# **COURSE NOTES BY UNITS**

# **Unit I: Professional and Theoretical Perspectives**

Good professional practice is based on: 1)
2)
3)
Common ground with professional practice and Christianity 1)
2)
3)
4)
What ethical considerations impact professional practice?
Why should you take note if a chart says "DTO/DTS" or "HI/SI"?

What are some limitations for confidentiality?
A few potential roles played by a professional: Enabler:
Mediator:
Educator:
Analyst:
Broker:
Facilitator:
Initiator:
Advocate:
HBSE I will focus on the some of the knowledge and skills needed in assessment. Assessment is a vital component of competency within any professional role. To complete a good assessment a professional must think about each potential aspect of a given situation. Therefore, in HBSE I we will discuss multi-determined behavior and the multidimensional approach to assessment.
Multi-determined behavior:
Multidimensional approach:
Personal dimension:

Environmental dimension:
Environmental System levels Micro:
Meso:
Exo:
Macro:
Time dimension:
How do these dimensions influence an individual (and vice versa)?
Theory guides the knowledge-base of good professional practice. A theory is a "set of concept and propositions, organized into a deductive system, that explains relationships between aspect of our world" (Hutchinson, p. 32).  Research methods and the connection to theory:
Quantitative methods:

## Qualitative methods:

The guiding meta-theory for social work, and also this course, is the Systems Perspective (closely aligned with Ecological Perspective). The following are terms to be familiar with:

**System**: elements that are orderly, interrelated and function as a whole

**Boundaries**: patterns that characterize relationships in a system and give identity

**Subsystem**: secondary or subordinate system

**Homeostasis**: tendency to maintain a stable state **Role**: expected behavior pattern determined by status

**Relationship**: mutual exchange, interaction, and affective cognitive and behavioral connections between systems

**Input**: energy, information, communication received from other systems

**Output**: input after it is processed by the system

**Feedback**: system receiving information about performance (positive/negative feedback)

**Interface**: point of contact or communication

**Differentiation**: tendency to move from a simplified to a more complex existence

**Equifinality**: many different means to the same end

**Transactions**: how people communicate and interact with others in their environment

**Adaptation**: capacity to adjust to surrounding environmental conditions (change)

**Coping:** a form of human adaptation (overcoming problems)

**Adjustment**: efforts individuals make to meet the demands and challenges placed upon them by the world in which they live

**Interdependence**: mutual reliance and dependence of individuals The Systems Perspective:

In addition to the systems perspective, it is important to understand several other theoretical perspectives on human behavior. Your course textbook highlights the following perspectives, which we will continue to reference for the remainder of the semester.
The Conflict Perspective:
Empowerment:
2mpo werment.
Rational Choice Perspective:
Social exchange theory:
Social network theory:
· · · · · · · · · · · · · · · · · ·
Social Constructionist Perspective:

"Looking Glass Self" (self-fulfilling prophesy):
Develo advenancia Davena activa
Psychodynamic Perspective:
Relevance of the id, ego and superego:
Developmental Perspective:
Erikson's theory:
Social Behavioral Perspective:
Classical conditioning:

Operant conditioning:	
Cognitive social learning:	
Humanistic Perspective:	
Carl Rogers:	
Maslow's theory:	
Why is it relevant to know multiple perspectives for professional practice?	

# **Unit II: The Biological Person**

This unit will focus on biological process, however, it is important to remember that biological processes do not occur without involvement from psychological processes. Biological processes and the experiences one has physically are also influenced by the individual's psychosocial, spiritual and cultural beliefs.

The Nervous system:
Central Nervous System (CNS):
Peripheral Nervous System (PNS):
Autonomic Nervous System (ANS):
Regions of the brain and development:

	Lobes of the cerebral cortex:
	Why is it important to know what part of a person's brain is damaged in an accident or health event (like a stroke)?
	Why is it important to be familiar with psychotropic drugs?
The	Endocrine system:
	What is a "feedback control mechanism"?

The Immune system:
Why is it important to get immunizations?
The Cardiovascular system:
The Musculoskeletal system:
The Reproductive system:
The Reproductive system:

Sexual involvement can put an individual at risk for contracting a sexually transmitted infection and/or disease (STI, STD). In the US some of the most common STI and STD include:
1. Gonorrhea: a bacterial infection that may or may not produce the following symptoms –
2. Chlamydia: a bacterial infection that may or may not produce the following symptoms –
3. Syphilis: a bacterial infection much more deadly than gonorrhea or Chlamydia. Syphilis can be transmitted by blood contact and also through sexual contact. The symptoms progress through four stages.  1)
2)
3)
4)

4. Genital Herpes: a virus (therefore not curable, only treatable)
5. AIDS (Acquired Immune Deficiency Syndrome): a virus (therefore not curable, only somewhat treatable) AIDS can be transmitted in four know ways  1)
2)
3)
4)
6. Human Papillomavirus (HPV) – the most common STD in the US, connected with 93% of cervical cancer cases.
Exposure to HPV increases risk for: Dyslpasia:
Genital warts:
HPV is spread by:

7. Pubic Lice (also commonly referred to as "crabs"):

What can be done to prevent STIs and STDs if a person chooses to be sexually involved? They should be: informed, observant, selective, honest, cautious, promptly tested and treated if potentially exposed.

Do you think sex education is important?

### Sex education should:

not try to replace the importance of parental involvement provide adequate and accurate information enhance responsible behavior

Recommendations for teaching sex education:

teach about high-risk behaviors give facts in a straightforward manner values – respect, well-being of self/others promote parental involvement

Besides potentially contracting an infection or disease another potential consequence of sexual activity is teenage pregnancy. If a person is sexually involved contraception needs to be considered.

No contraceptive method currently available is 100% effective 100% of the time except abstinence (obviously) and sterilization. For males sterilization is 100% effective after an approximate 6 month period.

Socioeconomic status and health:

Biological changes throughout the lifespan include:
Infertility: is defined as "the inability of a couple to achieve pregnancy after a year or more of unprotected intercourse" (Pillari, 1998).
Infertility in the U.S.:
There are many alternatives evailable to infertile couples within our culture
There are many alternatives available to infertile couples within our culture. Basics of Fetal development:
First trimester:
Second trimester:
Third trimester:
The Birth Process: begins with changes in the mother's hormone levels (endocrine system) causing contractions and labor.
Stages of labor: 1)
2)
3)

Depending on the birth position, medical intervention may alter the birthing process.
Once a newborn is delivered he or she is considered to be a "neonate". Neonates undergo several assessments to screen for potential functioning problems.
What is considered to be "normal functioning" of a neonate? Rooting reflex:
Sucking response:
Crosning reflect
Grasping reflex:
Walking reflex:
waiking tenex.
Moro's reflex:
Babinski's reflex:
Note: these reflex responses usually disappear within 3 –4 months.
Many factors can influence the health of a fetus and neonate:  Maternal diet:
Socioeconomic status:

Maternal stress and age:
Rh Factor: Genetics: Hyperlipidaemia –
Hypercholsterolaemia -
Fragile X -
Drug use (see handout "Drug-Related Damage That Begins Before Birth" – google search March of Dimes Illicit Drug use during Pregnancy) Fetal Alcohol Syndrome:
What if someone chooses not to have the baby or the baby dies? – reactions mirror the effects of any other type of significant loss (grief). We will discuss these issues with psychological processes.  What is normal Neonate and Infant development?

Growth:
Sleeping:
Walking:
Preschool development (approximately ages $2-5$ ) emphasizes the importance of locomotion $2-3$ year olds are referred to as toddlers
What should the average two year old be able to physically do?
What should the average three year old be able to physically do?

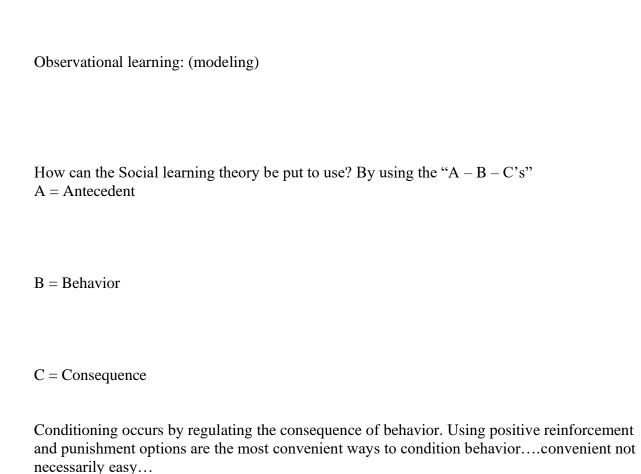
What should the average four year old be able to physically do?
"Middle" childhood is considered to be approximately age $6-12$ . In the U.S., middle childhood individuals are typically involved in elementary education. What is considered to be normal physical and motor development for middle childhood?
A child's level of nutrition from birth through middle childhood greatly influences his/her level of development.  Is there a difference between Adolescence and Puberty?
The average ages for males and females to reach puberty are:  Males:  Females:

What other physical changes occur during adolescence?
Early Adulthood is between the ages of 20 and 39. This is a time known culturally as one's "physical prime." Although this is true, not a lot of biological changes occur during early adulthood - except a progressive slowing down of the endocrine system resulting in potential changes in metabolism and memory.
Middle adulthood (approximately age $40-65$ ) is a stage in life where biological changes accompany aging and changes in social roles. Middle adult aged individuals are often referred to as the "sandwich generation" because of this connection.
Is there a double standard for aging (especially in middle adulthood) within the US culture?
The most noteworthy biological change during middle adulthood is menopause. Menopause is:
For women (and some men) menopause brings the potential danger of developing osteoporosis. What is osteoporosis and what can be done to prevent and treat it?

What is later adulthood?	65 – 74, "Young Old" 74 – 85, "Old" 85 +, "Old Old"
What does the term senescer	nce mean?
Some factors are know so sp	peed up the aging process, they include:
perceptions held by the indiv social, cultural, political con	
Cognition:	Jnit III: The Psychological Person
Emotion:	

Key components of personality:
Theories of Cognition: Cognitive Theory:
Information Processing Theory:
Social Learning Theory:
What are the distinctions for reinforcement and punishment? Reinforcement:
(+)
(-)
Punishment:

To effectively use reinforcement three issues must be addressed:  1)
2)
3)
To effectively use punishment five issues must be addressed:  1)
2)
3)
4)
5)
Respondent conditioning:



# Mechanisms of Behavior Change

	Definition	
		Examples
Positive Reinforcement	Encouraging any behavior by using a desired reinforcer as a reward.	Giving a child candy when he brings in a homework assignment.
		Saying "good girl" when a baby swallows a spoonful of cereal.
Negative Reinforcement	Encouraging any behavior by removing an aversive stimulus when the behavior occurs.	Ceasing to scold a child when he hangs up his coat after throwing it on the floor.
		Allowing a child to go out if the child throws a tantrum when asked to stay home.
Punishment	Aversive stimulus given as a result of an undesired behavior in an attempt to	Slapping a child for swearing at you.
	suppress the behavior in the future.	Sending a child to her room because she broke her brother's toy.
Extinction	Suppressing behavior by removing the reinforcers for it.	Ignoring a child when he has a temper tantrum.
		Removing all the video tapes near the t.v. because the child

plays the movies too loud.

# Solving Problem Behavior with Children

# Step 1: Define the Problem

Before you can solve a problem, you must define it clearly. Write down on a sheet of paper exactly what behavior problem you wish to solve.

## Step 2: Rephrase It as Positive Behavior

Write down the word Goal on your sheet of paper and underline it. Next to this word write down the positive alternative behavior to the problem behavior you just recorded. You now have two statements on your sheet: the problem, stated specifically, and the goal, the desired alternative to the problem.

# Step 3: List Your Options

Brainstorm as many possible options as you can think of to handle the problem behavior and achieve your goal.

# Step 4: Constructively Evaluate Your Options

Think about how each option on your list will work. Be reasonable and fair in your evaluation. Do not discard an option because it may take a little effort to implement. After considering each option rank each one on a scale of 1 to 10 (1 being the lowest and 10 being the highest).

## Step 5: Select the Best Option

The numbers next to each item guide your attention to those with the most desirable ratings. Consider each one carefully and circle the options you have chosen. Put the solution into practice for a week, and then reevaluate its effectiveness in solving the problem behavior.

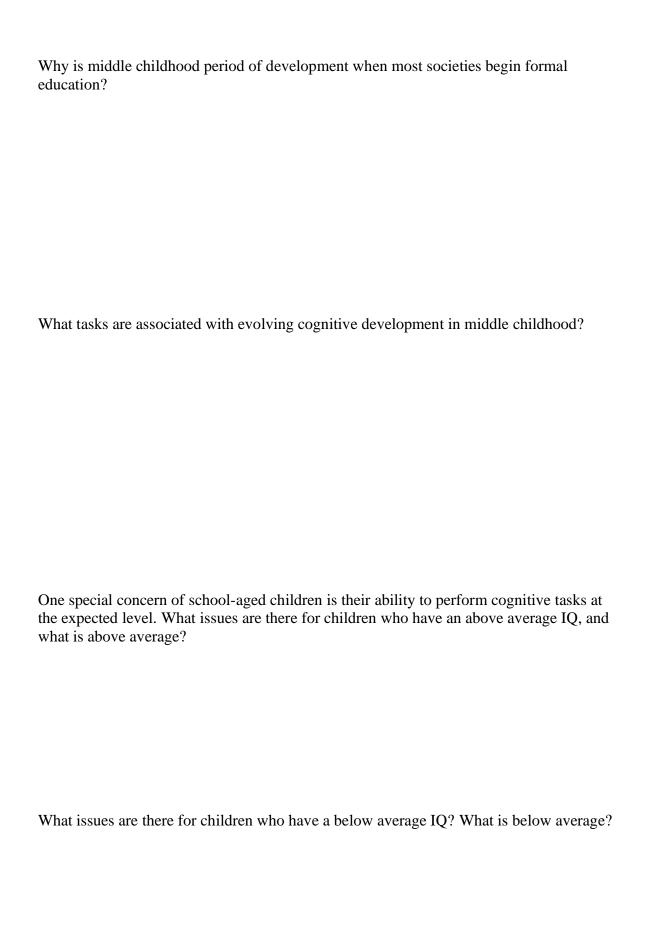
## Step 6: Compromise on Disagreements

Remember that you are trying out an option for a week or so, not changing your family routine for life. Compromise with the other adults involved in changing the behavior if a disagreement occurs.

### Step 7: Carry Out Your Plan and Evaluate Its Success

Child behavior problems are not likely to be resolved in just a few days - after a week or so of consistently following your plan, you can take time to evaluate its success. If it is not working, go back to your list and select another option.

Language development: 4 months:
8 months:
1 year:
18 months:
How can language development impact behavior and emotional control?
Language development is a very important task during childhood. What are some factors that influence this development that need to be considered?
Piaget considered middle childhood to be the period of "concrete operations" – why?



Levels of intellectual disability: Mild:
Moderate:
Severe:
Profound:
Individuals who have some level of intellectual disability are affected (in varying degrees) in four areas of competence: motor skills, communication skills, socialization skills, and daily living skills.
Other possible areas that are impacted are: attention, memory skills, self-regulation, language development, academic development, and motivation.
*It is important to help every individual function at their highest level (to maximize autonomy and help them access support and resources).
How are learning disabilities recognized? There are four main characteristics considered:  1.
2.
3.
4.
What are the potential causes of a learning disability? What are the symptoms?

Individuals with learning disabilities may suffer the effects in the form of developing a fear of failure, withdrawing from interactions, having a sense of helplessness and a low self-esteem. Ironically, most individuals with learning disabilities have above average IQ scores – they simply learn in a different manner than the majority.
Multiple Intelligences and cognitive processing:
How does coping factor in with emotional intelligence? What is emotional intelligence?
"We don't see things as they are, we see them as we are." – Anais Nin
What is moral reasoning?
Moral reasoning development occurs along with language and locomotion. What progress has an average preschool child made in this area?

How does moral reasoning expand during middle childhood?
Primary emotions:
Secondary emotions:
How can our past and present experiences influence our behaviors?
How we view ourselves and how others view us can greatly influence our psychological functioning. For example, the age at which an individual physically matures (by reaching puberty) can have lasting psychological and social impact. The differences are evident by gender.
Males who mature early:

Males who mature late:
Females who mature early:
Females who mature late:
Our internalized concept of self is influenced by many factors. Our view of our physical self is one fact to consider. Anyone who is highly critical of his or her appearance is at risk for potentially developing an eating disorder (a cognitive and emotional disorder). In the U.S. eating disorders frequently begin when an individual is an adolescent. Eating disorders are VERY complicated to treat because of the involvement of the individual's perceptions, values and self-esteem. Do not attempt to "treat" someone with an eating disorder without having specialized training to do so. Always refer the individual to a qualified professional.
In the US approximately 95% of the individuals diagnosed an eating disorders are female – why?
There are 3 main forms of eating disorders – in simple terms they are:  1. Anorexia Nervosa: "loss of appetite due to nerves"

2. Bulimia Nervosa: "ox-like hunger"
Some individuals develop a cycle of anorexia and bulimia.  3. Binge-eating disorder or compulsive eating (eating disorder NOS according to the DSM):
According to research pioneered by psychologist Devendra Singh, men worldwide prefer women with a hip to waist ratio that is approximately 0.7 (a waist that is 30% smaller than hips). This ratio was found to be more important to men than a woman's weight per se Singh, in continued research analyzed playboy centerfolds and beauty contest
winners for 3 decades and found that each had the 0.7 ratio regardless of weight.  What does this mean for the beauty standard that US adolescent females (and adult females as well) hold?
The most widely used criteria for measuring adulthood is whether a person can handle role transitions and can be independent in their functioning. How does an individual become what US culture considers to be independent?

What influences normative behavior for an adult?
Adult identity is shaped through effective communication – what is involved in effective communication?
Active listening:
I – messages:
No-lose problem solving:
Resolving collisions of values:
What is the distinction between a person who is non-assertive assertive and aggressive?
What is the distinction between a person who is non- assertive, assertive, and aggressive? A non-assertive individual devalues their own values and perspective by completely overlooking them and concentrating solely on the values and perspective of the receiver.
An assertive individual is considerate of their own personal values and the values and perspective of the receiver.

An aggressive individual is egocentric in their responses. They give no thought to the receiver's values or perspective.

Tips to becoming more assertive:

- assess your own actions
- focus on a specific instance and analyze how you reacted (eye contact, body posture, gestures, facial expressions, voice tone, inflection, volume, timing of comments, content of comments......)
- identify a role model and new assertive responses to try
- practice and continue practicing
- finally, expand assertive behavior and continue to practice

In assessing our capacity for learning throughout our lifespan, one question seems interesting to consider (in connection with our ability to have good communication) - why are middle-aged adults superior at games like scrabble?

Crystallized intelligence:

Fluid intelligence:

One final psychological issue to consider is also one of the most feared issues of later adulthood - the potential for dependence on others. How and why is this manifest in the US culture?

Additional Psychological issues throughout the lifespan include:

Experiences of trauma and psychological functioning:

Childhood:		
Adolescence:		
Adult:		
Threat activation response a	nd the amygdala (Limbic s	ystem)

Adult identity and economic success through one's employment can be impacted by sexual harassment. Sexual harassment (in general terms) involves any unwelcome advances, requests, and verbal/physical conduct between individuals What steps should be taken if an individual is experiencing sexual harassment?
1.
2.
3.
4.
5.
6.
Abortion: the voluntary termination of pregnancy before the fetus is able to live outside the uterus. (In most states this occurs during the first trimester and has been legal since the Supreme Court ruling Roe v Wade in 1973).
There are MANY ethical issues and long-term psychological consequences when an individual chooses to terminate a pregnancy.
Zastrow and Kirst-Ashman (1997) created a list of ethical principles involved in the decision to abort.
Protection of life:
Equality of treatment:

Autonomy and freedom:
Do the least harm:
Best quality of life:
Dest quality of me.
Privacy and confidentiality:
Truthfulness and full disclosure:
When an individual looses a pregnancy not by choice, but rather by a miscarriage or stillbirth, there are also lasting psychological issues. They will experience a grieving
process that can be hard to address. What are some general issues to look for when someone experiences a loss of this type?
Assessing for Depression, beginning with middle-aged children. Younger children can be depressed, but their emotional intelligence has not matured to the extent we would expect
for a diagnosis of depression. In middle-aged children their psychological functioning is progressed enough to always assess for depression. At this age, depression does not
present itself in the same form as adult depression it is often referred to as masked depression.

Symptoms of masked depression:

Depression that begins in middle childhood will most likely reoccur. What are the potential consequences of this?
When a person (any age) reports being depressed or contemplating suicide, this should ALWAYS be taken seriously. There are many factors that contribute to a person feeling depressed and contemplating suicide these include:
There are many cultural myths associated with suicide. There are also many incorrect approaches to take when dealing with a suicidal person. To be effective and helpful:  - it is important to remain calm and to be supportive  - try to help the individual identify the loss and focus on the problem  - help the person latch on to the will to live  - give suggestions and options for help  Using the SAD PERSONS scale is one method for assessing a person's risk for suicide.  The individual gate one point for each area that applies to their cituation
The individual gets one point for each area that applies to their situation.  S sex:
A age:

D depression:	
P previous att	rempts:
E ethanol (sul	bstance abuse):
R rational thi	nking loss:
S social suppo	ort problems:
O organized p	olan:
N no spouse:	
S sickness: Scoring:	<ul> <li>0 - 2 points, safe to go</li> <li>3 - 4 points, follow-up but safe to go</li> <li>5 - 6 points, needs intervention (potentially hospitalization)</li> <li>7 + points, extreme risk - commit to care</li> </ul>

The SAD PERSONS scale is simply an assessment tool – trust your instincts.

"Question negative self-talk before it becomes destructive. And don't believe everything you feel and think. Just because you sometimes believe you're worthless, unlovable, and stupid doesn't mean you actually are these things." Victoria Maxwell

1 John 3:18- 20

## **Unit IV: The Psychosocial and Spiritual Person**

Human beings were created to be social, from our birth throughout our life journey.
Attachment and bonding:
Separation Anxiety: separation from the primary caretaker (also known as a Meta pelet) causes a three-stage reaction in the child.  1) Protest:
2) Despair:
3) Detachment:
What does this reaction suggest?
How does attachment influence a child's ability to form relationships in the future?

What are the recognized forms of attachment?
Caretaking issues: As a society, we assume that females naturally fall into the role of mothering is this true? What about males in the role of fathering?
Social development: The style of parenting used as well as the level of parental warmth (responsiveness and affection) affects a child's social development.
What are considered to be the different styles of parenting? Authoritarian:
Authoritative:
Permissive (laissez-faire):

Any consistent extreme in style can have a negative impact on a child's social development. However, the use of each style is appropriate at times.
How does socioeconomic status influence parenting styles?
How do siblings influence the social development of a child?
How is a child's play significant to development?
How does play change as the child matures?

How does watching T.V. influence a child's social development?
What role does school play in the socialization of children?
What influences a child's school performance?
How does a person's self-concept and self-esteem evolve during middle childhood?

Children with positive self-worth are happier and more involved in activities. Children with negative self-worth are more depressed and tend to be watchers rather than doers. How does a parent's interaction with a child influence the development of worth and the child's ability to function in a social setting?
What can occur when a person is a victim of bullying?
How does an individual develop a social identity?
Erikson proposes that the task of young adulthood is to resolve the conflict of intimacy versus isolation. What exactly is intimacy versus isolation, and how do males and females approach this dilemma?  Intimacy:
Isolation:

Males:
Females:
Thomas Harris proposed a theory in 1969 referencing the idea of life scripts. A life script is a plan of interaction formed during childhood based on early beliefs and perceptions about oneself and others. There are four general life scripts:  1.
2.
3.
4.
A contemporary of Harris, Eric Berne had a different take on approaches to interactions. He proposed that some individuals constantly interact using a set of transactions with a gimmick (some overt and also covert scheme). He called these transactions "intimacy games". Some of the more recognizable games include the following: "Why don't you? Yes but"
"One up"
"Poor me"

"There I go again"
"Confession"
"Look how hard I have tried"
From time to time everyone reverts to using a form of intimacy game – this is not a problem. The problem occurs when a person can only interact using a game.
Being single and marriage: between the ages of 20 –25, approximately 75% of men and 60% of women in the US are single. The median age of first time marriage is 28.7 for males and 26.7 for females – so what is the pressure to marry while in college all about?
Marriage serves two recognized social purposes: 1.
2.
Why do people choose the mates they have? Propinquity:
"Ideal" mate:
Congruence in values:

Homogamy:
Complementary needs:
Compatibility:
Psychologist Davis Buss, between 1984 and 1989, surveyed over 10,000 people from 37 cultures and 6 continents asking what they wanted in their mates. He found that men worldwide want physically attractive, young, sexually loyal wives who will be faithful until death. (These traits were universal across cultures and absent in none). He found that women worldwide wanted men who were stable in their jobs and a financial success over any physical attributes. Do you think the results of this research would hold true today?
Marriage is influenced by one's ethnicity and cultural experiences, as well as one's education and employment. Having a happy marriage has been linked to the following benefits:
What about individuals who choose to live together (cohabitate)?

What about individuals who are gay or lesbian – how do their relationships work?
Approximately 30% of first time marriages in the US will end in divorce. 50% of all the marriages end in divorce. What causes so many divorces in this culture? What changes occur for the divorced individuals?
Nearly 80% of divorced individual's will remarry (serial monogamy) – what adjustments will they face?
What happens to a child's development when his/her parents decide to divorce?
What are the gender differences in how children are impacted by a divorce?

What factors are related to how a child adjusts after a divorce?
What if the child is not a child anymore – how do they react/adjust after a divorce?
Assuming a family stays together, what adjustments in family roles will "Sandwich generation" face?
How does marriage change in middle-adulthood?
There are many adjustments in social systems in later adulthood. What are some of the adjustments that individuals may face?

Erikson proposes that older adults must resolve the dilemma of integrity versus despair. What factors influence the resolution of these issues?
How do family relationships change in later adulthood?
Grandparenthood and family involvement is different for men and women in what ways?
How have grandparent's roles changed in our current society?
What are the types of stress?
That are the types of stress.
How does the body (and mind) deal with stress?

"Fear of loss, isolation, and abandonment are a death threat to the amygdala, which pushes us into a fight-or-flight mode. The most important work involves soothing the amygdala, as well as generating love, compassion, and wisdom from our cerebral cortex." Ravi Chandra
Matt. 6:34
What is trauma?
People are more likely to be traumatized when
Some individuals have inadequate coping mechanisms and may also have maladaptive behavior in relationships. Let us briefly explore stress and the connection to violence. The US has a high rate of violence – including violence in intimate relationships. Our areas of focus will be child abuse, sexual assault, domestic violence and elder abuse.

Child Abuse: a very brief overview of the signs and symptoms based upon report data

"Typical" Survivor Average age just over 7

Up to age 11, boys more frequently abused

Ages 11-17, girls more frequently abused \*Why could this be true?

Characteristics of abusive families
Low incomes
On public assistance
2+ children
Women more likely to perpetrate than men
\*Why these characteristics?

Characteristics of abusers
Need for support and nurturance
Social isolation (lack of social supports)
Can't care for child because of own needs
Do not know how to have a nurturing family
Marital or relationship problems
External stress and life crisis
\*Why these characteristics?

Physical child abuse indicators bruises lacerations fractures burns head injuries internal injuries \*What should be considered?

Behavioral indicators of physical abuse Overly compliant, passive Extremely aggressive, demanding, rageful Role reversal or extreme dependency Significant lags in development \*What should be considered

## Characteristics of neglected children

Abandonment

Inadequate: supervision

clothing shelter hygiene nutrition medical care dental care education

\*What should be the guiding standard in assessing neglect?

## Physical indicators of sexual abuse

venereal disease problems with throat or mouth difficulty with urination penile or vaginal discharge bruises in genital area pregnancy

\*What should be considered?

Behavioral indicators of sexual abuse withdrawn or very aggressive behavior difficulty in peer interaction odd behavior related to sex statements that seem odd \*What should be considered?

\*Abuse in any form is NEVER the fault of the child ..... certain issues such as substance use do not "cause" abusive behavior. It is the perpetrator's responsibility to maintain control of their own behavior.

Individuals in later adulthood are not free from perpetrators and interpersonal violence. What is elder abuse and who is the most likely target?

According to research on convicted perpetrators of elder abuse, there are some common profile characteristics including:

The types of elder abuse are defined by each individual state. However, some general definitions include:
Physical abuse:
Neglect:
Exploitation:
How does elder abuse assessment overlap with child abuse assessment?
What are some key distinctions between elder abuse and child abuse?

Sexual assault: What are some of the common myths?
What can be done to help prevent an attack?
What are some characteristics of people targeted for sexual assault?
What facts are brown about according
What facts are known about sexual assault?

According to studies of convicted rapist – the typical profile of a perpetrator includes an individual who: under age 25 (61%) alcohol or other substance use use pressure against individual have peer groups who endorse violence see individuals as objects not human beings enjoy violent pornography do not murder their target power and control issues repeat the crime Although these characteristics are recognized, it is extremely difficult to establish a profile to use for every perpetrator of sexual assault. Survivors of sexual assault experience a reaction closely aligned to Post Traumatic Stress Disorder called "Rape Trauma Syndrome". Acute phase: Long-term:

When dealing with a survivor, provide as much warmth and support as possible. Link them with support groups and resources and help them to rebuild trust in themselves, their environment and in others.

Interpersonal (Domestic) Violence: is the greatest potential intervention call resulting in physical injury for police officers....Why would this be the case?

How have mandatory arrest laws impacted situations with interpersonal violence?
What are some reasons that individuals experiencing interpersonal violence choose to stay in the situation?
According to studies of convicted perpetrators of interpersonal violence, what are some common characteristics?

How important is a person's social support system to their functioning?
What is the connection to a person's spirituality and "problems in living"?
The Physical Environment and Cultural Influences throughout the lifespan:
How does family socioeconomic diversity an individuals functioning?

When considering it is important to understand the family's uniqueness (social class, composition, ethnic/racial heritage, religion, level of education) ***Always respect the families beliefs, differences, lifestyle, etc. and look to address the needs of all the family subsystems.
How can the social and cultural atmosphere impact who experiences problems in adolescence?
What is the difference between a status offense and delinquency?
Substance Abuse: an individual's psychological and physical and spiritual state affect the use and abuse of a substance.  What are the most frequently abused substances by individuals in the U.S.?
Dropping out of school: All states have some form of mandatory school attendance law (most until age 16), however, 15% of all US citizens do not complete high school or the equivalent – what are the implications for these individuals?
Gang Involvement:

Work plays a large role in an individual achieving continued development in adulthood in the US. What are the basic roles work plays within the U.S. culture?
Middle adulthood is a time when most men and women reach their highest status and income level. Why is this the case?
How is gender discrimination evident in the work force?
What is a "glass ceiling"?
Because of high status well-paid positions, many middle-aged workers (especially women, minority individuals, and unskilled or semi-skilled workers) become jobless when the economy is hurting. What is the impact of joblessness?

Retirement is a fairly recent sociological phenomenon – how does retirement impact an individual?
Death: the process of death has been removed from our everyday experience compared to previous generations. What has changed?
How are individuals impacted by grief?
The theory proposed by Elisabeth Kubler-Ross is widely recognized and used for studying the grief process. Her theory not only applies to loss due to death, but also any significant loss (such as the loss of a relationship, the loss of a job, the loss of a beloved pet, etc.) There are five stages of grief proposed by the theory:

Coping with grief (and helping those experiencing grief):
Tips for relating to dying individuals and their loved ones:
How can your faith be an asset you to in helping others address their own needs?