

A Case Study of Social Work Intervention in Behavioural Deviations of Adolescents with Intellectual Disabilities-Based on the Cognitive Behavioural Therapy Model

Yuxi Cao

Shihezi University, Xinjiang, China

EMPxixi0131@163.com

Abstract. Through reflecting on the case practice of an adolescent with intellectual disability, the article explores how social workers should use their professional skills to intervene in the behavioural deviation of adolescents with intellectual disability under the cognitive-behavioural therapy model. In designing and implementing services, the primary intervention goal of social workers is to help adolescents with intellectual disabilities to correct their misperceptions in personal behaviour, family relationships and social interactions, so as to enable them to have a correct understanding of themselves and to promote the healthy growth of adolescents with intellectual disabilities.

Keywords: Social Work Intervention; Adolescents with Disabilities; Youth Social Work.

1. Introduction

Adolescence is a critical stage of self-knowledge, self-worth reflection and plasticity. Adolescents at this stage are in the process of establishing their world view, outlook on life and values. Compared with ordinary adolescents, adolescents with intellectual disabilities lag behind ordinary adolescents in physiological, psychological and spiritual development due to their own conditions, and are unable to form a correct understanding of some life events on their own, with insufficient cognitive ability, language expression ability and self-control ability, often accompanied by emotional problems, and are more likely to have behavioural deviations. Behavioural deviation refers to behaviours that violate or are inconsistent with social and moral norms and that affect or harm themselves, others and society. Failure to intervene in a timely manner to help adolescents with intellectual disabilities perceive their disabilities and themselves, and to help them integrate positively into society, not only harms the adolescents with disabilities themselves, but also affects the harmony and stability of society.

A social work service organisation in a city, Xinjiang Uygur Autonomous Region, followed up the case of an adolescent with intellectual disability from September 2023 to April 2023. This paper takes this case as the object of study to explore the specific manifestations and causes of behavioural deviations of adolescents with intellectual disabilities, and how social work methods can be used to effectively intervene in the behavioural deviations of adolescents with intellectual disabilities under the cognitive-behavioural therapy model, providing them with precise services of cognitive and behavioural therapy to promote healthy growth.

2. Basic Information on the Case

Case Z, female, 15 years old, intellectual disability level 4, is currently enrolled in the third year of junior high school at a general secondary school in S city. Because of her intellectual disability, she has poor concentration, is easily distracted and has a low memory, so her parents do not place much demand on her academics, and her academic performance is poor and at the lower end of her class. He had high self-esteem, had a poor relationship with his classmates, and engaged in bad behaviour such as lying and stealing.

The father is 50 years old, unemployed, occasionally works odd jobs and has a violent personality. Her mother is 55 years old, retired, and has Grade 2 intellectual disability. The complainant was taken

care of by his maternal grandmother and paternal grandfather when he was a child, and his parents were not involved in his upbringing and had a distant relationship with him. The maternal grandparents neglected to communicate with the complainant while caring for him, and often had arguments, which led to the complainant's bad moods, and sometimes even to his insulting them, and family relations were strained.

3. Analysis of the Specific Manifestations and Causes of Behavioural Deviations among Adolescents with Intellectual Disabilities

3.1. Constructing a Fantasy Self Through Lying

In the process of interacting with people, the caseworker constructs a "perfect" self to outsiders through lying, believing that she is outstanding and unique, and expects others to see her in this way, and desperately wants to establish good relationships with others with her fantasy persona to attract their attention. At the beginning of the intervention, the caseworker told the social worker that she was born in Shanghai, and that her mother ran a "listed company" worth hundreds of billions of dollars, and that she came to school in S city because the company had gone bankrupt, and she also told the social worker that she had a relationship with her boyfriend when she was in primary school. However, when asked again by the social worker, the caseworker denied this, which shows that the caseworker is used to establishing relationships with others by lying to attract attention.

The caseworker is self-centred and prone to conflicts and clashes with her classmates at school. She interpreted the cause of the conflicts as teachers' and classmates' disrespect or even deliberate exclusion, which made her feel lonely and her self-esteem was undermined. This made her feel lonely and her self-esteem was undermined. In addition, the complainant believed that people would only be friends with "perfect" people such as "good-looking", "good student" and "rich". The case study believed that people would only be friends with "perfect" people such as "good-looking", "good student", "rich", etc. In the case study's perception, showing her "perfect" persona to others will attract attention and she enjoys the feeling of being noticed. These irrational perceptions of herself and her surroundings lead the caseworker to engage in lying behaviours as a way of exaggerating her sense of self-importance and indulging in endless fantasies of success, beauty and perfection. Due to her intellectual disability, the caseworker's comprehension and discernment skills are poor, and she is unable to distinguish between fantasy and reality. This, coupled with the caseworker's strained family relationship, difficulties in communication, and lack of proper guidance, leads to the caseworker's inability to detach herself from her fantasies.

3.2. Inability to Control Their Emotions and Abusive Behaviour Towards Carers

The caseworker's family relationships were strained and lacked proper and effective communication. The caseworker was unable to control her emotions when dealing with her primary caregiver and often displayed confrontational behaviour such as verbal abuse of her maternal grandfather and grandmother.

In the course of the case's growth, the parents' role was missing, and the primary carer lacked the skills to communicate properly with the adolescent with intellectual disability, adopting a reprimanding and blaming approach, which would very easily lead to the case's emotional outburst. Child psychologist Jean Piaget's Three Hills Experiment pointed out that the ability to put oneself in other people's shoes is closely related to a young person's intelligence level and age. Due to her intellectual disability, the caseworker found it difficult to think differently. She could not understand her family's expectations of her, and this led to distorted cognition: she believed that she would be disciplined by her family for everything she did, and that her family was not satisfied with everything she did, and always scolded her. Under the influence of the distorted perception, the client developed negative emotions such as boredom and anxiety, and was reluctant to communicate with her family. Due to her intellectual disability, she was unable to control her negative emotions, and she often

displayed abusive and confrontational behaviours towards her caregivers, which led to the estrangement and even deterioration of her family relationship.

3.3. The Act of Stealing

The complainant had stolen money from her home to take to school on several occasions, the most being \$300. After stealing the money, she would ask her classmates to buy snacks at the school kiosk or "lend" it to her "girlfriends" to get their attention.

As an adolescent with intellectual disability, the caseworker's moral concepts and self-control have not kept pace with her physical development [1-4], and she has a simple mind and uncontrolled behaviour. In short, she did not think that "stealing money" was a wrong behaviour. In addition, she refused to communicate with her caregiver because of her strained family relationship, and thus lacked education on moral norms. In her perception, she believed that if she had money, her classmates would pay attention to her and make friends with her. The caseworker happened to see that there was money in her home, and thus the behaviour of stealing money from her home.

4. Intervention Strategies and Effectiveness Evaluation of Social Workers in the Cognitive Behavioural Therapy Model

4.1. Cognitive Behavioural Therapy

Cognitive-behavioral therapy (CBT) is a broad category of psychotherapies that includes both cognitive and behavioral therapies, and is the sum of a series of psychotherapies that reduce dysfunctional emotions and behaviors and improve psychological problems by changing an individual's non-adaptive patterns of thought and behavior.

The underlying theory of cognitive behavioural therapy is derived from the information processing model, which holds that people's behaviour and feelings are influenced and determined by their perceptions of things. For example, if people perceive danger in the environment, they will feel nervous and want to escape. People's perceptions are based on attitudes and assumptions from their past experiences. Beck points out that mental disorders do not arise as a direct consequence of an inciting event or a favourable stimulus, but through cognitive processing, under the influence of distorted or erroneous thinking. He also pointed out that erroneous thoughts often take the form of 'automatic thoughts', i.e., they are often unconscious and therefore not easily recognised. Different psychological disorders have different components of cognitive distortions, so cognitive behavioural therapy focuses on correcting the patient's thinking distortions.

Cognitive processes determine the emergence of behaviours, while changes in behaviours can also cause changes in cognition. This interactive relationship between cognition and behaviour often manifests itself in a vicious circle in the caseworker, i.e. wrong cognitive concepts lead to maladaptive emotions and behaviours, which in turn affect the cognitive process, giving evidence to the original cognitive concepts, making them more consolidated and hidden, and causing the caseworker's problems to become more serious step by step. When people experience psychological distress, they see themselves and things differently than usual, their thoughts become extreme and full of helplessness, which makes them feel worse, and accordingly some behavioural deviations occur.

Cognitive Behavioural Therapy proposes three intervention pathways for these behavioural deviations.

One is the cognitive change path, i.e. changing the caseworker's behaviour by changing the caseworker's cognition, which can be done by techniques such as cognitive substitution, logical debate, empirical evidence, change of evaluation criteria and stimulation of motivation to change;

The second is the behavioural change pathway. If the caseworker's cognitive distortions lack the necessary empirical evidence to be corrected, the caseworker can be asked to make a behavioural change first, through which he or she can obtain a different result from the past, and the most

important technical method of this is the behavioural trial. Behavioural experiments refer to letting the caseworker try to do some behaviours that are different from those in the past, and through such behaviours, the caseworker can see the actual results (which may be different from what was expected), and the results of such experiments constitute the evidence needed for cognitive change, and as the evidence increases, the caseworker's cognition and behaviour will also change. Behavioural trials can help to verify that the caseworker's perceptions are correct and can also help the caseworker to try or learn new ways of behaving. In this case, a prophecy validation test in behavioural test is adopted, which means that based on the caseworker's distorted cognition, the prophecy of a certain situation that occurs to the caseworker in a specific situation is tested and it is observed whether this prophecy is validated or not, if it is validated, it means that the caseworker's cognition is correct, and vice versa, incorrect .

Thirdly, the path of behavioural consequences. Sometimes the consequences of a caseworker's behavioural deviation are not immediately apparent, and sometimes the caseworker is able to benefit from the behavioural deviation (e.g., theft), in which case consequences need to be artificially assigned to the behavioural deviation to motivate the caseworker to make behavioural corrections. Techniques such as punishment, reinforcement, extinction and differential reinforcement can be used.

4.2. Intervention Strategies

4.2.1. Amendments to the Lord's Misconceptions About Building Good Relationships and Changing Lying Behavioural Biases

When social workers intervene to amend the caseworker's misperceptions through cognitive change pathways, they can adopt logical debates and empirical evidence, and with the help of conversations, persuasions and questions, they can observe whether the caseworker's cognitive concepts are supported by facts and whether they are supported by sufficient facts. On this basis, the caseworker is guided to think, led from fantasy back to reality, helped to identify, test and amend her wrong perception of establishing a good relationship, and finally constructed a correct behavioural pattern in the cognitive structure.

On the one hand, once the social worker finds that the caseworker has strong egocentricity and lies for the fantasy world, she should point out the loopholes in the lies and puncture the lies with calm verbal interactions or factual evidences; she should also intervene in the caseworker's lying behaviour by adopting appropriate educational methods, so as to help the caseworker to gradually get out of the fantasy world and move towards the reality; on the other hand, she is encouraged to be a "good child" who is liked by others, and the criteria of "good child" are told to her. On the other hand, the caseworker was encouraged to be a "good child" who was liked by others, and was told the criteria of a "good child", which included sincerity, love of labour, etc., and was guided to think about how to interact with others in a positive and correct way. It was also emphasised that people only like to play with "good kids", so that the "good kid" criteria could serve as a stimulus for the caseworker. This kind of cognitive intervention has some effect on the client, but due to the client's intellectual limitations, he/she is very easy to forget, and the consolidation and maintenance of his/her behaviours are poor. Therefore, the social worker needs to keep emphasising and interrupting her fantasies in the course of the service, so as to help her realise the integration of her fantasy self and her real self.

4.2.2. The Amendment Mainly the Distorted Cognition of Family Relations and Changes the Antagonistic Behavior Bias

In response to the caseworker's distorted perception of family relationships, the social worker can intervene through a behavioural change pathway during the intervention. In the name of behavioural experimentation, the social worker can help the client to realize that the reality is not what she has imagined, and to improve her negative emotions, so as to change her confrontational behavioural deviations, such as verbal abuse, in the process of getting along with her caregiver.

First of all, the social worker can communicate with the case's family, explaining to the case's maternal grandfather and grandmother the importance of correct parenting style to the child's development, and asking them to be patient and learn to listen when dealing with the case. Afterwards, the social worker invites the case to conduct a behavioural experiment, based on the case's distorted perception that "no matter what she does, she will be scolded by her family", encourages the case to take the initiative to share with her family what she has been doing lately, and predicts that "your family is willing to have a good chat with you". The positive feedback received from the family members through several trials was positive. Positive feedback from the family members through repeated trials helped the client to revise his or her previous distorted perception of family relationships. In such a situation, the caseworker no longer feels negative emotions from the family and naturally will not engage in confrontational behaviour, and the caseworker's family relationships will improve.

4.2.3. The Amendment Aims to Rectify Misconceptions About Individual Behavior and Alter the Behavioral Deviation Towards Theft

In response to the caseworker's stealing behavioural deviation, the social worker can intervene through the behavioural consequence pathway by adopting behavioural modification techniques such as punishment and reinforcement. Punishment refers to assigning a negative consequence (e.g., fine, demerit) to the caseworker's behaviour so that the caseworker abandons the problematic behaviour; reinforcement refers to assigning a positive consequence (e.g., praise, bonus) to the caseworker's behaviour so that the caseworker is willing to repeat the good behaviour.

When the social worker intervenes, she first clarifies to the caseworker that the stealing behaviour is wrong and agrees with the caseworker that if she repeats the stealing behaviour, her weekly pocket money will be cancelled. This consequence will make the caseworker suffer the loss of her pocket money and she will not be able to gain attention from her classmates through the money. In view of this, the caseworker will realise that she has to give up her stealing behaviour if she does not want to suffer the punishment. At the same time, the social worker has to use the reinforcement technique. If the caseworker does not steal anymore, the social worker has to give her praise and encouragement. In addition, the social worker should also discuss with the client what kind of personal behaviour is positive and correct, and educate the client about social moral norms, so as to help the client to correct her misperceptions about her personal behaviour, which will reduce the likelihood that she will display the behavioural deviation again.

4.3. Impact Assessment

On the whole, after 10 months of service, the caseworkers' initial refusal, resistance and non-cooperation have gradually become more receptive, co-operative and proactive. Throughout the process, the social worker and the caseworker got along more and more harmoniously, and the caseworker was able to gradually recognise her own problems, gradually detached herself from fantasy and returned to the real world, accepting her own deficiencies in academic performance and interpersonal interactions, and making improvements. The caseworker gained a clearer understanding of the surrounding environment, learned ways to adapt to the environment and get along with others, and was able to actively communicate with classmates and family members, making progress at the cognitive and behavioural levels. In addition, her lying and stealing behaviours have been corrected, and with the social worker's encouragement and guidance, she has reduced her psychological inferiority complex. Through the comparison of her behaviour before and after the intervention, the social worker found that her state had changed for the better, and she had become more optimistic and positive, so the intervention effect was quite obvious.

5. Reassessment

As a socially vulnerable group that cannot be ignored in today's society, the number of young people with intellectual disabilities has been on the rise and is one of the main targets of our social work.

They are at a critical period in their life development journey, and any difficulties and challenges they encounter during this period in terms of personal, family, education and social participation may have an irreversible impact on their whole life.

Due to their impairments, adolescents with intellectual disabilities are unable to form correct perceptions of life events around them, which may be accompanied by emotional and behavioural problems. In this case, when designing and implementing the service, the social worker focused on helping the adolescent with intellectual disability to correct his/her misperceptions and establish correct behavioural patterns in his/her cognitive structure. This can effectively improve the misperceptions and behavioural deviations of the case, promote more harmonious family and social relationships, and bring substantial changes to the case, so that the case can grow and live better in the future.

References

- [1] Wang ZP. Analysis and Correction of the Problems of Illegal Offences of Deaf and Mute Youth[J]. Contemporary Youth Research,1989(05):11-14.
- [2] Wang Zhiping. Analysis and correction of the illegal and criminal problems of deaf and dumb teenagers [J]. Contemporary Youth Studies, 1989 (05): 11-14.
- [3] David Westbrook et al. Cognitive-behavioral therapy: technology and application [M]. Fang Shuanghu, et al. Beijing: China Renmin University Press, 2014:169-181.
- [4] (American) by Baker. Foundation and application of cognitive therapy [M]. Beijing: China Light Industry Press, 2013.06.