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CRISIS COUNSELING IN THE SYSTEM OF PSYCHOLOGICAL ASSISTANCE: A COMPARATIVE ANALYSIS OF APPROACHES

Анотація. У статті здійснено ґрунтовний аналіз ролі кризового консультування в системі сучасної психологічної допомоги. Авторка окреслює місце кризових інтервенцій у структурі психосоціальної підтримки, звертаючи увагу на їхній особливий статус як «першої психологічної допомоги», спрямованої на стабілізацію емоційного стану та запобігання розвитку глибших психопатологічних проявів.

Здійснено порівняльний аналіз основних моделей кризового консультування: психоедукаційної, когнітивно-поведінкової, системної та реабілітаційної. Показано, що кожна з них має свої функції, сильні сторони та обмеження, а також визначені сфери найбільш ефективного застосування. Психоедукаційна модель розглядається як засіб підвищення поінформованості клієнта й формування адаптивних стратегій поведінки; когнітивно-поведінкова — як інструмент трансформації деструктивних переконань і профілактики посттравматичних розладів; системна — як підхід до відновлення комунікації та стабілізації сімейного середовища; реабілітаційна — як комплексна модель довготривалої підтримки та інтеграції особистості в суспільство.

У статті також проаналізовано інтегративний потенціал зазначених підходів, що дозволяє підвищити ефективність психологічної допомоги у кризових ситуаціях. Результати дослідження можуть бути використані у практиці психологів-консультантів, психотерапевтів, соціальних працівників, а також у системі підготовки майбутніх фахівців з кризової інтервенції.

Ключові слова: кризове консультування, психологічна допомога, психоедукація, когнітивно-поведінковий підхід, системний підхід, реабілітація.

Abstract. The article provides a thorough analysis of the role of crisis counseling in the system of modern psychological assistance. The author outlines the place of crisis interventions in the structure of psychosocial support, drawing attention to their special status as “first psychological aid” aimed at stabilizing the emotional state and preventing the development of deeper psychopathological manifestations.

A comparative analysis of the main models of crisis counseling is carried out: psychoeducational, cognitive-behavioral, systemic and rehabilitation. It is shown that each of them has its own functions, strengths and limitations, and the areas of most effective application are identified. The psychoeducational model is seen as a means of raising client awareness and forming adaptive behavioral strategies; the cognitive-behavioral model is seen as a tool for transforming destructive beliefs and preventing post-traumatic disorders; the systemic model is seen as an approach to restoring communication and stabilizing the family environment; and the rehabilitation model is seen as a comprehensive model of long-term support and integration of an individual into society.

The article also analyzes the integrative potential of these approaches, which makes it possible to increase the effectiveness of psychological assistance in crisis situations. The results of the study can be used in the practice of counseling psychologists, psychotherapists, social workers, as well as in the training system for future crisis intervention specialists.

Key words: crisis counseling, psychological assistance, psychoeducation, cognitive-behavioral approach, systemic approach, rehabilitation.

Formulation of the problem. Modern Ukrainian society faces numerous crises caused by war, forced displacement, social and economic instability. These conditions significantly increase the demand for effective systems of psychological support, particularly for crisis counseling. Crisis situations are accompanied by disorganization of the psyche, feelings of helplessness, and loss of meaning, which, without professional help, may escalate into post-traumatic stress disorder, depression, or anxiety disorders. Timely psychological interventions are crucial for preventing the chronic development of trauma and strengthening individual resilience. However, despite the recognition of the importance of crisis counseling, there is still no unified model that would effectively integrate different approaches in practice. Existing models — psychoeducational, cognitive-behavioral, systemic, and rehabilitative — demonstrate strengths and limitations depending on the context. This creates the need for comparative analysis of these approaches in order to determine the most effective strategies of intervention. The problem also lies in the insufficient integration of methods into a comprehensive national framework for crisis support. Therefore, the research focuses on clarifying the role of crisis counseling in modern psychological practice and identifying the prospects of integrative approaches.

Analysis of recent research and publications. Crisis states are characterized by disorganization of the psyche, feelings of helplessness, and the loss of meaning and future perspective. If they remain without proper psychological support, the risk of developing post-traumatic stress disorder, depression, anxiety, and psychosomatic disorders significantly increases. Research by Korobeinikov H.O. [4] and Deineka O.S. [2] demonstrates that timely crisis intervention reduces the likelihood of chronic traumatization, enhances adaptability, and activates an individual's restorative resources.

In the scientific literature, several models of crisis counseling are highlighted: the psychoeducational approach Borysova O.O. [1], the cognitive-behavioral approach by Deineka O.S. [2], the systemic approach in Conference Proceedings [3], and the rehabilitative approach Korobeinikov H.O. [4]. Despite differences in methodological foundations, all of these models aim at stabilizing the psycho-emotional state, mobilizing resources, and restoring social functioning. At the same time, each approach demonstrates specific strengths and limitations depending on the context of the crisis.

The problem arises from the lack of a universal model that could effectively integrate various methods into a coherent system of crisis support. In addition, the need for a national framework of crisis counseling becomes evident in societies facing prolonged military conflicts, forced displacement, and social instability. Another challenge is the insufficient number of trained professionals capable of applying integrative techniques in practice. This highlights the necessity of developing comparative analyses of existing approaches, identifying possibilities for their integration, and creating comprehensive programs that address both the immediate stabilization of clients and their long-term rehabilitation.

The purpose of the article is to make a comparative analysis of these approaches to crisis counseling, to determine their role in the modern system of psychological assistance, and to outline the prospects for integration.

Outline of the main material. Crisis counseling is a multilevel process aimed at providing timely psychological assistance to people in critical life circumstances. The scientific literature identifies several main approaches that have different methodological bases, functional orientation, and effectiveness depending on the context of the crisis situation. The psychoeducational approach is based on systematically providing the client with information about the nature of crisis reactions and psychological mechanisms of adaptation. The main goal is to create an awareness that various emotional and behavioral reactions, such as shock, apathy, aggression, or a sense of helplessness, are natural and do not indicate pathology. This approach involves providing knowledge about the psychophysiological mechanisms of stress and crises, developing skills in self-regulation, relaxation, and constructive conflict resolution, as well as teaching strategies for seeking support in the social and professional environment. An example of the psychoeducational approach is group sessions with combatants or internally displaced persons, which combine a training component with practical mutual support [1]. Psychoeducation is effective in the early stages of a crisis response, especially in mass groups, and is often integrated with other approaches as a basic stage of intervention. At the same time, it rather stabilizes the surface emotional level, does not work through deep traumatic experiences, and may be less effective in the case of severe psychotrauma.

The systemic approach considers a crisis not only as an individual experience, but as a phenomenon that affects social systems - family, close environment or community. The main goal of the intervention is to restore effective communication, reduce conflict, and strengthen the resourcefulness of the social system that supports the client. Methods of the systemic approach include family counseling and mediation, group communication facilitation, and systemic diagnosis of conflicts and family resources. An example of its application is counseling a family of a veteran or IDPs, where tense relationships and conflicts in the family exacerbate traumatic experiences [3]. The systemic approach helps to stabilize the client's social environment, restore social ties and support, which is critical for long-term adaptation. At the same time, it requires considerable time and resources, as well as the readiness of the entire system to actively participate, which is not always possible in crisis situations that require urgent intervention.

Cognitive-behavioral counseling focuses on changing dysfunctional beliefs and behavioral reactions of the client that arise as a result of crisis or traumatic events. The central idea is to transform negative automatic thoughts into more realistic and adaptive ones, which helps to reduce anxiety and depressive symptoms and prevent the development of post-traumatic stress disorder. The main methods are cognitive restructuring of beliefs, relaxation and stress management techniques, and behavioral experiments aimed at testing new adaptation strategies. This approach is used, for example, in working with internally displaced persons or victims of hostilities who demonstrate feelings of guilt, helplessness, or excessive anxiety [2]. The cognitive-behavioral approach provides a noticeable change in the client's emotional state in the short and medium term and allows for structured interventions in both individual and group formats. Its effectiveness, however, depends on the client's active participation, motivation, and resources; in case of acute trauma or in the phase of shock, the method may be less effective.

The rehabilitative approach is comprehensive and integrates crisis counseling into a long-term program of support for the individual. It includes individual counseling, group therapy, social and vocational rehabilitation, which helps to restore the ability to engage in social and professional activities. This approach is characterized by comprehensive support at all levels: emotional, cognitive and social, a combination of psychotherapeutic and crisis interventions, and interdisciplinary work with psychologists, social workers and medical specialists. An example of the rehabilitation approach is programs for veterans or war victims that include crisis interventions,

psychotherapy sessions, and professional reintegration [4]. The rehabilitation approach provides long-term support and integration of the client into society, helps to restore psycho-emotional state and social functionality. Its limitations are high resource costs, the need for interdisciplinary coordination, and a long period of intervention, which can be difficult in a crisis.

Another important dimension of crisis counseling is the integration of different approaches into a single intervention plan. In practice, professionals often combine psychoeducational elements for initial stabilization with cognitive-behavioral techniques to address dysfunctional beliefs, while also involving systemic or rehabilitative strategies when long-term adaptation is required. This integrative model allows for flexibility in responding to diverse client needs and creates a more comprehensive framework of psychological support. The ability to adapt intervention strategies to the type and severity of the crisis significantly increases the effectiveness of assistance.

In addition, the development of crisis counseling must take into account cultural, social, and contextual factors that influence how individuals experience and respond to crises. For example, in communities affected by war, displacement, or collective trauma, group-based and systemic interventions may play a particularly important role. At the same time, in cases of individual trauma, such as personal loss or accidents, cognitive-behavioral and rehabilitative approaches may be more relevant. Therefore, a context-sensitive application of methods, supported by ongoing empirical research, remains a priority for the advancement of crisis counseling theory and practice.

The growing complexity of modern crises highlights the necessity of strengthening professional training and supervision in the field of crisis counseling. Specialists who work with individuals in acute psychological distress must possess not only theoretical knowledge of various counseling models but also practical skills in rapid assessment, crisis intervention, and post-crisis support. Moreover, professional burnout among counselors represents a significant challenge, since constant exposure to traumatic narratives may reduce their effectiveness and lead to secondary traumatic stress. Therefore, the implementation of regular supervision, peer-support programs, and continuous professional development is essential for maintaining the quality of psychological assistance. Building resilient teams of crisis counselors ensures the sustainability of interventions and increases the overall effectiveness of psychosocial support systems.

Another critical aspect concerns the institutional and systemic organization of crisis counseling within public health and social support frameworks. Without adequate coordination between psychological services, medical institutions, social workers, and community organizations, even the most effective counseling methods risk being fragmented and insufficiently accessible. In this regard, the development of national standards, interagency cooperation, and evidence-based protocols becomes a priority. Such measures not only improve the quality and accessibility of crisis interventions but also promote social trust in psychological services. Furthermore, integration of crisis counseling into broader rehabilitation and reintegration programs enables societies affected by war, migration, or economic hardship to foster resilience at both the individual and community levels.

Table 1

Approach.	Strong points	Limitations	Scope of application
Psychoeducation	Rapid reduction of anxiety, development of basic self-help skills	Not working through deep trauma	Primary stabilization, group trainings

Cognitive-behavioral	Change of dysfunctional beliefs, prevention of PTSD	Requires client activity, less effective in an acute crisis	Individual and group counseling
Systematic	Restoring communication, increasing family resources	Duration, depending on the family's readiness to participate	Working with families, communities
Rehabilitation	Long-term support, integration into society	High resource consumption	Veterans, victims of war, comprehensive programs

A comparative analysis of the main approaches to crisis counseling allows us not only to systematize their strengths and limitations, but also to determine the optimal areas of application of each method. The table shows that the psychoeducational approach is effective in the early stages of a crisis, providing quick stabilization of the emotional state and the formation of basic self-support skills, but it is not able to work through deep traumatic experiences. The cognitive-behavioral approach demonstrates a high preventive potential for post-traumatic disorders and helps to transform destructive beliefs, but its effectiveness largely depends on the client's activity and motivation. The systemic approach provides an opportunity to stabilize the social environment and increase the resources of the family or community, which is critical for long-term adaptation, but requires considerable time and the readiness of the entire social system to interact. The rehabilitation approach provides comprehensive long-term support and integration of the individual into society, but has high resource requirements and involves interdisciplinary coordination.

The conclusions from this comparison show that none of the approaches is universal, and the most effective is an integrative approach that combines psychoeducational elements for initial stabilization, cognitive-behavioral methods for working through dysfunctional beliefs, systemic interventions for stabilizing social systems, and rehabilitation programs for long-term support and integration. This combination allows for flexible adaptation of interventions to the needs of a particular individual or group and provides a comprehensive approach to overcoming the consequences of crisis events.

An important implication of the comparative analysis is the recognition that crisis counseling should be viewed as a dynamic and context-sensitive process rather than as a rigid application of a single model. The strengths and limitations of each approach underline the necessity of tailoring interventions to the type of crisis, the client's psychological state, and the available resources. For example, psychoeducation may serve as an effective entry point in emergency situations, offering clients immediate relief and understanding of their emotional responses. However, to achieve sustainable recovery, it must be complemented by deeper methods that address the cognitive, social, and behavioral dimensions of trauma. This highlights the role of professional judgment in selecting and sequencing interventions according to situational demands.

Another significant consideration is the role of cultural and societal context in shaping the effectiveness of different models. In societies affected by war, forced migration, or economic instability, systemic and rehabilitative approaches become particularly relevant because they address collective dimensions of trauma and aim at rebuilding social ties. In contrast, in cases where crises are primarily individual in nature, such as sudden bereavement or accidents, cognitive-behavioral techniques may provide quicker and more focused results. Therefore, cultural sensitivity and contextual awareness should be integrated into training programs for crisis counselors to ensure that interventions resonate with the lived experiences of diverse populations.

Furthermore, the development of integrative models of crisis counseling requires not only theoretical synthesis but also practical testing through empirical research. Current literature indicates promising outcomes when combining psychoeducational and cognitive-behavioral strategies in the short term, while systemic and rehabilitative interventions show effectiveness in ensuring long-term adaptation and social reintegration. Nevertheless, there remains a gap in longitudinal studies that examine the sustained impact of integrative approaches across different crisis populations. Addressing this gap will provide a stronger evidence base for designing policies and programs that institutionalize integrative crisis counseling within health and social support systems.

Finally, the advancement of crisis counseling also depends on interdisciplinary cooperation and the establishment of national standards of practice. Psychologists, social workers, medical professionals, and community leaders must collaborate to create a unified network of support that extends beyond the individual to families and communities. Such collaboration would not only enhance the accessibility of services but also strengthen social resilience in the face of recurring crises. By embedding crisis counseling into broader frameworks of mental health and social policy, societies can ensure a more sustainable response to both acute and prolonged traumatic challenges. This systemic perspective underscores the necessity of moving from fragmented interventions to integrated, comprehensive support systems.

Conclusion. Crisis counseling is a key element of the modern system of psychological assistance, as it provides primary stabilization of the psychoemotional state, reduction of anxiety and depressive symptoms, as well as prevention of the development of post-traumatic and maladaptive reactions. A comparative analysis of the main approaches has shown that each model has its strengths and limitations: the psychoeducational approach promotes the formation of basic self-regulation skills and rapid stabilization, the cognitive-behavioral approach promotes the transformation of destructive beliefs and the prevention of PTSD, the systemic approach promotes the restoration of communication and the increase of the resource capacity of social systems, and the rehabilitation approach promotes comprehensive long-term support and integration of the individual into society. None of the approaches is universal; the most effective is an integrative approach that combines elements of different models, taking into account the individual needs of the client and the specifics of the social context.

Prospects for further research include the development of comprehensive national models of crisis counseling that integrate psychoeducational, cognitive-behavioral, systemic, and rehabilitation interventions. There is a need to improve training programs for crisis psychology specialists with an emphasis on interdisciplinary cooperation between psychologists, social workers and medical professionals, as well as adaptation of methods to specific groups: military personnel, internally displaced persons, children and the elderly. An additional area is to conduct empirical research on the effectiveness of integrative approaches in different socio-cultural settings, which will optimize crisis assistance tools and increase the mental resilience of the population in the face of current crisis challenges.

Thus, crisis counseling is not only an operational tool for supporting individuals in critical situations, but also an important factor in the formation of an adaptive and sustainable psychosocial system of society as a whole.

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