# DOWNLOAD PDF ADOLESCENTS AND SOCIAL WORKERS

## Chapter 1 : Adolescence: Developmental Psychology and Social Work Practice - Essay Samples

*Social work practice with adolescents involves working not just with the adolescents but also with their families, schools, and neighborhoods. Helping adolescents to confront adversity and develop mechanisms that promote resiliency is critical, especially for adolescents who are at risk of emotional or behavioral problems.*

Reamer, PhD, and Deborah H. Get some guidance on how to help parents make the right treatment choice for their struggling teen. Maria Hernandez, a licensed social worker with 30 years of experience working in family service agencies, is perplexed about one of her cases. But now his life is spinning out of control. He is skipping school, failing several subjects, experimenting with marijuana and other substances, engaging in unprotected sex, and defying rules at home. His parents are frantic. Clearly, Tony is at risk. What to do next? Maria and the family have tried every clinical strategy included in her social work education and training. Too often, there is no coordinated, carefully articulated system of care for struggling teens and their families; a welter of disconnected programs and services leaves many teens falling through the cracks. Instead of getting what they need, many teens and families get whatever services are available and affordable. Fortunately, there is a framework, described later in this article, to help social workers conceptualize the continuum of options so they can help guide families grappling with struggling teens. Social workers are in a key position to help struggling teens and their parents. Knowing where to turn in times of crisis is a challenge. When crises emerge, most parents scramble frantically, grasping for information and help that, too often, turns out to be minimally useful, fragmented, and incomplete. If they are familiar with the wide range of available services, programs, and specialty schools, social workers can guide parents and teens through the complex maze of options. Unfortunately, not all social workers are adequately informed about the full range of options because programs and services vary considerably from community to community, change over time, and often reflect funding source preferences, rather than a coherently conceptualized and well-articulated continuum of care. Social workers can help families with struggling teens by providing the following: To help parents navigate the disconnected jumble of programs and services, social workers can provide parents with the names of competent educational advocates and consultants who may be able to help parents and teens obtain needed services. Educational advocatesâ€”often attorneysâ€”help people obtain specialized educational services from the public school system. Educational advocates charge parents a fee and work with local, state, and federal education officials to ensure that students receive the services and special accommodations to which they are entitled by law. Advocates may file claims in court to force school districts to provide or pay for special needs services and programs outside the school district. Perhaps this private agency uses a sliding-fee scale or has a grant that provides this service free of charge. A social worker in a state public child welfare agency may be able to share with parents their professional experiences with specialty schools and programs for struggling teens. Social workers can also link parents with other parents who can support them at IEP meetings and other negotiations with schools. It is important for social workers to help parents understand that, for financial reasons, school systems and agencies may be reluctant to provide the services a child needs. Hence, parents and their advocates must be relentlessly dogged in their insistence that needed services be provided. Parents, very understandably, may become disheartened and angry when schools and agencies claim the child does not need a service that is, in fact, needed. A social worker can help parents manage their anger to more effectively argue their case and maneuver through bureaucratic obstacles. Selecting the Right Program or School: Questions to Ask In addition to offering traditional counseling and clinical services, social workers can acquaint parents with a wide variety of community-based options, alternative and therapeutic schools, and treatment programs that serve teens who struggle with significant behavioral, emotional, mental health, and substance abuse issues. Sometimes, however, the type and level of care the teen needs are only available outside the home community. Residential treatment programs, therapeutic boarding schools, and wilderness therapy programs focus primarily on mental health, emotional, and behavioral issues, while including an educational component. Emotional growth boarding schools address mental health, emotional, behavioral, and educational issues simultaneously. Other boarding schools focus on specific learning disabilities, while also

paying attention to the whole student. In short, different programs give different degrees of emphasis to personal and academic issues. Social workers, like parents, must resist the urge to plunge into programs and services because they are easily available, conveniently located, and relatively low cost. Parents of struggling teensâ€”particularly teens who are oppositional and defiantâ€”are naturally tempted to place the child in a school or program that promises to impose needed discipline and structure. These schools and programs may use shame-and-blame methods that cause more harm than good for struggling teens who have personal and mental health issues contributing to their challenges. Generally, it makes sense first to consider home- and community-based programs and schools. Thus, the following list starts with the least restrictive home- and community-based options and progresses toward different kinds of residential schools and treatment settings. Prominent services, program, and school options include the following: Mentoring programs encourage teens to stay focused on their education; provide support during crises; offer constructive ways to spend free time; and expose teens to career paths and options. Mentors seek to enhance, but not replace the roles of parents, guardians, and teachers. Typical youth diversion programs offer first-time offenders individual and family counseling and links to other important social and educational services. These schools may be freestanding or sponsored by a community mental health center, family service agency, school district, or a collaborative composed of several social service and educational programs. Typical programs require youths to participate in individual, group, and, when feasible, family counseling. Educational services may be included to help teens stay on track academically. Group homes typically provide shelter and a wide range of mental health, educational, and recreational services. Some independent living programs also serve teens whose families are able to pay for these services privately. Typical services include practice in daily living skills, money management, career and educational planning, mental health services, rental assistance, recreational and social activities, and case management. The challenges of living full-time outdoors and developing wilderness survival skills help teens develop self-confidence and prosocial behaviors. Often, families are advised to send their struggling teen to a wilderness therapy program, and then to a therapeutic or emotional growth boarding school rather than return the teen to their home community environment; returning directly to the home community often means returning to the lure of problematic peer groups. Ideally, this new placement continues until the teen is mature enough to function safely in the home community. Helping Parents Cope Understandably, parents of struggling teens are often preoccupied with immediate crises. When their efforts to help their child fail to protect the teen, feelings of fear, frustration, anger, and despair grow. Social workers can help parents manage these feelings by teaching them some coping guidelines: Struggling teens do not do well with laissez-faire parenting. They need respectful supervision and clear, fair rules consistently backed up with consequences. Punitive, controlling, and shaming parenting may provoke more misbehavior. Teenagers who hear inconsistent or contradictory messages from parents are freer to follow their own destructive instincts. This may seem like a contradiction, but it is not. The challenge for parents of struggling teens is finding the right balance. Allowing a struggling teen too much freedom is fraught with risk, but hanging on too tightly can backfire with teenagers who have rebellious instincts. Social workers can help parents figure out how to find this tenuous balance. Parents of struggling teens may feel shame, disappointment, sadness, frustration, fear, and anger. They may find it difficult to socialize with other parents whose children seem so successful. Parents of struggling teens often find it helpful to acknowledge their challenges with social workers and a few trustworthy, nonjudgmental friends. All parents need support; parents of struggling teens need extra support. Social workers can help parents develop a self-care plan. The parenting journey is a marathon, not a sprint. Parents must pace themselves and find ways to replenish their spirits. Parents of struggling teens often live with frequent crises. Patience is an antidote to despair. Parents of struggling teens have their hands full. Fortunately, an impressive array of help is available. Some parents struggle with their own mental health, substance abuse, financial, legal, and other problems. In such cases, the teen might live with grandparents, friends, other relatives, or in foster or group homes. To avoid cumbersome terminology, throughout this article, the term parents also includes other guardians of struggling teens. They are the authors of Finding Help for Struggling Teens: Siegel, Finding Help for Struggling Teens: Independent Educational Consultants Association:

## Chapter 2 : Finding Help for Struggling Teens

*7 meet the needs of young people, it is important for social workers to demonstrate a fundamental knowledge and understanding of adolescent development and the critical role of biopsychosocial.*

What are the social problems of adolescents? A number of social problems crop up in the period of adolescence. The social contacts of the person expand from infancy to maturity. From the early childhood onwards the mother-child relationship normally expands as the child comes into contact with the other members of family. When the child moves outside his family circle, he establishes contact with other children of his own age. When he takes admission in the school the peer group expands because now the child is free to choose his own friends and associates. Here he meets his teacher. As he enters adolescence he becomes a part of the gag, whatever be the stage of development of other people from his social environment. Adolescence is the stage of development which produces a number of problems for the person. Social Problems Rose by the Parents: During adolescent years the boy or girl tends to develop interests for groups outside the family. The youngsters commonly have misgivings about the changes that are taking place in their interests. On the one hand, they feel joy in being dependent upon their parents and on the other; the experiences with their peers are also pleasant. The peer group attracts them a greater force, because it offers them esteem and status which is either lacking in the family or is not got there at all. Parents generally complicate the problem by placing demands on the adolescent sons or daughters. When they come to know that the relationship between them and their children is about to change, when they find that their children are becoming more rebellious, less responsive, and less involved in the life of the family they feel threatened. Every father or mother thinks that his son or daughter is a psychological extension of himself, and when the adolescent slips along into the outside world, he or she feels that he or she is losing a part of himself or herself. As the adolescent becomes more independent he needs not so much care, direction, and attention of his parents, which parents still think necessary for his existence and well-being. The emotionally insecure parents are Unable to face and accept this fact. The adolescent may feel the need of parental love, care and attention at certain times, but he is so proud of himself that he does not want to accept these things. He looks upon any form of dependence as a sign of weakness. This is the reason why there is a conflict going on between the adolescent and his parents. The conflict is of the approach avoidance type as will be discussed in section  The adolescent resolves such a conflict by making decisions which are not in his interest and defends them stubbornly and rebelliously in the face of all adult opposition. The loyalties of the adolescent are now divided between the family and the peer group. This division causes tension and anxieties in the adolescent and creates differences between him and his parents. The struggle that goes on within the adolescent is seldom known to most parents. The struggle is caused by his attempt to live in accordance with a double standard composed of the expectations of his parents and those of his associates. Social problems which have a root in the relationship between the adolescent and his parents arise because the two do not understand each other sympathetically. The adolescent wants more independence but he also wants his parents to tell him what to do. The parents want to give more direction and control but at the same time require him to think and act for himself. There is dilemma, and the inconsistency is not soluble and therefore it creates difficulties for both. The mutual problems should be discussed by the parents and the adolescents frankly. It is very unfortunate what whenever the two parties try to clarify the issues through discussions heated arguments are advanced by each to defend its own point of view. The adolescent who is in conflict with the family tries to seek social satisfaction outside the home, but he does get sufficient success in his attempt. If he wants to become successful outside the family he should have emotional support and acceptance within the family. Problems of Adjustment with the School: The average adolescent tries to run away from home, though economically and vocationally he is yet not able to leave it. It is the school where he can be away from home for a particular length of time in the day. It is in the school also where he can mix with associates in the study-hall, in the classroom, on the playground and on the streets. If the school does not organise social gatherings like excursions, outings, trips, and if there is no arrangement for social development, the adolescent does not find the school a satisfactory place. Consequently, he becomes a

truant. If the school wants that the pupils should find joy and satisfaction, pleasure and happiness it should organise social activities in its premises. These activities, if wisely directed, tend to develop social maturity in the adolescents. Maximum participation in curricular activities like evening games and sports, plays and dramatics and student councils will inculcate better social interests, skills and attitudes. Why does a boy belonging to upper class or higher caste family not like to mix with the one of lower class family? Why is a particular boy not popular? Why does a boy like a particular boy and not others? These are some of the problems raised when the adolescent tries to mix with the associates of his own sex. So long as he is a child he does not have such problems. Children of different socioeconomic status work and play with each other. But the social distance increases in the adolescence period. Upper class boys do not like to make friendship with boys of lower class. In the society of adolescents there are many who are not popular, who do not belong, and who are occasional. It is strange to find isolates everywhere. Isolates are boys and girls who regard others their best friends but are disregarded by them. The adolescents who are thus rejected become quarrelsome or unduly sensitive. On the other hand, those who are liked seem to be cheerful, humorous and lively. Social Problems of Adjustment with the Other Sex: The adolescence is the stage when interest in the other sex is developed as a result of certain physical developments. The perennial topics of conversation among boys or among girls are sex and the opposite sex. They try to learn about sex from each other; often, they do help each other but such help is fraught with difficulties. Hence, there is a need for sex education at this stage. It is this stage when the youngsters try to discover the other sex. At first the boys and girls do not know what to make of each other and how to get along together. The boy now sees the neighbour girl in a new way. If he develops healthy relations with her he is in a happy position. If he does not achieve a satisfactory adjustment to the other sex, he may have difficulties in marriage. He may have other social problems also. The boy who cannot establish happy relations with girls may withdraw from their associations. If he becomes too interested in the other sex and goes too far he may cause scandal. If the adolescent boy withdraws from association with girls he will become mentally unhealthy. Marriage becomes either impossible or likely to be unhappy for the introverted youngster who does not have healthy normal associations with the other sex. Adolescent girls try to attract adolescent boys. The increasingly do thing which may catch and sustain the attention of the other sex. They are more active because of their earlier sex maturity. Many girls, who find the boys of their own age sexually not so mature and responsive, try to seek attention from older boys. As sex maturity among boys and girls occurs at different ages, in a complicated and rapidly changing social situation the adolescents find it difficult to make social adjustment with the other sex. Education and Social Maturity: The teacher who has to guide the adolescent facing social problems will have to understand the social liabilities and assets. He has to find out the relationships between the adolescent on the one hand and his parents, the peer group, and the school on the other. The teacher has to make a close study of the quiet, commonplace youngster who is rejected by his group or the other sex. If she teacher wants to understand the adolescents and develop them socially he may do the following. The first step in helping the adolescent achieve social maturity is to gather information about his settings and backgrounds. It is, therefore, necessary that the teacher should try to find out whether or not a particular boy or girl takes part in social activities, whether or not he or she belongs to a team, a society, or a council. Early or late maturing, higher or lower socio-economic status of the family may be influencing his or her social maturity. The teacher has to investigate the causes of social maladjustment. He should then plan a social programme comprehensive enough to meet the needs of all adolescents. As some of the problems arise in the school environment, he may produce good social atmosphere in the school for adequate social development. But most of the social problems arise out of the school, in the family, in the group, in the relations with the other sex. To solve these problems an active co operation of the parents and the society has to be sought so that desirable social adjustment may be fostered. The teacher his subject; the boys or girls learn it. But of greater importance than teaching and learning of the particular subject in the classroom is the development of social maturity. The first thing needed for that is a good-humoured, relaxed, friendly, social climate in the class. Where socialized activity programmes as group games, scouting and guiding, debates and dramatics, run regularly and where students take part in them freely, social maturity is developed as desired. Social adjustment or social maturity may be developed through a direct or indirect instruction in informal

applied social psychology. It is said that adolescents are inept and out-of-place socially. There is little doubt about it. Some adolescents do lack in social skills considered desirable by adults.

## Chapter 3 : Social Work | Columbia University | Child Psychiatry

*Company with Adolescent Social Worker jobs Wayside Youth & Family Support Network Wayside provides a wide variety of mental health counseling and family support services to children, young adults and families.*

Under the terms of the applicable license agreement governing use of the Encyclopedia of Social Work accessed online, an authorized individual user may print out a PDF of a single article for personal use, only for details see Privacy Policy and Legal Notice. This entry provides an overview of some of the most commonly seen disorders in children and adolescents: The prevalence, course, diagnostic criteria, assessment guidelines, and treatment interventions are reviewed for each disorder. In addition, the key role of social workers in the identification and intervention of these disorders, as well as ways social workers can support the children and families experiencing these disorders, is discussed. There is not a clear distinction between childhood and adult disorders because disorders commonly diagnosed in childhood often continue into adulthood, and adult disorders are typically rooted in early childhood conditions and experiences. However, DSM-5 APA, no longer includes this category, and so disorders formerly included in the category have been moved to categories more reflective of related symptomology, presentation, and etiology. These new categories include neurodevelopmental disorders and disruptive, impulse control, and conduct disorders. This entry focuses on some of the most commonly diagnosed and recognized mental-health disorders in children and adolescents, including attention deficit hyperactivity disorder ADHD , oppositional defiant disorder ODD , conduct disorder CD , separation anxiety disorder SAD , and specific learning disorders. This entry provides a broad overview of these diagnoses and is not meant to be used for diagnostic purposes. When making a diagnosis, the DSM-5 APA, should be consulted for a listing of full diagnostic criteria related to each disorder. This encyclopedia also contains other entries that deal with mental-health issues in children and adolescents, including autism spectrum disorder; youth suicide; intellectual disabilities; mental health, adolescents; and mental illness, children. The behaviors are severe enough to cause problems at home, in school, and with peers. One major limitation is that few studies of high quality have been conducted to explore the prevalence of ADHD across racial and ethnic groups. In the prior edition, ADHD was included in the diagnostic category disorders usually first diagnosed in infancy, childhood, or adolescence, which has been removed as a category. The DSM-5 APA, diagnostic criteria for ADHD specify that there must be six or more symptoms of inattention or hyperactivity and impulsivity that interfere with functioning and are inconsistent with developmental level for at least six months. Common symptoms of inattentiveness include difficulty sustaining attention in tasks or play activities, difficulty following instructions and failing to finish schoolwork, and difficulty organizing tasks and activities. Additionally, symptoms should not be better accounted for by another mental disorder and should not occur exclusively within the course of pervasive developmental disorder, schizophrenia, or another psychotic disorder. Attention deficit hyperactivity disorder, combined type, is diagnosed if there are six or more inattentive symptoms and six or more hyperactive or impulsive symptoms. Attention deficit hyperactivity disorder, predominantly inattentive type, is diagnosed if there are six or more inattentive symptoms but hyperactiveâ€”impulsive symptom requirements are not met. Attention deficit hyperactivity disorder, predominantly hyperactiveâ€”impulsive type, is diagnosed if there are six or more hyperactive and impulsive symptoms but inattentive symptom requirements are not met. Specification is also required to describe symptoms as mild, moderate, or severe. Course Although symptoms of ADHD, such as excessive physical activity, are often reported by parents in children as young as toddlers, ADHD is typically not diagnosed until children begin elementary school. The symptoms of ADHD tend to be consistent through early adolescence. For many children with ADHD, the motor hyperactivity subsides somewhat during adolescence but impulsivity, inattention, restlessness, and difficulty planning remain persistent APA,  With treatment, symptoms of ADHD can be managed successfully, but the disorder often persists into adulthood. Assessment Evaluation for ADHD should include information from multiple sources across settings including parents, schools, and the child, if possible. Several commonly used behavior rating scales are used in the assessment of ADHD. In addition, clinicians should consider cultural factors when

conducting an assessment because various cultural groups have differing norms regarding child behavior APA, These include Adderall, Ritalin, Concerta, and Strattera. If none of the approved medications results in satisfactory improvement, the Practice Parameters recommend a review of the diagnosis and then consideration of behavior therapy or use of medications not approved by the Food and Drug Administration for ADHD treatment. These may include antidepressants such as bupropion, imipramine, nortriptyline, or 2-adrenergic agonists such as clonidine or guanfacine. Dosages should be adjusted to ensure the child is obtaining the greatest benefit from the medication with minimal adverse side effects American Academy of Pediatrics, For many children, pharmacological treatment combined with behavioral therapy is more effective than either one alone Power et al. Behavioral interventions typically include components such as token economies, time-outs, and other incentives and interventions to which the child is individually responsive. Classroom behavioral interventions are also often required to assist children with ADHD in managing their behaviors at school and improving academic performance. Barkley has observed that ADHD treatment tends to be most helpful when it is directed at behaviors at the point of performance in the natural environment. Parent training is most likely to be helpful when combined with psychopharmacological and behavioral therapies in a holistic fashion. Oppositional Defiant Disorder Children with ODD typically display an irritable or angry mood, are frequently defiant or argumentative, and are vindictive toward others APA, The behavioral manifestation of ODD often makes it difficult for a child to perform at his or her full potential. The average prevalence rate appears to be approximately 3. Oppositional defiant disorder seems to be more common in males than in females during early childhood, but in adolescence it appears equally prevalent in males and females APA, In the prior edition, ODD was included in the diagnostic category of disorders usually first diagnosed in infancy, childhood, or adolescence, which has been removed as a category. The DSM-5 APA, criteria for ODD specify that there must be a pattern of negativistic, hostile, and defiant behavior operationalized by the presence of four or more symptoms that occur for at least six months. These symptoms include often losing temper, frequently defying or refusing to comply with adult requests, and deliberately annoying others. For children under the age of five, the behaviors should occur on most days, and for individuals older than five, the behaviors should occur at least once per week. These behaviors should occur more frequently than is typical for the age and developmental level of the individual. The DSM-5 APA, also specifies that these behaviors must be causing clinically significant impairment in social, academic, or occupational functioning and must not occur exclusively during a psychotic or mood disorder. Risk Factors Oppositional defiant disorder is believed to stem from a mix of biological, psychological, and social factors. It does appear that various temperamental factors, such as limited frustration tolerance and emotional reactivity, are related to ODD. In addition, inconsistent or harsh child-rearing practices may contribute to the development of ODD. Certain neurobiological markers have been associated with ODD as well, but again, those markers have not been distinguished from those of CD APA, Course Oppositional defiant disorder is usually manifest by age eight Connor, and is relatively stable over time. With increasing age, comorbidities with diagnoses such as ADHD, learning disorders, communication disorders, anxiety disorders, and mood disorders begin to appear APA, ; Lavigne et al. Assessment A wide range of interviews and instruments are available for assessing oppositional behavior and aggression in children and adolescents in different settings. A number of assessment batteries have also been developed to aid in assessment. One of the challenges of assessment is that children often do not display the same behaviors during a clinical interview as they do in their natural environments. Therefore, the reports of parents, teachers, and other appropriate observers are particularly critical to obtaining a complete clinical picture APA, In preschool children, programs such as Head Start Connor, and home visitation to high-risk families have produced positive outcomes Eckenrode et al. In school-age children, parent management strategies have strong empirical support for disruptive behavior. In general, these approaches focus on the following four principles: Conduct Disorder Conduct disorder is characterized by a persistent pattern of behavior that violates age-appropriate social norms and interferes with the basic rights of others. Behaviors typically observed in CD include aggression and violence to others, property damage, deceitfulness, and serious rule violations APA, These behaviors exceed what is developmentally appropriate and interfere with social, school, and occupational functioning. Conduct disorder

is typically seen more frequently as children enter adolescence and boys have higher prevalence rates of CD than girls. Rates of CD appear relatively stable across countries that differ with respect to race and ethnicity APA, In the prior edition, CD was included in the diagnostic category of disorders usually first diagnosed in infancy, childhood, or adolescence, which has been removed as a category. The DSM-5 APA, criteria for CD specify that there must be a repetitive pattern of behavior that violates the basic rights of others or major age-appropriate societal norms as evidenced by the presence of three or more of the identified symptoms in a period of 12 months, with at least one of the criterion present in the past 6 months. Those symptoms include aggression to people or animals, destruction of property, and serious rule violations such as running away repeatedly and school truancy. The behavior must be causing clinically significant impairment in social, academic, or occupational functioning. The disorder is considered to have childhood onset if behavior occurred prior to age 10 and adolescent onset if behavior did not occur until after age There is a diagnostic specifier included in the DSM-5 APA, for callousâ€"unemotional presentation, which is given if the person displays at least two of the following traits in the past 12 months: Severity is specified as mild, moderate, or severe. Conduct disorder shares similar symptoms with ODD, but can be distinguished by the severity of the symptoms presented in CD. Risk Factors A variety of factors have been associated with an increased risk of developing CD. There does appear to be a genetic component to CD. Children with a parent or sibling previously diagnosed with CD are more likely to develop it themselves APA, Child temperament also appears to play a role in the formation of CD, with children who display aggression at very young ages being more likely to manifest CD in adolescence Mandel, Difficulties forming friendships and peer rejection have also been linked to CD Holmes et al. At the community level, high rates of violence are a risk factor as well APA, Course Conduct disorder can develop as early as the preschool years, but symptoms most typically begin to present during the middle childhood years through adolescence APA, The course of CD varies significantly. It is common for many individuals diagnosed with CD, particularly those with an adolescent onset and mild symptoms, to become adjusted adults with stable social and occupational functioning. However, individuals with an early onset and more severe behaviors have a worse prognosis and are at risk of criminal behavior, substance-related disorders, and a variety of additional psychiatric disorders as adults APA, For those individuals whose CD extends into adulthood and involves continued aggression, violence, deceitfulness, and rule violation at home and work, a diagnosis of antisocial personality disorder may be appropriate APA, Assessment The assessment of CD requires a comprehensive evaluation. In addition, various assessment scales, such as the Conners Rating Scale parent and teacher versions Conners et al. All sources of information should be considered when completing the assessment. Treatment Intervention with children and adolescents diagnosed with CD is generally most effective when it takes a biopsychosocial approach, is multimodal, and is multisystemic Gerten, Primary components of treatment for CD include the development of prosocial skills and prosocial peer relationships. A combination of behavioral therapy and psychotherapy is often needed to assist children and adolescents with CD in learning to express emotions and manage their behaviors. Social skills training can also be used to develop problem-solving abilities and form supportive relationships AACAP, For some children, medication may also be used to address impulse-control problems and stabilize aggressive outbursts AACAP, Separation Anxiety Disorder Prevalence Separation anxiety disorder is one of the earliest and most common mental-health disorders of childhood Kessler et al. Research regarding the prevalence of SAD among girls and boys has yielded mixed results. Generally, SAD appears to be equally common among girls and boys in clinical samples, whereas it is more frequently seen in females in community samples APA, Diagnosis The DSM-5 APA, diagnostic criterion for SAD requires the existence of developmentally inappropriate and excessive anxiety concerning separation from those to whom the individual is attached. This anxiety is evidenced by at least three symptoms such as the following: In addition, the fear, anxiety, or avoidance must be persistent for at least four weeks in children and adolescents. The anxiety must also cause clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

## Chapter 4 : CBT for Social Workers: Children, Adolescents and Adults

*A youth social worker is someone who helps adolescents with issues they may be facing while growing up. They work directly with teens and pre-teens to help them with various struggles of life and how to develop better coping skills to deal with life issues.*

In addition to all of the transitions that adolescents experience in middle and high school, now they can experience incidents on social media that affect their mood and behavior. Role Confusion As Erikson explains in the fifth stage of psychosocial development, adolescents are exploring their own identity, including their interests, aspirations, and sexual orientation and who they want to be in life. Because adolescents are in this stage of development, social workers may need a different approach when engaging them in treatment. However, when working with adolescents, it can be easier for the boundaries to be blurred within the therapeutic relationship. How much can social workers self-disclose in an attempt to connect with clients? Is it appropriate to do so? Adolescents can experience different types of transference with social workers due to their age and emotional development. Adolescents can see social workers as a grandparent, parent, sibling, or friend. If boundaries are unclear, social workers could begin to see a client as a younger sibling, cousin, friend, etc. According to Reamer a , social workers should pay close attention to the NASW Code of Ethics and continue to review ethical standards that pertain to self-disclosure, including boundaries, conflicts of interest, and dual relationships standards 1. Most types of therapeutic services, and therefore client-social worker relationships, are short-term. It can be confusing to adolescents if social workers utilize self-disclosure as an intervention to build rapport and make connections. Self-Disclosure With Minors How can social workers connect with children and adolescents without disclosing too much personal information? When working with children and adolescents, social workers will encounter uncertainty with boundaries resulting in ethical issues, often those regarding self-disclosure. Anticipated Ethical Issues It may be difficult to determine whether self-disclosing personal information will benefit or harm clients Gibson,  One way to anticipate whether a disclosure is appropriate for a client is to explore how the disclosure may benefit the client. Here are some questions to consider before disclosing personal information to an adolescent: Gaines discusses the importance for the social worker to understand how the client interprets these answers. A client may begin to view the social worker as a friend and may experience confusion regarding the role change. Nature of the Self-Disclosure Regarding adolescent clients, Gaines discusses building rapport through common interests such as music and movies. It would turn a light disclosure into a potentially harmful, personal self-disclosure. Alternative Interventions Gaines discusses how utilizing play therapy as an intervention with children could be used as a tool to build open communication and trust rather than disclosing personal information. The research examines how social workers can disclose part of their personality with children through playful activities and allow children to see social workers as genuine and humane. With regard to adolescent clients, Gaines discusses building rapport through common interests such as music and movies. As previously mentioned, these types of light disclosures can assist social workers with building a positive, therapeutic alliance with adolescents. According to Knight , researchers suggest that social worker self-disclosures involving thoughts and reactions to in-the-moment situations are more beneficial than disclosing personal information. Also, using body language and facial expressions provide a client with information about the social worker Gibson. I believe that being aware of body language and facial expressions in session is just as important as verbal communication. Therapist self-disclosure and the therapeutic relationship: Counselling and Psychotherapy Research, 9 4 ,  Therapist self-disclosure with children, adolescents, and their parents. Journal of Clinical Psychology, 59 5 ,  Clinical Social Work Journal, 40 3 ,  Self-disclosure in clinical social work. Retrieved May 14, , from http: Social work values and ethics. The boundaries of self-disclosure in clinical social work.

## Chapter 5 : Practice Interventions with Adolescents - Social Work - Oxford Bibliographies

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Human Growth and Behaviour. What are the advantages and disadvantages of viewing behaviour through the life-span perspective for social practise? This essay will look at the different models, theories of social work and the factors that may have influence social work practice. The physical, psychological, socio-cultural, environmental and politico-economical are the factors that Bowlby , Erikson , Freud and Piaget have mentioned in their theories and the author will explore, discuses and examine them. The factors and the theories are numerous to cover in the essay of this size, and with this in mind the author is looking at examining same of them very briefly and same more in depth. In the first part, the author will cover human development through the life span. The reasons why knowledge and understanding of human development throughout the life course are important to social work practice. The author will also outline the importance of our own personal values, and the impact that these may have on social work practice. However, it is important to remember that although people may experience the same life event, their response to the situation and the decisions that they make will differ. Deferent people have different perceptions of what is happening to them as they move through transitions in their lives. Their response and learning from it might be very different from one individual to the other. For example, one may have enjoyed school, another tolerated it or hated it. Social workers need to recognise in working with people the different transitions and may use them as an opportunity in helping the service users to grow, change, or develop. That is why the author will look at some ideas and theories from biology, sociology, psychology, and their assumptions of what influences they may have on human life. We will write a custom essay sample on Adolescence: Developmental Psychology and Social Work Practice or any similar topic only for you We will write a custom essay sample on Adolescence: The problem with this believes is that it suggests that the change is impossible, we are who we are and there is nothing we can do about it. The danger in this thinking is the stereotyping people, and thus supporting prejudice and oppression. Again, there is a danger in stereotyping people thus contributing towards oppression. Crawford, A sociological approach explains human identity by examining the interactions between people and society in which they live. It explores the different classes of society starting from wide perspective then looking at them and the influence it may have on the individuals. Crawford, Psychology is a discipline, which studies people their thoughts, feelings and emotions. There are many different theories the most relevant to the subject are the developmental psychology and psychosocial theory. Developmental psychology has an approach of how people develop across life course, by exploring their thoughts, feelings and behaviours Aronson,  Piaget the author of cognitive development theory believed that the child seeks to understand and adopt into the environment. In doing so, the child undertakes certain actions as it moves through stages of development. Another approach to understand the human life course from a developmental psychology perspective is presented trough theories that focus on behaviour and how behaviour and actions influence our learning. Therefore, the social learning theories consider the influence of values, beliefs, self-determination, emotions and thought on the learning process. Psychosocial theories arise from a combination of two perspectives psychology and sociology disciplines. They can be criticised or appreciated for their strengths and weaknesses in the way they explain and describe certain aspects of development. Erikson, The human life can be very complex, influenced by interactions of biological, social, psychological and environmental factors. It is therefore, very important to appreciate a range of theories from across disciplines. The author believes that each of the models and theories introduced within this essay are valuable to our understanding of human development through the life span. Social workers need to develop an understanding of these theories from a range of disciplines in order to take holistic approach in their practice. Very important aspects of social work practice are assessments, planning, intervention and reviews. Parker describes a number of aids and activities that social workers may use when gathering and analysing information as they make assessments with service users. Parker, Before moving on more deeply to

adolescence, the author will briefly look at the importance of childhood and the implications that it has on adolescence, and the rest of life. One of the most important parts of social worker practice is empowering people to be actively involved in processes and decisions that affect their lives. Social workers need to develop this skill as well as other skills like communication and listening to help those who are unable to speak or express themselves. The right of children to have their voices heard has been enshrined in an international treaty, the convention on the Rights of Children  The Convention on the Rights of Children is a universally agreed set of standards and obligations in relation to the basic human rights that all children have â€" without discrimination Grant  Attachment theory involves the study of relationships, in particularly early relationships of infants and children. Lindon, Attachment by Lindon is described as a positive emotional link between two people a link of affection. The original concept of attachment has been attributed to the studies of John Bowlby Howe,  Dozens of studies shown that children rated as securely attached to their mother in infancy are later more sociable, and more positive in their behaviour towards friends and family. They are less dependent on people, less aggressive and disruptive, more empathetic and more emotionally mature in their interactions in school and other settings. Adolescents are also more socially skilled, have friendships that are more intimate, are more likely to be rated as leaders, and have higher self-esteem and better grades Bee  Carlson, Whilst these are important, there are other critical processes of development: It is a time of not only biological changes but also, psychological and social. Adolescence as a period of life is often seen as a whole period of transition, the transition from childhood to adulthood, probably the most challenging and difficult period of life in terms of development Herbert,  All adolescence confronts the some development tasks â€" adjusting to changes in their bodies and the challenge of their developing sexuality and new ways of thinking, as they strive for their own identity, emotional maturity and independence. Consequently, relationships, particularly with the family, will be subject to adoption and change. However, the timing of these changes varies between individuals, influenced by such things as gender, genes and culture Ackerman,  Adolescence as a period of development maybe considered for a range of different perspectives that focus on biological, psychological and social aspects of development. Davies, Biological development in adolescence is associated with a whole range of physical changes. Puberty is the period of rapid changes that occur as the person moves from childhood and begins adolescence. Hormones affect every aspect of growth and development and the level of certain hormones rises naturally during adolescence, primarily causing increased sexual interest and mood swings Numbers of physical changes take place, for example a rapid acceleration in growth and weight. Bee, Social development in adolescence is a period of transitions from being a child into being an adult. It provides new ways of thinking about problems, values and relationships. It gives the opportunity to think about themselves and the person they are becoming Erikson,  Erikson recognised this as the critical crisis of adolescence in the eight stages of development. He believed that the successful resolution of this depends on how the individual resolved the previous crisis of childhood. This period is critical in making sense of the future. Erikson believed the key to this is the interactions with peers, families, institutions, especially school, society and so on. Erikson also suggests that the search for identity is ongoing process during adolescence. He says that they may adopt identity based on parents or society they live in, or opposite to that in which the adolescent adopts rebellious, negative stereotype. There can be a situation where a child does not know or care for their identity may explore different alternatives without making any choices. Another one may achieve their identity through assimilation of the experiences and the future plans. Two important parts of identity in social context are gender and ethnicity. Few studies had explored the issue of possible gender differences in relation to social context, with no trends apparent. In sum, there has been little evidence of gender differences regarding questions of identity structure or developmental process Adams,  For young people who are not part of a dominant cultural group, there is concern to establish their cultural identity. They must develop a sense of individual identity and ethnic identity that includes self-identification as a member of their specific group, commitment to that group and its values and attitudes Bee,  For some young people from an ethnic minority group this may be an issue. However, the critical issue is the decisions they may have to make in operating in a culture of racism and in dealing with negative and racist situation. As a social worker, we need to make sure that our practice is anti-racist and anti-discriminatory with promotion of positive images of people from

different cultures and ethnic backgrounds. Moving on to the end of this piece of work the author will look at the complexity of human life in context of sexual exploration, usage of substances and some of major events and their influences upon adolescence life. Herbert says that homosexual and lesbian experimentation are ordinary in adolescence however longer term attraction to the some sex or both sexes is reported in fewer than 10 per cent of the population. This has particular bearing on how adolescents deal with their dawning realisation of the permanence of homosexual feelings of identification. Herbert, Our society relies upon various kind of drugs and substances for every day living. There is a huge increase of drugs and alcohol usage among young people. For the majority of young people this may be a serious issue. Young people who use substances may demonstrate low self-esteem and self-worth, rebelliousness and lack of aspiration in relation to academic achievement. A distinction needs to be made there are those young people who present with a range of anti-social behaviour, such as criminal activity, aggression, and so on. Coleman, This might be difficult but social workers need to know how to balance the rights of young people and their responsibility to society. Boys and girls are both equally vulnerable says Herbert  Parental conflict has been associated with poor academic performance, depression and antisocial behaviour Carlson,  Although not all children will be affected by parental conflict, this behaviour has clear and negative effect on children and their future behaviour. Children who loss their mother before age 11 are more vulnerable to depression and suicide thoughts. Suicide attempts are very much a late adolescent phenomenon, the peak being among years old. The rate of attempted suicides for adolescent girls far exceeds that for boys. Frequently the action is unplanned, impulsive and undertaken in a manner that is likely to be discovered. These fantasies indicate how, in some adolescents, the finality of death is not fully comprehended, or at least not while in a depressed or hysterical state. Herbert, Other young people may present emotional issues, such as depression and anxiety. A distinction also needs to be made between those that might be associated with development issues and those that may be more serious. For example, small portion of young people will present with psychiatric disorders such as the author mentioned above suicide attempts, schizophrenia, anorexia or bulimia nervosa. Barker, One in five children and adolescents suffer from moderate to sever mental health problems. A significant number of sever problems in childhood, if not adequately treated can lead to lifelong mental illness in adulthood Children whose parent have mental health illness are known to be at higher risk of developing the same difficulty of their own. This will allow comparing, and assessing the development of a child that needs to be assessed.

## Chapter 6 : Journal of Adolescence - Elsevier

*Asking teens for their feedback shows social workers care what teens think and the impact our methods have on them. When social workers give feedback, it shows compassion and exuberance in helping teens achieve their goals.*

Social work practice with adolescents involves working not just with the adolescents but also with their families, schools, and neighborhoods. Helping adolescents to confront adversity and develop mechanisms that promote resiliency is critical, especially for adolescents who are at risk of emotional or behavioral problems. There is a wide range of effective interventions in working with adolescents experiencing internalizing disorders, externalizing disorders, or substance abuse disorders. Many of these effective interventions address unique challenges faced by racial and ethnic minority youth, lesbian, gay, bisexual, transgender and questioning youth, youth with comorbid conditions, and youth who experience traumatic events. Disseminating these evidence-based interventions in a range of child-serving systems, addressing system inequities, and addressing disparities in service access and outcomes are critical issues facing practitioners, researchers, administrators and policymakers working with adolescents and their families. Introductory Works Many adolescents who experience mental disorders do not receive mental health services and racial and ethnic minority youth are less likely than white youth to receive services see Merikangas, et al. Using a meta-systems framework to understand how best to intervene with adolescents and their families helps practitioners to engage in interventions that promote positive outcomes for adolescents and that address barriers in access, resources, and treatment options see Kazak, et al. In addition, interventions selected need to address developmentally appropriate practice strategies see Meschke, et al. Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to treatments from randomized trials. Journal of Consulting and Clinical Psychology  The authors reviewed treatments from randomized trials to develop the common components or elements of the evidence-based interventions. A meta-systems approach to evidence-based practice for children and adolescents. It highlights the need to include families, cultural norms and values, and service sectors in order to address disparities and optimize outcomes for youth. The most prevalent disorders included: Service utilization for lifetime mental disorders in U. About one third of adolescents with mental disorders received services. Developmentally appropriate practice to promote healthy adolescent development: Integrating research and practice. Child and Youth Care Forum

## Chapter 7 : Adolescent Depression - Social Work - Oxford Bibliographies

*Children and Adolescents, Clinical and Direct Practice, Populations and Practice Settings This chapter summarizes literature and research related to advances in direct practice work with adolescents. Social workers are on the forefront of developing and utilizing a variety of.*

## Chapter 8 : Adolescent Social Worker Jobs, Employment | theinnatdunvilla.com

*Child and Adolescent Social Work Journal (CASW) features original articles that focus on social work practice with children, adolescents, and their families. The journal addresses current issues in the field of social work drawn from theory, direct practice, research, and social policy.*

## Chapter 9 : Adolescent Social Development

*Journal description. Child and Adolescent Social Work Journal features original articles that focus on clinical social work practice with children adolescents and their families.*