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THE MODEL OF PSYCHOTHERAPEUTIC ASSISTANCE TO MENTAL HEALTH SPECIALISTS TO DEVELOP RESILIENCE

Lazos, Gelena. The model of psychotherapeutic assistance to mental health specialists to develop resilience

Introduction. Today's crisis and stress conditions increase the number of cases of PTSD diagnosis and associated symptoms. Since mental health specialists are key workers in providing assistance in this context, they are now experiencing more intense mental work load than ever before. The personal characteristics of specialists and the occupational risks associated with empathic contact with patients who have experienced a traumatic event pose a certain danger to specialists and require special research attention. In this context, the need to prepare appropriate protocols, psychotechnologies and models of psychotherapeutic work to restore and develop resilience is highlighted.

Aim. The purpose of the article is to describe the main standpoints of the created psychotechnology of the development of resilience of mental health specialists and operationalization of its practical part, namely a model of psychotherapeutic assistance to mental health specialists for the development of resilience.

Results. The created psychotechnology for the development of resilience of mental health specialists contains developed theoretical, diagnostic and psychotherapeutic stages. The psychotherapeutic stage of psychotechnology of resilience of mental health specialists is created taking into account specific intervention strategies, principles of process organization and means (methods and techniques) that ensure the process of resilience development and is presented as a model of psychotherapeutic assistance to mental health specialists to develop resilience. The operationalization of the model allowed one to form the following scheme of strategic direction of psychotherapeutic assistance: resource vector $\Leftrightarrow$ in-depth vector $\Rightarrow$ behavioral vector. Each vector is provided with appropriate methods and techniques that help solve the problem of resilience development, as well as improve post-traumatic growth.

Conclusions. The model of psychotherapeutic work for the development of resilience of mental health specialists, based on an integrative approach using multimodal interventions, is proposed. The initial approbation of the model allowed to determine the scheme of strategic direction of psychotherapeutic interventions, «portrait of a resilient specialist», as well as important aspects for its further improvement.

Key words: resilience of a therapist, occupational risks, psychotechnology, model of psychotherapeutic work, vectors of psychotherapeutic intervention.

Лазос Гелена. Модель психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності

Вступ. Кризові, стресові умови сьогодення підвищують збільшення випадків діагностики ПТСР та асоційованої з нею симптоматики серед населення. Оскільки фахівці сфери ментального здоров'я є ключовими працівниками у наданні допомоги в цьому контексті, вони зараз, як ніколи відчують інтенсивне психічне навантаження. Особистісні характеристики фахівців та професійні ризики, пов'язані із емпатійною взаємодією з пацієнтами, які пережили травматичну подію, несуть в собі певну небезпеку для фахівців і потребують особливої дослідницької уваги. В цьому контексті унаочнюється необхідність підготовки відповідних протоколів, психотехнологій та моделей психотерапевтичної роботи з відновлення та розвитку резильєнтності.

Мета. Опис основних позицій побудованої психотехнології розвитку резильєнтності фахівців ментального здоров'я та операціоналізація практичної її частини – моделі психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності.

Результати. Створена психотехнологія розвитку резильєнтності фахівців сфери ментального здоров'я містить розроблені теоретичні, діагностичні та психотерапевтичні етапи. Психотерапевтичний етап психотехнології резильєнтності фахівців сфери ментального здоров'я побудовано із урахуванням специфічних стратегій втручання, принципів організації процесу та засобів (методів та прийомів), які забезпечують процес розвитку резильєнтності і представлено у вигляді моделі психотерапевтичної допомоги фахівцям сфери ментального здоров'я для розвитку резильєнтності. Операціоналізація моделі дозволила сформувати наступну схему стратегічного спрямування психотерапевтичної роботи: ресурсний вектор $\Leftrightarrow$ глибинний вектор $\Rightarrow$ поведінковий вектор. Кожний вектор забезпечується відповідними техніками та прийомами, які допомагають вирішити завдання щодо розвитку резильєнтності, а також сприяють посттравматичному зростанню фахівців.

Висновки. Запропоновано модель психотерапевтичної роботи для розвитку резильєнтності фахівців сфери ментального здоров'я, створену на основі інтегративного підходу з застосуванням мультимодальних інтервенцій. Первинна апробація моделі дозволила визначити схему стратегічного спрямування

психотерапевтичних втручань, «портрет резильєнтного фахівця», а також виявити важливі аспекти щодо її подальшого її удосконалення.

Ключові слова: резильєнтність терапевта, професійні ризики, психотехнологія, модель психотерапевтичної роботи, вектори психотерапевтичного втручання.

Лазос Гелена. Модель психотерапевтической помощи специалистам сферы ментального здоровья для развития резильентности

Введение. Кризисные, стрессовые условия современной жизни увеличивают количество случаев диагностики ПТСР среди населения и ассоциированной с ней симптоматикой. В связи с тем, что специалисты сферы ментального здоровья являются ключевыми работниками в предоставлении помощи в данном контексте, они сейчас, как никогда ощущают интенсивную психическую нагрузку. Личностные характеристики специалистов и профессиональные риски, связанные с особенностями эмпатического взаимодействия с пациентами, которые пережили травматическое событие, несут в себе определенную опасность для специалистов и требуют особенного исследовательского внимания. В этом контексте актуализируется необходимость подготовки соответствующих протоколов, психотехнологий и моделей психотерапевтической работы по восстановлению и развитию резильентности.

Цели. Описать основные позиции созданной психотехнологии развития резильентности специалистов сферы ментального здоровья и операционализация практической ее части – модели психотерапевтической помощи специалистам сферы ментального здоровья для развития резильентности.

Результаты. Созданная психотехнология развития резильентности специалистов ментального здоровья включает в себя разработанные теоретические, диагностические и психотерапевтические этапы. Психотерапевтический этап психотехнологии резильентности специалистов сферы ментального здоровья создан с учетом специфических стратегий вмешательства, принципов организации процесса и средств (методов и приемов), которые обеспечивают процесс развития резильентности и представлен в виде модели психотерапевтической помощи специалистам ментального здоровья для развития резильентности. Операционализация модели помогла сформировать следующую схему стратегической направленности психотерапевтической работы: ресурсный вектор $\Leftrightarrow$ глубинный вектор $\Rightarrow$ поведенческий вектор. Каждый вектор обеспечивается соответствующими техниками и приемами, которые помогают решить задания, связанные с развитием резильентности, а так же способствуют посттравматическому росту специалистов.

Выводы. Предложенная модель психотерапевтической работы по развитию резильентности специалистов сферы ментального здоровья создана на основе интегративного подхода с использованием мультимодальных интервенций. На основе первичной апробации модели сформировано схему стратегического направления психотерапевтических вмешательств, «портрет резильєнтного специалиста», а также выявить важные аспекты относительно ее дальнейшего улучшения.

Ключевые слова: резильентность терапевта, профессиональные риски, психотехнология, модель психотерапевтической работы, векторы психотерапевтического вмешательства.

Introduction. The difficult times of crisis associated with the military activities in the east of the country, the socio-political crisis and the consequences of the Covid-19 pandemic increasingly emphasize the importance of maintaining physical and psychological health of the country's population. Domestic and foreign scientists have noted an increase in the number of cases of diagnosis of post-traumatic stress disorder among the population, stress and symptoms associated with them (Stein et.al, 1997; Matyash & Khudenko, 2014). This means that more and more mental health specialists are dealing with the consequences of various types of trauma and PTSD in their daily work. (Litam, Ausloos, & Harrichand, 2021; Wezyk et.al, 2021). Because mental health specialists are classified as key workers in this field, they are now experiencing more intense mental work load than ever before due to the specifics of working with different categories of trauma victims (Lakioti, Stalikas & Pezirkianidis, 2020; David, 2012). This is primarily due to the specifics of providing psychological assistance, which is characterized by long-term and consistent impact of traumatic life events and emotional involvement in a relationship with a person experiencing the consequences of trauma. The cumulative effect of trauma, indirect assimilation of its symptoms and empathic deformation can have a transforming and detrimental effect on therapists, which jeopardizes the main goal, namely the treatment of trauma victims, and stops psychological healing of everyone involved in this process (Hernandez-Wolfe et al, 2014; Pearlman & Saakvitne, 1995). In other words, the appropriateness and usefulness of treating trauma depends on doctors and psychotherapists, who can adequately cope with difficulties and adapt to the intense traumatic material of their clients. Therefore, the issues of psychological health of specialists and their resilience are relevant.

Applying the term resilience to mental health specialists in our research we refer to their adaptive state and personality traits, which are influenced by many variables related to personal and professional

characteristics, which allow a specialist to withstand and adapt to stressful working and living conditions, enjoy the process of helping trauma victims and grow professionally and personally.

Within this article, we briefly note that the main categories of occupational risks in the work of mental health specialists that affect the level of their resilience include: secondary traumatic stress (STS), vicarious traumatization, emotional burnout, compassion fatigue (CF) (Bride, Radey & Figley, 2007; Rossi, A et al., 2012; Baird & Jenkins, 2003; Stamm, 2002).

Researchers also study the personal characteristics of specialists, which affect the level of their resilience, namely: characteristics of temperament and lack of ability to manage stress; traumatic experience of a specialist and facts of violence in childhood; age, sex and years of clinical experience; ineffective coping behavior and low confidence in their professional qualities; lack of knowledge about self-care and inability to take care of themselves (Figley, 2002; Litam, 2021; Baird & Jenkins, 2003).

The described occupational risks and personal characteristics in working with patients who have experienced a traumatic event pose a certain danger to the psychological health of specialists and require special research attention. In turn, this highlights a number of issues related to the need to change the paradigm of how specialists treat their work and themselves and the preparation of appropriate protocols and psychotechnologies for the development of resilience of specialists. In this context, it is important to raise awareness of the potential risks to oneself in the treatment of traumas and adherence to professional hygiene.

Analyzing the literature on existing psychotechnologies for the development of resilience, it can be noted that a number of preventive, psychotherapeutic programs to assist in the development and restoration of resilience for various population categories have appeared in recent decades. Most of these technologies cover a range of different techniques used to maintain and restore the individual's resilience, overall vitality and socio-psychological rehabilitation.

The examples of foreign effective psychotechnologies and models for the development of resilience, which are widely applied to various professional groups and categories of clients, should be considered. We believe that besides helping to understand the multidimensionality and direction of different approaches this presentation will provide a complete picture of practical approaches in this context.

Analysis of recent publications on the creation and application of psychotechnologies for the development of resilience allows us to draw the following conclusions and conditionally divide all created technologies into two main groups. Thus, currently most of the known psychotechnologies aimed at the development, construction and maintenance of resilience are based on different constructs of resilience and, accordingly, have different orientations of its organization and influence. In particular, a large group of resilience psychotechnologies is based on the understanding of resilience as a holistic construct consisting of an individual, family, community and their biopsychosocial characteristics (Norris, 2008; Walsh, 2016; Pfefferbaum, 2014). The theories of «ecological resilience» are important in this context. These theories define resilience as a socio-ecological construct that involves changing the focus from individual variables to resilience processes relevant in different contexts (individual, family and close ones, community, society, culture, etc.) (Ungar, 2013; Tol, 2009). This approach emphasizes, first of all, the possibility of developing resilience through working with all systems and links to which a person belongs (Psykhosotsialna pidtrymka v umovah nadzvychnykh sytuatsiy: pidhid resilience, 2017). Multilevel analysis of the phenomena of resilience, which is used in this case, covers not only all areas of personality's life activities, but also «longitudinal trajectories» of personality development at different levels (personal, social, cultural, etc.) to identify resources that promote personality's resilience, taking into account all these levels (Tol, 2017). It should be noted that such psychotechnological work requires significant resources and some research experience, it should consist of intersectoral and interagency coordination and competence of all participants involved in the organization of research.

Examples of such psychotechnologies include a comprehensive program to restore individual and societal resilience by D. Nemeth and T. W. Olivier. This program was developed to work extensively with the population affected by Hurricane Katrina (Nemeth & Olivier, 2018). As well as the author's program to restore resilience by S. Southwick and D. Charney (2016), which covers different levels: individual, group (family), collegial (work, colleagues, career), public ones.

Another group of psychotechnologies for the development of resilience is aimed at improving the resilient properties (resilience) of a person and is focused on the individual level. Summarizing the theoretical and methodological basis laid down for understanding resilience in technologies belonging to this group, the definition proposed by the World Health Organization (WHO) can be used: «resilience is the ability of a person

to cope relatively well with difficult situations and personal resources, which can develop due to protective factors» (Psykhosotsialna pidtrymka v umovah nadzvychnykh sytuatsiy : pidhid resilience, 2017).

Psychotechnologies for the development of resilience with a focus on work at the individual level are generally aimed at the support and development of strengths perspective, its protective factors, resources and opportunities. As a rule, they provide a preventive focus, i.e. the prediction of actions and phenomena that reduce the impact and stability of resilient factors. Strategies, principles and corresponding psychotherapeutic steps of psychotherapeutic work on the development of resilience are built on the basis of an integrative paradigm.

Examples of such psychotechnologies include the program of psycho-practical activities based on the model of social resilience by E. Miller-Karas, which provides a system of skills of emotional self-regulation and is aimed at development and strengthening of mental resilience of a person in adverse circumstances (Haminich, 2018); psychotechnology of work with the personality's resilience by G. Richardson (1990) is created on the procedural model of resilience of a personality and includes psychodynamic, existential approaches and spiritual practices; C. Osborn's program to restore resilience, in which the main emphasis is put on the resource component of the personality (Osborn, 2004).

As we can observe, most technologies, models and programs are based on the theoretical model of resilience adopted by scientists, they are mostly universal in nature of application, and contain spiritual practices, medical and physical procedures, and sometimes recommendations for health and nutrition.

At the same time, as our previous research has shown, the states, negative experiences and symptoms of domestic mental health specialists (secondary traumatic stress, emotional burnout, etc.) and their course have certain socio-cultural features. And this, in turn, makes it impossible to directly extrapolate Western psychotechnologies for the development of resilience to the Ukrainian sample. In addition, when developing psychotechnology and a model of psychotherapeutic work, we consider it necessary to take into account the professional specifics of mental health specialists.

Thus, summarizing the mentioned above, we can determine that the study of resilience of mental health specialists and the creation of a general psychotechnology with the operationalization of diagnostic and psychotherapeutic work models aimed at developing their resilience is an urgent, necessary and socially significant task for psychological science and practice. This requires innovative approaches and a well-established theoretical and methodological framework that will provide an opportunity to significantly expand the understanding of this phenomenon, explore the features of the resilience of domestic mental health specialists and establish an algorithm for formal measures to develop resilience.

Aim. To highlight the main standpoints of the created psychotechnology for the development of resilience of mental health specialists and the operationalization of its practical part, namely a model of psychotherapeutic assistance to mental health specialists for the development of resilience.

Results. The created psychotechnology for the development of resilience of mental health specialists contains developed theoretical, diagnostic and psychotherapeutic stages.

Based on the theoretical and empirical results of the study of the resilience of mental health specialists, we have created a theoretical model that includes two main groups of characteristics that can significantly affect the development of resilience of specialists: professional and personal characteristics.

The main professional characteristics of mental health specialists include emotional states, which are related to the specifics of professional contact with different categories of trauma victims, and the peculiarities of their professional experience and professional hygiene. The emotional states of specialists include: compassion satisfaction, compassion fatigue, emotional burnout and secondary traumatic stress. Professional experience and professional hygiene include special professional training and continuous advanced training, experience of personal therapy, receiving ongoing supervisory or intervision support, participation in support groups of various formats.

The main personal characteristics include the presence of traumatic events in the personal life history of a therapist, which have an impact on both current and professional life of a specialist; personal ways of coping with stress formed over the years (coping strategies and ways of stress management) during difficult situations that also affect both personal and professional life of a therapist; types of emotional attachment (Lazos, 2017; Lazos, 2020)

Based on the interpretation of the obtained empirical data, the targets of psychotherapeutic intervention are identified: unprocessed personal life experience, negative self-perception and lack of confidence in one's own effectiveness, difficult relationships with others, lack of tolerance for negative consequences, dangerous

relationships and unreliable types of attachment (avoidance, anxiety), lack of skills in applying effective stress coping strategies, lack of skills for balancing working time and rest, skills of self-recovery, self-care.

The psychotherapeutic stage of psychotechnology of resilience of mental health specialists is created taking into account specific intervention strategies, principles of process organization and means (methods and techniques) that ensure the process of resilience development and is presented as *the model of psychotherapeutic assistance to mental health specialists to develop resilience*.

It should be noted that the model of psychotherapeutic assistance for the development of resilience is focused on the individual level and created on the basis of an integrative approach that includes psychodynamic, cognitive behavioral, existential and other methods and techniques. The interconnected set of these methods and techniques provides resource support for specialists, transformation of their in-depth experience and restoration of personality integrity, mastery of effective stress coping strategies and assertive behavior.

Strategically, this model is aimed at understanding, feeling, developing and maintaining the resilience of a specialist. Important *results* should include the prolonged effect of the experience gained on the way to the integration of the specialist's personality, a sense of self-resilience and psychological growth. These results are achieved through resource support and life balancing, restoring feelings of value and integrity of one's personality, gaining inner balance through reconciliation with «ghosts of the past» and expanding the system of goals to form a holistic picture of life by designing one's own future and including traumatic experiences, mastering effective coping strategies and assertive behavior.

The main prerequisite for psychotherapeutic work is the psychodynamic concept of attachment as a *universal* factor of therapeutic effect for all psychotherapeutic areas included in the model of psychotherapeutic assistance. The role of a psychotherapist in this process can be defined as «reliable support», which allows one to work on various aspects of the psyche of a client that is a mental health specialist consistently or at the same time

The process of psychotherapeutic assistance in developing resilience involves taking into account the following *general* and *specific factors*.

General factors include: (1) demand, expectation of assistance, and expectation of improvement; (2) trusting therapeutic relationships; (3) a reasonable, conceptual scheme that is clear to a client, explains his/her symptoms and determines the procedure for overcoming them; (4) active participation of both a client and a therapist in carrying out the selected procedure; (5) cognitive learning based on information provided by a psychotherapist; (6) learning and assimilation of more adaptive forms of behavior provided that there is emotional support of a psychotherapist and skills training.

Specific factors include: (1) pre-traumatic factors (i.e. the nature of the early child-parent relationships; the type of attachment); (2) trauma-related factors (type, duration, and context); (3) post-traumatic factors (environment and surrounding, focus on increasing adaptation, post-traumatic growth, etc.).

The main *conditions* for the organization of the psychotherapeutic process for the development of resilience include: (1) taking into account the individual needs and characteristics of a client/patient; (2) establishing a clear process framework; formation of a working alliance between a psychotherapist and a client; (3) the relevant qualification of a psychotherapist; (4) the resilience of a psychotherapist.

The analysis of theoretical, experimental data provided an opportunity to identify the following *principles* of psychotherapeutic influence on the development of resilience: (1) understanding the impact of developmental trauma on resilience; (2) focus on the correction of early childhood experience; (3) focus on understanding and differentiating one's own emotional states; (4) focus on spiritual aspects; (5) focus on learning and assimilation of more adaptive forms of behavior.

The main *strategies* of our model include the impact on the resource, depth and behavioral components of the personality of a specialist. These strategies are built in the vectors of psychotherapeutic work and determine the following:

1. **The resource vector.** Resources are a positive holistic feeling that allows an individual to maintain stability and integrity in the face of danger and disintegration and contains both somatic and mental sensations. The central task for starting the process of mental recovery (after trauma, reduced adaptive capacity, etc.) is to create security and resources. Symptoms of traumatized clients, as well as unprocessed traumas of specialists, become a source of triggers which start the process of constant retraumatization, and the ability of a person to self-regulation of the states is restored due to internal and external resources. Resource fulfillment also helps to approach the next stage, namely in-depth processing of traumatic experiences and correction of early experience of attachment, because it is the resources that allow a client to approach the traumatic experience, while maintaining internal balance. The main goal of a psychotherapist at this stage is to help a client regain internal

and external control, increase emotional stabilization, achieve balance of life and work through resource nourishment, create a safe environment for further in-depth study and integration of early child-parent relationships experience.

2. **The in-depth vector.** At this psychotherapeutic stage, a client begins to work deeper with his/her experience. As is proved above, it is a strong attachment that is an important factor of resilience. Thus, an important psychotherapeutic value has the fact that the stability of a child's attachment can be changed throughout life under the influence of various protective and risk factors, as well as through emotional and corrective experience, provided a reliable relationship with a therapist. It is known that the nature of traumatic memories and relationships is rarely linear, that is why the important task of this stage is the integration and transformation of the experience of early child-parent relationships (so-called reconciliation with ghosts of the past and their integration into current experience), correction of unreliable types of attachment and processing current relationships in client's life.

3. **The behavioral vector.** The importance of psychotherapeutic influence not only on the in-depth but also on the behavioral component of the personality is due to the fact that the identified dysfunctional manifestations and reactions of specialists in response to life problems and stressful situations affect the level of resilience and maintain existing symptoms. This is carried out by consolidation of ineffective coping strategies, influence on the quality of interpersonal relationships, destruction of worldviews and self-esteem, which are recognized as risk factors. At this stage, it is possible to work on a critical rethinking of own perception of reality and behavior, change of dysfunctional, negative examples of behavior and thinking to more effective and realistic ones, which will improve emotional state. The final process of integration, self-determination in the field of important relationships and professional activity occur at this stage of the work.

It is important to note that these three vectors of psychotherapeutic work can be considered as a certain coordinate system, where they coexist simultaneously. Depending on the individual case of individual or group work, a psychotherapist or group leader has an opportunity to choose the starting point of therapy and can move in this coordinate system throughout the process, being closer to one or another vector using different techniques. Initial approbation of the psychotherapeutic process revealed that the following scheme of work was effective:

Figure 1. The scheme of psychotherapeutic work of resilience development with mental health specialists

In our opinion, starting with the resource vector of psychotherapeutic influence, we, firstly, nourish and stabilize client's psyche, activate resources that serve as a basis for further in-depth processing of conflicts, traumas and difficult life situations, reduce manifestations of negative states and create trusting atmosphere, working alliance. Secondly, the resource component is directly related to the in-depth one, especially when it comes to archaic and symbolic nourishment (e.g. Guided Affective Imagery techniques (KIP)), there is a regression into the past for the memories of effective mastery of traumatic situations or relationships, pleasant memories of support and love of primary objects, thus, depending on the tactics and condition of a client/patient these vectors can be combined. The described vectors of psychotherapeutic influence are provided by the corresponding techniques and methods, which help to solve issues concerning the development of resilience, and also promote post-traumatic growth. The mentioned above should be examined in details.

Methods and procedures of the model of psychotherapeutic assistance. In order to influence the resource component of individual's psyche, it is suggested to use techniques and methods that can balance personal and professional life, rebuild one's own resources, nourish their own resources on a symbolic, unconscious level, increase cognitive and emotional lability, stabilize emotional state. Thus, a good starting point for psychotherapeutic model of restoring resilience of specialists can be an inventory and identification of their own resources at physical, emotional, intellectual, behavioral, social and spiritual levels. In this case in order to run diagnostics one can use a diagnostic exercise «The Wheel of Life» («The Pie of Life»), which helps

to determine the balance between life values and priorities in life, areas of life that are devalued and worth paying attention to (Sadler-Gerhardt & Stevenson, 2011). A common practice for finding a resource of psychologists/psychotherapists is the procedure of «cultivating sacred moments», regardless of a person's spiritual or religious worldview. An example of application of this procedure is the exercise «Sacred Moments» (Goldstein, 2007). Depending on the method in which this exercise takes place (art therapy, Guided Affective Imagery (KIP), mindfulness, etc.), the results of the exercise can lead to transcendental states, states of resource filling and recovery. Similarly, this technique can help to understand and strengthen the goals and meaning of life and professional activity. During approbation of the model of psychotherapeutic work on the development of resilience the specialists from our sample described «sacred moments» as approaches to something precious, cherished, full of resources and life. Feelings of gratitude often accompanied sacred moments and thus increased the value of work, especially in cases, where despair in work with trauma victims flooded the meaning of work and life in general, helped to alleviate feelings of resentment and guilt.

There are a lot of techniques and different practices that can be used to influence on emotional, physical and spiritual well-being and help to restore a sense of balance. For the purposes of this article, the aim is not to provide an exhaustive list of these tools, but rather to show opportunities for creating and filling psychotechnology or program with various psychotherapeutic tools that can be applied by a psychotherapist (Guided Affective Imagery (KIP), art therapy, body-oriented therapy, mindfulness, body, breathing and spiritual practices, meditations, etc.).

At the in-depth level, the principles and techniques of the psychodynamic approach are used to correct early traumatic experiences, attachment experiences and to establish safe relationships. As it was mentioned above, the factor of creating a strong attachment to a therapist is especially important at this stage. It is known that in an atmosphere of reliable attachment it is easier for a client to trust and reveal himself to a therapist, through reliable attachment it is easier to deal with fear, reduce resistance, and this, in turn, ensures the effectiveness of psychotherapeutic techniques and «free exchange of signals from relationships environment». (Brish, 2012, p. 95). Reliable attachment is especially important taking into consideration that the symptoms of clients, as in the case of presence of signs of STSD (secondary traumatic stress disorder), fears and depression, which are the issues of mental health specialists.

Therefore, a psychotherapist at this stage of work should adhere to the following strategies and principles, regardless of the chosen method of psychodynamic therapy: (1) Creating conditions for activating a system of client's attachment to a therapist; (2) Choosing optimal framework conditions for psychotherapy, optimal distance with a client in communication (depending on the type of attachment) and flexibility in relationships; (3) Encouraging a client to analyse the relationships between a therapist and a client, because relationships are reflection of client's actual relationships, which is imprinted by his/her personal (subjective) and parental representatives; (4) Encouraging a client to compare current feelings and experiences with those experienced in childhood; (5) Emphasis on changing the relevance of painful representatives of subjective and objective relationships in the past during similar relationships in the present life; (6) Interpretation of the constellation of those relationships that arise around individual symptoms (e.g. various manifestations of sleep disorders), which are the main indicators and etiological factors to trigger the actual symptoms; (7) Careful completion of the psychotherapeutic process, in which a therapist demonstrates a pattern of effective separation behavior.

Completion of the psychotherapeutic process of the in-depth stage should take place in the presence of formation of the following abilities: (1) effective cooperation with a therapist, a partner, colleagues; (2) formation and maintenance of close relationships that bring satisfaction; (3) endurance of ambivalent experiences; (4) adequate perception of the other as another; (5) compassion and care for others; (6) differentiation of own needs and ability to satisfy them; (7) the ability to accept the end (loss) of therapeutic relationships. In general, a client should acquire a representative of a reliable attachment or «acquired security» (Brish, 2012, p. 54).

It is also important to note that methods of psychodynamic approach (e.g. attachment psychotherapy, object relations therapy, short-focus psychodynamic psychotherapy, Guided Affective Imagery (KIP), etc.) can be equally effective in short-term (even single-session therapy), medium-term and long-term therapies. It should be reminded that the main condition of application of these methods is the obligatory professional training of a therapist in application of one or another psychodynamic method.

The behavioral vector is provided by methods of psychological and behavioral training, which are aimed at strengthening self-esteem, own vision of the meaning and value of own live and work related to providing psychological assistance to various categories of trauma victims, their own assertiveness and

application of effective stress coping strategies, assimilation of experience, etc. In order to influence the behavioral and cognitive component, we suggest the application of psychotraining, which contains, firstly, a number of psycho-educational procedures. These procedures involve providing information on resilience, how and in what way it is formed, what it is affected by, etc. According to our initial data of model approbation, most experts have a fairly rough idea of the phenomenon of resilience and have a great interest in examining this topic.

Secondly, we suggest a specially designed psychotechnical procedure, which has a working title «Resilience in dealing with trauma». This procedure is based on the results of researches by J. E. Gentry, A. B. Baranowsky (2011) and our own and consists of two parts:

(1) Definition of professional mission. The purpose of this part of the psychotechnical procedure is to realize professional mission in order to strengthen the meaning and value of own work, namely to provide psychological assistance to trauma victims.

(2) Creating one's own resilience plan. The purpose of the second part is to create the strategic plan on the road to recovery, which will contain options for self-regulation techniques, awareness of intentions concerning professional development and the chosen mission; self-care skills; an opportunity to ask for help, accept support and be involved in professional communities.

Thirdly, it is a specially designed psychotechnical procedure to increase one's own assertiveness. This procedure is based on the basic principles of assertiveness training. First of all, specialists are provided assistance in achieving a sense of their limits, their rights (professional and personal) and the ability to clearly state their desires and needs. Specialists should learn to move from the mode of «suffering in silence» to identifying unsatisfactory situations and solve them effectively, involving the professional community or the immediate environment, learn to effectively express their emotions (e.g. feeling a little irritated in different situations, solve this situation without letting outbursts of anger).

The developed model of psychotherapeutic work on the development of resilience involves both individual and group forms of work. The model is built in such a way that, depending on the results of the diagnostic study, there is a possibility of a differentiated approach to the choice of vector of psychotherapeutic intervention. For specialists who have experience in dealing with traumatic experiences and formed a strong attachment, the direct indications are the focus on resource and behavioral psychotherapeutic vectors; for specialists who according to diagnostic indicators do not have experience of safe (reliable) attachment, have unprocessed own traumatic experience, it is necessary to focus on the in-depth (psychodynamic) vector.

Discussion. The results of the initial approbation of the model of psychotherapeutic assistance to mental health specialists in the development of resilience in general revealed the following.

Firstly, it is revealed that the integration of psychotherapeutic methods based on the psychodynamic theory of attachment is an important prerequisite for psychotherapeutic work that proves the feasibility of combining psychotherapeutic approaches and methods.

Secondly, the approbation of a model helped to form the following scheme of strategic direction of psychotherapeutic assistance: resource vector $\Leftrightarrow$ in-depth vector $\Rightarrow$ behavioral vector. These three vectors of psychotherapeutic work can be considered as a certain coordinate system, where they coexist simultaneously. Depending on the individual case of individual or group work, a psychotherapist or group leader has an opportunity to choose the starting point of therapy.

Thirdly, the analysis of the obtained results of the application model provided an opportunity to outline the «portrait of a resilient mental health specialist», who has the following features: formed safe/reliable attachment; healthy relationships and the ability to take care of them; self-care skills; skills of self-control, regulation of emotions and stress; awareness of the meaning and purpose of life and work; awareness of professional and personal competence; continuous process of development (personal, professional).

Fourthly, the specialists, who participated in the approbation of psychotechnology, formed a demand for post-traumatic and spiritual growth.

At the same time, a limited number of specialists involved in approbation of the model in connection with the quarantine measures related to the Covid-19 pandemic allow us to consider the results as primary and pilot ones. The next limitation refers to the peculiarities of application of the model, and is associated with the presence of obligatory specialized training of specialists, namely psychotherapists and leading groups. The model is designed for use by certified psychotherapists of various psychodynamic approaches, as well as specialists in the method of SPT (socio-psychological training).

Simultaneously, the initial procedure of approbation of the model of psychotherapeutic assistance for the development of resilience of mental health specialists made it possible to outline the following **prospects** for

its further improvement and implementation. Given the results obtained, we consider it is necessary to expand the tasks and psychotechnical procedures of the suggested model, to operationalize in more detail all stages of psychotherapeutic work and to determine indicators and diagnostic data of its effectiveness.

Conclusion. The model of psychotherapeutic work created on the basis of results of theoretical and empirical researches for development of resilience of specialists in the field of mental health contains the developed theoretical, diagnostic and psychotherapeutic stages.

Based on the interpretation of theoretical and empirical data, the targets of psychotherapeutic intervention are defined: strengthening of protective factors of resilience through psychotherapeutic work with unreliable types of attachment (avoidance, anxiety), traumatic events in the personal life history of a specialist, which manifested themselves in specialists as vulnerability factors; skills of application of effective stress coping strategies, increasing of assertiveness. The model of psychotherapeutic work for the development of resilience, created on the basis of an integrative approach with the use of multimodal interventions, is suggested. The basic standpoints that were the basis for the creation of model are examined: the universal (psychodynamic concept of attachment), general and specific factors. The principles of psychotherapeutic influence on the development of resilience of mental health specialists are highlighted.

The main strategies in the model of psychotherapeutic work to develop the resilience of specialists include psychotherapeutic effects on *resource, in-depth and behavioral* components of a personality. Techniques and methods that provide the described vectors of psychotherapeutic influence, help to develop resilience, and also promote post-traumatic growth are examined.

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