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**THE MAIN COMPONENTS OF COMPLEX REHABILITATION
PROCESS OF COMBATANTS AND EX-COMBATANTS AT THE
PRESENT CONDITIONS IN UKRAINE**

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Introduction. Today, because of full scale invasion the population of Ukraine especially combatants are massively under the influence of potentially traumatic events. Unfortunately, the war continues, and the number of those who need and will need medical and psychological rehabilitation is constantly increasing.

The problem of restoring the health and working capacity of combatants participating in military operations is the main task of medical and psychological rehabilitation. But the socio-psychological characteristics of the content and features of the implementation of complex programs of medical and psychological rehabilitation, which are aimed at the re-adaptation of certain categories of the military and civilian population, depending on the manifestations of somatic and mental disorders in the victims, have not been sufficiently developed in Ukraine.

The aim of the work is to discuss of the components of complex rehabilitation process of combatants and ex-combatants at the present conditions in Ukraine.

The main part. According to the literature, the rehabilitation process consists of such important periods as: recovery, readaptation and resocialization. Convalescence is a process of recovery with restoration of disturbed biological and psychological functions. During this period, pathogenetic therapy, surgical intervention, and medical rehabilitation of patients are actively used. Readaptation is the process of adapting the patient to life, work or study and the environment. At this time, it is necessary to apply medical rehabilitation, social and professional rehabilitation, as well as pathogenetic therapy. Resocialization is a rehabilitation

process by which a mature personality restores previously broken ties or strengthens old ones. Rehabilitation potential is a set of biological, psychophysiological features and factors of the social environment that allow realizing the patient's potential. It includes a systemic biopsychosocial characteristic of the human condition. The components of this characteristic can determine the possibilities (objective and subjective) of changing the defined status.

Today, specialists distinguish such components of rehabilitation potential as: clinical and functional component, psychological component, professional component, educational component and social component. The following types of pathological personal reactions to the disease are distinguished, such as: phobic reaction; depressive or anxiety-depressive reaction; hypochondriac or depressive-hypochondriac reaction; hysterical reaction and anosognostic reaction.

Specialists of the World Health Organization (WHO) distinguish three types of rehabilitation: medical, professional and social rehabilitation. The components of medical rehabilitation are drug therapy, restorative and cosmetic surgery, physical therapy and exercise therapy, psychotherapy, diet therapy, and other methods. Vocational rehabilitation includes independent occupational therapy, vocational training or retraining, and vocational guidance. Social rehabilitation consists of such components as the implementation of principles and important issues of civil and labor law, sociotherapy, socio-economic, socio-hygienic and legal counseling.

In order to assess the possibility of solving the given rehabilitation tasks, a multi-level assessment of the patient's rehabilitation potential is carried out. There are eight levels of rehabilitation potential: biomedical potential; psychophysiological potential; personal potential; educational potential; social and household potential; professional or labor potential; social potential; and socio-ecological potential.

Currently, in Ukraine, rehabilitation is carried out in various institutions, namely in crisis centers, military hospitals, early social rehabilitation centers,

social and psychological rehabilitation centers, specialized rehabilitation centers, shelters, medical and specialized institutions, where a multidisciplinary team of specialists must work. Achieving the maximum possible effectiveness of the complex rehabilitation process is possible under the condition of full provision of the entire complex of rehabilitation measures: medical, social, psychological, pedagogical, professional.

The theoretical analysis of modern literature detailed the main types of psychological assistance in modern psychotherapy practice, which are currently widely used by specialists in psycho-social rehabilitation: psychodynamic psychotherapy; cognitive therapy; client-centered therapy by K. Rogers; dolphin therapy; behavioral therapy; positive psychotherapy; gestalt therapy; group psychotherapy; family post-traumatic therapy; body-oriented therapy; art therapy.

Conclusions. All components of the complex rehabilitation process should be interconnected, logically continue and strengthen each other.

An individual rehabilitation program is planned at the earliest possible stage of providing medical aid to the wounded and is adjusted depending on the severity of the injuries received and the assessment of the individual recovery potential. The use of physical rehabilitation tools, especially for injured amputees, should be started immediately after providing surgical care to the maximum extent possible. And psychological rehabilitation should even precede other restorative treatment measures, as well as constantly accompany the patient at all stages of readaptation to changed living conditions.

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