

# ПРАКТИКА НЕПЕРЕРВНОЇ ПРОФЕСІЙНОЇ ОСВІТИ

## PRACTICE OF CONTINUING PROFESSIONAL EDUCATION

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## EFFECTIVENESS EVALUATION OF THE POSTGRADUATE PROGRAM IN MENTAL HEALTH COUNSELING IN UKRAINE

*Ukraine is a country that has lacked access to adequately trained mental health professionals. As in other countries the development of the field of Counseling in Ukraine has some parallels to that of the US. One of the most notable parallels is the push for a better and more effective approach to mental health, driven by the impact of war, with WWII being the catalyst for refinement in the US and current war in Ukraine as the drive there. As the American Psychology Association and American Counseling Association have highlighted, the effects of trauma and unresolved problems do not need to last a lifetime.*

*A developing initiative in Ukraine was brought by U.S.-based teams that established a postgraduate Counselor Education Program. Professional American Counselor Educators, trained in the trenches of wars abroad and representing vast ranges of experience, have volunteered their time as visiting faculty and distance supervisors.*

*This study measures the initial progression of treatment symptomology of clients seen by Postgraduate Program in Psychological Counseling and Trauma Therapy trained Counselors. This study utilized an analysis of repeated measures over the first five sessions of counseling with the program-trained Counselor.*

*The following measurement methods were utilized: Outcome Rating Scale (ORS), Impact Event Scale (IES-R), Beck Depression Inventory (BDI II), PTSD Checklist (PCL-5), Symptom Checklist (SCL-9). The resulting data obtained from the clients was compared to the outcomes of treatment with similarly trained therapists in the United States, United Kingdom, Australia and Denmark. Results indicated overall significance as measured on 3 out of 5 instruments (ORS, BDI-II, IES-R). The data from this sample revealed similarities to the outcomes of comparable early treatment research, conducted outside of Ukraine.*

*These results provide a preliminary overview of how effective mental health counselors (educated by the American standards) are in mitigating client mental health symptomology. This study is a logical and necessary step in the continued development of the field of Counseling in Ukraine.*

**Key words:** *counseling client outcomes; international counselor education; postgraduate program in psychological counseling; traumatherapy.*

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**Introduction.** Modern Ukraine only gained a semblance of independence from the yoke of Soviet Russian influence in 1991 (Magocsi, 2007). Russia, however, made its underlying aspirations known quite clearly when in 2014 they moved artillery units into Ukrainian territory and has started the war with Ukraine (Toal, 2017). Ukrainian people living and serving in and around what has been called the ATO (roughly translated, Anti-Terrorist Operation Area), have been caught in the cross-hairs of war with Russia in their backyards, and within a system bereft of a concerted national plan for helping readjustment on the family front during and after combat. Since January 2015, as a result of fighting within the borders of Ukraine over 10,000 people have died, and 1.5 million people have become internally displaced person's (IDP's) (Lekhan, Rubiy, Schekenko, Kaluski, & Richardson, 2015), and unfortunately these numbers have only continued to increase (Roberts et al., 2017). Existing reviews of the country's current healthcare system (Mykhaylov, 2013; Mykhaylov, 2015) highlight that minor improvements have been made on the rise since Ukraine's independence from the Soviet Union, but are still inadequate at present, to handle the significant contemporary needs of the population (Bromet et al., 2005; Bromet et al., 2007). Amidst the conflict and current status of mental healthcare in Ukraine, the need for a program to train mental health care professionals is vast (Zaporozhets, Piazza & Laux, 2015).

Teams from a mid-Atlantic University in the before the fall of the Soviet Union e United States, have been working diligently to bring the new field and profession of Professional Counseling to Ukraine with an app Soviet Union roach that is «broad enough to be culturally appropriate and rigorous enough to provide evidence of quality» (Stanard, 2013, p. 59). Through this University's collaborative efforts with a local Ukrainian Seminary and Mental Health Counseling and Educational Center, teams from the United States have now trained and graduated their first cohorts

of trained Professional Counselors in the history of Ukraine. These efforts will henceforth be referred to as the Ukraine Mental Health Project (UMHP).

Since 2012, the UMHP has developed, implemented and facilitated a Postgraduate Program in Psychological Counseling and Trauma Therapy (PPPC) in Ukraine. UMHP teams have brought trauma-informed (Green Cross, 2019) and evidence-based programming and practices in Counselor Education (CACREP, 2019; IRCEP, 2019) and provided a learning environment that necessarily goes beyond U.S. contexts (Branson, Cardona, Ng & Killian, 2016). While the broader field of Psychology has existed in some form in Ukraine since before the fall of the Soviet Union (Vlokh & Kulyk, 2003), the standard experiential teaching and live supervision utilized in contemporary accredited counseling programs, are rare to nonexistent in current psychology related education in Ukraine. As this new program was created, all aspects of curriculum and training were and continue to be grounded in cultural norms consistent with counselor trainee and clients' cultural backgrounds (Burkard et al., 2006). An assessment of initial effectiveness is a critical and necessary step for this charter program to take hold and ultimately build momentum towards the fully functioning field that is clearly needed in Ukraine.

**The purpose of the article.** This study seeks to provide an initial view of the significance of early treatment client outcomes for newly trained Counselors in Ukraine.

**Postgraduate Program in Psychological Counseling.** The UMHP is based out of a Mid-Atlantic University and works collaboratively with a local Ukrainian Seminary and newly established Mental Health Counseling and Educational Center that provide facility, financial, and academic structure while in the country, as well as bares state accreditation. Courses at the UMHP bring together US and newly trained Ukraine Counselor Education and Supervision Faculty and doctoral and master levels Counselors and Counselor Educators to facilitate the PPC courses in person during the in-country face-to-face residency

weeks, 3 times each academic year. Project faculty and supervisors also provide weekly distance supervision and instruction between the in-person and online courses. With the first cohorts of Counselors graduated, some who have expressed interest and been deemed to have adequate professional background and experience, have also been trained as instructors and supervisors to augment the current program. The goal is for UMHP personnel to be the ones augmenting a Ukrainian run program. To this end, the 2018–2019 academic year represents the first time all triadic supervision groups were headed by local Ukrainian Supervisors and several of the courses were facilitated by Ukrainian Educators, all trained by UMHP.

**Importance of outcome.** In 1979, Ford assessed that while client outcomes had been addressed in research, the lens had not been turned extensively towards educational programs' effectiveness. Since this early study, others have continued to look at tying Counselor competence to specific client outcomes (Branson, Shafran & Myles, 2015) and despite a continuous underlying assumption of effectiveness of educational programs, many have continued to struggle to find significant direct connections between training and outcome. Perhaps the difficulty in making this connection stems from common factors of client-counselor relationship factors and client expectancy, that are tied to client outcome (Leibert & Dunne-Bryant, 2015). These factors are difficult to quantify and resemble a nuanced formation of therapist self, rather than a purely demonstrable and measurable tasks. While research has indicated that many areas of clinical competence are improved by training, there needs to also be a look towards controlling for confounding variables that complicate the elusive connection between training and outcome (Buser, 2008). Qualitative studies have traditionally more easily captured and elucidated the spontaneously reported changes in mental health outcomes (Angus, Watson, Elliott, Schneider & Timulak, 2015). Despite the issues confounding variables present, client outcomes not only corroborate an effective Counselor, but also belie the effectiveness of the training that this Counselor has received (Erekson et al., 2017).

**Method and Procedures.** The goals of this study are to examine the effectiveness of mental health counselors educated by American standards in mitigating client mental health symptomology in Ukraine. This quantitative inquiry involves repeated measures analyses across the first 5 sessions of treatment results with the help of the following measures: the PCOMS Outcome Rating Scale (ORS), Impact Event Scale (IES-R), The Beck Depression Inventory II (BDI-II), The Posttraumatic Stress Disorder Checklist (PCL-V), and the Symptom Checklist-9 (SCL-9). This study analyzed client participant responses facilitated during their treatment with program trained Counselors at the Mental Health Counseling and Educational Center in Kyiv Ukraine.

**Research Design.** A Quasi-Experimental design was chosen. The causal impact of education (intervention) was researched on the target population (client outcomes) with comprehensive sampling from early treatment with a PPPC-educated counselor, and with results also being compared against similarly trained Counselors' clients' outcomes (outside of Ukraine). The limitations of findings with this design will therefore be that they are not as applicable to general population and definitiveness of causality is diminished (Heppner et al., 2016). Despite these limitations, this design provided optimal ease of facilitation and accommodate an adequate preliminary understanding of program effectiveness.

**Population and Sampling.** Participants of this study were consenting clients of the program educated Counselors and Counseling interns, seen for their initial 5 sessions of counseling at the PPPC-based Mental Health Counseling and Educational Center in Kyiv Ukraine. This center is the first of its kind in Ukraine and provides traditional U.S. outpatient counseling services following research-based U.S. clinical protocols adjusted for Ukraine milieu. Both Counselors and clients provided consent to participation in the study prior to data collection. All therapists have earned at least a bachelor's degree, most in Psychology, and a PPPC postgraduate certificate in Psychological Counseling and Traumatherapy (Ukraine) that is equivalent to the Masters of Arts in Counseling degree in the United States. The comparison groups were therapists with a graduate degree in the mental health field in the United States, United Kingdom, Australia, and Denmark. Client participants were all 18 years old or older with a cap on age of 90 years old. There were no exclusionary parameters for gender, sex, education level (for therapists or clients). Clients self-selected to participate in this study so may imbue a self-selection bias. They were only excluded by either self-section or immanency of lethality. No other exclusionary criteria were implemented for this study. Diagnostic information from clients in Ukraine was not collected for this study as the reduction of overall symptomology was the primary construct of interest.

**Data Collection Procedures.** Participating PPPC Counselors were under the regular supervision and consultation with U.S. based and local Ukrainian PPPC-educated Supervisors. All had been made aware of the potential for efforts in gauging the effectiveness of training, and this study represents the first review of preliminary outcomes data. These Counselors had been contacted to inquire about their interest in and capacity to help with this research. They in turn, discussed research with clients and obtained informed consent for the sample of initial client-participants.

**Instrumentation.** The array of assessment instruments chosen, both cover a range of common symptomology and have an established application in the clinical outcome research in and outside of Ukraine.

All measures, with the exception of PCOMS, were widely utilized in Ukrainian-speaking populations (Karachevskyi, 2016); translated into Ukrainian per standard and evidence-based process of translating first from English to Ukrainian and then either compared to established translations or talked through with translator, in order to ensure best possible translations (ITC, 2017). All of the measures are simple and easy to complete within the parameters of a traditional therapy session (Lee et al., 2005). The instruments utilized in this study were the PCOMS Outcome Rating Scale (ORS), Impact Event Scale (IES-R), The Beck Depression Inventory II (BDI-II), The Posttraumatic Stress Disorder Checklist (PCL-V), and the Symptom Checklist-9 (SCL-9).

Once the consent was secured, therapists administered this relatively short battery to clients at the end of each session (one measure, PCOMS ORS also requires a brief 4 question response at the onset of

each session). Collection of data started at initial stage of therapy and continued through the fifth session or client's decision to drop from the research or therapy process. The assessments were administered via a secure online surveying website with an established reputation for reliability and confidentiality. UMHP holds a HIPPA compliant account with this company.

**Results.** The mean age for the sample was 34, with a standard deviation of 14.07. The average salary was 5,500 Hryvnia/month, which equates to around 220 USD/month. The average salary in Ukraine is around 300 USD/month (WHO, 2017), so the study sample is slightly below that average. All participants completed or are completing some postgraduate education. Their presenting concerns were varied and included grief and loss related trauma and one participant having been held as a prisoner of war. See Tables 1 and 2 for more information on the study samples demographics.

Table 1

### Sample Demographics

Gender	Age	Income/month Ukrainian Hrvnia (US Dollars)	Education	Primary issue	Secondary issue
Female	18	€8,000 (\$312)	Undergraduate	Depression/Anxiety	Trauma
Male	22	€5,000 (\$195)	Military Technical School	Anxiety	Trauma (Captivity)
Female	48	€5,000 (\$195)	Undergraduate	Relationship distress	
Male	48	€4,000 (\$156)	Undergraduate (in progress)	Relationship distress	

Table 2

### Demographics of Comparison Studies

	Gender		Age	Presenting issue(s)
	Male	Female		
Schuman et al., 2015	88%	12%	27.13 (5.35)	Substance use; Depression; Anxiety
Reese et al. 2009	27%	73%	34.05 (11.70)	Mood Disorder; Anxiety; Relationship problems
Tarrier et al. 1999	58%	42%	38.6 (11.6)	Trauma
Kangas, Milross, & Bryant, 2014	0%	100%	54	Posttraumatic Stress Disorder; Major Depressive Disorder
Jensen, Mortensen & Lotz 2014	24.7%	75.3%	36.3(12.3)	Mood Disorder; Anxiety; Personality Disorder

*Note:* Age = mean (standard deviation). Kangas, Milross, & Bryant, 2014 is n=1.

The first line of inquiry examines the significance of outcome across five first sessions of therapy with a PPC-educator therapist. To determine the significance of the early treatment outcomes for this sample, a repeated measures statistic, with independent variable(s) of time (sessions 1 through 5) and dependent variable(s) of assessment outcomes, was implemented. Due to normality

assumptions not being met, the statistical procedures utilized were non-parametric in nature, specifically, Friedman test for the first level of analysis. Table 3 shows the means and standard deviations across the first five sessions of counseling. The means and standard deviations reported in Table 3 illustrate initial changes and are parallel to other comparison outcome studies, reviewed below.

Table 3

**Mean Scores Across Initial Treatment <sup>a</sup>**

Variable	Time 1	Time 2	Time 3	Time 4	Time 5
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
ORS <sup>b</sup>	15.75 (11.53)	14.75 (11.70)	8.75 (5.85)	3.50 (2.38)	5.25 (9.22)
IES-R	28.25 (25.83)	15.50 (17.46)	17.00 (16.23)	17.25 (14.84)	12.50 (14.71)
BDI-II	21.50 (16.58)	18.00 (15.03)	9.25 (11.41)	6.50 (5.26)	3.75 (6.24)
PCL-V	28.75 (23.06)	21.00 (13.04)	14.50 (13.13)	15.25 (11.59)	4.50 (3.11)
SCL-9	13.25 (5.32)	13.75 (5.38)	10.25 (5.38)	10.00 (6.16)	6.25 (5.32)

<sup>a</sup> Means and standard deviations from the results of  $n = 4$ . <sup>b</sup> ORS was reverse scored.

The Friedman test of differences for repeated measures designs yielded significant results across the first five sessions of counseling, on ORS, IES-R and the BDI-II measures, please, see Table 4 for more details. Therefore, they

were further examined with the post hoc tests to determine where specific significance between each session may lie. The difference across the first five sessions of counseling was not significant on PCL-V and SCL-9 measures.

Table 4

**Overall Outcome Significance <sup>a</sup>**

Assessment	Chi-square	Significance (p)
ORS	12.42	.014
IES-R	9.86	.04
BDI-II	14.87	.005
PCL-V	7.07	.13
SCL-9	8.53	.07

<sup>a</sup>  $p < .05$ ;  $n=4$ .

A subsequent, non-parametric Wilcoxon signed rank test was conducted to further elucidate where the significance occurred within the early sessions of counseling on ORS, IES, and BDI measures. There was no statistical difference between session to session results overall, but the most change in symptomology were observed from session 3 to session 5, ( $Z = -1.841$ ,  $p = .066$ ) and sessions 4 to 5 ( $Z = -1.841$ ,  $p = .066$ ).

For the second line of inquiry, the outcome data collected at the Ukraine PPPC program were compared

against outcome data from treatment with similarly trained therapists in the United States, United Kingdom, Australia and Denmark. Table 5 lists the comparison studies and their early treatment repeated measures analysis results with means and standard deviations. While exact fit for comparison studies was difficult to find, these studies represent a similar outpatient studies with early treatment outcomes, conducted by graduate level mental health therapists, and present similar population and symptomology.

Table 5

**Comparison Studies Details**

Reference	N	Number of sessions	Format	Pre (M, SD)	Post (M, SD)
ORS; 1) Schuman et al., 2015 2) Reese et al. 2009	1) 74 2) 110	1) 4 2) 16	1) Group Military Treatment Clinic (US) 2) Individual; University Counseling Center (US)	1) 18.58 (10.00) 2) 22.41 (7.60)	1) 12.20 (9.460) 2) 9.72 (6.63)
IES-R; Tarrrier et al. 1999	33	11	Outpatient; Cognitive and Exposure therapies; Individual (UK)	IES-I 26.73 (7.80) IES-A 26021 (7.550)	IES-I 17.91 (10.29) IES-A 19.61 (10.09)
BDI-II; Tarrrier et al. 1999	33	11	Outpatient; Cognitive and Exposure therapies; Individual (UK)	27.45 (12.39)	19.03 (13.20)
PCL-V; Kangas, Milross, & Bryant, 2014	1	6	Individual, CBT (Australia)	56.00 (17.26)	42.00 (10.03)
SCL-9; Jensen, Mortensen & Lotz 2014	151	15	Outpatient, Individual/group, psychodynamic (Denmark)	11.00 (5.00)	5.00 (3.00)

A non-parametric, one sample statistical analysis was utilized to compare current study initial (session 1) and post (session 5) counseling outcomes' (ORS, IES-R, BDI-II, PCL-V, and SCL-9) means and standard deviations, with those of the comparison studies. A One Sample Kolmogorov Smirnov test results yielded no statistically significant difference

on the initial session scores on all five measures, and no statistically significant difference on the ORS, the IES-R, and SCL-9 measures for the post-test, meaning that they yielded similar results to comparison studies. The results were statistically significant for the last session outcome data on BDI-II and PCL-V measures.

Table 6

### Results of Kolmogorov-Smirnov Comparisons

	Initial session Differences ( <i>p</i> value)	Last Session Differences ( <i>p</i> value)
ORS		
1) Schuman et al., 2015	.773	.102
2) Reese et al. 2009	.363	.085
IES-R		
Intrusions	IES-I .495	IES-I .440
Avoidance	IES-A .506	IES-A .284
BDI-II	.564	.052
PCL-V	.149	.001
SCL-9	.527	.516

**Interpretation of Results.** Results of the first line of inquiry were significant on 3 of the 5 measures of interest (Ukrainian outcomes ORS, IES-R & BDI-II; and were comparable to the outcome studies on ORS, IES-R & SCL-9 scales during the second line of inquiry, demonstrating clients' symptomology improvement similar to the comparison studies.

The Partners for Change Outcome Management System's Outcome Rating Scale (ORS) was one of these 3 and is of particular interest. The ORS is the token global outcome assessment (i.e. not examining a specific symptom cluster such as depression) utilized in this study. Duncan et al. (2010) highlight the cross-cultural effectiveness of the ORS in accurately capturing client outcomes elsewhere in the world. The important finding of this research is significant improvement on ORS measure that was comparable to the similar studies conducted outside of Ukraine.

This study also represents the only known use of the ORS in Ukraine to date. The other assessments that yielded a significant result when comparing repeated measures scores for the sample across first five sessions of counseling were the BDI-II (depression) and IES-R (trauma). Both of these instruments measure symptomology that parallels that of clients' presenting issues and also the specific mental health struggles of many Ukrainians (WHO, 2004). Both of these instruments are utilized around the world and show demonstrated effectiveness at accurately measuring the symptomology of interest. It is important to mention that the PCL-V results in this study may have been skewed by a participant who had been held as a prisoner of war. His responses were noticeably

extreme and varied when compared to the current study participants and the studies of comparison. It is also possible that the lack of overall repeated measures significance with the SCL-9 may be tied to difficulties in determining the most accurate adjustment between two instrument versions – from longer one in the comparison studies and the shorter version used here.

Overall, this preliminary study demonstrated that newly educated counselors in Ukraine were effective in mitigating client mental health symptomology in Ukraine. Clinical outcomes of this study were comparable to the studies conducted in the United States, United Kingdom, Australia, and Denmark.

**Conclusion.** Among other preliminary client outcome research efforts around the world (She et al. 2018), this study supports the connection between postgraduate education conducted by the U.S. Counseling educational standards in Ukrainian environment and improved client outcomes. It also stands within the greater body of work examining the industry wide trend of utilizing outcome evaluation as a routine part of effective therapeutic services (Bringinghurst, Watson, Miller, & Duncan, 2006).

These results bolster the larger efforts to develop the parallel, undergirding ethical guidelines and licensing standards (Leitch-Alford et al., 2014) that will necessarily follow an effective Counselor Education program. From an effective program, and with parallel standards-guided, culturally adapted these development processes will ensue. Early in program development, the previously felt and now demonstrated sense of effectiveness sparked the creation

of the Association for Psychological Counseling and Traumatherapy in Ukraine. This group flowed into the think tank working on the details of their country's ethics code and regulations on counseling and traumatherapy practices. This study serves as an initial base to inform and support these efforts.

**Recommendations for Future Research.** Despite this being the preliminary small sample-sized study, it demonstrated significant early therapy treatment outcome gains such as found elsewhere (Rubel et al., 2015; Strunk et al., 2010), the primary recommendation is to replicate this study with a larger sample size.

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## ДОСЛІДЖЕННЯ ЕФЕКТИВНОСТІ ПРОГРАМИ ПІСЛЯДИПЛОМНОЇ ОСВІТИ З КОНСУЛЬТУВАННЯ В ГАЛУЗІ ПСИХІЧНОГО ЗДОРОВ'Я В УКРАЇНІ

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*Населення України має обмежений доступ до адекватно підготовлених фахівців у галузі психічного здоров'я. Як і в інших країнах, розвиток сфери консультування в Україні має певні паралелі з розвитком США. Однією з найпомітніших паралелей є прагнення кращого та ефективнішого підходу до психічного здоров'я, спричиненого наслідками війни, коли Друга світова війна стала каталізатором вдосконалення в США, а поточна війна – в Україні. Як підкреслює Американська асоціація психології та Американська асоціація консультування, наслідки травм і невирішених проблем не повинні тривати все життя.*

*Команди викладачів із США ініціювали та створили програму післядипломної освіти консультантів в Україні. Професійні американські викладачі-консультанти, які пройшли навчання в окопах воєн за кордоном і мають досвід широкого спектру, присвятили свій час як очні викладачі та як дистанційні супервізори.*

*Цедослідженнявимірюєпочатковепрогресуваннялікувальноїсимптоматикивклієнтівтихконсультантів, які пройшли навчання за Програмою післядипломної освіти з консультування та травмотерапії. У цьому дослідженні проведено аналіз повторних вимірювань протягом перших 5 сесій консультування навченим за Програмою консультантом.*

*Було використано такі методики: Шкала оцінки результатів (ORS), Шкала впливу (IES-R), Опитувальник депресії Бека II (BDI-II), Контрольний список посттравматичного стресового розладу (PCL-V) і Контрольний список з 9 симптомів (SCL-9). Показники, отримані від клієнтів, були зіставлені з даними про результати лікування з аналогічно навченими терапевтами в Сполучених Штатах, Великобританії, Австралії і Данії. Результати показали загальну значущість за трьома з п'яти інструментів (ORS, BDI-II, IES-R). Було виявлено, що дані цієї вибірки можна порівняти з аналогічними дослідженнями результатів раннього втручання, проведеними за межами України.*

*Отримані результати дають уявлення про те, наскільки ефективні консультанти в галузі психічного здоров'я, що пройшли навчання за американськими стандартами, для покращення симптомів психічного здоров'я клієнтів. Доведена ефективність Програми дозволила створити Асоціацію психологічного консультування і травмотерапії в Україні. Ця група увійшла в аналітичний центр, який працює над розробкою Кодексу етики і правил щодо практики консультування і травмотерапії. Дане дослідження є висхідною базою для інформування та підтримки цих зусиль, логічним і необхідним кроком у подальшому розвитку галузі консультування в Україні.*

**Ключові слова:** консультування клієнтів; міжнародна освіта консультантів; післядипломна програма психологічного консультування; травмотерапія.

## ИССЛЕДОВАНИЕ ЭФФЕКТИВНОСТИ ПРОГРАММЫ ПОСЛЕДИПЛОМНОГО ОБРАЗОВАНИЯ ПО КОНСУЛЬТИРОВАНИЮ В ОБЛАСТИ ПСИХИЧЕСКОГО ЗДОРОВЬЯ В УКРАИНЕ

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*Население Украины имеет ограниченный доступ к адекватно подготовленным специалистам в области психического здоровья. Команды преподавателей из США инициировали и создали программу последипломного образования консультантов в Украине. В этом исследовании проведён анализ повторных измерений в течение первых 5 сессий консультирования с обученным по программе консультантом. Были использованы такие методики: Шкала оценки результатов (ORS), Шкала воздействия (IES-R), Опросник депрессии Бека II (BDI-II), Контрольный список посттравматического стрессового расстройства (PCL-V) и Контрольный список 9 симптомов (SCL-9). Группой сравнения были врачи с высшим образованием в области психического здоровья в США, Великобритании, Австралии и Дании. Результаты показали общую значимость, измеренную тремя из пяти инструментов (ORS, BDI-II и IES-R). Также было выявлено, что данные этой выборки сравнимы с аналогичными исследованиями результатов раннего вмешательства, проведенными за пределами Украины. Полученные результаты дают представление о том, насколько эффективны консультанты в области психического здоровья, обученные по американским стандартам, для смягчения симптомов психического здоровья клиента в Украине. Доказанная эффективность Программы позволила создать Ассоциацию психологического консультирования и травмотерапии в Украине. Эта группа вошла в аналитический центр, который работает над созданием кодекса этики и правил в отношении практики консультирования и травмотологии. Данное исследование служит исходной базой для информирования и поддержки этих усилий.*

**Ключевые слова:** консультирование клиентов; международное образование консультантов; последипломная программа психологического консультирования; травмотерапия.

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