

# KRÍZOVÁ INTERVENCIA V SOCIÁLNEJ PRÁCI

## CRISIS INTERVENTION IN A SOCIAL WORK

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### Abstrakt

*Sociálna práca je súčasťou väčšieho systému činností zameraných na vzdelávanie a prevenciu patológií. Systém je tvorený zdravotnou starostlivosťou, vzdelávaním a inštitúciami špeciálne určenými na tento účel. Krízový manažment je tá časť úloh sociálnej práce, ktorá chráni ohrozený život a zdravie v stave nestability a sociálneho napätia.*

### Kľúčové slová

*Sociálna práca, manažment, kríza, intervencia.*

### Abstract

*Social work is one of the larger system of activities aimed at education and prevention of pathologies. The system is made up of health care, education, and especially designated for that purpose institutions. Crisis management is the part that protects the social work task in the state of instability, social tensions pose a threat to life and health.*

### Keywords:

*Social work, management, crisis, intervention.*

Crisis intervention may be considered as part of a broader system of actions to prevent alcoholism and drug addiction. The health care, education, specially established for that purpose state institutions (e.g. the State Agency for Solving Alcohol Problems) and various non-government organizations form this system above all. The Legal grounds for their actions are defined by the provisions of the Acts on Upbringing in Sobriety and Counteracting Alcoholism and the Acts on Preventing Drug Addiction, that comprehensively regulate the issues related with the prevention of these phenomena. The above mentioned Acts – especially this devoted to alcoholism – also provide a role in this regard for social assistance units.

Some of the tasks that the Act on Upbringing in Sobriety and Counteracting Alcoholism imposes on the individual ministries as well as on the provincial and commune self-governments, is closely related to the activities of the social assistance institutions.

A huge social problem is a family pathology, which can include, alcoholism, domestic violence and drug use, conflicts, job loss or illness. Job loss, lack of prospects for the future sometimes leads to further marginalization of the family – being in arrears with the rent, service charges, having problems with securing basic needs. Parents being often not able to count on the help of the close family are not able to cope with the situation and reach for an alcohol. Alcoholism is one of the most serious social problems, because it does not depend on gender, age or education level. However, the phenomenon of the alcoholism "inheritance" is alarming. The alcoholism of parents is one of the main reasons for placing children in care homes. This leads to the neglect of children – they become educationally inefficient. Children should be brought up in a family that will give them love, security, and full acceptance, and in case when the family fails the social service – the social worker places the child in care and educational facility. The atmosphere of the alcoholic environment is full of nervousness, misunderstandings and quarrels connected with it affect the balance of the household members, especially children, who being devoid of sense of safety are maintained in constant

fear and tension. As part of the family support, the family therapies, meetings with a psychologist, mediations are applied, which eventually should lead to improvement of life, and the families or individuals “gain independence” in coping with the problems.

At the central level, the prevention of alcohol problems is dealt with by the State Agency for Solving Alcohol Problems, which is drafting the National Program for Prevention and Solving Alcohol Problems, approved by the Council of Ministers. The latest covers the period from 2010 until 2015. It is the principal foundation on which the preventive measures against alcoholism are based.

The program defines roles of individual central offices, including the Ministry of Labour and Social Policy in terms of solving alcohol problems. The tasks of the ministry, among others, is to initiate and support actions aimed at improving the competence of social workers in solving alcohol problems. Firstly, the ministry has to include in the departmental training programs the topics on solving alcohol problems and domestic violence prevention. With this kind of programs should be mainly employees and directors of district family assistance and social assistance centers embraced, but also social care homes and persons performing specialized care services in the community. Secondly, the ministry’s duty is to introduce and promote the principles of cooperation between social assistance centers and communal commissions for solving alcohol problems. Finally, it is supposed to contribute to the improvement of assistance for victims of domestic violence based on functioning within the social assistance system the procedure called Blue Cards.

In case when parents do not show initiative towards change of their lifestyle, or even treat the stay of their children in the facility as a situation convenient for them – they know that children are safe, and they do not have to bother about their education and securing their future – the institution applies to the Court for deprivation of parental authority. After settling the legal situation of the child it is reported to the Adoption and Care Centre to find for him a suitable adoptive or foster family. Alcoholism is the most frequent cause of domestic violence. Therefore the staff of social assistance should diagnose what the extent of the problem is by collecting information which concern:

- the scale of the phenomenon in the division into victim categories,
- the identification of victims and perpetrators,
- making analysis and the evaluation of phenomena,
- the possibilities of solving problems.

As part of the assistance for victims of violence there are being organized:

- consultation centers for victims of violence,
- support centers for victims of domestic violence,
- specialized support centers,
- homes for mothers with small children and pregnant women,
- crisis intervention centers,
- therapeutic programs,
- consultation and cooperation with specialists,
- protection of victims of domestic violence involving the police, prosecutors, probation officers, launching the "Blue Line" helpline.

Self-governments of the district perform the tasks of the Program as part of the provincial programs for prevention and solution of alcohol problems and create a provincial therapy centers of addiction and codependency. In carrying out the tasks related to solving alcohol problems the local governments cooperate, among others, with the districts’ family assistance centers and communal commissions for solving alcohol problems. The latter are appointed by the commune councils and their task is to execute the enacted annually by the commune

boards the prevention and solving alcohol problems programs (the duty of the commune is to carry out the anti alcohol actions). For the preparation and implementation of the programs there may be included the social assistance units (along with, inter alia, police, city guards, abstinence clubs, AA groups, churches, childcare and education centers, health care facilities and so on).

In short, the Act on Upbringing in Sobriety and Counteracting Alcoholism poses – in terms of the tasks which it provides for state and local government administration – a wide field for the activities of social assistance in terms of the alcoholism prevention. It is, above all, all about the expected participation in the implementation of the provincial and commune preventions and solving alcohol problems programs.

The Act on Preventing Drug Addiction imposes the tasks of preventing this phenomenon on government and territorial government administration authorities, thus opening the field, among others, for activities of social assistance units. In addition, the commune may, as a task assigned in the scope of government administration, to develop and promote information and cultural activities undertaken to inform the public about the dangers of drug abuse.

The Acts mentioned above do not exhaust the possibilities of social assistance activities in the area of alcoholism and drug addiction prevention. The Act on Social Assistance assigns specific tasks in terms of the broadly comprehended alcoholism and drugs prevention to individual units of social assistance. The tasks of social assistance, which the Act imposes on the provinces, districts and communes, offer wide opportunities to develop social work with addicts and at risk of addiction.

The Act defines social work as a professional activity, designed to help individuals and families in strengthening or regaining the ability to function in society by performing appropriate social roles and to create conditions conducive to this goal. "The task of social work is therefore an intentional performance of organized pro social activities that sustain, protect and develop the interests of individuals, groups, communities or institutions. Above all, this is about the restoration for individuals and groups of the ability to not disturbed functioning, that would be full of participation in social life and full of marginalization counteraction. "

Such a broad definition of social work may include, in principle, all activities related to the execution of tasks imposed on the social assistance units by the Act. In this sense the social work also includes a widely comprehended prevention of alcohol and drug addiction, conducted within the state's social assistance.

Among the reasons that entitle to social assistance benefits, which the Act mentions, is among others alcoholism and drug addiction. Thus, as the Dorothy Chlebio-Abed emphasizes, the fact of addiction predisposes both the addict and his family, to enjoy the benefits of social assistance. Moreover, in the category of customers coming from groups at risk of addiction or addicts, there may be also other reasons specified in the Act, that qualify for social assistance benefits. Therefore, social work with these categories of people is involved into the broader context of influence in the area of social assistance. Social workers taking preventive measures at individual organizational levels of the social assistance operate within the statutory regulations. In light of the Act employees are obliged to conduct a broadly understood preventive actions because, on the one hand, the occurrence of addiction qualifies such person and the relatives as clients of social assistance, on the other hand, because the individual tasks specified in the Act may be included within the scope of preventive work.

In short, the own objectives and those from the scope of the government administration, which the Act imposes on the provincial, the district and the commune self-government, also assume the social work with persons addicted and at risk of addiction. Its own part in this field may have self-governments of the province, regional social policy centers, district family

assistance centers, communal social assistance institutions – each within its competence, but in cooperation with the other.

“In the context of addiction prevention, the social workers should accomplish a number of specific objectives by undertaking tasks highlighted by the legislator. In particular, it should be pointed at analysis making and evaluation of phenomena related directly or indirectly with addiction, correct qualification to obtain due benefits, support people at risk of alcohol or drug-related problems, as well as the help in obtaining assistance from the competent authorities, institutions and social organizations. An important task of social workers in this field is also activation of local communities and inspiration to preventive actions, as well as initiation of new forms of assistance and prevention ”.

In other words, in the context of addiction prevention the most significant actions of social worker are the activities aimed at elimination of potential factors that lead to the formation or deepening of the problems associated with addiction.

### **The readaptation framework**

The opportunities to develop social work with addicts are not limited to those strictly defined by legal regulations, and in particular by the provisions of the Act on Social Assistance. A relatively big potential in this respect lies in the framework of alcohol treatment for drug addicts system, although it should be noted that the activities of social workers in this area are also determined by the regulations mentioned above, and by the specificity of social work in the framework of social assistance.

In Poland, treatment and rehabilitation of drug addicts is based upon ADR (ODR) system: outpatient care, detoxification, rehabilitation and social readaptation.

Generally speaking we can say that the outpatient care is exercised by specialist outpatient clinics. Detoxification is the domain of hospitals, for detoxification of the organism should be proceeded under the supervision of a physician. The next stage of therapy of drug addict – rehabilitation, i.e. the partial treatment of mental and sometimes even social type of addiction – is carried out in specialized centers operating within the framework of the health service and non-government organizations.

After the completion of rehabilitation in a closed facility, the next stage of therapy is recommended, namely, social readaptation, that is, generally speaking, to help the drug addict in returning to normal life in society. It concerns, above all, a post-rehabilitation care. It may take the form of the hostel or adaptive housing programs. At this stage of therapy process great opportunities open up for the development of social work with cured individuals and their families. It is a well-known fact, that the successful completion of rehabilitation in a closed facility does not guarantee that an addict person will not return to a given addiction. The crucial matter may be the help for the drug addict to maintain his will of abstinence and successful adaptation to the surrounding reality. This, in turn, offers great opportunities for professionally trained social workers who, their knowledge and experience can use to help former drug addicts and their families in the framework of the post-rehabilitation care.

Detoxification under medical supervision and the stay in a rehabilitation center seem to be highly insufficient for the success of the whole process of therapy. It is already certain nowadays that the detoxification of the addict person is only the beginning of a difficult and arduous process of having a drug addict back to society, to the so-called normal life. Physical type of addiction is actually a small problem compared to the mental, and occasionally even social type of addiction. Therefore, the further and – as it seems – more difficult stage of work with the drug addict is the therapy in a rehabilitation center, or alternatively in a clinic intended to these purposes. However, after the completion of the rehabilitation stage the next

follows and – I will risk this statement – the most demanding stage of therapy of the addicted person, namely the clash with the realities of everyday life. The lack of acceptance by the new social environment, or return to the old may trigger mechanisms of social and mental type of addiction.

To this problem we can add the issue of the social and existential as well as socialization poverty of children having their backgrounds in environments of the poverty generated by families, in which the basic pathological factor is an addiction of one or of both parents (this raises, among others, the problem of the social orphanage). In addition, the socio-cultural poverty of drug addicts and the outcomes of drug use have a destructive impact on the functionality of the family. This type of poverty is associated primarily with mental and social maladjustment of drug addicts, for whom the fall into the habit was conditioned by insufficient socialization or by other disorders of mental nature. Moreover, the socio-cultural poverty may be associated with long-lasting drug use and with the addiction itself. With time, the life of a drug addicted person revolves around the drug, which becomes the supreme value of life and the purpose. The whole life activity, or at least most of it, is devoted to activities related to doping. The addicts are unable to perform their social roles, form marginalized communities, which are characterized by limited access to participation in social and cultural life. In the relations with the social environment they assume the passive attitude, interactions and interpersonal connections are becoming instrumental in character, and the disappearance of higher emotions takes place.

The effects of the addiction of parents affect their children. Interaction with the child is characterized by lack of emotional balance, which is necessary for the mental health of the child, and its correct identification. Particularly painful for family members is the occurrence of behavioral disorder during the narcotic hunger of drug-addict parent. There are not exactly known all the effects of the impact of parental drug use on child development, which is – as in the case of alcoholism – the main victim of this addiction. It is a known fact, that children of drug addicts are born physically and mentally weak. They inherit, to some degree, the tendency to reach for drugs. Parents-addicts because of their illness blight the correct course of their child's socialization. In drug addict families together with economic difficulties there appear mentally unfavorable events elicited by an adult family member. The lack of social competence of a drug addict and unfavorable external conditions for their acquisition deepen the feeling of helplessness in face of poverty and life hardship generated by drug addicts.

Due to the difficult situation of drug addict families and also the drug addicts leaving rehabilitation centers, the risk of returning to the addiction is high. Then there is an urgent need to provide the drug addicts and their families with the post-rehabilitation care, including the development of programs that would help a person returning to the society to join the mainstream of his life and to function normally. Programs of this type are included in a widely comprehended therapy of drug addicts. They are different from the programs used in closed institutions especially in that they minimally address the issues directly related to compulsive drug use, and focus primarily on problems of drug addicts who come back to life in society. They are aimed at supporting their will for living in abstinence and to deal with everyday problems while being sober.

The follow-up programs should be viewed as the consecutive and inseparable stage of conducted therapy at the rehabilitation centre. In their frameworks there opens a wide field for the activities of social workers, professionally prepared for solving various problems of their clients, while having additional, specialized training in drug addiction. The actions taken as part of the post-rehabilitation care are a kind of social work in the environment of residence. This raises the need for cooperation between the centre's therapists and social workers, cooperation with local authorities, and the development of community work with people

leaving the rehabilitation center. The social assistance has at its disposal many instruments that can soften the difficulties arising in the process of social reintegration of drug addicts and help to prevent the marginalization of these people and their families. The directory of roles that in the indicated areas of preventive activities may a social worker undertake, is very wide. It should be added that in the prevention work it is extremely important to reach out to the wider community and local government authorities with information and awareness-raising initiative of the seriousness of the process of social reintegration of drug addicts in the success of the whole process of treatment (it may also concern alcoholics) and the need to develop post-rehabilitation care for these people and their families, but first and foremost for young children.

It is also worth adding that the opportunity to develop social work with addicts and their families also provides the European Social Fund. The Sectoral Operational Program called Human Resources Development, provides as part of the "Active labor market and professional and social integration policy" Priority, the 1.5 Action: The promotion of the active social policy by supporting groups of the particular risk. This action gives possibilities of applying for the co-financing of projects that provide the support to the groups threatened with the social exclusion, with particular reference to people receiving the social assistance benefits for a long time, including alcoholics and drug addicts who have undergone the process of treatment or finished it not later than the year before joining to the project. Supporting this category of final beneficiaries may include, among others, training aimed at overcoming the problems with which these people are burdened, developing the abilities of coping with difficult situations and leading to the increased self-reliance.

The 1.5 Action also creates opportunities to improve the methods of social work with individuals at risk of social exclusion. Among the categories of final beneficiaries there are, among others, the workers of social assistance institutions (including non-government organizations acting in the framework of social assistance) as well as volunteers working for these institutions. For this category there are projects designed to develop the quality of services leading to integration with the labor market being provided by institutions of social assistance as well as trainings for the employees of these institutions (including non-government staff and volunteers) who work with people from high risk groups.

To conclude, we can say that the ESF (EFS) legal regulations provide sufficient, it seems, opportunities to develop social work with the addicts. It is also an important aspect of social assistance activities, as this related to financial and material support. In order to minimize the problem of domestic violence, the state has undertaken actions which resulted in the Act of 29 July 2005 on Domestic Violence Prevention (The Official Journal of Laws Nr 180, 1493 pos.). The Act was enacted "in order to increase the effectiveness of counteraction the domestic violence and to initiate activities that aim at raising public awareness of the causes and effects of domestic violence". Into the accomplishment of this task there were involved institutions and government, self-government and non-government organizations in Poland. At the government level the Minister of Labour and Social Policy sets out the tasks for execution, as part of the tasks assigned to local government units – the district level in cooperation with non-government organizations and those assigned to territorial government units – the commune level in cooperation with non-government organizations. This Act obliged the Council of Ministers to adopt the National Program Against Domestic Violence. At the same time, the Council of Ministers has been obliged to submit to the Sejm of the Polish Republic a report on the implementation of the program no later than 30 June each year.

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