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Olha Vovchenko*

Doctor of Psychological Sciences, Senior Researcher
Mykola Yarmachenko Institute of Special Pedagogy
and Psychology of the National Academy of Pedagogical Sciences of Ukraine
04060, 9 M. Berlynskyi Str., Kyiv, Ukraine
https://orcid.org/0000-0002-4399-0118

Wartime panic attacks in children with special educational needs

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Abstract. The study is relevant because it covers the main ways to help during panic attacks in the most vulnerable category of the population of Ukraine, children with special educational needs, in conditions of war and experiencing traumatic events. The purpose of the study is to identify the main methods of psychological assistance during panic attacks in children with special educational needs. The main practice-oriented research methods were observation, conversations, interviews, questionnaires in the process of meetings with children, and the collection of medical history. Based on the results of applying practical research methods, effective, unified step-by-step psychological support for this category of persons was developed. The study describes the main methods of psychological assistance, as the main chosen technique of cognitive behavioural therapy, which should be accompanied by additional communication with parents and teachers to disseminate information, practical skills, and actions in situations of panic attacks in children with special educational needs. The study has an evidence base, is a praxeological writing, and is still being conducted based on educational institutions and rehabilitation centres for children with special educational needs, in particular, those with visual, hearing, intelligence, and speech disorders. The main signs of behaviour and emotional states of children experiencing panic attacks are characterised. It is stated that a panic attack in children with special educational needs occurs from excessive emotional load, exhaustion, traumatic event, stress, and negative dynamics of habitual life. The final result of the study is outlined, namely: the development of a unified protocol of psychological assistance and support for children with special educational needs experiencing panic attacks, their parents, and relatives. At this stage of the study, the results obtained allowed forming effective advice to parents, people who happened to be nearby, and teachers during the onset of a panic attack in a child

Keywords: child; special psychology; psychology of fear; emotional disorders; anxiety; behavioural disorders; war

*Corresponding author

INTRODUCTION

The beginning of the war in Ukraine increased scientific interest in the affective field of personality and the subject of stress, post-traumatic disorders, restress, panic attacks, fears, and depression not only in the adult generation but also in children. One of the most relevant and newest problems for special psychology is the behavioural, regulatory, and emotional field of children with special educational needs in war conditions. Currently, the results of research on the condition of children of various nosological groups are actively published, and children's reactions to traumatic events of the armed conflict on the territory of Ukraine are discussed in scientific circles. Among the main issues brought up for discussion are the diagnosis of the child's personality, current state, and methods of psychological assistance (Butsyk, 2020; Matcha, 2021). A number of researchers, such as O. Alekseeva (2020) and N. Barkovets

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(2018) emphasise the adaptability of the psyche of children, including those with special educational problems. D. Doroshenko (2019), L. Yuryeva (2018) cover the essence of stress and its impact on the child's further behaviour, features of the formation of self-regulatory mechanisms. P. Klark (2019) emphasises that panic is a complex emotion that occurs regardless of the reality of the threat, and is controlled only by the subconscious and fear. Other researchers emphasise the search for strengths of the psyche that could compensate for its weaker sides and generally personality disorders after armed conflict in children with various features of atypical development. These are the studies of tiflopedagogues (Bondarenko, 2022; Vorona, 2023), specialists working with children with intellectual disabilities (L. Gilshin, 2022; F. Vitkovsky, 2023), children with autism spectrum (Goldsmith & Kelley, 2018; M. Kornienko, 2022; O. Romanenko, 2022), or hearing disorders (Vovchenko *et al.*, 2022; Simkivska, 2022).

Works that appeared in scientific circles during the war in the framework of special pedagogy and psychology turn their attention to children in high school and adolescence who survived a traumatic event. This can be explained by the phenomenon of a panic attack, which consists in the complexity of examining this psychological category. Testing or surveys can only be conducted after the event occurs, and during a panic attack, it is difficult even for a specialist to remain an outsider without helping the child or parents. High school and adolescence allows talking to the child, explaining what happened to them, while younger age is a more vulnerable age period and a child of this age can not give clear explanations about feelings at the time of panic, how the panic attack occurred, what became the trigger, how exactly calm occurs, etc. Therefore, there are plenty of studies that mainly concern adults with atypical development (S. Litovchenko, 2022; G. Sokolova, 2022; O. Mozoliuk, 2023). Scientific discourse also includes research on the relationship between psychological stress and self-efficacy in mothers and fathers of autistic children (Mubarak, 2022) and personal stress response in the gender aspect (Thoit & Molit, 2019).

A natural consequence of changes in the social situation of the country is the activation of the scientific process, the interest of researchers, new studies, strengthening the study of the importance of behavioural and regulatory potential of the individual, which determines their social position, life prospects under stress, etc.

Therefore, the war actualises one of the most important problems of science and practice today – the study of panic attacks in various categories of the population. Panic attacks are peculiar emotional states when it is difficult for a personality of an adult to control themselves, and the children with special educational needs require additional professional help. Such assistance can be provided both within and outside the educational institution. Since such an event as the war and the negative states associated with it are new to the Ukrainian population in modern life. The subject is relevant not only scientifically, but first of all praxeologically. Theoretical researchers now need to understand the causes, consequences, and the formation of possible forecasts for the development of emotional, behavioural, regulatory fields, and practice – areas from colleagues-researchers, how now effectively and carefully for the mental state of the individual, to help families raising children with special educational needs, how to help in conditions of stress, panic without auxiliary means, in the so-called field conditions.

The main purpose of the study was to identify the main ways of psychological assistance to children with special educational needs who suffer from panic attacks in war conditions. In accordance with the goal, the following tasks are outlined: first, the determination of the main factors, their duration, which are triggers of anxiety, in particular, in wartime conditions (as a result, they cause a panic attack) in children with special educational needs; second, the statement of the mental state of the formation of four fields (emotional, behavioural, cognitive, and regulatory-volitional); third, the development of a basic psychotherapeutic programme for accompanying children with panic attacks with special educational needs.

LITERATURE REVIEW

Panic attacks are the appearance of unexpected, intense fear or discomfort that peaks within a few minutes. The term panic attack as a scientific category was originally used with the term agoraphobia and was first introduced into the literature in 1971 to describe patients who were afraid and did not risk appearing in any places unaccompanied by friends, relatives (Jobson *et al.*, 1995). The similarity between agoraphobia and panic attacks was first noticed by Z. Freud (1998) back in 1885. The key task of the psyche, as noted by Z. Freud, in conditions of crisis, emergency situations, and moments of emotional loss is to protect a person, the inner "Ego".

Panic attacks are like an "emotional wave". They are sudden attacks of strong fear, the symptoms of which are undulating changes in the emotional-volitional field of the child/adult. Accompanying symptoms are also a fast heartbeat, a feeling of suffocation, lack of air, dizziness, nausea, numbness of the hands or feet, sweating all over the body, obsessive thoughts that control over what is happening and the person's body disappears, the appearance of various fears in children, frequent loss of consciousness, in particular, in children with special educational needs. The first symptoms that a child experiences are often not noticeable to others. The child can later explain the condition experienced as numbness, being covered in ice, cold all over the body, "self-observation", etc. (Butsyk, 2020).

In general, the term "panic" is of Greek origin and originates from the name of the ancient Greek god Pan. According to myths, Pan spontaneously appeared causing a very strong feeling of horror, and his witnesses ran away in blind fear (Yuryeva, 2018).

J.M. Gorman *et al.* (1989) called panic attacks "position phobias" and noted that they are characterised by

anxiety responses in four personality systems: emotional, cognitive, physiological, and behavioural. Researchers noted that "the reaction is a subconscious process that regularly occurs in the life of each of us. The anxiety and problem response becomes when the normal response is hyperbolised in the absence of a real threat." For example, a child with special educational needs has had panic attacks in the past. Now, during the war, parents/children suffer from the fear that panic attacks will recur. For example, to minimise the possibility of their occurrence, parents teach their child to control their breathing rate to avoid hyperventilation, move slowly to prevent dizziness; avoid stressful situations. As a result of a number of such prohibitions, the child's life becomes limited. According to the researchers, restriction situations are also a trigger for panic attacks.

P. Klark (2019) noted that panic attacks are fixed by the states and emotions that a child experiences most often, what they think and what they do. The researcher suggested that six processes support distorted beliefs about the (irrational) danger of certain/specific situations.

S. Salkovskis (2022) argued that a panic attack is a prototype of defensive behaviour, a type of mental activity that is conducted to prevent "bad" defensive behaviour is not dysfunctional: "looking both ways before crossing the road is a very functional defensive behaviour for a child." However, if the child is on the edge of the sidewalk and is not able to risk and cross the road (according to the rules, when the green light is turned on), then this is an exaggerated and problematic defensive behaviour, and these types of behaviour are also panic attacks, according to the researcher.

L. Zapletal *et al.* (2022), G. Şahin (2022), I. Marković *et al.* (2022) investigated spontaneous images, noting that some of them can increase the sense of threat and trigger a panic attack. O. Rounner and M. Oustawanni (2021), T. Arnzt & T. Wells (2017) described emotional thinking and emotional intelligence as a threat ("If I feel that way, then it is that way"). Researchers have demonstrated through studies that adolescents with anxiety rate situations as more dangerous than the control group – even when they receive information that guarantees their safety.

St. Korek (2017), regarding similar studies, noted that there are memory distortions that are responsible for maintaining problem anxiety: selective recall of threats and situations that cause fears and panic. Interpreting the signs of an anxiety response as a threatening event – conclusions that a child or adult makes when experiencing anxiety symptoms can make the problem worse.

For example, if a child with a perfectly normal initial response to a threat goes to panic conclusions: "I will die/be injured because it is our house that will be bombed," this increases fear, causes anxious expectation, and leads to avoidance strategies that are likely to prolong fears, as a result – the development of panic attacks.

Another process that causes a panic attack is associated with a prolonged and hyperbolised sense of anxiety. These experiences are disturbing reflections with elements of generating dangerous scenarios for the future as noted by J. Bavolar (2017). Although for a short period of time, in wartime, such experiences are useful because they draw attention to potential danger. However, a long period of experience becomes unproductive and actively distorts the activity of the psyche. For example, a child was transported to a safe place where there are no sirens, but they subconsciously hear this sound and wake up in the middle of the night, can jump up in the middle of school and look for a bomb shelter (this condition can be aggravated by sharp, loud sounds that remind them of an explosion, the sound of airplanes, etc.).

As a rule, psychotherapy work with panic attacks in children with special educational problems, as O. Alekseeva (2020) notes, similar to a linear process that results in a solution. For example, the trigger is a perceived threat, followed by an anxiety response, then successfully overcoming this response and reducing the child's anxiety/panic.

However, in the context of panic attacks in children, there is also a complex cyclical process in which cognitive and behavioural responses lead to maintenance or increased anxiety as a result of increased panic. For example, control work (even of a remote nature, when the child solves problems in comfortable conditions) is perceived by an anxious student as a threat to life/health/safety, etc. Anxiety does not allow the student to concentrate, they can not study, have a poor result/grade – this confirms the belief that the tests are "monsters", and excessive anxiety persists. The anxiety trigger is fixed and becomes permanent. Constant anxiety under appropriate conditions form panic attacks.

It should be noted right away: in such cases, it is necessary to explain to a child with special educational needs in an accessible, simple way that such conditions do not cause death, they do not last long (maximum 5 minutes), and it is possible to learn how to manage them. If the child (high school age, teenage, or adolescent) is physically or emotionally exhausted, the duration of psychotherapy and psychological support will be longer, but if not, the most successful outcome, according to the practical research, was six months of therapy.

Thus, a panic attack reflects a normal response to stress or threat, which is exaggerated due to increased physical responses, distorted thinking. As a result, problem cycles are formed, which can be destroyed by using techniques for working with problem sensations, cognitions, and behaviour while the child is working with a specialist.

MATERIALS AND METHODS

Methods of observation, interviews, surveys, questionnaires, and medical history collection were used to solve these tasks and ensure the reliability of the provisions and conclusions.

The study covered 60 people, among them were those of primary school (12), high school (17), teenage (22), and adolescent (9) age from special general education boarding schools in Kyiv, Zhytomyr, Lviv, Pidkamin. Among the specified number of children, 22 were displaced persons from other regions of Ukraine. According to the gender

criterion, the included 26 girls and 34 boys. The study was conducted based on the municipal institution of the Lviv Regional Council "Pidkamin Special School of I-III stages with advanced professional training" (children with hearing disorders, mental development, speech disorders); "Zhytomyr Special School No. 2" of the Zhytomyr Regional Council (children with hearing disorders, mental development, autistic spectrum); Special boarding school of I-III stages No. 9 of the city of Kyiv (hearing disorders, speech disorders); Special General Education School No. 335 of the city of Kyiv (visual impairment, speech disorders); Terebovlian Educational-Rehabilitation Centre (hearing disorders, speech disorders, mental development); pre-school education institutions of compensatory type No. 582 of Kiev (mental development, behavioural disorders).

The basis for observation was a pronounced, persistent (for more than 6 months) fear or anxiety about one or more social situations in which they may be participants or objects. The situation and fear had to be repetitive and triggered a panic attack. Children may have internal fears (fear of sudden death, fear of pain) and external fears (fear of humiliation, shame, rejection). In addition, the following signs had to be present: the presence of the same situations that always cause panic fear, increased anxiety; children had an active desire to avoid such fears, situations; fear or anxiety was disproportionate to the actual threat (considering socio-cultural norms); fear, anxiety and/or avoidance caused substantial discomfort or substantially worsened social activity/situation. In addition, in the anamnesis, the probable cause of fear and anxiety could not be another mental disorder (such as agoraphobia, dysmorphophobia, etc.), except for the diagnosis of "panic attack".

The examination and construction of therapy was not similar to classical psychological assistance or support. The goal was to establish specific meanings of anxiety and fear in the process of meeting with the child; determine avoidance behaviour and basic defence mechanisms. Thus, the data gathered during the examination of children helped to jointly build a diagnostic formulation, which became the area of psychological therapy, family support and contained mixed (complex) types/methods of psychotherapeutic interventions. Psychological assistance and support were based on cognitive behavioural therapy.

The cognitive behavioural model of psychological therapy for panic attacks was formed from a model of the origin and understanding of the disorder. Considering the individuality of the child's personality of atypical development and the uniqueness of each case (the presence of concomitant features, diagnoses, the time period of the problem, etc.). Notably, cognitive behavioural therapy has always been characterised by an individualised style of activity of a psychologist, whose work was formed based on a thorough examination and the construction of an individual therapeutic plan (Vovchenko *et al.*, 2022). Cognitive behavioural therapy had a number of substantial advantages over pharmacotherapy. The main thing is that its effect is more pronounced, and the effectiveness in preventing relapses is high. Notably, the study used cognitive behavioural therapy with elements of art therapy and body therapy; individual consultations with parents.

The main models of cognitive behavioural therapy for panic attacks in children with special educational needs were considered in three stages of therapy.

1. In the stage of the first phase, the psychologist conducted a survey; psychoeducation was built, socialisation was formulated into a model of cognitive behavioural therapy, symptoms were normalised, motivation and a therapeutic alliance (psychologist-child, psychologist-parents, psychologist-teacher) were formed.

2. During the stage of the second phase of psychological therapy, psychoeducation, cognitive techniques (testing the values provided) were used, additional medical examination (if necessary), interoceptive and step-by-step situational reviews of situations that cause anxiety, fears, etc.

3. In the third stage, psychological support and an examination by a psychologist aimed at preventing the recurrence of such states (relapses) were conducted.

The process of examination and formulation of recommendations resulted in the selection of possible options for psychological assistance and acceptance of consent for therapy from parents and guardians. The psychologist presented the structure of psychotherapeutic meetings to the family since some individual cases of therapy were quite long, invited to an active position, cooperation in the course of therapy, or vice versa asked to interfere as little as possible in the process.

All procedures conducted in studies involving people, in particular, minors, met ethical standards, did not violate the honour and dignity of respondents, took into account the age characteristics of the respondents and took place while maintaining the anonymity of the results obtained. The study followed the recommendations of the European Commission on ethical issues and personal data protection (European Commission, 2021). The study participants did not object to the use of information without their first and last names.

RESULTS

For further work, the psychologist had to determine the symptoms of a panic attack and work with this particular condition, according to the protocol approved by the department and representatives of the directorate of educational institutions. The protocol is not included in the paper. The study is ongoing, and a successful psychological therapy protocol will be published after the experiment is completed.

It is important to indicate that the symptoms of a panic attack that the specialist worked with are: sudden onset, without warning (a panic attack can occur in a minibus, Metro, in a car, in a shopping centre, while walking, meeting with peers, in class, etc.); the child is very scared (they later describe the condition as fear of death, a feeling of unreality of what is happening to them, depersonalisation, fear of going crazy, a feeling of cold, numbness, loss of consciousness, etc.); the most characteristic feature is the

description – "I am about to lose consciousness"; a feeling of rapid heartbeat and suffocation; heaviness of the whole body, especially in the legs, tightness in the chest; rapid breathing, feeling that it is very hot and there is not enough oxygen around; cold in the arms and legs, throbbing in the head; trembling of the body, wet armpits; headache; dizziness, darkening of the sight.

Common to all cases (actions according to the protocol) was that in the process of psychological assistance, the specialist psychoeducationally supported all children, explained that anxiety and fears are basic emotions and that it is normal to feel them, removed the so-called stigma regarding the positions "I am not like everyone else", "I am sick", "I am crazy"; implemented the hope that the effectiveness of psychological therapy (meetings, conversations) is very high. Among the children involved in therapy, 42 people noted similar expressions (in different formulations). It is important to emphasise that mainly the children with preserved intelligence are subject to such an analysis. However, there was a percentage of children who had intellectual disabilities and used similar expressions. This is mainly observed in adolescents and teenagers (13%).

Some children with panic attacks were quite cautious, distrustful of psychologists and the method of therapy, it was difficult for them to perceive the importance of daily psychological meetings, systematic nature. Fear, rejection, and exercise avoidance were often identified as ways of defensive behaviour. Therefore, in the first sessions, the psychologist often returned to psychoeducational work, using motivational, cognitive restructuring, and behavioural techniques aimed at convincing about the impossibility of change. Notably, only 12 children out of 60 openly communicated and talked about traumatic events, emotions.

All these components (examination, building a communication structure, psychoeducation, establishing cooperation, setting goals, agreeing on a therapy plan, and motivation) formed the first stage of psychological assistance for the treatment of panic attacks in children with special educational needs.

In the second stage of work, psychologists faced the most characteristic signs of behaviour, states of children with panic attacks. Among these signs were the following.

Synchronisation. An anxiety system that is characteristic even of primates. It is collective, so in a situation of danger, a person seeks to warn others, stands up for their friends, relatives, classmates, acquaintances, etc. Therewith, they experience despondency, guilt – emotions that also synchronise, "infecting" others. In such a situation, it is important to remember that there is no need to blame oneself for inaction and give up. Not everyone is born strong, masculine, and can handle any threat. In turn, everyone who works on their problems has a chance to change. Mostly synchronisation was inherent in girls who were in group classes – the effect of "infection" during and after group psychotherapy. One despondency provoked another, creating a chain reaction. Among the girls who received psychotherapy (n = 37), 28 experienced an "infection" effect at the beginning of group classes. Only after a month and a half, most of them were separated from emotional experiences and could express their experiences, emotional state, needs, and traumatic memories.

Expectations. Frustration and despair arose in children when reality did not meet expectations. For example, thoughts that fear will disappear quickly, their well-being will change in a week, etc. Therefore, the less support and expectations are formed, the less disappointments children will have, and the better psychological therapy will take place. This pattern applies to any therapy and psychological assistance to the children. Therefore, in order for parents and children (especially teenagers and adolescents) not to feel despair, it was necessary to explain the fact that the process of psychological assistance can be a long process, and all that you need to count on during this period is the preservation of mental health, life in war conditions, and the life of relatives. Therefore, there is no need to spend mental, emotional energy on standby modes. 78% of children believed that after a few meetings, their sleep would improve and they would still sleep soundly, and have positive dreams; 64% – that they would not be afraid of loud sounds that are not associated with alarms, explosions, etc.

Curvature of well-being. It is worth noting that not only during the month the child may have waves of fluctuations in emotions, and mood, but also during the day (mood, well-being, emotions, behaviour changes). In conditions of prolonged tension, worries, living in a new place, losing your usual place of residence, and staying without sleep and nutrition, the phases of failure, hopelessness, "everything is lost" can be prolonged. These phases can also be promoted by adults who reinforce negative experiences. Whatever the conditions, during psychological therapy and psychological support, one of the main tips for parents was to find time to restore their own personality, which will positively impact the child's therapy.

The main advice of psychologists involved in this study during meetings with parents to support a child during panic attacks of various origins was:

1. Learn to breathe deeply, at least 6 cycles of inhale-exhale (very slow and at the same pace).

2. Describe what you are seeing or hearing now, what you feel, smell, touch something and focus on these sensations, etc. (if the child is sick – go with them to a room where there are fewer people, noise, smells, and there is a flow of fresh air).

3. If there is self-control and self-regulation, the child and adult can try to remember a particular saying, which, for example, they always remembered, used in everyday life, with friends, etc., or repeat some short rhyme that the child likes, even a simple count helps. The main goal of all these actions is to engage thinking.

4. If there is someone of the relatives or friends who know about the child's panic attacks, the child should learn to say: "hug me", because stroking the shoulders, arms, and back and talking in a calm voice acts lulling to relax, relieves the active phase of a panic attack, calms the child down.

5. Remind the child that the condition they are experiencing is unpleasant, but it does not pose a threat to their health and passes quickly enough.

Basic tips were also formed to help support a child/teenager/adolescent who has had a panic attack. These tips were discussed and distributed among the teachers of the schools where the study was conducted, namely:

- talk to the child calmly, constantly repeat sentences like: "I'm with you", "this is just a panic attack, it will pass soon", "now everything will pass, breathe deeper", etc. (considering the age of the child);
- if the child knows about their condition, has experienced it – you can ask: "How can I help?", "Do you need something?", "Should I serve something (water, medicine)?". If not, it is usually useful to sit down (put such a child next to you), give water, provide a flow of fresh air without foreign odours; inhale the air deeply and slowly together (the commonality of actions is also soothing, the child gets the impression that they are not alone);
- if a relative or a close person helps a child, they can be taken by the hands, hugged (especially behind their back, shoulders);
- if it becomes noticeable that the child is calming down, you can start a conversation on a neutral subject, in a calm, not fast voice, tell about yourself, travel, delicious food (distract).

During the exercises and conversations with teachers, it was noted that a child with panic attacks should not be doused, sprayed with water, it is also forbidden to shake, clap their face, offer unfamiliar medications and not be confused with seizures of epilepsy. The basics of medical experience, conversations, and Q&A meetings were an important step in helping children, parents, and educators who work with and teach children with various special needs on a daily basis.

A panic attack is not a problem that depends on the mental abilities of the child"s personality. Practical psychologists have often and repeatedly emphasised this in conversations and consultations with parents/teachers.

According to the results of a study of children with special educational needs, it was noted that a panic attack occurs from excessive emotional load, exhaustion, stressful situations, etc. One of the first steps that need to be taken to optimise psychological therapy is to normalise sleep, its balance, duration, and compliance with biological rhythms. Through wristbands-watches, which are not only a fitness tool, monitor the fast and slow phases of sleep. It is not a reliable source of information that provides 99% sleep data, but it is accessible to families and provides basic knowledge about the child, the effects of stress and fluctuations in sleep phases. Parents were also advised to organise sleep for a child with panic attacks, even if the conditions did not contribute to this at all, for example, in a bomb shelter, a one-room flat or facility where the family was moved, where there is a quiet cosy corner where you can warn others not to disturb the child. Notably, in children with panic attacks, rapid phases of sleep predominate, as a result – the lack of rest in the body and the restoration of its functions. Because a person rests and recovers in conditions where there are more slow phases of sleep, or at least they are equal to fast ones. Among adolescents, 4 (n = 23) had a sleep pattern dominated by slow sleep phases. No such indicators were recorded in girls. In 6 girls (n = 37), the fast and slow sleep phases were approximately the same.

Another feature that attention was focused on during psychological therapy was the child's breathing. Rhythmic and temporal breathing saturates the body with oxygen and calms the child. During breathing, the exhalation should be longer than the inhalation. A lot of attention was also focused on this during the training of parents and meetings with teachers. Trembling during breathing during stress is also a normal indicator, it does not need to be stopped, since this reaction is a natural regulation.

One example that was recorded during the study. A mother and daughter experience uncontrolled shaking of the entire body during the sound of an alarm (air raid). This is a normal reaction of the body since everyone has features of the organisation of the nervous system, different temperaments, levels of neuroticism, etc. Trembling is a reaction to shock and is the body's natural regulation to get out of a state of numbness. Shaking is not harmful, it usually occurs in waves. In the long run, it is more useful than numbness, so, during the study, psychologists did not try to stop it. In this way, the body was "awakened" and "released from excessive tension". Mother and daughter hugged, breathed deeply together, and used the "grounding" technique (restoring body sensation). After normalisation of the condition, therapy was performed. The family, in collaboration with psychologists, believed that this was not a normal reaction, an unnatural manifestation of the body, which they had never experienced before.

Summarising the results, it is important to emphasise that the body of modern children first encountered a situation of war, so any reaction of the body is normal since it was not ready or prepared for this. The psyche of every child and adult knows better what to do to use protective reactions, help to cope with stress, and panic, because the body of every living being is programmed for survival.

DISCUSSION

The study was initiated in May 2022 in these educational institutions (continues today), as it is associated with such traumatic events in Ukraine as the war. Among the participants, there are professional specialists in the field of special psychology. The study is enriched with new directions and techniques, depending on the age of the child, sometimes it is important to consult not with parents, but with people who are raising the child at a given time, that is, the person who is most often with the child during stress and has a close psychological connection.

The special educational needs of the child and their age are also important, which also corrects the study of the team of specialists. This is due to the fact that working with an autistic child is radically different from psychological

assistance to a child with visual impairments or intellectual development. In this aspect, the achievements of special educators and psychologists working with children with visual impairments, such as O. Bondarenko (2022) and D. Vorona (2023) are important for the study. Researchers note that children need special psychological support, which will be based on Roger's methods and approach. That is, the environment in which the child grows up not only perceives it as it is but also helps to transform in accordance with reality and survive this transformation painlessly. Cardinal are the studies of researchers working with such a feature of development as autism. Since the practitioners here are unanimous – the way out of stress or a traumatic event is in body therapy (F. Vitkovskyi, 2023). Exclusively physical exercise, contact with the child allows them to survive panic, psychological trauma, and the brutality of war (L. Gilshin, 2022).

As for similar studies of specialists from other countries, it is quite difficult to compare, adapt, agree, or deny the experience. This is due to the peculiarity of the mentality, archetypes of each nation, the period in which the war in Ukraine took place, and the dynamics of society. Because even each family has its own unique national code, archetype, stereotypes, and parenting styles. The achievements of foreign practitioners and practical findings can be borrowed from the studies on stress and the fight against this condition, techniques for helping children experiencing depressive states. But an important feature is that the work of researchers is not due to such a factor as war, which deepens the traumatic process of the child's psyche, the period of stress, depression, and changes the essence of post-traumatic syndrome.

Thus, practising psychologists now act individually, using classical techniques with the addition of art therapy, using metaphorical maps, fairy-tale therapy, film therapy with a mandatory positive ending to the story that the child creates. Experts hope to cooperate with researchers, which will allow them to develop effective psychological assistance and an effective protocol for providing assistance in various situations complicated by the negative dynamics of the war in Ukraine at the level of evidence base.

CONCLUSIONS

The main purpose of the study in the course of practical activities was changed in priority. Since at the first stages of the study, when it was possible to appeal exclusively to theoretical and scientific data, the first task was to determine the factors and triggers of a panic attack. However, among the children who had a history of panic attacks, the suspicion of a panic attack while communicating with parents and teachers, war was recorded as the main cause, that is, the sounds of sirens, moving through destroyed homes, the memory of the wounded, the screams of relatives during bombing, etc. Therefore, determining the factors was not the main task. Among the leading goals were the development of psychological assistance and normalisation of the psychoemotional state of a child with special educational needs. Children with these needs were of different categories (hearing and visual impairments; intellectual and speech disorders), so the approach and main area had to be unified. Cognitive behavioural therapy was chosen as the leading psychological therapy for children with special educational needs who have panic attacks.

Cognitive behavioural therapy (CBT) included several stages and additional involvement of parents/educators. Children, communicating with a psychologist, underwent a long course of therapy, learning to recognise the approach of a state of panic and control their condition. This type of therapy consisted of behavioural and cognitive techniques, each of which complemented each other. The main task for psychologists was: first, the formation of new forms of behaviour in a child with special educational needs that allow them to control thoughts and actions; secondly, replacing old behaviour with new reactions.

At the beginning of psychological therapy, psychologists often encountered such phenomena as synchronisation (the effect of infection), distortion and overestimation of emotions and expectations, and in children. Parents and teachers successfully completed the process of learning and mastering basic knowledge and skills during a panic attack. The basis for minimising panic attacks was identified as sleep, breathing, physical exercises, and concentration on the child's thinking and body (later on pleasant memories, rhymes, songs, counting, etc.).

Further areas of research are, firstly, the completion of the psychological protocol of actions during panic attacks in children with special educational needs in war conditions; secondly, research and psychological assistance to children with atypical development who have post-traumatic stress disorders and a state of re-stress during war.

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CONFLICT OF INTEREST

Conflict of interest is absent. The idea was developed and put into practical implementation by the author. The study continues.

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Ольга Анатоліївна Вовченко

Доктор психологічних наук, старший дослідник
Інститут спеціальної педагогіки та психології
імені Миколи Ярмаченка Національної академії педагогічних наук України
04060, вул. М. Берлинського, 9, м. Київ, Україна
https://orcid.org/0000-0002-4399-0118

Панічні атаки за умов воєнного часу в дітей з особливими освітніми потребами

Анотація. Стаття актуальна тим, що розкриває основні шляхи допомоги під час панічних атак найбільш вразливій категорії населення України, дітям з особливими освітніми потребами, за умов війни та переживання травмівних подій. Мета публікації – розкрити основні методи психологічної допомоги під час панічних атак у дітей з особливими освітніми потребами. Основними практико орієнтованими методами дослідження обрано спостереження, бесіди, інтерв'ю, анкетування у процесі зустрічей з дітьми, збір медичного анамнезу. За результатами застосування практичних методів дослідження розроблено дієвий, уніфікований покроковий психологічний супровід для означеної категорії осіб. У статті окреслено основні методи психологічної допомоги, як основну обрано техніку когнітивно-поведінкової терапії, яка має супроводжуватись додатковим спілкуванням з батьками та освітянами з метою поширення інформації, практичних навичок, дій у ситуаціях панічної атаки у дітей з особливими освітніми потребами. Дослідження має доказову базу, є праксеологічним доробком, відбувається і на сьогодні на базі освітніх закладів та реабілітаційних центрів для дітей з особливими освітніми потребами, зокрема з порушеннями зору, слуху, інтелекту та мовлення. Охарактеризовано основні ознаки поведінки, емоційні стани дітей, що переживають панічні атаки. Констатовано, що панічна атака в дітей з особливими освітніми потребами відбувається від надмірного емоційного навантаження, виснаження, травмівної події, стресу, негативної динаміки звичного життя. Окреслено кінцевий результат дослідження, а саме: розроблення уніфікованого протоколу психологічної допомоги та супроводу дітям з особливими освітніми потребами, що переживають панічні атаки, їх батькам, рідним. На цьому етапі дослідження отримані результати дали змогу сформувати дієві поради батькам, особам, що опинилися поруч, педагогам у період настання панічної атаки в дитини

Ключові слова: дитина; спеціальна психологія; психологія страху; емоційні порушення; тривога; поведінкові порушення; війна