

EXPERIENCE IN PROVIDING MEDICAL AND PSYCHOLOGICAL ASSISTANCE SERVICEMEN TAKING PART IN THE HOSTILITIES

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Objective - the aim of the work is to analyze the experience of rendering medical and psychological assistance to servicemen who were and are involved in armed conflicts. At present, the problem of moral and psychological support, in general, and the issue of psychological rehabilitation, in particular, acquire special significance.

The main problems of organization of psychological rehabilitation of combatants with post-traumatic stress disorder are investigated and ways of their solution are offered.

Conclusions. In the conditions of high physical stress and psychological experiences of different combat situations, commanders of military units must perform a number of measures to ensure emotional and volitional stability of personnel and to prevent military injuries.

Soldiers returning from the antiterrorist operation zone have not only physical trauma, but also mental trauma, which is often a more serious problem. Regarding the conditions existing in Ukraine, not only practical measures are being discussed to develop ways of rehabilitation and reintegration of servicemen who received physical and psychological trauma to optimize their health and social assistance, prevent post-traumatic stress disorder and personal disintegration.

Ключові слова:
посттравматичний стресовий розлад, анти-терористична операція, психотравмуюча подія.

Клінічна та експериментальна патологія Т.16, №2 (60). С.07-12.

ДОСВІД НАДАННЯ МЕДИКО-ПСИХОЛОГІЧНОЇ ДОПОМОГИ ВІЙСЬКОВОСЛУЖБОВЦЯМ, ЯКІ БЕРУТЬ УЧАСТЬ У БОЙОВИХ ДІЯХ

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Мета роботи - проаналізувати досвід надання медичної та психологічної допомоги військовослужбовцям, які були і беруть участь у збройних конфліктах.

На даний час проблема моральної та психологічної підтримки, в цілому, а також питання психологічної реабілітації, зокрема, набувають особливого значення.

Досліджено основні проблеми організації психологічної реабілітації учасників бойових дій з посттравматичним стресовим розладом та запропоновано шляхи їх вирішення.

Висновки. В умовах високого фізичного навантаження та психологічних переживань при різній бойовій обстановці, командири військових частин повинні виконувати ряд заходів, спрямованих на забезпечення емоційної і волевої стабільності персоналу і запобігання військової травми.

Солдати, що повертаються із зони антитерористичної операції мають не тільки фізичні травми, а й психічні, які часто є більш серйозною проблемою. Стосовно до умов, що існують в Україні, не тільки обговорюються, але і реалізуються практичні заходи по розробці шляхів реабілітації та реінтеграції військовослужбовців, які отримали фізичну і психологічну травму, для оптимізації їх здоров'я і соціальної допомоги, профілактиці посттравматичного стресового розладу і особистої дезінтеграції.

Ключевые слова:
посттравматическое стрессовое расстройство, антитерористическая операция, психотравмирующая событие.

ОПЫТ ПРЕДОСТАВЛЕНИЯ МЕДИКО-ПСИХОЛОГИЧЕСКОЙ ПОМОЩИ ВОЕННОСЛУЖАЩИМ, ПРИНИМАЮЩИМ УЧАСТИЕ В БОЕВЫХ ДЕЙСТВИЯХ

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Цель работы - проанализировать опыт оказания медицинской и психологической помощи военнослужащим, которые были и участвуют в вооруженных конфликтах.

В настоящее время проблема моральной и психологической поддержки, в целом, и вопрос психологической реабилитации, в частности, приобретают особое значение. Исследованы основные проблемы организации психологической реабилитации участников боевых действий с посттравматическим стрессовым расстройством и предложены пути их решения.

Выводы. В условиях высокого физического стресса и психологических переживаний

различной боевой ситуации командиры воинских частей должны выполнять ряд мер для обеспечения эмоциональной и волевой стабильности персонала и предотвращения военных травм.

Солдаты, возвращающиеся из зоны антитеррористической операции имеют не только физические травмы, но и психические, которые часто является более серьезной проблемой. Применительно к условиям, существующим в Украине, не только обсуждаются, но и реализуются практические меры по разработке путей реабилитации и реинтеграции военнослужащих, получивших физическую и психологическую травмы, для оптимизации их здоровья и социальной помощи, профилактики посттравматического стрессового расстройства и личной дезинтеграции.

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Introduction

Helping for soldiers with mental trauma is a necessary part of moral and psychological support of fighting troops. However, violation of mental equilibrium is not only detrimental to health, reducing their combat effectiveness, but in some cases requires considerable time. Suffice it to note that the restoration of physiological functions in the military who were wounded fighting in Afghanistan ended just after 2-3 months after a stay in hospital, and those who witnessed the death of their comrades and they said "miraculously survived" mental processes and skills recovered in 3-5 years.

In view of the above, preventive measures aimed at training personnel to act in a situation of high emotional and physical stress and prevention of neuropsychiatric breakdowns acquire greater significance. The main place in shaping of the necessary moral and psychological qualities in training troops for battle belongs to the commander. The latter not only play a role of regarding personal identifying key trends, forms, methods, techniques and methods of such work, but is also the head of this process. To resolve the problems associated with "combat stress reaction", heads of departments have a significant percentage of time spent on training, paid training subordinate officers skills formation of soldiers psychological qualities necessary to conduct active combat.

The aim of research

Analyze experience in providing medical and psychological assistance to servicemen, who were and are involved in armed conflict.

Discussion of results. Morale of military personnel who are directly involved in the fighting, is a critical component of combat readiness and combat readiness. Given the latter, it is possible to explain the increasing attention of researchers to this problem, which they refer to the assessment and correction of moral and mental condition in combat units. This issue is extremely relevant also because the "plume" of reactive mental states concern demobilized many years after returning to civilian life. So-called "Vietnam", "Afghan", "Chechen" syndromes time and now can be found in 15-20% of veterans participating in those events [1, 2].

A large cohort of scientists [3-6] tend to a consensus that changes the entire continuum of mental states that arise during military warfare can be divided into combat stress response (initial manifestation dezadaptatsiynyh

disorders), combat fatigue, post-traumatic stress disorder (PTSD) and reactive state. The latter include the most severe forms of mental pathology combat that during treatment require large expenditures of time and effort of medical professionals. After analyzing the literature [7-10] and taking into account long-term personal observations, it was determined that in modern local wars unadaptive psychological reaction to conditions combat situation should expect from 10% to 50% of health losses. However, some publications, especially those related to the recent conflict in the Persian Gulf and Somalia, indicating a rather low level mental diseases among US Army and its allies. Thus, the conduct of active hostilities from February to April 1991, the 15th mobile hospital, which served primarily US Marine units, the diagnosis of "battle fatigue" was made only on 1.5% of patients, provided that 86% of victims diagnoses were not directly related to the conduct of hostilities [11]. In our opinion, this can only be explained by a well-established work psychoprevention and correction in terms of combat and relatively low deadweight losses among health personnel. On the other hand, it would not be correct to ignore psychological exhaustion soldiers of the Iraqi army, which was almost a major cause of vulnerability during the Gulf War. A clear manifestation of combat stress were the facts of massive deposit prisoner entire Iraqi army units [1, 12-14, 19].

Combat stress as a pathological condition was described more than a hundred years ago. Under the Civil War in the United States this state was called "nostalgia" for a long time when people were cut off from home. "Shell shocks" (bomb shocks) - so characterized the condition of the people that came under bombardment during World War II, and "war neurosis"; - the state of those who experienced the bombing, but was also involved in the fighting. Later they began to use the term "combat stress" and "combat fatigue."

In 1980, the American Psychiatric Association found that symptoms experienced by combatants were similar to those manifested in the civilian population after natural disasters or other catastrophes. That is, posttraumatic stress disorder manifested (PTSD) in people who have suffered the impact of negative factors and are in their intensity goes beyond ordinary human experience is the extreme-stressohennymy for any person. Given how an event can influence the size of the threat to life or health (children, relatives or friends), and subsequently lead to posttraumatic stress disorder, we proposed the division of events into three categories:

1. Physical - when a person feels the impact of natural disasters

(Earthquake, hurricane, flood).

2. Emotional - when the disorder can be caused or awareness of the tragic consequences of accidents (the realization that some of the ones injured or killed as the result of the explosion, accident, terrorist attack, etc.).

3. Psychological - when the stressor is some kind of emergency that degrades human personality and is a threat to life, honor and dignity (captivity, torture, execution, rape, etc.).

For PTSD from a number of clinical symptoms, which can be seen in their manifestation as combatants. Experience the rehabilitation of military personnel with this type of disorder indicates that PTSD is a pathological finale, which develops as a result of prolonged exposure to intense stressors of war and preceded by a number of transition states [15-17].

The term "combat stress reaction" and "combat fatigue" used to characterize normal initial reaction to the fight. So believe. These conditions can develop into PTSD as they are by their nature not abnormal, but can point to considerable tension compensatory and adaptive power of the body. Combat stress reacts as a generic term covering all possible reactions to combat, and can have both positive adaptive effect, inspiring warrior on expression of heroism and negative, making him unable to participate in the battle. Note that combat stress reaction should not be regarded as a mental diagnosis, but as the stress response. While such a reaction in which combat stressors and other personal stressors, combined with an overload of psychological defense mechanisms and make people temporarily unfit to perform his duties.

Given the foregoing, it should be noted that the diagnosis of "neurosis" shall not apply to persons who have symptoms of combat stress reaction. This distinction with psychiatric disorders can determine combat stress response as a normal condition that occurs in normal people under the influence of abnormal circumstances. Confirmation of this view can be found in many scientific studies [2, 18, 20].

At the present stage of preparation of military personnel and their immediate environment (especially commanders, trainers, doctors, psychologists) special significance is the ability to adequately assess the psychological state of the person and identify those symptoms that suggest the development of stress.

At the beginning of combat stress response can be expected inability of our individual rights to perform their duties related to sleep disorders, anxiety, depression, fear, irritability, tension and tremor [21, 22]. Such manifestations associated usually with increasing intensity of warfare and the negative impact of stress factors. Among the most common manifestations of combat stress reactions that should be noted: -leaving battlefield or post, inappropriate behavior and others. It should be noted that the bigger the amount of time combat soldier feels tired, so grows more likely exacerbation of these symptoms. We should not forget and personal characteristics of each person, because the state of psychological barrier could delay or hinder

rehabilitation after such states. More severe manifestations of the impact on military combat conditions is dissociative and conversion disorders, self-injury, various forms of dizziness, suicidal behavior. For example, during the Gulf War in the US Army, which is involved in the operation were six suicides, 3 - when landing in Haiti and 1 - in Somalia [24].

Principles of medical and psychological rehabilitation of servicemen with signs BSR Salmon were first formulated during the First World War. These signs were PIE - proximity, immediacy, expectancy.

Further refinement of the principles and amendments rehabilitation of military combat stress reaction characteristics was acronym BICEPS. BICEPS - acronym composed of English words Brevity (short duration), Immediacy (urgency), Centrality, Expectancy (expectations), Proximity, Simplicity.

The principle of no duration provides assistance to victims with symptoms of combat stress reactions for several minutes or hours after the demonstration of these symptoms. This approach greatly facilitates the removal of signs of disorder and helps return the soldier to the system in the initial stages. From this principle it follows that the first aid rests not on the medical staff and the most experienced colleague in the form of mutual aid between soldiers.

The next principle called Expectancy, perhaps most important, because the belief that the victim will return to the line-up should be demonstrated at each stage of rehabilitation. According to our observations found that if the victim was treated in hospitals in the status of "patient" with subsequent referral to the rear, its symptoms last 2-3 times longer, and the likelihood that he is not returned to the line-up is increased to 79%.

It should be noted that a very important part of the rehabilitation of soldiers with combat stress reaction - is to abstain from premature formulation prior psychiatric diagnosis because it could adversely affect the results of rehabilitation. After analyzing the cases of unsuccessful treatment of combat stress response found that in the military who know in advance a previous psychiatric diagnosis in 62% of lesions increased symptoms and decreased control over behavior. In such cases, a large risk of iatrogenic. The wording of the diagnosis, such as "war neurosis", "battle shock", "psychoneurosis" or "hysterical reaction" can inspire thought of chronic disease, and neutral terms such as "reaction combat stress" or "combat fatigue" much more tolerant.

In view of the foregoing, all victims should receive rehabilitation as not "patient", namely serviceman. It is important to remember that the victims were separated from heavy physical or injured patients. Experience monitoring of such contingent victims shows that almost always the best results were those victims who instead left the military hospital pajamas uniforms. Servicemen can be left and their personal weapons (after it is discharged), but it requires strict adherence to military discipline and ethics.

Typically, from taking drugs should be avoided, making an exception only for sedatives and very necessary.

The most common (Simplicity) widespread and low-cost means of rehabilitation include rest, establishing relationships and collective military assistance in adapting to the conditions of combat.

We believe that simple and highly effective means of rehabilitation - is a regular food, washing in the bath, providing warm dry clothes and sleep is necessary to remember that the rehabilitation period for the military to be effective if it is short (2-3 days) and simple.

Individual and group psycho sessions are usually used to allow victims to express and share their anger, grief and fear as with senior commanders and combat-workers. These measures are aimed at understanding and emotional relief (catharsis) negative emotional reactions to combat stress. The use of simple psychotherapeutic techniques such as awareness, suggestion, persuasion, can be effectively used for the rehabilitation of people with symptoms of combat stress reaction. We believe that the process of processing a negative experience traumatic events through discussion with others plays a positive role in restoring functional status of victims and helps eliminate feelings of helplessness. Proximity, as medical rehabilitation at the reception recommended us not only to provide assistance domedychnoyi, but also to prevent further deterioration of the victim.

Organization of rehabilitation help combat stress response in modern conditions of warfare in the armies of NATO organized under a three-tiered system. The first stage should be based on the control of others and domedychna assistance should be provided on site. If the first stage measures were insufficient, the victim is sent through a sorting option for the second stage. The latter, represented by the Battle stress management center, which is well-trained staff of psychiatric profile. Select where deployment of such a center - a rather serious problem. Usually it is some distance from the front line (about 6.3 km) in an area relatively safe in terms of reach of the enemy. At this stage, resulting in shorter screening of selected individuals with symptoms of combat stress reaction.

Extensive experience treating combat stress reaction is the Israeli army, which during the war with Lebanon in 1982 applied the above principles to assist victims. This was created so-called recovery unit combat capability (Combat Fitness Retraining Unit), which consisted of staff psychiatrists, social workers, clinical psychologists, trainers in sports and combat training. An important feature, which point out the organizers of such units is that the physician or psychologist must be a person with military experience required. This approach to recruitment "rehabilitators" allows you to establish a trusting relationship in the process of treatment [8, 23, 27].

The final stage is usually placed in central areas at air bases, it carried a deep but short and immediate examination and psychiatric care with the prospect of a quick return to the system. It should be noted that persons with serious psychiatric disorders are usually evacuated from the theater of operations once the fourth tier assistance. It is given to patients with PTSD and other serious diseases. An example of a specialized medical institution that deals

with military psychiatric disorders are Tripler Army Medical Center (Hawaii), where most studied problem PTSD patients are treated using drugs and psychotherapeutic procedures [25, 26]. The Center for 5 years, since the Gulf War, have been successful rehabilitation of 632 patients. It must be emphasized that specialized centers get only those with severe symptoms. Additional problems arise due to the significant increase in the number of women performing military service (if in 1973 the share of female US Army was 2%, now - 11%) [19, 24]. They have a different course of PTSD number of specific features that are not yet fully understood. All this creates certain social problems.

We consider it appropriate to note that the treatment of PTSD preference should be given psychotherapeutic techniques, but with pharmacological prescribe medicines that reduce the level of high emotion, impulsivity and aggression. The second step is to administer drugs that normalize sleep.

It should be noted that the best results psychotherapeutic help soldiers with PTSD gives as if unable to relieve symptoms hyperactivation.

According to our observations and given literature data, we can confidently say that using principles BICEPS in assisting victims with symptoms of combat stress response allows expect a return to the system to 72-86% of military personnel. However, remember that approximately 5-8% of those who return can expect repeated combat stress reaction.

In the Israeli army during the war in Lebanon used three principles BICEPS six. Comparing the units in which these principles are followed, showed a return to the system was 60%; and only 22% where these principles are not respected. In addition, the incidence of PTSD was lower by 30% [2, 8, 12].

Currently, the problem of moral and psychological support, in general, and the question of psychological rehabilitation, in particular, acquire special significance. However, it would be wrong to assert that there is "everything starts from scratch." Domestic and foreign practice of providing psychological assistance to wounded and sick combatants under conditions allowing the organization to develop specific methods of psychological rehabilitation of servicemen, offers the most effective methods of its implementation in a combat situation.

In conclusion, we can not mention one important condition designed to ensure a high level of mental health of military personnel, which has no relation to medicine and psychology, but which depends very much - providing military propaganda campaigns. The correct approach to the coverage of the deployment or other military operations, makes it possible to provide "attractive" view of the war in the eyes of the population and, consequently, a positive attitude to the servicemen who took part in combat operations. Demobilized soldiers who feel heroes defender, on his return home more quickly overcome the negative psychological effects of combat stress and easier pouring into work teams.

Conclusions

Prevention combat stress response allows significantly affect the structure casualties and maintaining combat readiness units and parts. One of the most effective levers of influence on mental state of soldiers - is to equip them with the skills and ability to self commanders (various levels) operate as subordinates. In conditions of high physical stress and psychological experiences of various combat situation, commanders of military units should carry out a number of measures to ensure the emotional and volitional stability of personnel and military trauma prevention.

Prospects for further research in this area is absolute, as according to world statistics, every third combatant suffers from mental, neurological disorders and requires long complex medical and psychological rehabilitation. Ukraine first years of independence forced to fight on their own territory. Thousands of demobilized military personnel and citizens of several waves of demobilization have returned home and need medical, psychological and social rehabilitation. Combatants are constantly exposed to stressors extremely high intensity, constant threat of life-long artillery bombardments, killing and need to see the death of comrades, the real possibility of captivity and torture, etc. Soldiers returning from the zone ATO is not only physical, but also mental trauma that is often more serious of injuries. Relevant for the conditions present in Ukraine is not only discuss but also the implementation of practical measures to develop ways of rehabilitation and reintegration of soldiers who received physical and psychological trauma to optimize the health and social care, prevention of pathological effects on PTSD prevention professional and personal disintegration.

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