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Social adaptation in crisis conditions through a developmental and corrective model of psychological support

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Abstract
The aim of this study was to develop a conceptual model of psychological support linking crisis stabilisation, self-regulation and social adaptation. A theoretical-analytical design combined narrative synthesis of published literature, comparison of five established crisis support frameworks and conceptual model development. The comparison distinguished the structured response of crisis intervention, the five essential elements of mass trauma support, cognitive-behavioural mechanisms, resilience trajectories and family stress adaptation. The synthesis organised these contributions into psychophysiological, organisational and interventional levels, operating through stabilisation, corrective-developmental work and resource activation. Social adaptation was conceptualised as the capacity to sustain or resume meaningful relationships, everyday roles and participation in a changing social environment. The proposed model connects appraisal and coping processes with family resources, service accessibility and culturally sensitive support. The practical contribution is a framework for coordinating assessment, immediate assistance, individually indicated psychological work and follow-up. The pathways and anticipated outcomes constitute theoretical propositions for empirical evaluation. Selective source coverage and contextual heterogeneity constrain generalisation. Future comparative studies should evaluate feasibility, cultural acceptability, social functioning and the contribution of individual components.

Keywords Social adaptation · Crisis conditions · Psychological support · Cognitive-behavioural framework · Resilience · Conceptual model

Introduction

Psychological assistance in crisis conditions requires conceptualisation as a multi-level developmental-correctional system that considers individual response characteristics and the dynamics of stress processes. The increasing number of situations associated with traumatic events necessitates the refinement of approaches to supporting various population groups and the clarification of mechanisms of psychological adaptation. Examining the specifics of psychological assistance in crisis contexts facilitates the systematisation of working methods

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and the construction of a holistic model of individual support. The research problem pertains to the need for the conceptual organisation of approaches to psychological assistance in crisis conditions as a comprehensive developmental-correctional process. The theoretical explication of a system integrating diverse interventions aimed at restoring the individual's adaptive functioning required clarification. Such delineation necessitated the development of a coherent model specifying the consistency of structural and procedural components.

In this article, crisis conditions refer to situations in which perceived demands disrupt coping or everyday functioning. The term describes a psychosocial context encompassing diverse experiences and responses. Anxiety represents a possible response to crisis. Anxiety disorders constitute distinct diagnostic categories. "Developmental-correctional" denotes support for skills, self-regulation and adaptive functioning. Social adaptation is defined as the capacity to sustain or resume meaningful relationships, everyday roles and participation amid changing environmental demands. The construct encompasses access to support, practical resources and opportunities for participation [1; 2].

Social adaptation links individual coping with relational and environmental resources. In a correlational study of Filipino adults, Acoba [1] reported associations between support from family and significant others, lower perceived stress, and favourable mental health indicators. Perceived stress statistically mediated the relationships between these sources of support and mental health outcomes. This evidence provides a rationale for examining perceived support and stress appraisal as interconnected constructs within a crisis support framework. Social participation, everyday roles and access to practical assistance offer complementary indicators of adaptation.

A number of researchers have examined the organisation of crisis psychological assistance and mechanisms of individual support under conditions of heightened psycho-emotional stress. Specifically, Melnychuk et al. [2] analysed the possibilities of providing psychological assistance to military personnel and family members through online counselling. The study results indicated that remote support formats contributed to reducing the level of emotional tension and increasing the accessibility of psychological assistance in crisis conditions. The study reported that combining social support with psychological interventions positively influenced participants' adaptation processes and emotional stability. The authors emphasised the expediency of integrating online forms of assistance into developmental-correctional systems of psychological support. Boltivets et al. [3] integrated psychophysiological technologies into the stress management system within the Ukrainian healthcare sector. The authors identified the functional capabilities of bio-sensory tools for monitoring the condition of specialists and formulated approaches to the use of objective regulation indicators. The study outlined the organisational prerequisites for implementing such technologies and the associated structure within the professional support system. Brigadir [4] described the specific features of providing crisis psychological assistance in the context of war events. The author summarised key directions for working with various groups of affected individuals and identified the structural elements of crisis interventions. The study established the difficulties in implementing assistance and the methods of adapting techniques to extreme conditions.

Chen et al. [5] constructed an evolutionary game model for assessing crisis psychological intervention strategies during emergencies. The researchers identified the roles of four key participants in the response system and formulated behavioural scenarios influencing the effectiveness of interaction. The work identified mechanisms for coordinating decisions between institutions and outlined the conditions for the balanced functioning of the system. Dovhan [6] analysed the structure and algorithms for providing first psychological aid to participants in the educational process in crisis situations. The author established that the effectiveness of assistance depended significantly on a clear sequence of actions aimed at stabilising the emotional state and restoring the sense of safety. The findings suggested that combining rapid stabilisation interventions with subsequent supportive measures created preconditions for further correctional and developmental work. The study demonstrated the expediency of a systemic approach to psychological assistance under conditions of crisis impacts. Dufynets et al. [7] investigated the specific features of psychological assistance to the civilian population under the adverse impact of war, with an emphasis on legal and regulatory frameworks. The authors determined that the fragmentary nature of legislative regulation limited the accessibility and continuity of psychological support for individuals in crisis

states. A need was identified for an integrated system of psychological assistance combining crisis, correctional, and rehabilitative interventions. The study underscored the importance of interagency coordination as a condition for effective psychological support in crisis conditions.

Hudson et al. [8] conducted a conceptual analysis of the term "mental health crisis" from an evolutionary perspective. The researchers clarified the semantic boundaries of the term and traced the evolution of the concept across interdisciplinary sources. The article identified the attributive characteristics of the phenomenon and the conditions for the formation of crisis states. Korolchuk and Naumenko [9] established the factors of negative mental states in individuals before and during military actions based on empirical survey data. The authors revealed the dynamics of emotional response under the influence of external threats and uncertainty. The study identified high-risk groups and characteristics determining the intensity of distress. Banit [10] found that psychological support for participants in the educational process at Ukrainian universities under wartime conditions required a systemic and continuous nature. The author established that combining crisis stabilisation measures with correctional-developmental forms of psychological assistance contributed to enhancing the adaptive capabilities of students and faculty. The research demonstrated the expediency of integrating psychological support into the organisational structure of higher education institutions under conditions of prolonged crisis impacts.

Yao et al. [11] developed a service system model for psychological crisis intervention. The researchers structured an information platform, identified interaction mechanisms between institutional participants, and constructed response algorithms for crisis states. The work systematised the requirements for the effective organisation of a comprehensive support service in emergency situations. The literature cited here addresses crisis response, institutional coordination and individual resources from different perspectives. The present conceptual contribution is to relate these perspectives within a single framework that distinguishes the levels of support from the processes intended to sustain social adaptation. The comparison focuses on complementary functions within the organisation of psychological support.

The theoretical framework combines cognitive-behavioural and contextual accounts. Appraisals, emotional responses and behaviour are considered reciprocally related [12]. Accumulated demands, available resources and the interpretation of stressful circumstances link individual coping to family adaptation [13]. Stabilisation is intended to make further assistance accessible. Collaboratively selected psychological work addresses difficulties that restrict functioning, and resource mobilisation connects individual skills with opportunities for participation. These proposed pathways guide the formulation of hypotheses for empirical evaluation. Bonanno's [14] distinction between resilience and recovery highlights diverse adaptation trajectories and supports matching the intensity of assistance to individual needs.

The aim of the study was to develop a holistic developmental-correctional model of psychological support for social adaptation in crisis conditions. The research objectives were to clarify crisis and social adaptation as conceptual constructs, compare the mechanisms, scope and contextual assumptions of five crisis support frameworks, and organise complementary contributions into psychophysiological, organisational and interventional levels. The resulting model was developed as a theoretical proposition for subsequent empirical evaluation.

Materials and methods

The study used a theoretical-analytical design comprising a narrative literature synthesis and conceptual model development. The analysis proceeded in three stages. First, scholarly sources including Balfour and Zeller [15], Saunders et al. [16], Petruk [17] and Alkhaldi et al. [18] were examined to clarify crisis concepts, support processes and contextual influences. The synthesis used a concept-driven selection of foundational texts and contextual publications addressing crisis intervention, cognitive-behavioural mechanisms, resilience, family adaptation or the organisation of psychological support. The evidence base comprised a selective narrative review. Five core frameworks formed the comparative analysis, with additional sources informing the contextual interpretation.

Table 1 Comparative analysis of theoretical models of crisis support

Model	Core Components	Common Elements	Specific Features
Crisis intervention	Assessment, rapport, problem exploration, emotional support, action planning and follow-up	Safety, support and practical coping	Structured response to immediate crisis needs
Resilience framework	Relatively stable functioning after adversity, distinct from recovery, with multiple response trajectories	Adaptive functioning and attention to resources	Explains variation in responses and support needs
Cognitive-behavioural model	Appraisal, cognitive restructuring, coping skills and behavioural experiments	Coping, self-regulation and adaptive behaviour	Links cognition, emotion and behaviour
Family stress and adaptation model	Accumulated demands, existing and new resources, appraisal and family adaptation	Resource mobilisation and contextual support	Family as the unit of analysis, with adaptation to changing demands
Five essential elements of mass trauma intervention	Safety, calming, self- and community efficacy, connectedness and hope	Safety, support and resources	Flexible principles for immediate and mid-term mass trauma support

Source: compiled by the authors based on McCubbin and J.M. Patterson [2]; Hobfoll et al. [20]; Bonanno [14]; Beck [13]; Yeager and Roberts [19]

Table 2 Key aspects of the integrated model of a developmental-correctional system of psychological assistance

Level	Primary functions	Methods and tools
Psychophysiological	Support immediate regulation and readiness to engage	Calming and individually suitable regulation techniques
Organisational	Facilitate safety, access, referral and continuity	Coordinated services, referral pathways and interdisciplinary communication
Interventional	Address individually formulated cognitive, emotional and behavioural difficulties	Psychological support, cognitive restructuring, coping practice and participation goals
Cross-cutting functions	Monitor needs, acceptability and possible deterioration, and adapt support	Psychoeducation, collaborative review and culturally responsive individualisation

Source: compiled by the authors

At the second stage, five frameworks were compared: crisis intervention [19], the five essential elements of mass trauma intervention [20], the cognitive-behavioural model [12], the resilience framework [14], and the double ABCX model of family stress and adaptation [13]. Selection reflected complementary emphases on immediate response, cognition and behaviour, adaptation trajectories, and family resources. The comparison addressed the unit of analysis, principal mechanisms, intended functions, timing and social context of support. Common and distinctive features were summarised in Table 1. The analysis focused on conceptual compatibility and the contribution of each framework to the organisation of support.

At the third stage, the comparative synthesis was used to construct an integrative conceptual framework. Psychophysiological, organisational and interventional levels were distinguished from three overlapping functional processes: stabilisation, corrective-developmental work and resource activation. The principle of complementarity guided the mapping of model contributions to these levels and processes (Table 2). Proposed links with social adaptation were formulated as hypotheses for subsequent empirical evaluation.

Results

Theoretical analysis of approaches to psychological assistance in crisis conditions

A psychological crisis emerges as a complex state of disintegration of life meanings, resources, and adaptive mechanisms, wherein the individual's capacity to maintain internal integrity and exercise effective self-regulation

becomes impaired. In this state, the structure of event experience is altered: customary cognitive schemas temporarily lose stability, emotional reactions become intense or uncontrollable, and behavioural strategies turn ineffective or situationally inappropriate. The disintegration of inner equilibrium is accompanied by reduced access to personal resources, including resilience, planning ability, and social interaction, as well as the undermining of basic meaningful orientations that previously enabled functioning in familiar life circumstances. A crisis can involve disruption of self-concept integrity and the system of life meanings, creating a need for individually appropriate support. The classification of crises allows for the delineation of different trajectories of crisis progression and the formation of differentiated approaches to psychological assistance. Normative crises are associated with age-related and social transitions (adolescence, marriage, retirement) and typically follow a predictable dynamic. Non-normative crises arise from unexpected changes (sudden job loss, divorce, emigration), which disrupt habitual stability and demand urgent re-evaluation of life strategies. Traumatic crises are characterised by exposure to events that exceed the ordinary capacity for mental processing, including violence, disasters, accidents, or bereavement. A separate category constitutes war-induced crises, which combine acute threat to life, forced displacement, losses, and prolonged exposure to uncertainty. Existential crises are linked to the search for meaning, identity-related uncertainty, professional or life reorientations, and the re-evaluation of fundamental values [21]. Each type of crisis possesses a distinct psychological structure and a system of dominant experiences, which determines the specificity of interventions within the developmental and corrective approach.

The course of a crisis varies depending on age category and social context. In children, crisis states manifest through behavioural disturbances, regressive reactions, somatic symptoms, reduced academic motivation, and difficulties in peer interaction. Adolescents are characterised by emotional instability, risky behaviours, a disrupted image of the future, and heightened sensitivity to social evaluation. In adults, a crisis more frequently manifests as exhaustion, decreased productivity, loss of interest in daily activities, difficulties in decision-making, and the experience of intense stress. Within family systems, crisis states generate conflict, communication breakdown, role imbalance, and alterations in the functioning of family subsystems. In professional groups, particularly those operating in high-risk conditions (medical personnel, military personnel, rescuers), a crisis manifests through emotional exhaustion, professional deformations, diminished work quality, and impaired team interaction. The course of any crisis is significantly influenced by factors that may complicate or prolong crisis reactions. Key determinants of a difficult progression include limited social support and associated constraints on safety and shared experience, the accumulation of recurrent stressors that amplify feelings of helplessness, experiences of acute or chronic loss that alter emotional responses, and abrupt changes in the living environment, including displacement, loss of housing, change in social status or professional role. The combination of these factors increases the psychological burden, complicates the mobilisation of adaptive resources, and transforms the crisis into a prolonged maladaptive state requiring systematic psychological support [17].

The developmental and corrective system in contemporary psychological practice emerges as a multi-level and integrative model aimed at comprehensive support for the individual in crisis conditions. The model integrates several interconnected components, each performing specific functions directed towards restoring psychological equilibrium and activating internal resources. The system combines the intended reduction of stress or anxiety manifestations with psychological stabilisation, emotional support, work on maladaptive mechanisms, and the development of cognitive and behavioural skills for adaptation to changes and stressors. The multi-level nature of the system entails the integration of various intervention tiers: stabilisation, resource-activation, and corrective-developmental [16]. Stabilisation interventions are aimed at restoring basic functions of emotional regulation, reducing anxiety and tension, and creating a sense of safety and control over the situation. Resource-activation measures are oriented towards mobilising the individual's internal reserves and external social resources, including support from family, colleagues, and communities. Corrective-developmental practices facilitate the formation of new adaptive strategies, the development of social, cognitive, and behavioural skills necessary for independently overcoming crisis situations in the future. The proposed operational principles of the developmental and corrective system concern implementation and safety, including gradualness, comprehensiveness, safety, and orientation towards individual and age-specific characteristics. Gradualness implies the phased implementation

of interventions, which helps avoid additional stress, creates opportunities for adaptive regulation, and is intended to support the restoration of psychological equilibrium. Comprehensiveness signifies the integration of diverse methods and approaches into a unified system, allowing for the combination of psychological stabilisation, resource activation, and the development of adaptive strategies in a logically sequential process. Safety consists in creating a supportive environment where the individual can experiment with new forms of behaviour, explore emotional and behavioural reactions, and learn constructive ways of coping with stress with attention to the risk of further traumatisation. Orientation towards individual and age-specific characteristics ensures consideration of the level of cognitive and emotional resource development, the specific nature of stress response, and the current needs of the particular individual, with the intention of aligning support with the person's needs over time [18].

Development within the system is aimed at forming cognitive, emotional, and behavioural strategies that support reinterpretation of crisis experiences and integration of these experiences into a personal system of life meanings, values, and adaptive mechanisms. Personal growth represents one possible developmental trajectory alongside resilience and recovery, with support guided by individual needs and priorities. Development within the support system cultivates cognitive flexibility, the capacity to analyse situations, anticipate the consequences of actions, plan effectively, regulate emotional responses, and interact appropriately with the social environment. Development encompasses the acquisition of new behavioural models and the consolidation of an individual's capacity for self-regulation and autonomous decision-making in future crisis situations, with the intended outcome of supporting psychological competence and autonomy. The interrelationship between correction and development constitutes the central mechanism for restoring the integrity of the personality, as corrective interventions address disturbances in emotional, cognitive, and behavioural functioning, stabilise the psycho-emotional state, and reduce internal distress, and developmental processes consolidate the achieved outcomes, enhance adaptive potential, and foster the formation of new internal resources that may support independent regulation in the future. The integrated approach is intended to support coping with the immediate consequences of crisis events, strengthen psycho-emotional resilience, enhance life competencies, and develop adaptive functioning skills across various life domains [15]. Collectively, these mechanisms can form a dynamic, multi-level, and holistic support system capable of providing comprehensive psychological assistance, developing personal resources, and enhancing the individual's capacity to respond effectively to change and stressors in the long term – a proposed basis for adaptive functioning within the contemporary context of social and existential challenges.

Theoretical analysis of scholarly sources suggested the integrated nature of contemporary approaches to psychological assistance in crisis conditions, which combine stabilisation interventions, cognitive-behavioural techniques, resource-oriented approaches, and principles of resilience development. The synthesis of substantive categories indicated that crisis is conceptualised as a multi-level process necessitating a combination of immediate emotional stabilisation with subsequent corrective-developmental interventions. The identified conceptual links between groups of techniques provided grounds for substantiating the logical sequence of psychological assistance – from restoring a sense of control to mobilising resources and supporting longer-term adaptation.

Analytical comparison of existing crisis support models and developmental-corrective approaches

Analysis of the crisis intervention framework identified assessment, establishing contact and trust, problem exploration, emotional support, action planning and follow-up as functions of a structured crisis response [19]. This contribution concerns the organisation and timing of assistance. The five essential elements of mass trauma intervention are safety, calming, self- and community efficacy, connectedness and hope [20]. These elements provide flexible guiding principles for immediate and mid-term support. The cognitive-behavioural model links appraisals, emotional responses and behaviour, and provides a rationale for cognitive restructuring, coping skills and behavioural experiments [12]. In the proposed framework, these mechanisms offer a theoretical explanation of how individually indicated psychological work might support participation and self-regulation.

Bonanno's [14] resilience framework distinguishes relatively stable functioning after adversity from recovery following a period of disruption and recognises multiple adaptation trajectories. The framework explains

variation in responses and informs differentiated support needs. The double ABCX model relates accumulated demands, existing and new resources, and the family's appraisal of the situation to adaptation [13]. This contribution connects individual coping with the wider family context. These distinctions informed three overlapping functional processes in the proposed model: stabilisation, corrective-developmental work and resource activation. The combination represents a conceptual synthesis.

The comparative analysis systematised the frameworks' principal components, overlapping concerns and distinctive contributions (Table 1). Shared concerns provide a rationale for integration. Model-specific goals guide the selection and organisation of support functions.

The comparison highlights complementary contributions to the organisation of support. Crisis intervention provides a structured response to immediate needs [19]. Hobfoll et al. [20] identify five principles relevant to immediate and mid-term mass trauma support. The cognitive-behavioural framework focuses on appraisal, coping and behaviour [12]. Bonanno's [14] analysis explains variation in post-adversity functioning. McCubbin and Patterson [13] locate adaptation within changing family demands and resources. Together, these perspectives support the conceptual organisation of immediate assistance, individually indicated psychological work and social resource mobilisation. The optimal sequence, duration and relative contribution of these elements constitute priorities for comparative evaluation.

Development of an integrative model of a developmental-correctional system of psychological assistance

Based on the comparison of crisis support frameworks, an integrated developmental-correctional model of psychological support was developed. The model organises psychophysiological, organisational and interventional levels around stabilisation, corrective-developmental work and resource activation. These functional processes may overlap, with sequencing and intensity adjusted through reassessment as needs change. Social adaptation is the intended functional outcome, encompassing meaningful relationships, everyday roles and participation. Table 2 presents the proposed functions and illustrative tools within the conceptual framework.

The psychophysiological level is intended to support immediate regulation and readiness to engage with assistance. This proposed role draws on the stabilisation functions of crisis intervention [19] and on the principles of safety and calming [20]. The organisational level addresses access, referral, coordination and continuity. The interventional level concerns collaboratively selected cognitive, emotional and behavioural work. Family resources and the appraisal of demands provide a contextual link between these levels [13]. The distinction between resilience and recovery supports matching intervention intensity to individual response trajectories [14]. Monitoring is a cross-cutting function for checking needs, acceptability and possible deterioration. These links explain the structure and theoretical rationale of the proposed model.

The proposed mechanisms generate testable expectations. At the individual level, support is hypothesised to strengthen perceived control, coping flexibility and participation in chosen daily activities. Within the cognitive-behavioural framework, examining maladaptive appraisals and testing alternative responses may help address avoidance that restricts social functioning [12]. Withdrawal from an objectively unsafe situation may serve a protective function. Symptom relief, social participation and resilience are distinct constructs requiring separate assessment in an empirical evaluation.

At the family and social levels, the model proposes that access to supportive relationships and practical resources may help sustain participation and manage changing role demands. Family involvement should depend on the person's preferences and the safety of family relationships. At the organisational level, referral pathways, continuity and coordination are proposed conditions for accessible assistance. Adaptation also depends on housing, displacement, continuing threat, socioeconomic resources and service availability. These contextual conditions should inform the planning and evaluation of psychological support.

The model provides an organising framework for future evaluation. Component contributions, interactions, feasibility and possible adverse effects represent key evaluation questions alongside symptom change, social functioning and quality of life.

Proposed implementation and evaluation

A prospective implementation could begin with assessment of immediate safety, practical needs, existing supports and the person's priorities. Psychological first aid offers a standard reference for supportive, practical assistance that respects dignity and culture [22]. People requiring urgent medical or specialist mental health assessment should be connected to appropriate services. Supportive listening should follow individual readiness and preferences concerning the disclosure of distressing experiences.

Further psychological work would be selected collaboratively according to assessed needs and an individual formulation. Cognitive restructuring, coping practice and behavioural experiments may be considered within a cognitive-behavioural approach [12]. Exposure-based work would be reserved for clinically indicated treatment of diagnosed anxiety difficulties using an appropriate protocol and a suitably trained practitioner. Support staff would need training in crisis response, referral and culturally sensitive communication, with role-appropriate supervision. A prospective protocol should specify session frequency, duration and practitioner qualifications in relation to assessed needs.

Monitoring would distinguish distress and anxiety symptoms from social functioning, participation, perceived support and service accessibility. Instrument selection should draw on evidence of cultural and language suitability for the intended population. Reliability estimates should be calculated from the evaluation sample. Measures requiring translation would undergo documented translation, cultural adaptation and piloting before use. A future comparative evaluation should prespecify outcomes, record attendance and component exposure, and account for baseline severity, comorbidity, concurrent treatment and changing environmental conditions. Means and variability, appropriately specified between-group estimates, confidence intervals and effect sizes would then be reported according to the data and design. Component-specific comparisons would help estimate the contribution of individual interventions.

Discussion

The main contribution of the synthesis is the distinction between levels of support and functional processes, with social adaptation as an intended outcome that extends beyond symptom reduction. The integrated structure specifies how immediate regulation, service coordination and individually indicated psychological work could relate to participation. Simpson et al. [23] used the STAIR framework to organise a review of correctional mental health services, offering a setting-specific example of structured service functions. Soroka et al. [24] addressed stress tolerance in social workers, which is relevant to staff support. These comparisons inform the organisation of service functions and practitioner support within the proposed model.

The resource and organisational components are consistent with the attention to family and institutional systems in Sansone et al. [25] and to community response arrangements in La et al. [26]. Marchenko et al. [27] address individual characteristics relevant to rehabilitation, supporting differentiated adaptation pathways. These sources inform different parts of the framework across distinct populations and settings. The proposed cultural dimension also relates to the Socio-Cognitive Integration Theory of Narimani and Naeim [28], which links personal appraisals with culturally embedded role expectations in Islamic-Asian societies. This context-specific account offers a conceptual comparison for examining relationships between appraisal, social roles and cultural expectations.

Cultural responsiveness also concerns the practical delivery of psychological support. Jankowska's [29] systematic literature review examined seven case studies of culturally adapted cognitive-behavioural treatment for

social anxiety. The review reported promising outcomes and identified the relevance of culturally sensitive modifications. The case-study evidence supports careful examination of language, meanings and social expectations when planning assistance. Within the proposed model, cultural responsiveness therefore informs collaborative formulation, communication and the selection of participation goals, with local acceptability requiring assessment in the intended population.

Trauma-informed practice is relevant to the model's emphasis on choice, safety and respect for autonomy. Mazher and Arai [30], Rochaeti and Cahyaningtyas [31], and Garman et al. [32] discuss mental health in custodial settings, offering insights into contextual and institutional considerations. Moulton [33] and Finnerty [34] draw attention to service provision and access. Darani et al. [35] review education for correctional officers. These comparisons support attention to organisational capacity and careful assessment of setting-specific requirements. Furman's [36] work on personal perception informs the interpersonal dimension. The sports context studied by Sakharova et al. [37] offers an indirect comparison concerning motivation and behaviour within a specific professional setting.

Support for practitioners is an organisational consideration, reflected in the professional stress focus of Avramenko et al. [38]. Boltivets [39] discusses the assessment of mental suffering in acute psychogenic reactions, which relates to needs-based selection of assistance. Brady et al. [40] examine diversion programmes for women with mental health difficulties through a realist review, illustrating the importance of context and proposed mechanisms. These sources inform implementation questions concerning practitioner training, adherence, service accessibility and participant experience alongside functional outcomes.

Clinical research provides a complementary perspective on the cognitive-behavioural component. In a systematic review and meta-analysis of randomised trials, van Dis et al. [41] examined longer-term outcomes of cognitive-behavioural therapy for anxiety-related disorders. The findings concern defined treatments and assessed clinical populations, emphasising the value of diagnostic specificity and follow-up in outcome evaluation. Jahangiri et al. [42] discuss neurobiological and cognitive perspectives on anxiety, providing a theoretical comparison for the relationship between regulation and appraisal. These perspectives inform hypotheses concerning self-regulation within the proposed crisis support framework.

The relationship between appraisal and functioning is illustrated by Goldin et al. [43]. In a randomised trial of individual cognitive-behavioural therapy for social anxiety disorder, treatment was associated with greater improvements in social anxiety symptoms, disability and cognitive reappraisal compared with a wait-list condition. The protocol combined psychoeducation, cognitive restructuring and graduated exposure. This diagnosis-specific evidence offers a rationale for considering appraisal and behavioural participation within individually indicated psychological work. For the proposed framework, assessment of symptoms, everyday functioning and participation would clarify the relationship between regulatory processes and adaptation.

Digital monitoring represents a possible extension of the organisational level. Narimani and Naeim [44] discuss opportunities and challenges of multimodal artificial intelligence in mental health, including data quality, bias and ethical concerns. Implementation would require informed consent, equitable access, professional oversight and validation in the intended setting. These requirements provide criteria for evaluating the suitability of digital tools within coordinated support services.

Limitations and research priorities

Concept-driven source selection creates a risk of selection and interpretive bias. The literature covers heterogeneous populations, institutions and cultural settings, limiting direct transfer to a particular service or diagnostic group. The conceptual status of the model makes empirical validation a central research priority. A staged evaluation should assess feasibility and acceptability before comparative outcome testing. Suitable comparison conditions, repeated assessments and attention to environmental changes would strengthen causal interpretation. Component-specific designs would help assess contributions and interactions among support elements.

Conclusions

The theoretical synthesis linked crisis stabilisation, cognitive-behavioural mechanisms, resilience trajectories and family resources within a developmental-correctional model of psychological support. The model distinguishes psychophysiological, organisational and interventional levels from the overlapping processes of stabilisation, corrective-developmental work and resource activation. Social adaptation was defined through meaningful relationships, everyday roles and participation in a changing environment.

The contribution is a conceptual framework for coordinating support and formulating testable links between individual regulation, contextual resources and social functioning. Practical use would require needs assessment, appropriate professional competence, culturally acceptable implementation and monitoring.

Future research should first examine feasibility and acceptability, then use an appropriate comparison condition and follow-up to evaluate social functioning separately from symptom change. Component analyses and culturally validated measures would help assess the proposed mechanisms and the conditions for application across populations and service settings.

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Data availability No datasets were generated or analysed during the current study.

Declarations

Ethics approval The study consisted of an analysis of published scientific literature. Ethical considerations centred on accurate attribution of sources and faithful interpretation of the published evidence.

Competing interests The authors declare no competing interests.

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