

## Well-being of Preadolescents with Non- Substance Addiction – A Clinical Social Work Approach

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**Abstract:** By many more reasons our preadolescents are being conflict with law in their young age. It affects terribly the personal and peer relationship, social and family life, smooth functions of daily life and even the school administration. The statistics show that in 2014, Kerala State Police had registered 2233 drug cases as per Narcotic Drugs and Psychotropic Substances Act. In the first three month of 2015 the reported cases is 985! Among these registered cases some cases moved to juvenile home. This means the guilty parties are belonging the age group up to 18 years. Researchers, educators, police department and media is deeply involved to find out the reason behind the pathetic condition of mal adaptive behavior of preadolescents who caught by law due to substance and non substance addiction. The well-being of preadolescents would be on cross road in their young age and they cannot attain a healthy adolescent period and they never get a fruitful childhood. In Kerala the reported substance abuse cases is less. Because school and family is purposefully hiding the cases when it came out. In the case of non substance addiction cases, it is also not reporting or not seeking medical or counseling remedies due to the future and status of victim as well as victims' family. Apart from this the non substance cases is considering an internal activity and it is happening mostly in a closed area, such as school, hostel, internet café, peers home etc.... The school is a place where the substance abuse cases and non substance addiction cases can be identified. The emotional, social, physical, psychological and academic well-being of the preadolescents is a responsibility of each and every professional social worker. This case study focuses the Clinical Social Work solution for the Well-being of Preadolescents with Non- Substance Addiction.

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### I. Well-Being

Since the concept of well-being emerged in 1948 by WHO- World Health Organization- it searches a definition. Still it goes. Well-being helps individual to realize once skills, able to cope with life stresses and he or she can work productively. Well-being also facilitates to contribute to his or her community fruitfully. Based on the time and situation well-being reflects as is a kind of feeling which gives satisfaction, comfort, fulfillment, pleasure, approval, happiness etc... This feeling may be stood for a short time, long time, alternatively, merely and even simultaneously. To achieve well-being the whole word is ready to act out anyhow, willing to wander anywhere and keen interested to buy, sell, steal, reveal, reject and so on....! Here the meaning of well-being is shapeless and the new generation is imitating their last generation and falling in a gorge where they lose their life partially or permanently. The real victims are school children, especially preadolescents who belong 10-13 years. Our children are willing to go beyond the boarder to attain affection, cognitive pleasure and psychological satisfaction without thinking the consequences. Here the concept of Getting High Born!

#### Getting High

According to preadolescents the searching for pleasure leads them to experience Getting High. To hold this the children are taking off from academic and family responsibilities. Most of the preadolescents are seeking attention and affection from their parents and teachers. But the parents are unable to give it all the time. The feeling of rejection, isolation, lack of appreciation is making them to think getting high and going behind the non substances at first and later substance use. In Kerala substance use cases is reporting than non substance addiction cases. Because non-substance addiction cases is purely an internal activity and it is happening mostly in a closed area, such as school, hostel, and internet cafe. The school is a place where the substance abuse cases and non substance addiction cases can be identified.

In the present scenario the relationship of preadolescents between parents, teachers, peers, community and school management is not up to mark due to many more reasons such as the style of parenting, type of family, alcoholic parents, living status, economical background and employment of parents, geographical area where living, attitude toward siblings, scholastic and co-scholastic performance, attitude of school management etc.. These are deeply influences the behavior formation of preadolescents. The attitude and perception of preadolescents is changing day by day and it affects the daily life pathetically and the cognitive senses of satisfaction with life of preadolescents are going down. Here the wellbeing of preadolescents is chopping by

various reason and damaging the flow of childhood life. The chopped preadolescent are searching for getting high such as psychological, social, economical, physical and emotional satisfaction and find one or two or multiple area to get to be relaxed. Even the fact is terrible or pathetic or sympathetic the ultimate truth is this that knowingly or unknowingly the preadolescents lead by themselves to conflict with law in their tender age! We can see the sorrows and moaning of their bellowed such as father, mother, teacher and relatives behind the curtains as an aftereffect!

## **II. Getting High And Non- Substance Addictions**

Getting High on Non-substance addiction something other than drugs or alcohol elevating ones state of mind and creating altered state of consciousness. It depends the state of mind, physiology and health and mental health of the users. In the positive way the attempt to get high is a unique quality of each and every living thing and it exhibits from birth to tomb. Getting high is altering the body, mind and emotional state. Once the children below 18 years caught due pathological condition the after effect terribly reflect the personal relationship, peer relationship, social and family life, smooth functions of daily life and even the school administration of the victims and surroundings. The majority of victims sent to juvenile home or living under condition in the family, school and society. The child rearing pattern and lack of spirituality of parents is the main reason behind the chopped preadolescents.

The types of Non- Substance Addictions are use of social media, video game, porn internet, excessive computer use, shopping or compulsive buying, binge-eating, rocking/climbing, compulsive exercise, adventure, work holism and pathological gambling. Non- Substance Addiction can be seen among school children, preadolescents, adolescents and youth. Specifically tell one or a group of items frequently exhibit by preadolescents (from 10 to 13 years) either in the home or school. Use of Non- Substance Addiction makes him/her getting high and it brings a person a place of feel good or experience intense feeling of well-being, happiness and excitement (Euphoria). According to human being it is a nature of each and every child to cry in a discomfort occasion and smile when in comfort zone. It begins soon after the birth by expresses the feeling like of crying, laughing and rise the hand and legs up. This can be considered a new born bay’s searching of safety needs and love.

In the case of children this is the fact that they are using different strategy to getting high and unfortunately being conflict with law in their young age and live until their end with guilty and emotional wound. The preadolescents, age from 10 to 13 years are the majority of victims who sent to juvenile home or living under condition in the family, school and society. The terrible consequences reflect the personal relationship, peer relationship, social and family life, smooth functions of daily life and even the school administration. This study focuses the wellbeing of preadolescents who is undergoing, underwent and experienced non-substance addiction such as use of social media, video game, porn internet, excessive computer use, shopping or compulsive buying, binge-eating, rocking/climbing, compulsive exercise, adventure, work holism and pathological gambling. The respondents are from various schools in Thalassery and Kannur Educational District of Kerala, Department of Clinical Social Work, AIBASS Community College, Mahe and STERT NGO Mahe.

### **Prevalence of Non- Substance Addictions among Preadolescents**

No	Type of Non-Substance	Boys	%	Girls	%	Total	%
1	Whatsaap	8	8%	10	10%	18	18%
2	Facebook	7	7%	4	4%	11	11%
3	Video Game	11	11%	11	11%	22	22%
4	Porn Internet	2	2%	0	0%	2	2%
5	Excessive Computer / Mobile Use	9	9%	4	4%	13	13%
6	Shopping Or Compulsive Buying	5	5%	18	18%	23	23%
7	Binge-Eating,	2	2%	1	1%	3	3%
8	Rocking/Climbing,	6	6%	2	2%	8	8%
10	Compulsive Exercise	0	0%	0	0%	0	0%
11	Adventure	0	0%	0	0%	0	0%
12	Work Holism	0	0%	0	0%	0	0%
13	Pathological Gambling	0	0%	0	0%	0	0%
<b>Total</b>		<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>100</b>

#### **The result shows that**

23% Preadolescents are doing Shopping or Compulsive Buying

22% Preadolescents are using Video Game

- 18% Preadolescents are using Whatsaap
- 13% Preadolescents are using Computer Excessively
- 11% Preadolescents are using face book
- 8% Preadolescents are Rocking/Climbing
- 3% Preadolescents are Binge-Eating
- 2% Preadolescents are using Porn Internet

#### **Parents of preadolescents with Non-Substance Use**

The condition of our preadolescents is pathetic and very next they will be in cross road if not get adequate intervention. The first intervention will be provided by the parents. But the parents of preadolescents with non-substance use are not in good relationship and keeping some distance between them, especially the preadolescents with their mother. The preadolescents were opinioned that compare to father, mothers are more strict and forcing to concentrate academic than other affairs and compel to avoid all other activities. This reason makes the preadolescents angry and purposefully diverts concentration other than academic activities.

#### **Academic Performance of preadolescents with Non-Substance Use**

The preadolescents with non-substance use seems to become academically poor and week in co-scholastic activities. According to the pre adolescents the ability to manage languages and mathematics is a battle field and this make them move back from the academic achievements.

#### **Teachers of preadolescents with Non-Substance Use**

The attitude and behavior of preadolescents in school and home is one of the matters to be discussed by teachers and school management in the school. Some tome it drags even in the cafeteria. Even there are counselors, senior teachers and arts, music and craft teacher to interact with the preadolescents with non-substance use. But the preadolescents are not satisfied with them and away from the above teachers. It may be the poor ability to keep confidentiality or lack of professional experience.

#### **Peers of preadolescents with Non-Substance Use**

In the young age preadolescents should obey their parents. This may be a reason to avoid their friend who makes problems in the class. But the affected preadolescents are unable to cope with this avoidance and it leads them more frustration.

#### **Community Perspective on preadolescents with Non-Substance Use**

The society is a continuous watcher of all activities which is doing by all categories of people in the community. In this perspective the society criticize father, mother, children and even whole family. But the consequence is terrible! Some family leaves the home. Other family withdraws from the society. The remaining family led a life without soul.

#### **Clinical Social Work Intervention for Preadolescents with Non- Substance Addiction**

Clinical Social Work is a specialized area of social work practice. It helps to deal trauma, family conflict, physical illness psychological, emotional, behavioral, and social challenges that affect their quality of life. Such challenges include, and difficult life stress due to unemployment, substance and non substance addiction. The clinical social work professionals support their client by using individual therapy, group therapy and other social work intervention strategies.

The holistic approach of clinical social work is most important in the therapeutic approaches. Clinical social work is giving importance for the environment and geographical factors of the client while planning interventions.

#### **Clinical Social Work Approaches**

- **Psychiatric Interview** (Dr. M.S. Bhatia)
- **Strength and Difficulty Questionnaire** (SDQ, Dr. Robert Goodman)
- **Psychosocial Assessments:** Evaluation of mental and emotional health based on the client's socio-demographic circumstances.
- **Socialization Process:** Understanding of socialization process determines an individual's unfavorable experience.
- **Cultural Background:** The knowledge of culture and practice of a client helps the client centered approach.
- **Parenting Style:** The information regarding the client's Child rearing pattern will lead the appropriate therapeutic intervention
- **Social Diagnosis:** The use of information from the psychosocial assessments and face to face to interaction to make a social diagnosis of a client's condition.
- **Patient and Family Education:** Based on Social Diagnosis the department makes aware the patient and family about the intervention strategies.

#### **Management / Intervention Strategies**

### **I Phase**

- Life Education
- Health Education
- Life Skills Education
- Universalization
- Responsibility Training
- Ego Strengthening
- Strengthen the Pro-Social Behavior
- Energy Transmutation
- **Supportive Psychotherapy:** Providing clients with emotional support.
- **Harm Reduction Techniques:** Reducing the negative consequences of problematic behaviors.
- **Motivational Interviewing:** It aims to identify clients' readiness to make positive changes with a goal-oriented method

### **II Phase**

- **Cognitive Behavioral Therapy (CBT):** It makes to understand the client's interplay between their thoughts, feelings, behaviors, and core beliefs.
- **Dialectical Behavioral Therapy (DBT):** A combination of CBT methods and mindfulness principles.
- **Problem Solving Therapy:** A form of psychotherapy that involves reframing patients' perspectives on their problems, and to guide them towards healthy problem resolution.
- **Psychodynamic Psychotherapy:** It helps the client to identify the unconscious thoughts that influence their behaviors.
- **Psycho-Physical Training:** It reduces physical, mental, and emotional stress through structured training and lead to mindfulness.

### **III Phase**

#### **Pediatric Social Work Approaches**

- **Give opportunity to participate sports and cultural program**
- **Develop habit of sharing**
- Give a space in the home as a member and provide maximum opportunity to prove his/her personal and family responsibility.
- Motivate the preadolescents to participation in stage items and off stage items
- Give opportunity to organize programs, seminars and activities in the school
- Apply positive reinforcement
- Schedule the use of Social Media use and make sure the presents of father or mother while using.
- Telling some excuses and de motivating shopping or Compulsive Buying
- Watch films, opera, stage programs and music with family once in a month.
- Avoid blame preadolescents in front of to others
- Avoid blame others in front of the preadolescents
- Strictly bring to an end criticizing family members in front of the preadolescents.
- Telling not getting love and affection
- Avoid attention seeking and make the preadolescents to do the home work themselves
- It is better to keep truthfulness and jejunity in all activities and prove you are unable to influence by money or other particulars.
- Do not promote doing wrong for recognition
- Frequently running away from school / home
- Treat everybody and boys and girls as equal
- Provide structured training to read, write and speak Malayalam, English and Hindi language and teach mathematics as separately.
- Provide special coaching on basic of English, the concept of green social work, health education and growth & development and basic of legislation to understand society and social life in the very young.

### **III. Conclusion**

The problematic situation has to manage effectively by using currently available techniques. Medical and Clinical Social Work is a specialized area of Professional Social Work Education, Research and Training that involves social diagnose, management and prevention of psychological, emotional and behavioral problems. The topics covered Child Adolescent and Family wellbeing, trauma, family conflict, Public Health, Geriatric

Health, Rehabilitation and Palliative Care. Child Mental Health is an emerging area where the clinical social work professional want to be concentrated and has to organized awareness program, seminars and workshop on Learning Disability, ADHD/ ADD/EBD, Siblings Rivalry, Bullying Behavior, Life Skills and Soft Skills Education and Training to make them understand the consequences of non substance use. . The result shows that high majority of respondents are forcing their parents to Shopping or Compulsive Buying. The girls are more than boys who stressing their parents to buy. But the over protection and care later lead emotional conflict between parents and children and they seek emotional pleasure by giving pain or burden to their parents. To overcome this dilemma it is good form a team of professional who is in the field of Geriatric Care, Palliative Care, Rehabilitation Profession, Administration, Mental Health Profession, Allied Health Profession, Medical Social Work, Social Science Research, Economics and Education. It helps to teach and train the preadolescents about Communicable Disease, Non Communicable Disease, Health Behavior, Understanding Nutrition, Children's Health, Health Care Delivery System, Central, State & NHM, School Health program and Rehabilitation. The parents are only concentrating to meet the basic need of their children and believe the school teachers are the responsible person to teach all other behavior. How a preadolescent can what is socialization and what is society? How they understand the life cycle and how they develop life goal? Most of the parents and teachers strongly justify that setting educational and vocational goal has space until the children attain their higher secondary or college education. This is not right in this generation and has to change the concept. Let the children learn maximum knowledge in their young age. It makes them vary pleasant and without hesitation they can opt their carrier based on the interest. The teacher should understand the student as whole without prejudice and clarify the parents doubt regarding the present and future life of children. To achieve this target the school has to concentrate spiritual development of children, parents and teachers along with technological development. Otherwise the parents and teacher become materialist again produce children in conflict with law. To stop this it is better to stop go beyond something which they feel ultimate victory and realize the success depends on the well-being of person, not in a mere assumption or supposition.

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