

ABOUT THIS ARTICLE

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IMPLEMENTATION OF THE "SELF-HELP PLUS" INTERVENTION IN WORK WITH VETERANS AND THEIR FAMILY MEMBERS: OPPORTUNITIES AND CHALLENGES OF ADAPTATION

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Abstract

The *relevance* of the study is driven by the growing psychological challenges faced by veterans and their families amidst war and social crises. The purpose of the publication is to generalize the authors' experience in adapting the "Self-Help Plus" (SH+) program, developed by the World Health Organization, for work with veterans and their families, as well as to evaluate the effectiveness of this implementation.

Methodology. Methodological support included the WHO manual with recommendations on using the "Self-Help Plus" (SH+) program, observation of participants' emotional reactions, and quantitative and qualitative analysis of changes in the levels of stress, anxiety, depression, and PTSD in veterans and their family members before and after group sessions.

Results. High levels of stress negatively affect mental health, which is confirmed by WHO data regarding the prevalence of anxiety and depressive disorders. The implementation of the "Self-Help Plus" (SH+) program, the main content of which consists of interventions aimed at developing self-regulation skills and emotional state management for participants, led to a reduction in symptoms of distress, anxiety, depression, and post-traumatic manifestations among its participants. This confirms the effectiveness of SH+ as a group intervention that promotes psychological recovery and resource strengthening.

Conclusions. The conclusions of the work emphasize the expediency of wider implementation of similar evidence-based self-help programs into the practice of supporting veterans, taking into account their individual needs.

Keywords: "Self-Help Plus" program, veterans and their family members, group intervention, mental health, trauma.

Relevance

Global events significantly increase stress levels and the need for adaptive mechanisms to maintain psychological balance, making mental health a priority not only at the individual but also at the societal level (Kononenko I., 2025: 34). Awareness of its significance determines the need for rapid and evidence-based psychological aid instruments capable of scaling and adapting to the needs of veterans and their family members (Purgato, 2021: 403–413; Levin, 2019). In this direction, the Institute of Psychiatry at KNU and the Center for Mental Health of Veterans and Their Families are implementing modern programs aimed at supporting military personnel and their families.

One of the most promising approaches is the SH+ intervention developed by the WHO (Acarturk, 2022: 88–95). It is based on the principles of cognitive-behavioral therapy, mindfulness, and acceptance of one's own experience. World practice convincingly demonstrates its effectiveness as a tool for preventing mental disorders (Tol, 2020: 254–263). Under war conditions, when rapid access to psychosocial support is critically necessary, the adaptation and testing of this program within the Ukrainian socio-cultural context become particularly relevant.

The aim of the work is to analyze the features of the implementation and adaptation of the Self-Help+ intervention for work with veterans and their family members, as well as to determine its effectiveness for the psychological support of the mental health of this population category under conditions of military actions in Ukraine.

Methodology

Sample. The Self-Help+ program was implemented in June–July 2025 at the Taras Shevchenko National University of Kyiv in the format of five structured group sessions under the guidance of a facilitator and a co-facilitator from the Institute of Psychiatry at KNU. The training group included veterans and their family members—a total of 23 individuals, predominantly aged 41–49 years, including 11 veterans (47.8%) and 12 family members (52.2%).

Methods. At the first meeting, each participant received the illustrated WHO manual "Doing What Matters in Times of Stress: An Illustrated Guide" describing practical exercises for independent use between sessions (WHO, 2021). During the sessions, techniques for overcoming negative thoughts, "grounding" exercises, problem-solving methods, and the formation of healthy habits and self-care skills were practiced. Facilitators systematically monitored attendance and obtained brief feedback from participants regarding their emotional state and activity in group work.

Before the start of the program, all participants underwent primary testing (T1), which included the collection of socio-demographic data and psychometric diagnostics. The following instruments were used: the Perceived Stress Scale (PSS-10) to determine the stress level (low, moderate, high), and screening questionnaires to assess symptoms of anxiety (GAD-7) and depression (PHQ-9). In cases of ambiguous results, short individual interviews with a psychologist were conducted to clarify the emotional state and make a final decision regarding inclusion in the sample.

Inclusion criteria were: age 18 and older, low or moderate stress level according to the PSS-10 scale, voluntary consent to participate, and readiness to attend all sessions. Individuals with high levels of stress or pronounced anxiety-depressive symptomatology requiring individual therapy, severe mental disorders, dependence on psychoactive substances, or identified suicidal intent were excluded.

After completing the course, participants repeated the same psychometric tests (T2), allowing for an assessment of changes in stress levels, symptoms of depression, anxiety,



and subjective well-being. Additionally, an assessment of post-traumatic manifestations, psychological resilience, and substance use was carried out.

Results

Results were collected in both quantitative and qualitative forms, taking into account the individual traumatic experience of participants and the specifics of their performance of exercises. Table 1 presents the generalized socio-demographic characteristics of the study participants.

Table 1. Socio-demographic characteristics of study participants (n = 23)

| Total participants, (100%) / Variables | | Study Participants | |
|--|--------|--------------------|----------------|
| | | Veterans | Family Members |
| | | n = 11 (47.8) | n = 12 (52.2) |
| Gender | Male | 6 (54.5) | 0 (0) |
| | Female | 5 (45.5) | 12 (100) |
| Age | ≤ 40 | 1 (9.1) | 0 (0) |
| | 41-49 | 8 (72.7) | 11 (91.6) |
| | ≥50 | 2 (18.2) | 1 (8.4) |

The conducted study showed that the Self-Help+ course contributes to improving the psychological state and reducing symptoms of depression and anxiety among veterans and their family members (see Table 2).

The distribution of respondents by PHQ-9, GAD-7, and PSS-10 indicators at the initial stage indicates that among veterans (n = 11), the average score on the PHQ-9 scale was 12.72, which allows stating the presence of moderate depressive manifestations. After completing the program, this indicator decreased to 9.27, meaning it shifted to the range of mild symptomatology. On the GAD-7 scale, the average score decreased from 8.09 at T1 to 6.45 at T2, indicating a reduction in the level of anxiety. Simultaneously, a decrease in the average stress level from 18.08 to 15.5 points was recorded on the PSS-10 scale.

Among family members of veterans (n = 12), the average PHQ-9 indicator at the beginning was 12.08, which also corresponded to a moderate level of depressive symptomatology, and after the program, it decreased to 9.91. On the GAD-7 scale, a decrease from 7.08 to 5.01 points was observed, testifying to a reduction in anxiety. The

indicator on the PSS-10 scale decreased from 18.83 at T1 to 15.75 at T2, demonstrating a noticeable reduction in stress levels.

Table 2 – Distribution of respondents by PHQ-9, GAD-7, PSS-10 scale indicators

| | PHQ-9 (points, %) | | GAD-7 (points, %) | | PSS-10 (points, %) | |
|-----------------------------|-------------------|------|-------------------|------|--------------------|-------|
| | T1 | T2 | T1 | T2 | T1 | T2 |
| Veterans 11 (47.8) | 12.72 | 9.27 | 8.09 | 6.45 | 18.08 | 15.5 |
| Family Members 12 (52.2) | 12.08 | 9.91 | 7.08 | 5.01 | 18.83 | 15.75 |

Analysis of open comments from participants testified that the majority noted a decrease in anxiety and tension levels, development of self-regulation skills (breathing exercises, relaxation, "grounding" techniques), improvement in concentration and productivity in learning, as well as the formation of a sense of mutual support within the group.

Particular attention should be paid to the "Grounding" technique, which promotes relaxation and stabilization of psychological orientation. At the same time, for veterans with traumatic experiences, it can act as a trigger, thus requiring careful use and individual adaptation. A similar situation was observed with other exercises. For example, the technique "Unhooking" [from the hook], which involves identifying and letting go of negative emotions, caused an acute emotional outburst and distress for a participant who had recently lost her husband. Similarly, during the "Acting on your values" (specifically practicing kindness) exercise, some participants in a state of acute grief experienced difficult emotions due to the inability to imagine an important person to whom they could address kind words.

Thus, work with groups of veterans and their families requires special consideration of psychosocial aspects, emotional state, and physical capabilities of participants. This necessitates the individualization of approaches: adaptation of exercises for persons with disabilities, and modification of techniques for those who have traumatic experiences or are in the process of acute grieving.

Despite initial skepticism and distrust of the program, which is expected for groups with traumatic experiences, a gradual positive dynamic was observed during the intervention. Initial sessions were characterized by caution in expressions and an increased level of tension. However, thanks to the work of the facilitator and co-facilitator, who ensured an atmosphere of safety, trust, and confidentiality, participants gradually opened up, shared personal experiences more actively, practiced self-regulation techniques, and exchanged stress-coping strategies.



Starting from the third session, participant activity increased, and mutual support within the group became an important resource for many. The final stages of the program were characterized by increased cohesion, a sense of solidarity, and an awareness of the possibility of applying the acquired skills in everyday life. An important sign of the positive impact of the intervention was that a significant portion of participants at the end of the course expressed a desire to undergo training for facilitators to be able to spread this experience among others.

Thus, the dynamics of group interaction confirmed the effectiveness of the group format of the SH+ intervention: from initial distrust and skepticism to the formation of trust, active participation, and mutual support. This created favorable conditions for the assimilation and practical use of self-help techniques. A decisive factor in the successful implementation of the program was the coordinated work of facilitators and co-facilitators: the former ensured structure, a safe space, and the dynamics of the group process, while the latter provided individual support to participants with increased vulnerability. As a result, not only was a reduction in symptomatology achieved, but also an increase in motivation for further self-development.

Discussion

The results of the study confirm the effectiveness of the SH+ program in reducing symptoms of depression, anxiety, and stress among veterans and their family members. The dynamics of psychometric indicators align with international data, indicating the high evidence base of this intervention even in the complex conditions of war and social instability.

At the same time, the results emphasize the importance of cultural and psychosocial adaptation. Certain exercises caused unwanted emotional reactions, requiring careful selection and modification of techniques, as well as the readiness of facilitators to react promptly to difficult experiences, preventing re-traumatization. Special attention is required for the adaptation of physical components for participants with disabilities, making the program more inclusive and consistent with modern approaches in the field of veteran rehabilitation.

A significant result was also the positive dynamic of the group process: the transition from wariness to trust, activity, and mutual support, which confirms the value of the group format as a resource for solidarity and collective support. The decisive role was played by the coordinated work of facilitators who ensured structure and a safe atmosphere.

The main limitation of the study is the small sample size and the short duration of the intervention, which does not allow for assessing long-term effects. Further research should include larger samples, controlled trials, and monitoring of remote results, particularly regarding PTSD prevention and the development of psychological resilience.

Conclusions

The SH+ intervention proved effective in reducing stress levels, anxiety, and depressive symptomatology among veterans and their family members, confirming its expediency in modern mental health conditions. The group format of work contributed to the formation of an atmosphere of trust, mutual support, and cohesion, which became an additional resource for recovery and increasing the stress resistance of participants.

At the same time, the results highlighted the necessity of adapting the program to individual needs: taking into account traumatic experience, the stage of grieving, the presence of disability, and other specific factors influencing the perception and execution of exercises. The decisive role in ensuring the effectiveness of the intervention was played by facilitators and co-facilitators who created a safe space, ensured the structure of the process, and provided individual support to participants.

The obtained results testify to the prospects of scaling SH+ within the system of psychological aid to veterans in Ukraine and emphasize the need for further research aimed at studying the long-term effects of the program and improving the mechanisms of its adaptation to specific conditions.

Conflict of interests. The authors are not aware of any conflict of interest in the preparation of this publication.

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