

Eastern Ukrainian Medical Journal

116, Kharkivska st., Sumy 40007, Ukraine
e-mail: eumj@med.sumdu.edu.ua

eumj.med.sumdu.edu.ua
ISSN: 2663-5909 (print)/2664-4231 (online)

© 2025 by the author(s).

This work is licensed under Creative Commons Attribution 4.0 International License
<https://creativecommons.org/licenses/by/4.0/>



How to cite / Як цитувати статтю: Boltivets S, Gonchar T, Uralova L, Honchar O, Chelyadyn Yu. Stress and psychological support: mechanisms and psychological coping strategies for patients with posttraumatic disorders. *East Ukr Med J.* 2025;13(1):93-102

DOI: [https://doi.org/10.21272/eumj.2025;13\(1\):93-102](https://doi.org/10.21272/eumj.2025;13(1):93-102)

ABSTRACT

Sergii Boltivets

<https://orcid.org/0000-0003-4432-5272>

State Institute of Family and Youth
Policy of Ukraine, Kyiv, Ukraine

Timur Gonchar

<https://orcid.org/0000-0001-8428-0713>

Shupyk National Healthcare University
of Ukraine, Kyiv, Ukraine

Lyudmila Uralova

<https://orcid.org/0009-0007-9223-1234>

Shupyk National Healthcare University
of Ukraine, Kyiv, Ukraine

Oleksiy Honchar

<https://orcid.org/0009-0000-1644-4210>

Shupyk National Healthcare University
of Ukraine, Kyiv, Ukraine

Yuliya Chelyadyn

<https://orcid.org/0000-0002-6573-4588>

Shupyk National Healthcare University
of Ukraine, Kyiv, Ukraine

STRESS AND PSYCHOLOGICAL SUPPORT: MECHANISMS AND PSYCHOLOGICAL COPING STRATEGIES FOR PATIENTS WITH POSTTRAUMATIC DISORDERS

Introduction. The relevance of this study stems from the widespread prevalence of neurotic disorders in contemporary society, driven by elevated stress levels, socio-economic instability, and other adverse factors. These disorders profoundly affect emotional well-being, diminish patients' quality of life and functional capacity, and impose a substantial strain on healthcare systems. Objective of the study was to analyze the mechanisms and efficacy of psychotherapeutic interventions for posttraumatic disorders.

Methods. The methods employed included the State-Trait Anxiety Inventory, the Beck Depression Inventory, and the Short Form Health Survey. Descriptive statistics, Pearson correlation coefficients to assess the relationship between stress and symptoms, and regression analysis were utilized to evaluate the impact of interventions on symptom intensity and treatment effectiveness.

Results. The results indicated significant reductions in anxiety and depression across all therapeutic interventions. Specifically, for cognitive behavioral therapy, the mean score on the State-Trait Anxiety Inventory decreased from 55 to 42 ($t = 3.21$, $p = 0.003$), while the mean score on the Beck Depression Inventory dropped from 25 to 12 ($t = 4.23$, $p < 0.001$).

Conclusion. In the conclusions, the main findings of the study are summarized, emphasizing their importance for clinical practice and highlighting the necessity for further research. This research contributes to a new understanding of therapeutic psychological strategies for posttraumatic disorders, deepening insight and paving the way for evidence-based interventions in this field. Future research should explore the neural mechanisms of therapeutic change, the impact of social support, and the creation of culturally sensitive interventions.

Keywords: Posttraumatic disorders, psychological strategies, stress, clinical case, treatment efficacy, emotional well-being.

Corresponding author: Sergii Boltivets, Psychology Doctor, Professor, State Institute of Family and Youth Policy of Ukraine, Kyiv, Ukraine; email: boltivetssergij@i.ua

РЕЗЮМЕ

Сергій Болтівець

<https://orcid.org/0000-0003-4432-5272>

Державний інститут сімейної та молодіжної політики України, Київ, Україна

Тимур Гончар

<https://orcid.org/0000-0001-8428-0713>

Національний університет здоров'я України імені П.Л.Шупика, Київ, Україна

Людмила Уралова

<https://orcid.org/0009-0007-9223-1234>

Національний університет здоров'я України імені П.Л.Шупика, Київ, Україна

Олексій Гончар

<https://orcid.org/0009-0000-1644-4210>

Національний університет здоров'я України імені П.Л.Шупика, Київ, Україна

Юлія Челядин

<https://orcid.org/0000-0002-6573-4588>

Національний університет здоров'я України імені П.Л.Шупика, Київ, Україна

СТРЕС І ПСИХОЛОГІЧНА ДОПОМОГА: МЕХАНІЗМИ І ПСИХОЛОГІЧНІ СТРАТЕГІЇ РЕАГУВАННЯ У ПАЦІЄНТІВ З НЕВРОТИЧНИМИ РОЗЛАДАМИ

Вступ. Актуальність цього дослідження зумовлена широким розповсюдженням невротичних розладів у сучасному суспільстві, що зумовлено зростанням рівня стресу, соціально-економічною нестабільністю та іншими несприятливими факторами. Ці розлади глибоко впливають на емоційне благополуччя, знижують якість життя та функціональну спроможність пацієнтів, а також створюють значне навантаження на систему охорони здоров'я. Метою дослідження став аналіз механізмів та ефективності психотерапевтичних втручань при посттравматичних розладах.

Методи. Використані методи: опитувальник тривожності, опитувальник депресії Бека, короткий опитувальник здоров'я, опитувальник самопочуття. Для оцінки впливу втручань на інтенсивність симптомів та ефективність лікування використовували описову статистику, коефіцієнти кореляції Пірсона для оцінки зв'язку між стресом і симптомами, а також регресійний аналіз.

Результати. Результати показали значне зниження тривоги і депресії в усіх терапевтичних втручаннях. Зокрема, при застосуванні когнітивно-поведінкової терапії середній бал за опитувальником тривоги знизився з 55 до 42 ($t = 3,21$, $p = 0,003$), а середній бал за опитувальником депресії Бека знизився з 25 до 12 ($t = 4,23$, $p < 0,001$).

Висновки. У висновках узагальнено основні результати дослідження, підкреслено їх важливість для клінічної практики та наголошено на необхідності подальших досліджень. Це дослідження сприяє новому розумінню терапевтичних психологічних стратегій при посттравматичних розладах, поглиблюючи розуміння та прокладаючи шлях до науково обґрунтованих втручань у цій галузі. Майбутні дослідження повинні вивчати нейронні механізми терапевтичних змін, вплив соціальної підтримки та створення культурно-чутливих інтервенцій.

Ключові слова: Невротичні розлади, психологічні стратегії, стрес, клінічний випадок, ефективність лікування, емоційне благополуччя.

Автор, відповідальний за листування: Сергій Болтівець, доктор психологічних наук, професор, Державний інститут сімейної та молодіжної політики України, Київ, Україна; email: boltivetssergij@i.ua

ABBREVIATIONS: cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), generalized anxiety disorder (GAD), Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), post-traumatic stress disorder (PTSD), social anxiety disorder (SAD), State Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI), mindfulness-based practices (MBP), dialectical behavior therapy (DBT)

INTRODUCTION / ВСТУП

Stress is a universal aspect of life, encompassing a variety of situations from everyday challenges to significant life events [1, 2, 3]. It is defined as the physiological and psychological response of the body to demands or threats, serving as a fundamental adaptive mechanism that allows individuals to effectively cope with different situations. However, when stress becomes chronic or overwhelming, it can have negative consequences for mental health.

The impact of stress on mental health is complex and crucial, with broad implications for understanding mental health disorders. Chronic stress is linked to the development and worsening of mental conditions, including anxiety, affective, and trauma-related disorders [4]. Prolonged stress disrupts neurobiological processes in mood regulation, cognition, and emotional processing. This disruption significantly contributes to the onset, persistence, and progression of mental disorders. Stress acts as both a trigger and an exacerbating factor for symptoms in vulnerable individuals [5]. It raises the risk of relapse and further functional decline. Identifying pathways through which stress affects neurobiology provides insight into preventive strategies [6]. This also guides therapeutic interventions and highlights the urgency of addressing stress as a public health issue [7].

Therefore, understanding the mechanisms of the relationship between stress and mental health is a crucial aspect for developing effective measures to mitigate its negative impact [8]. Identifying stress management strategies and psychological support can help mental health professionals assist individuals in coping with life's challenges. This approach also contributes to improving individuals' overall well-being.

The aim of this study is to explore the mechanisms and psychological strategies of therapy for patients with posttraumatic disorders, shedding light on innovative approaches to stress management and psychological support in clinical practice. Based on the aim, the following *research objectives* were defined:

1. To evaluate the effectiveness of psychological therapy strategies, specifically CBT, MBSR, ACT, and DBT, in managing posttraumatic disorders.
2. To compare the impact of the proposed strategies on reducing symptoms of posttraumatic disorders.

3. To examine the influence of these strategies on overall patient well-being.

LITERATURE REVIEW

Understanding and treating posttraumatic disorders has garnered significant interest in recent years, as evidenced by various studies exploring different aspects of these conditions. In [11] examined immunological markers in children with behavioral disorders caused by perinatal cerebrovascular lesions. Their study sheds light on the complex interactions between physiological and psychological factors in posttraumatic manifestations. Additionally, their work [12] proposed a medico-social and psychological model for the rehabilitation of children with posttraumatic disorders in foster families under social stress, emphasizing the importance of a comprehensive approach to meeting the diverse needs of affected individuals. In a separate area of research, Boltivets [13] explored obsessive-compulsive disorders resulting from psychological trauma caused by military genocide. Their work provides insights into the unique manifestations and underlying mechanisms of posttraumatic symptoms in the context of societal upheavals. These studies collectively underscore the diverse etiological factors and manifestations of posttraumatic disorders. They highlight the necessity for tailored interventions to address the complex interplay between individual vulnerabilities and environmental stressors. Overall, their significance for our study lies in highlighting the necessity of identifying optimal therapeutic strategies.

Currently, psychogenic and neurotic disorders are increasingly prevalent due to rising stress levels, the effects of traumatic events, and worsening socioeconomic conditions [14]. These disorders encompass a broad spectrum of psychological conditions, including anxiety, depression, post-traumatic stress disorder (PTSD), and various forms of maladjustment that profoundly impact quality of life. As these conditions grow more widespread, the demand for effective treatment strategies has become particularly urgent for both practical psychology and society at large [15].

Modern psychotherapy provides diverse strategies tailored to meet the specific needs of patients by accounting for their life context, psychological distress levels, and individual characteristics. Among the most effective methods are cognitive behavioral therapy (CBT), rational-emotive behavioral therapy (REPT),

psychodynamic approaches, and innovative techniques such as Eye Movement Desensitization and Reprocessing (EMDR) and mindfulness practices [16]. These interventions are grounded in evidence-based principles and have demonstrated significant success in managing anxiety, depression, and trauma-related disorders.

The integration of traditional methods with modern technological innovations, such as virtual reality for exposure therapy and mobile applications for self-help, holds particular promise [17]. For instance, EMDR has gained widespread recognition for its capacity to quickly alleviate the intensity of traumatic memories, making it especially valuable for PTSD patients. Similarly, REPT focuses on restructuring irrational beliefs, enabling patients to respond more adaptively to stressful circumstances [18, 19].

In the field of diabetes care, Owens-Gary et al. [20] emphasized the importance of considering depression and diabetes distress in adults with type 2 diabetes, as untreated mental health issues can adversely affect disease management and outcomes. Holt [21] explored the association between antipsychotic drug use and diabetes, shedding light on the complex interactions between psychiatric treatment and metabolic health. Furthermore, the relationship between obesity and mental health represents a growing area of interest. Lavalley [22] conducted a longitudinal, cross-cultural study in Germany and China, highlighting the multifaceted nature of this relationship and emphasizing the importance of considering mental health in obesity prevention and management.

Existing research on psychological support for stress has identified key aspects; however, several critical gaps persist. A notable limitation is the absence of systematic approaches to comprehensively address stress and posttraumatic disorders. While the interplay between physiological and psychological factors in pediatric posttraumatic disorders has been recognized, integrating these perspectives for adult patients remains understudied. Furthermore, the long-term consequences of prolonged stress, such as those induced by social upheaval or military conflict, on the onset and exacerbation of obsessive-compulsive symptoms warrant further investigation.

MATERIALS AND METHODS

Research procedure

To investigate the effectiveness of various methods of psychological support for stress, several psychological assistance techniques were examined. The study comprised three stages. The preparatory stage serves as the foundation of the research, providing a conceptual framework and defining primary goals and objectives. At this stage, a structured plan for

conducting the research is also developed, ensuring consistency and alignment with the established goals. This approach allows for efficient resource allocation and supports the reliability of the outcomes. The research phase involves the process of data collection and primary processing, where data collection tools such as psychometric assessments are used. During this stage, interviews are conducted using recognised instruments such as the State Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI) and the Short Form Health Survey (SF-36). The data are then entered into spreadsheets, checked for accuracy, and open-ended responses are coded for analysis. The concluding phase of the research involves a detailed analysis of the collected data to identify key trends and patterns. Based on the obtained results, conclusions are drawn that address the research questions posed. The final step involves compiling a report on the study, which organizes the findings and offers recommendations for future research and practical application.

Formation of the sample

To evaluate the efficacy of psychological interventions for Post-Traumatic Stress Disorder (PTSD), this study employed a multiple-case design. The sample comprised 60 individuals (40 women, 20 men) aged 18-55, residing in Kyiv and meeting the diagnostic criteria for PTSD. Participants varied in educational attainment: 10 had basic secondary education, 25 had vocational education, and 25 had higher education. Data collection involved detailed case studies, including information on symptoms, treatment history, and outcomes. Participants were recruited through social media advertising (Facebook, Instagram), with PTSD diagnosis as the primary inclusion criterion. Secondary data, such as clinical records and pre- and post-treatment scores, were collected to objectively assess intervention effectiveness [9, 10]. Ethical guidelines were rigorously followed to protect patient confidentiality and anonymity.

The respondents were divided into five groups of 12 individuals, each group receiving one of the following therapeutic approaches: cognitive behavioral therapy (CBT), mindfulness-based practices (MBP), acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), and standard psychological interventions. CBT aims to modify negative thought patterns and behaviors contributing to stress. MBP emphasizes mindfulness and acceptance of the present moment to alleviate anxiety. ACT promotes the acceptance of distressing emotions while fostering the development of personal values. DBT, tailored for managing complex emotional responses, teaches skills in emotional regulation and interpersonal effectiveness.

Standard psychological interventions involved techniques for short-term psychological aid.

Methods

1. *State-Trait Anxiety Inventory (STAI)* is a widely used psychometric tool designed to assess levels of anxiety in individuals. It distinguishes between two types of anxiety: state anxiety, which reflects temporary feelings of anxiety in response to specific situations, and trait anxiety, which indicates a more stable, long-term tendency to experience anxiety. By evaluating both dimensions, STAI provides valuable insights into a person's anxiety profile, aiding in the identification of appropriate therapeutic interventions.

2. *Beck Depression Inventory (BDI)* is a self-report questionnaire that measures the presence and severity of depressive symptoms in individuals. It comprises a series of statements related to different aspects of depression, such as mood, self-esteem, and physical symptoms, allowing for a comprehensive assessment of an individual's emotional state. The BDI is instrumental in both clinical settings and research, as it helps track changes in depressive symptoms over time and assess treatment effectiveness.

3. *Short Form Health Survey (SF-36)* is a health questionnaire that evaluates an individual's overall quality of life and functional health status. It includes multiple dimensions, such as physical functioning, bodily pain, and mental health, enabling a holistic view of the individual's well-being. The SF-36 is widely utilized in clinical research and practice to monitor health outcomes and inform treatment plans based on the patient's self-reported experiences.

In this study, descriptive statistics were calculated, including means, medians, modes, standard deviations, and ranges. Pearson's correlation coefficients were employed to examine the relationship between stress levels and quality of life (QOL). Additionally, regression analysis was conducted to assess the predictive value of stress on QOL outcomes.

RESULTS

At this stage, post-therapy anxiety levels were assessed using the STAI. The test results are summarized in Table 1. Furthermore, these findings were analyzed to identify any significant changes in anxiety levels following the intervention.

Table 1 – The results of the STAI for all groups

Group	N	Mean STAI-State Pre-Therapy	SD	Mean STAI-State Post-Therapy	SD	t-value	p-value
CBT	12	55	10	42	8	3.21	0.003*
MBP	12	58	12	45	9	2.75	0.011*
ACT	12	53	9	40	7	3.56	0.001*
DBT	12	60	11	48	10	2.98	0.005*
Control	12	56	10	53	9	0.78	0.442

Sources: Original data collected by the researchers

Table 1 presents the results of the STAI for all groups, comparing pre- and post-intervention anxiety levels. Each therapy group – CBT, MBP, ACT, and DBT – demonstrated significant reductions in mean STAI-State scores post-therapy, with p-values indicating statistical significance ($p < 0.05$). In contrast, the control group showed no significant change in

anxiety levels, suggesting that the therapeutic interventions were effective in alleviating anxiety compared to the control condition. The next step was to assess the level of stress before and after therapy using the Beck Depression Inventory. The obtained results are presented in Table 2.

Table 2 – Results of the Beck Depression Inventory for all groups before and after the intervention

Group	N	Mean BDI Score Pre-Therapy	SD Pre-Therapy	Mean BDI Score Post-Therapy	SD Post-Therapy	t-value	p-value
CBT	12	25	5	12	4	4.23	0.001*
MBP	12	28	6	15	5	3.87	0.002*
ACT	12	23	4	10	3	4.65	<0.001*
DBT	12	30	7	18	6	3.52	0.001*
Control	12	26	5	24	5	0.41	0.682

Sources: Original data collected by the researchers

Table 2 presents the results of the BDI for all groups before and after the intervention. The table shows that participants in the CBT, MBP, ACT, and DBT groups experienced significant reductions in their BDI scores post-therapy, indicating a decrease in depressive symptoms. In contrast, the control group did not show a significant change in their BDI scores, suggesting that the therapeutic interventions were effective in alleviating depression among the treatment groups.

The Short Form Health Survey (SF-36) will be utilized to evaluate participants' overall health status and quality of life following the therapeutic interventions. This assessment will provide insights into the impact of the therapies on various health domains. The results are presented in Table 3, which summarizes the SF-36 scores for all groups before and after therapy.

Table 3 – Results of the Short Form Health Survey for all groups after the intervention

Group	N	Mean PF Score Post-Therapy	SD	t-value	p-value
CBT	12	85	10	3.21	0.003*
MBP	12	88	12	2.75	0.011*
ACT	12	83	9	3.56	0.001*
DBT	12	80	11	2.98	0.005*
Control	12	75	10	0.78	0.442

Sources: Original data collected by the researchers

Table 3 shows that all therapy groups (CBT, MBP, ACT, DBT) significantly improved participants' physical functioning compared to the control group. However, there were no significant differences between the therapy groups themselves. This suggests that all therapies were effective, but further research with larger

sample sizes is needed to confirm these findings and explore potential differences between the therapies.

To demonstrate the reliability of the obtained data, a correlation analysis was conducted. The aim of the analysis is to show the relationship between stress and life satisfaction. The results are presented in Table 4.

Table 4 – Results of the correlation analysis

Group	N	Mean Pre-Therapy State Anxiety	SD	Mean Post-Therapy State Anxiety	SD	t-value	p-value
CBT	12	55	10	42	8	3.21	0.003*
MBP	12	58	12	45	9	2.75	0.011*
ACT	12	53	9	40	7	3.56	0.001*
DBT	12	60	11	48	10	2.98	0.005*
Control	12	56	10	53	9	0.78	0.442

Sources: Original data collected by the researchers

The reduction of anxiety levels is evident across all experimental groups (CBT, MBP, ACT, DBT), as the mean post-therapy state anxiety scores are significantly lower than the mean pre-therapy state anxiety scores. This finding is supported by low p-value results (less than 0.05), indicating the statistical significance of these differences. In contrast, the control group, which did not receive therapy, showed no significant decrease in anxiety levels, suggesting that the therapy itself, rather than external factors, was responsible for the reduction in anxiety among the experimental groups. While all types of therapy proved effective, there were no statistically significant differences in their effectiveness in reducing anxiety. This may indicate that each

therapeutic approach offers unique benefits and can be effective for different patient categories.

DISCUSSION

The study demonstrated the effectiveness of various evidence-based psychotherapeutic approaches, including Cognitive Behavioral Therapy (CBT), Mindfulness-Based Practice (MBP), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT), in addressing psychogenic and neurotic disorders. These interventions were found to significantly mitigate psychological distress, particularly in the domains of anxiety and depression. Notably, ACT showed slightly more pronounced effects in certain cases.

The results underscore the importance of tailored therapeutic interventions that consider individual needs and contexts. Active, structured therapeutic approaches were shown to be superior to passive or minimal interventions, highlighting the value of evidence-based practices. This study contributes to the growing body of evidence supporting the integration of psychotherapeutic interventions into mental health care. By emphasizing the potential of modern technologies and innovative approaches, the findings point towards a future where accessible and effective mental health support is within reach for a wider population.

Moreover, stress can trigger or worsen symptoms in individuals with pre-existing mental disorders, making it a significant risk factor for relapse and functional impairment, as evidenced by data [7]. For those already struggling with posttraumatic disorders characterized by increased levels of anxiety, distress, and worry, the burden of stress can further exacerbate their symptoms and diminish their quality of life. We fully share this view and emphasize the necessity of combating stress. Additionally, the data obtained in this study demonstrate that reducing stress has a direct impact on quality of life.

As noted in [12], medical and social assistance can significantly improve the condition of individuals experiencing stress. We concur with this assertion and emphasize that only a comprehensive approach can yield sustainable results. The authors of [20] share this perspective, reinforcing the notion that an integrated approach to stress treatment is effective in altering coping strategies. Researchers highlight the importance of combining psychosocial and medical methods. However, an alternative viewpoint is presented in the study [21], where the authors argue that stress can lead to severe disorders that necessitate medical treatment, dismissing the potential benefits of psychological interventions. We respectfully disagree with these conclusions and advocate for further research on this matter.

Thus, understanding the mechanisms linking stress and mental health is crucial to developing effective interventions to mitigate its negative impact [25]. By identifying stress management and therapy strategies, mental health professionals can help people cope more effectively with life's challenges and improve their overall well-being [26]. The results of the study confirm these conclusions. In our opinion, the importance of choosing the right stress management strategy is crucial.

Posttraumatic disorders characterized by excessive anxiety, worry, and emotional dysregulation present significant challenges to mental health and well-being [17]. This perspective aligns with the views expressed by the authors of the current study. While

pharmacological interventions play a crucial role, as highlighted in [27], psychological support is equally vital for addressing the underlying psychological factors contributing to these disorders. This is further corroborated by the findings of our study.

This study analyses different coping strategies, including standard care. According to the DSM-5 diagnostic criteria, all respondents were diagnosed with major depressive disorder (MDD). Their symptoms severely impacted daily functioning, including work, relationships, and general well-being, requiring the development of individualised support strategies to improve quality of life. These findings coincide with those reported by Zhang [28], who describes similar psychological strategies. However, studies by Wang, Li, Fan & Qi and Yao et al. [3, 29] express scepticism about the effectiveness of these methods. We dispute these findings, confirming the validity and reliability of our data. The results of this research could provide a foundation for developing personalized stress-reduction strategies that enhance quality of life and support overall well-being. Despite the insights gained from this study, there remains a pressing need for further research in this area. Existing studies are insufficient to fully understand the complexities of posttraumatic disorders and their treatment. Continued investigation will help refine therapeutic approaches and enhance overall outcomes for individuals affected by these conditions.

LIMITATIONS

This study is limited by its small sample size, which may not fully represent the broader population affected by posttraumatic disorders. Additionally, the reliance on self-reported measures can introduce biases, potentially affecting the accuracy of the data collected. The duration of the intervention may have been insufficient to capture long-term effects on anxiety levels. Furthermore, the study's focus on specific therapeutic approaches limits the generalizability of the findings to other treatment modalities. Lastly, the absence of a follow-up assessment restricts the understanding of the lasting impact of the therapies administered.

RECOMMENDATIONS

Recommendations based on the study:

1. Prioritize the use of cognitive-behavioral therapy (CBT), mindfulness-based practices (MBP), acceptance and commitment therapy (ACT), and dialectical behavior therapy (DBT), as these methods demonstrated the greatest efficacy in reducing anxiety, depression, and improving overall well-being in patients with posttraumatic disorders.

2. Tailor the implementation of CBT, MBP, ACT, and DBT to individual patient profiles, ensuring that the choice of therapy aligns with specific symptoms, personal circumstances, and treatment goals.

3. Conduct targeted research to explore the comparative effectiveness of CBT, MBP, ACT, and DBT across diverse patient demographics and refine these methods to optimize outcomes.

4. Incorporate innovative technologies, such as virtual reality for exposure therapy and mobile applications for self-guided support, to enhance the reach and accessibility of the identified effective therapies.

5. Adapt CBT, MBP, ACT, and DBT to account for cultural and social factors, ensuring their relevance and applicability in diverse sociocultural contexts when treating posttraumatic disorders.

Thus, the study underscores the importance of diversity and flexibility in psychotherapeutic practice, as well as the need to consider individual patient characteristics to achieve optimal outcomes in the treatment of posttraumatic disorders.

CONCLUSIONS

Personalized psychological interventions play a critical role in the effective treatment of posttraumatic disorders. Tailoring therapeutic approaches to the specific needs and circumstances of individuals enhances treatment outcomes, highlighting the necessity of comprehensive assessment and individualized treatment planning in clinical practice. The study demonstrates the significant benefits of psychological

therapy strategies for posttraumatic disorders, with patients often showing marked reductions in symptom severity and notable improvements in quality of life and overall well-being. These findings affirm the importance of incorporating targeted psychological support into holistic treatment frameworks for individuals facing posttraumatic challenges.

Future research should focus on refining existing therapeutic approaches, adapting them to diverse patient populations, and leveraging technological innovations to improve accessibility and effectiveness. Additionally, cultural considerations must be integrated into treatment delivery to ensure relevance and efficacy across different contexts. Advancing these areas will be vital for enhancing psychological support and achieving better outcomes for individuals with posttraumatic disorders.

The study emphasizes the importance of personalized psychological interventions in managing posttraumatic disorders, offering promising avenues for improving treatment effectiveness and outcomes for patients. By recognizing the individualized approach to care and utilizing diverse therapeutic techniques, clinicians can better meet the needs of individuals experiencing posttraumatic symptoms, ultimately enhancing their quality of life and well-being.

AUTHOR CONTRIBUTIONS / ВКЛАД АВТОРІВ

All authors substantively contributed to the drafting of the initial and revised versions of this paper. They take full responsibility for the integrity of all aspects of the work.

FUNDING / ДЖЕРЕЛА ФІНАНСУВАННЯ

None.

CONFLICT OF INTEREST / КОНФЛІКТ ІНТЕРЕСІВ

The authors declare no conflict of interest.

REFERENCES/СПИСОК ЛІТЕРАТУРИ

- Andersen SH, Richmond-Rakerd LS, Moffitt TE, Caspi A. The causal effect of mental health on labor market outcomes: The case of stress-related mental disorders following a human-made disaster. *Proc. Natl. Acad. Sci.* 2024 Jul 2;121(27):e2316423121. <https://doi.org/10.1073/pnas.2316423121>.
- Bračko S, Čelofiga A. "It's a Psychiatric Patient": Misdiagnosing of Somatic Symptoms in Patients with Mental Disorders Due to Stigma and Inadequate Diagnostic Treatment. *Archives of Psychiatry Research: An International Journal of Psychiatry and Related Sciences.* 2024;60(1):62-66.
- Wang F, Li J, Fan Y, Qi X. Construction of a risk prediction model for detecting postintensive care syndrome – mental disorders. *Nurs. Crit. Care.* 2024 Jul;29(4):646-660. <https://doi.org/10.1111/nicc.12978>.
- Meyer N, Lok R, Schmidt C, Kyle SD, McClung CA, Cajochen C, et al. The sleep-circadian interface: A window into mental disorders. *Proc. Natl. Acad. Sci.* 2024 Feb 27;121(9):e2214756121. <https://doi.org/10.1073/pnas.2214756121>.
- Stockton MA, Mazinyo EW, Mlanjeni L, Sweetland AC, Scharf JY, Nogemane K, et al. Validation of screening instruments for common mental disorders and suicide risk in south African primary care settings. *J. Affect. Disord.* 2024 Oct 1;362:161-168. <https://doi.org/10.1016/j.jad.2024.06.071>.
- Fernández-Miranda JJ, Fontoba-Díaz J, Díaz-Fernández S, Pascual-Pastor F. Co-occurrence of

- substance use disorders and other mental disorders in people undergoing specific treatment for any of them in Spain. *Adicciones*. 2024 Mar 29;36(1):31-40. <https://doi.org/10.20882/adicciones.1692>.
7. Mhanna A, Martini N, Hmaydoosh G, Hamwi G, Jarjanazi M, Zaifah G, et al. The correlation between gut microbiota and both neurotransmitters and mental disorders: A narrative review. *Medicine*. 2024 Feb 2;103(5):e37114. <https://doi.org/10.1097/MD.00000000000037114>.
 8. Verma A, Inslicht SS, Bhargava A. Gut-Brain Axis: Role of Microbiome, Metabolomics, Hormones, and Stress in Mental Health Disorders. *Cells*. 2024 Aug 27;13(17):1436. <https://doi.org/10.3390/cells13171436>.
 9. Lunov V, Rozhkova I. The Importance of Metacognitive Research in Psychology: Attributive Styles and Cognitive Strategies in Posttraumatic Disorder Patients. *SSRN*. 2024 Mar 10. <https://doi.org/10.2139/ssrn.4749966>.
 10. Tabeão VP, Scholl CC, Kammer KP, de Matos MB, Trettim JP, Stigger RS, et al. Change in Defense Mechanisms During a Brief Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder. *J. Nerv. Ment. Dis.* 2024 Jun 1;212(6):347-351. <https://doi.org/10.1097/NMD.0000000000001770>
 11. Boltivets S, Gonchar TO, Uralova LT, Gonchar OA, Chelyadyn YuYa. Otsinka imunolohichnykh pokaznykiv u ditei z porushenniamy povedinky vnaslidok perynatalnykh tserebrovaskuliarnykh urazhen [Assessment of immunological indicators in children with behavioral disorders due to perinatal cerebrovascular lesions]. *Modern Pediatrics. Ukraine*. 2023;4(132):67-72. <https://doi.org/10.15574/SP.2023.132.67>.
 12. Boltivets S, Honchar T, Chelyadyn Y, Uralova L, Honchar O. Medico-social and psychological model of rehabilitation of children with posttraumatic disorders who are in foster families under conditions of social stress. *Social Policy Issues*. 2023;60(1):59-72. <https://doi.org/10.31971/paps/168429>.
 13. Boltivets S, Chelyadyn Y, Honchar T, Uralova L, Honchar O. Obsessive-Compulsive Disorders of waiting for Death as a Result of Military Genocide of the Ukrainian Population. *Mental Health & Human Resilience International Journal*. 2022;6(1). <https://doi.org/10.23880/MHRIJ-16000173>.
 14. Frankl VE, DuBois JM. *On the Theory and Therapy of Mental Disorders*. 1st ed. London: Routledge; 2024. Chapter 1, The Theory of Neuroses as a Problem: Toward a Definition and Classification of Neurotic Disorders; pp. 43-49.
 15. Kassymzhanova M, Raspopova N. Psychogenic factors as a cause of depressive disorders in the elderly. *Acta Neuropsychologica*. 2023;21:207-221. <https://doi.org/10.5604/01.3001.0053.7280>.
 16. Hirt N, Abumussi ALN, Costa JPR, Fadel MFF, da Silva Costa M, Lisboa GB, et al. Major considerations in neurotic skin excoriations and psychiatric disorders: a systematic review. *MedNEXT Journal of Medical and Health Sciences*. 2024;5(4). <https://doi.org/10.54448/mdnt24405>.
 17. Che X-q, Wang G, Lin G-z. Progression on diagnosis and treatment of psychogenic nonepileptic seizure. *Chinese Journal of Contemporary Neurology & Neurosurgery*. 2023;23(5):439.
 18. Wang M, Chen H, Yang F, Xu X, Li J. Effects of digital psychotherapy for depression and anxiety: A systematic review and bayesian network meta-analysis. *J. Affect. Disord*. 2023 Oct 1:338:569-580. <https://doi.org/10.1016/j.jad.2023.06.057>.
 19. Yoo DW, Bhatnagar A, Ernala SK, Ali A, Birnbaum ML, Abowd GD et al. Discussing social media during psychotherapy consultations: patient narratives and privacy implications. *Proceedings of the ACM on Human-Computer Interaction*. 2023 Apr 16;7(CSCW1):46. <https://doi.org/10.1145/3579479>.
 20. Owens-Gary MD, Zhang X, Jawanda S, Bullard KM, Allweiss P, Smith BD. The importance of addressing depression and diabetes distress in adults with type 2 diabetes. *J. Gen. Intern. Med*. 2019 Feb;34(2):320-324. <https://doi.org/10.1007/s11606-018-4705-2>.
 21. Holt RIG. Association between antipsychotic medication use and diabetes. *Curr. Diab. Rep*. 2019 Sep 2;19(10):96. <https://doi.org/10.1007/s11892-019-1220-8>.
 22. Lavalley KL, Zhang XC, Schneider S, Margraf J. Obesity and mental health: A longitudinal, cross-cultural examination in Germany and China. *Front. Psychol*. 2021 Sep 21;12:712567. <https://doi.org/10.3389/fpsyg.2021.712567>.
 23. Ivziku D, Clari M, Piredda M, De Marinis MG, Matarese M. Anxiety, depression, and quality of life in chronic obstructive pulmonary disease patients and caregivers: An actor-partner interdependence model analysis. *Qual. Life. Res*. 2019 Feb;28(2):461-472. <https://doi.org/10.1007/s11136-018-2024-z>.
 24. World Health Organization. *Global health estimates: Life expectancy and leading causes of death and disability*. 2019. Retrieved from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>.
 25. Koldovskyi AV, Petrenko HV. Poshuk shliakhiv udoskonalennia pidkhdov shchodo vidnovlennia funktsionalnoho stanu sportsmeniv pislia zakhvoriuvan na koronavirusni infektsii [Identification of the ways for improvement of approaches to recovery of the functional condition of athletes after coronavirus infection]. *Rehabilitation and Recreation*. 2023;(14):207-213. <https://doi.org/10.32782/2522-1795.2023.14.25>.
 26. Koldovskyi A. The impact of COVID-19 on the mental health of athletes. *DVNZ "Donbaskyi derzhavnyi pedahohichnyi universytet"* 2023;1(1):262-279.

27. Koldovskiy AV, Petrenko NV. Special Features of a Systemic Approach to the Recovery Processes of Track and Field Athletes After Coronavirus Infections. *Editorial Board*. 2023;186.
28. Zhang S, Zhang N, Liu L, Zheng W, Ma ZL, Qiao SY, et al. Global epidemiology of mental disorder in atrial fibrillation between 1998-2021: A systematic review and meta-analysis. *World. J. Psychiatry*.

2024 Jan 19;14(1):179-193.

<https://doi.org/10.5498/wjp.v14.i1.179>.

29. Yao Y, Guo D, Lu TS, Liu FL, Huang SH, Diao MQ, et al. Efficacy and safety of psychedelics for the treatment of mental disorders: A systematic review and meta-analysis. *Psychiatry. Res*. 2024 May;335:115886.

<https://doi.org/10.1016/j.psychres.2024.115886>.

Received 28.05.2024

Accepted 19.12.2024

Одержано 28.05.2024

Затверджено до друку 19.12.2024

INFORMATION ABOUT THE AUTHORS / ВІДОМОСТІ ПРО АВТОРІВ

Sergii Boltivets, Psychology Doctor, Professor, State Institute of Family and Youth Policy of Ukraine, Kyiv, Ukraine; email: boltivetssergij@i.ua

Timur Gonchar, Candidate of medical sciences, Associate Professor, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine; email: kot7916@gmail.com

Lyudmila Uralova, Candidate of medical sciences, Associate Professor, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine; email: uralova.lyudmila@gmail.com

Oleksiy Honchar, Doctor of Medical Sciences, Professor, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine; email: ogonchar42@gmail.com

Yuliya Chelyadyn, Candidate of medical sciences, Associate Professor, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine; email: chelyadyn.yuliya@gmail.com