

Working With Emerging Adults (17-25 years old)

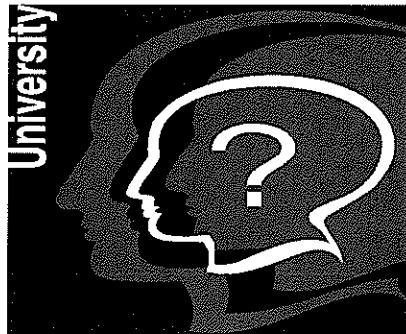
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Working With 17-25 Year Olds

Objectives:

- Understand the thinking, attitudes, and behaviors of young adults in the criminal justice system.
- Understand how the youth lifestyle manipulates the youth culture to a life of crime.
- Understand how acute stress and adjustment disorders affect this population.
- Understand the psychology of emerging adulthood; what is known, and what remains to be known?
- Learn new techniques and skills for treating and educating 17-25 year old.

Where Do We Start?



“Habilitation vs. Rehabilitation”

Treatment providers increasingly note that many clients require "habilitation," not simply "rehabilitation." In other words, some addicted persons have not lost functional capacities and skills as a result of their addiction but have, in fact, never acquired them.

Many persons, for example, have not acquired the capacity to control impulses or to distinguish between emotional states. Some lack the skills to sustain day-to-day relationships with others, or suffer from Attention Deficit Disorder. The fact that more and more clients suffer from a lack of basic capabilities and skills makes the treatment of the underlying addiction more difficult.

Locked Mind

Did You Know...

“Very few addictions starts after *age 30*. **Most addiction starts between 18-25”.**

Dr. Mark Willenbring M.D.
Director of Treatment & Recovery Research,
National Institute of Alcohol Abuse & Alcoholism

OUR PERCEPTION

OUR PERCEPTION....

BEHAVIOR	PERCEPTIONS / LABELS
◆ Dress Sloppy	<i>Disrespectful, "Thug"</i>
◆ Questioning	<i>Distrustful, Arrogant, Problems with Authority</i>
◆ Refusal to look in the eyes	<i>Angry, Hostile, Secretive, Not Honest, Unmotivated</i>
◆ Tardy, incomplete tasks/assignments	<i>Resistant / lacking commitment, not ready to change</i>
◆ Non-verbal; speaking only when spoken to	<i>Refuses to develop rapport, doesn't care, not buying into treatment</i>

BEHAVIOR	PERCEPTIONS / LABELS
◆ War Stories	<i>Defeatist attitude, unwilling to change</i>
◆ Loud/Boisterous	<i>Inappropriate, doesn't care</i>
◆ Denial/Minimizing	<i>Lacking motivation</i>

THEIR PERCEPTION

THEIR LENS (HOW DO THEY SEE US)

- ✦ UNAWARE
- ✦ INSENSITIVE
- ✦ UNWILLING TO LISTEN
- ✦ UNFAIR
- ✦ AUTHORITY/THE LAW
- ✦ MISTRUST

THEIR (“Street”) THINKING

- ◆ I’m Smarter Than You / Manipulative

- ◆ You Don’t Understand Where I Come From *(Great Defense)*

THEIR “STREET” THINKING

- ✦ Superopitimism
- ✦ Here & Now
- ✦ Physical Strength / Respect
- ✦ Slick
- ✦ System
- ✦ Trusting To Their Environment

SURVIVAL MODE

- ▶ **Due to the emotional, spiritual and cultural breakdown with the family, combined with life obstacles, faulty thinking, and a overzealous ID, provides difficulty reaching our young adults.**

STAGES OF DEVELOPMENT

▶ Industry vs. Inferiority	Competence
▶ Identity vs. Role Confusion	Fidelity
▶ Intimacy vs. Isolation	Love

❖ Age of Identity Exploration - Young people are deciding who they are and what they want out of work, school and love.

❖ Age of Instability - The post high school years are marked by repeated residence changes, as young people either go to college or live with friends or a romantic partner.

❖ Age of Self-Focus - Freed of the parent and society-directed routine of school, young people try to decide what they want to do, where they want to go and who they want to be with (before those choices get limited by the constraints of marriage, children and a career).

❖ Age of Feeling In-Between - Many say they are taking responsibility for themselves, but still do not completely feel like an adult.

❖ Age of Possibilities - Optimism reigns.
Dr. Jeffrey Arnett (Emerging Adulthood-2004)



Emerging Adults "The In-Between Age"

Another Perspective

Invisibility Syndrome

- ✓ **Disillusionment and confusion**
- ✓ **Feeling trapped**
- ✓ **Conflicted racial identity**
- ✓ **Internalized rage**
- ✓ **Depression**
- ✓ **Substance abuse**
- ✓ **Loss of hope**

Anderson J. Franklin, Ph.D.

Invisible Man

✦ I am an invisible man. I am a man of substance, of flesh and bone, fiber and liquids - and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me.

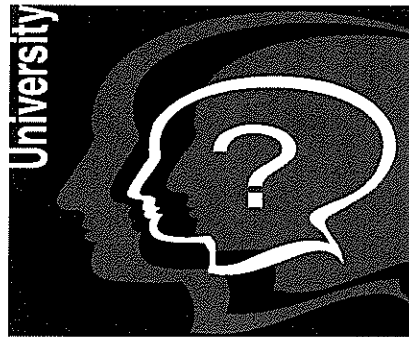
Ralph Ellison

Identity

“When I discover
who I am, I'll
be Free”.

Ralph Ellison

Where Do We Start?

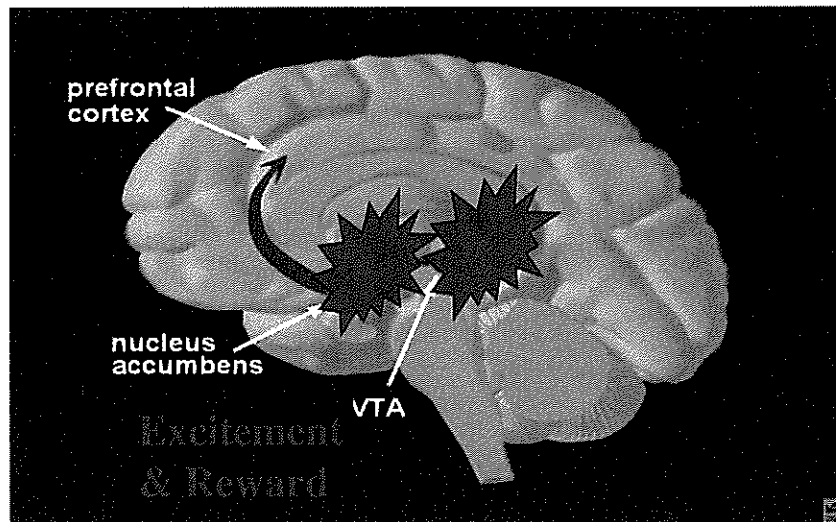


I DARE YOU....

RISK FACTORS

- ✓ Age
- ✓ Early Onset Substance Use (<14 Years)
- ✓ Early Onset Crime (<16 Years)
- ✓ Prior Treatment Failures
- ✓ Substance – Use Severity
- ✓ Criminal History
- ✓ Antisocial Personality Disorder

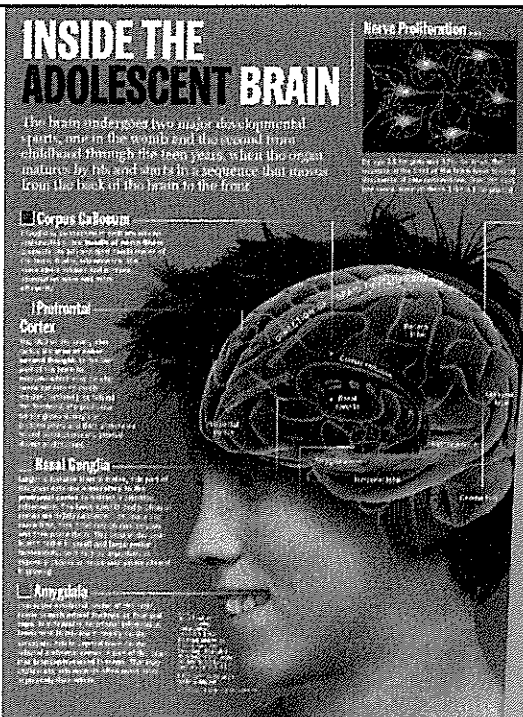
Adolescent Brain and Risk



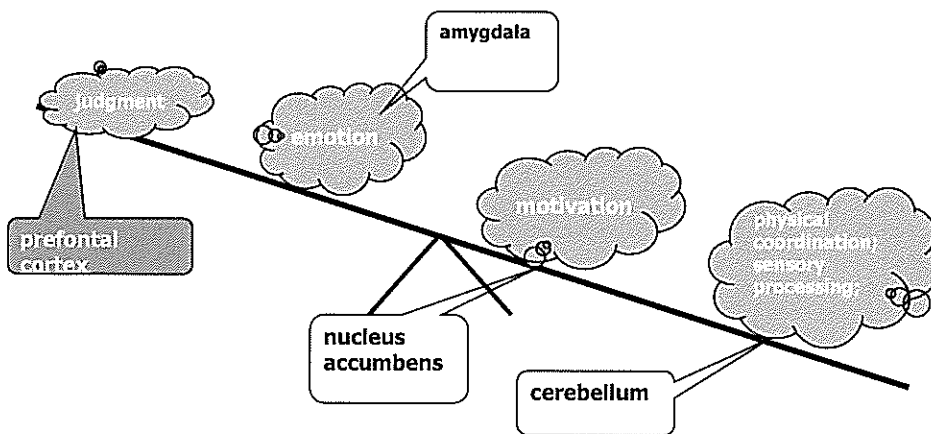
- **Emerging Adulthood is a period of profound brain maturation.**

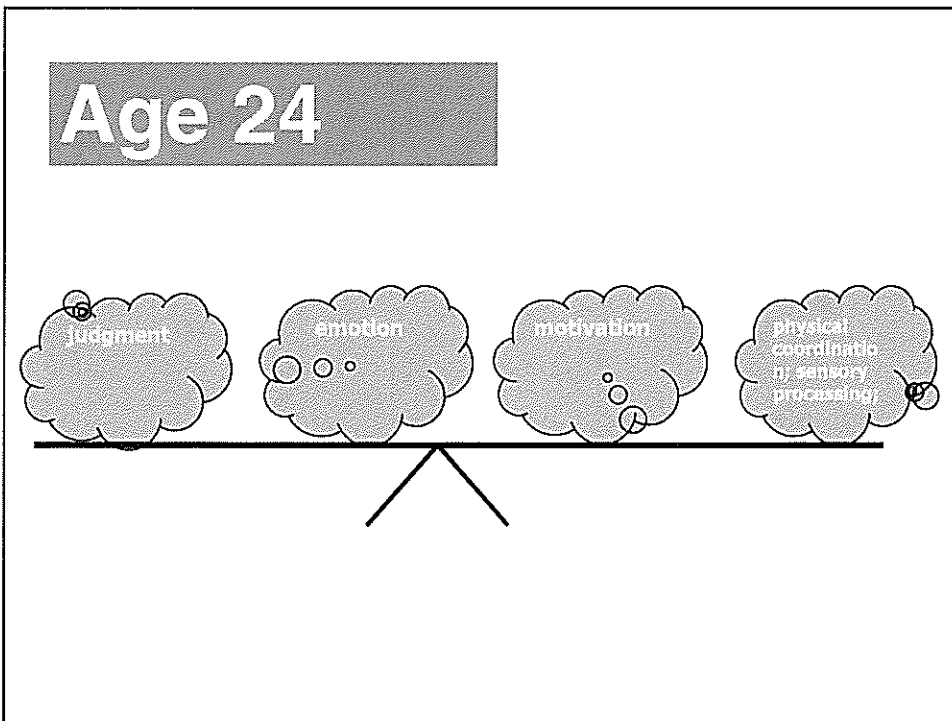
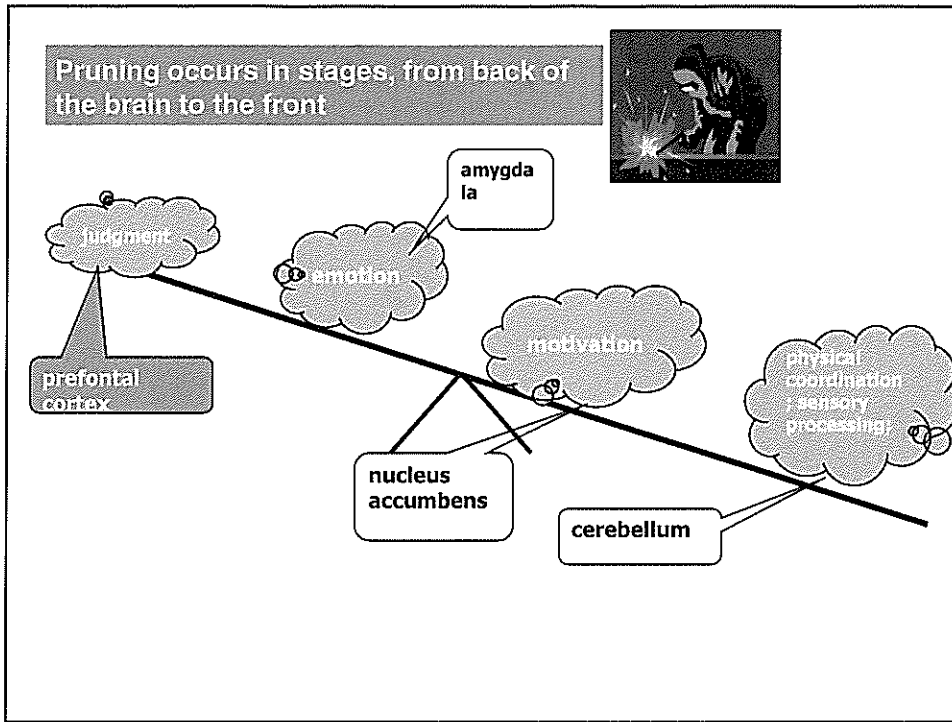
- **It was believed that brain development was complete during childhood**

- **The maturation process is not complete until about age 24!!!**

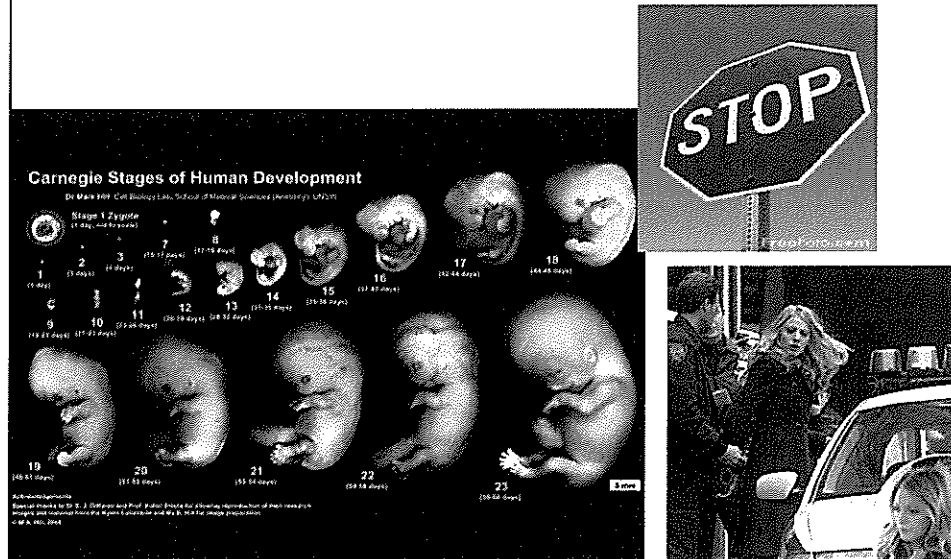


Pruning occurs in stages, from back of the brain to the front





Arrested Development

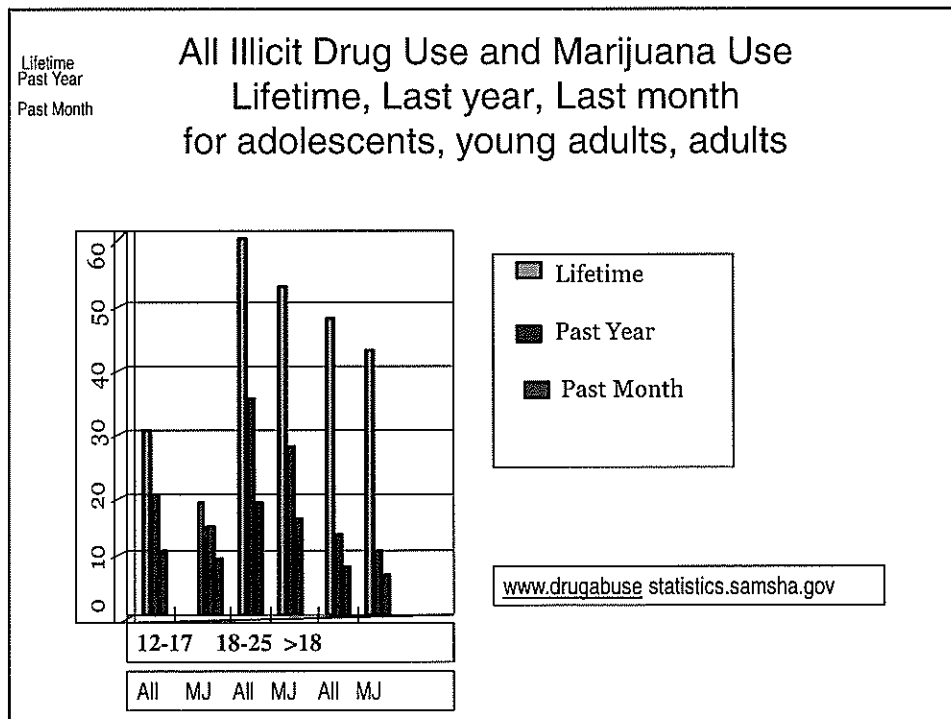


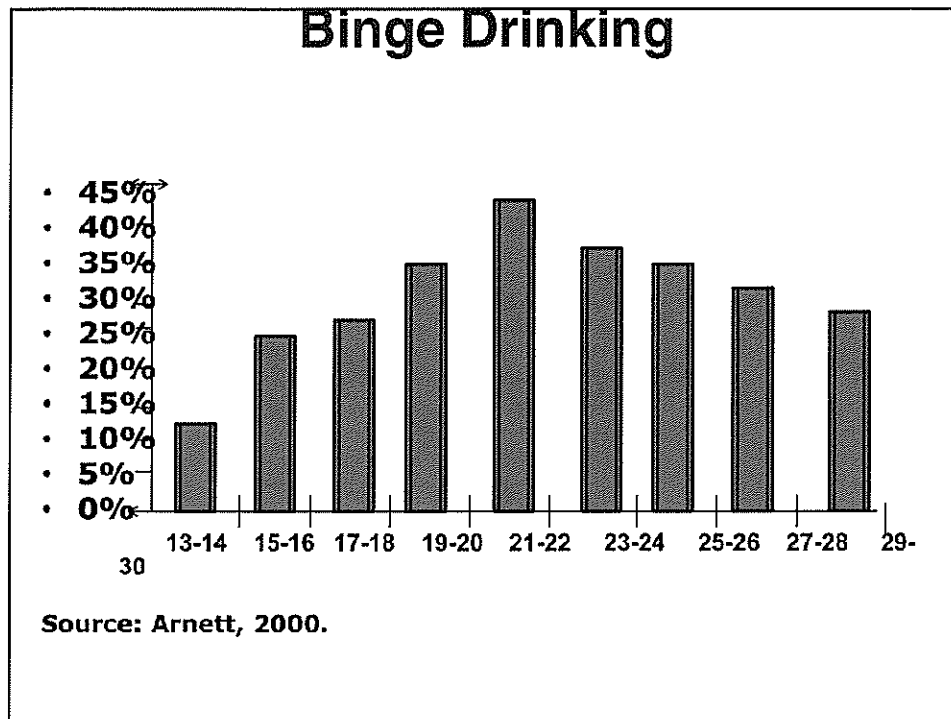
Arrested Development

- **Back of brain matures before to the front of the brain...**
 - ♦ *activities with high excitement and low effort are preferred*
 - ♦ *poor modulation of emotions (hot emotions more common than cold emotions)*
 - ♦ *heightened interest in novel stimuli*
 - ♦ *sensory and physical activities favored over complex, cognitive-demanding activities*
 - ♦ *propensity toward risky, impulsive behaviors*
 - ♦ *group setting may promote risk taking*
 - ♦ *poor planning and judgment*

When we do the numbers...

- ✦ Periods of highest use of alcohol and marijuana peak from ages 19 to 21, & then starts to decline (Chen & Kandel, 1995).
- ✦ From age 20 to 29 a general trend toward lower levels of substance use among individuals and their friends. Most pronounced among those who are married or become parents (Labouvie, 1996)





Prescription Drugs

- Teens (12-17) and young adults (18-25) were more likely than older adults to start abusing prescription drugs in the past year

(SAMHSA 2006)

THE BOTTON LINE

- A significant number of people in their 20's are having real difficulties. It is more difficult for those with the least resources (economic, psychological & intellectual).
- Moreover, efforts to change others' behaviors without understanding individuals' reasons for engaging in the behavior are short-sighted and likely to be unsuccessful, especially in the emerging adult population.

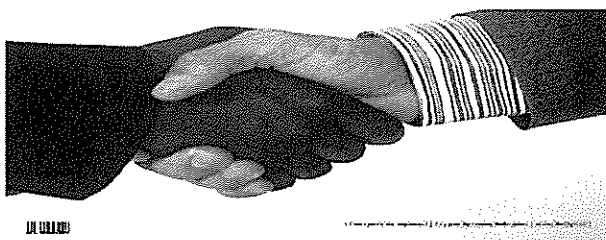
WHAT WORKS

Question???

- What is the strongest predictor of Change?

The Answer...

A
THERAPUETIC
RELATIONSHIP



Spoken Word

- If the word has the potency to revive and make us free, it has also the power to blind, imprison, and destroy.

Ralph Ellison

CHANGE PERCEPTION

- Strength Model
- Trauma
- Study Them/and Their Culture
- Teach Them To Survive In Their Own Environment/Jungle
- LISTEN

Different Perspective

- Social & Economic Factor
- Social Disorganization
- Baby Boomers – choices open

TECHNIQUES/SKILLS

RESPECT	ENTHUSIAM
STRUCTURE	EDUCATE
TIME	HARMONY
ADDRESS THEM	Point Out Conflict
Intrinsic Before Extrinsic	
Cognitive Restructuring	
Genuine Concern/Accurate Empathy	

TECHNIQUES/SKILLS CONTINUE

- ✔ Give them a VOICE.
- ✔ Understanding
- ✔ Unconditional Positive Regards
- ✔ Attention
- ✔ Allow Resistance
- ✔ **Encourage Them**

Ambivalence



*I'm confused.
No wait...
Maybe I'm not.*

More Solutions

- ✓ Capture their Strengths
- ✓ Challenge their Beliefs System
- ✓ Teach them to Deal w/Frustration & Anger
- ✓ Allow Appropriate Anger
- ✓ Make Suggestions & Provide Guidance
- ✓ Give Assignments for Peer Learning
- ✓ Inform them about criminal justice system
- ✓ Instill HOPE
- ✓ VISION

DEPRIVATION

1. VICTIMS

2. STIGMA/CLIENT

3. FAMILY

4. THINKING-CULTURE OF INFLUENCE

A. ADAPTIVE SCHEMAS

B. MALADAPTIVE SCHEMAS

Observations

Adjustment Issues

Stress/Anxiety

- Depressed Moods
- Quarter-like Crisis
- Not in Control
- Unprepared from Crossover from Education to Work Crisis

➤ ADHD

➤ Distress

➤ Crime

➤ Divorce/Family Disruption/Job

➤ Reality /Affect Distortions

Brook JS, Rosen Z, Brook DW. The effect of early marijuana use on later anxiety and depressive symptoms. *NYS Psychologist* 35-39, January 2001

Motivational Interviewing

- **ESTABLISH RAPPORT (INTEREST)**
- **USE APPROPRIATE OPEN-ENDED QUESTIONS**
 - **Can you tell me where does your marijuana fit into all this?**
 - **May I ask about your use of alcohol?**
- ◆ **ASK ABOUT THE GOOD THINGS**

Motivational Interviewing

- ◆ ASK ABOUT A TYPICAL DAY
- ◆ ASK ABOUT LIFESTYLE AND STRESS
- ◆ ASK ABOUT CONCERNS DIRECTLY
- ◆ ASK ABOUT THE NEXT STEP

REINFORCEMENT TECHNIQUES

- **USING CRT SKILLS, TAKE THE CLIENT THROUGH ANY SITUATION THAT THEY MIGHT FACE:**
 - Drug Refusal
 - Assertion
 - Respond To The Name Game
 - Gang or Group Pressure

LIFE

"Life is to be lived, not controlled,
and humanity is won by continuing
to play in face of certain defeat".

Ralph Ellison

H.E.A.T.

H

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Lifestyle Educational Groups (LEG)

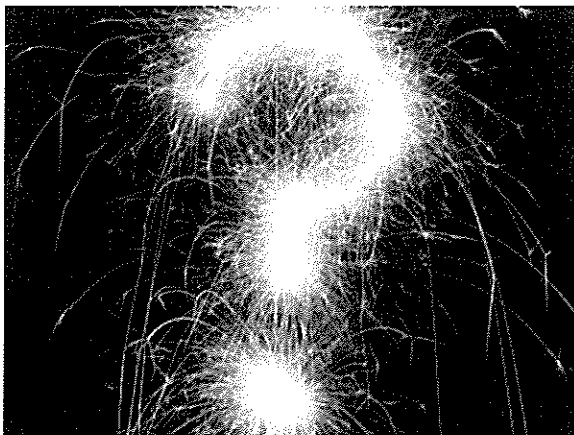
- ❑ The **Lifestyle Educational Group** provides a blended approach addressing drug usage and dependency conducive to criminal behavior and social dysfunction.
- ❑ Dr. Staton Samenow's philosophy of criminal faulty thinking.
- ❑ Modality used for all groups
- ❑ We focus on habilitation skills opposed to just rehabilitation. Rehabilitation assumes that the person was responsible, capable, and stable before trouble happens.
- ❑ Whereas habilitation dictates the person needs to first gain the missed stability (in their lives) in order to build a solid foundation through coping strategies without excuses.
- ❑ Cultural proficiency concept utilizes a person-in-the environment approach that promotes change.

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Psycho-Educational Group (PEG)

- This judicial treatment alternative provides psycho-educational and counseling services that breaks the cycle of addiction and reduces recidivism while enhancing the public safety of our community.
- Each group has 12 different relative life topics that unveil the triggers of drug abuse and viable strategies of resistance.
- 12-Week (twelve *week cycle*) educational component.
- Therapeutic change occurs when treatment works in tandem with the criminal justice system.
- Emphasize a curriculum on relapse prevention planning while addressing other life issues such as denial, critical thinking, family, relationships and the addiction process.
- Intensive, multi-dimensional, systemic two phase approach.

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QUESTIONS???

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The end

GOODBYE!!!



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