

PSYCHOLOGICAL TECHNOLOGIES OF WORK WITH CHILD WITHIN THE FIRST PSYCHOLOGICAL AID

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Abstract

In the article stated an actual problem of the special work with child what directed on recovering the feeling of safety. Was found that the priority task of the modern psychological science is the examining of issues psychotraumatization after affecting traumatic factors of emergency situations, including military conflicts. Was shown that the modern methods of diagnosis of emotional statements, what can be provided directly in emergency situation's conditions, are imperfect. Also proposed author's method for diagnosis of emotional statement of child, represented algorithm of further psycho correction what is based on this method.

Key words: emergency situation, child, psychologist of the State Emergency Service of Ukraine, express-diagnosis of emotional statement.

1. Introduction

Unfortunately, the modern world with its newest gadgets and technologies can't propose full safety. Human still suffers from numbers of dangerous factors what connected with technology, nature and society.

According to official data, what is provided by the State Emergency Service of Ukraine every 5 years, every 1 year we have 148 different, by the character and by the origin, emergency situations (look Table 1). The average number of deaths in emergency situation is 228, 37 of them are children. 1049 persons get status of affected in emergency situation, 426 of them – children.

Table 1

Mortality rates in emergency situations from 2013-2017

Year	The number of emergencies	Losses	Losses among children	Affected persons	Affected children
2013 ¹	143	253	34	854	192
2014 ²	143	287	39	680	235
2015 ³	148	242	40	962	422
2016 ⁴	149	183	37	1856	861
2017 ⁵	157	172	32	890	417

After examining these data relative to the state, we can say that losses aren't significant, we even can say that these losses are paltry. But, statistics' of the State Emergency Service of Ukraine doesn't consider the significant category of affected persons – affected by military conflicts. Unfortunately, from 2014 we have military conflict in the Eastern Ukraine, what have affected at life of millions of people, and this conflict still lasts.

1 URL: <http://www.dsns.gov.ua/ua/Dovidka-za-kvartal/43123.html> (accessed date 19.02.2018)

2 URL: <http://www.dsns.gov.ua/ua/Dovidka-za-kvartal/43867.html> (accessed date 19.02.2018)

3 URL: <http://www.dsns.gov.ua/ua/Dovidka-za-kvartal/44615.html> (accessed date 19.02.2018)

4 URL: <http://www.dsns.gov.ua/ua/Dovidka-za-kvartal/57279.html> (accessed date 19.02.2018)

5 URL: <http://www.dsns.gov.ua/ua/Dovidka-za-kvartal/72899.html> (accessed date 19.02.2018)

So, according to the official statistics of UNICEF, 1 million of children have been already affected by the military conflict in Eastern Ukraine: near 200 thousands live within 15 km from the conflict area, 19 thousands of them can be killed by the mines or the unexplored ordnance, 12 thousands live in settlements what are shelled.⁶

Commissioner for children rights of the President of Ukraine Culeba M. M. said that according to data fro December, 2017, each 7 children were affected by the conflict in Eastern Ukraine, 600 thousands live in the occupied territory, near 250 thousands are internally displaced persons.⁷

We can say that significant part of Ukrainian children are being affected by the traumatic factors and they need special psychological work for recovering feeling of the safety for now. So, providing psychological support and help to child after traumatic experience, and directly in the epicenter of emergency situation, including military conflict, is the most actual direction of the modern practical psychology.

1.1. Methodology

Analysis of medical and psychological literature has shown that issues of psychological traumatization have been interested for a long time. V. M. Bekhterov, P. B. Gannushkin, F. E. Zarubin, S. V. Kraits were studying the problems of participants of World War I and Civil War in Russia. E. K. Krasnushkin, V. A. Gilyarovskiy, A. E. Arkhangelskiy were examining mental changes of participants of World War II.

In spite of such interest of scientist to the psychological traumatization issue, we can say that this issue haven't studied full yet. If we consider as traumatic event the military conflict, then issue of traumatization of civil population is still unexamined.

The problem of psychological consequences of traumatic situations (emergency situations) in peacetime was considered by such scientists as O. V. Timchenko, V. E. Khristenko, S. Yu. Lebedeva, S. M. Mironets, N. V. Onishenko, Ya. O. Ovsyannikova and others.⁸ They have implemented a different way for providing psychological help to affected persons. Authors emphasize that if psychological help be provided directly to the person, then level and capacity of trauma will be lower. So, they have conducted psychological analysis of the main reactions, statements and behavior of persons in epicenter of disaster. They also proposed to assing affected persons to two groups: affected directly and secondary affected (witnesses) after tragedy.⁹

In her works, N. V. Onishenko has propose to consider the affected children as different category, because:

- as first, children, in contrast to adults, are less socialized, so if child chooses some behavior, his or her chose won't be based on numbers of social norms, religion, own life experience;
- as second, children have no ability to estimate adequately things what happen with them
- as third, children don't have responsibilities for own and relatives' lives (issues of safety and life-support).¹⁰

Also if we want to classify affected children, we should take into account objective (dwelling lose, lose of close person) and subjective (age, sex, type of response to emergency situation) facts of traumatization.

⁶ URL: <https://www.facebook.com/UNICEF.Ukraine/photos/a.198585943539278.49976.171923206205552/134388017234317/?type=3&theater> (accessed data 12.03.2017)

⁷ URL: <http://rian.com.ua/society/20170128/1020922308.html>. (accessed date 30.01.2017).

⁸ Ekstremalna psykholohiia: pidruchnyk / za zah. Red. prof. O. V. Timchenka. – K.: tov «Avhust treid», 2007. - 502 s.

⁹ Kryzova psykholohiia: Navchalnyi posibnyk /Za zah. red. prof. O.V. Timchenka. – Kh.: NUTsZU, 2010. - 401 s.

¹⁰ Onishchenko N. V. Ekstrena psykholohichna dopomoha postrazhdalym v umovakh nadzvychainoi sytuatsii: teoretychni ta prykladni aspekty: monohrafiia / N. V. Onishchenko. – Kh.: Pravo, 2014. – 584 s.

The post-traumatic stress disorders of children, who were victims of terroristic acts, have been studied by J. Ch. Tsutsiyeva. She emphasize that a terroristic act with hostage taking and people deaths is a well-marked psychotraumatic situation for children and adolescence.

In her work she said that children who have been involved to terroristic act, they also have changes in their emotional and volitional sphere, motivational and cognitive spheres in **early period after trauma** (first 6 months after getting traumatic experience). These changes point to PTSD. Often, affected children have the following symptoms (within PTSD):

- *flashbacks* (90,7%) – obsessional thoughts about traumatic events; stereotypical dreams; often bright emotional memories, not only about traumatic event but also connected with separation from family (treatment, operations, ceremonies of funerals);

- symptom of *avoidance* (79,5%) – children try to avoid situations what seems like traumatic events; also they avoid speaking about traumatic events; also they can loose the inters to activities and communication, what were interested; even they might have partial amnesia;

- symptom of *neural excitation* (77,3%) – hyperactivity; emotional lability; irritation; problems with attention's concentration etc¹¹.

The flashbacks can be observed not only among children who were involved directly in terroristic act, but also it observed among children who were witnesses of the traumatic event.

Studies of values and meanings sphere of the children have shown that the meanings of the words “terrorism” and “death” are equal in the consciousness of all categories of affected children.

After terroristic act, children often have the fear if death that can manifest as additional social fears. J. Ch. Tsutsiyeva emphasizes that life of children, who are victims of terroristic acts, is filled with different fears. In the coping-behavior of children-hostages there was found the passive and maladaptive coping-strategies, in most of cases.

So, in the early period after trauma, children and adolescence have 5 general symptoms if the post-traumatic stress disorder: anxiety, fear, phobias, psychological defense and coping-responses.¹²

In **the long-term period** (3 years after traumatic situation) children have partial increasing of typical reactions of PTSD: *flashbacks* (76,3%); symptom of *avoiding* (58,8%); symptom of *increased neural excitation* (44%).

Studies have shown that, generally, we can see that the indicators of nervous tension and fatiguability decrease. But, still there are emotional disturbances (unstable mood, inconsistency of emotional responses) and activation of psychological defense mechanisms at the cognitive level. There is significant decrease of open aggression, but the indicators of negativism, irritation and suspiciousness are increased.

Despite the all conducted psychological work with children-victims of terroristic act, in long-term period there were registered 3 general sets of symptoms within PTSD: anxiety, fear, phobias, psychological defense.¹³

The goal of study the highlighting an issue of the usage psychological technologies for working with child within the first psychological aid.

For realizing our goal we should complete these tasks:

1. Analytical review of scientific sources on the problem of child traumatization in emergency situation.

¹¹ Tsutsiyeva Zh. Ch. Psykhologhyya posttravmatycheskoho stressovoho rasstroistva u detei, zhertv terrorystycheskykh aktov (kontseptsyya formyrovaniya y korrektsyy): avtoreferat... doktora psykhologhycheskykh nauk: 19.00.4 – Medytsynskaia psykhologhyya, 5.26.02- Bezopasnost v chrezvychainykh situatsiyakh. FHO VPO

¹² Tsutsiyeva Zh. Ch. Psykhologhyya posttravmatycheskoho stressovoho rasstroistva u detei, zhertv terrorystycheskykh aktov (kontseptsyya formyrovaniya y korrektsyy): avtoreferat... doktora psykhologhycheskykh nauk: 19.00.4 – Medytsynskaia psykhologhyya, 5.26.02- Bezopasnost v chrezvychainykh situatsiyakh. FHO VPO

¹³ Tsutsiyeva Zh. Ch. Psykhologhyya posttravmatycheskoho stressovoho rasstroistva u detei, zhertv terrorystycheskykh aktov (kontseptsyya formyrovaniya y korrektsyy): avtoreferat... doktora psykhologhycheskykh nauk: 19.00.4 – Medytsynskaia psykhologhyya, 5.26.02- Bezopasnost v chrezvychainykh situatsiyakh. FHO VPO

2. Justify the content and the structure of psychologists actions in the epicenter of emergency situation.

3. Create and justify theoretically the diagnosis method of children in in the epicenter of emergency situation.

2. Results of study

Psychological work in the epicenter of emergency situation is significantly different from usual psychological work in the office. The main difference connected with that the psychologists in the epicenter of emergency situation should choose client by himself or herself. The choice should be based on the client's level of necessity in psychological help; it also depends from the actual statement of client.

So, the first step of psychologist in the epicenter of emergency situation connected with three difficult tasks:

- as first, psychologist should conduct diagnosis;
- as second, psychologist should determine who among affected persons need psychological help and what capacity of this help is needed;
- as third, psychologist should provide psychological help to affected persons.

As we said, the first task, what should be solved by psychologist in the epicenter of emergency situation, it is diagnosis of affected person. From efficiency of solving this task depends the productivity of psychologist's actions, the accordance of help, what is provided to affected persons etc.

In case with child, who is in the epicenter of emergency situation, the emotional statement diagnosis is a complex task. As, there are some features and differences of child's organism functioning:

- psycho-physiological features of reactions to the stress or trauma. Unlike adults, child's organism after trauma doesn't change physical indicators (heart rate, respiratory rate, blood pressure etc), then happens sharp decreasing of these indicators. The same happens with psychological indicators: after trauma child doesn't have any signs of trauma and looks as usual, but then, after some period of time, child has negative sharp emotions and feelings;

- not big emotional experience what doesn't allow to express children's emotions in right way. As usual, they express emotions only in one way – they start crying. Their cry manifests multifarious emotions and feelings;

- small experience also doesn't allow children to estimate their statement adequately , and if they need help, they won't ask it.

For solving complex issue of emotional statement diagnosis among affected children, psychologist should choose thoroughly the materials for diagnosis, especially, psychologist should take into account the possibility of using these materials for diagnosis in emergency situation. Conditions of emergency situation create hard requirements to psychological tools: as first, method should take minimum time; as second, method should be simple and have understandable instruction; as third, it should have broad range for using (minimum restrictions for age); it shouldn't have special requirements to inventory.

Actual methods for emotional statement diagnosis can be divided into 6 basic types:

- diagnosis what based on hearing criteria;
- diagnosis what based on behavioral changes (movements, mimic etc);
- color-based diagnosis (when the child choose some color);
- diagnosis what based on sketches;
- diagnosis what based on answers (tests);
- diagnosis with doll.

Detail analysis of each type of method we represented in our work "Analysis of modern methods of diagnostics of children's emotions".¹⁴ We want to emphasize that the conditions of

emergency situations don't allow to use test methods for affected person diagnosis, especially child. Consequently, these methods aren't suitable in the epicenter of emergency situation.

Our experience in providing psychological help in the area of emergency situation allows us to say that diagnosis, in most cases, is conducted with several types of methods. For instance, psychologist firstly checks behavioral changes of affected person, then uses or sketch, or color, or doll, and simultaneously with these methods starts providing psychological correction of emotional statement.

The method of express-diagnosis of actual emotional statement of child, what have been proposed by us, allows to diagnose it with the doll what has dynamic facial features. As well as it allows to diagnose children's attitude to some situation or some object.¹⁵

The method is based on functioning of mechanisms of psychological defense of personality. This mechanisms allow to reproduce child's emotions and feelings directly at the doll. Child with the mechanism of projection gives own feelings to the doll with some mimic mask. This mask can be created with special facial patterns. It possible because child react to mimic and intonation mostly than content of concrete verbal information. Thus, child has better skills to understand non-verbal information than verbal.

For diagnosis we should give a child the soft doll. The doll doesn't have face, all additional details (eyes, eyebrows, mouths) we give additionally (look at Figure 1). A child should create a face with choosing the most suitable face expression.





During work we give a child a doll-boy or a doll-girl, it depends from child's sex and concrete task of diagnosis.

After creating the face, we compare it with patterns in the special table of interpretation after then we can indicate child's emotional statement. A part of the table interpretations you can find in the Table 2. The pattern allow to recognize more than 40 different emotions.

Figure 1 The doll with dynamic facial features.













Table 2

The part of emotional patterns

Emotions	The main features of mimic	Photo of girl	Photo of boy
Interest	Concentrated stare; eyebrows are slightly frowned.		
Astonishment	Eyes are opened, eyebrows are raised, mouth is opened.		

¹⁵

Patent 106078 Ukraina MPK (2016.01), A61B 5/00, G09B 23/28 (2006.01). Sposib diahnostryky psykhoemotsiinoho stanu dytyny / Pokhilko D. S., zaiavnyk ta vlasnyk patentu Natsionalnyi universytet tsyvilnoho zakhystu Ukrainy. - u201511284; zaiavka 16.11.2015; opublikovano 11.04.2016, Biul. № 7.

Joy	Eyes are half closed, cheeks are raised, corners of the mouth dimpled in the beginnings of a smile.		
Anger	Eyebrows are frowned, eyes is blinking, lips compressed.		
Fear	Eyes are opened, eyebrows are raised, mouth is opened.		
Sorrow	Eyes with tears, corner of the lips turned down.		
Sympathy	Eyebrows frowned, inner corners of the eyebrows raised, straight stare, corner of the lips turned down.		
Despair	Eyes half closed, gaze drifted down, corner of the lips turned down, inner corners of the eyebrows slightly raised up.		

Procedure of diagnosis is simple, so, it is possible to diagnose children from 2,5 years old. The doll is soft and pleasant to the touch, so manipulations with it reduce nervous tension, anxiety and fear.

Special features of our express-method are fast and convenient conducting of emotional statement diagnosis of children. It can be used with a child, who doesn't know language in full capacity. Also, non-intrusive way of diagnosis allows to avoid recurrent traumatization, because we don't remind a child what has happened with her or him. With received data we can provide the set of required psychological help, including first psychological help in conditions of emergency situation.

This method of psycho-emotional statement have been used and have shown it efficiency in the work of psychologists of the Laboratory crisis and disaster psychology of the National

University of Civil Defense of Ukraine during performing tasks for organizing and providing psychological help to town-dweller of liberated Sloviansk, Donetskaya oblast, 2014.

Simultaneously with diagnosis emotional statement of child, psychologist should evaluate influence of objective factors of traumatization. Conduct summing of traumatization factors and their intensity according to the scheme.¹⁶

Only after these actions, psychologist should take decision about necessity and capacity of the first psychological aid to children in the epicenter of emergency situations.

We want to emphasize that firstly psychologist support the feeling of safety and then provide psychological correction of emotional statement.

3. Results

So, nowadays we have a necessity for expanding theoretical and practical base what are directed on issue of children's psychotraumatization in the epicenter of emergency situation, including military conflicts. As well as the issues of providing psychological help and support to children after traumatic experience.

Generalize theoretical and practical material in the direction of extreme and crisis psychology, should emphasize that issues of efficient interaction with affected children in the epicenter of emergency situation, conducting diagnosis and mechanism further rehabilitation in the early period after trauma.

Process of diagnosis of affected children is the most important in psychologist's work during providing the first psychological aid. So, specialist before starting diagnosis should evaluate in detail all circumstances and conditions of the emergency situation, in what he or she will conduct diagnosis, and chooses method what will reproduce the image of child's emotions and feelings.

The method of diagnosis of children's emotional statement, what have been proposed by us, is universal. The procedure of diagnosis is fast, interpretation is being done with compartment with patterns. Also, the advantage of this method is a possibility to continue psychological work with the same doll. The method has minimal risks to affect on child negatively and also can be used for diagnosis of the actual emotional statement of children's, as well as it can be used for diagnosis of the attitude to some object, person from child's environment.

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