

SECTION «PSYCHOLOGICAL SCIENCES»

PSYCHOLOGICAL ADAPTATION AND PROFESSIONAL TRANSFORMATION OF MENTAL HEALTH PRACTITIONERS IN WARTIME UKRAINE: A SEASONAL QUALITATIVE STUDY (SPRING–WINTER 2025)

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Abstract. In 2025, as the full-scale invasion entered its fourth year and civilian life continued under chronic threat. The demand on mental health and psychosocial support (MHPSS) practitioners in Ukraine reached unprecedented scale and complexity; *the purpose* of this chapter is to examine how Ukrainian MHPSS practitioners adapt personally and professionally during prolonged armed conflict by tracing season-specific difficulties and supports and by developing an integrative model of practitioner functioning across spring–winter 2025. The study used a multi-wave qualitative design *methodology* with four seasonal data collection waves (spring, summer, autumn, winter), each comprising 5–7 homogeneous focus groups of 9–12 participants, yielding approximately 240 practitioners in total (420 invited, 248 responded, 240 completed; response rate 57.1%). Data were gathered using a rapid qualitative protocol – standardized analytic summaries and selective verbatim extracts after each session – and analyzed through reflexive thematic analysis with two independent coders (mean percent agreement 86.0%), member checking (n = 24), and reflexive memos to support trustworthiness. Key terms are defined and used consistently in the chapter (e.g., shared traumatic reality; survival-driven functioning; secondary traumatic stress; vicarious resilience; secondary resilience; moral injury). *Results* indicate a persistent combination of cognitive overload,

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emotional exhaustion, secondary traumatic stress, and executive-function disruptions (sleep disturbance, impaired concentration, memory decline) embedded within infrastructural instability and bureaucratic burden; practitioners relied on a multilayered ecosystem of supports – physical restoration, emotional and sensory regulation, supervision and peer networks, organizational containment, and existential anchors – that buffered stress and enabled adaptive processes such as boundary recalibration, skill development, and professional identity integration. Across 2025, there was a discernible shift from short-term survival-driven functioning toward more integrated professional identities characterized by vulnerability, ethical reflexivity, and elements of vicarious and emergent secondary resilience; seasonal patterns and the integrative schematic highlight intensified vicarious traumatization in autumn and cognitive fatigue in winter, while supervision remained a stable buffering factor. *Practical implications* include aligning national MHPSS policy with IASC/WHO principles – implementing a coordinated multi-layered service matrix, strengthening national coordination to reduce administrative burden, investing in human resources (standardized training, regular supervision, funded staff-care including access to personal therapy and paid leave), and adopting unified do-no-harm ethical protocols and data-protection procedures. The chapter’s *originality* lies in its seasonally structured, empirically grounded account of practitioner adaptation in a protracted conflict, combining rapid qualitative methods with cross-seasonal synthesis to produce an integrative model that links contextual stressors, multilayered supports, and adaptive processes and that yields actionable, system-level recommendations for sustaining the MHPSS workforce in wartime contexts.

Introduction

Armed conflicts generate profound and long-lasting disruptions in the mental health ecosystem, reshaping not only the needs of affected populations but also the internal functioning, identity, and resilience of those who provide psychosocial support. Since the onset of the full-scale Russian invasion of Ukraine in 2022, the national system of mental health and psychosocial support (MHPSS) has operated under conditions of chronic threat, infrastructural instability, and cumulative traumatic exposure. While international research has extensively documented the psychological

consequences of war for civilians and military personnel, considerably less attention has been devoted to the helpers themselves – psychologists, psychotherapists, counsellors, and MHPSS practitioners who work within a shared traumatic reality and whose professional functioning is inseparable from their personal experience of war.

Existing evidence from earlier crises, including the COVID-19 pandemic and regional conflicts in Armenia, Georgia, and the Middle East, demonstrates that helpers exposed to prolonged emergencies face elevated risks of burnout, secondary traumatic stress, moral injury, and erosion of professional boundaries [1; 3; 10]. Large empirical studies of humanitarian staff document high rates of emotional exhaustion and show that workplace factors such as effort-reward imbalance and administrative burden are strongly associated with burnout, reinforcing our participants' reports about organizational drivers of distress [6].

However, these studies typically capture short-term or early-phase reactions. They do not address the longitudinal, seasonal, and cumulative dynamics of functioning among MHPSS practitioners who continue to work through multiple years of high-intensity conflict. The Ukrainian context is unique in its duration, scale of civilian involvement, and the unprecedented reliance on psychological services as a component of national resilience. Consequently, there is a critical need for systematic, year-long, seasonally structured qualitative research that captures how helpers' difficulties, coping strategies, and professional identities evolve over time.

The present monograph chapter addresses this gap by analyzing four waves of qualitative data collected throughout 2025 among Ukrainian psychologists, psychotherapists, and MHPSS specialists. Using a rigorous focus-group methodology, the study examines the lived experiences of practitioners across spring, summer, autumn, and winter, enabling the identification of temporal patterns, cumulative stress trajectories, and season-specific challenges. Each wave included 5–7 homogeneous focus groups, with 9–12 participants per group, resulting in a total annual sample of approximately 240 practitioners. This design allows for both intra-seasonal and inter-seasonal comparisons, as well as the construction of an integrated model of helper functioning in protracted conflict.

The study is grounded in contemporary theoretical frameworks, including the concepts of shared traumatic reality [1; 3], the wounded healer [10], vicarious resilience [4], and professional identity transformation under chronic threat and moral injury challenges [7]. These perspectives provide a conceptual lens for interpreting how practitioners negotiate the tension between personal vulnerability and professional responsibility, how they adapt therapeutic boundaries to wartime realities, and how they mobilize individual, relational, organizational, and existential resources to sustain their work.

For clarity, the following terms are defined and used consistently throughout this chapter. *Shared traumatic reality*. Refers to situations in which helpers and clients are exposed to the same collective traumatic event or environment; used to frame the study context and to interpret relational dynamics between practitioners and clients. *Survival-driven functioning*. A short-term, pragmatic mode of professional activity characterized by prioritizing immediate client safety and basic needs over longer-term therapeutic goals; typically associated with acute crisis phases and constrained resources. *Secondary traumatic stress (STS)*. Symptoms resembling post-traumatic stress that arise from indirect exposure to others' trauma narratives; used when describing symptomatic burden among practitioners. *Vicarious resilience*. Positive change in helpers that arises through witnessing clients' resilience and recovery; used to describe growth, meaning-making, and adaptive identity shifts. *Secondary resilience*. A working label used in this chapter to denote emergent, context-specific coping capacities that sustain day-to-day functioning (distinct from vicarious resilience); used sparingly and explicitly defined when first introduced. *Moral injury*. Psychological distress that follows perceived transgressions of moral or ethical codes in professional practice; used when discussing ethical dilemmas and moral strain.

The aim of the study is to systematically examine the evolving professional and personal experiences of Ukrainian MHPSS practitioners during 2025, with a focus on:

1. Identifying key professional and personal difficulties reported across four seasonal waves.
2. Mapping supporting factors and resilience resources that practitioners rely on in each season.

3. Analyzing temporal dynamics in stressors, coping strategies, and professional identity.
4. Developing an integrative model of helper functioning in prolonged war conditions.
5. Situating the findings within international research on helpers in crises, highlighting both universal and context-specific patterns.

Methodologically, the study employs a qualitative, multi-wave, focus-group design, with strict inclusion criteria (licensed psychologists, psychotherapists, counsellors, and MHPSS practitioners actively working in Ukraine during 2025) and exclusion criteria (students without clinical practice, practitioners working exclusively outside Ukraine, and individuals not engaged in direct MHPSS provision). Data were analyzed using thematic analysis with cross-seasonal triangulation, ensuring conceptual depth and methodological transparency.

The chapter proceeds as follows. First, we outline the methodological framework, including sampling, data collection, and analytic procedures. Next, we present the results of each seasonal wave, structured according to two core analytical categories: (1) professional and personal difficulties and (2) supporting factors and resilience resources. We then synthesize cross-seasonal trends and discuss the implications of the findings for theory, practice, and policy. Finally, we present conclusions and recommendations to strengthen the sustainability of the MHPSS workforce in context of prolonged armed conflict.

1. Model Operationalisation and Methods

The study employed a multilayered qualitative design grounded in an interpretivist epistemology and informed by contemporary approaches to research in shared traumatic realities. The methodological framework was constructed to capture the complexity, fluidity, and contextual embeddedness of practitioners' lived experience during protracted armed conflict. Data collection was organized across four seasonal waves in 2025 – spring, summer, autumn, and winter – with each wave comprising 5–7 homogeneous focus groups of 9–12 participants (approximately 60 participants per season, for a total of 240 participants). The seasonal structure enabled both within-wave analysis and cross-seasonal comparison, reflecting the recognition

that psychological functioning in chronic crisis is cyclical and shaped by changes in security, organizational, and social contexts.

Recruitment and sampling procedures

Participants were recruited through a combination of professional associations, humanitarian partner organizations, university networks, and direct outreach to clinical services. Invitations were distributed via email lists, professional social media groups, and organizational contacts; follow-up was made to maximize participation while respecting potential respondents' safety and availability. In total, 420 practitioners were invited; 248 responded and 240 completed participation across the four seasonal waves, yielding an overall response rate of 57.1%. Recruitment was aimed at achieving purposive variation across geographic location, institutional setting, professional modality, and career stage.

The regional distribution of the final sample is reported in Table 1 and was approximately: Kyiv region, $n = 67$ (27.9%); frontline / high-risk regions, $n = 82$ (34.2%); western / IDP-host regions, $n = 53$ (22.1%); other regions, $n = 38$ (15.8%). Primary professional roles were: clinical psychologists, $n = 103$ (42.9%); psychotherapists, $n = 74$ (30.8%); crisis counsellors, $n = 42$ (17.5%); social workers and other MHPSS professionals, $n = 21$ (8.8%). Years of professional experience were distributed as <5 years, $n = 60$ (25.0%); 5–10 years, $n = 84$ (35.0%); >10 years, $n = 96$ (40.0%). Work modality was in person ($n = 92$, 38.3%), online ($n = 70$, 29.2%), or hybrid ($n = 78$, 32.5%). Gender distribution was female, $n = 132$ (55.0%); male, $n = 104$ (43.3%); other / prefer not to say, $n = 4$ (1.7%). Key sample characteristics are summarized in Table 1; text statements above are consistent with the table values.

Inclusion criteria required active engagement in psychological or psychosocial support in Ukraine during 2025, at least one year of professional experience prior to the study, and willingness to reflect on personal and professional changes. Exclusion criteria included acute psychiatric instability, temporary professional inactivity exceeding three months during the study year, and roles that did not involve direct client contact. These criteria were applied to protect participant safety and to ensure methodological coherence.

Table 1

Sample demographic and professional characteristics (N = 240)

Variable	Category	n	%
Total sample	–	240	100,0
Region (residence/work)	Kyiv region	67	27.9
	Frontline / high-risk regions	82	34.2
	Western / IDP-host regions	53	22.1
	Other regions	38	15.8
Primary professional role	Clinical psychologist	103	42.9
	Psychotherapist	74	30.8
	Crisis counsellor	42	17.5
	Social workers and other MHPSS professionals	21	8.8
Years of professional experience	<5 years	60	25.0
	5–10 years	84	35.0
	>10 years	96	40.0
Work modality	In-person	92	38.3
	Online	70	29.2
	Hybrid	78	32.5
Gender	Female	132	55.0
	Male	104	43.3
	Other / prefer not to say	4	1.7

Data management and analytic procedures

All focus-group sessions were audio-recorded with informed consent and summarized immediately after each session using a standardized analytic template. Given the operational constraints of conducting large-scale, seasonally distributed qualitative research in an active conflict setting, the project adopted a rapid qualitative approach that prioritized timely synthesis while preserving analytic depth [8]. For each focus group, researchers produced a detailed analytic summary that captured thematic domains, contextual notes (e.g., interruptions from air-raid alerts or power outages), and a set of verbatim key statements selected to illustrate central themes.

The selective verbatim extraction protocol was standardized: moderators flagged illustrative statements during sessions; a primary analyst transcribed

those statements verbatim; a second analyst cross-checked the extracted quotations against the audio recording for accuracy. Selection criteria for verbatim extracts prioritized statements that were thematically salient, representative across groups, and illustrative of season-specific patterns; moderators flagged candidate quotations during sessions and a primary analyst applied the standardized selection rubric. Approximately two-thirds of focus groups contributed at least one verbatim extract. Member-checking ($n = 24$) specifically reviewed the representativeness of selected quotations, and adjustments were made where participants indicated misrepresentation. Full verbatim transcription of every session was not undertaken for pragmatic reasons; the selective verbatim procedure was designed to preserve participants' voices and to anchor thematic claims in authentic language.

Analytic work combined inductive and deductive elements of reflexive thematic analysis [2]. Seasonal datasets were analyzed independently to identify within-wave patterns; cross-seasonal comparison matrices were then used to trace temporal dynamics and synthesize higher-order themes. Two independent coders conducted open coding on the analytic summaries and verbatim extracts; codes were consolidated into a shared codebook through iterative discussion. Inter-coder agreement was monitored using percent agreement on theme assignment, with a mean agreement of 86.0% across waves. Discrepancies were resolved through consensus meetings and, when necessary, adjudicated by a senior analyst. All analytic decisions, codebook revisions, and emergent interpretations were documented in reflexive memos to maintain an audit trail.

Trustworthiness, reflexivity, and ethical safeguards

To enhance trustworthiness, the study employed methodological triangulation across four seasonal waves, analyst triangulation with multiple coders and senior peer debriefing, and selective participant validation. A purposive subset of participants ($n = 24$), drawn proportionally from the four waves, was invited to review summary findings and comment on the resonance and completeness of thematic descriptions; feedback from this member-checking exercise was incorporated into the final analytic matrices.

Reflexive practice was embedded throughout the research process. Moderators and analysts maintained reflexive memos documenting positionality, emotional responses, and potential sources of bias arising from

conducting research within a shared traumatic reality [1]. The research team included clinicians and researchers with varying degrees of proximity to the conflict; reflexive memos were used to surface and mitigate the influence of researchers' own experiences on data interpretation.

Ethical safeguards were applied at every stage. Participants provided informed consent and were reminded of their right to withdraw at any time without consequence. Anonymization procedures were strictly enforced: all quotations were de-identified, geographic and role identifiers were generalized, and potentially identifying contextual details were removed or altered while preserving substantive meaning. Audio files and analytical materials were stored on encrypted drives with restricted access; data handling complied with institutional ethical approvals and applicable data protection standards. Moderators received training in trauma-informed facilitation and were prepared to provide immediate grounding techniques, brief psychological support, or referral information if participants exhibited acute distress during sessions.

Limitations related to data handling

The selective verbatim extraction strategy and the decision not to produce full verbatim transcripts were justified by pragmatic and ethical considerations in an active conflict setting; these choices limit the possibility of exhaustive linguistic analysis and may affect reproducibility at the micro-interactive level. To mitigate these limitations, the study implemented a standardized extraction protocol, double-checking of verbatim quotes, inter-coder monitoring, and member-checking. These measures are described here to support transparent appraisal of transferability and analytic rigor.

2. Model Evidence: Seasonal Patterns

Overview of the Dataset

Across the four seasonal waves of data collection conducted in 2025, the study included approximately 240 participants representing psychologists, psychotherapists, counsellors, and MHPSS practitioners working in various regions of Ukraine. Each wave comprised between five and seven focus groups, with an average of nine to twelve participants per group. The composition of the groups remained consistent across the year, ensuring comparability between seasonal datasets. Participants represented a wide range of professional modalities and institutional settings, including

public healthcare facilities, private practice, humanitarian organizations, educational institutions, and crisis-response services. All participants were actively engaged in direct psychological or psychosocial support during the period of data collection and reported ongoing exposure to war-related stressors in both their professional and personal lives.

The data collected in each wave were summarized into structured analytical tables capturing two core domains: (1) professional and personal difficulties and (2) professional and personal supporting factors. These domains remained stable across all four seasons, allowing for systematic thematic organization of the results. The following sections present the findings for each seasonal wave in descriptive form, reflecting the content of the focus-group summaries without interpretive commentary.

Spring 2025

“I keep telling myself I have to be strong for them, even when I can barely stand on my feet.” – *Clinical psychologist, frontline region.*

“Sometimes I end a session and realize I haven’t eaten or slept; I still log on because someone needs me.” – *Psychotherapist, Kyiv region.*

“We tell each other to hold on; it feels like we are all carrying the same weight.” – *Social worker, western/IDP-host region.*

Professional and Personal Difficulties

During the spring wave, participants described a high level of emotional load associated with continuous exposure to clients’ traumatic experiences and the cumulative effects of prolonged work in wartime conditions. Many practitioners reported difficulties maintaining professional stability while managing their own reactions to ongoing danger, including air-raid alerts, explosions, and concerns for personal and family safety. The need to uphold professional boundaries and remain within the limits of competence was frequently mentioned, particularly in cases where client requests were ambiguous or exceeded the practitioner’s training.

Participants noted persistent pressure to engage in continuous professional development, often driven by the rapid emergence of new types of requests and the need to integrate diverse therapeutic approaches. The volume of work assigned to individual specialists was described as substantial, with limited opportunities for rest or recovery. Personal factors such as fatigue, insufficient sleep, and unmet basic needs contributed to reduced capacity for emotional regulation. Some practitioners reported

experiencing strong personal reactions during sessions, which they found difficult to manage alongside their professional responsibilities.

Practical constraints also shaped the spring experience. Limited access to materials, restricted consultation time, and challenges of working in online formats were frequently cited. Participants noted that certain techniques, particularly those involving embodied or experiential components, were difficult to adapt to remote settings. Infrastructure-related disruptions, including power outages and unstable internet connections, further complicated service delivery. The presence of internal dilemmas – such as the belief that “I must help others” despite personal exhaustion – was common. Stigma toward psychological support within the general population remained a barrier, as did the emotional impact of STS. Balancing professional and personal sources of support was described as difficult, particularly when personal networks were also strained by the war.

Professional and Personal Supporting Factors

Despite these challenges, participants identified a range of factors that supported their functioning during the spring period. Many described the development of secondary resilience through repeated exposure to difficult situations and the gradual strengthening of internal coping capacities. We operationalize ‘secondary resilience’ as immediate, pragmatic coping strategies that sustain day-to-day functioning (e.g., sleep hygiene, brief grounding), distinct from vicarious resilience, which denotes longer-term identity change following client recovery narratives. Personal therapy, supervision, and intervision were consistently named as essential sources of professional stability. The presence of a cohesive team and a supportive professional environment contributed to a sense of safety and collaboration.

Participants emphasized the value of ethical frameworks and clear professional structures, which provided predictability and containment. Positive feedback from clients and colleagues served as an important source of motivation. Self-care practices, including physical activity, attention to basic needs, and time spent in nature, were described as stabilizing. Establishing a structured work schedule and managing workload contributed to a sense of control. Adequate rest, when available, was considered crucial for maintaining emotional balance.

The maintenance of personal meaning and the perceived significance of their work were central sustaining factors. Many practitioners described

the importance of cultivating and protecting their professional identity. Observing positive outcomes in clients reinforced their motivation. Career development opportunities and ongoing learning were also viewed as supportive. Participants highlighted the value of quiet time, sensory grounding, and simple restorative activities such as watching sunsets or spending time near water. Awareness of personal limits and the ability to recognize early signs of fatigue were described as increasingly important. Some noted that applying the same self-care principles they taught their clients helped reinforce their own resilience. The ability to pause, rest, and take breaks before reaching exhaustion was described as a developing skill.

Summer 2025

“Colleagues are disappearing from supervision – they are exhausted or have taken extra jobs to survive.” – *Crisis counsellor, frontline region.*

“I spend more time on paperwork than on therapy; it feels like the system is asking for proof, not care.” – *Psychotherapist, humanitarian NGO.*

“Paid leave saved me this summer – two weeks away helped me come back able to listen again.” – *Clinical psychologist, Kyiv region.*

Professional and Personal Difficulties

During the summer wave, participants reported continued high professional demands, accompanied by a noticeable diversification of client requests. Many practitioners reported that the range of issues presented by clients expanded significantly, requiring them to draw upon multiple therapeutic approaches and, at times, to work beyond the boundaries of their primary modality. The need to integrate knowledge from various psychological schools and adapt interventions to complex wartime realities was frequently mentioned. Participants noted that the volume of work remained substantial, with limited opportunities to reduce caseloads or decline new clients.

A recurring theme concerned the bureaucratization of psychological work. Practitioners described increased administrative tasks, documentation requirements, and regulatory expectations, which they perceived as time-consuming and often misaligned with the realities of crisis-oriented practice. Some participants expressed concern about the growing formalization of the profession, including discussions about licensing, commissions, and regulatory oversight, which created uncertainty about future professional trajectories.

Financial pressures were also noted. The rising cost of professional training, supervision, and continuing education was described as a significant burden, particularly for those working in humanitarian or low-paid institutional settings. Participants reported that the cost of living, taxation changes, and inconsistent funding streams contributed to a sense of instability. In some cases, practitioners described working across multiple projects or roles to maintain financial security, which further increased workload and reduced time for rest.

Professional burnout among colleagues was frequently observed. Participants described witnessing signs of emotional exhaustion, depersonalization, and reduced motivation within their professional networks. The instability of client systems – including frequent relocations, interruptions due to shelling, and inconsistent attendance – added to the sense of fragmentation in therapeutic work. Some practitioners reported challenges in accessing qualified supervision or intervision groups within their modality, particularly in specialized areas.

Personal difficulties during the summer included persistent fatigue, challenges in maintaining work-life balance, and emotional strain related to ongoing war conditions. Participants described difficulties in recovering between sessions, managing their own emotional responses, and sustaining empathy in the face of continuous exposure to distressing narratives. The desire for emotional support, physical closeness, or simple comfort was mentioned, alongside the recognition that such needs were not always easy to meet. The absence of a unified ethical code within the professional community and concerns about the quality of training offered by some organizations were also noted as sources of tension.

Professional and Personal Supporting Factors

Despite these challenges, participants identified a wide range of supportive factors that contributed to their professional sustainability during the summer period. Many emphasized the importance of belonging to a community of like-minded colleagues, describing professional networks as a key source of emotional and practical support. Opportunities for paid vacation were described as highly valuable, particularly when they allowed for extended rest and psychological recovery.

Access to high-quality university-level education and verified training materials was viewed as an important resource. Participants noted that

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learning from experienced professionals, including international lecturers and mentors, contributed to their sense of competence and professional growth. The ability to specialize in specific areas of practice – such as oncology, palliative care, prenatal psychology, sports psychology, or military psychology – was described as motivating and meaningful.

Personal therapy, supervision, and intervention remained central stabilizing factors. Many practitioners highlighted the importance of self-reflection, self-acceptance, and the ability to recognize personal limits. The development of skills for self-support, including the capacity to be “one’s own therapist,” was frequently mentioned. Participants described drawing on their previous education, life experience, and interdisciplinary backgrounds (e.g., journalism, medicine, IT, philology) as valuable resources that enriched their psychological practice.

Support from family, friends, and close relationships played a significant role in maintaining emotional balance. Participants noted that personal connections often took on new depth and significance during wartime. The ability to rely on trusted individuals, share experiences, or receive practical help contributed to a sense of stability. Some practitioners described positive personal changes, including increased awareness, emotional maturity, and improved capacity for self-regulation.

Professional literature, access to English-language sources, and the availability of diverse learning opportunities were also cited as important. Participants described feeling motivated by the possibility of contributing to scientific work, engaging in research, or participating in international professional communities. The presence of organizational support – including supervision, training, and team cohesion – was described as beneficial. Many practitioners emphasized the importance of recognizing their own value, appreciating their work, and maintaining a sense of purpose.

Autumn 2025

“By autumn the emotional weight is heavier – I find myself crying after sessions and then trying to hide it from my team.” – *Clinical psychologist, frontline region.*

“I started to question whether I can keep doing this work without losing myself.” – *Psychotherapist, western region.*

“Peer groups were the only place I could say I was tired and be believed.” – *Social worker, IDP-host region.*

Professional and Personal Difficulties

During the autumn wave, participants described a noticeable intensification of both professional and personal strain. Many practitioners reported that the cumulative effects of prolonged exposure to clients' traumatic experiences became more pronounced during this period. The return to regular work rhythms after the summer months coincided with an increase in the number and complexity of client requests. Participants noted that many clients presented with symptoms associated with prolonged stress, unresolved grief, and chronic uncertainty, which required sustained emotional engagement and often exceeded the scope of short-term interventions.

A recurring theme concerned the practitioners' own exposure to war-related events. Participants described experiencing air-raid alerts, explosions, and disruptions to daily routines, which heightened vigilance and led to emotional fatigue. Some reported that their personal experiences of danger or loss resurfaced during sessions, making it more difficult to maintain emotional boundaries. The overlap between personal and professional spheres was frequently mentioned, particularly among those whose family members were serving in the military or living in high-risk areas.

The challenges of adapting international therapeutic approaches to the Ukrainian wartime context were also highlighted. Participants noted that certain techniques or protocols did not fully align with the realities faced by their clients, necessitating continuous modification and improvisation. Online work remained a significant challenge, especially when unstable internet connections or limited privacy in clients' homes disrupted the therapeutic process. Some practitioners reported physical discomfort associated with prolonged online work, including headaches, eye strain, and musculoskeletal tension.

Workload remained high, with many practitioners reporting feeling overwhelmed by the volume of requests. The instability of funding psychological services, particularly in humanitarian projects, created additional uncertainty. Participants noted that changes in project structures, shifting priorities, and inconsistent financial support contributed to a sense of professional insecurity. The lack of harmonized protocols across different organizations and professional groups was also mentioned, with

some practitioners expressing frustration that existing guidelines did not fully reflect the realities of wartime practice.

Vicarious traumatization emerged as a prominent theme. Participants described experiencing emotional heaviness, intrusive thoughts, and a sense of being “saturated” with traumatic material. Family-related stressors, including chronic illnesses among relatives, children’s emotional difficulties, and partners’ military deployment, further contributed to emotional strain. Some practitioners noted that they lacked access to intervention groups within their modality or that existing supervision structures were insufficient to meet their needs.

Stigma surrounding psychological support continued to coexist with growing public awareness. Participants described encountering clients who were hesitant to seek help or who held misconceptions about psychological services. Internal conflicts were also reported, particularly the tension between the desire to help clients with severe difficulties and the need to preserve personal resources. The unpredictability of the security situation and the ongoing risk of traumatization were frequently mentioned. Some practitioners expressed concern about the increasing presence of alternative sources of psychological advice, including unqualified individuals and automated tools, which they felt contributed to the devaluation of professional expertise.

Professional and Personal Supporting Factors

Despite the challenges of the autumn period, participants identified numerous factors that supported their functioning. Many described engaging in creative activities – both personally and with clients – as a meaningful source of emotional replenishment. Creative practices, including drawing, crafting, writing, and other forms of expressive work, were noted to provide a sense of grounding and relief. The presence of a supportive professional community remained a central resource. Participants emphasized the importance of teamwork, collegial communication, and the ability to share emotional and professional burdens with trusted colleagues.

Family support continued to play a significant role. Participants described receiving both emotional and practical assistance from relatives and close friends. Time spent in nature, exposure to calming environments, and contact with pets were frequently mentioned as stabilizing influences. Many practitioners highlighted the importance of rest, vacations, and

opportunities to temporarily step away from professional responsibilities. Attention to physical health – including adequate nutrition, hydration, and physical activity – was described as essential for maintaining emotional balance.

Supervision and intervision remained key professional support. Participants noted that structured opportunities to discuss difficult cases, reflect on their own reactions, and receive guidance contributed to a sense of competence and containment. Some practitioners described the value of changing their physical environment, such as taking short trips or spending time in new settings, as a way to restore perspective. Quiet time, solitude, and the ability to withdraw from social interactions when needed were also mentioned as important.

Relaxation-oriented practices, including mindfulness, breathing exercises, and body-based techniques, were described as helpful for managing stress. Participants emphasized the value of communication with friends outside the psychological profession, noting that such interactions provided emotional relief and a sense of normalcy. Opportunities to attend retreats, both within Ukraine and abroad, were described as restorative. Expressions of gratitude from clients and colleagues were frequently cited as meaningful sources of motivation.

Some practitioners noted that observing positive changes in clients reinforced their sense of purpose. Engagement in hobbies, reading, watching films, and participating in cultural activities contributed to emotional replenishment. Personal therapy and participation in support groups were described as stabilizing. The ability to express emotions – including crying, venting, or engaging in physical release such as hitting a pillow – was mentioned as an important coping strategy. Humor, including dark humor, was also described as a valuable resource for managing emotional strain.

Winter 2025

“Finding meaning in the work is what keeps me going through the worst nights – it’s the only thing that makes the exhaustion bearable.” – *Psychotherapist, Kyiv region.*

“Winter brought cognitive fatigue – I would forget words in sessions and panic.” – *Clinical psychologist, frontline region.*

“When the power went out, we learned to sit with silence; that silence taught me how to be present.” – *Crisis counsellor, hybrid modality.*

Professional and Personal Difficulties

During the winter wave, participants described a marked intensification of both cognitive and emotional strain. Many practitioners reported experiencing significant difficulties with attention, concentration, and memory, which they associated with prolonged exposure to stress and the cumulative effects of continuous work throughout the year. Feelings of exhaustion were common, with several participants noting that they entered the winter period already fatigued from previous months and found it increasingly challenging to maintain their usual level of professional functioning.

Administrative demands were frequently mentioned as a substantial burden. Participants described the volume of reporting, documentation, and organizational requirements as overwhelming, particularly when combined with the emotional weight of clinical work. Some practitioners noted that clients’ expectations for rapid or “immediate” results increased during this period, which added pressure and contributed to feelings of inadequacy or frustration. The presence of clients who were more negatively oriented or emotionally dysregulated was also reported, and practitioners described these interactions as particularly draining.

Infrastructure-related challenges were prominent during the winter months. Power outages, heating disruptions, and unstable internet connections interfered with the scheduling and delivery of sessions. Participants described difficulties coordinating appointments, managing cancellations, and maintaining continuity of care when clients were unable to attend due to safety concerns or logistical barriers. The unpredictability of air-raid alerts and nighttime shelling contributed to sleep disturbances, which further reduced practitioners’ capacity for emotional regulation.

STS remained a significant theme. Many practitioners reported experiencing somatic symptoms, including headaches, muscle tension, and gastrointestinal discomfort, which they associated with chronic stress. Some described the challenge of balancing multiple professional roles – for example, combining psychological practice with another job – and noted that limited experience in certain areas made this dual workload particularly demanding. The emotional impact of working with clients

who expected rapid improvement in severe or complex cases was also highlighted.

Personal boundaries were described as increasingly difficult to maintain. Participants noted that some clients attempted to contact them outside scheduled hours or during air-raid alerts, which added to the strain. The emotional needs of family members, particularly children and partners, were also mentioned as a source of pressure. Some practitioners described feeling responsible for supporting both clients and relatives simultaneously, which contributed to a sense of overload.

Financial instability remained a concern. Participants noted the high cost of professional training and the low or inconsistent compensation for psychological services in certain settings. The need to invest in additional education to meet the demands of wartime practice was described as both necessary and burdensome. Some practitioners expressed uncertainty about their long-term professional futures, particularly regarding licensing, recognition of qualifications abroad, and competition within the field.

Professional and Personal Supporting Factors

Despite the heightened challenges of winter, participants identified a wide range of supportive factors that helped sustain their functioning. Many emphasized the importance of physical self-care, including attention to sleep hygiene, balanced nutrition, hydration, and the use of vitamins or supplements. Gentle physical activity, such as stretching, walking, or light exercise, was described as beneficial for managing stress and maintaining energy levels.

Creative activities played a significant role in emotional regulation. Participants described engaging in drawing, crafting, sewing, working with clay, or other forms of artistic expression to process emotions and restore a sense of calm. Reading fiction, watching films, and listening to music were also mentioned as meaningful sources of psychological relief. Some practitioners noted that spending time alone, even briefly, allowed them to reset and regain emotional balance.

Professional support remained central. Personal therapy, supervision, and intervision were consistently described as essential for maintaining professional clarity and emotional stability. Participants highlighted the value of discussing difficult cases, receiving feedback, and sharing experiences with colleagues. Organizational support, including team

meetings focused on emotional well-being or case discussions, was also mentioned as helpful.

Interpersonal relationships continued to serve as important sources of resilience. Participants described receiving emotional support from partners, friends, and family members. Contact with pets was frequently mentioned as comforting and grounding. Some practitioners noted that caring for plants or maintaining a home environment that felt aesthetically pleasing contributed to a sense of stability.

Restorative rituals, such as taking warm showers, lighting candles, or spending time in quiet spaces, were described as helpful. Occasional travel, including short trips within Ukraine or abroad, provided opportunities for psychological recovery. Participants also mentioned the importance of engaging in meaningful activities, such as volunteering, donating to animal shelters or the military, or participating in community initiatives, which contributed to a sense of purpose.

Several practitioners described the value of recognizing their own limits and granting themselves permission not to be constantly productive. The ability to pause, rest, or temporarily step back from responsibilities was viewed as increasingly important. Some noted that humor, including dark humor, helped them cope with difficult situations. Others described the importance of acknowledging their own emotional reactions and allowing themselves to express sadness, frustration, or anger when needed.

Cross-Seasonal Comparative Analysis

Across the four seasonal waves of data collection, several patterns remained consistent throughout the year, while others shifted in response to contextual, organizational, and personal factors. The following section summarizes these cross-seasonal tendencies, focusing on the two core analytic domains: professional and personal difficulties and professional and personal supporting factors. The analysis remains descriptive and does not extend beyond the content provided by participants.

The table below summarizes the principal professional and personal difficulties reported by practitioners and the key supporting factors they identified in each season (spring–winter 2025). This cross-seasonal comparative overview highlights temporal shifts in stressors and resources and serves as a concise reference for the subsequent synthesis and discussion.

Table 2

**Summary of principal professional and personal difficulties
and supporting factors reported by Ukrainian MHPSS practitioners,
by season (spring–winter 2025)**

Season	Key difficulties	Key supports
Spring	Emotional overload; disrupted routines; online-work limitations; boundary strain; sleep disturbance	Supervision and intervision; personal therapy; team cohesion; basic self-care routines; meaning in work
Summer	Diversified and complex client requests; administrative burden; financial pressure; burnout among colleagues	Professional networks; paid leave opportunities; high-quality training; specialist supervision; family support
Autumn	Cumulative vicarious traumatization; resurfacing personal losses; unstable funding; limited modality-specific supervision	Peer support groups; targeted professional development; organizational containment; restorative activities in nature
Winter	Heightened emotional saturation; somatic symptoms; infrastructure disruptions; moral strain and ethical dilemmas	Regular supervision; institutional recognition; flexible workload policies; access to personal therapy and respite

Figure 1 synthesizes the cross-seasonal patterns summarized in Table 2 by mapping how contextual stressors, multilayered supports, and adaptive processes interact to shape practitioner identity and functioning across spring–winter 2025. The schematic foregrounds a central practitioner node (identity and therapeutic presence), concentric layers of personal resources and relational/organizational supports, and an outer layer of contextual stressors; arrows indicate dominant, mutual, and conditional pathways, while a seasonal timeline marks periods of intensified strain.

Professional and Personal Difficulties Across Seasons

Several difficulties were present in all four waves. Participants consistently described a high emotional load associated with continuous exposure to clients' traumatic experiences. This emotional strain was accompanied by cognitive challenges, including difficulties with concentration, memory, and sustained attention. Across all seasons, practitioners reported fatigue, sleep disturbances, and a sense of limited psychological capacity, attributing these to prolonged work under wartime conditions.

Practitioner Functioning in Wartime Ukraine (2025)

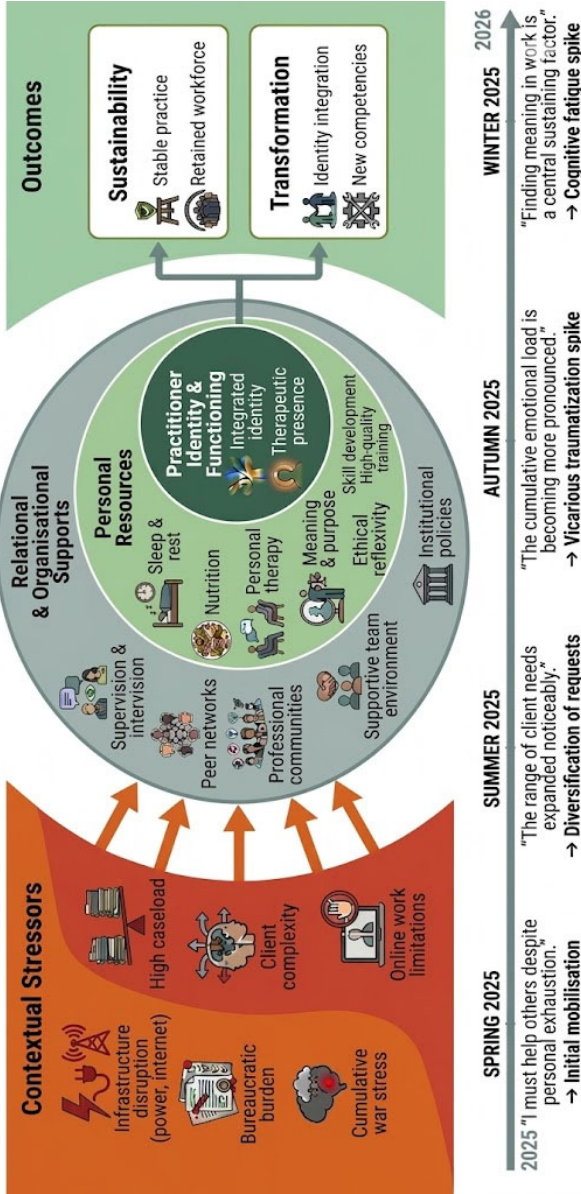


Figure 1. Integrative model of practitioner functioning in protracted conflict: contextual stressors, multilayered supports, and adaptive processes across four seasonal waves (spring–winter 2025)

The volume and complexity of client requests remained substantial throughout the year. Participants noted that clients frequently presented with issues related to chronic stress, grief, displacement, and uncertainty. The need to integrate multiple therapeutic approaches and adapt interventions to rapidly changing circumstances was a recurring theme. Across all seasons, practitioners described challenges in maintaining professional boundaries, particularly when clients sought contact outside scheduled sessions or during periods of heightened danger.

Infrastructure-related difficulties were also consistent. Unstable internet connections, power outages, and disruptions caused by air-raid alerts affected service delivery throughout the year, though these issues were particularly pronounced in winter. Administrative demands, including documentation and reporting requirements, were described as burdensome throughout the year. Financial instability, rising costs of professional education, and inconsistent compensation were also mentioned in multiple waves.

Some difficulties intensified or shifted with the seasons. In spring, practitioners described entering the year with residual fatigue and facing immediate high workloads. In summer, the diversification of client requests and the prominence of bureaucratic pressures increased. In autumn, cumulative emotional saturation and vicarious traumatization were frequently noted. In winter, cognitive fatigue, somatic symptoms, and infrastructural challenges were especially pronounced.

Personal difficulties followed a similar pattern of continuity and fluctuation. Across all seasons, participants described challenges balancing professional responsibilities with personal needs, managing emotional responses to war-related events, and supporting family members affected by the conflict. Feelings of isolation, emotional heaviness, and reduced motivation appeared in multiple waves, with increased intensity during autumn and winter.

Professional and Personal Supporting Factors Across Seasons

Despite the persistent challenges, participants identified a wide range of supporting factors that contributed to their resilience and sustained functioning. Several of these factors remained stable across all four seasons. Professional support, such as supervision, intervision, and personal therapy, was consistently described as essential. Participants emphasized the importance of collegial communication, teamwork, and belonging to

a professional community. These forms of support provided opportunities to discuss difficult cases, share emotional burdens, and maintain a sense of professional identity.

Personal support was also present throughout the year. Time spent with family and friends, engagement in hobbies, and contact with nature were frequently mentioned as stabilizing influences. Physical self-care, including attention to sleep, nutrition, hydration, and physical activity, was described as important year-round. Creative activities – such as drawing, crafting, writing, or working with materials – appeared across all waves as meaningful sources of emotional regulation.

Some supporting factors varied by season. In spring, participants highlighted the importance of re-establishing routines and reconnecting with sources of meaning. In summer, paid vacation and opportunities for rest were described as particularly valuable. In autumn, creative practices, retreats, and quiet time were frequently mentioned. In winter, restorative rituals, warm environments, and occasional travel were described as especially helpful.

Professional development remained a consistent source of motivation. Participants across all seasons noted the value of high-quality training, access to verified materials, and opportunities to learn from experienced colleagues. Observing positive changes in clients and receiving expressions of gratitude were also described as meaningful support.

Throughout the year, participants increasingly emphasized the importance of recognizing personal limits, allowing themselves to rest, and adopting a more flexible approach to self-care. Participants increasingly described deliberate pacing strategies – scheduled breaks and protected time off – as a developing skill that mitigated cumulative fatigue.

3. Model Interpretation and Implications

The findings of this study illuminate the complex and evolving landscape of psychological practice in Ukraine during the fourth year of full-scale war. While the Results section presented a descriptive account of practitioners' experiences across four seasonal waves, the present Discussion situates these findings within broader theoretical, empirical, and contextual frameworks. The analysis demonstrates that Ukrainian psychologists and MHPSS practitioners operate within a multilayered environment shaped by chronic

threat, cumulative stress, and the continuous renegotiation of professional identity. Their experiences reflect not only the demands of clinical work in wartime but also the deeper psychological processes associated with living and working in a shared traumatic reality.

A central theme emerging from the data is the persistent entanglement of personal and professional domains. This phenomenon aligns with the concept of shared traumatic reality, which describes situations in which helpers and clients are simultaneously exposed to the same collective threat [1; 3]. In such contexts, practitioners cannot rely on traditional assumptions of therapeutic distance or environmental stability. Instead, they must navigate a dual position: as professionals responsible for supporting others and as individuals directly affected by the same traumatic conditions. The seasonal data illustrate how this duality manifests in fluctuating emotional load, boundary challenges, and the need for continuous self-monitoring. The intensification of cognitive fatigue in winter, the emotional saturation in autumn, and the early-year mobilization in spring all reflect the cyclical nature of functioning within a prolonged crisis.

The findings also resonate with the literature on the wounded healer, which highlights how personal vulnerability can coexist with, and sometimes enhance, professional capacity [10]. Many practitioners described experiences that align with this framework: the need to manage their own emotional responses, the recognition of personal limits, and the gradual development of a more flexible and authentic therapeutic stance. Rather than undermining their work, these experiences often contributed to a deeper sense of connection with clients and a more nuanced understanding of suffering. However, the wounded healer dynamic also carries risks, particularly when practitioners lack adequate support or when personal and professional boundaries become blurred. The data suggest that Ukrainian practitioners continually negotiate this tension, seeking ways to remain present and effective without becoming overwhelmed.

Another important dimension concerns the emergence of moral and ethical strain [7]. Although not always explicitly articulated, participants' descriptions of administrative pressures, inconsistent organizational structures, and the perceived devaluation of psychological expertise point to experiences that align with the concept of moral injury [7]. Moral injury arises when individuals feel unable to act in accordance with their

professional values due to external constraints. In the Ukrainian context, such constraints include infrastructural instability, bureaucratic demands, and the rapid expansion of psychological services in the absence of unified standards. These conditions create ethical dilemmas that practitioners must navigate daily, often without clear guidance or institutional support.

Despite these challenges, the data also reveal significant sources of resilience. The presence of vicarious resilience – the positive transformation that can occur through witnessing clients' coping and recovery – was evident across all seasons [4]. Participants frequently described the motivational impact of observing clients' progress, receiving expressions of gratitude, or recognizing the broader significance of their work. These experiences contributed to a sense of purpose and reinforced practitioners' commitment to their professional roles.

Resilience was also supported by a multilayered ecosystem of resources. At the individual level, practitioners relied on self-care practices, creative activities, and restorative rituals. At the relational level, family, friends, colleagues, and pets provide emotional grounding. At the professional level, supervision, intervision, and access to high-quality training played a central role. At the existential level, meaning-making processes – such as contributing to national resilience, supporting vulnerable populations, or maintaining a sense of moral agency – served as powerful stabilizing forces. This ecological perspective aligns with contemporary models of resilience that emphasize the interplay between individual capacities and environmental support.

The seasonal structure of the data highlights the dynamic nature of these processes. While certain challenges and support remained stable across the year, others fluctuated in response to contextual conditions. For example, the intensification of somatic symptoms and cognitive fatigue in winter reflects the combined impact of environmental stressors, infrastructural instability, and cumulative emotional load. In contrast, the relative relief experienced during summer underscores the importance of rest, vacation, and opportunities for temporary withdrawal from professional responsibilities. These patterns suggest that wartime resilience is not a fixed trait, but a dynamic process shaped by temporal, environmental, and relational factors.

The findings also point to broader implications for the MHPSS system in Ukraine. The persistent challenges described by practitioners – high

workload, administrative burden, inconsistent supervision structures, and financial instability – indicate the need for systemic interventions. Strengthening organizational support, developing unified professional standards, and ensuring access to high-quality supervision and training are essential steps toward sustaining the psychological workforce. These recommendations align with established international guidance for MHPSS in emergencies. The World Health Organisation materials and the IASC Guidelines for Mental Health and Psychosocial Support emphasize a multi-layered, inter-sectoral response that combines community and family supports, focused psychosocial interventions, and clinical services; they also prioritize coordination, human-resource capacity (including training and supervision), and protection of human rights – all of which map directly onto the systemic gaps identified by our participants [5; 9]. The data also highlight the importance of recognizing the emotional labor inherent in wartime psychological practice and providing institutional mechanisms for addressing burnout, vicarious trauma, and moral strain.

Finally, the study contributes to the international literature on psychological practice in crisis settings by offering a detailed, seasonally structured account of practitioners' experiences during a prolonged armed conflict. While some findings align with research from other contexts, such as Israel, Armenia, and Syria, the Ukrainian case presents unique features related to the scale of civilian involvement, the duration of the conflict, and the rapid expansion of psychological services. The integration of shared traumatic reality, wounded healer dynamics, and ecological resilience provides a comprehensive framework for understanding these experiences and offers a foundation for future research.

Conclusions

The present study provides a comprehensive, seasonally structured account of the professional and Practitionerspersonal experiences of Ukrainian psychologists, psychotherapists, and MHPSS practitioners working during the fourth year of full-scale war. By examining four waves of qualitative data collected across spring, summer, autumn, and winter 2025, the research offers a detailed portrayal of how helpers navigate the demands of psychological practice within a shared traumatic reality. The

findings highlight both the persistent challenges and the diverse sources of resilience that shape practitioners' functioning over time.

Across all seasons, participants described a sustained emotional and cognitive load associated with continuous exposure to clients' traumatic experiences, high caseloads, and the unpredictability of wartime conditions. Difficulties related to concentration, memory, sleep, and emotional regulation were consistently present, reflecting the cumulative impact of prolonged stress. Infrastructure-related disruptions, administrative demands, and financial instability further complicated the delivery of psychological services. These challenges intensified at specific points in the year, particularly during autumn and winter, when emotional saturation, vicarious traumatization, and somatic symptoms became more pronounced.

Despite these pressures, practitioners demonstrated substantial adaptive capacity. The data reveals a multilayered ecosystem of supporting factors that sustained their professional functioning. Supervision, intervision, and personal therapy remained central stabilizing resources, while collegial communication and team cohesion provided essential emotional and practical support. Personal coping strategies – including creative activities, physical self-care, restorative rituals, and time spent in nature – contributed to emotional balance. Interpersonal relationships, including support from family, friends, and pets, played a significant role in maintaining psychological stability. Opportunities for professional development, access to high-quality training, and meaningful work engagement reinforce practitioners' sense of purpose and professional identity.

The seasonal structure of the findings underscores the dynamic nature of psychological practice in wartime. While certain challenges and support remained stable throughout the year, others fluctuated in response to contextual and environmental conditions. This temporal variability underscores the importance of flexible, context-sensitive approaches to supporting the mental health workforce. The study also demonstrates that wartime resilience is not a fixed trait, but an ongoing process shaped by individual, relational, organizational, and existential factors.

The findings carry several implications for the development of Ukraine's MHPSS system. Strengthening organizational structures, ensuring regular supervision, and reducing administrative burden are strongly indicated by our data and consistent with IASC/WHO guidance to sustain the

psychological workforce. Establishing unified professional standards and ethical guidelines would help address the inconsistencies and uncertainties described by practitioners. Additionally, institutional recognition of the emotional labor inherent in wartime psychological practice is necessary to prevent burnout, vicarious trauma, and moral strain.

Future research should continue to explore the longitudinal trajectories of helpers working in conflict settings, with particular attention to the interplay between personal vulnerability, professional identity, and systemic support. Comparative studies across regions and professional groups may further illuminate the diverse ways practitioners adapt to prolonged crises. Integrating qualitative and quantitative methods could also enhance understanding of the psychological mechanisms underlying resilience and strain in shared traumatic realities.

Overall, this study contributes to the growing body of knowledge on psychological practice in contexts of armed conflict. Documenting the lived experiences of Ukrainian MHPSS practitioners across an entire year of war offers valuable insights into the challenges they face, the resources they mobilize, and the complex processes through which they sustain their work. These findings underscore the critical importance of supporting the mental-health workforce as an integral component of national resilience and recovery.

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