

с РАС обеспечивает ряд перспектив для благополучия ребенка: психологический, социальный и технический аспекты. В статье описано сочетание новых для Украины методов реабилитации детей с аутизмом: иппотерапия и канистерапия. Результаты этого исследования свидетельствуют о том, что комбинирование иппотерапии и канистерапии значительно расширяет спектр терапевтических преимуществ для детей с РАС. Такая программа является уникальной формой терапии, так как может повлиять на различные области физического и психологического функционирования детей.

Ключевые слова: расстройства аутистического спектра, анималотерапия, иппотерапия, канистерапия.

аутистичного спектру забезпечує ряд перспектив для благополуччя дитини: психологічний, соціальний і технічний аспекти. У статті описано поєднання нових для України методів реабілітації дітей з аутизмом: іппотерапія і канистерапія. Результати цього дослідження свідчать про те, що комбінування іпотерапії та канистерапії може мати широкий спектр терапевтичних переваг для дітей з розладами аутистичного спектру. Така програма є унікальною формою терапії, так як може вплинути на різні галузі фізичного і психологічного функціонування дітей.

Ключові слова: розлади аутистичного спектру, анималотерапія, іпотерапія, канистерапія.

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THE USE OF EQUINE ASSISTED PSYCHOTHERAPY AMONG THE DEMOBILIZED MEMBERS OF THE ANTITERRORIST OPERATION WITH PTSD, LOCATED ON REHABILITATION IN SANATORIUM CONDITIONS

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Summary. Attention is paid to historical background various mental disorders and behavior of psychogenic origin, particularly to post-traumatic stress disorder. The paper approaches problems of definition, etiology and pathogenesis, primary diagnosis of PTSD among the demobilized members of the antiterrorist operation in sanatorium rehabilitation. The emphasis is placed on the basic groups (clusters) of neurotic, pathological personality and psychopathological symptoms of this group of patients. Attention is paid to medical and psychological rehabilitation of demobilized members of the antiterrorist operation in sanatorium conditions, especially to new and innovative approaches to the problem and new forms of intervention including EAP at the premises of Feldman Ecopark Center of psychosocial rehabilitation for children and adolescents.

Key words: Post-traumatic stress disorder, maladaptation, demobilized members of the antiterrorist operation, the program of medico-psychological rehabilitation, sanatorium resort conditions, Equine Assisted psychotherapy.

Introduction

Global civilization processes that occur in the late twentieth century and at the beginning of the third millennium are controversial. Significant role in these processes is played by urbanization factors. In addition, social progress accompanied by increased social tensions

and, consequently, the level of conflict. This negative social potential has accumulated due to catastrophic events – social upheaval, wars and anthropogenic disasters [1–3].

Today, when military operations and forced migration still take place in Ukraine, every day there appear new groups of people exposed

to stress factors. These are risk groups exposed to mental and behavioral disorders of psychogenic origin.

The most common of them is the post-traumatic stress disorder (PTSD). Modern ideas about PTSD as a diagnostic classification unit developed in 70–80 years of the latest century, but the disorders that develop as a result of a catastrophe (unlike conventional psychogenic states) have been described and diagnosed before [4]. Many works on this problem appear after major military conflicts. Thus, important studies were conducted after the First World War (1914–1918). E. Kraepelin (1916) described traumatic neurosis and indicated for the first time that permanent disorders may increase with time after severe traumata intensified with time [5; 6]. Subsequently, the impact of posttraumatic stress on combatants' subsequent mental state is deeper than the study of the Vietnam War has indicated. Because the symptoms described postvietnamese syndrome did not meet any of the general entities that M. Horowitz (Horowitz, 1980) proposed to distinguish as a separate syndrome, they were defined as post-traumatic stress disorder.

Systematic studies of stresses, caused by natural and industrial disasters date from the 50–60-ies. The prevalence of PTSD in the population depends on the frequency of traumatic events [5; 6].

The purpose of the article

Comprehensive psychosocial rehabilitation of 375 combatants was exercised during the joined program of Feldman Ecopark Center of psychosocial rehabilitation for children and adolescents (further – the Center), Department of Psychotherapy of the Kharkov Medical Academy of Postgraduate Education (KMAPE) and clinical sanatorium «Berezovskije Vody Resort» during years 2015–2016.

The study of those suffering from PTSD has revealed that during their childhood the testees experienced psychotrauma more often than the testees who do not suffer from the aforementioned disorder, and were deprived of coordinated support from their parents. There are also higher rates of divorce among the parents of those suffering from PTSD.

The study also showed that the testees experienced childhood sexual abuse (or forcing entry into sexual relations with someone from the immediate environment of the child) correlated with higher levels of both depressive and anxiety symptoms later in adulthood [7–9].

Premorbid personality characteristics of patients with posttraumatic stress disorder are heterogeneous. Although people in natural conditions that provoke anxiety are especially likely to develop post-traumatic stress disorder, these disorders often arise in obsessive, dependent and even schizoid personality type. However, it would be logical to expect that those individuals assessed via the questionnaire with higher level of neuroticism (or «big anxiety») are more likely to develop symptoms of posttraumatic stress disorder than those of phlegmatic temperament.

The risk of post-traumatic stress disorder increased significantly in those constantly exposed to harmful negative social factors, such as intractable interpersonal problems or adverse conditions [10; 11].

It should be noted that all of the testees had problems in microcommunity such as, for example, conflicts in the parents' or children's family, divorce, conflicts with friends, colleagues etc.

In the etiology of posttraumatic stress disorder there are three groups of factors that play the leading role.

I. Hereditary-organic.

Constitutional and typological features of the central nervous system and features of the accentuated personality should be referred to this group.

II. Psychoemotional or psychogenic.

These are acute or chronic factors of external action mediated through mental health, which had both cognitive and emotional significance, and consequently caused psychological diseases.

III. Psychoorganic.

Different premorbid organic (traumata, infections, toxic poisoning, hypoxemia etc.) compromising of the integration cerebral systems of suprasegmental level, primarily of limbic-reticular complex.

For men, the most common factors involved military events car accidents, local man-made disasters and emergencies.

From a clinical point of view, post-traumatic stress disorder are related to personal and reactive states developing as a result of a previous emergency, which was of the pathogenic-psychogenic nature for the individual (e.g. the situation represented a direct threat to the biologically or socially valuable human existence, ownership of or relatives, family, friends catastrophic situation of global or individual nature – such as natural disasters, war or man-made disasters, etc.).

That is why medical and psychological rehabilitation should be a mandatory part of com-

plex rehabilitation of demobilized members of the antiterrorist operation, which led to its active and gradually rebuild the mandatory involvement of the comprehensive rehabilitation of persons affected by participation in the anti-terrorist operation [12; 13; 14].

The rehabilitation program was implemented in three stages.

1. **The initial stage** (setting therapeutic contact compliance) – 2–3 days. Carrying out doctor structured diagnostic interviews, psycho-diagnostic sessions – by expert psychologists; assigning individual therapy and rehabilitation programs in multidisciplinary discussion; coordinating individual treatment and rehabilitation program with the patient; starting individual treatment and rehabilitation program.
2. **Main (rehabilitation) stage** – 14–18 days. Carrying out individual psychotherapy, group psychotherapy, relaxation techniques with the assimilation of elements of autogenous training (constantly), physiotherapy, exercise therapy, aromatherapy, reflexology and other non-drug methods of influence (constantly), drug therapy (if indicated).
3. **Supporting (completing) stage** – 2–3 days. Carrying out individual psychotherapy, relaxation techniques with the assimilation of elements of autogenous training (constantly), completion of all other medical measures.

Methods used during research

Basically psychocorrection of the experienced trauma was carried out by experts at the premises of clinical sanatorium «Berezovskije Vody Resort», supporting and resting stage – at the premises of the Center through Equine Assisted psychotherapy (EAP). One of the main aspects of the rehabilitation of the combatants is to restore their social functioning in peacetime. Psychocorrectional important aspect is the establishment of human interaction with nature.

Animal-assisted therapy provides a holistic and experiential approach to healing in which the relationship between the combatant and the registered therapy animal is the agent of change. Equine assisted psychotherapy is an emerging form of therapeutic intervention in which horses are used as tools for combatants to gain self-understanding and emotional growth. EAP is a type of animal assisted therapy, a field of mental health that recognizes the bond between animals and humans and the potential for emotional healing that can occur when a relationship is formed between the two species. EAP has been applied to address a

wide range of mental health and basic human development issues including mood disorders, attention deficit disorders, relationship and communication issues, behavioral disorders, substance abuse and chemical dependency, eating disorders, childhood abuse issues, and post-traumatic stress disorder. The purpose of animal assisted therapy is to provide interventions that would not be possible with only a human provider. Animals interact with humans in a variety of therapeutic forms, but the basis of the interaction is lessening of human stress and increase in mutual trust [15].

These activities are most often performed on the ground (rather than riding), and include such things as grooming, feeding, haltering, and leading the horse. During the process of working with the horse, the therapist and combatant engage in talk therapy, processing feelings, behaviors, and patterns. The ultimate goal for the client is to build skills such as personal responsibility, assertiveness, non-verbal communication, self-confidence, and self-control. EAP focuses on living in the now. The movement of a horse and the physical environment of nature helped calm the patient. Individual sessions are structured so that all parties are equally involved. EAP supports using the ground work technique that gives the patient opportunities to make solutions with the horse. In EAP, a patient must remain in control and pay attention to details. By letting the individual ride in a saddle, the horse allows the individual to acquire and display dominance, an important aspect, but not the driving goal of EAP. These activities help build assertiveness, responsibility, and confidence.

Horses provide an additional aspect of the therapeutic process that many other animals cannot. They are prey animals and, therefore, they do not trust easily, demand respect to provide respect, and due to their size are not easily bullied or manipulated. Horses also live by a set of rules that is based on the family system. They are herd animals and their survival depends upon communication and their relationship with the other herd members. Horses read subtle changes in human body language, emotion, positive and negative energy, and basic intentions of others. Equine assisted psychotherapy utilizes the horse's responsive nature as a therapy tool and part of the therapy team's options for treatment. They are naturally curious, have individual personalities, and mirror human behavior.

The structure of EAP provides a unique atmosphere for the client to work through personal

challenges. EAP provides clients with in-the-moment experiences to learn how to manage current situations and future challenges with a focus on personal strengths and resources. Therapy sessions are generally on the ground as opposed to in the saddle. EAP supports the approach that «ground work» provides the client with opportunities to generate solutions as the horse is a component of the process rather than the primary focus. This approach also allows for greater transparency of issues related to communication and relationship between the horse and veteran. An EAP practitioner and a horse handler are part of the team, but the basis of therapy occurs between horse and veteran. Observing, debriefing, and processing are the main roles of the practitioner while the horse handler assures safety and assists the practitioner to interpret the body language of the horse.

In this experiential based therapy it is by interacting with the horse that the combatant gains greater insight into themselves through experiencing natural consequences, successes, and mistakes. There is something to be learned at every step of the process even including the combatant's selection of the horse. A typical EAP session involves the combatant receiving a task to complete with a horse while they are in an enclosed space such as an arena and are free to move around. This facilitates safety and freer interaction as horses, being prey animals, have a basic instinct for flight rather than fight. The lack of restraint on the horse creates a challenge that requires most humans to approach the created situation from a new angle. The horse handler sees to the safety of horse and combatant, and the practitioner observes but does not intervene during this portion of the interaction, which generally lasts about one hour. There are various rules related to the equine activities, which often include no touching or bribing the horse. Typical coping mechanisms such as bullying or manipulating are not effective and new solutions and forms of communication must be developed to create successful outcomes.

Insight is often developed through feelings and emotions generated through working with the horses; these interactions often mirror experiences that clients acquire in society and can be useful during therapy.

A common therapeutic activity is to have a horse move through an obstacle course to a desired endpoint. The objective does not have to be met to reach a successful outcome. The manner in which the individual or group functions is a significant piece of any EAP activity

and focus for discussion with the practitioner. Debriefing a therapeutic activity provides structure for discussing feelings related to the exercise and issues or concerns that may have arisen during the process, and is conducted immediately post equine intervention. Practitioners facilitate the therapeutic process by allowing and encouraging questions and by asking questions that are specifically related to the activity and the needs of the combatant involved. During this process connections are often made between interaction with the horses and daily life outside of the arena. Combatants are encouraged to examine their interactions with the horses and reflect upon their feelings related to the horses' responses and the effectiveness of the overall activity. Through this perspective, they are then provided the opportunity to explore solutions and new approaches with the ultimate goal being the development of new skills that may be applied to everyday life. Issues and concerns are also commonly revealed during the equine intervention that may later be explored in greater depth during a session that is arranged between combatant and practitioner. Metaphorical learning is a core concept of EAP; combatants are given simple tasks to complete with a horse which are later debriefed with the practitioner. It is in relating these metaphors to personal situations that the practitioner may assist combatants in acknowledging and approaching their challenges and working toward positive change. As EAP is experiential in its nature, it is the process of interacting with the horses that aid the combatants in gaining insight into themselves. The actual activities and the completion or lack of completion of the stated goals are far less important than the process and the exploration of results.

A basic EAP activity is the seemingly simple act of placing a halter on a horse. The horses are free in an arena, and the first step in the process is to select a horse. All of the horses have unique personalities and therefore provide unique challenges to the combatant. The obstacles and challenges faced in the arena with the horse often mirror those that are presented in daily life for a combatant with PTSD. The metaphors reveal themselves in how the combatant perceives and approaches the challenge, and are later discussed during the debriefing process and in therapy. The practitioner and experienced horse handler observe each piece of the process including: how the combatant approaches the horse, how the combatant reacts if the horse does not cooperate, if the combatant chooses a different horse

if presented with resistance from an initially selected horse, how the team works together in case of a group activity, if an individual takes over in a team, if the combatant gives up, if anger or another strong emotion is involved, and more. It is also of note if the combatant did or did not accomplish the task and what their reaction was to this, but only for the purpose of therapy and insight and not in relation to deeming the task a success or failure.

Results and discussion

It has been hypothesized that the basis for PTSD symptoms is chronic hyperstimulation of the Autonomic Nervous System which leads to a classic fight or flight response and subsequently many of the previously mentioned symptoms experienced by a combatant suffering from the condition. Being prey animals, horses experience this state most all of their existence and depend on it for survival, but as they are herd animals, they must also manage to learn effective communication and develop the means to cohabitate in their community or they will be isolated from the group, which leaves them highly vulnerable to a variety of threats. This similarity between the combatant and the horse is a basic metaphor of the therapy. Horses are of great assistance in helping combatants with PTSD observe community structured interaction, and are considered by many practitioners to be more of a partner than a tool in this therapy with trust being a major component. Additional areas of benefit are

anxiety reduction, decreased isolation, communication, perspective, impulse modification, social skills, assertiveness, self-concept, boundaries, confidence, self-efficacy, creative freedom, and social skills. It is not only the combatant's responses and reactions that are of value in this form of therapy. The horse is an integral part of the process in which they provide valuable feedback not only in the response that the combatant perceives, but also in their responses to the combatant due to their innate ability to read emotion and intent of others. This feedback comes in the form of ear movements, allowed proximity to the client, and general body posturing that relays significant feedback to the horse professional, who then passes this information onto the practitioner for integration into therapy.

Conclusions

PTSD is a growing concern among combat veterans. It is the responsibility of the practitioner to aid the combatant in managing PTSD in a manner that helps them adapt to current living situations. It is not known which treatment approach is most effective, and likely there is not one generic approach that is right for all combatants. It is known that medications alone have not been consistently successful and even combined with classic psychotherapy results have been marginal. We recognize the need for new and innovative approaches to the problem and try to turn to new forms of intervention including EAP.

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ПРИМЕНЕНИЕ ИППОТЕРАПИИ У ДЕМОБИЛИЗОВАННЫХ УЧАСТНИКОВ АТО С ПТСР, НАХОДЯЩИХСЯ НА РЕАБИЛИТАЦИИ В САНАТОРНО-КУРОРТНЫХ УСЛОВИЯХ

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Аннотация. Уделяется внимание историческому экскурсу в вопрос возникновения различных расстройств психики и поведения психогенного происхождения, в частности, посттравматического стрессового расстройства. Рассматриваются определение, этиология и патогенез, первичная диагностика посттравматического стрессового расстройства у демобилизованных участников АТО, находящихся на реабилитации в санаторно-курортных условиях. Выделены основные группы (кластеры) невротических, патоперсоналогических и психопатологических проявлений у данного контингента больных. Уделено внимание медико-психологической реабилитации демобилизованных участников АТО в санаторно-курортных условиях, особенно новаторским подходам к проблеме и к новым формам вмешательства, включая иппотерапию, на базе Центра психосоциальной реабилитации детей и подростков «Фельдман Экопарк».

Ключевые слова: посттравматическое стрессовое расстройство, дезадаптация, демобилизованные участники АТО, программа медико-психологической реабилитации, санаторно-курортные условия, иппотерапия.

ЗАСТОСУВАННЯ ІПОТЕРАПІЇ У ДЕМОБІЛІЗОВАНИХ УЧАСНИКІВ АТО З ПТСР, ЯКІ ПЕРЕБУВАЮТЬ НА РЕАБІЛІТАЦІЇ В САНАТОРНО-КУРОРТНИХ УМОВАХ

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Анотація. Приділяється увага історичному екскурсу в питання виникнення різних розладів психіки та поведінки психогенного походження, зокрема, посттравматичного стрессового розладу. Розглядаються визначення, етіологія і патогенез, первинна діагностика посттравматичного стрессового розладу у демобілізованих учасників АТО, що знаходяться на реабілітації в санаторно-курортних умовах. Виділено основні групи (кластери) невротичних, патоперсоналогічних і психопатологічних проявів у цього контингенту хворих. Приділено увагу медико-психологічній реабілітації демобілізованих учасників АТО в санаторно-курортних умовах, особливо новаторським підходам до проблеми і до нових форм втручання, включаючи іпотерапію, на базі Центру психосоціальної реабілітації дітей та підлітків «Фельдман Екопарк».

Ключові слова: посттравматичний стресовий розлад, дезадаптація, демобілізовані учасники АТО, програма медико-психологічної реабілітації, санаторно-курортні умови, іпотерапія.