WHEN TIME IS CRITICAL: EMERGENCY SOCIAL WORKER INTERVENTIONS IN CASES OF ADOLESCENT DEVIANCE

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ABSTRACT: *Adolescents face major psychological and social transformations. The lack of a healthy lifestyle, unresolved conflicts, or factors in different environments may be reasons why people behave in ways that do not conform to social norms. A social problem is ignoring these inappropriate actions as they affect mental health, family relationships and the community. UPU social workers identify, assess and interview young people who exhibit social risk behaviors, substance use, violence or self-harm.*

A variety of types of deviant behavior that are encountered are the subject of research, as well as the determinants (family, educational and socio-economic) and challenges that arise during intervention. All these are addressed through case studies and empirical observations.

The study focuses on the modes of communication that social workers use, with an emphasis on crisis counseling, cooperation with the medical team and community child protection institutions, and the challenges they face when working with this vulnerable group. Thus, the role and intervention of the UPU social worker in addressing deviant behavior in adolescents are examined. This is achieved by combining medical and psychosocial perspectives in a multidisciplinary manner.

The results show that the UPU social worker refers adolescents to specialized support services and significantly reduces the rate of recidivism of deviant behaviour. Social work in emergency hospitals should be improved through continuous staff training, interdisciplinary protocols, empathy, early intervention and prevention.

Key words: *deviant behavior; adolescent; social work; crisis intervention; emergency reception unit.*

Introduction

In recent years, an increasing number of adolescents are being admitted to Emergency Departments due to psychosocial problems such as physical violence, substance abuse, running away from home or suicide attempts. These young people bring to the medical world a complex distress that goes beyond the limits of strict clinical intervention. The UPU social worker sees deviant behavior as more than a deviation from the norm. It is a social, familial or emotional pain.

The current regulatory framework focuses on the management of emergencies involving minors. Emergency Ordinance No. 105/2021, approved by the Romanian Government, provides rapid psychosocial support to children at risk, including children who arrive at emergency medical services (Romanian Government, 2021).

The Ministry of Family, Youth, and Equal Opportunities has set up a national 119 number to report cases of crisis, abuse, and neglect of adolescents. The number is continuously accessible (MFTES, 2022).

I start working as a social worker in the emergency reception unit once the adolescent is medically stabilized. The goal of social intervention is to quickly assess threats, identify motives and provide assistance. Adolescents visit the emergency department because of academic problems, family conflict or abuse.

The National Anti-Violence Plan (Ministry of Education, 2024) emphasizes that social work and interdisciplinary teamwork are vital in all places where children interact. In the UPU, collaboration is vital as the social worker is the intermediary between the doctor, psychologist, police officer, and DGASPC to ensure that cases continue after discharge.

Emergency practices may include several recurrent typologies:

1. Self-aggression: adolescents who injure themselves or use substances involuntarily;
2. External aggression: participation in physical

violence;

3. life-threatening behavior on the street or running away from home;
4. Substance use and suicide attempts via digital technology.

Official documents admit that there has been an increase in violent incidents among students and that the school, family, and social services need to work together (Ministerul Educa iei, 2024).

Social intervention at UPU is intense and brief but has profound effects. Assessment must be done immediately, in stressful situations, and usually without family. I want to stabilize the teen's social life, reduce their stress, and make it easier to get help.

In case of serious situations, the teenager is put under immediate monitoring, and communication with social services happens during the hospitalization. This method helps young people not feel alone and stigmatized after a crisis.

Adolescents with deviant behavior require sustainable support, such as psychological counseling, family rehabilitation, school reintegration and orientation towards prosocial activities. From my personal experience, I can state that the behaviors and self-perceptions of adolescents who receive structured follow-up after UPU are improved.

In the ER, every teen I meet with reminds me that deviance is a way of expressing your pain, not a deliberate choice. An aggressive past is usually hidden beneath a history of neglect, abandonment, or lack of trust. From risk to opportunity, rejection to reconnection, my responsibility is to turn a moment of crisis into a turning point.

Managing adolescent deviant behavior requires the assistance of UPU social workers. It enhances social assessment, emotional support and activation of community services. Crisis centers need to be functioning and emergency workers need to receive ongoing training to make things work well.

As a social worker in the UPU, I see every day how adolescents with deviant behaviors have more serious than clinical crises. Cucer (2022) emphasizes that deviance is not only a moral deviation, but often an expression of a mismatch between rapid physical development and insufficient social maturity. In addition to school and family pressures, immaturity provokes bullying, isolation, and running away from home,

which are exactly the types of situations I face in emergencies.

In the same sense, Enache and Bîrsan (2021) describe two categories of deviant behavior: internal (emotional disturbances, impulsivity) and external (lack of social control, dysfunctional family). This duality arises in the UPU when both the adolescent's family situation and his/her mental state must be assessed. More often than not, I find that an unstable family environment or lack of protective parenting are significant factors contributing to the repetition of deviant behaviors (Enache & Bîrsan, 2021).

In a study conducted in rural communities in South Africa, Rachel et al. (2022) illustrated the importance of parental emotional involvement and control in reducing misbehavior. Antisocial conduct was associated with poor communication and familial issues. My own experience supports these conclusions. Children who lack a supportive adult are more prone to frequent outbursts, they claim, particularly in households where parents are employed overseas or are not at home.

There appears to be a direct link between deviant behavior, family dysfunction, and Internet addiction, as Zhang et al. (2024) found. The quality of family relationships was critical, with 85.21% of students at risk for digital addiction reporting deviant behaviors. Adolescents who combine digital isolation with self-harm or running away from home frequently find themselves in emergency situations. Therefore, the dynamics of family relationships and how technology exacerbates emotional disconnection should be included in social assessment.

Clear protocols describing how social workers should engage in managing cases of deviant behavior in adolescents are still lacking in many Romanian Emergency Departments. This delays social risk identification and early intervention (Hoge et al., 2022).

Saidinejad et al. (2023) produced an extensive technical report that draws attention to the increase in emergency presentations for behavioral and mental health disorders among adolescents. The authors point out that there is a lack of coordination between emergency medicine and social services and that medical personnel need to be trained in dealing with deviant behaviors. This finding accurately reflects the local situation, where the UPU often does not provide a formal means of referral to counseling and reintegration services.

According to another sociological study conducted by Timeea-Erzsebet (2023), adolescent social reintegration is influenced by drug addiction, which maintains a close relationship with stigma and deviance. Voluntary intoxication or repeated substance use is common in the UPU and is often accompanied by severe family breakdown. As a result, social intervention requires an integrated approach that includes crisis counseling, post-emergency plans for family and community support.

Around the world, the UK model promoted by NHS England (2024) says "someone to call, someone to respond, somewhere to go, and someone to stay with" and emphasizes how important it is to have continuity between the crisis line, mobile teams, stabilization services and community crisis centres to provide an effective environment for crisis intervention for young people. Setting up such an organization in Romania could facilitate collaboration between the UPU and the DGASPC, providing adolescents in crisis with a logical course of action.

Recent qualitative research in PLOS Mental Health highlighted that adolescents think of the ER as a cold place, without emotional support and often without specialized staff to deal with their mental health issues. As a social worker, I sense this distance and try to reduce it through empathic presence and open communication, turning the initial contact into a supportive and emotionally validating connection.

Bourke et al.'s study (2024) demonstrates that adolescents over the age of 13 have different risk profiles than younger children, requiring age-appropriate assessment protocols, particularly for self-aggressive behaviors and suicidal risk. Indeed, these age differences require changes in the language used and in counseling methods. Families also need to be actively involved in immediate post-crisis safety programs.

Challenges and limitations in emergency intervention

In addition to the medical aspects, the social work of the Emergency Department (UPU) in Alba Iulia also involves immediate social obligations. This is often under time pressure and incomplete information. Rapid coordination between medical and social services, especially with the General Directorate of Social Assistance and Child Protection (DGASPC) of Alba, is a major challenge. There is a formal framework for collaboration and a clear referral pathway at the institutional level, but delays are often caused by bureaucratic procedures and a lack of staff on call (DGASPC Alba, 2025).

However, the high number of reported cases of abuse and neglect nationwide demonstrates the strain on the system. The National Authority for the Protection of Children's Rights and Adoption reported that 17.709 cases of child abuse were recorded in 2023, and over 5.300 new cases were reported in the first quarter of 2024 (ANPDCA, 2024a; ANPDCA, 2024b). These data show that the number of at-risk minors is increasing, with many arriving at the ED for unaddressed emotional trauma and physical injury, which increases the social responsibility of the ED.

In addition to staffing challenges, the digital resource is becoming increasingly relevant. Recent research in Romania shows that adolescents spend hours online daily, which is correlated with increased anxiety, isolation, and impulsive or deviant behaviors (Quality of Life Research Institute, 2025).

Inter-institutional collaboration that is not finalized is another significant obstacle. Although there are clear procedures for reporting cases of violence in schools and creating protection networks (Ministry of Education, 2023), their implementation in practice is incomplete. In many cases, the data submitted by schools arrive at the UPU in a fragmented state after the crisis. A full case assessment and safety plan may be delayed due to lack of communication.

Emotional management of the intervention is often challenging on an individual level. The social worker needs to maintain a balance between empathy and objectivity when dealing with adolescents in crisis who may be aggressive or withdrawn. In emergency situations, the development of 'emotional de-escalation' skills and interdisciplinary collaboration are crucial, according to international studies (Saidinejad et al., 2023). Ignoring these strategies can lead to professional burnout and errors in risk assessment.

Finally, adolescents face new behavioral risks such as social network pressure and constant boredom. Constant boredom is correlated with increased levels of risk-taking behavior, particularly in boys (Matijasevic et al., 2025), and excessive time spent on social media significantly increases the risk of self-harm (Hjetland et al., 2023). These UPU data confirm the need for a

social assessment that includes the adolescent's digital and emotional context as well as the family environment.

Emergency social intervention in adolescents with deviant behavior requires a delicate balance between long-term planning and rapid response. System structure, limited resources, understaffing, and fragmented collaboration, as well as characteristics of modern adolescence such as emotional vulnerability, digital exposure, and family communication difficulties, are all sources of problems. Social workers continue to play a crucial role, providing meaning, continuity, and hope during a crisis (DGASPC Alba, 2025; CNASR & UNICEF Romania, 2023).

Methodology

From the perspective of a crisis social worker, this study analyzes and understands the manifestations of deviant behavior among adolescents presenting to the Emergency Department (UPU) in Alba Iulia. The study aims to emphasize the importance of immediate social assessment in the management and prevention of risk behaviors, as well as the role of social intervention in the emergency setting.

Research objectives
1. To identify the main types of deviant behaviors that adolescents in the UPU Alba Iulia manifest (self-harm, aggression, running away, substance use, digital addiction, etc.).
2. Analyze the role and intervention of the social worker in the management of medical emergencies, especially in terms of social assessment, crisis counseling, and collaboration with the multidisciplinary team.
3. Recognizing inter-institutional collaboration between the UPU, DGASPC, school, police, and other community services as essential in the process of supporting the adolescent in difficulty.

Research questions
1. What are the most common types of deviant behavior observed in adolescents who arrive at the UPU Alba Iulia?
2. How does the intervention of the UPU social worker help an adolescent in crisis to stabilize and support him/her?
3. What kind of cooperation exists between the local institutions (DGASPC, school, police,

and counseling centers) after the emergency intervention, and how effective is it in case management?

Research sample
The sample consisted of ten case studies of adolescents, aged between 13 and 17 years, who arrived at the Alba Iulia Emergency Department during 2024-2025 and manifested different types of deviant behavior. Cases were selected according to social and medical importance. They included violence, suicide attempts, running away from home, digital addiction, drug or alcohol abuse, school refusal, etc. The code of ethics of the social worker regulates the principles of confidentiality and professional ethics, so all data were anonymized.

Research instruments
The following resources were used to conduct the study:
- Emergency social assessment form completed for each case analyzed;
- Interview with the adolescent and, if possible, his/her family, conducted in a semi-structured format;
- Direct observation of the adolescent and the medical team during the interaction in the UPU;
- Document analysis by examining observation notes, medical records, and institutional reports submitted by DGASPC.

The use of these resources allowed a qualitative approach to the phenomenon, which focuses on understanding the context, emotions, and relationships that determine deviant behaviors, rather than just the statistical or medical elements.

Data collection and processing
Thanks to the social assessments that were carried out in collaboration with the medical team during normal operations in the Emergency Department, these data were obtained. Immediately after each intervention, information was recorded in the form of qualitative observations and interview summaries. Thematic analysis was used to process the data to identify common patterns and significant differences according to family, educational, and social background.

The research results are presented below in the form of ten case studies representative of the

problem of deviant behavior among adolescents in the Alba Iulia Emergency Department. These cases show how complicated the phenomenon is, how dynamic are the family and social relationships that produce it, and how important is the role of the social worker in emergency intervention.

Their analysis gives a clear picture of how psychosocial assistance, working together across fields, and professional empathy may turn a crisis into a chance for young people to reconnect and recover socially.

Results and discussion

The analysis of the ten case studies carried out at the Alba Iulia Emergency Reception Unit showed that there is a common pattern in terms of reasons and manifestations of deviant behavior among adolescents. Each situation is unique in terms of its family, emotional, or educational circumstances, but all are based on some form of unrecognized emotional distress and a deep need for support and belonging. Most often, the reasons for self-harm, aggression, running away, substance use, or school refusal are feelings of loneliness, neglect, and loss of trust in adults.

Another common factor in these situations is the vulnerability of family circumstances. Most teenagers come from families where things are not going well, have a single parent, or have parents who have moved abroad. Adolescents are emotionally exposed, without solid educational references, and vulnerable in these circumstances. The buildup of tension and frustration, which is not properly managed, frequently leads to UPU crises and deviant behavior. Young people seek attention and validation through extreme forms, such as violence, substance use, self-harm, or running away, if there is no positive communication framework.

The cases show that the UPU social worker serves as a bridge between the medical and social fields in terms of professional intervention. In each situation, the intervention began with the emergency social assessment, which allowed for rapid identification of the adolescent's risks and needs. This process is not limited to data collection but rather uses an empathic approach to help restore emotional balance and identify distress. The social worker is often the only professional who has the time and skills to examine an individual's behavior and symptoms in a fast-paced and stressful environment.

Multidisciplinary collaboration is another critical component. In all of these cases, intervention was accomplished in a collective effort: the emergency physician, psychologist, police officer, and social worker collaborated to create a plan for rapid action. To ensure that the adolescent is safe and receives ongoing support after discharge, coordination of these roles is essential. In this respect, the social worker serves as an intermediary between the medical system and the community network, reporting to the DGASPC, the school, the Anti-Drug Center, the police, or mental health services. This interconnection creates the preconditions for consistent and effective intervention.

The cases examined confirm that emergency intervention involves both response and prevention. Through each social assessment, the social worker identifies risk factors that may lead to relapse and takes protective measures. Immediate intervention aims to create a new pathway, to convey that there are solutions, that there are institutions that can help, and that people can listen, although in most cases contact with the adolescent stops with discharge.

The case studies presented show that the UPU social worker not only manages a crisis but also bridges the gap between despair and hope. They become the catalyst for a process of reconnection between adolescents and families, between individuals and the community, and between vulnerability and resilience, through counseling, assessment, active listening, and collaboration between institutions. Social work is essential for the adolescent's real reintegration into society in an environment where medical emergencies last for hours but social vulnerability persists for years.

Discussion and conclusions

The results of the case study show a complicated picture of deviant behavior among adolescents who arrive at the Alba Iulia Emergency Department. Despite the fact that each case is unique in its own way, there are some obvious guidelines that can be identified: fragility of the family atmosphere, lack of communication, lack of emotional support, and lack of stable parental role models. Every crisis is rooted in a young person who has not been listened to enough, a child who is experiencing pain that he

or she expresses through rebellion, self-harm, or isolation.

One thing that should be noted first and foremost is that the Emergency Reception Unit has evolved into a place of social interaction in addition to medical services. Adolescents arrive here at moments of maximum vulnerability, when deviant behavior is a manifestation of a deep state of distress rather than a disciplinary problem. Social workers are crucial in this context, as they are often the first professional to listen without judgment, the first to ask the right questions, and the first to form a bridge between the adolescent, the family, and the community support system.

Adolescents in crisis do not respond well to authority. Instead, they respond to empathy, respect, and authenticity. The social worker can turn a moment of crisis into a moment of re-humanization, where the adolescent will feel understood for the first time.

However, the experiences presented show how important collaboration between institutions is. A good intervention requires continuous collaboration between the medical team, the psychologist, the DGASPC, the school, the police, and community organizations. The UPU is othe first level of this network, but it is vital because it identifies risk and triggers protective measures The chances of recovery and reintegration of young people in difficulty can be significantly increased if this collaboration is strengthened through clear protocols, continuous training, and direct channels of communication.

Ongoing training of emergency social workers is another critical component. The cases discussed demonstrate that proficient crisis intervention necessitates more than mere familiarity with legal statutes and protocols. It also requires skills in counseling, family mediation, and managing intense emotions. In a medical environment where physical emergencies predominate, the social worker bears the responsibility of managing emotional and social emergencies. If they do not receive appropriate help, these emergencies may recur. Based on the present analysis, several solutions can be proposed:

1. Establishing joint protocols of collaboration between UPU, DGASPC, schools and police in the case of minors with deviant behavior;
2. The creation of early intervention programs for adolescents at risk of dropping out of school, digital addiction or self-harm attempts;
3. Increasing the perception and appreciation of the role of the social worker in the health care setting by including the social worker in all phases of assessment and decision-making;
4. Continuing training of medical and social workers on adolescent mental health and crisis intervention.

Conclusions

The analysis of the ten cases provided a clear and practical picture of how deviant behavior occurs among adolescents who arrive at the Emergency First Aid Unit in Alba Iulia. Apart from the data and procedures, what really emerged was the humanity of these circumstances: adolescents going through difficult experiences, parents feeling overwhelmed, disoriented families, and a system that often ends up reacting only when the crisis becomes evident.

The first research question was to identify the main types of deviant behavior observed in the UPU. Suicide attempts, self-harm, aggression, running away from home, substance use, school refusal, and digital addiction are the most common, according to the case analysis. Despite their diverse manifestations, they all stem from a shared cause: a lack of emotional support and a desire for recognition and attention.

The adolescent's deviant behavior appeared in each of these episodes as a cry for help, rather than malice. Rather, it was a desperate attempt by the adolescent to bring attention to a pain he was unaware of. This finding confirms the study's first hypothesis: vulnerability, not rebellious intent, is the cause of adolescent deviance.

The second research question focused on how social worker intervention helps the adolescent in crisis stabilize and receive immediate support. The cases showed that the social worker's presence in the UPU distinguishes between a basic medical procedure and a comprehensive intervention that addresses the individual, not just the symptoms.

The social worker becomes the first person to provide the adolescent with a safe, non-judgmental environment in which to express his/her emotions through assessment, active listening, and crisis counseling. At the same time, the professional serves as an intermediary between the adolescent, the family, and the medical team, organizing immediate protective measures and setting up the responsible

institutions. The hypothesis that early social intervention reduces the risk of relapse, stabilizes the young person emotionally, and brings balance in situations where the crisis seemed complete is supported by field experiences.

The third question was about how collaboration between local institutions—such as the DGASPC, the school, the police, and counseling centers—helps to manage cases effectively. The results show that, although cases differ according to the complexity of each situation, collaboration between institutions is essential for success. Results are obviously better when the UPU and DGASPC communicate quickly, the school is informed, and the psychologist or drug center is actively involved.

These partnerships provide both continuity of support and a meaningful message to the adolescent that society is not abandoning him and that there is a network of individuals and institutions working together for his welfare. This confirms the hypothesis that the degree of cooperation between institutions increases the effectiveness of intervention.

In general, the answers to the three research questions complement each other and confirm that the research objectives have been met. I gradually began to understand that behind every deviant behavior there is a story and that social intervention in emergencies requires not only resolving a situation but also rebuilding a human relationship. I understood that no professional can act alone.

The cases analyzed show that the social worker in the Emergency Department is more than just an assessor. The social worker helps keep young people from being marginalized and restores their emotional and social balance through impartial assessment, empathic counselling, and connection with community institutions. One of the most humane ways of professional intervention is to be present in an increasingly fragmented world.

During my daily work in the Emergency Department, I have discovered that the ED has a personality beyond sirens, numbers, and charts. It has the cloudy eyes of exhausted teenagers, the trembling voices of parents who don't know how to help, and the awkward silence of people who can't speak. In such a harsh and seemingly indifferent environment, the role of the social worker is becoming increasingly important, helping people to go back to where it seems that suffering cannot be seen. Each case is not just a sad story; it's a chance, albeit sometimes a small one, to provide a young person the feeling that they are not alone.

Emergency work has taught me that while it's not always possible to change everything, we do have the ability to stop falling for a moment. We can be that fulcrum that offers hope, confidence, and a new way of being. Every teenager who leaves the UPU feeling calmer is proof that compassion, listening, and cooperation between institutions can save not only lives but also destinies. This is the social worker's main task: to turn the emergency into a meeting and start with the crisis

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