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PSYCHOLOGICAL CONDITIONS FOR OVERCOMING PERSONAL TENSION IN CHILDREN FROM FORCEDLY DISPLACED FAMILIES

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Abstract. The military operations undertaken to safeguard the territorial integrity and sovereignty of the Ukrainian state against Russian aggression have caused many difficulties. As a result, a huge number of people forced to leave their homes due to the war suffer from feelings of fear and helplessness. This particularly applies to children. In the absence of timely, qualitative, and professionally administered assistance, being in a combat zone can be a traumatic event for children and have a lasting impact on their future lives.

Undoubtedly, children represent the linchpin of a nation's future. Only by promoting their development, providing a proper educational environment, creating favorable conditions for socialization, and overcoming existing difficulties can we hope for Ukraine's restoration, prosperity, happiness, and stability. Therefore, the theoretical justification and practical activities of psychologists regarding children from internally displaced families to overcome negative phenomena and create favorable conditions in their lives are urgent and relevant.

Key words: children from internally displaced families, PTSD, stress, psychological trauma, adaptation, psychological support, short-term psychological correction.

Introduction. During the war, many Ukrainians were forced to leave their homes and became internally displaced persons. Helping them understand their situation, adapt easier to new places, and cope with life difficulties is one of the tasks that can only be addressed with the help of psychologists. Both adults and children of migrants face daily challenges in adapting to new living conditions: until February 2022, migrants were treated as people who had survived hardship, and their fears remained in the past in peaceful territory, but now the problems are deeper. There is a full-scale war going on, and people, especially children, need help to adapt to today's realities.

The adaptation of migrants largely depends on the readiness of cities and villages to accept, help, understand, and support them as members of the community, not just as temporary residents. As a result, internally displaced persons can become part of the displaced community, integrating into the atmosphere of life in a new place and uniting with a common desire to overcome difficulties. A significant therapeutic factor for children-migrants experiencing separation from their familiar environment is the loss of their usual surroundings and a sense of vulnerability. Therefore, it is important to delve deeper into this issue and organize the work of psychologists in a long-term, effective, and, most importantly, result-oriented manner.

The issue of providing psychological support to children-migrants will remain relevant as long as the war continues in Ukraine, and even after its conclusion. The situation is characterized by ongoing combat operations, and the population of Ukraine continues to live under conditions of constant stress, with many children experiencing the consequences of post-traumatic stress disorder.

The purpose of this article is to discern the psychological determinants facilitating the resilience of children from internally displaced families in navigating personal distress. Drawing upon these insights, we endeavor to formulate a comprehensive corrective and developmental program, functioning as an instrumental tool to facilitate their reintegration into societal norms.

The main section of the work. In our scholarly estimation, restoring the mental health of displaced children is a crucial task for ensuring Ukraine's future. The situation of children today is very diverse and complex, especially psychologically. We must ensure that children feel that a happy childhood is a great value for us, adults. We must take into account the characteristics of the children's world, which is characterized by egocentrism. Children believe that everything happening around them is their own behavior, their own fault: "I must be doing something wrong if something bad happens".

Illustratively, a poignant vignette featuring an injured child seeking elucidation from their maternal figure, "Mom, why does it hurt so much? I listened to you," accentuates the idiosyncrasies of a child's perceptual reality. In acknowledgment of this distinctive cognitive framework, psychologists would judiciously communicate to a child confronting the aberrant experiential contours of wartime, asserting, "As adults, we are committed to exerting every conceivable effort to attenuate adversities expediently" (Novikova, 2016: 162).

Children want to be involved in the common cause – in our victory and the quickest possible end to the war. We must explain to the child that each of us has our own important work. Of course, the most important thing for children is to develop, learn, and acquire new skills. Analogous to the role employment plays in alleviating stress for adults, purposeful engagement emerges as an indispensable facet for children, aiding them in the structuring and navigation of their lives. The transformative potential of cultivating a sense of "I can do this" (self-efficacy) is underscored, wherein children surmount the deleterious state of helplessness emanating from an apparent inability to effect immediate change.

Collectively, a considerable majority of children in Ukraine, exceeding two-thirds, have undergone a forced dislocation from their habitual abodes, relocating to ostensibly secure environments and educational institutions of habitual attendance. Consequently, the experiential nuances of remote education acquired during the pandemic and ensuing quarantine measures assume heightened relevance, notwithstanding discernible differentiations.

As of March 14, 2022, the Ministry of Education and Science of Ukraine launched the project "All-Ukrainian Online School" with lesson plans in Ukrainian for pupils in grades 1–11 (Hrydkovets, 2018: 161). Online materials can be accessed by children remaining in Ukraine and those whose parents have taken them abroad to escape the war, and are currently residing in another country. Connection with educational institutions has been temporarily lost or destroyed due to enemy shelling and combat actions. In institutions where learning is being resumed remotely, children return to the educational environment and study with familiar teachers they have worked with for many years. However, some children only have access to asynchronous online services. Online services essentially serve as a compensatory function in emergency situations or as an additional educational resource. It is essential to understand that online education has psychological peculiarities in the development of children during the learning process, and special psychological phenomena become significant.

A crucial phenomenon in such distance education is the co-presence effect – simultaneous presence in a shared space, the disappearance of physical distance, and a connection beyond the screen reality to the physical reality of a child's life. The co-presence effect has been actively studied in the international psychological community since the beginning of the pandemic as a crucial factor for the productivity of remote work and distance learning. We believe that the asynchronous format adopted by schools does not provide the co-presence effect, although regular usage undoubtedly forms a couple of social effects.

In this regard, the question arises about the relevance of studying the impact of such effects on the development of children during distance learning. This is related to the fact that without under-

standing what is happening and how it affects a child's development, it is impossible to make the right choices for compensation and healing. Understanding that the stress of traumatic events reduces the probability of forming new cognitive units (knowledge, skills, habits), the urgency of spending more time on mastering the curriculum and meeting state standards, the need to change assessment principles, the necessity of developing a new attitude towards learning outcomes in wartime, the need for awareness of the need for a new attitude towards learning outcomes in wartime.

Educational reforms, guided by humanistic values and the reconstruction of heritage in post-totalitarian education, should continue to evolve considering the new realities of war and post-war reconstruction and its consequences, especially the psychological state of children and the psychological impact of distance education. The connection with a teacher, providing feedback on a child's intermediate results, individualizing instructions and tasks, considering the pace of achievements, providing emotional support is formed there.

Additionally, the video conference format allows children to see each other (at least partially, even if not all children have sufficient technical competence) and thus experience the effect of shared emotions. This socio-psychological effect is crucial for the formation of children's communicative skills, their emotional, spontaneous, and social development, and psychological recovery after stress. Since providing feedback and exchanging emotions are important features of synchronous distance learning, every effort should be made to return children to the format of synchronous distance learning with long-term relationships with teachers. In our opinion, even in the case of destroyed buildings, it is necessary to reconstruct educational institutions in a virtual distance format and provide teachers and students with the technical means for learning, without waiting for the physical buildings to be restored. This requires flexibility and restructuring of administrative rules and procedures. However, what once seemed impossible is now being resolved by the collective efforts of our societies. This applies to further educational reforms aimed at creating the best conditions for the psychological recovery and development of every child.

In the conditions of Russia's military aggression against Ukraine, the psychological exhaustion of displaced children occurs after prolonged periods of stressful situations. Personal structures and individual tendencies in reacting to military actions also play a significant role in the emergence of psychological breakdown. As practice shows, all individuals who have experienced war, forced displacement, repression, physical, or sexual violence require active psychotherapeutic assistance, even if they do not report their condition.

Research conducted with displaced children and internally displaced persons indicates that a considerable portion of fears in displaced children is related to stress-induced fear experienced in extreme conditions of forced displacement, often leading to post-traumatic stress disorder (PTSD). The PTSD symptom complex, induced by events beyond everyday life, manifests in refugee children as the fear of being destroyed. This fear, underlying various behavioral strategies in children of different ages caused by PTSD, ranges from compulsive repetition of traumatic situations to compulsive avoidance of anything related to trauma. The "fear of being destroyed differs from the typical fear of death in all children by reflecting the possibility of death here and now and forming an anxious attitude towards the world" (Berry, 2006: 48).

Fear manifests differently in various groups of surveyed children. Displaced children from Donetsk rarely reenact traumatic situations but more often use situations from mass media (television) that convey similar experiences. Conversely, displaced children from Mariupol demonstrate the "fear of being destroyed" through sudden re-experiencing of traumatic events. Compared to local children, internally displaced children show a higher level of overall life dissatisfaction. The most significant differences were found in class status and satisfaction with living conditions. In our opinion, the obtained data indicate the complexity of the socio-psychological adaptation of displaced children.

In the initial stages of the study, we formed open groups with all willing children. We assumed that children leaving the combat zone were in a state of shock and required psychological support. Structured psychotherapeutic sessions were conducted in open groups. Observing the participants and interacting with them, we identified the most traumatized children and started individual work with them.

Once the lives of displaced children became relatively stable, we began creating closed groups with a constant structure and fixed therapy duration. Psychotherapy followed a specific algorithm:

- Treatment duration: two months.
- Number of groups: four (two children's groups with participants aged 6–10 and two adolescent groups with boys aged 11–15).
- Number of participants in each group – 15–20.
- Session frequency for each group – twice a week.
- Session duration – two hours.

Participation in closed psychotherapeutic groups was based on the results of clinical and psychodiagnosics testing. Each group participant received an observation card, recording information about the child's condition at the beginning, middle, and end of treatment, as well as peculiarities of their participation in the group process.

We investigated the behavioral characteristics of displaced children that could indicate their adaptive capabilities. Most often, children use coping strategies such as “drawing something,” “writing,” “reading,” “hugging,” “pushing,” and “talking to someone” when faced with challenging situations. Meanwhile, “reflection “attempting to forget and “hitting, breaking, or throwing things” were the least common responses. The research results indicate that the behavior of this group of children is more focused on supporting social contacts and positive distraction, aligning with socially approved adult norms of behavior. The least attractive coping strategies are those directed towards passive distraction and introspective concern.

Children choose coping strategies such as “child's work” – drawing, writing, reading books, walks, running, or cycling – to replace unpleasant experiences with active activities. These strategies allow them to shift their focus to other types of child activities, associated with learning or other types of activities most familiar to younger school-age children. Of course, children still play a lot, engage in socially approved activities, and can count on understanding and praise from adults. In this way, children reduce their anxiety through specific physical and cognitive actions.

Refugee children tend to “cry”, mourn”, “hug” rub”, “caress” and “talk to someone” actively seeking support from outside. Giving preference to these strategies indicates sensitivity and submissiveness on one hand, and openness and dependence on the other. It is likely that displaced children feel safe when they use their inner resource of “conversation” and when there is a stronger person nearby who understands and reassures them. Such protective behavior brings security to most children.

Table 1

Results of Coping Strategies Chosen by Children (%)

Coping Strategy	Children-Displaced (n=24)	Local Children (n=48)
1	2	3
Reflexive care	4.2%	10.4%
Think about it	–	10.4%
Stay alone, solitary	16.7%	23.0%
Passive distraction		
Sleep	–	2%
Dream or imagine something	16.7%	16.7%
Eat or drink	4.2%	4.1%

Continuation of the table 1

1	2	3
Try to forget	4.2%	20.8%
Try to relax, stay calm	21.0%	23.0%
Destructive emotional expression		
Hit, break, or throw things	4.2%	10.4%
Irritate someone	4.2%	2.0%
Cry and mourn	21.0%	18.7%
Active distraction		
Draw, write, or read something	16.7%	–
Walk around the house or street	–	4.2%
Walk, run, or ride a bicycle	12.5%	6.2%
Social contacts for support		
Hug and embrace familiar people, favorite things, and animals (e.g., dogs, cats)	16.7%	12.5%
Apologize or tell the truth	12.5%	10.4%
Talk to someone	16.7%	10.4%
Ride a motorcycle, ask parents, dream about an idol, feel difficulties	25.0%	–
Music, computer	12.5%	–

Local children, on the contrary, use strategies related to reflexive defense in their adaptive behavior; they more often use “reflection”, “talking to themselves” and “being alone”. Perhaps this reflects their social shyness and a focus on using passive coping strategies. Obviously, they are reflective and, therefore, less likely to concentrate on their problems, trying to forget about them as quickly as possible. Based on such protective behavior, it can be said that they are sensitive, somewhat closed, somewhat self-doubting, and dominant. In certain life situations, dominance intensifies, which can provoke aggressive behavior (strategies such as "hitting, breaking, throwing").

Analysis of data obtained using the “Anxiety” method (R. Temple, M. Dorky, V. Amen) to determine the level of anxiety shows that the average level of anxiety index in the children's sample is about 60%, corresponding to a high range of anxiety. The majority of children affected by military actions (over 2/3) have a high level of anxiety, and a small fraction (1/3) have a moderate level of anxiety. The distribution of anxiety among 6- and 7-year-old children is characterized by the same scale, style, and form. At the same time, gender differences in the level of anxiety among children displaced from the combat zone are evident.

Boys are a more emotionally vulnerable category of refugees than girls, with a higher average anxiety index ($p < 0.05$), experiencing a higher level of tension, discomfort, negative emotions, and distress. At the same time, boys more often belong to the risk groups. Compared to girls, fewer boys experience a relatively low level of anxiety (below 40%), and more experience an extremely high level of anxiety (above 70%).

Diagnostic work was closely intertwined with correctional-developmental work and could not be postponed while waiting for the processing of diagnostic results. Therefore, a correctional-developmental program was implemented to activate the reserve of socio-psychological adaptation in children.

Group psychotherapeutic sessions were conducted by two psychologists, one of whom was the leader, and the other was the assistant. The session consisted of three parts:

1. Introductory part: the leader conducted a greeting ritual, followed by a group discussion of current problems proposed by the children themselves.

2. Main part: characterized by free creative activity of all group members. The leader and assistants participated in the activity of one or several participants, who were identified either by observation the day before the group work or at the beginning of the current session.

3. At the end of the session, the leader conducted a summary group discussion and a farewell ceremony.

Spontaneous games often emerged during sessions instead of the games proposed by the psychologist, reflecting the trauma that the children had to experience in real life. Trauma games were divided into three main types.

Repetitive Types. For example, M.A. (11 years old) repeated the following game in the first session: "Killing" a soft toy with a toy knife from a dish set and attacking it with cries of "I'll kill you!" During individual interviews, the psychologist learned that her brother died during the mass killings in Bucha in March 2022. Gradually, the girl stopped playing this type of game, and other repetitive games emerged. In these games, children not only projected their traumatic experiences but also expressed unmet needs.

Unfinished Types. A.V. (9 years old) constructed a house from building blocks but left it unfinished, calling it a "damaged house." Initially, the girl refused the psychologist's suggestion to build a house with a roof. After several sessions, she agreed to build a house with the psychologist, which turned out to have a roof and windows.

Destructive Types. I.K. (8 years old), after building an airplane with blocks, "bombed" the house that other children were building.

Often, two or three children spontaneously start a game, which other group members gradually join. For instance, M.D. (6 years old), who crafted a rocket launcher from blocks, simulated bombardment by throwing block pieces at other children. The entire group rushed to catch the "rocket launcher", leaving the "injured" psychologist to call for help. The children dressed as "doctors," removed "shrapnel" from the psychologist's body, bandaged him, and began a "surgical operation".

During psychotherapeutic sessions, the specificity of children's and adolescents' perception of traumatic time was confirmed. The emotional intensity of traumatic stress is proportional to their entire life up to that moment.

Thus, traumatic experience divides life into two parts – events that occurred before the war and events that occurred after the war. Regardless of the topic, children and adolescents always emphasize, "It was before the war," or "It was after the war." Many children and adolescents had an idealized perception of the pre-war past. While playing, children were constantly in the past or returned to the traumatic past.

Children and adolescents also had disrupted perceptions of the future. In our opinion, these disruptions include:

- Lack of imagination about the future.
- Thoughts about the future only a few days ahead (when it is a few weeks).
- Belief that the future will be as bad or worse than the recent past.

To restore a positive outlook on life, traumatic thoughts about the future need to be replaced with positive ones. However, positive visions of the future cannot be formed without removing the traumatic experience from the past. During psychotherapy, we encouraged children to change their state by influencing their imagination.

Our experience led us to the conclusion that three psychological conditions should be followed in this work:

1. Too rapid changes or dynamics in forming images can only bring temporary relief. The experienced reality must become an integral part of the new invention and action so that the child or adolescent can begin to create and act, transforming the initial traumatic content.

2. Do not replace a child's creative activity with your own work but create your own images instead of those produced by the child.

3. Do not fear "scary" images; that is, do not confuse the content of trauma with expressive forms of images.

The effectiveness of psychotherapy was evaluated based on data recorded during observations reflecting the dynamics of the child's state. If significant improvement was not observed, psychotherapeutic work continued for an additional two months. As a result, after two months of psychotherapy, significant improvement was observed in 7 out of 15 children, and the treatment was considered complete in these cases. In four children and adolescents, slight improvement was observed, and the treatment was extended. In two children and adolescents, significant improvement was observed, and the treatment was extended. In four clients whose sessions were interrupted for any reason, there were no changes in their condition.

From this data, it can be concluded that more than half of the children and adolescents required additional psychotherapy sessions and more intensive individual work. Their condition changed slightly or did not change, influenced by several factors. First and foremost, it is necessary to note the difficult living conditions of internally displaced persons' families, mutual influence in families where not only children but also their parents and other relatives are traumatized, as well as an unfavorable family environment (alcoholism or drug addiction of the father). This context entails repeated exposure to psychologically traumatic situations associated with shelling in unoccupied territories, as well as the "waiting syndrome" and anxiety about the future.

Our observations show that children whose clinical profile was dominated by symptoms of re-experiencing recovered faster than children with avoidance syndrome. Additionally, children with high emotional sensitivity achieved stable positive changes much faster than children with emotional blunting and callousness. Hyperactive and aggressive children mostly require a longer treatment process.

Considering that the condition of many children under the influence of traumatic circumstances and many other factors did not reach the necessary level of change, comprehensive psychological assistance should be continued to prevent the transition of PTSD into other mental disorders and deeper personality changes.

In the study of psychosomatic correctional assistance to victims of mass catastrophes, natural disasters, and local conflicts, interviews play an important role as the most common method of psychological support.

Interviews are a method of psychological support aimed at alleviating psychological discomfort. People who have experienced post-traumatic stress disorder still vividly remember their experiences, even after a significant number of years. Interviews conducted later may be more effective than immediate interventions and can also help identify individuals who have experienced psychological discomfort over a prolonged period of time.

It is also known that brief cognitive-behavioral therapy immediately after a traumatic event can improve the mental state of the victim. Symptoms of post-traumatic stress disorder are less pronounced in those who receive timely psychotherapeutic or psych corrective assistance.

In our considered estimation, personality-oriented (reconstructive) psychotherapy emerges as the modality of heightened efficacy under the following conditions:

1. Deep and comprehensive study of the child's personality, emotional reactions, motivation, and formation, structure, and functioning of the relationship system.

2. Identification and study of etiopathogenetic mechanisms that contribute to the development and maintenance of neurotic states and symptoms.

3. Correction of inadequate reactions and behavior. This is the main task of psychological assistance, which, in turn, leads to the improvement of the child's subjective well-being and the full restoration of their social functioning.

The psychotherapeutic landscape for post-traumatic stress disorders embraces a spectrum of psych corrective modalities, including psychodynamic psych correction, cognitive-behavioral psych correction, and group psych correction.

Cognitive-behavioral psych correction, characterized as a technique of "revealing intervention," orchestrates encounters, whether direct or indirect, between the child and traumatic stimuli. The rationale underpinning this approach posits that post-traumatic stress disorders are not merely instigated by the fear of stimuli concomitant with trauma but are equally predicated upon the trepidation of reminiscences pertaining to the traumatic event. Consequently, the iterative re-experiencing of emotions tethered to trauma assumes therapeutic significance, fostering the integration of negative experiences and concomitantly attenuating distress, intrusive memories, and physiological reactivity.

In numerous instances, children who have undergone traumatic experiences participate in group psychosocial interventions in conjunction with various forms of individualized therapeutic approaches. Notably, there exists a dearth of specific directives regarding the precise typology of group psych correction to be applied. Open-type groups, oriented towards pedagogical objectives and the structured exploration of traumatic memories (engagement with the "then and now"), task-oriented activities, the cultivation of trauma coping skills, enhancement of interpersonal relationships, and the establishment of cognitive-behavioral strategies, are commonly employed. Additionally, groups with a specific structure, oriented towards dynamic processes ("here and now"), are also implemented.

Psychological correction for internally displaced children ought to be conceived as a multifaceted system of interventions. This system aims to thwart the chloritization of mental disorders, protracted pathological processes, and expedite the return to social normalcy. Etiological factors contributing to psychological maladaptation in refugee children include emotional and behavioral stereotyping, manifested as personality changes acquired under extreme conditions, new reactive capabilities, and combinations of chronic anxiety, aggression, and impulsivity. Psychological interventions must incorporate the foundational tenets of contemporary integrative coping concepts, wherein children are encouraged to engage in problem resolution, modify their perception of the problem, or alleviate its consequences through distraction or other stress coping mechanisms.

The psychological modification of stress states in displaced children transpires through organized interpersonal communication, guided by principles that are open, reasoned, and principled. These general methodological principles serve as heuristics for the systematic analysis of specific problems associated with the correction of mental disorders in internally displaced persons.

Etiological psychiatric correction primarily focuses on reshaping disrupted systems of relationships and correcting inadequate emotional reactions. An alternative approach involves rational psych correction, characterized by its emphasis on mitigating the intensity of stress-related experiences. One facet of rational psych correction involves explicating the nature of neurotic disorders.

For internally displaced children who have endured psychological trauma due to forced migration, we posit that short-term psychological correction, typically grounded in a cognitive approach, proves more efficacious. The abbreviated duration of this therapeutic intervention serves to mitigate the risk of dependency and chloritization. Group or family-based psychological correction has demonstrated efficacy in individuals grappling with psychological trauma.

Illustrative initiatives include the "White Sheet of Dreams," an open forum for parents to articulate proposals for tailoring the therapeutic environment to a child's individuality; the "Mother's Living Diary," a repository for parental inquiries housed in a metaphorical "wishing well"; "Step by Step," a collaborative endeavor involving the creation of group achievement boards; and "By the Fireplace," which encompasses the curation of relaxing music, the compilation of a library of Ukrainian songs and proverbs, and the establishment of a play area.

Psychologists are implored to orchestrate support groups, extend unwavering hospitality to children, and counsel parents on effective communication methodologies. This entails embracing alter-

native communication modalities, practicing active listening, and endorsing constructive models of communicative intentions within "mother-child" and "father-child" dyads. Adaptive coping strategies should be instituted in accordance with a systemic paradigm, necessitating alterations in the distribution of responsibilities and household management rules, as well as shifts in fundamental values and beliefs. This approach aligns with a socio-ecological paradigm, whereby the family unit is incorporated into a broader framework of rehabilitative environments, inclusive of life resources and social support.

Validation and implementation of innovative forms of interaction among social partners for the development of personal qualities and life skills in internally displaced children with varying levels of physical, intellectual, and sensorimotor development occur within a multifunctional interactive environment and during shared leisure activities utilizing information-health technologies:

- Organization of joint theatrical events, wherein parents actively participate, including role distribution.

- Participation in joint exhibitions and competitions.

- Organization of collaborative games/quests.

- Implementation of eco-projects, encompassing the communal arrangement of recreational spaces.

- Artistic publications fostering self-identity and family cohesion, such as the creation of family emblems, newspapers with family sections, and panels resembling "trees" or "houses" in hallways, serving as "creative" reports on group projects.

The aforementioned forms of group work with families of displaced children alleviate the sense of isolation amid challenges, afford parents feedback opportunities, enable them to view themselves and their children from different perspectives, and provide a supportive network.

Following corrective-developmental sessions, positive shifts in anxiety levels among children were observed, with a 25% reduction in anxiety levels. A comparative analysis of anxiety indicators before and after sessions, employing the pupils t-test, revealed a statistically significant decrease in children's anxiety during the interventions ($p < 0.01$). Psychotherapeutic efforts proved more effective for 6-year-old children with a history of forced migration compared to their 7-year-old counterparts, although the impact on the latter group was substantial ($p < 0.05$). The significance of the difference in anxiety reduction dynamics between girls and boys was also assessed, confirming that anxiety reduction varied depending on the child's gender.

An examination of the play structure before corrective sessions through comparative analysis of the experimental and control groups demonstrated that only 16% of displaced children exhibited a level of play skill development comparable to that of children residing in a conventional environment. The level of formation of early play skills in the experimental group was significantly lower than in the control group of non-displaced children ($p < 0.01$). Post-intervention, the study of changes in the structure of children's play revealed a statistically significant increase in the average level of the integral indicator of play skill formation from 1.86% to 3.54%. As a result of psycho-pedagogical rehabilitation, children displaced from conflict zones substantially reached the level of play skill development seen in their non-displaced counterparts.

The research results on the impact of developmental play sessions on subsequent growth, development, and the learning process convincingly indicate that children's attendance of playrooms positively influences the learning process in schools ($p < 0.01$).

Effective psychological rehabilitation in a children's playroom diminishes the delayed impact of extreme life events on mental health and enhances the psychological safety of internally displaced children. The study's findings underscore the pivotal role of children's playrooms in addressing the challenges faced by children in extreme situations. In playrooms, children recover more rapidly from serious traumatic events.

Conclusion. The social implications of psycho-pedagogical rehabilitation lie in creating conditions to ensure the right to rehabilitation for participants in the educational process, specifically for IDP (Internally Displaced Persons) children and their parents. The contribution of parental involvement to the quality of education and the effectiveness of a child's social adaptation is particularly significant.

Thus, the situation of forced internal migration is recognized as a social trauma, manifested by symptoms of post-traumatic stress. Anxiety and depression are "secondary symptoms" of stress, and the traumatic experience can have long-term consequences. Children represent the most vulnerable category displaying signs of anxiety and mood disorders, especially immediately after trauma. The consequences of post-traumatic stress largely depend on an individual's adaptability.

Psychologists should organize support groups, unequivocally welcome children, and counsel parents on effective communication methods, including the use of alternative (additional) communication methods, active listening, and supporting constructive models of communicative intentions in mother-child and parent-child dyads. It is recommended to advise them to change coping strategies according to a systemic approach (alteration of duty distribution rules, modification of household duties, changes in basic values and beliefs) and a socio-ecological paradigm (inclusion of the family concept in a broader therapeutic environment with life resources and social support).

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