MODULE 1: Social Deviation and Social Work

Deviance

- An act that violates the social norm
- Any **action** that is perceived as violating some widely shared moral values or norms of a society or group culture
- **Violation** of standards of conduct or expectations of a group in society.
- Fails to conform to the norms of the group.
- **Norm violations** range from minor infractions, such as bad manners, to major infractions such as serious violence.
- **"It is not the act, but the reactions to the act, that make it something deviant.**
- The social definition, according to Erikson:
- "No act is inherently deviant."
- "Property conferred upon behavior"
- It elicits social disapproval
- It changes over time...
    - E.g. some forms of gambling that were prohibited before may cease to be deviant upon legalization of such games

According to Scott McNall and Sally McNall (1992)

- They are people who break society's rules.
- People know that non-compliance = punishment
- **Compliance = reward**
- In early times, there was no distinction between crimes and criminals. Violators were hanged and executed.

- **Crime** – familiar type of deviance
- It is a violation of norms formally enacted into criminal law
- **Theories of Criminal Behavior were developed in the 19th and 20th.**
- Early **psychological and biological theories** suggests that:
    - "People were born criminals" due to genetic predispositions and personality disorders
    - However, sociological theories rejected this: "there may be some explanations outside the individual...which is the Social Experience"
- **Social Control** – attempts by society to regulate people's thoughts and behavior
- **Criminal Justice System** – organizations that respond to alleged violations of the law.
    - Example: Police, Courts, prison officials.

Historical Views on Deviance in the Western World

SPIRITUALISTICVIEW (between 5th – 15th century)

- **Before the scientific method and discovery**, explanations for natural phenomena and human behavior were believed to be supernatural.
- During the **Middle Ages**, it was widely believed that people were born either good or evil.
- **Deviance** was believed to be sin, an act that goes against the will of some supreme religious deity or deities. As a result, deviant behavior might indicate possession by an evil spirit or being. During this time, deviant behavior was taken very seriously and harshly punished, sometimes by execution. Since deviance was viewed as a violation against God, one person's deviant behavior could lead to severe consequences for the entire community **(Huff 1978).**

CLASSICAL SCHOOL (Between 17th – 18th century)

- **Europe and the Americas** entered the Age of Enlightenment. During this time, the scientific method and reason largely replaced the spiritualistic views of deviance from earlier centuries.
- In the fields of **Sociology and Criminology, this era (in the 1700's)** introduced the ideas of **Jeremy Bentham, Cesare Beccaria**, and others who make up what we term ***"The Classical School."*** These theorists argued that Individuals make the rational choice to engage in crime and deviance given perceived costs and benefits **(Huff 1978).**
- **Cesare Beccaria** believed that criminals were reasonable people, making the logical choice to commit crime based on the costs and benefits they perceived.

His Arguments:

1. Punishment should serve as a deterrent, not vengeance.
2. Punishment should be swift, certain, and proportionate to the crime committed. Punishment fitting these characteristics would make crime less appealing to a potential offender **(Beccaria 2011).**

BIOLOGICAL ERA (1800's)

- Attention shifted to the human body and brain as potential explanations of deviant behavior.
- During this period, it was believed that a person was deviant due to some sort of mental or physical defect. This is sometimes referred to as the **"medical model"** of crime and deviance.
- **Deviant behavior** could be explained by a certain shape or size of certain parts of the human skull.
- ***Physiognomists*** believed that a person's facial and other physical characteristics were informative about a person's personality **(Wells 2010).**

Bio-Psycho Theories

Biological Theories

- Focus on individual abnormality
- Explain human behavior as the result of biological instincts

Cesare Lombroso

- Claimed that criminals have ape-like physical traits.

- Later, links criminal behavior to certain body types and genetics.

William Sheldon

- Claims that "man's likes and dislikes can be predicted by measuring the **"body" (Somototypes)**
- People's behavior or temperament is determined by their physique.

3 types of somototypes:

- **Endomorphs** – fat, soft, round with short tapering limbs
- **Ectomorphs** –thin, delicate, bony with small faces, sharp noses, fine hair
- **Mesomorphs** – big-boned, muscular with large trunks, heavy chests, and large wrists and hands

Biology, genetics, and evolution:

- Poor diet, mental illness, bad brain chemistry, and even evolutionary rewards for aggressive criminal conduct have been proposed as explanations for crime.

PSYCHOLOGICAL ERA (1900's)

- The field of Psychology offered a new class of explanations for deviant behavior.
- Mental disease and defects were suggested as possible causes of deviant behavior.
- **Sigmund Freud (1856-1939),** developed Psychoanalytic Theory, arguing that socialization curbs our natural desire to commit deviant and criminal behavior.
- Thus, deviants are those who are improperly or insufficiently socialized into conventional society.
- Freud also argued that deviants might be those with an overdeveloped conscience. These individuals engage in crime and deviance out of a desire for negative attention and punishment to relieve guilt **(Freud 2012).**

Psychological Theories

- Focus on individual abnormality
- See deviance as a result of **"unsuccessful socialization.**
- **Reckless and Dinitz's** containment theory links delinquency to weak conscience
- Emphasizes on the role of parents and early childhood experiences or even behavioral conditioning in producing a deviant behavior

- For much of the **1900's**, though the present, we have placed much more focus on social structure and social forces (social class, economics, race, gender, etc.) rather than psychological factors as explanations for deviant behavior.
- We no longer argue that deviance is caused solely by a person's physical or psychological characteristics **(except in extreme cases).**

EXAMPLE

- John has been struggling to earn a steady income for some time. He has difficulty controlling his temper and has repeatedly been arrested for fighting. At times, he becomes angry for no reason at all. Although John is not close with his uncle, his uncle has promised to leave him an inheritance when he dies. John murders his uncle a few weeks after hearing this news. Which historical view of deviance best matches each of the following explanations of John's behavior?

➔ John is possessed by the devil
➔ John has a mental disorder that causes him to become angry, even when not provoked. This time, he became angry enough to kill a person.
➔ John must be a lesser-evolved person. He does not as able to
➔ judge the morality of his behavior.
➔ John needed the money and chose to kill his uncle to obtain his inheritance. Killing his uncle must have been a better option than his other alternatives.

ANSWER:
Spiritualistic
Psychological
Biological
Classical

Sociological Context

Sociological Theories

- Views **deviance as a product** of society
- **Deviance** varies from place to place according to cultural norms
- Behavior and individuals become deviant as others define them that way.
- What and who a society defines as deviant reflect who has and does not have social power.
- In such a society there would be no murder or robbery but there would still be deviance as the slightest slip would be regarded as a serious offence and would attract strong disapproval.

Broad Overview of some key of theory:

Rational choice theory:

- People generally act in their self-interest and make decisions to commit crime after weighing the potential risks (including getting caught and punished) against the rewards.

Social disorganization theory:

- A person's physical and social environments are primarily responsible for the behavioral choices that person makes.

Strain theory:

- Most people have similar aspirations, but they don't all have the same opportunities or abilities.

Social learning theory:

- People develop motivation to commit crime and the skills to commit crime through the people they associate with.

Social control theory:

- Most people would commit crime if not for the controls that society places on individuals through institutions such as schools, workplaces, churches, and families.

Labeling theory:

- People in power decide what acts are crimes, and the act of labeling someone a criminal is what makes him a criminal

MODULE 2: Concept of Deviance

Deviant Behavior

- Is the branch of sociology that concerns itself with behavior that does not conform to Social norms and values.
- **Deviance** - is the behavior that violates significant social norms and is disapproved by a large number of people.
- **Stigma** – is a mark of social disgrace that sets the deviant apart from those who consider themselves normal.

3 functions/contributions of Deviance.

- Clarifies Moral boundaries and affirms norms.
- Deviance Promotes Social Unity.
- Deviance Promotes Social Change.

Categories of Deviant Behaviors

- A meaningful diagnosis of deviant behavior can be made only if the diagnosticians agree on a system of classification.
- These categories are for discussion purposes only and should not be confused with syndromes.
- **SYNDROMES** refer to one of the many commonly observed clusters of symptoms.

Deviance of Intelligence and thought

- The normal individual has, by definition, a normal intellectual level. Intellectual abnormality make take several major forms:
  - Low intellectual capacity,
  - Deterioration of intellectual ability in later life,
  - Intellectual functioning markedly below ability or
  - Distorted memory and thinking, with or without intellectual deterioration.
- **Deterioration in Intellectual ability** may occur at any age but is more typical in older persons.

Deviation in Affect

- Mood and feelings-sensations, perception and thoughts are always accompanied by **emotional reactions,** sometimes experienced as clear, conscious feelings, sometimes felt only vaguely, and sometimes completely inaccessible to consciousness.
- The disturbed individual's reactions of joy, grief and pride, shame, love and hate, delight, horror frequently differ in one or another way from those of relatively normal persons.

Disordered Sensation and Perception

- The brain receives nerve impulses from the specialized sense organs of the body, translates these impulses into sensations, and integrates the sensations into perceptions of the objects
- In consequence, objects are perceived as oriented in space, visible, audible, painful, hot, cold, smooth, rough, or with particular odors or taste.

Deviation in Motivation

- A motive may be defined as a readiness or disposition to respond in some ways and not others to a variety of situations.
- The individual with a strong aggressive motive responds to threats by lashing out.
- The individual motivated by fear tries to escape.

Deviation in Verbal and Motor Behaviors

- Includes of speech and writing.
- In disturbed individuals, both the content and manner of verbal behavior may be disordered in many different ways.
- **Mutism** – the complete inability or refusal to speak- is found in depressive and schizophrenic psychoses. An opposite symptom is **LOGORRHEA** or excessive speech.
- **Neologism** – Coining of New Words.(e.g) radimony, a word coined by a patient as a fusion of radio and money.
- **Verbigeration** – the monotonous repetition of words or sentences often without apparent meaning.
- **Echolalia** –the echo-like repetition by a patient of what has been said to him.

Objectivist theory (Norm-Based)

- Is often as the paradigm example of objective knowledge. Yet there have also been significant differences in objectivity in science. Aston describes objectivity as having more layers of meaning than a mille-feuille. Sometimes objectivity refers to ontology. An objective world of particulars independent of experience. When deciding how or what to measure, we need to consider both reliability and validity of the measures.

Subjectivist Theory (Labelled-Based)

- This theory focuses on the way people make sense of their everyday world. People are seen as rational actors, but employ practical reasoning rather than logic to make sense of and function in society.The theory argues that human society is entirely dependent on these methods of achieving and displaying understanding.

Cross-Cultural Communication

Cross-Cultural Communication

- Is a field of study that looks at how people from different cultural backgrounds endeavor to communicate.
- All cultures make use of **nonverbal communication,** but its meaning varies across cultures. In one particular country, a nonverbal sign may stand for one thing, and mean something else in another culture or country.
- In one particular country, a non-verbal sign may stand for one thing, and mean something else in another culture or country. The relation of cross-cultural communication with deviance is that a sign may be offensive to one in one culture and mean something completely appropriate in another.

Asian	United States	Canada	United States	United States
Avoiding eye contact is considered polite	The O.K. signal expresses approval	Thumbs up-used for hitch hiking, or approving of something	Someone may whistle when happy.	Whistling can express approval, as in cheering at a public event.
United States	Japan	United States	Nigeria	Europe
When saying hello or talking to someone it is impolite to not look directly at the person.	The O.K. signal means that you are asking for money.	Using your middle finger is very offensive. Used in place of inappropriate language.	This is a rude gesture in Nigeria.	Whistling may be a sign of disapproval at public events.

- Can make or break a business deal, or even prevent an educator from offending a student. Different cultures have different methods of communication, so it is important to understand the cultures of others. Shaving of heads after the death of a family member is more common in some African cultures.
- Proponents of the theory of a Southern culture of honor holds that violent behavior which would be considered criminal in most of the United States, may be considered a justifiable response to insult in a Southern culture of honor.
- For instance, heterosexual white males may become drag queens on the weekend. It is a vacation because heterosexual white males can afford to descend temporarily and then return to the advantages of their true socioeconomic status

Examples of Relative Definitions of Deviance:

A. Class Context

- If a poor woman shoplifts a roast, people call her a common criminal. On the other hand, if a rich woman steals a roast, her deviant status is **kleptomaniac** - a form of mental illness.

B. Sexual Context (Gender)

- If a woman is sexually promiscuous, she might find herself labeled as a nymphomaniac, while a man is a stud, macho, swinger, etc.

C. Professional vs. Domestic Context

- A man may be punctual and obedient during the week while he is at work, but on Saturday afternoon he raises hell while watching the afternoon foot ball game. Both behaviors, while appearing contradictory, are "normal" in their respective contexts.
- But, if he took Saturday's behavior to the office he would find himself labeled as strange and he might even get fired. On the other hand, passive behavior at a Saturday afternoon football game would be considered a social drag and his peers would not want to watch football with him anymore.

D. Cultural Context

- Abstinence for two years after marriage in the West would be viewed as weird and grounds for annulment. Such behavior is, however, required for newlyweds in the Dani Tribe of New Guinea. Sexual activity for the Dani before two years would be viewed as sexual deviance.

Relative Definitions of Deviance

Deviance

- A Relative Term It's not possible to isolate certain acts and find them universally condemned by all societies as deviant acts (Not even murder or incest). Even within a given society, behavior defined as deviant continually undergoes redefinition.
- Relative to time and place.

It is not possible to find something that is absolutely condemned by all societies. Behavior that is deviant in one society may not be in another. Even within one society, what is deviant today may not be deviant tomorrow.

Three examples that highlight the relative nature of deviance are provided below:

A. Is killing wrong?

- Usually it is. But is murder wrong when it is done in self-defense or in warfare? Vietnam veterans were taught to be efficient killers for war, but could

not control themselves when reintroduced into civilian life.

B. What about the case of Nelson Mandela?

- For years, the ruling party in South Africa viewed him as a "dangerous political deviant." To most South Africans, those who are Black, Mandela is a revered leader of the freedom movement **(see Kornblum, 1988:201).**

C. Was Pancho Villa a deviant?

- The social status of a bandit, particularly one whose activities have political overtones, is ambiguous. To those who are being robbed, as the bandit gains status (and wealth and power), the bandit is seen as even more deviant.
- To the poor, however, bandits are sometimes seen as rebels who reject the normal roles that poor people are expected to play. Through their bandit activities people like Pancho Villa are able to display courage, cunning, and determination **(See Kornblum, 1988:212).**

Taboo

- Taboo is a strong social form of behavior considered deviant by a majority.
- To speak of it publicly is condemned and therefore, almost entirely avoided.
- The term **"taboo"** comes from the **Tongan** word **"tapu"** meaning **"under prohibition", "not allowed",** or **"forbidden".**
- Some forms of taboo are prohibited under law, and transgressions may lead to severe penalties. Other forms of taboo result in shame, disrespect and humiliation. Taboo is not universal but does occur in the majority of societies. Some of the examples of include murder, rape, incest, or child molestation.

Four different types of deviant behaviors (Howard Becker)

1. **Falsely accusing an individual** which falls under others perceiving you to be obtaining obedient or deviant behaviors.
2. **Pure deviance** - falls under perceiving one to participate in deviant and rule-breaking behavior.
3. **Conforming** - falls under not being perceived as deviant, but merely participating in the social norms that are distributed within societies
4. **Secret deviance** which is when the individual is not perceived as deviant or participating in any rule-breaking behaviors.

Two types of deviant activities

1. **Formal Deviance -** Examples of formal deviance would include: robbery, theft, rape, murder, and assault, just to name a few.
2. **Informal Deviance -** refers to violations of informal social norms, norms that have not been codified into law. ***Examples*** of informal deviance might include: **picking one's nose,** belching loudly (in some cultures), or standing too close to another unnecessarily (again, in some cultures).

MODULE 3: ABNORMAL / MALADAPTIVE BEHAVIORS

ABNORMAL PSYCHOLOGY

- branch of psychology that studies unusual patterns of behavior, emotion and thought, which may or may not be understood as precipitating a mental disorder.
- generally deals with behavior in a clinical context.
- identifies multiple causes for different conditions, employing diverse theories from the general field of psychology

WHAT IS AN ABNORMAL BEHAVIOR?

- Can refer to any action or behavior that is unusual, but is most commonly used to describe the actions and behaviors associated with psychological conditions.
- It is socially unacceptable or violates social norms
- Behavior is self-defeating which means it blocks our desire or ability to function in expected roles or adapt to our environment.

MALADAPTIVE BEHAVIOR

- A type of behavior that is often used to **reduce one's anxiety**, but the **result is dysfunctional and non-productive.**
- Maladaptive behaviors suggest that some problem(s) exist, and can also imply that the individual is vulnerable and cannot cope with environmental stress, which is leading them to have problems functioning in daily life.
- Frequently used as an indicator of abnormality or mental dysfunction, since its assessment is relatively free from subjectivity.
- However, many behaviors considered moral can be apparently maladaptive, such as dissent or abstinence.

FORMS OF MALADJUSTMENTS

Mild Forms

- Deviate from what is normally acceptable to society. They violate acceptable moral and social standards.

Severe Maladjustments

- May appear in the form of neurosis where behavior becomes erratic, disoriented and frequent incursion into the unreal.
- May reach its most severe form as in psychoses where the person is completely out of touch

Most common types:

- Delinquency
- Alcoholism
- Drug addiction

COMMON TYPES OF DELINQUENCY

- Vandalism
- Truancy
- Parental defiance
- Defiance against persons of authority
- Gambling accompanied by petty robbery
- Extortion

SEVERE MALADJUSTMENTS (2)

Psychoneurosis

- Characteristics:
  - Presence of anxiety,
  - Inability to function at the capacity level,
  - Patterns of rigid or
  - Repetitive behavior,
  - Egocentricity,
  - Somatic complaints

General Classifications:

1. **Anxiety Reactions -** Characterized by chronic fatigability, irritability, and inability to concentrate with marked **vague aches and pains (neurasthenia).** Or, all-dominating preoccupation with bodily processes and complaints which are out of proportion to **actual physical condition (hypochondriasis)**
2. **Hysteria -** Example: Amnesia, Fugue, and Somnambulism
3. **Psychasthenia:** like phobia, **obsession (self-accusatory thoughts),** the irresistible tendency to perform an act to **reduce tension (mania)**

Psychoses

- Major or serious forms of mental illness; behavior is unpredictable. Person is characterized by a wholly unrealistic interpretation of himself and the life around him.

General Classifications:

1. **Organic Psychoses**

- Stems from a variety of causes, but damage to the brain and other parts of the Nervous System is involved.
- **Symptoms:** impairment of intellectual functions, emotional instability, inappropriate behavior, neglect of appearance, and responsibilities

2. **Functional Psychoses**

- Serious mental disorder that results from years of living under emotional stress.
- **Example:** Schizophrenia (catatonia and paranoia)

3. **Affective Reactions**

- Like manic depressive psychosis – periods of depression or elation

SOME EXAMPLES

- Avoiding situations because you have unrealistic fears may initially reduce your anxiety, but it is non-productive in alleviating the actual problem in the long term.
- Antisocial behaviors, such as breaking laws;
- Failing to respect the needs and boundaries of others;
- Injuring or abusing others, either verbally or physically.
- Talking to people who do not exist,
- Displaying inappropriate attachments to strangers,
- The inability to form attachments to friends and family members, and the inability to leave home due to incapacitating fears.
- May perform actions repeatedly and obsessively or may experience delusions, hallucinations, phobias, or paranoid episodes.

CAUSES

- In some cases, organic, meaning that they stem from an imbalance of chemicals in the brain or from another similar physical condition.
- These conditions often are controlled with prescription medications, such as antipsychotics and anti-anxiety medications, but many see some improvement from long-term therapy and diet and lifestyle changes.
- It may also stem from **psychological conditions.**
- There is some evidence that some such conditions are inherited genetically, but many are caused by environmental factors.
- These factors could be long-term or may be a single event, and they can cause behavioral repercussions in childhood or adulthood.

TREATMENT/THERAPY

- Once the abnormal behaviors and their causes are identified, the work of modifying behavior can begin.
- Therapy can involve group or one-on-one sessions that might occur on a residential or outpatient basis.
- Work could include facing fears, finding ways to empower the self, and learning or relearning to behave appropriately.
- Therapies also may be augmented with short- or long-term medications as deemed necessary by a psychiatrist or medical doctor.

ADAPTIVE BEHAVIORS

- The collection of skills that people learn and employ to be able to function in everyday life.
- These skills range from talking to getting dressed to going to work.
- They allow us to adapt to the demands of life and fulfil our needs.

MALADAPTIVE BEHAVIORS

- It refers to the type of behavior that inhibits a person's ability to adjust to certain situations.
- We inevitably face challenges and conflicts in daily life and must adapt our behavior to face them.

- Sometimes, however, people can develop a tendency to escape these challenges rather than deal with them.

SOME COMMON MALADAPTIVE BEHAVIORS

Avoidance

- Type of behavior in which someone avoids stressful thoughts or feelings in order to protect themselves from psychological damage.
- This type of behavior, however, actually creates stress and anxiety, which lowers self-confidence.

A Common manifestation:

- **Panic Disorder** – **triggers** an array of avoidant behaviors which result in
- **Agoraphobia** - a condition in which sufferers become anxious in **unfamiliar environments**.

TREATMENT:

- **Cognitive Behavioral Therapy** – sufferers are encouraged to become aware of their emotional states and accept them in order to move forward.
- **Psychoanalytic Therapy** - behaviors are diagnosed and analyzed. With acceptance and commitment therapy, sufferers are encouraged to break down their avoidance coping and to identify the ways in which it is non-beneficial.
- **Exposure Therapy** – sufferers are encouraged to incrementally face their fears in order to overcome them.

Self-Harm or Deliberate Self-Harm

- The deliberate, direct, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned **(Gratz 2001).**
- It can function as a coping mechanism to provide temporary relief from that turmoil, which could stem from depression, anxiety, stress, or low self-esteem.
- It can create an illusion of control, or can feel like a punishment to relieve guilt.
- Self-harm can become psychologically addictive.
- It can be spontaneous or planned, and it can be a regular occurrence or a one-off event.
- The most common form is Skin-Cutting.
- Others: Overdose, Bur or causing physical trauma, scratching, pulling their hair

TREATMENT:

- Treatment for self-harm is rarely a quick process. But there is help available.
- Talk to a professional
- **Psychodynamic therapy** - Talking about your situation
- Cognitive behavioral therapy focuses on how your thoughts and behavior interact.
- **Talk to a non-professional** - talking to a friend or family member can help you feel less alone with your problems.
- There are also groups; meeting with people who have similar problems can reveal insights from similar experiences.

Substance Abuse or Addiction

- It is a complex issue.
- It can be thought of as the use of illicit drugs, or the use of prescribed medications in ways other than their intended purpose, or problematic use of alcohol. The taking of any substance (including alcohol) in such a way that it leads to harm.
- It has been found in some cases to correlate with anti-social behavior, criminal behavior and changes in personality.
- The effects of substance misuse can be wide-ranging, depending on the substance(s) in question.
- Addiction, death, injury, violence, accidents, homicide and suicide all have links (to varying degrees) to the misuse of substances.
- Sometimes a means of coping with fear and anxiety.
- When substance misuse reaches a level of severity whereby the user's everyday life is affected, that user is said to have an addiction.
- An addiction is a brain disease that, despite negative consequences, causes someone to seek and use a substance.

Withdrawing

- It means we submit to the illness and become unable to meet the demands of life. In essence, withdrawing in this sense is like giving up.
- Withdraw from the conflict with a resigned acceptance of our situation.

Develops Social Withdrawal

- Those socially unskilled often suffer from peer rejection and friendlessness that places people "at risk" for later socio-emotional and academic difficulties.

Converting Anxiety to Anger

- Anxiety, if not managed, can also lead to unwarranted anger. Whereas anger is a normal human emotion that is experienced from time to time, anger directed in certain ways – for example, via long-term frustration – can be extremely harmful to individuals and those around them.
- It is usual for people who have panic disorder, agoraphobia or another anxiety disorder to experience frustration because of their condition.
- Sometimes this frustration can develop into anger—an anger toward yourself, anger at your situation, or anger toward others.
- This type of anger is rooted in anxiety.
- Anger can intensify your anxiety and worsen your panic symptoms.

TREATMENT:

- Anger Management programs can help find more adaptive ways to deal with anxiety.

FOUR CATEGORIES OF MALADAPTIVE BEHAVIORS (IN CHILDREN OR YOUTH)

ATTENTION-GETTING BEHAVIORS

- Result when person (especially children) feel they are not having their emotional needs met.
- It provide them relief from routine, escape from responsibility, and enlarge the boundaries of acceptable behavior.
- Time-out that deprives them social stimulation may increase their desire for attention when they return, and require even more energy to refrain from misbehaving, or a greater desire to get needed attention.

POWER-SEEKING BEHAVIORS

- Result when a person does not get attention and acts out of jealousy or envy to keep anyone from looking good or being in control.
- They try to prove they can't be controlled and only they will decide what they do.
- An inexperienced person may try to control them by establishing superiority. As long as both parties view the situation as a win-lose situation, there can be no reconciliation.
- In a teacher-centered classroom, the teacher often keeps the power, and students who feel controlled may resort to power-seeking behaviors.

REVENGE BEHAVIORS

- Result when the person feels they have lost control, that they have been controlled by another, and seek to punish them. They are not out to prove themselves at all costs, but desire to discredit or hurt the person who has control, no matter what it costs them.
- People who try to control them are tempted to return hurt for hurt. One must refuse to retaliate so as not to destroy self-esteem, and cause other students to root for the underdog, and boo the bullying teacher.

DISPLAY OF INADEQUACY BEHAVIORS

- Seen in students who are physically present but withdraw from interacting with the intellectual ideas of the school community and become emotionally absent. They are content to let the educator have their way but choose passive resistance to express their dissatisfaction, discontent, defiance, or defeat.
- Teachers may decide to let them alone since they are not causing trouble and invoke temporary measures by helping as time permits, but have no long-range plan for helping them learn how to set and achieve appropriate goals.
- They see their teachers' and parents' expectations as goals that are expanding faster than their growth and self-efficacy. Unconditional love gives students the ability to feel they can be loved without the need to constantly do better.

MODULE 4: Personality Disorder

- According to **Dr. Eni Qirjako (2023),** deviance in psychology refers to behaviors or thoughts that are different from what society or a particular situation considers normal. A person's behavior may seem normal in one place or time but unusual in another. Because of this, deviant behavior is not always obvious, and it can happen occasionally without the person fully realizing it.

PERSONALITY

Personality encompasses the distinct patterns of thoughts, emotions, and behaviors that serve to differentiate one individual from another.

PERSONALITY DISORDER

- A personality disorder is a mental health condition where people have a lifelong pattern of seeing themselves and reacting to others in ways that cause problems. People with personality disorders often have a hard time understanding emotions and tolerating distress. Moreover, they act impulsively. This makes it hard for them to relate to others, causing serious issues and affecting their family life, social activities, work and school performance, and overall quality of life (Mayo Clinic, N.A.).

Cluster A: Odd or Eccentric

PARANOID

- Paranoid personality disorder describes individuals who are chronically suspicious and distrust others. In response to paranoid beliefs, they can be irritable, hostile, and avoidant. They can develop hypervigilance toward their environment, finding conspiracies against them wherever they look (Triebwasser et al.,2013).
- A constant distrust and suspicion of others, believing their intentions are bad or harmful, starting in early adulthood and seen in different situations.

➔ Suspects others are exploiting, harming, or deceiving them.
➔ Doubts the loyalty or trustworthiness of others.
➔ Avoids sharing personal information for fear it will be used against them.
➔ Sees hidden threats or insults in harmless remarks.
➔ Holds grudges and does not forgive easily.
➔ Believes others are attacking their character and reacts angrily.

➔ Unjustifiably suspects a partner of being unfaithful.

SCHIZOID

- **Schizoid Personality Disorder** describes people who have difficulty achieving intimacy or developing emotionally meaningful relationships. People with schizoid personality disorder choose solitary activities and tend to have **no close relationships**, including family members.
- Individuals with **Schizoid Personality Disorder** show little emotion, have little interest in close or sexual relationships, are indifferent to praise or criticism, and often appear emotionally distant and aloof.
- A persistent detachment from social relationships and limited emotional expression, beginning in early adulthood and occurring in different situations.
- **Schizoid Personality Disorder** describes people who have difficulty achieving intimacy or developing emotionally meaningful relationships. People with Schizoid Personality Disorder choose solitary activities and tend to have no close relationships, including family members.

➔ Does not want or enjoy close relationships.
➔ Prefers to be alone.
➔ Has little interest in sexual relationships.
➔ Takes pleasure in a few, if any, activities.
➔ Has few or no close friends other than first-degree relatives.
➔ Shows emotional coldness, detachment, or flattened affectivity
➔ Is indifferent to praise or criticism.

SCHIZOTYPAL

- **Schizotypal Personality Disorder** is characterized by patterns of peculiar behavior, odd speech and thinking, and unusual perceptual experiences.
- People with **Schizotypal Personality Disorder** may appear odd or unusual but are not psychotic.Some may later develop schizophrenia, so these traits may be early signs of the disorder.
- A persistent pattern of discomfort in close relationships, with unusual thoughts, perceptions, and behaviors, beginning in early adulthood and present in different situations.

Ideas of reference:

➔ Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms.
➔ Unusual perceptual experiences, including bodily illusions.
➔ Odd thinking and speech
➔ Suspiciousness or paranoid ideation.
➔ Shows inappropriate or limited emotions.
➔ Behavior or appearance that is odd, eccentric, or peculiar. Lack of close friends or confidants other than first-degree relatives.
➔ Has intense social anxiety linked to paranoid fears.

CLUSTER A

- People with **Cluster A Personality Disorders** may be considered deviant because their behavior is different from what most people see as normal. They may distrust others, prefer to be alone, avoid close relationships, or act and think in unusual ways. These behaviors can make it difficult for them to interact with others and fit social expectations. However, this does not mean they are dangerous or criminals. In sociology, deviance simply means behavior that is different from social norms, and these behaviors are caused by a mental health condition.
- Social Workers can build trusting relationships, provide a safe and supportive environment, help improve social skills, encourage healthy connections with others, and assist clients in managing suspicious thoughts, isolation, and difficulties in communication.

Cluster B: Dramatic or Erratic

ANTISOCIAL PERSONALITY DISORDER

- **Antisocial Personality Disorder** is characterized by a pervasive pattern of poor social conformity, deceitfulness, impulsivity, criminality, and lack of remorse Antisocial Personality Disorder. The disorder is more common in men than in women and is frequent in psychiatric and correctional settings **(Fisher et al., 2024)**
- Individuals with **Antisocial Personality Disorder** often lack responsibility and good judgment, blame others, justify the interactions, and may engage in criminal behavior. A persistent disregard for and violation of others' rights, beginning before age 15 and continuing over time.

➔ Repeatedly breaks the law.
➔ Lies Or Deceives Others for personal gain.
➔ Disregards the safety of self or others.
➔ Acts impulsively without planning
➔ Is often irritable or aggressive.
➔ Is consistently irresponsible.
➔ Shows no remorse for hurting or exploiting others.

BORDERLINE

- **Borderline Personality Disorder** was first included in DSM-IIIasasyndrome of profound identity disturbance, unstable moods, and complex interpersonal relationships. Borderline Personality Disorder is characterized by poor anger control, unstable emotions, impulsive behavior, and intense, undesirable relationships.
- **Borderline Personality Disorder** is more common in women. Individuals may harm themselves and often attempt suicide. A persistent

pattern of unstable relationships, self- image, and emotions, with marked impulsivity, beginning in early adulthood

- ➔ Desperately tries to avoid abandonment.
- ➔ Has unstable relationships, alternating between idealizing and devaluing others.
- ➔ Has an unstable self-image or identity.
- ➔ Acts impulsively in harmful ways.
- ➔ Has repeated suicidal or self-harming behaviors.
- ➔ Has unstable emotions with sudden mood changes
- ➔ Feels empty most of the time.
- ➔ Has intense anger or difficulty controlling it.
- ➔ Maybe become paranoid or dissociate under stress.

HISTRIONIC

- Histrionic persons can be gregarious and charming but can also be manipulative, vain, and demanding. **Histrionic Personality Disorder** is characterized by excessive emotions, attention-seeking behavior, concern with appearance, and a strong desire to be the center of attention.
- A consistent pattern of excessive emotions and attention-seeking, beginning in early adulthood

- ➔ Feels uncomfortable when not the center of attention.
- ➔ Acts inappropriately flirtatious or seductive.
- ➔ Shows rapidly changing, shallow emotions.
- ➔ Uses physical appearance together with attention.
- ➔ Has a style of speech that is excessively impressionistic and lacking in detail.
- ➔ Acts dramatically and exaggerates emotions.
- ➔ Is easily influenced by others.
- ➔ Believes relationships are closer than they really are.

NARCISSISTIC

- **Narcissistic Personality Disorder** is named for Narcissus, from Greek mythology, who fell in love with his reflection.
- FREUD used the term to describe self-absorbed persons, and psychoanalysts have focused on the narcissist's need to bolster their self-esteem through grandiose fantasy, exaggerated ambition, exhibitionism, and feelings of entitlement.
- A consistent pattern of grandiosity, need for admiration, and lack of empathy, beginning in early adulthood.

- ➔ Has an exaggerated sense of self-importance.
- ➔ Fantasizes about unlimited success, power, or beauty.
- ➔ Believes that they are "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
- ➔ Requires excessive admiration.
- ➔ Feels entitled to special treatment.
- ➔ Takes advantage of others for personal gain.
- ➔ Lacks empathy for others.
- ➔ They are often envious of others or believe that others envy them.
- ➔ Shows arrogant, haughty behaviour or attitudes.

CLUSTER B

- Individuals with **Antisocial Personality Disorder** may break rules, hurt others, lie, act impulsively, or engage in crimes. Those with **Borderline Personality Disorder** may have unstable relationships, intense emotions, impulsive behaviors, and self-harming actions. People with **Histrionic Personality Disorder** may seek attention, show extreme emotions, and act dramatically. Individuals with **Narcissistic Personality Disorder** may feel superior, seek admiration, lack empathy, and use others for personal gain. These behaviors can be considered deviant because they differ from common social expectations.
- **Social Workers can help clients** develop emotional regulation, anger management, and healthier relationship skills.They can provide counseling, crisis support, and help clients understand the effects of their behaviors on themselves and others. For clients with **self-harm risks, social workers** can provide safety planning and connect them to appropriate mental health services.

Cluster C: Fearful or Anxious

AVOIDANT

- **Avoidant Personality Disorder** is characterized by low self-esteem, avoiding social interactions and new activities, fear of being judged by others, and little participation in social activities. Many of these traits are present from early childhood and typically persist into adulthood, although they become less evident with.
- A pervasive pattern of avoiding social situations, feeling inadequate, and being very sensitive to criticism, beginning in early adulthood and present in different situations.

- ➔ Avoids jobs or activities with social interaction for fear of criticism or rejection.
- ➔ Is unwilling to get involved with people unless certain of being liked.
- ➔ Holds back in relationships for fear of embarrassment.
- ➔ Constantly worries about being criticized or rejected.
- ➔ Feels shy in new social situations because of insecurity.

➔ Views self as socially inept, personally unappealing, or inferior to others.
➔ Avoids risks or new activities to avoid embarrassment.

DEPENDENT

- **Dependent Personality Disorder** is characterized by a pattern of relying excessively on others for emotional support and making everyday decisions.
- Other experts have tied **Dependent Personality** to the disruption of attachments early inexperienced in childhood. It is diagnosed more frequently in women or associated with overprotection and parental authoritarianism in women.
- A consistent and excessive need to be cared for, leading to submissive, clingy behavior and fear of separation, beginning in early adulthood.

➔ Has difficulty making everyday decisions without excessive advice and reassurance from others.
➔ Relies on others to make major life decisions.
➔ Avoids disagreeing for fear of losing support.
➔ Lacks confidence to start things alone.
➔ Goes to great lengths to gain care and support.
➔ Feels helpless when alone.
➔ Urgently seeks another relationship as a source of care and support when a close relationship ends.
➔ Unrealistically fears being left alone to care for themselves.

OBSESSIVE-COMPULSIVE

- **Obsessive-Compulsive Personality Disorder** is characterized by excessive perfectionism, focus on order and details, and a strong need for control,which can cause problems in relationships and dailylife. A consistent pattern of perfectionism, orderliness, and need for control, with little flexibility or openness, beginning in early adulthood.

➔ Focuses too much on details, rules, or order.
➔ Perfectionism prevents finishing tasks.
➔ Prioritizes work over leisure and relationships.
➔ Is overly strict about morals and values.
➔ Cannot throw away worthless items.
➔ Refuses to delegate unless others do things their way.
➔ Is very stingy with money.
➔ Is rigid and stubborn.

CLUSTER C

- People with **Avoidant Personality Disorder** may avoid social situations, fear criticism, and have low self-esteem. Those with **Dependent Personality Disorder** may rely heavily on others and struggle to make decisions alone. People with **Obsessive-Compulsive Personality Disorder** may be overly focused on rules, perfection, and control. These behaviors may be considered deviant when they become extreme and affect daily life, relationships, and social functioning because they differ from common expectations.
- **Social Workers** can help clients build self-confidence, independence, and coping skills. They can encourage gradual social participation, support decision-making skills, and help clients manage fears, perfectionism, and dependence on others.

MODULE 5: SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

SCHIZOPRENIA

- A group of **characteristic symptoms** such as delusions, hallucinations, and negative symptoms (i.e., diminished emotional expression or volition); deterioration in social, occupational, or interpersonal functioning; and continuous signs of the disturbance for at least 6 months. The word **"Schizophrenia"** was coined by the Swiss psychiatrist **Eugen Bleuler in 1908.** Psychological disorder characterized by highly **disordered thought processes**, referred to as psychotic because they are removed from reality.

WHAT CAUSES SCHIZOPRENIA?

- **Genetics** — having a close family member with schizophrenia may increase your risk.
- **Life Experiences** - pregnancy complications, infections, high stress, childhood trauma or social isolation may play a role.
- **Brain Chemistry** — imbalances in brain chemicals, such as **dopamine, serotonin** and **glutamate,** are linked to psychosis and thinking difficulties.

SYMPTOMS OF SCHIZOPHRENIA

POSITIVE SYMPTOMS - symptoms that reflect excesses or distortions of normal functioning

- **Delusion** - a false belief that persists in spite of compelling contradictory evidence
- **Hallucination** - false or distorted perceptions that seem vividly real to the person experiencing it

NEGATIVE SYMPTOMS -symptoms that reflect defects or deficits in normal functioning

- **Flat Affect** - showing a dramatic reduction in emotional responsiveness and facial expressions
- **Alogia** - reduced production of speech
- **Avolition** - inability to initiate or persist in even simple forms of goal-directed behaviors

PHASES OF SCHIZOPHRENIA

1. **Prodromal Phase -** is the initial, often insidious stage occurring before the first overt psychotic

episode, usually beginning in late adolescence or early adulthood.

2. **Active Phase** - is the initial, often insidious stage occurring before the first overt psychotic episode, usually beginning in late adolescence or early adulthood. Also known as the acute phase, this is when characteristic, severe psychotic symptoms emerge.
3. **Residual Phase -** During this period, the severe, florid psychotic symptoms (like prominent hallucinations or delusions) lessen, but milder, lingering symptoms remain

TYPES OF SCHIZOPHRENIA

1. **Disorganized Type -** characterized by severely disturbed thought processes, frequent incoherence, delusions, and inappropriate affect.
2. **Paranoid Type** - this is one of the most difficult types to identify because those suffering from it generally are able to manage their lives reasonably well.
3. **Catatonic Type** - characterized by displays of excited or violent motor activity or stupor.
4. **Residual Type** - people who show symptoms attributed to schizophrenia but who remain in touch with reality are said to have residual type

How is Schizoprenia treated?

- **Medications:** There are different types of medications available, usually antipsychotics, to help manage symptoms.
- **Psychotherapy:** Talk therapy, like cognitive behavioral therapy for psychosis (CBTp), may help you better understand how your thoughts influence your behaviors. It could help you reduce stress and learn healthy coping skills that may improve daily functioning and prevent complications.
- **Rehabilitation:** Supportive services like resilience training, family therapy, cognitive support, and help with work or school are available. They can improve coping skills, communication, thinking abilities, and long-term success.

PSYCHOSIS

- Brief psychotic disorder is a diagnosis used for relatively short episodes of psychosis lasting at least 1 day but less than 1 month. The disorder is relatively uncommon and occurs in people who otherwise have not experienced a decline in their day-to-day functioning or who display signs that, in retrospect, suggest the

Possible Causes of Psychosis:

- **MISUSE OF ALCOHOL** (Chemical Infused)
- **SEVERE HEAD INJURIES**
- **MOOD DISORDER** - such as depression and bipolar disorder, affect people emotionally.
- **THOUGHT DISORDER** - multifaceted construct that reflects abnormalities in thinking, language, and communication.
- **SCHIZOPHRENIA** - Psychological disorder characterized by highly disordered thought processes
- **TRAUMATIC EXPERIENCES** (past or present)
- **SEVERE STRESS AND ANXIETY**

Symptoms of Psychosis:

1. **HALLUCINATIONS** - These are when parts of your brain mistakenly act like they would if your senses (vision, hearing, touch, smell and taste) picked up on something actually happening.
2. **DELUSIONS** - These are false beliefs that someone holds onto very strongly, even when others don't believe them or there's plenty of evidence that a belief isn't true.
3. **DISORGANIZED THINKING AND SPEECH** - Refer to thoughts and speech that are jumbled or do not make sense. For ***example***, the person may switch from one topic to another or respond with an unrelated topic in conversation.

How is psychosis treated?

- Treated using both **medication and psychotherapy (talk therapy),** which helps individuals quickly stabilize and return to their normal everyday functioning. The nature of the psychological intervention depends on the nature of the stressor, when one is evident. Sometimes removing the person from the stressful situation can reduce the disturbance. At other times, this may not be possible.
- Your mental health matters just as much as your physical well-being.

What is the difference between psychosis and schizophrenia?

Schizophrenia and **psychosis** are two strongly connected words, but they aren't the same thing.

- **Psychosis**: This is a collection of symptoms that involves a disconnection from reality and the world around you. Psychosis can also happen with many medical conditions and mental health disorders, such as encephalitis or bipolar disorder.
- **Schizophrenia**: This is a condition and a spectrum of related disorders. Psychosis is a key symptom of all these conditions.

MOOD DISORDER

BIPOLAR DISORDER - is a mental health disorder that causes extreme mood changes, including mania and depression, which can affect daily functioning.

2 types of Bipolar Disorder:

- Manic Episode
- Hypomanic Episode

MANIC EPISODE

- A manic episode is a period of unusually high mood and energy lasting at least one week, often with reduced sleep, racing thoughts, and risky behavior.
- *Ex.* Very talkative, More Thoughts and ideas that he/she suggests, & non-stop

HYPOMANIC EPISODE

- A hypomanic episode is a milder form of mania with increased mood and energy lasting at least four days, without severe impairment or hospitalization. The disturbance in mood and the change in functioning are observable by others.

MANIC EPISODE	HYPOMANIC EPISODE
Extremely high energy	Increased energy
Talks very fast	More active and productive
Overconfident	Mood changes are noticeable but manageable
Racing thoughts	Does not severely affect daily functioning

How Mental Clutter Affects Daily Life

Poor Focus

- Difficulty concentrating on tasks or studying..

Stress & Anxiety

- Feeling overwhelmed by too many thoughts.

Poor Time Management

- Forgetting tasks or having trouble staying organized.

In **Summary**, the simple words are: having **MANIC EPISODE** is **<u>more intense or severe</u>**, while the **HYPOMANIC EPISODE** is **<u>slowed and more controlled</u>**.

Bipolar disorder is treatable. With proper medication, therapy, and support, people can manage their symptoms and live productive lives.

Major Depressive Episode

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either:

1. Depressed Mood
2. Loss of interest or pleasure.

Depressed mood

- Most of the day, nearly every day, as indicated by either subjective reports (e.g., feels sad, empty, hopeless) or observations made by others (e.g., appears tearful).
- (Note: In children and adolescents, it can be an irritable mood.)

1. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
2. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or a decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
3. Insomnia or hypersomnia nearly every day.
4. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
8. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

MODULE 6: ANXIETY, CONDUCT, AND EATING DISORDERS

Anxiety

Phobia

The term **phobia** refers to an **excessive fear of a specific object, circumstance, or situation**. **Phobias** are classified based on the object or situation that is feared. The key feature for each stimulus type is that fear or anxiety is limited to a specific object, both temporally and in its application to other objects.

SPECIFIC PHOBIAS

Animal

- Batrachophobia
- Cynophobia
- Equinophobia

Natural Environment

- Asstraphobia
- Hydrophobia
- Dendrophobia

Blood injection- injury

- Trypanophobia
- Dentaphobia
- Hemaphobia

Situational and Other phobias

- Claustrophobia
- Aerophobia
- Glossophobia

An individual with a specific phobia becomes immediately frightened or anxious when presented with a feared object. This fear may be related to concerns about harm from a feared object, embarrassment, or fear of consequences resulting from exposure to the feared object.

For example, individuals with a blood-injection-injury phobia may be afraid of fainting on exposure to blood, and individuals with a fear of heights may be fearful of becoming dizzy.

SOCIAL ANXIETY

Social Anxiety involves fear of or anxiety about social situations, including situations that involve scrutiny or contact with strangers. Individuals with this disorder typically fear embarrassing themselves in social situations, such as while speaking in public or meeting new people. This disorder can involve specific fears or anxiety about performing certain activities, such as writing, eating, or speaking in front

CHARACTERISTIC:

1. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions. Note: In children, anxiety must occur in peer settings and not just during interactions with adults.
2. The individual fears that they will act in a way or show anxiety symptoms that will be negatively evaluated
3. Social situations almost always provoke fear or anxiety.
4. Social situations are avoided or endured with intense fear or anxiety.
5. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
6. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
7. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
8. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
9. The symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder, do not better explain the fear, anxiety, or avoidance.

How can Social Work help :

Social workers help people with social anxiety by listening without judging them and giving them emotional support. They also help clients understand the cause of their anxiety and connect them to the right services. They may use therapies like Cognitive Behavioral Therapy (CBT, social skills training, gradual exposure, and relaxation techniques to help clients become more confident and manage their anxiety.

PANIC DISORDER

Panic disorder is characterized by a pattern of recurrent panic attacks accompanied by persistent worry or behavioral change.

1. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of **intense fear** or **intense discomfort** that reaches a peak within minutes during which time four (or more) of the following symptoms occur.
2. **Palpitation, pounding heart,** or **accelerated heart rate**
3. Sweating
4. Trembling or Shaking
5. Sensations of shortness of Breath or smothering
6. Feeling of choking
7. Chestpain
8. Nausea or Abdominal distress
9. Feeling Dizzy, unsteady, light-headed, or faint
10. Chills or heat sensations
11. Paresthesia (numbness or tingling sensations).
12. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
13. Fear of losing control or “going crazy”
14. Fear of dying

How can Social Work help :

Social workers help people with panic disorder by providing counseling, teaching coping and stress-management skills, connecting them with mental health and community resources, supporting families, advocating for their needs, and helping them improve daily functioning and overall well-being.

Conduct Disorder

The behaviors may include **aggressive conduct** that causes or **threatens harm** to others or animals; non-aggressive behavior that results in **property damage; deceitfulness** or **theft**; or severe rule **violations**.

A **repetitive** and **persistent pattern** of behavior in which the rights of others or **major age- appropriate** societal norms or rules are violated, as it is the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months.

Aggression to People and Animals

1. Often **bullies, threatens**, or **intimidates** others.
2. Often initiates **physical fights.**
3. Has used a **weapon that can cause serious physical harm to** others (e.g., a bat, brick, broken bottle, knife, gun).
4. Has been **physically cruel to people**

5. Has been **physically cruel to animals**
6. Has **stolen** while **confronting a victim** (e.g., mugging, purse snatching, extortion, armed robbery).
7. Has **forced** someone into **sexual activity.**

Destruction of Property

1. Has deliberately engaged in fire setting to cause **severe damage**.
2. Has deliberately destroyed others' property (excluding fire setting)

Deceitfulness or Theft

1. Has **broken into someone else's house,** building, or car.
2. Often **lies** to obtain goods or favors or to avoid obligations
3. Has **stolen items of nontrivial value** without confronting a victim (e.g., shoplifting, but without breaking; forgery).

Serious Violations of Rules

1. Often stays out at night despite parental prohibitions, typically starting before the age of 13.
2. Has **run away from home overnight** at least **twice** while living in the parental or parental surrogate home, or once without returning for a lengthy period.
3. Is often **truant from school**, typically beginning before the **age of 13 years.**

How can Social Work help :

Social workers act as bridges between the child and their family, between the family and the school, and between the community and mental health systems. Their role is not just to manage behavior but to address root causes, promote resilience, and advocate for systemic change.

Oppositional Defiant Disorder

- **Irritability, anger, defiance**, and **temper** are specific descriptors of oppositional defiant disorder, characterized by a **hostile** and **disobedient** opposition to authority.
- A pattern of **angry/irritable mood**, **argumentative/defiant behavior**, or **vindictiveness** lasting at least 6 months, as evidenced by at least four symptoms from any of the following categories and exhibited during interaction with at least one individual who is not a sibling.

Angry/irritable Mood

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

Argumentative/Defiant Behavior

1. Often argues with authority figures, or, for children and adolescents, with adults in positions of authority.
2. Often actively defies or refuses to comply with requests from authority figures or with rules.
3. Often deliberately annoys others.
4. Often blames others for their mistakes or misbehavior.

Vindictiveness

1. Has been spiteful or vindictive at least twice within the past 6 months,
2. The disturbance in behavior is associated with distress in the individual or others in their immediate social context (e.g., family, peer group, work colleagues), or it negatively impacts social, educational, occupational, or other important areas of functioning.

How can Social Work help :

Social workers act as connectors linking the child to therapeutic support, the family to guidance and resources, and the school/community to structured interventions. Their role goes beyond handling defiance; they focus on addressing underlying causes, s trengthening res i l ience, and preventing the progression of oppositional behaviors into more severe challenges.

Intermittent Explosive Disorder

- Aggressive outbursts in this disorder are characterized by a rapid onset and short duration, with little to no prodrome. Episodes involve verbal assault, destructive and nondestructive property assault, or injurious or non-injurious physical assault.
- Aggressive outbursts most commonly occur in response to a minor provocation by a close intimate or associate, and subjects with intermittent explosive disorder often have less severe episodes of verbal and physical aggression.

How can Social Work help :

Social workers help people with **Intermittent Explosive Disorder (IED)** by providing counseling, teaching anger-management and emotional regulation skills, identifying triggers for aggressive outbursts, connecting clients with mental health services, supporting families, advocating for needed resources, and helping individuals develop healthier ways to cope with stress and conflict. This support can reduce aggressive behaviors and improve relationships and daily functioning.

Eating Disorder

Anorexia Nervosa

- **Anorexia nervosa** is characterized by persistent energy intake restriction, an intense fear of gaining

weight, and a distorted body self-perception. Individuals with anorexia nervosa sometimes engage in repeated weighing, measuring, and assessing of their bodies in the mirror.

- The key clinical feature is de ned as a refusal to maintain body weight at or above a minimally normal level for age, sex, developmental developmental trajectory, and physical health.
- Typically has an onset in adolescence and is more prevalent among females.
- Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected
- Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation; or persistent lack of recognition of the seriousness of the current low body weight

Associated with high rates of mobility

Cardiac arrhythmias are any condition where the heart beats too fast, too slow, or irregularly because the electrical signals coordinating the heartbeat aren't working properly. It requires medical evaluation, especially if it causes fainting, chest pain, or shortness of breath.

Growth retardation (or growth failure) refers to a slower-than-expected rate of physical development. It can occur before birth as **Intrauterine Growth Restriction (IUGR)** due to placental issues or maternal health, or during childhood caused by hormonal disorders, chronic illness, or malnutrition.

Osteoporosis is a progressive disease that weakens bones, causing them to become brittle and highly susceptible to fractures. Often called a **"silent disease,"** it typically presents no symptoms until a bone breaks, which can happen from a simple fall, cough, or minor bending.

Mortality is the condition of being mortal or destined to die. In healthcare, public health, and demographics, it specifically refers to the incidence of death or the number of deaths in a population over a given period (often expressed as a mortality rate per 1,000 or 100,000 people).

Bulimia Nervosa

Bulimia Nervosa is characterized by episodes of bingeing on food, like consuming a large amount of food in a short amount of time, followed by attempts to purge the body of the food via vomiting, laxatives, or excessive exercise. The behavior is performed in the context of over-concern with weight and shape.

Anorexia & Bulimia Nervosa

- **Anorexia nervosa** and bulimia nervosa are developmental disorders that share the characteristics of fear of fatness and body image distortion. As with anorexia nervosa, there are medical consequences of bulimia nervosa, including loss of electrolytes, erosion of tooth enamel, cavities, stomach ulcers, stomach or esophagus ruptures, constipation, irregular heartbeat, and an increased tendency toward suicidal behavior.
- **Bulimia nervosa** also exhibits marked differences from anorexia nervosa. Individuals with bulimia nervosa tend to develop eating disorder symptoms later in life, generally lose less weight, and tend to be more extroverted and impulsive than persons with anorexia nervosa.

Characteristics of Binge Eating

1. Eating, in a discrete period (e.g., within any 2 hours, an amount of food that is larger than what most individuals would eat in a similar period under similar circumstances.
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
3. Recurrent inappropriate compensatory behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
4. Binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
5. Self-evaluation is unduly influenced by body shape and weight.
6. The disturbance does not occur exclusively during episodes of anorexia nervosa.

HOW CAN SOCIAL WORKERS HELP THEM:

Social workers support clients with eating disorders through comprehensive biopsychosocial assessment to understand physical, emotional, family, and environmental factors af fecting their health, and apply evidence-based interventions such as cognitive behavioral therapy and family-based treatment to address distorted thinking, build healthy coping skills, and strengthen supportive relationships. They also coordinate care with doctors, dietitians, and mental health specialists, assist with safety planning during crises, address root causes like trauma or weight stigma, and advocate for accessible, compassionate services to reduce barriers to recovery and promote long-term well-being

CONCLUSION:

Anxiety, conduct, and **eating disorders** are important mental health conditions that can significantly affect a **person's emotions, behavior, relationships**, and **daily functioning.** Although each disorder has distinct symptoms, they can all lead to **distress and reduced quality of life if left** untreated. Early identification, proper assessment, and appropriate interventions such as therapy, family support, and, when needed, medication can help individuals manage

their symptoms and improve their overall well-being. Understanding these disorders promotes **empathy, reduces stigma,** and **encourages** those affected to **seek professional help.**