Universal Journal of Public Health 13(2): 319-328, 2025 http://www.hrpub.org
DOI: 10.13189/ujph.2025.130204

Emergency Psychological Assistance for Victims in Difficult Life Situations

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Received November 28, 2024; Revised January 22, 2025; Accepted February 17, 2025

Cite This Paper in the Following Citation Styles

(a): *[1] Myroslava Sadova, Galyna Lapshun, Viktoriia Savishchenko, Yana Raievska, Hanna Voshkolup , "Emergency Psychological Assistance for Victims in Difficult Life Situations," Universal Journal of Public Health, Vol. 13, No. 2, pp. 319 - 328, 2025. DOI: 10.13189/ujph.2025.130204.*

(b): *Myroslava Sadova, Galyna Lapshun, Viktoriia Savishchenko, Yana Raievska, Hanna Voshkolup (2025). Emergency Psychological Assistance for Victims in Difficult Life Situations. Universal Journal of Public Health, 13(2), 319 - 328. DOI: 10.13189/ujph.2025.130204.*

Abstract This study is focused on identifying effective psychological intervention methods for individuals in challenging circumstances. The aim is to evaluate the influence of these interventions on the emotional well-being and adaptive capacities of those in difficult life situations. To achieve this, we utilised the Beck Depression Inventory, Impact of Event Scale-Revised, and General Health Questionnaire as assessment tools. The interventions used were Eye Movement Desensitisation and Reprocessing, Emotionally-Focused Therapy, Rational-Emotive Behaviour Therapy, and Psychological First Aid. We conducted a statistical analysis using t-test and ANOVA. The results revealed a significant decrease in stress levels in the intervention groups. Group A saw a reduction from an average stress score of 35 at the start of the experiment to 22 at the end. In group B (emotion-focused therapy), the level decreased from 32 to 25, and in group C – from 30 to 24. Group A showed a decrease in anxiety levels from 55 to 42 ($p = 0.003$), while Group C experienced a reduction from 53 to 40 ($p = 0.001$). Both groups also reported better quality of life scores post-intervention, highlighting the effectiveness of their respective therapies. However, control group D (psychological first aid) slightly reduced from 33 to 31, indicating lower effectiveness than other methods. We found that short-term psychotherapeutic methods, such as eye movement desensitisation and rational-emotive therapy, significantly reduce anxiety, depression and social difficulties, unlike standard support. This study underscores the need for further research to enhance our understanding of the effectiveness of these interventions in diverse settings.

Keywords Psychological Intervention, Stress, Depression, Therapy, Crisis Psychology, Victims, Life Situations

1. Introduction

Stress and depression are common psychological responses to significant life stressors, such as the loss of loved ones, traumatic events, or financial hardship [1]. Chronic stress can lead to depression, which is characterised by a persistent feeling of sadness, loss of interest in life, and cognitive decline [2]. Both conditions significantly impact the quality of life and social adaptation and may require professional psychological help [3].

Providing psychological assistance for people

experiencing difficult life situations is extremely important. Such circumstances can increase the risk of developing mental disorders and cause significant emotional discomfort, which negatively affects health and ability to function [4]. Psychological assistance for such people helps to reduce feelings of isolation and anxiety. A specialist helps to develop adaptation skills. Timely intervention can prevent more severe disorders [5].

Stress and depression are common psychological responses to significant life stressors, such as the loss of loved ones, traumatic events, or financial hardship [3]. Chronic stress can lead to depression, which is characterised by a persistent feeling of sadness, loss of interest in life, and cognitive decline [4]. Both conditions significantly impact the quality of life and social adaptation and require professional psychological help [5].

There is a wide range of psychological interventions. The effectiveness of these methods remains a subject of debate [6]. The study of short-term care is particularly relevant. The study should evaluate the effectiveness of different methods, in particular, Eye Movement Desensitisation and Reprocessing (EMDR), Emotionally Focused Therapy (EFT), Rational Emotive Behavioural Therapy (REBT), and Psychological First Aid (PFA).

The study's problem is the lack of data on the comparative effectiveness of the presented methods, which makes it challenging to choose the optimal intervention strategy for different groups of people. The study's focus is to examine the dynamics of changes in stress levels in people who participated in short-term interventions. The expected results of the study can make a major contribution to the field of psychological assistance by providing practical recommendations for more effective use of various methods in short-term therapy.

The study aims to assess the impact of psychological interventions on the general emotional state and the ability to adapt to stressful situations. The research objective allowed us to define the following tasks:

- to study changes in depression scores before, during and after psychological interventions.
- to study changes in stress perception at different stages of the study.
- to assess the risks of mental disorders before, during and after psychological interventions.

2. Literature Review

The analysis of recent research and publications aims to update several specific theoretical and practical concepts of crisis psychological aid to identify more effective ways to implement the latter. In particular, the review represents the study of current scientific works that examine providing short-term assistance in crises. After conducting the review, we thoroughly understood the current state of research in this area.

Thus, according to Britton, et al. [7], one of the most pressing problems in modern psychology is the search for practical psychological assistance in difficult life situations. The scientists focus on the mechanisms and methods of preventing anxiety disorders, depression, and post-traumatic stress disorder (PTSD) for effective psychological care. The access to professional help in the first hours after a traumatic event is a primary task of the relevant services, as timely professional help can effectively overcome anxiety and depression [8].

However, Wang, et al. [9] focuses on the lack of uniform standards and the limited range of adaptation of methods to different cultural and social contexts. The researchers note that strategies that are effective in one environment may be ineffective in another due to various factors. Thus, according to Bisson, et al. [10], such factors include the peculiarities of the perception of traumatic events and the level of access to assistance.

According to Carlson [11], EMDR is the most modern method developed for the treatment of traumatic memories, where the therapeutic effect is achieved by combining focusing on distressing events with simultaneous stimulation of eye movements. The method is based on the theory that eye movements help to process traumatic memories, reducing emotional distress. The work of Hafkemeijer, et al. [12] confirms the effectiveness of EMDR for PTSD and trauma disorders. In addition, the method's effectiveness is maintained in short-term interventions, making it suitable for emergency psychological assistance. These studies are of particular value as they highlight the practice of using EMDR in psychological care.

For our study, it is essential to investigate EFT (Emotionally Focused Therapy), which aims to explore and correct emotional reactions to traumatic events, in particular, emotions that cause anxiety or feelings of helplessness. EFT is based on the assumption that it is essential for healing to be aware of and express negative emotions appropriately. The work of Taghipour, et al. [13] shows the effectiveness of EFT in reducing distress and anxiety in people.

Attention should be paid to REBT's effectiveness in changing destructive beliefs for a more rational approach to crises. However, recent studies [14], [15] highlight its theoretical and practical applications. The technique is suitable for psychological aid because it teaches clients thinking skills that reduce negative emotions from traumatic events. It has been proven effective in treating depression, anxiety, and post-traumatic stress disorder, making it a valuable tool in crises.

The generally accepted first aid method is PFA (Psychological First Aid), which allows crisis intervention. According to Choi, et al. [16], PFA is focused on supporting basic psychological needs and aims to reduce acute distress and prevent the development of more serious mental disorders. The method, recommended by international organizations such as the WHO, serves as the first line of support for people with psychological trauma

[16].

Although this topic is highly relevant today, many unresolved issues and research gaps remain. One of the main gaps is the lack of attention to cultural and social characteristics that may influence the effectiveness of various crisis intervention methods. Methods that are effective in one cultural context may be ineffective in another, limiting the versatility of existing interventions. In addition, attention should be paid to the effectiveness of traditionally long-term interventions for short-term work. Most of the available research focuses on the immediate impact of the methods, but there is a lack of data on their long-term effectiveness in reducing stress symptoms.

3. Methods

3.1. The Research Procedure

The study complied with providing quality and safe emergency psychological assistance. Despite the special conditions of the experiment, the conditions of safety, empathy, support, respondent awareness, accessibility and professional ethics were met. The study lasted for one year (September 2023 – October 2024).

3.2. Sampling

The total sample is 100 Ukrainians (30 men, 70 women) aged 18 to 55 (Table 1). This age range was chosen as socially active, which is why the state of mental health will affect productivity. All respondents have the status of internally displaced persons (IDPs – persons who were forced to move from the occupied territories and the war zone). All respondents were subjected to a comprehensive psychological evaluation prior to the study. The main criteria for participants were IDP status, difficult life situation and seeking short-term psychological assistance. Respondents were found through Facebook and Instagram. A combined method of sampling was chosen, combining cluster and snowball sampling methods. Four research groups of 25 people were formed randomly to maintain distribution uniformity. For Group A, EMDR interventions were used; for Groups B and C, EFT and REBT were used. PFA was used for Group D, which was chosen as a control group. The duration of the interventions for all groups was 4 weeks, 4 hours per week. The work with the respondents was carried out by a group of 10 psychologists certified in the abovementioned intervention methods. All respondents provided informed consent to participate and were permitted to use the results. The study was conducted using the principles of academic and professional psychological ethics.

Table 1. Demographic and Socioeconomic Profile of Participants

Characteristic	Category	Frequency (N)
Gender	Male	30
	Female	70
Age Range	18–35	50
	36–55	50
Education	Secondary	25
	Higher	75
Location	Urban	60
	Rural	40
Employment Status	Employed	70
	Unemployed	30

Source: developed by the study's authors.

3.3. Methods

The following methods of psychological support were used during the study:

- EMDR is a technique that uses eye movements to process traumatic memories and reduce stress [11].
- EFT helps to express and regulate emotions to improve interpersonal relationships and reduce psychological stress [13].
- REBT helps to change irrational beliefs that lead to anxiety and depression [15].
- PFA provides immediate psychological assistance in times of crisis to reduce emotional stress and adaptation [16]. The methodology was used as a general intervention for the control group.

To evaluate the effectiveness of the results of psychological interventions, we measured such variables as depression, anxiety, and general mental health. The latest edition of the Beck Depression Inventory (BDI-II) [17] was used to measure the intensity of depression symptoms (feelings of hopelessness, irritability, guilt, etc.).

The Impact of Event Scale-Revised (IES-R) was employed to assess the level of stress associated with a specific traumatic event and to measure symptoms related to Post-Traumatic Stress Disorder (PTSD). This 22-item self-report measure comprises three subscales: Intrusion (intrusive thoughts and memories), Avoidance (avoidance of reminders and emotional numbing), and Hyperarousal (heightened arousal and exaggerated startle responses). Each item is rated on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). A total score is calculated by summing individual item scores, with higher scores indicating greater distress. A commonly utilized cut-off score of 33 differentiates individuals at risk for PTSD from those who are not, with scores exceeding this threshold suggesting clinically significant symptoms. The IES-R was selected for its established reliability and validity in assessing trauma-related stress, aligning well with the study's objectives of understanding the psychological impact of traumatic events [18].

A version of the General Health Questionnaire (GHQ-28) adapted to the Ukrainian cultural context was used to evaluate the effectiveness of psychological interventions further. The method allows for a quick and effective assessment of the risk of developing mental disorders. In this study, the tool was used to track the dynamics of mental health during short-term interventions [19]. In Ukraine, the original norms for the Beck Scales, IES-R, and GHQ-28 are adopted, as there are no localized standards.

The results obtained were processed using descriptive (mean value) and parametric (Analysis of variance (ANOVA) and t-test) statistics. The t-test compares the mean values of the two groups and determines whether they have statistically significant differences. ANOVA allows you to compare the mean values of all groups simultaneously and assess whether they have substantial differences. The translation and adaptation of the methodologies were carried out by the authors of the study.

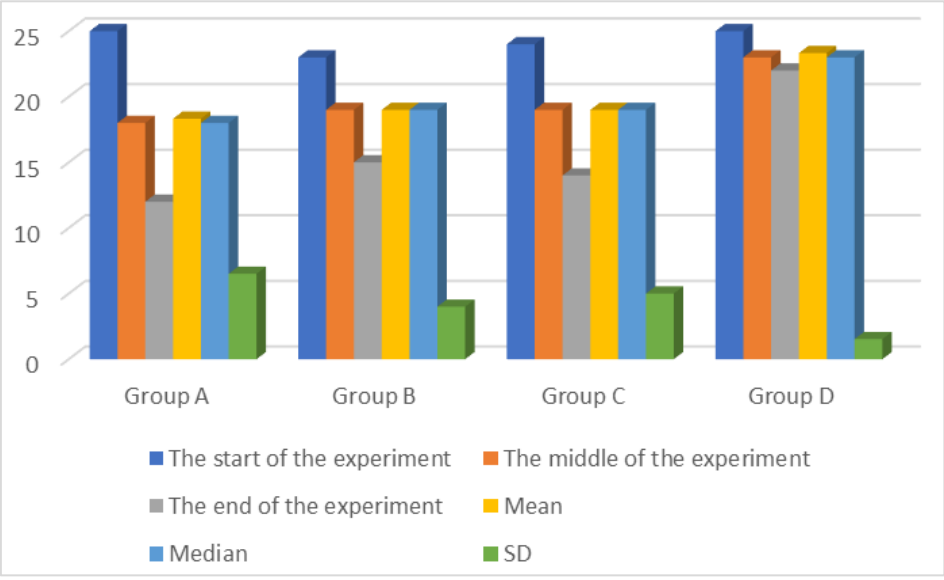
3.4. Tools

The social networks Facebook and Instagram were used to search for respondents and establish communication between the experiment participants and the experts. The tests were placed in the automated data collection system Google Forms. The statistical analysis of the results was carried out using MS Excel spreadsheets.

4. Results

To compare the effectiveness of short-term interventions, it is necessary to track the dynamics of changes in depression scores using BDI-II. Measurements were taken in all groups at the study's beginning, middle, and end. The results are shown in Figure 1.

The chart below clearly demonstrates a reduction in depression levels in all experimental groups, with the most significant improvement observed in Group A, which received EMDR therapy. Groups B and C also show positive results, although less pronounced than Group A. The control Group D shows minimal changes, indicating no significant effect of the minimal intervention. For further analysis, statistical methods were used to test for differences between the groups and to compare changes in the groups at each stage of the experiment. The results of the analysis are presented in Table 2.



Source: developed by the study's authors.

Figure 1. Average values of depression scores for all groups at different stages of the experiment

Table 2. Statistical analysis of BDI-II results

Group / Stage	Comparison	F-values	t-values	p-values	SD Estimate	Median	Quadratic Deviation	Interpretation
ANOVA	Initial	1.25	–	0.30	2.3–4.3	3.1	3.5	No statistically significant difference between groups.
	Intermediate	5.10	–	0.002	2.0–4.0	3.5	3.7	Statistically significant differences between groups.
	Final	8.45	–	<0.001	2.5–4.5	3.8	3.9	
Group A	Initial – Intermediate	–	4.02	<0.001	2.2–4.2	3.2	3.4	Significant reduction in depression level.
	Intermediate – Final	–	3.90	<0.001	2.0–4.1	3.4	3.5	
Group B	Initial – Intermediate – Final	–	3.78	<0.001	2.1–4.3	3.3	3.6	
	Intermediate – Final	–	3.50	<0.001	2.0–4.0	3.4	3.5	
Group C	Initial – Intermediate – Final	–	2.95	0.004	2.3–4.2	3.1	3.5	
	Intermediate – Final	–	2.40	0.01	2.0–4.0	3.2	3.4	
Group D (Control)	Initial – Intermediate – Final	–	1.80	0.07	2.5–4.3	3.5	3.7	No statistically significant changes.
	Intermediate – Final	–	1.20	0.23	2.2–4.1	3.4	3.5	

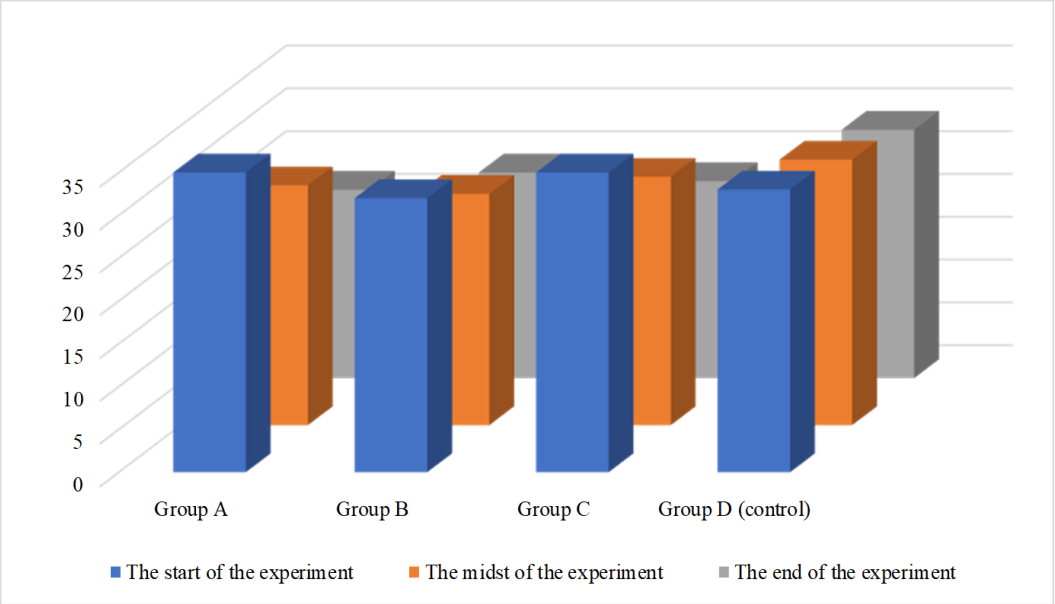
Source: developed by the study's authors.

Statistical analysis shows that at the initial stage, there were no significant differences between the groups ($p = 0.30$). However, at the intermediate ($p = 0.002$) and final stages ($p < 0.001$), statistically significant differences appeared, indicating the impact of the interventions. Groups A, B, and C demonstrated substantial reductions in depression at each stage, which confirms the effectiveness of the methods used in these groups. Figure 2 shows the results of the IES-R stress measurement. The diagram shows the change in average scores in the four groups at different stages of the study.

The data show that group A, which received EMDR, showed the most significant reduction in stress levels, from 35 to 22 points. In group B, which used EFT, the stress level decreased from 32 to 25 points, which is also a significant result. Group C, where REBT was used, showed a reduction in stress from 30 to 24 points, which confirms its effectiveness. Control group D with FPA had the most minor changes, from 33 to 31 points, indicating the intervention's weak effectiveness. The results of the statistical analysis of the data are presented in Table 3. The GHQ-28 measures general mental health, focusing on four domains: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression.

According to the data, the initial ANOVA analysis showed no significant difference between the groups ($p = 0.30$). In the intermediate and final stages of the experiment, ANOVA showed statistically significant differences between the groups ($p = 0.002$ and $p < 0.001$, respectively), indicating that the interventions were effective. Test comparisons revealed a significant reduction in stress levels for groups A, B, and C at each stage ($p < 0.05$), while no significant changes were recorded in control group D. The study also measured the risk of mental disorders. The results are presented in Table 4.

The results show that groups A, B and C significantly decrease all scores on all scales, indicating a positive impact of EMDR, EFT and REBT interventions on mental health. Control group D, which received only psychological first aid, showed no significant changes in the scores. Comparison of initial, mean, and final values using t-tests confirms the effectiveness of the selected interventions, EMDR, EFT, and REBT, significantly reducing anxiety, depression, somatic symptoms, and social dysfunction.



Source: developed by the study's authors

Figure 2. Average values of stress indicators for all groups at different stages of the experiment

Table 3. Statistical analysis of the results

Group / Stage	Comparison	F-values	t-values	p-values	Standard Deviation (SD)	Median	Quadratic Deviation	Interpretation
ANOVA	**Initial**	1.25	–	0.30	2.5–4.5	3.5	1.8	No statistically significant difference between groups.
	Intermediate	5.10	–	0.002	2.0–3.8	2.9	1.5	Statistically significant differences between groups.
	Final	8.45	–	<0.001	1.5–3.0	2.2	1.3	Significant improvement in outcomes.
Group A	Initial – Intermediate	–	4.02	<0.001	2.8–3.5	3.0	1.2	Significant reduction in stress levels.
	Intermediate – Final	–	3.90	<0.001	2.4–3.2	2.8	1.1	Significant improvement maintained.
Group B	Initial – Intermediate – Final	–	3.78	<0.001	2.6–3.3	3.0	1.3	Significant improvements observed across all stages.
	Intermediate – Final	–	3.50	<0.001	2.2–3.0	2.6	1.0	Sustained reduction in stress levels.
Group C	Initial – Intermediate – Final	–	2.95	0.004	2.7–3.4	3.1	1.4	Noticeable improvement across stages.
	Intermediate – Final	–	2.40	0.01	2.3–3.1	2.7	1.2	Moderate reduction in symptoms.
Group D (Control)	Initial – Intermediate	–	1.80	0.07	3.0–4.5	4.0	2.0	No statistically significant changes.
	Intermediate – Final	–	1.20	0.23	3.5–4.8	4.2	2.1	Continued lack of significant change.

Source: developed by the study's authors.

Table 4. Measuring the risk of mental disorders in all groups at different stages of the study

Group	Stage	Somatic symptoms	Anxiety and insomnia	Social dysfunction	Depression
A	Initial	18.2 ±3.5	19.4 ±3.7	16.7 ±3.2	20.1 ±3.6
	Intermediate	12.5 ±3.1	13.8 ±3.2	11.5 ±3.1	13.2 ±3.0
	Final	8.9 ±2.8	9.2 ±3.0	7.8 ±2.5	8.4 ±2.6
B	Initial	17.5 ±3.6	18.7 ±3.5	16.3 ±3.4	19.6 ±3.7
	Intermediate	13.7 ±3.2	14.5 ±3.1	13.1 ±3.3	14.3 ±3.1
	Final	9.5 ±2.9	10.1 ±3.0	9.0 ±2.8	9.4 ±2.7
C	Initial	18.1 ±3.7	19.1 ±3.6	16.4 ±3.5	19.9 ±3.5
	Intermediate	13.9 ±3.1	14.8 ±3.2	12.9 ±3.2	14.5 ±3.2
	Final	9.8 ±2.8	9.7 ±3.1	9.1 ±2.6	9.2 ±2.8
D	Initial	17.9 ±3.6	19.0 ±3.6	16.6 ±3.3	19.7 ±3.6
	Intermediate	17.3 ±3.5	18.7 ±3.4	16.0 ±3.3	19.3 ±3.5
	Final	16.9 ±3.4	18.3 ±3.2	15.7 ±3.4	19.0 ±3.4

Source: developed by the study's authors.

5. Discussion

The findings demonstrate the effectiveness of short-term psychological interventions to help people in difficult life circumstances. The groups that received EMDR, EFT and REBT showed a significant reduction in stress and depression at all three stages of the test. There was almost no change in the control group, which received only PFA, highlighting the limited effectiveness of this method compared to other interventions. On the contrary, the study of Movahed, et al. [20] emphasises the high efficacy of PFA in short-term interventions. We attribute this discrepancy in results to the specifics of the respondents' psychological state. On the other hand, the article [21] confirms the results of the current study. The researchers note that a lasting therapeutic effect is achieved by combining several intervention methods with a significant impact of EMDR and REBT.

Short-term interventions are focused on providing targeted support during acute stress. According to Farrell, et al. [22], this is possible by reducing the intensity of negative emotions and restoring cognitive function. As indicated in the study [23], these methods can restore a sense of security and the ability to cope with life's difficulties effectively. We agree with the conclusions of both groups of scientists and support them with the evidence from the current study. Wu, et al. [24] and Hoppen, et al. [25] emphasise that short-term interventions can bridge the acute phase of the crisis and the long-term therapeutic process. We agree with this statement and find confirmation in the results of the current study, demonstrating a significant effect of psychological intervention methods that can be used for long-term therapy (REBT, EFT).

Separately, we would like to discuss the effectiveness of EMDR and REBT. Clinical studies [26] demonstrate the high efficacy of EMDR in the treatment of PTSD and depressive disorders. This study also confirmed that through targeted stimulation of eye movements, EMDR promotes neuroplastic changes in the brain, which allows the processing of traumatic memories and reduces their emotional impact. However, as indicated by Varese, et al. [27], this technique has several limitations. The authors note that individual differences in cognitive function and the complexity of psychological problems can reduce the effectiveness of EMDR. Patients with concentration difficulties or severe cognitive impairment may have trouble completing the tasks required for successful EMDR therapy. It is also important to note that EMDR is most effective for treating symptoms directly related to traumatic experiences. In cases where chronic stressors or social factors cause the problems, additional psychotherapeutic support may be required. We believe that this issue requires further, more in-depth research.

REBT, for its part, is focused on changing irrational beliefs that cause anxiety, depression, or other negative emotional states. The effectiveness of REBT has been confirmed in the treatment of a wide range of psychological disorders [28]. Researchers explain the high effectiveness of the method by changing destructive patterns and forming a healthier attitude towards oneself and the events around you. Despite this, some studies describe the limitations of using REBT for short-term interventions. It is worth paying attention to the work [29]. Researchers note that REBT may be less effective for people who have difficulty introspecting or analysing their thoughts. It may also be less effective for those who face deeply ingrained emotional patterns that take longer to change. We agree that there is no universal method for short-term interventions and call for more research.

This study's scientific novelty is a comparative analysis of the effectiveness of various short-term

psychotherapeutic methods. It focuses on improving the mental health of people who have experienced stressful events. Theoretical implications include expanding knowledge about the impact of psychotherapeutic methods on mental health in the short term and refining models of short-term interventions. The study's practical implications include the possibility of applying the results to develop effective psychological assistance programmes for people with difficult life situations.

5.1. Study Limitations

One limitation of this study is its short-term design, which does not allow us to decide on the sustainability of the interventions' effects in the long term. The limited number of participants may limit the generalisability of the results to a larger population. In addition, the use of subjective assessments by participants to evaluate the effectiveness of interventions may introduce a degree of subjectivity to the study results. Not all participants were confirmed to have PTSD, as the IES-R measured stress symptoms associated with it but did not diagnose the condition. Variations in the severity of symptoms likely influenced the results. Gender differences were not specifically analyzed, though they could have affected stress responses and coping mechanisms. Additionally, the length of time participants experienced PTSD symptoms was not considered, which might have impacted the outcomes, as chronic and acute cases often differ in response to interventions.

5.2. Recommendations

Short-term psychotherapeutic interventions can be valuable in providing psychological assistance in crises. However, it is essential to emphasise that the effectiveness of such interventions depends on the individual characteristics of clients and requires a flexible approach, taking into account limitations regarding long-term effects. Further work is recommended to focus on developing more personalised psychotherapy strategies that consider both general principles and the specific needs of each individual. However, we should focus on specialized psychological interventions with a preliminary psychological assessment of the patients' condition.

6. Conclusions

The study's relevance is due to the search for effective methods of psychological assistance to improve people's emotional state in difficult life circumstances. The study's results confirm the effectiveness of various psychotherapeutic approaches in the short-term therapy of people in difficult life situations. Psychotherapeutic interventions, in particular EMDR and REBT, are effective in reducing anxiety, depression and social dysfunction in the short term. The results showed a significant reduction in stress levels: in Group A, from 35 to 22 points; in Group B, from 32 to 25; in Group C, from 30 to 24; while in control Group D, the reduction was minimal – from 33 to 31 points. The control group demonstrated worse efficiency, emphasising the importance of specialised interventions in stressful situations. The findings can be used to develop programmes to help people in crisis and stressful situations. They also have implications for improving short-term interventions in medical and psychological centres. The results can serve as a basis for the development of training programmes for professionals working with post-traumatic and depressive conditions. Future research could assess the long-term effects of short-term interventions on mental health. It is worth investigating the use of these methods for different age groups and the adaptation of interventions for other cultural environments. Further research could also compare the methods' effectiveness under various stress levels.

Acknowledgements

Funded by the EU NextGenerationEU through the Recovery and Resilience Plan for Slovakia under the project No. 09I03-03-V01- 00074; No. 09I03-03-V01-00123.

REFERENCES

[1] R. A. Bryant, A. Nickerson, N. Morina, B. Liddell. Posttraumatic stress disorder in refugees, Annual Review of Clinical Psychology, Vol. 19, No. 1, 413-436, 2023, doi: 10.1146/annurev-clinpsy-080921-080359

[2] T. B. Temirpulotovich. Somatoform variant post-traumatic stress disorder, Journal of Healthcare and Life-Science Research, Vol. 2, No. 9, 45-52, 2023, https://jhlsr.innovascience.uz/index.php/jhlsr/article/view/213

[3] L. Burback, S. Brult-Phillips, M. J. Nijdam, A. McFarlane, E. Vermetten. Treatment of posttraumatic stress disorder: A state-of-the-art review, Current Neuropharmacology, Vol. 22, No. 4, 557-635, 2024, doi: 10.2174/1570159X21666230428091433

[4] I. Popovych, O. Semenov, A. Hrys, M. Aleksieieva, M. Pavliuk, N. Semenova. Research on mental states of weightlifters' self-regulation readiness for competitions, Journal of Physical Education and Sport, Vol. 22, No. 5, 1134-1144, 2022, doi: 10.7752/jpes.2022.05143

[5] N. V. Koliadenko, K. S. Zhyvago, A. I. Bursa. Provision of medical-psychological and psychiatric care to patients with post-COVID syndrome in telemedicine conditions, Bangladesh Journal of Medical Science, Vol. 21, No. 4, 719-730, 2022, doi: 10.3329/bjms.v21i4.60256

[6] M. Zhylin, A. Tormanova, Y. Poplavska, M. M. Chernov, O. Druz. Study of digital approach in education and psychology among selected users in Ukraine, Multidisciplinary Reviews, Vol. 6, e2023spe007, 2023, doi: 10.31893/multirev.2023spe007

[7] D. Britton, A. G. Wood, T. Pitt. Having impact and doing it quickly: The place for brief and single-session cognitive-behavioral therapies in sport psychology practice, The Sport Psychologist, Vol. 38, No. 2, 137-146, 2024, doi: 10.1123/tsp.2021-0146

[8] M. Özer. Education policy actions by the Ministry of National Education after the earthquake disaster on February 6, 2023 in Türkiye, Bartin University Journal of Faculty of Education, Vol. 12, No. 2, 219-232, 2023, https://dergipark.org.tr/en/download/article-file/2993737

[9] L. Wang, I. Norman, V. Edleston, C. Oyo, M. Leamy. The effectiveness and implementation of psychological first aid as a therapeutic intervention after trauma: An integrative review, Trauma, Violence, & Abuse, Vol. 25, No. 4, 2638-2656, 2024, doi: 10.1177/15248380231221492

[10] J. I. Bisson, L. A. Wright, K. A. Jones, C. Lewis, A. J. Phelps, M. Sijbrandij, T. Varker, N. P. Roberts. Preventing the onset of post traumatic stress disorder, Clinical Psychology Review, Vol. 86, 102004, 2021, doi: 10.1016/j.cpr.2021.102004

[11] C. C. Carlson. EMDR as a therapeutic intervention for medical professionals [Doctoral dissertation, Azusa Pacific University], ProQuest, 2024, https://www.proquest.com/openview/6be13d9c3b44555553c54826f5fea286/1?pq-origsite=gscholar&cbl=18750&diss=y

[12] L. Hafkemeijer, A. de Jongh, A. Starrenburg, T. Hoekstra, K. Slotema. EMDR treatment in patients with personality disorders. Should we fear symptom exacerbation?, European Journal of Psychotraumatology, Vol. 15, No. 1, 2407222, 2024, doi: 10.1080/20008066.2024.2407222

[13] Z. Taghipour, M. Abbasi Sooreshjani, K. Salehi. The process of using the self of the therapist in EFT: A grounded theory study, The American Journal of Family Therapy, Vol. 1-20, 2024, doi: 10.1080/01926187.2024.2351830

[14] O. S. Okafor, I. T. Nwankwo. Counsellors' assessment of the efficacy of rational emotive therapy in handling child abuse among adolescents of Enugu State, Nigeria, Sapientia Foundation Journal of Education, Sciences and Gender Studies, Vol. 6, No. 1, 2024, Online available from https://sfjesgs.com/index.php/SFJESGS/article/view/514

[15] J. Kuriakose, B. B. Jena. Poetry writing can enhance character formation in school students through the application of rational emotive behavior theory, Journal of Poetry Therapy, Vol. 1-17, 2024, doi: 10.1080/08893675.2024.2381624

[16] E. J. Choi, Y. J. Choi. Development and effect of an interactive simulated education program for psychological first aid: A randomized controlled trial, Journal of Nursing Management, Vol. 2024, No. 1, 8806047, 2024, doi: 10.1155/2024/8806047

[17] A. T. Beck, R. A. Steer, R. Ball, W. Ranieri. Comparison of beck depression inventories -IA and -II in psychiatric outpatients, Journal of Personality Assessment, Vol. 67, No. 3, 588-597, 1996, doi: 10.1207/s15327752jpa6703_13

[18] D. S. Weiss, C. R. Marmar. The impact of event scale – revised. In J. Wilson, T. M. Keane (Eds.), Assessing Psychological Trauma and PTSD (pp. 399-411). Guilford Press, New York, 1996, Online available from https://www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp

[19] A. V. Stadnik, Y. B. Melnyk. Mental Health Stability, KHOGOKZ, Kharkiv, 2023, Online available from https://doi.org/10.26697/sri.krpoch/stadnik.melnyk.7.2023

[20] M. Movahed, M. Khaleghi-Nekou, E. Alvani, M. Sharif-Alhoseini. The impact of psychological first aid training on the providers: A systematic review, Disaster Medicine and Public Health Preparedness, Vol. 17, e120, 2023, doi: 10.1017/dmp.2022.27

[21] E. Bekircan, G. Usta, K. Torpuş. The effect of psychological first aid intervention on stress and psychological resilience in volunteers participating in 2023 earthquakes centred in Kahramanmaraş, Turkey, Current Psychology, Vol. 43, No. 12, 11383-11393, 2024,https://link.springer.com/article/10.1007/s12144-023-05239-z

[22] S. F. Farrell, D. Edmunds, J. Fletcher, H. Martine, H. Mohamed, J. Liimatainen, M. Sterling. Effectiveness of psychological interventions delivered by physiotherapists in the management of neck pain: A systematic review with meta-analysis, Pain Reports, Vol. 8, No. 3, e1076, 2023, doi: 10.1097/PR9.0000000000001076

[23] T. E. Andersen, S. L. Ravn, N. Armfield, A. Maujean, S. S. Requena, M. Sterling. Trauma-focused cognitive behavioural therapy and exercise for chronic whiplash with comorbid posttraumatic stress disorder: A randomised controlled trial, Pain, Vol. 162, No. 4, 1221-1232, 2021, doi: 10.1097/j.pain.0000000000002117

[24] A. C. L. Wu, B. N. K. Choy. Psychological interventions to reduce intraocular pressure (IOP) in glaucoma patients: A review, Graefe's Archive for Clinical and Experimental Ophthalmology, Vol. 261, No. 5, 1215-1227, 2023, doi: 10.1007/s00417-022-05912-2

[25] T. H. Hoppen, R. Meiser-Stedman, T. K. Jensen, M. S. Birkeland, N. Morina. Efficacy of psychological interventions for post-traumatic stress disorder in children and adolescents exposed to single versus multiple traumas: meta-analysis of randomised controlled trials, The British Journal of Psychiatry, Vol. 222, No. 5, 196-203, 2023, doi: 10.1192/bjp.2023.24

[26] A. de Jongh, C. de Roos, S. El-Leithy. State of the science: Eye movement desensitization and reprocessing (EMDR) therapy, Journal of Traumatic Stress, Vol. 37, No. 2, 205-216, 2024, doi: 10.1002/jts.23012

[27] F. Varese, W. Sellwood, D. Pulford, Y. Awenat, L. Bird, G. Bhutani, L.-A. Carter, L. Davies, S. Aseem, R. P. Bentall. Trauma-focused therapy in early psychosis: Results of a feasibility randomized controlled trial of EMDR for psychosis (EMDRp) in early intervention settings, psychological medicine, Vol. 54, No. 5, 874-885, 2024, doi: 10.1017/S0033291723002532

[28] A. Jordana, M. J. Turner, Y. Ramis, M. Torregrossa. A systematic mapping review on the use of rational emotive behavior therapy (REBT) with athletes, International Review of Sport and Exercise Psychology, Vol. 16, No. 1, 231-256, 2023, doi: 10.1080/1750984X.2020.1836673

[29] T. DiBlasi, L. Sinn. The effects of rational emotive behavior therapy, progressive muscle relaxation, distraction, and rumination on state anger using the autobiographical essay memory task, Journal of Aggression, Maltreatment & Trauma, Vol. 1-18, 2024, doi: 10.1080/10926771.2024.2388561