Taken together, trauma-informed, culturally sensitive, flexible, and collaboration-oriented pedagogical strategies form a comprehensive framework for teaching public administration during wartime. Integrating digital well-being and burnout prevention—which recent Ukrainian research identifies as a critical need (Zotova-Sadylo, 2023)—further strengthens this framework. These approaches not only maintain academic continuity despite challenging conditions but also cultivate the emotional intelligence, resilience, and ethical leadership required of future public administrators. As war continues to reshape the social and institutional landscape of Ukraine, higher education institutions must remain adaptive, empathetic, and proactive in their pedagogical choices. By prioritizing psychological safety, flexibility, and human-centered educational design, universities can prepare a new generation of public administrators capable of navigating crises with competence, integrity, and compassion.

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PROFESSIONAL TRAINING OF BARBERS TO WORK WITH ALOPECIA CLIENTS: EDUCATIONAL MODULE MODEL WITH TRICHOLOGY AND PSYCHOLOGY ELEMENTS

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Barbers cut hair for living but nobody teaches them what to do when client is actually losing that hair. Guy comes in every three weeks for years, barber watches his hairline recede and density drop, but what's barber supposed to say? Most stay quiet because they don't know if it's normal aging or medical problem, don't want to embarrass client, don't know who to refer to. Meanwhile client might be silently panicking about it, wishing someone would just acknowledge what's happening and point them toward help.

This gap is stupid waste of potential. Barbers see clients way more frequently than doctors - every few weeks versus maybe once a year. They work directly with hair and scalp, notice gradual changes invisible to client looking in mirror daily. Men especially will discuss things with their barber they'd never mention to doctor because barber shop feels safe, masculine space where appearance talk is normal not threatening. But right now this potential is completely untapped because barbers get zero training about hair loss.

Training program could change this. Not trying to make barbers into doctors - they need to stay in their lane. But giving them enough knowledge to recognize common patterns, understand when situation needs medical referral, provide appropriate cosmetic support, discuss it sensitively without causing harm.

First thing barbers need is basic understanding of how hair actually works because otherwise how do you know when something's gone wrong? Your hair isn't just sitting there - it's constantly cycling through phases. Growing phase lasts years, then there's brief transition, then resting phase for few months before hair falls out and new one starts growing. Healthy scalp always has some hairs falling out, maybe fifty to hundred daily, but you don't notice because new ones replacing them constantly. Trouble starts when something throws off this rhythm - maybe growing phase gets cut short, or suddenly way too many hairs decide to take a break at same time, or the follicles themselves start shrinking so each new hair comes back thinner and wimpier than the last one until finally they just give up entirely.

Once you understand normal, you can spot the different ways things go wrong. Most common is the genetic kind where your follicles are just programmed to slowly quit on you over time. Guys usually see it starting at the temples pulling back and crown getting thin, eventually those areas connect. Women get it too but looks different - top of their head gets progressively thinner all over while the front hairline mostly stays put. This type follows predictable pattern, happens gradually over years. You can slow it down with treatment if you catch it early enough, but you can't actually cure it - stop treatment and it starts back up where it left off.

Alopecia areata looks completely different - smooth round bald patches appearing suddenly, often multiple patches, scalp looks normal just no hair there. Autoimmune condition where body attacks own hair follicles. Unpredictable course, needs medical referral always.

Telogen effluvium is diffuse shedding all over scalp happening suddenly - tons of hair falling out everywhere. Usually triggered by major stressor three months earlier - surgery, severe illness, childbirth, trauma. Usually resolves on its own once trigger addressed, but person needs medical evaluation to confirm diagnosis.

Scarring alopecia is emergency red flag. Scalp shows inflammation, redness, scaling. Hair loss leaves smooth shiny scarring where follicles permanently destroyed. Needs urgent dermatologist referral because once follicle scars it's permanent.

Traction alopecia comes from hairstyles pulling too tight too long - tight braids, ponytails, extensions. Causes receding hairline especially at temples. Reversible if caught early and tension removed, but becomes permanent if continued. Particularly affects Black women and men with certain styling practices. Sensitive topic because

tied to cultural identity, but barber needs to mention it before damage becomes irreversible.

Recognition skills require practice with photos showing each type at different stages on diverse hair types and skin tones, not just straight light hair on pale skin which dominates most educational materials.

Once barber recognizes concerning pattern, next question is what to say and when. This requires psychological component because discussing hair loss is emotionally loaded. Research shows devastating effects - depression, anxiety, social withdrawal, identity crisis. Aldhouse interviewed people with alopecia areata who described shame so intense they avoided leaving house, relationships breaking down (Aldhouse et al., 2020).

Training needs to cover how to initiate conversation tactfully. Not blunt "dude you're going bald" but more like "Hey I've noticed your hair seems thinner than it used to be. Have you noticed that? Might be worth checking with doctor - these things are often easier to treat if you catch them early." Casual, factual, offering help not judging.

How to respond when client brings it up themselves. Active listening without minimizing - if client says "I'm really worried about my hair getting thin," wrong response is "ah it's not that bad." Better is "I can see why you're concerned. Have you seen doctor about it? There are treatments that can help, especially if you start early."

Understanding cultural context matters. For many Black clients, hair has profound cultural significance beyond just appearance. Clarke-Jeffers wrote about Black women describing hair as "crown and glory" and hair loss as devastating attack on sense of self (Clarke-Jeffers et al., 2024). Barber working with diverse clients needs awareness of these dimensions.

Men and women handle this stuff completely differently too. Young guy losing his hair usually won't say a word about it because admitting you care about your appearance feels like you're not tough enough or something. But get him in barber chair where it's just guys talking and suddenly he might actually open up. Women on the other hand will usually talk about it more easily but the emotional hit tends to be way harder for them.

Knowing when to say "you need to see a doctor" is the most important boundary in all this. Hair suddenly falling out in clumps? That's not normal aging, that's body screaming something's wrong - could be thyroid gone haywire, could be not eating right, could be immune system attacking itself. Doctor needs to check that out. See scalp looking red and angry with scabbing or shiny smooth scars forming? That's urgent situation because once those scars set in the damage is permanent. Even the slow gradual thinning that looks like standard genetics - still worth getting doctor to confirm that's actually what it is, because the sooner someone starts treatment the more hair they can save.

Barber needs actual names to give people, not just vague "go see a doctor." Keep list of dermatologists who actually know hair stuff. When you notice something concerning just say it straight: "Look, I'm seeing some changes here that I think doctor should look at. Here's couple names of people who specialize in this kind of thing."

You're not telling them what's wrong, you're not prescribing anything, you're just being the bridge getting them to someone who can actually help.

Practical barbering techniques form another training component. How to cut thinning hair to maximize appearance - often shorter works better than trying to grow it long and cover, texture adds appearance of volume. Color techniques reducing scalp-hair contrast make it less visible when scalp shows through.

Camouflage products - fiber powders that cling to existing hair making it look thicker, tinted scalp sprays, volumizing products that actually work. How to apply them correctly, teach client to do it at home. Which products work versus marketing garbage.

What to avoid on compromised hair. Tight styles pulling on weakened follicles cause more damage. Harsh chemical treatments on already thinning hair. Excessive heat styling. Barber needs to balance wanting to help with not making things worse.

How to work with clients using medical treatments. Minoxidil is topical medication - completely fine to cut and style hair of someone using it. Client might ask if hair fiber powder interferes with their minoxidil - answer is no if applied after medication dried, but encourage client to verify with their doctor.

Psychological awareness extends into ongoing relationship. Client dealing with progressive hair loss might be grieving, angry, depressed. They might fixate on tiny changes, need reassurance. Barber becomes inadvertent counselor sometimes, not formal therapy but providing supportive space.

Knowing when psychological impact exceeds what barber can handle. If client expresses severe depression, talks about not wanting to be seen in public, mentions relationship breakdowns - these need referral to mental health professional. Barber can mention it: "It sounds like this is really affecting you emotionally. Have you thought about talking to someone? I know therapist who works with people dealing with appearance changes."

Training delivery could work several ways. One-day intensive workshop covering theory, recognition, communication skills, practical techniques. Series of evening modules allowing working barbers to attend without losing full work days. Online component for theory with in-person practicum for hands-on skills. Certification indicating barber has completed training - valuable marketing distinction.

Assessment ensures learning happened - written test on recognition and referral criteria, observed demonstration of communication skills via role-play, case studies showing appropriate handling of scenarios. Not medical degree, just verifying barber learned material and can apply it appropriately.

Economic model has to work for barbers. Training isn't free to develop or deliver, but can't cost so much barbers won't do it. Potentially funded by professional barbering associations, healthcare organizations wanting to improve early detection, partnerships with dermatology practices who benefit from earlier referrals.

Some barbers might resist, seeing it as too much responsibility. Training should emphasize this enhances their existing work rather than fundamentally changing it. They're already noticing when clients lose hair - this just gives them tools to respond helpfully instead of awkwardly ignoring it. Makes them more valuable to clients,

strengthens relationships, potentially saves someone from preventable extensive hair loss.

Result of widespread training would be earlier alopecia detection especially in men, more appropriate referrals to medical specialists, better cosmetic support during treatment, more sensitive handling of emotionally difficult issue. Not solving alopecia itself but significantly improving how people navigate having it, catching it earlier when treatment works best, reducing isolation and distress through informed support.

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ІННОВАЦІЙНІ СТРАТЕГІЇ ФОРМУВАННЯ ЛЕКСИЧНОЇ КОМПЕТЕНТНОСТІ У ДИСТАНЦІЙНОМУ ФОРМАТІ

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Анотація. У статті проаналізовано інноваційні стратегії формування лексичної компетентності студентів нефілологічних спеціальностей у дистанційному форматі навчання. Розкрито особливості впливу цифровізації освітнього процесу на зміст і структуру лексичної підготовки здобувачів вищої освіти, окреслено типові лексичні помилки, що виникають у дистанційному навчанні, та запропоновано шляхи їх попередження. На основі сучасних лінгводидактичних досліджень і практичної роботи обґрунтовано ефективність інтерактивних технологій, мультимедійних ресурсів, хмарних сервісів і цифрових засобів діагностики у формуванні лексичних умінь студентів. Окрема