For this Discussion, read the case study of Dalia and consider what you, as her social worker, would do if you observed self-harm indicators.

Social Work

Post a brief explanation of self-harming behaviors that Dalia is exhibiting. Describe theoretical approaches and practical skills you would employ in working with Dalia. How might familial relationships result in Dalia’s self-harming behavior? Please use the Learning Resources to support your answer.

**Working With Children and Adolescents: The Case of Dalia**

Dalia is a 14-year-old, biracial female of African and Irish American descent who resides with her parents in a middle-class suburb. She is the youngest of three children and is currently the only child remaining in the home. Dalia’s parents have been married for 25 years. Dalia’s father works in the creative arts field with a nontraditional work schedule that has him gone overnight and sleeping late into the morning. Dalia’s mother is an executive who works long hours. Dalia was diagnosed with sickle cell anemia in early childhood and was hospitalized multiple times. At present, Dalia’s health is stable with the last serious episode occurring 2 years ago.

Dalia’s parents reported that until middle school, Dalia was an easygoing, good-natured youngster who enjoyed singing and participating in activities with her peers and family. Dalia denied any problems with drugs or alcohol but admitted to drinking with friends. Dalia described her family relationships as tense, stating, “My dad lets me do what I want” and “My mother is always trying to control me.” Dalia described her relationship with her older brother, who lives in another state, as “cool,” and her relationship with her older sister, a college sophomore, as “not cool.”

Dalia’s parents sought out counseling services for behavioral issues on the recommendation of her school. The issues included argumentative behavior with authority figures, physical altercations with peers, poor concentration in class, irritable mood, verbal combativeness when confronted, truancy, and highly sexualized behavior with male peers. At home, Dalia had become more argumentative and physically threatening. Her parents had discovered that she and her friends drank alcohol in their home. Dalia’s parents also reported that she was up most of the night and slept most of the day. They also reported that her mood was highly irritable and that she was extremely impulsive. She had no interest in getting involved with any extracurricular activities, stating that those things are “corny and boring.”

In the first meeting, Dalia and her mother both appeared agitated with each other and became argumentative when going through the intake information. Dalia quickly told me that she was not planning to talk about anything because this meeting was her parents’ idea. She stated, “I don’t have any problems, my parents do.” Soon into this first visit, Dalia blurted out that her mother was upset with her because she had just shown her a tattoo she had had done recently, purchased by using a fake ID. I acknowledged her news and asked if this was the way that she usually shared important information with her mother. Dalia shrugged and stated, “I don’t know. I figure I better her tell her now before she gets too busy.”

I asked both Dalia and her mother what their expectations were for counseling and what each would like to get from these visits. Dalia’s mother seemed surprised and stated, “This is for her. She better change her attitude and start to focus on school.” I explained that often it is helpful to have sessions both individually and with family members. I pointed out that because family issues were identified it might be productive to address them together. Dalia’s mother agreed to attend some meetings but also stated that her time was limited. I was told that Dalia’s father would not be able to join us because he was never available at that time.

Dalia and I began sessions alone, and her mother joined us for the second half. During the family sessions, we addressed the communication breakdown between Dalia and her mother and Dalia’s at-risk behaviors. Individual sessions were used to address her impulsive behavior and self-esteem issues.

In individual sessions, Dalia talked about how the family had changed since her sister left for college. She said her parents stopped being present and available once her sister went away to school. She said she spent more time on her own and her behavior was under more scrutiny. Dalia also talked about her sister, describing her as an excellent student and very popular. She said her teachers in middle school would often compare Dalia to her sister, making her feel unsuccessful in comparison. During a family portion of a session, Dalia’s mother initially disagreed with Dalia’s point of view regarding how the family had changed, stating, “She’s just trying to trick you.” I encouraged them to discuss what was different about the family dynamics now compared to when the older sister was at home. We discussed how the family had changed through the years, validating both perspectives.

In time, I was able to have Dalia’s father join us in some of the family meetings. He said he felt Dalia’s behaviors were just a stage and part of being a teenager. Dalia’s parents disagreed openly in our sessions, with each blaming the other for her behavioral issues. During these sessions, we addressed how they each may have changed as their children matured and left home and how this affected their availability to their youngest child. I helped them identify what made Dalia’s experience distinct from her siblings’ and examine what her high-risk behaviors might be in reaction to or symptomatic of in the family.

In the course of the family work, the realities of being a biracial family and raising mixed-race children were also addressed. We discussed how the parents navigated race issues during their own courtship and looked at the role of acculturation and assimilation with their children in their social environments as well as respective families of origin. Educating both parents around race and social class privilege seemed fruitful in understanding distinctions between what they and their children may have faced.

After 12 weeks it was agreed that therapy would end because Dalia would be starting high school and the family felt better equipped to address conflict. The family had made some changes with the household schedule that increased parent–child contact, and Dalia agreed to more structure in her schedule and accepted a position as a camp counselor in a local day camp for the summer. Termination addressed what was accomplished in this portion of therapy and what might be addressed in future counseling. The termination process included reviewing the strategies of conflict resolution and creating opportunities for family contact and discussion in order to reinforce those behavioral and structural changes that had led to improved communication and conflict reduction.