forms of relationships, styles of communication and interaction.

Family psychotherapy is considered as a branch of psychotherapy that encompasses the study of the family and the impact on it in order to prevent psychogenic diseases, as well as further social and labor rehabilitation of persons who have been discharged from clinics.

Family psychotherapy from the point of view of clinical psychology is a direction of modern psychotherapy, in which the "client" for the family therapist is not an individual, not a professional group, but a family. When working with families of combatants, usually singles out two main aspects: working with them as one of the most important and significant factors of psycho-rehabilitation and psychological assistance to combatants who have returned from the war; providing direct psychological assistance to the members of the families of military personnel.

The results of the researched showed that successful socio-psychological rehabilitation of veterans has positive correlations with factors of family well-being, and changes in family relations can play a key role in the process of providing psychological assistance to veterans.

The «normal family» as a system contains the following elements: basic elements (men and women, adults and children); goal (education of the younger generation and further development of all its members); the order of func-

tioning of the elements of the system (the rules by which the family lives, the type of communication between its members, the peculiarities of their self-esteem); energetics of the system (energy of food, water, air, activity and life positions of family members in combination with each other); interaction with the outside world (the family's attitude to life changes).

It should be borne in mind that a significant part of veterans who need social and psychological support are often unable to use it. This leads to isolation from family and friends. Analyzing this phenomenon, we can state that veterans create a kind of barrier around themselves in order to maintain control over their own intimate experiences associated with important people and events. [16-17]. After transferring negative events and the experience of the war to a peaceful conditions, veterans continue to control the depth of their own intimate experiences and relationships, fearing again to feel the emotional pain that is associated with the experienced situations of exposure to stress factors. At the same time, the inability to openly express their feelings can manifest itself in tension, irritability, conflicts with loved ones, and child abuse. [18-19].

Researchers note that stereotypes and styles of relationships on the front line, behavioral deviations, patterns of command behavior are often transferred to family relationships, but are not perceived by relatives and close friends, they are rejected and cause misunderstanding. [20]. Such behavior of a combatant is often accompanied by increased demands on himself and those around him, harshness in words and emotions, excessive regulation and reactions in response to habitual behavior for family members. This type of deviation also provides for the presence of epileptoid character traits: prudence, punctuality, pedantry, a tendency to order (symmetry, cleanliness, accuracy, thrift). The reaction of a combatant to a violation of his habits and views by family members can be anger, irritation, verbal aggression, etc. [16; 21].

An analysis of scientific works shows that any psychological assistance to the families of military personnel should be based on four main principles: 1) respect for the intimate aspects of family life; 2) informing the family about the possible psychological consequences of the war; 3) a combination of psychological assistance with social support for the family, including from the families of other veterans; 4) psychotherapeutic intervention in family life [22-23].

Since the main result of family therapy should be the preservation of the psychological health of the combatant's family, in our opinion, the key factor in preventing and overcoming the negative consequences of combat stressful situations can only be systemic, purposeful, comprehensive, integrative psychosocial support at the level of all social and professional groups

The government of Ukraine took certain steps towards legislative consolidation of the provision of assistance to ATO participants back in 2015. The Resolution of the Cabinet of Ministers of Ukraine «On approval of the procedure for granting the status of a participant in combat actions to persons who defended the sovereignty and territorial integ-

rity of Ukraine and took a direct part in the anti-terrorist operation, ensuring its conduct» (Resolution No. 413 of 08/20/2015) defines the specifics of obtaining the status of «ATO participant». The participants of combat actions in accordance with article 12 of the Law of Ukraine «On the status of war veterans, guarantees of their social protection» dated October 22, 1993 No. 3551-XII (with amendments and additions) are provided with more than 20 different types of benefits, the most important of which are: free receipt of medicines according to doctors' prescriptions, priority free dental prosthetics, free provision of spa treatment; use, upon retirement or change of place of work, polyclinics and hospitals to which they were assigned at the previous place of work; priority care in hospitals and priority hospitalization; payment of benefits for temporary incapacity for work in the amount of 100 percent of the average wage, etc.

On November 3, 2015, the Verkhovna Rada of Ukraine adopted the Law "On Amendments to Article 11 of the Law of Ukraine" On Social and Legal Protection of Servicemen and Members of Their Families". According to the new version of the law, servicemen who served and performed combat missions in the ATO zone must undergo medical and psychological rehabilitation. At the same time, the military should be reimbursed for travel expenses to rehabilitation centers and back.

By the Resolution of the Cabinet of Ministers of Ukraine No. 221 dated March 31, 2015, the Procedure for the use of funds provided in the state budget for the implementation of measures for the psychological rehabilitation of injured participants in the anti-terrorist operation was approved. This normative act determines that each rehabilitation institution provides psychological rehabilitation services, including, along with individual and group meetings with experienced psychologists, also visits to various excursions to museums, natural monuments that have historical-memorial or cultural-aesthetic significance, sports - wellness activities, in particular free access to the pool, gym, educational, cognitive and relaxation activities, including concerts, performances, etc., depending on individual wishes, material and technical base and location of the institution, due to the unique natural, ethnic and cultural heritage of a particular area.

In Ukraine today, relevant state bodies have been created and are operating: the State Service for Disabled People and Veterans of Ukraine on 09/10/2014, hereinafter - the State Service of Ukraine for War Veterans and Participants of the Anti-Terrorist Operation, from 1.01. - Ministry of Veterans Affairs. As well as public organizations: All-Ukrainian organization of disabled war veterans, the Armed Forces and combatants; Public Union "Supreme Coordination Council for War Veterans and Participants of the Anti-Terrorist Operation"; association of volunteers (Public Union "All-Ukrainian Association of Participants of Military Operations and ATO Volunteers). However, the methodological foundations of working with combatants, and in particular the aspect that we are studying, have not yet been developed.

Resolution of the Cabinet of Ministers of Ukraine dated December 5, 2018 No. 1021 "On Approval of the State Target Program for Medical, Physical Rehabilitation and Psychosocial Readaptation of Affected Participants of the Revolution of Dignity, participants in the anti-terrorist operation and persons who took part in the implementation of measures to ensure national security and defense, repulse and contain armed aggression of the Russian Federation in the Donetsk and Luhansk regions, ensuring their implementation for the period until 2023 "determines the organizers, the main events, their funding. However, it is still especially difficult today that specialists who have experience working with the military, for the most part, are not involved in such events. Often such work is performed by volunteers, active and patriotic representatives of higher educational institutions and public organizations, caring citizens of Ukraine, relatives of ATO and JFO participants. In addition, the Regional Targeted Programs of Medical, Social and Labor Rehabilitation and Adaptation of Participants of the Anti-Terrorist Operation for 2017-2022, which are designed to be implemented in the regions of Ukraine, in practice suffer from the phenomena of formalism and a superficial approach, which seriously hinders the provision of assistance to combatants.

Analysis of the goals, functions and tasks laid down in the above program documents of the state of Ukraine and taking into account the main directions of psychological assistance to the families of combatants, made it possible to determine that the purpose of educational work with servicemen returning from the ATO (JFO) today should be to increase psychological competence as families combatants and the servicemen themselves, the formation of interest in psychological knowledge and skills of using simple techniques in everyday life; familiarizing family members and combatants with psychological knowledge that meets their current needs.

It seems useful that the media, public activists, ATO (JFO) participants who have a positive experience should share it, talk about what they have gone through and experienced. Such work can also be carried out in the form of conversations with the family, lectures, seminars and meetings, trainings. It is necessary to disseminate guidelines for families, instructions for methods, organize exhibitions of literature in military units.

The tasks of the psychoprophylactic direction of work with families of combatants can be work to prevent family disharmony, family breakdown, psychotraumatization of children; prevention of the emergence of excessive psychological stress in a family in crisis; prevention of deviant behavior of family members.

When organizing psychological counseling, both individual conversations and group work (mixed groups, wives of combatants, their children) can be used. At the same time, training exercises, conversations, lectures, role-playing games, creative exercises, exercises for personal growth are most preferable.

The effect of such work will be much higher if close interaction with government bodies and social services is

established. Thus, it is the comprehensive psychological assistance to combatants, including the involvement of family members, that can help overcome their adverse emotional disorders.

Family members need to focus on behaviors and words that can stimulate negative emotions and behaviors in the combatant. [5] And here family members need to avoid stimulation to premature stories about past events, frivolous household advice on how to cope with certain experiences, obsessive care if the combatant reacts negatively to it, the use of emotionally rich clichés and expressions that characterize war or hostilities. [15]. In such situations, combatants need more support from their relatives, otherwise they may withdraw both emotionally and physically, and after a while experience a strong urge to return back to their fellows who have experienced the same and are able to understand and provide real support.

Today, in our opinion, the main attention should be paid to psychological work with combatants, which should be carried out at several levels. This is, first of all, an individual level - for the ATO participant (JFO) himself. Effective forms of psychological support here can be individual consultations, organizing conversations about the peculiarities of experiencing and overcoming crisis states, crisis and emergency situations by a veteran, and involving other veterans in such work.

Family level - aimed at positive interaction and maintenance of marital relations with family members. It includes the psychologist's explanation of the experiences and states that arise and the peculiarities of his perception by his own family, the development of rules of behavior with family members in various life situations, the formulation of the main effective protective mechanisms and strategies of behavior.

It should be noted that the experience of such work with Ukrainian military personnel has shown that positive results are yielded by joint activities of family members, leisure activities (excursions to museums, exhibitions, concerts, festivals, going out into nature), trainings, art therapy (sand animation, drawing, modeling), relaxation techniques, active rest with game elements.

At the same time, the characteristics and variable factors of the family's influence on the psychological well-being of the combatant should be taken into account: values in specific family relationships, the forms of response of family members to emerging problems, family rituals and prejudices, etc.

The second option can also be implemented - separate meetings with the families of ATO participants (JFO). It makes sense to provide family members with information materials prepared in advance, films about the ATO (JFO), so that they more clearly understand the conditions and features of the combatant's performance of combat missions and the reactions of the psyche after them. Such work will help family members to better understand the reasons for the combatant's behavior in order to help him cope with his internal problems and restore his former closeness, trust and support.

In this case, it makes sense to actively use the potential of CIMIC specialists. The purpose of this cooperation is to organize interaction with executive authorities, local self-government bodies, public organizations and citizens in the areas where military units and subunits are deployed in order to form a positive public opinion about the activities of the military formation, and to ensure favorable conditions for the fulfillment of their assigned tasks and functions. Not only in peacetime, but also in conditions of armed conflict, CIMIC officers and specialists can become an effective coordinating link in organizing the necessary medical, social and psychological support for the families of military personnel.

A growing body of research shows that the significant destructive nature of trauma affects interpersonal relationships. For more than 40 years, US researchers have been trying to identify, define and measure the impact of parental trauma on children: if trauma occurs, then how it happens and how it affects future generations and manifests itself in them [5].

However, over the years following various military campaigns of the twentieth century, military personnel and their members had a chance to adapt to political changes in American foreign policy and to the role of the US Armed Forces in prolonged multinational deployments of units. The Bosnian experience has provided new insights into the skills needed to minimize family trauma. Research with veterans of Operation Desert Storm has significantly added knowledge in this matter. However, participation in repeated long-term combat deployments of units during various operations posed new tasks for servicemen, their families, and also their children. There is still no precise data and it is not clear to what extent the traumatic experiences of the military personnel involved in Operation Desert Storm affected their children. And here the conclusion is naturally formed - family well-being is important not only for the success of the mission, but also for the future health of the army, its efforts to retain qualified military personnel. [5].

Analyzing the experience of organizing such work in the United States, we recommend implementing a group scenario in organizing the activities of permanent combatant support groups. It is this form of work with combatants as "support groups" that have proven themselves in terms of efficiency, they also help to consolidate the success of individual work, make it long-term and stable. [22].

In addition, in order to formulate the main directions for improving work with families, we analyzed the ramified structure of state and non-state organizations and institutions, volunteer and research centers, support groups for military personnel, veterans and their family members, which today operate in the United States.

Military support organizations and *Family Military One-Source* (available at: <http://www.militaryonesource.com>) is a service provided by the Department of Defense free of charge to military personnel, National Guard and reserve soldiers (regardless of activation status) and their families. The agency provides numerous services such as childcare assistance, financial assistance, emotional support during

unit deployment, travel information, and resources needed in special circumstances. These services can be made available over the phone, online and through personal counseling with a master's degree in the local community.

The Department of Defense's *Children Aid*, in collaboration with LIFELines, maintains the site as the official source of Department of Defense information for educational purposes (available at www.militarystudent.org). The purpose of the site is to help children of military personnel, their parents, families with special needs, military leaders and educators in solving the problems faced by children of the military, giving each group access to information, tools and resources of the center. The ultimate goal is to improve the educational and social well-being of all children in the military by increasing understanding and awareness of how to meet their unique needs.

The educational resources are available to help children and families of the victims. *New York University's Child Study Center* has created a website (available at www.aboutourkids.org) dedicated to advancing the child mental health industry through evidence-based practice, science and education. Using the search engine on the site to obtain information about the loss of relatives, users can access a list of books and materials about the loss of loved ones, about wars, terrorism and tolerance, targeted at children of different ages, parents and professionals.

he National Childhood Traumatic Stress Relief Network is a consortium of medical and research centers across the United States that provides online help (available at: http://www.ncsnet.org/nccts/nav.do?pid=hom_main). The network consists of 70 centers (45 current grant recipients and 25 previous grant recipients) that receive funding from the Center for Mental Health Services, the Office of Substance Abuse and Mental Health, the US Department of Health and Human Services, initiated by Congress - Donald's National Childhood Traumatic Stress Initiative J. Cohen. This initiative recognizes the profound, devastating and widespread impact of trauma on the lives of American children and seeks to improve the quality, effectiveness, sufficiency, and accessibility of treatment services for all children and adolescents experiencing traumatic events.

The Department of Defense's Military Assistance Program (available at: <http://dod.mil/mapsite>) provides information and interactive resources to help military families with resettlement, capital management and job search in a new location.

Operation Special Delivery (available at: <http://www.operationspecialdelivery.com>) provides specially trained volunteers to assist with childbirth to pregnant women (Doulas) whose husbands or partners have been severely injured, killed in the war on terrorism, or will on the deployment of units during childbirth. Doulas provide informational, emotional and physical training, but are not health professionals.

SGT Mom's (accessed at: http://www.family-networks.org/military_CFM) is an interactive website created in 1996 run by the wife of a U.S. Army soldier who handles all email messages. updates and additions. It is not the offi-

cial website of the Ministry of Defense and is not affiliated with any official military organization. However, the site contains a forum, links to other sites, the latest news about military families, ways to support and help the troops, and a question and answer section. It is useful that SGT Mom's is the explanation of military life precisely by the wife of a military man.

National Institute for the Development of Distance Relationships (Dad at a Distance) As stated on the home page, *Dad at a Distance* (accessed at <http://www.daads.com>) was created "to help parents who travel a lot. on business, are the military, airline pilots, travel guides, sales representatives, railroad workers, truck drivers, professional athletes, musicians, entertainers, actors, corporate executives, that is, parents who need to be away from their children, and is designed to to maintain and strengthen relationships with children while parents are away." The site provides tips, links to related websites, information on related products and books, and tales of distance parenting.

A program for building a strong and prepared family. This is a two-day program that helps couples develop better communication skills, backed up by a weekend trip out of town. More information is available at: <http://www.strongbonds.org/skins/strongbonds/display.aspx>.

The Tragedy Relief Program, or TAPS (available at <http://www.TAPS.org>), was founded following the death of eight soldiers aboard a National Guard aircraft in November 1992. TAPS provides a network of support for the families of those killed in service in America. To achieve its mission, TAPS has experienced social workers who assist family members in solving problems. TAPS' small but professional staff and an extensive national volunteer network work with federal, state and private agencies to find solutions to the concerns of the families of dead soldiers.

PICK Partner Program (Premarital Interpersonal Choice and Knowledge). This program helps lonely soldiers make the right and wise decisions when choosing partners.

The above mentioned analysis made it possible to formulate the main directions and proposals for the organization of medical, social and psychological assistance to the families of Ukrainian military personnel who performed combat missions in extreme conditions:

- creation of a scientifically grounded concept for the provision of psychological assistance and rehabilitation of combatants based on both foreign and domestic experience of recent years, financial and economic realities and the capabilities of the central budget and regions of Ukraine;

- development of modern information and communication, digitalized mechanisms and methods of interaction between state and public institutions that are involved in the rehabilitation of combatants, with ATO participants (JFO);

- transition to a targeted approach in the provision of psychological and social assistance, the implementation of mechanisms and methods for providing a range of services to combatants;

- orientation of the package of services to the needs of the client, taking into account his life and family circumstances,

which is often ignored by the state machine, despite the great personal importance for combatants;

achieving targeted and effective use of funds in rural areas aimed at psychological assistance and support, which are remote from cities and rehabilitation centers;

systematic multi-level psychological assistance to families and educational work to develop the readiness of family members to perceive the personality of a combatant with manifestations of symptoms of post-traumatic stress disorder, with a changed worldview and beliefs, with a predominance of formed patterns and skills of interaction in the combat area;

updating the resources of the individual and society by promoting the military work of servicemen, honoring veterans; involvement in this work of state officials of all levels, employees of local councils, enterprises and organizations, education;

improving the qualifications of employees of rehabilitation centers and the prestige of their work, creating conditions for professional and career growth;

attraction of the best foreign experience, investments and funds for the development of the material base for the provision of rehabilitation services to combatants, the development of new technologies of psychological assistance, based on mental, cultural, regional and other characteristics;

systematic monitoring of the development and functioning of the entire system of psychological assistance and medical rehabilitation, with the involvement of People's Deputies of Ukraine, top officials of the Verkhovna Rada of Ukraine and the Office of the President of Ukraine, which will attract the attention of society and bring this activity to a new level, form in the combatants a sense of the importance of their problems for the state and officials;

providing social and legal assistance to combatants in the ATO (JFO), wounded servicemen, members of their families during treatment and subsequent rehabilitation;

using the potential of CIMIC officers and specialists of military formations in organizing civil-military cooperation in the interests of providing comprehensive assistance to family members of military personnel who have performed and continue to carry out combat missions in extreme conditions of an armed conflict;

targeted assistance in employment, re-profiling, retraining, additional training based on the best practices of systems for assisting combatants in the advanced countries of the world;

social consultations and assistance through the system of benefits from the state, social programs and assistance of non-governmental organizations, which, when providing real social assistance, indirectly improve the psychological well-being of family members of military personnel, sending them such a necessary signal of care and protection from the outside, which has a connection with psychosomatic manifestations.

CONCLUSIONS

Thus, combat actions in the east of Ukraine, which today significantly affect the psyche of citizens and the well-being of groups of people, cause changes in the life and behavior

of the personality of military personnel and their families, cause an urgent need to improve rehabilitation activities, to include scientists, methodologists, doctors in this work, social workers, specialists of government agencies and CIMIC specialists for a quicker response to the requests of combatants in the organization and implementation of a system of comprehensive rehabilitation measures that cover the family and loved ones of the serviceman.

The study of foreign and current domestic experience in providing psychological assistance to families of military personnel shows that today the need for its integration with such an important area as medical and social work is not fully taken into account. The gap in unity between these areas significantly impairs the effectiveness and completeness of the rehabilitation of servicemen, violates the integrity and staged provision of all-round assistance to the families of Ukrainian combatants, negatively affects the image of the troops, the prestige of military service, and the quality of combat missions.

To design the main directions for improving work with families, we analyzed the ramified structure of state and non-state organizations and institutions, volunteer and research centers, support groups for military personnel, veterans and their family members, which today operate in the United States. Proceeding from this and the realities of solving the problem in Ukraine, we formulated the main directions and proposals for organizing medical, social and psychological assistance to the families of Ukrainian military personnel who performed and continue to carry out combat missions in extreme conditions of an armed conflict.

REFERENCER

1. Black WG Jr. Military-induced family separation: a stress reduction intervention. *Soc Work.* 1993;38(3):273–280.
2. Haas DM, Pazdernik LA, Olsen CH. A cross-sectional survey of the relationship between partner deployment and stress in pregnancy during wartime. *Womens Health Issues.* 2005;15(2):48–54.
3. Heyman RE, Neidig PH. A comparison of spousal aggression prevalence rates in US Army and civilian representative samples. *J Consult Clin Psychol.* 1999;67:239–242.
4. Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DI, Koffman RL. Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *N Engl J Med.* 2004;351(1):13–22.
5. Huebner AJ, Mancini JA, Wilcox RM, Grass SR, Grass GA. Parental deployment and youth in military families: exploring uncertainty and ambiguous loss. *Fam Relations.* 2007;56(2):112–122.
6. Jensen PS, Martin D, Watanabe H. Children's response to parental separation during Operation Desert Storm. *J Am Acad Child Adolesc Psychiatry.* 1996;35:433–441.
7. Pincus SH, House R, Christenson J, Adler LE. The emotional cycle of deployment: a military family perspective. Available at: <http://www.hoah4health.com/deployment/Familymatters/emotionalcycle.htm>. Accessed February 24, 2010.
8. Prykhodko I. I., Bielai S. V., Hrynovskyi A. M., Zhelaho A. M., Hodlevskiy S. O., Kalashchenko S. I. Medical and psychological aspects of safety and adaptation of military personnel to extreme conditions. *Wiad Lek.* 2020;73(4):679–683. doi: WLEk202004110.

9. Prykhodko I., Matsehora Y., Bielai S., Hunbin K., Kalashchenko S. Lassaification of coping strategies influencing mental health of military personnel having different combat experience. *Georgian Medical News*. № 12 (297) 2019. 130-135. URL: https://cdn.website-editor.net/480918712df344a4a77508d4cd7815ab/files/uploaded/V297_N12_December2019.pdf.
10. Peebles-Kleiger MJ, Kleiger JH. Re-integration stress for Desert Storm families: wartime deployments and family trauma. *J Trauma Stress*. 1994;7(2):173–194.
11. Pincus SH, Benedek DM. Operational stress control in the former Yugoslavia: a joint endeavor. *Mil Med*. 1998;163:358–362.
12. Price JL. Children of veterans and adults with PTSD. [National Center for PTSD Web site]. Available at: http://ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children_veterans.html?opm=1&rr=rr112&srt=d&echorr=true. Accessed February 24, 2010.
13. McCarroll JE, Ursano RJ, Newby JH, et al. Domestic violence and deployment in US Army soldiers. *J Nerv Ment Dis*. 2003;191:3–9.
14. Rosen LR, Westhuis DJ, Teitelbaum JM. Patterns of adaptation among Army wives during Operations Desert Shield and Desert Storm. *Mil Med*. 1994;159:43–47.
15. Kiser LJ, Ostoja E, Pruitt DB. Dealing with stress and trauma in families. *Child Adolesc Psychiatr Clin N Am*. 1998;7(1):87–103, viii–ix.
16. McCarroll JE, Newby JH, Dooley-Bernard M. Responding to domestic violence in the US Army: the Family Advocacy Program. In: Kendall-Tackett KA, Giacconi SM, eds. *Intimate Partner Violence*. Kingston, NJ: Civic Research Institute; 2007: Chap 12.
17. Newby JH, McCarroll JE, Ursano RJ, Fan Z, Shigemura J, Tucker-Harris Y. Positive and negative consequences of a military deployment. *Mil Med*. 2005;170:815–819.
18. Birgenheier PS. Parents and children, war and separation. *Pediatr Nurs*. 1993;19(5):471–476.
19. Kelley ML. The effects of military-induced separation on family factors and child behavior. *Am J Orthopsychiatry*. 1994;64(1):103–111.
20. Straus MA, Gelles RJ. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick, NJ: Transaction; 1990.
21. Zeff KN, Lewis SJ, Hirsch KA. Military family adaptation to United Nations Operations in Somalia. *Mil Med*. 1997;162(6):384–387.
22. Rosen LN, Teitelbaum JM, Westhuis DJ. Children's reactions to the Desert Storm deployment: initial findings from a survey of Army families. *Mil Med*. 1993;158(7):465–469.
23. West L, Mercer SO, Altheimer E. Operation Desert Storm: the response of a social work outreach team. *Soc Work Health Care*. 1993;19(2):81–98.

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