THE IMPORTANCE OF CRISIS INTERVENTION AND RESILIENCE DEVELOPMENT IN COPING WITH CHANGE

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Abstract

The turbulent changes taking place in the world present significant challenges to contemporary societies. The mutually reinforcing effects of processes affecting both macro and micro levels greatly increase the likelihood of crisis situations at the individual, family, and community levels. As dangers and risks grow, new conflicts and problem situations emerge, increasing individuals' exposure to change and the resulting tension. All of this seriously tests the adaptability and resilience of social and economic actors, while also drawing the attention of policy makers and intervention professionals to the issues of crisis prevention and management. This study, through the analysis of literature sources, presents the social and societal consequences of the current "permacrisis," the characteristics of crisis and crisis intervention, and highlights the need to develop crisis intervention and resilience at the individual, family, and community levels.

Keywords: crisis, crisis intervention, social work, coping strategy, resilience

Introduction

In the first third of the 21st century, changes affecting both global and local levels have brought about — and continue to bring — new challenges, problems, and questions, as well as new sources of tension, conflicts, and crisis situations throughout the world. The pandemic caused by the COVID-19 virus, the social and economic effects of post-COVID syndrome, successive and deepening economic crises, inflationary pressures, difficulties in energy supply, increasing international migration, as well as prolonged and ever-emerging war-related catastrophes, and the seemingly irreversible ecological degradation and climate change — all these overlapping and mutually reinforcing factors have together given rise to and are perpetuating a now permanent state of crisis, the so-called "permacrisis" (Papadikis et al., 2025).

The aforementioned processes and their consequences are affecting an increasing number of social actors directly, but they especially restrict the life opportunities of vulnerable groups, thereby amplifying the social impact of crises stemming from these changes (Wypych-Ślusarska et al., 2025).

Within the framework of this study, without claiming to be exhaustive, I aim to present the social effects of the permacrisis and to seek answers to the question of how helping professionals can provide supportive interventions for individuals, families, and communities experiencing contemporary crisis situations.

From a methodological perspective, this paper relies on the systematic exploration and analysis of topic-specific international and domestic literature

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sources. The identification of these sources was carried out through keyword searches in online publication databases. The analysis focused on connections between the effects of globally and macroscopically driven changes on individuals, families, and communities; the interrelations of the mechanisms of crisis and resilience interventions; and the challenges formulated in relation to modern helping roles and the responses given to them.

Crisis, Crisis Situation

The term 'crisis' is etymologically of Greek origin, meaning decision, turning point, or pivotal moment. In psychological terms, it refers to a tense and painful state that causes a subjective feeling of threat, hopelessness, and loss. A key criterion is that the situation cannot be managed with the usual, routine problem-solving methods, thus representing a turning point for the individual. Since the crisis further burdens the individual's problem-solving capacity without achieving success, the series of failures results in feelings of inadequacy and exhaustion, leading to a psychological loss of balance (Roberts, 2000).

In Gerald Caplan's theory, a crisis situation is defined as a psychologically critical and emotionally demanding state in which all of the individual's attention and effort is focused on finding a solution. As previously used methods prove ineffective, the individual experiences severe internal tension and anxiety. According to Caplan's crisis typology, we distinguish between developmental or normative crises, which are associated with the natural developmental processes of the human life course and life stage transitions — such as adolescent identity crisis, marriage, becoming a parent, or retirement — and accidental crises, which are caused by unforeseen, unexpected, traumatic external events, such as accidents, serious illnesses, sudden breakups, unemployment, or natural disasters, disrupting the usual order of life (Caplan, 1964).

Building on Caplan's model, Gerald Jacobson introduced the concept of the crisis matrix, which encompasses the simultaneous presence and interaction of developmental crises tied to life stages and sudden, randomly occurring accidental crises. Jacobson points out that the coexistence of these two types of crises can be extremely demanding and dangerous for the individual, as the cumulative traumatic impact can completely exhaust the client's coping capacity and radically increase the risk of severe problems such as neurosis, addiction, or psychosis. These states can last for months or even years, and during the period the person may experience several minor sub-crises, making the application of effective, complex crisis intervention essential to prevent destructive outcomes (Jacobson, 1980).

Stress, General Adaptation Syndrome, and Coping

One of the cornerstones for understanding crisis states is János Selye's theory of stress, which examines the body's automatic, non-specific response at the organism level to external or internal physical and psychological stressors in order to maintain internal balance. According to Selye, the general adaptation syndrome is a three-phase homeostatic defense process that is activated upon perception of stress, triggering the 'fight or flight' response, which temporarily lowers resistance below normal levels. If the stressor persists, the process enters the resistance phase, in which the body attempts to adapt to the new conditions, and resistance rises above the normal level thanks to mobilized energy reserves. If the intense stress becomes chronic and the individual does not have the opportunity to rest, the process leads to

the exhaustion phase, during which adaptive reserves are completely depleted and physical and mental resources are exhausted (Selye, 1965).

Richard Lazarus's transactional theory of stress goes beyond the purely biological approach and defines stress as a specific interaction, or transaction, between the individual and the environment, where the degree and quality of the stress response primarily depend on how the individual appraises the situation and what coping strategies are employed to manage it. According to Lazarus's typology, two main directions can be distinguished: problem-focused coping strategies aim to change the direct cause of stress through information gathering, planning, learning new skills, and seeking external professional help. In contrast, emotion-focused coping strategies do not modify the stressor itself, but seek to reduce the emotional tension caused by the stressful situation through distraction, cognitive reappraisal, talking it out, or even more defensive and maladaptive forms such as denial and self-blame (Lazarus & Folkman, 1984).

Mental Burden, Health Deterioration, and Maladaptive Coping

International empirical research confirms the legitimacy of the assumption that crisis situations arising from significant changes directly increase the prevalence of post-traumatic stress, acute anxiety, and clinical depression across the entire population. Prolonged crises affecting societies are thus closely linked to the emergence of crisis situations at the individual, family, and community levels. The resulting intervention needs place increasing pressure on healthcare and social service systems, as they directly induce the spread of diseases, unemployment, homelessness, reduced work capacity, and various forms of deviance (Richter et al., 2024).

The cumulative stressors characteristic of the permacrisis period directly destabilize individual, family, and community-level existences. The first and most significant social consequence of economic instability and existential insecurity is the drastic deterioration of the population's general mental status. The aforementioned turbulence intensifies tensions within individuals and between members of various social formations, resulting in increased stress and destructive conflicts. Accumulated tensions and stressors can lead to chronic psychological strain, dysfunction in family and workplace roles, an increased incidence of psychosomatic illnesses, and a drastic decline in quality of life and subjective well-being. The accumulation and combined effects of stressors have been proven to correlate with affective disorders, such as an increase in the prevalence of clinical anxiety and depression (Wernigg, 2020).

As noted in the transactional model of Lazarus and Folkman (1984), in the absence of structural resources, individuals often resort to emotion-focused, particularly maladaptive coping mechanisms to reduce internal tension. In Hungary, the presence of maladaptive coping mechanisms — such as excessive alcohol consumption, which plays a role in the etiology of nearly forty somatic and mental illnesses — can be considered a particularly critical indicator (Vitrai, 2025). Mental pressure and ongoing existential anxiety manifest as psychosomatic illnesses or transform into somatic disease burdens. Consistent with János Selye's classical stress theory, persistently elevated cortisol and adrenaline levels biologically damage the body. As a result, the prolonged experience of psychosocial distress among the Hungarian population contributes to decompensation of the immune system, resulting in a particularly high and worsening trend in the incidence of cardiovascular diseases, hypertension, as well as cancer and gastrointestinal ulcer diseases (Cserép

et al., 2023). The situation requires strengthening multiprofessional action to prevent and manage crises, and renewing the theoretical and practical frameworks of social work, in which the acquisition and practical application of crisis intervention techniques by professionals play an increasingly important role. Statistical data make it clear to social and healthcare professionals that, in crisis management, it is essential to systematically consider the relationships between macro-level social processes and micro-level client conditions, as well as to apply preventive, multi-level resilience development.

The Concept and Process of Crisis Intervention

Events related to the consequences of the aforementioned macro-level changes that undermine the existence of individuals, families, and communities — such as income loss and indebtedness due to unemployment, illness, or accident; homelessness due to housing problems or relationship and marital conflicts; and the mutually reinforcing effects of further negative events — can cause complex crisis situations that impose significant material and psychological burdens and may require urgent intervention (Hajduska, 2012). Early recognition of crisis and providing appropriate help as soon as possible can offer more options and, consequently, greater chances for restoring balance and increasing the effectiveness of crisis intervention aimed at preventing further negative consequences (Szabó, 1996). Crisis intervention is an immediate, active intervention aimed at eliminating risk factors, stabilizing disturbed mental and social balance, guaranteeing the client's safety, and restoring everyday functioning (Flannery & Everly, 2000). In modern approaches to professional crisis intervention, Roberts's crisis intervention model plays a prominent role, effectively reducing acute stress symptoms and systematically restoring individual coping skills. As the first step of the process, building rapport with the client, meeting security needs, and establishing trust are achieved through openness, acceptance, support, and a non-judgmental attitude on the part of the helping professional. Reducing tension and impulsivity aims to alleviate the often unbearable emotional pressure experienced by the client through controlled ventilation, followed by defining the crisis, outlining the real situation, and presenting new perspectives and alternatives with a problem-focused approach. Mobilizing resources includes mapping and involving internal coping strategies and external support networks — family, friends, and institutional care systems. The process concludes with the creation of a future-oriented, optimistic action plan, returning control to the client, who, through the intervention, returns to the pre-crisis equilibrium with more effective problem-solving skills (Roberts, 2000).

Crisis intervention considers not only the client but also their broader environment from several perspectives. The complex situation explored and analyzed by the helping professional is interpreted and defined as part of the crisis situation. This complex perspective facilitates the selection of an effective intervention strategy. In addition to building a helping relationship and providing intervention, social professionals strive to ensure appropriate professional and institutional support for the client (Myer & Conte, 2006). Crisis management in social casework is guided by four dominant principles. The principle of immediacy dictates that intervention should be possible immediately after a danger signal or request for help, to ensure safety and eliminate risks. Any delay in measures taken to manage the crisis can increase tension and reduce the effectiveness of adaptation. According to the principle of active and direct presence, the social worker temporarily takes control, makes

suggestions, and acts on behalf of the client, who is limited in decision-making and action. The principle of focus requires the social worker to accurately identify and prioritize the problems, postponing less serious or chronic issues for later. Finally, the principle of reality orientation dictates that both material and mental support must be provided simultaneously, so the client receives psychological support as well as physical shelter, food, clothing or financial aid, and immediate administration (Szabó, 1996).

From the perspective of developing domestic practice, the concept of rapid-response social work known in the international literature is of outstanding relevance. Going beyond the framework of traditional crisis intervention, it means a system-level, specially organized rapid-response structure based on multiprofessional teams, focusing specifically on the acute care of groups with special needs or marginalized groups. The establishment of rapid-response organizational structures and the use of mobile crisis teams radically increase the effectiveness of social work in addressing trauma arising in crisis situations, while fundamentally transforming professional identity and roles in the modern care system (McNeill, 2022).

Modern Professional Competencies in Crisis Management and Resilience Development

The complexity of the permacrisis and its cumulative socio-economic challenges require helping professionals to fundamentally renew their mindset and professional toolkit, equipping themselves with additional competencies that go beyond the traditional frameworks of social casework. Due to the intersectional nature of acute and chronic crisis states, professionals must acquire expertise in several key areas, a process that is closely linked to the development of resilience at the individual, family, and community levels among client groups. This approach makes it essential that crisis intervention does not remain purely pathocentric and reactive "firefighting," but instead, by focusing on prevention and adaptation, organically integrates modern ecological-interactional processes (Ungar, 2011).

From the technological perspective of support, the development of digital and tele-social competencies has now become a basic prerequisite for the principle of immediacy, as geographical isolation and unexpected crisis situations have highlighted the importance of online crisis intervention, remote assistance, and digital client tracking systems. This methodological transformation also requires professionals to have a high level of digital literacy and to confidently handle online data protection and ethical dilemmas (Pazer, 2024).

At the same time, as a direct consequence of increasing international migration and geopolitical refugee crises, the cultural backgrounds of clients in crisis have become extremely heterogeneous, making it necessary to deepen intercultural and cross-cultural competence. Effective support requires respecting sociocultural differences, valuing diversity, and being able to accurately decode different cultural coping patterns and trauma experiences (Linka, 2025).

Since complex crisis situations simultaneously undermine an individual's somatic, mental, and social integrity, the modern social worker must be able to engage in transdisciplinary and systems-based cooperation. Professionals must work together in an integrated way, using a common professional language with colleagues from related fields — psychiatrists, clinical psychologists, lawyers, and other specialists — which presupposes a high level of network coordination between social

and healthcare systems and other differentiated systems and subsystems (Durmuş Şenyapar, 2025).

Trauma-informed approaches and self-reflection used during direct client support are also fundamental areas of competence, as helpers must understand both theoretically and clinically the neural and behavioral manifestations of complex and collective trauma in order to avoid unintentionally retraumatizing clients. Handling extraordinary situations and losses tests significant emotional capacity, so advanced emotional intelligence and the maintenance of conscious, supervision-supported self-reflection have become essential to prevent secondary traumatization and burnout (Gecse-Simon, 2024).

A professional equipped with the right competencies is thus able, in line with the socio-ecological resilience model developed by Ungar (2011), to systematically activate multi-level protective factors while reducing individual vulnerability. Resilience is not a static, innate personality trait, but a dynamic process by which individuals, families, and communities can successfully adapt, grow, and undergo positive structural changes even in the face of severe shocks (Kucukardali Cansever & Lamson, 2025).

At the individual level, resilience development is based on raising awareness of internal resources and recalibrating cognitive structures. The foundation of individual resilience is formed by advanced emotion regulation skills, belief in self-efficacy, and adaptive, problem-focused coping strategies, which can be strengthened in social casework with elements of cognitive behavioral therapy, techniques of narrative re-interpretation, and the gradual restoration of a sense of competence. Masten points out that resilience is "ordinary magic," based on the proper functioning of normal human adaptation systems, so the helper's task is to free these natural systems from the block of trauma (Masten, 2018).

At the family level, resilience development centers on Walsh's (2016) systems-oriented family resilience model, which posits that families are not only victims of crisis, but are also the primary sources of healing and protection. According to Walsh, family resilience can be developed along three key organizational axes: stabilizing shared belief systems (framing the crisis to provide meaning, maintaining a positive and optimistic outlook), increasing flexibility in family organizational patterns (reorganizing economic resources, mutual commitment, and the adaptive restructuring of family hierarchy), and ensuring clarity in communication processes (open emotional expression, transparent problem-solving, and avoiding conspiracy theories). The social worker strengthens these systemic capacities directly through family consultation tools and structured family action plans (Walsh, 2016).

At the community level, resilience development involves strengthening social capital, collective efficacy, and both horizontal and vertical social networks. A community's resilience during disasters, economic crises, or system-level decompensation depends on how well its members can mobilize mutual aid systems (e.g., neighborhood networks, self-help groups, civic initiatives). Methods of community social work — such as community development, the creation of advocacy coalitions, and low-threshold, participatory programs — have been proven to increase local resilience, making resilience development one of the determinants of sustainable and effective social functioning (Khusi, 2026).

Summary

Under the pressure of the consequences of the permacrisis, the coping capacities of individuals, families, and communities are significantly strained. However, social casework that effectively applies the theoretical and methodological principles of crisis intervention can provide adequate support and prevent and/or manage crisis situations, provided that the helping professionals have the appropriate competencies. The acquisition of new types of helping competencies by professionals and the application of resilience development methods are essential prerequisites for professional and successful crisis intervention. As a result, clients are able to process traumatic experiences, develop new coping strategies, and return to a pre-crisis state of equilibrium. The effective application of crisis intervention thus enables clients to exit crisis situations by employing more adaptive problem-solving strategies that reflect increased resilience (Roberts, 2000).

To increase the efficiency of the domestic support system, it is recommended to systematically incorporate the Roberts crisis intervention model, elements of rapid-response social work, and systems-based resilience development techniques into the methodological protocols of social case management and crisis care institutions. In addition, social workers in the field of crisis intervention must be provided with ongoing supervision to prevent professional burnout. It is also important to strengthen cooperation among professionals working in health, clinical, psychiatric, and social fields, ensuring the establishment and operation of multiprofessional teams that are indispensable in crisis intervention. Finally, special emphasis should be placed in higher education for social professionals on the development of digital, intercultural, and trauma-informed competencies, as well as practical training in resilience interventions.

References

Caplan, G. (1964). *Principles of preventive psychiatry*. Oxford, England: Basic Books

Cserép Zs., Batiz Á. & Székely A. (2023). A szív- és érrendszeri betegségek és a pszichoszociális tényezők kapcsolata, valamint a beavatkozás lehetőségei. *Orvosi Hetilap*, 164(11): 411–419, DOI: 10.1556/650.2023.32739

Durmuş Şenyapar, H. N. (2025). Interdisciplinary Collaboration in Social Work Management: Models, Barriers, and Strategies for Integrated Sustainable Service Delivery. *Technium Social Sciences Journal* 76:186-202, DOI:10.47577/tssj.v76i1.13210

Flannery, R. B. & Everly, G. S., Jr. (2000). Crisis intervention: A review. *International Journal of Emergency Mental Health, 2*(2), 119–125

Gecse-Simon, O. M. (2024). Veszteségek feldolgozásában nyújtott támogatás, gyászolók kísérése a szociális munka praxisában a szociális munkás szakemberek viszonyulásának tükrében. *Párbeszéd: Szociális Munka folyóirat*, *11*(1)., https://doi.org/10.29376/parbeszed.2024.11/1/8

Hajduska, M. (2012). *Krízislélektan*. ELTE Eötvös Kiadó

Jacobson, G. F. (1980). *Crisis Theory. New Directions for Mental Helath Services*, Vol. 1980, Issue 6, 1-10, DOI: https://doi.org/10.1002/yd.23319800603

Khushi, H. (2026). Social Capital and Community Resilience in Urban Neighbourhoods: The Mediating Role of Collective Efficacy. *Human Social Review,* 1(1), 38-48., https://doi.org/10.66348/hsr.26.v1.n1. a31

Kucukardali Cansever, B., Sira, N. & Lamson, A. L. (2025). Exploring Protective Factors Against Adverse Childhood Experiences in Primary Care: A Scoping Review Based on a Socio-Ecological Resilience Model. *Adversity and Resilience Science* 6(4):499-523, DOI:10.1007/s42844-025-00175-2

Lazarus, R. S. & Folkman, S. (1984). *Stress, Appraisal, and Coping.* New York: Springer Publishing Company

Linka, A. (2025). Intercultural Competence of Social Service Professionals Working with Migrants: Voices from Poland. *Journal of Intercultural Communication*, 25(4), 121-134, DOI: https://doi.org/10.36923/jicc.v25i4.1298

Masten, A.S. (2018). Resilience Theory and Research on Children and Families: Past, Present, and Promise. *Journal of Family Theory & Review*, 10(1), 12–31. 12–31., Wiley

McNeill, B. (2022). A „Rapid Response Social Work" (gyorsreagálású szociális munka) feladatai és hatása a szociális munkások szakmai identitására. *Szociális Szemle*, Vol. 15(1), 2022, 8-13. DOI: https://doi.org/10.15170/SocRev.2022.15.01.02

Myer, R. A., Conte, C. (2006). Assessment for crisis intervention. *Journal of Clinical Psychology, 62*(8), 959–970., https://doi.org/10.1002/jclp.20282

Papadakis, N. & Tzagkarakis, S, I. (2025). Welfare state, social policy and social sustainability, within the context of the permacrisis, *Frontiers in Political Science*. 6:1451406., 2025, DOI: 10.3389/fpos.2024.1451406

Pazer, S. (2024). Digitalization in Social Work: Opportunities and Challenges for Practitioners. *International Journal of Research Publication and Reviews* 5(9):3531-3536, DOI:10.55248/gengpi.5.0924.2704

Richter, E. P., Brahlewr, E., Zenger, M., Stöbel-Richter, Y., Emmerich, F., Junghans, J., Krause, J., Irmscher, L. & Berth, H. (2024). A Longitudinal Stidy of East German Adults, *Journal of Clinical Medicine*, 13(16), 4754, DOI: https://doi.org/10.3390/jcm13164754

Roberts, A. R. (2000). An overview of crisis theory and crisis intervention, in: A. R. Roberts (Ed.), *Crisis intervention handbook: Assessment, treatment, and research* (2nd ed.), Oxford University Press, 3–30.

Selye J. (1965). *Életünk a stressz.* Budapest: Akadémiai Kiadó

Szabó, L. (1996). A krízisintervenció alapelvei. in: Tánczos É. (Szerk.), *A szociális munka elmélete és gyakorlata: 2. kötet. Szociális munka egyénekkel és családokkal – esetmunka,* Semmelweis Kiadó, 48-65.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1–17. DOI: https://doi.org/10.1111/j.1939-0025.2010.01067.x.

Vitrai J. (2025). Az alkoholfogyasztás okozta magyarországi egészségveszteségek mennyiségi vizsgálata. *Orvosi Hetilap,* 166(49), 1949-1955, DOI: https://doi.org/10.1556/650.2025.33429

Walsh, F. (2016). Family Resilience: A Developmental Systems Framework. *European Journal of Developmental Psychology*, 13, 313-324, https://doi.org/10.1080/17405629.2016.1154035

Wernigg R. (2020). A mentális egészség a XXI. század egyik nagy népegészségügyi kihívása. *Egészségfejlesztés*, LXI. évfolyam, 2020. 2. szám, 3-6., DOI: 10.24365/ef.v61i2.586

Wypych-Ślusarska, A., Krupa-Kotara, K., Słowinski, J., Yanakieva, A. and Grajek, M. (2025). The Impact of Polycrisis on Healthcare Systems — Analyzing Challenges and the Role of Social Epidemiology, *Healthcare*, Vol. 13(16), DOI: 10.3390/healthcare13161998

A KRÍZISINTERVENCIÓ ÉS A REZILIENCIAFEJLESZTÉS JELENTŐSÉGE A VÁLTOZÁSOK KEZELÉSÉBEN

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A világban zajló turbulens változások jelentős kihívásokkal állítják szembe korunk társadalmait. A makro- és mikroszinteket egyaránt érintő folyamatok egymást is erősítő hatásai jelentős mértékben növelik az egyéni és családi-, valamint közösségi szintű krízishelyzetek kialakulásának esélyét. A növekvő veszélyek és kockázatok mentén új konfliktusok, problémahelyzetek generálódnak, növelve az egyének változásoknak való kitettségét és az ebből származó feszültséget. Mindez jelentős mértékben próbára teszi a társadalmi és gazdasági szereplők alkalmazkodóképességét, rezilienciáját, egyben a krízisek megelőzésének és kezelésének kérdéseire irányítja a szakpolitikai döntéshozók, valamint az intervenciót végző szakemberek figyelmét. Jelen tanulmány szakirodalmi források elemzésén keresztül mutatja be a kialakult permakrízis társadalmi, szociális következményeit, a krízis és a krízisintervenció sajátosságait, valamint felhívja a figyelmet a krízisintervenció és a reziliencia egyéni, családi és közösségi szintű fejlesztésének szükségességére.

Kulcsszavak: krízis, krízisintervenció, szociális munka, megküzdési stratégia, reziliencia