Family Transformation Model for Adolescent Males

Presented By
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There are lots of thoughts out there on adolescents and how to best work with them.
Mark Twain had a few thoughts......
What is adolescence?

- According to Encarta World English Dictionary adolescence is:
  
  1. **Time preceding adulthood:** the period from puberty to adulthood in human beings
  
  2. **Intermediate stage of development:** the stage in the development of something such as a civilization before it reaches maturity
So what IS **NOT** effective with adolescents?

Defining the Problem:

1. Ineffective treatment is addresses only one issue.
2. Ineffective treatment ignores or does not engage the family.
3. Ineffective treatment is solely clinician or program directed.
4. Ineffective treatment is the same as adult treatment.
5. Ineffective treatment requires no significant effort or attention.
6. Ineffective treatment does not promote changes in thinking.
7. Ineffective treatment ignores spirituality.
8. Ineffective treatment facilitates ignores the need for healthy connection and support.
So what **is** more effective with adolescents?

We begin Principles:

1. Effective treatment is holistic.
2. Effective treatment is family-centered.
3. Effective treatment is client-directed.
4. Effective treatment is developmentally appropriate.
5. Effective treatment requires effort and purposeful attention.
6. Effective treatment promotes healthier thinking.
7. Effective treatment addresses spirituality.
8. Effective treatment facilitates healthy connection and support.
Then we apply those principles...
Effective treatment is holistic.
The Foundation

- Biological
  - Vulnerability
- Psychological
  - Liability
- Social
  - Context
- Spiritual
  - Bankruptcy

plus experience

equals

Addiction
Amazing Observation 1

- Adolescents are not adults.

Adolescents have a hard time remembering that fact.

So do we.
The Adolescent Brain

- Driven to learn
- Complicated beyond imagination
How does this work?

- Let’s assume that an average person has a dopamine level of 10, ...and they try cocaine.

- Their body may read this as a dopamine level of **18** with 10 being natural and 8 being drug-induced.

- The body wants to get back to “normal”; so it backs off on its dopamine level to 8.
Oh-oh.

- Now without the drug the “normal” level of 10 isn’t there! We’re at an 8!

- THIS IS A CRAVING!
So what happens over time?

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Brain development

Tremendous acceleration of neuronal growth throughout the second trimester.

- Age 6 to 10 marks another dramatic period of neuronal growth.
- Beginning in early adolescence neuronal density declines and pruning rate increases.
Amazing Observation Number 2

- Adolescents are losing their minds!

- As dendrites are pruned in adolescence the brain becomes more efficient at what it does repetitively.

  **BUT**

  It is losing some of its “liquid” thinking.
Question:

What are the pros and cons of this “pruning” process?
Adolescence, not Puberty

- Puberty – secondary sex characteristics develop and potential for reproduction is attained.
- Reached earlier than previous generations
- Not to be confused with adolescence
- Adolescence lasting longer
- We have a development gap
Biology parallels the psychological and social requirements of adolescents. (Goleman)
The Adolescent Brain

- The adolescent brain is different from the adult brain.

- It is geared to learn.

- Nucleus Accumbens (NA) - the brain’s novelty alarm bell and part of the brain’s reward/saliency pathway.

- During first decade of life, energy is focused on growth in this area particularly the increase of dopamine receptors.
The Adolescent Brain

- As kids move into adolescence, the “energy” in the NA drops – decrease in dopamine receptor sensitivity levels (White, 2003).
  - How hard is it to make a child laugh?

- Adolescents often look bored and depressed.
The Adolescent Brain

- Kids need more external stimulation to activate the NA which leads to risk-taking.
- We need our kids out of the nest and exploring their world.
- The adolescent brain is hard-wired to seek more stimulation and novelty.
WHAT ENVIRONMENTS ARE TEENS DRAWN TO?
Clubs
The Great Outdoors
Concerts
Games
WOW!

Doesn’t this look and sound just like our groups?
Cutting Edge...
Of course, we’re above all of that now.
So what’s the problem with that?
Where have they been all day?
...and our teens usually don’t excel here.
...and it changes so much when we grow up. 😊
Have you ever felt this way?
Do you suppose our adolescents have?
Why do we refuse to apply what we all know?
Amazing Observation Number 3

- Adolescent are not young adults; they are big kids.
The Adolescent Brain

- Adolescents have a biological mandate to explore their world.
- During adolescence growth in the central core of the brain is solidifying (learning/emotion).
- There is increased activity in the prefrontal cortex (the judgment/planning center).
- The connections between the learning/emotional center of the brain and its judgment center are strengthening.
Adolescent Brain Development

Boredom is deadly
Adolescent Brain Development

- If we do not take advantage of the brain’s ability to learn during adolescence the window narrows.
- Intellectual stimulation and relational connection are central to adolescent maturation.
- Emotional safety and relational connection increase learning capacity. Why?
Effective treatment requires effort and purposeful attention
The Adolescent Brain

- Experiences that challenge the adolescent emotionally, physically, and intellectually take advantage of this novelty need and promote healthier thinking.
- Combined with purposeful awareness activities and experiential therapies increase prefrontal maturation.
- Energy in explicit and implicit memory can be channeled to override previous and unproductive behavioral patterns.
Amazing Observation Number 4

Drugs do not help the process.
The Adolescent Brain

(A. White)
The Adolescent Brain
what gets in the way of learning

- Alcohol negatively impacts the hippocampus (Swartzwelder, DUMC).
- Alcohol negatively impacts the prefrontal cortex particularly during binge use (Crews, UNC).
- Alcohol blocks long-term potentiation and leads to blackouts (White, DUMC).
- Alcohol interferes with memory migration.
- This impact may be life long (Wilson, et.al., DUMC).
Add nicotine to the mix

- One dosing episode increased genetic activity (mRNA for arc and c-fos) that increases dendrite formation and synaptogenesis in adults and adolescents. (Landry, U. of Wisconsin, 2006)

- Adolescent brain response was twice that of the adult brain, particularly in the PFC. (Schochet, 2006)

- Adolescent brain “learns” the re-enforcement with greater energy. (memories are more powerful)

- Nicotine is the gateway drug and seems to prime the brain for addictions to other substances independent of genetic heritage.
The Adolescent Brain
what gets in the way of learning

- It’s not just the alcohol that is the problem.
- After four or more drinks (1 beer 12 oz, one glass of wine, or 1.5 oz of liquor) the adolescent brain experiences significant stress through withdrawal. (Pendergast U.of K.)
- Younger brain tissue is up to five times more sensitive to over excitability during withdrawal. (Pendergast U.of K.)
The Adolescent Brain
what gets in the way of learning

- IQ can be significantly impacted by a pattern of binge use, (S. Brown, U. Cal. at San Diego).
- Just two years of binge use can lower IQ as much as 10%, (S. Brown, U. Cal. at San Diego).
- It is the binge use pattern of alcohol that is exactly what has been documented as normative with in the adolescent population, (Weslcher, Harvard).
The Adolescent Brain
what gets in the way of learning

The brain images below show how alcohol may harm teen mental function. Compared with a young non-drinker, a 15-year-old with an alcohol problem showed poor brain activity during a memory task. This finding is noted by the lack of pink and red coloring.

Image from Susan Tapert, PhD, University of California, San Diego.

(A. White)
Addiction

- Over diagnosed in adolescents
- A devastating and misunderstood disease
- Treatable but not curable
- Multi-systemic
- Long term treatment
- Address co-mingling disorders
- Recovering family and community
The Adolescent Brain

- Environments must be safe and free from alcohol, tobacco and other drugs.

- The power of family systems cannot be overlooked.

- If an adolescent returns to a family system that has not changed there is a powerful “gravitational” pull toward regression and relapse.

- Successful interventions require significant time to solidify lasting change.

- MEANING: Effective Treatment Must Be Family Centered
Amazing Observation Number 5

Adolescents need support to be healthy.

More often than not, the adolescent you meet is a symptom of the problem and not the problem itself.
What is the primary function of adolescence?
Consider this…

Coolness is subjective.
What is a generation gap?

(Is this a new concept?)
“The children now love luxury; they have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. Children are now tyrants, not the servants of their households. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers.”

~Socrates 470-399 B.C.
EFFECTIVE TREATMENT MUST BE DEVELOPMENTALLY APPROPRIATE
How Can We Support the Adolescent Brain and Development?

- Develop longer more general life skills: stress management and mindfulness, getting social support and asking for help, increasing physical activity, nutrition, teamwork and a sense of belonging.

- Altruism

- Use influential role models (family is the most important).

- Capitalize on relational and emotional impact on memory.

- Help adolescents make positive memories.

- Use the power of families.
Supporting the Adolescent Brain

- Families need to invest in their child’s brain defense.
- Give adolescents clear reasons to take care of their brains.
- Feed the brain -
  - knowledge –
  - experience (novel) –
  - nutrition -
- Anchor memory with affect.
- Provide supportive structure.
- Use mindfulness and recognize “clutter” is a distraction.
Differences in Working with Adolescence

1. Effective adolescent education should be done by someone who actually likes adolescents and can engage with them.

2. Effective adolescent education must take advantage of “novelty needs”.

3. Effective adolescent education should take learning styles into account (visual, auditory, and kinesthetic).

4. Effective adolescent education must take developmental tasks into consideration.

5. Effective adolescent education must include and impact systems in which the adolescent is engaged.
Anybody seen mom and dad?
A love hungry brain will not listen to reason.

Respect the power of the limbic system!
Effective treatment facilitates healthy connection and support.
The Foundation

Biological + Psychological + Social + Spiritual

Vulnerability + Liability + Context + Bankruptcy

plus experience

equals Addiction
The Reframe

Biological + Psychological + Social + Spiritual

Resiliency + Health + Support + Connection

plus experience
equals Recovery
Biological Resiliency

Keep Appointments/visit
Primary Care Physician
Acknowledge Gender Differences
Relaxation Techniques
Exercise/Yoga
Genogram
Education about Brain and Disease Model
Healthy Lifestyle Changes
Options for Healthy Choices

Talk About Insurance
Talk About Seeing Dr.
Being in Tune with Your Their Body’s Needs
Medication Compliance
Adequate Sleep
Adequate Nutrition
Exercise
Medical/Dental Care
Mindful Practice
Learning/Association
Psychological Health

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Psychological Health

Validating/Empowering
Affirmations/Forgiveness
Letting Go
Self-awareness
Teaching Coping Skills
Teaching Relapse is NOT part of Recovery
Mental Health Counseling
Thinking Errors
Building Self-esteem
Figuring Out What Came First
Practicing Healthy Coping/Communication
NAMI
Exercise

Engaging Families
Being Trauma-informed
Build On Coping Skills
Positive Affirmations
Negative Thought Stopping
Identify What Affects You In a Positive Way (Music)
Therapy/Meditation
Relaxation Skills
Relational/Limbic Connection
Treat with Esteem/Respect Boundaries
DBT
Non-shaming Language
Social Support

Group Therapy/ Aftercare
Community Resources
Educating Family Members
Encouraging 12 Step Recovery
Processing Loss of Friendships
Setting Healthy Boundaries
Goal Setting
Determination to Aid in Therapeutic Recovery
Teaching Coping Skills
Teaching Positive Activities
Qualities of Healthy Relationships
Setting Healthy Boundaries
Sponsor/Meetings
Developing Healthy Support Systems
Practicing Healthy Recreation
Working Steps
Building Self-esteem
Support Network

ID Options for Support
NA/AA
Get Connected with Support Groups
Avoid Old Hangouts
Change People, Places, and Things from Old Lifestyle
Encourage Hobbies
Go Back to School
Work
Family Engagement
Hang with the Winners
Treatment Groups
Healthy Peers
Faith Community
Civic Groups
Engaging Communities/Neighborhoods
Addressing Gangs/Cliques
Family of Choice versus Chance
Spiritual Connection

Mindfulness/Meditation
12 Step Program
Identifying/Accepting a Higher Power
Acceptance
Celebrate Recovery
Developing Personal Relationship with Higher Power
Exercise/Yoga
Prayer
Involvement in Spiritual Practices
Believing in Letting Go

Volunteering
Support from Loved Ones
Exploring Our Purpose/meaning
Understand the Four Pillars of Utilizing the Spiritual Platform
Spiritual Connectedness to Others
Give Yourself Time and Space to Breathe
Develop the Art of Surrender
Helping Them Explore Faith Community
What does this look like theoretically?

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What does this look like therapeutically?

We continue with Therapeutic Components:

- Motivational Interviewing
- Centrality of the Family
- Adolescent Brain
- Rational Behavior Training
- Mindful Practice
- Modified Interpersonal Group Psychotherapy
- Spiritual Platform
- Recovery-Oriented Systems of Care
What does this look like theoretically?

We then move from principles to therapeutic components to evidence-based practices.
A Word To Clinicians (and Parents)

- Your adolescents needs your support to stay drug-free.

- If only your adolescents changes, it will be MUCH harder for them to maintain the changes they make once they return home.

- You cannot out-parent or out-counsel addiction.

- You cannot control behavior, but you absolutely can influence it.

- Build the relationship with your adolescents.
Questions, Suggestions, and Follow-up
The Best Marriage Advice I Ever Received
James E. Campbell, MA, CACII

- Manager White Horse Academy, The Phoenix Center
- Founder of Family Excellence, Inc.
- Director of Family Excellence Institute, LLC
- Adjunct Professor, Greenville Technical College
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