



Working with Female Adolescents: a Social Work Perspective

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WORKING WITH FEMALE ADOLESCENTS: A SOCIAL WORK PERSPECTIVE

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Abstract

Incidence of risk taking behaviour among adolescent boys and girls has increased over period of time across the world because of a number of factors like immaturity , curiosity about sexuality, psychological and physiological changes., a desire for experimentation, peer influence, influence of media, lack of proper knowledge about various aspects of reproductive health, communication gap between parent child relationships cultural inhibition for clarification of queries of adolescents about sexuality and other related issues in the educational institution and at home, lack of parental supervision and so on The genesis of most health problems in adolescents are environmental and behavioural in nature, and social influences, good and bad, can foster, mitigate, or exacerbate immediate and long-term health consequences and conditions The proliferation of poor health outcomes among our nation's youths reflects their unmet needs and the inadequacies of our current investments. The social work profession values the fundamental underlying need for positive youth development as an effective approach in improving adolescent health. Social work has long acknowledged the need for a "new paradigm" in defining and addressing adolescent health by highlighting strengths and assets on which to build In this context article has been reviewed to understand social work practice with adolescent health problems in health care setting and made few observation for social work practitioner and social work students to bring out basic resources to accomplish their mission.

Key Words: Adolescence, Health, Social work Intervention

Introduction

Adolescence is a time of developmental transition that is considered to be second only to infancy in the magnitude of changes that occur. Adolescents experience numerous developmental challenges including the need for independence; sprouting sexuality; transitioning through education and beginning of employment; consolidating advanced cognitive abilities; and negotiating changing relationships with family, peers and wider social network (Lerner and Villarruel, 1994; Cameron and Kanabarrow, 2003). These challenges are particularly serious because, they involve many risk factors, which if not addressed seriously on time, may even impair their future (Schmied and Tully 2009). These risk factors can be broadly classified into five domains such as Personal; Familial; Peer; School; and Community. Schmied and Tully (2009) further stated that effective interventions would support adolescents to set the limits, build positive peer relationship, religiosity, positive school climate, get adult support and positive outlook towards the future.

According to Hepworth & Larsen (1993:30), the purpose of Social Work intervention is to:

- “Assist people to restore their equilibrium;
- promote people's growth and coping capacity;
- develop, mobilize and make resources available;
- reduce stress and tension;
- satisfy problems and needs”.

Where Social Work professionals can intervene and make an effort to educate and empower the female adolescents to modulate their behaviour with the help of other stakeholders such as, adolescents’ Parents, Teachers, Administrators/Policy Makers and Community People. Hence there is a broader scope for Social Work intervention in this area of Adolescents’ mentoring. By performing distinctive roles as Counsellor, Motivator, Educator, Guide, Philosopher, Mediator, Resource Mobilizer, Researcher, Public Relation Officer, Leader, etc., Social worker can intervene in different life situations of the adolescents and help them. In social work, intervention refers to the action taken by the social workers to provide services and support to the needy individual through different methods.

Intervention in Social Work Methods

Committee for Social Work (1995:61) defines Social Work Method as a professionally recognized procedure of Social Worker supported by academic and professional training and research to accomplish the objective of the Social Work. Employing the primary and the ancillary methods, distinctive of social work, it translates its objectives in to various tangible functions of help rendering, such as Consultancy, Resource management, and Education (Tracy and DuBois 1987; DuBois and Miley 1996 cited in Vimla Pillari 2002).

In a Democratic-Socialistic-Welfare state like India, the State often acts as a benefactor and provides various services to the needy beneficiary. Unless the impact of these services is evaluated from time to time to see whether those for whom these services are meant benefitted, the services may, over a period of time, actually become disservice. Professional Social Workers, who bear a responsibility of, besides enhancing the capacities of the needy, the social resource system, dispensing material resources, serving as agents of social control whenever feasible, etc, contributing to the development and modification of social policy (Pincus and Minahan 1973 cited in Vimla Pillari 2002), have to act as watchdogs by evaluating objectively the services and schemes to assess their efficacy. With their acumen in research and evaluation, they can impress upon the government to harness their expertise for getting their services and schemes evaluated by adequately funding and supporting them. The research data so collected about the aspects of the particular programs' operation and strategies can be utilized either to improve the existing service or for future programs.

Social Work Practitioners with their professional skills impress and prevail on the Government and Non-Government Organizations to seek their assistance in initiating adolescent awareness projects under their integral function of educating the needy/community. The professional social workers by employing creative methods of educating the masses, such as, street plays, puppet shows, using folk media, etc., attempt to alleviate prejudices and myths about the issues of sexual and reproductive health education. Besides they can also campaign and disseminate accurate knowledge about these issues by organizing workshops, seminars; conferences for various target groups such as Adolescents, Youth, Parents, General Public, Teachers, and the like, who engage with the adolescents in various contexts.

Referring to the growing tendency of risk behaviour among the adolescents revealed by the respondents in the present study, the researcher strongly recommends that the Social Workers should advocate for the enforcement of stringent laws to protect adolescents from bringing any harm to self or others. Professional Social Workers have to prevail on the state to adopt positive and proactive measures to alleviate any risk behavior among adolescents. The 'Rights Approach' to protect the rights of the adolescents has to be adopted wherever possible and whenever necessary. Social Action method can be used to educate all the pertinent sections of the community which engage with adolescents and attract their attention to an effective policy for the protection and wellbeing of the adolescents.

The peculiar needs and problems of adolescent girls in a gendered state like India need to be addressed vigorously by employing both the basic and the auxiliary methods of social work, so as to enable them to realize their potentialities and utilize them appropriately. Besides, the auxiliary methods such as social work research and social action are used preponderantly to campaign for their special status and rights. People need to be convinced that the future of the generations lie more on their security and well-being.

Taking cognizance of the increasing risks to adolescents in general and girls in particular, especially in schools, social workers can prevail on the state to harness their special skills of working with students as school social workers/counsellors by providing appropriate space/creating opportunities for them in the organizational hierarchy of schools. As NASW (2003) standard for Social Work service states "School Social workers shall work collaboratively to mobilize the resource of local education agencies and communities to meet the needs of students and families...", Professional Social Workers will be of much assistance to the school management. By taking over several of their responsibilities, school social workers can relieve school management and teachers from the time consuming tedious activities of organizing community contacts, resource mobilization, liaising with government and other agencies, conducting surveys and research, conducting awareness trainings and camps, besides counselling adolescent girls and boys, etc.

The Professional Social Workers can also prevail on government to mandate inclusion of them in school crisis teams. These teams aim to intervene in the crisis such as suicidal threats, sexual abuse, severe behavioural problems, death, violence and provide intervention to affected family and if need be refer cases to outside agencies.

Life skill education is yet another area which can be handled by the professional social workers. Though life skill education is incorporated in the present curriculum it is not clearly conveyed. Social workers can apprise authorities and teachers about its importance in adolescent development and see that it is initiated from early stages. Professional Social Workers can work with adolescents in general and girls in particular at micro, mezzo and macro levels in order to assist them in their holistic personality.

Models for Social Work Intervention

Social work is a dynamic task and many staff and customers of the program have several goals to fulfil. Social workers are assisted by models of intervention to achieve desired and agreed results for users of the services. Such models are presented with social worker awareness working at several different levels of society – with people, households, groups and societies. There are several different models of practice that influence how social workers want to help people achieve their goals.

Problem-Solving Model

This model owes its existence to Perlman. The main emphasis in this model is on social casework as an extension of the processes of ordinary living. Life consists of problem-solving activities. For much of the time human beings are engaged in these activities without being consciously aware of their challenge to themselves. This model assists people with the problem solving process. Rather than tell clients what to do, social workers teach clients how to apply a problem solving method so they can develop their own solutions. Similarly Sam (2018) points out that the application of the model has effectual and it was important to integrate more direct and indirect practices of social work. Direct practice include includes included one to one interviews, rapport building, facilitating ventilation and promoting intervention techniques like clarification, reassurance and counselling practices. Indirect casework practices involved referrals for health care and use of local community resources. The Pearlman's Problem Solving Model can be successfully applied in the indigenous setting through the process of integrating direct and indirect practices of social work to suit local needs and demands.

Task-Centred Practice

Task-centered practice (TCP) is now well into its fourth decade as a social work practice model, and has matured as a social work generalist practice tool that can empower clients to solve a wide variety of problems. Originally formulated by Laura Epstein (1914–1996) and William Reid (1928–2003) at the University of Chicago's School of Social Service Administration (SSA). It constitutes a very specific model of short-term social work. It is a short-term treatment where clients establish specific, measurable goals. Social workers and clients collaborate together and create specific strategies and steps to begin reaching those goals. This model suggests that task-centred practice is a social work technology intended to assist clients and practitioners team up on specific, measurable, and achievable goals and can be used with individuals, couples, families, and groups in a wide variety of social work practice contexts

Many social work practice settings are excellent fits for TCP. Hospital settings with the prominence on brief treatment and discharge planning; schools, with the increasing emphasis on identifying specific behavioural and social/emotional goals for students to work on; private practice and community mental health settings wherein clients are optimistic to set tangible goals to accomplish the mandates of managed care and brief treatment; and gerontology settings wherein older clients and their families need help identifying target problems and marshalling their resources to deal with those problems in a step-by-step (Reid, 1997).

Cognitive Behavioural Therapy

Nevertheless, in 1950 & 1960 cognitive behavioural therapy was developed to combat the primacy of psychoanalytic practice; it derived from social psychology. This is also an approach that deals with the perceptions, images, values and actions of human beings and how human behaviour is shaped and influenced by them. Therefore, cognitive behaviour therapy focuses on changing the atmosphere from which behaviours occur, trigger, encourage, activate and their effects, as well as explaining and pointing out the behavioural issues of clients with social behaviours.

Crisis Intervention Model

A crisis intervention is an emergency response to mental, social, physical and behavioural distress immediately and in the short term. Crisis treatments help restore the equilibrium of a person to its biopsychosocial functioning and reduce the risk for long-term trauma or depression. Many crisis interventions are carried out at hospitals, schools, social facilities, alcohol treatment centers or an individual's home by licensed crisis intervention counsellors. Crisis intervention is not meant to offer psychotherapy or equivalent care, but is a short-term approach to help clients access assistance, services, stabilisation and support. A crisis offers social workers a opportunity to positively impact others' coping capacities. Crisis intervention has been used in many different service groups with positive results, not just for people who are bereaved or diagnosed for life-threatening illnesses which include depression, mental health problems, domestic violence, rape, etc.

Psycho-Social Therapy Model

The Individuals may not be completely conscious of the relationship between the environment and their mental and emotional well-being. This was first widely used in his explanation of the phases of psychosocial development by the psychologist Erik Erikson. Mary Richmond, founder in American social work, in a testing phase believed that there was a causal link between cause and effect. In 1941 Gordon Hamilton changed the "social evaluation" definition of 1917 to "psychosocial research." In 1964 Hollis began to develop psychosocial research with emphasis on treatment model. This compares with complex social psychology, which seeks to describe human social behaviours. Problems that arise in one's psychosocial functioning can be referred to as "psychosocial deficiency" or "psychosocial morbidity," referring to the lack of growth or complex atrophy of the psychosocial self, frequently arising with other physical, mental, or cognitive dysfunctions in nature. Psychosocial assessment takes into account many main areas relating to psychological , biological, and social functioning and service availability. This is a systemic inquiry arising from the initiation of complex interaction; it is an evolving cycle that occurs during a treatment and is defined by the circularity of cause-effect / effect-cause. Hence a good psychosocial evaluation leads to an effective psychosocial intervention that seeks to minimize grievances and improve functioning related to mental illness and/or social problems

(e.g., problems with personal relationships, job, or school) by addressing the various psychological and social factors affecting the patient.

Conclusion

Adolescence is an important time in the Human development cycle, the development of Childhood and responsible adults. This is a wonderful experience Opportunity and potential, as young people are continue discovering their fizzing individuality and liberty, and continue thinking objectively With respect to themselves and the world around them. We continue to settle and adjust to the deep Increases in physiology, psychology and culture and Challenges which are the teenage by-products. Thus with this challenges Social work intervention helps the adolescents to altering habits to optimize life choices, Fostering Equality and Interdependence, Stabilize or slow down depreciation and loss of self-employment, Coping with changed situations and transitions in life, Learning new skills, loss, remorse and trauma and lastly supports to the growth of individuals to motivate them to interact in organizations, use local community resources or transfer to mainstream services.

Reference

- Cummings, Sherry M.; Kropf, Nancy P. (2013), Handbook of Psychosocial Interventions with Older Adults: Evidence-based Approaches, Taylor and Francis, xi,
- Devi, Rameshwari & Prakash, Ravi (2004) Social Work Practice: Methods, Practices & Perspectives, Jaipur, Mangal Deep Publication.
- Deweese, Marty (2006) Contemporary Social Work Practice, New York: McGraw-Hill.
- Lindsay, Trevor (Ed.) (2009) .Social Work Intervention, London: Sage Publications Ltd.
- Mallik L (2020), the efficacy and implementation of Kishori Programme: a case study in Dharwad District. A thesis submitted to department o Social Work, Karnatak University, Dharwad. Under the guidance of V B Pai.
- Miley, K., O'Melia, M. and DuBois, B(2001).Generalist Social Work Practice: An Empowering Approach, Boston: Allyn and Bacon.
- NASW Standards for the Practice of Social Work with Adolescents (2003). National Association of Social Workers, Retrieved from

https://www.socialworkers.org/LinkClick.aspx?fileticket=rUt4ybE_GW4%3D&portalid=0

Parker, Jonathan & Bradley, Greta (2003). *Social Work Practice: Assessment, Planning Intervention and Review*, Great Britain Learning Matters Ltd.

Reid, W. J. (1997). Research on task-centered practice. *Research in Social Work*, 21, 132–137.

Reid, W. J., & Epstein, L. (1972). *Task-centered casework*. New York: Columbia University Press. Cited in Michael S. Kelly *Clinical and Direct Practice, Macro Practice, Research and Evidence-Based Practice Online Publication* un 2013DOI:

Schmied, V., Tully, L. (2009). *Effective strategies & interventions for adolescents in a child protection context - Literature review* Centre for Parenting & Research Service System Development Division, NSW Department of Community Services.

Trenoweth, S., & Moone, N. (13 March 2017). *Psychosocial Assessment in Mental Health*. SAGE Publications. 5.

Vertava Health Editorial Team (2020) .Retrieved from <https://vertavahealth.com/addiction-treatment/intervention/crisis/>