Welcome, your facilitator will be:
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Using GoToWebinar (Live Participants Only)
- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions

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Presented by Jessica A. Love Jordan-Banks, MHS, CADC and Fred Dyer PhD, CADC
Webinar Learning Objectives

Learning Objective 1: Learn with a working definition and understanding of emerging adulthood in conjunction with the five features of emerging adulthood.

Learning Objective 2: Understand five reasons substance use increases in emerging adulthood.

Learning Objective 3: Learn seven skills in counseling emerging adults with substance use disorders.

Polling Question 1
How would you rate the importance of emerging adulthood (ages 18-25) being recognized as a distinctive developmental period in the SUD treatment field?

A. Very important
B. Fairly important
C. Neither important or unimportant
D. Fairly unimportant
E. Not important at all
Examining Emerging Adulthood

Emerging Adulthood can be defined as a distinct developmental period that occurs between the ages of 18 to 25, and is characterized by frequent demographic changes, countless opportunities for increasing autonomy, uncertainty, and intense exploration & examination of love, work, values, beliefs and life possibilities.

Failure to Launch?

Failure to launch has become a familiar part of the American lexicon, used to describe young adults between the ages of 18 to 25, who have not met the traditional benchmarks of adulthood in some fashion.

Labels like “failure to launch”, “prolonged adolescence”, “late bloomer”, “struggling” indicate that we believe the individual is behind or trailing in their development - that this period of adolescence is taking longer than normal.

Reason #1:
Because the brain says so

Emerging adulthood is characterized by neurobiological & psychosocial developmental markers that are distinct from both adolescence and adulthood.
The (still) Developing Brain

- Recent research suggests that the prefrontal cortex region of the brain may not be fully developed until a person reaches their mid-thirties
- Synaptic Pruning peaks in emerging adulthood

Reason #2: Because the adulthood “norms” are no longer normal
Social, environmental and economic changes within the last century have caused subsequent shifts in the ages at which prior “normative” markers for adulthood are reached.

Is the distinction really needed?

The “Big Five” Adulthood Markers

- Having children
- Getting married
- Leaving home
- Getting a job
- Finishing school (high school)
In 1950, the median age for marriage in the US was 20-years old for women & 22 for men.

A century ago, it was not uncommon for young people to remain home with their parents until marriage.

From 1950 to 1970, most couples entered parenthood in the early twenties.

Today, emerging adults typically leave home by age 18 or 19.

By 2019, the typical age of marriage for women & men advanced to 28 and 30, respectively.

The average age for parenthood today is closer to 26 for women & 27 for men.

The Five Features of Emerging Adulthood
(The New “Big Five”)

1. **Age of Identity Exploration**
   - Deciding what the form of adult life is going to be & seeking to answer the question: "Who am I?"

2. **Age of Instability**
   - Navigating the changes that come with changes and exploring a lot of possibilities

3. **Self-Focused Age**
   - Working to construct an adult life, interpersonal, exploring interests and options for careers (vocational & social)

4. **Age of Feeling In-Between**
   - No longer identifying with adolescence but not yet feeling entirely adult

5. **Age of Possibilities**
   - Maintaining a sense of optimism and hopefulness about the shape life will take
**Age of Identity Exploration: “Who do I want to be?”**

The three main areas of identity exploration in emerging adulthood are: (1) love, (2) work and (3) worldviews.

The focus on exploration during emerging adulthood is more intensive than that of adolescence, wherein emerging adults begin to ask themselves more seriously questions like: “What kind of person do I want to be with long-term?” and “What kind of work would I find most meaningful?” – all of which requires the individual to know who they are and understand their abilities, interests, limitations, etc.

Such identity formation involves trying out various life possibilities and gradually progressing toward making more lasting commitments. Through trying different possibilities they work toward developing a more solidified identity, that when successful, will include a sound understanding of who they are, what their capabilities and limitations are, what their beliefs and values are, and their “place” in the world around them.

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**Age of Instability**

Possibly as a result of the frequent changes in residence, work & love that accompany identity exploration, emerging adulthood is often regarded as the most unstable period throughout the life course.

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**Self-Focused Age**

Emerging adulthood self-focus differs from adolescent self-focus in that, the absence of parental/adult set rules and standards for behavior are much less strictly enforced, if at all, leaving the emerging adult to make decisions independently.
When asked, “Do you feel that you have reached adulthood?” the majority of emerging adults responded, somewhat ambiguously: “In some ways yes... in some ways no.” (Arnett, 2005)

Emerging adulthood is considered the “age of possibilities” in two aspects:

1. It is the first time when many young people have the opportunity to (independently) make dramatic changes in their lives
2. It is a time when hopes and optimism are high – nearly all emerging adults feel life will work out well in the long run, even if that is not the case in the present

Polling Question 2
Which of the following commonly used age-group labels refers to today’s emerging adult population?

A. Gen-Alpha
B. Gen-Y (Millennials)
C. Gen-Z (Centennials)
Reason #3: Because Emerging Adult substance use is different

- The risk of experiencing a substance use disorder in emerging adulthood is more than triple that in adolescence, and double that in older adulthood
- When compared to adolescent & adult populations, emerging adults tend to have higher rates substance use, lower levels of motivation and poorer rates of engagement & treatment outcomes
- Problematic substance use in emerging adulthood that remains unaddressed can delay or derail successfully transitioning into adult roles & responsibilities

Experimentation in Identity Exploration

As emerging adulthood features a period of intensive identity exploration, risk behaviors – namely those involving sensation seeking – can be understood as a part of this process.

- Constructing a stable identity can be confusing, difficult, and lead to feelings of anxiety and depression when the question of “Who am I?” cannot be easily answered. For some, substance use may be a way of relieving the discomfort caused by their confusion.
- Emerging adults in the “moratorium” & “dissolution” identity status categories may have high rates of substance use, but for varying reasons

The Effects of Instability

- In the U.S., experimentation with substance can during emerging adulthood – particularly heavy drinking – is viewed as normative, and often considered a “rite of passage” into adulthood.
The Brain Behind the Behavior

- Underdevelopment or impairment in the brain areas responsible for executive functions can manifest in the form of impulsivity, poor planning behavior, poor decision making, poor strategy formation & problem-solving.
- Emerging adulthood coincides with the average age of onset for several mental health disorders.

Self-Focus & Insufficient Social Control

In emerging adulthood, part of being self-focused involves no longer being required to obtain permission, consent from others prior to making decisions.

Self-focus, in conjunction with normative instability in work & love, can mean that the social network/relationships that the emerging adult may have once sought approval from are less likely to exist or are more transient and unstable.

Although friends remain a strong part of the social network in emerging adulthood, friends tend to be selected based in similarity to self, and as such, may not act as a reliable source of social control. (i.e. emerging adults that use substances are likely to engage with others that do the same)

Being In-Between

No longer an adolescent bound by parental monitoring emerging adults can pursue novel and intense experiences more freely.

Not yet identifying as “full adults”, emerging adults may not feel committed to adult stands of behavior/levels of responsibility or feel the need to engage in behaviors they feel will not be acceptable once they reach adulthood.
Problematic Possibilities

Levels of optimistic bias – a cognitive bias that causes someone to believe that they themselves are less likely to experience a negative event – are presumed to be high in emerging adulthood. Optimism bias can also lead to unrealistic expectations, disappointment and emotional distress.

Polling Question 3

Which of the following counseling approaches do you use in your current practice?

A. Cognitive Behavioral Therapy
B. Motivational Interviewing
C. Twelve-step Facilitation Therapy
D. Contingency Management
E. More than one of the above

Person-Centered Principles

Motivational Interviewing
Cognitive-Behavioral Therapies
Specializing Social Supports
Speaking Technically

Presented by Jessica A. Love Jordan-Banks,
MHS, CADC and Fred Dyer PhD, CADC
Other Considerations

In 2015, 20.8 Million Americans met the diagnostic criteria for substance use disorders (SUD; Center for Behavioral Health Statistics and Quality, 2016). The latest statistics on mortality from SUDs indicated that 47,050 people died as the result of drug overdoses in 2014 (Rudd et al., 2016). The opioid epidemic, including prescription opioids and heroin, has scourged the United States causing 28,647 of those deaths. (Rudd et al., 2016) In addition, SUDs and substance misuse cost the United States more than $400 billion dollars annually in terms of crime, healthcare, and lost productivity (National Drug Intelligence Center, 20110. A national survey found that roughly 25 million Americans are in remission or recovery from an SUD (White, 2012). This same survey found that approximately 50% Americans who once met the diagnostic criteria for an SUD achieved sustained remission, defined as one year of continuous abstinence (White, 2012).

The rate of remission for young people in recovery is less promising. Approximately 36% of adolescents who meet diagnostic criteria for a SUD will achieve sustained remission (White, 2016).

Emerging Adults

Top Ten Causes of Death for Emerging Adults
1. Accidents/Car Crashes
2. Suicides
3. Homicides
4. Drugs and Alcohol
5. Cancer
6. Heart Disease
7. Congenital Conditions
8. Chronic Lower Respiratory Disease
9. Stroke
10. Flu and Pneumonia

Source: CDC (2017)

Top Ten Causes of Death for Adolescents
1. Accidents
2. Homicides
3. Suicides

Presented by Jessica A. Love Jordan-Banks, MHS, CADC and Fred Dyer PhD, CADC
Other Considerations: Successful Transitions for Emerging Adults

Schreiner et al. (2012) identified five hallmarks that distinguish between a successful and unsuccessful transition:

1. Individuals perceive the transition as an opportunity for growth;
2. Individuals use healthy coping skills during the transition to embrace transitional activities rather than avoid them;
3. Individuals believe they have the support they need to move through the transition successfully;
4. Individuals access resources during the transition to get information, assistance, and support;
5. Individuals emerge from the transition having grown in personally significant ways.

Six Reasons Substance Use Increases in Emerging Adulthood

1. Emerging Adults have greater network of support
2. Emerging Adults experience multiple transitions
3. Losses, Anger, Disappointments, Frustrations,
4. Emerging Adults are still operating from the limbic system of the brain, and the pre-frontal lobe of the brain is still developing
5. Emerging Adults are at particular risk for psychiatric disorders, and the most common disorders are anxiety, substance use, and mood disorders
6. Personal fable (it will not happen to me)
Six Reasons Emerging Adults Drop Out of Substance Use Disorder Treatment

1. Drug Craving
2. Negative Emotions
3. Personal Contact
4. Activity
5. Outside Responsibilities
6. Feelings of disrespect (feeling like they do not matter)

Source:

Reasons for Quitting Among Emerging Adults in Substance Use Disorder Treatment

1. Legal
2. Employment
3. Family
4. Peers

Source:
Journal of Studies on Alcohol and Drugs, Reasons for Quitting Among Emerging Adults in Substance Use Disorder Treatment (May 2010)

Eight Counseling Approaches

1. The continued development of the therapeutic alliance
2. Addressing the Emerging Adults here and now “NOW”
3. Listen for their input – Listening involves affect & data
4. Acknowledge that the moment, situations, or circumstance can be anxiety provoking
5. Operationalize the abstract
6. Demonstrate scientific mindedness
7. Let them talk (i.e.) Let them talk about their dreams & goals their way
8. Stay hopeful (You want them to walk away knowing & believing you are in this with them.)
CHANGE + SUPPORT = Growth

Ten Life Management Skills Emerging Adults Need for Independence

1. Managing Time
2. Managing Money
3. Getting From Here to There
4. Communicating With Others
5. Maintaining Their Environment
6. Healthcare and Self Care
7. Stress Management
8. Building Personal Relationships
9. Setting Healthy Boundaries
10. Citizenship

Self-Care for the Care Provider

1. Go out to dinner.
2. Develop a new relationship with your paperwork.
3. Hug someone.
4. Listen to soothing music.
5. Have discussions with friends about things other than work.
7. Be grateful.
8. Read that book you’ve been trying to get to for years.
9. Cook your favorite meal.
10. Dance.
11. Rent your favorite video or rent your favorite TV series.
12. Get some rest (i.e., take naps).
13. Drink lots of water.
14. Remember to help others.
15. Have creativity in your life.
16. Be connected to a higher power.
17. Meditate.
18. Reconnect with family members.
19. Leave your work at work.
20. Have colleagues you can talk to.
21. Have one day a week on which you “let it all hang out.”
22. Have some alone time.
UPCOMING WEBINARS

July 10th, 2020
Advocacy Series, Session II: Updates on Federal SUD Funding
By: Robert L. Morrison, Executive Director & Director of Legislative Affairs for NASADAD

July 17th, 2020
Culture Humility Series, Part III: Critical Issues in LGBTQIA Patient Care
By: Allison (Alli) Schad, LSW, LCAS, SEP and Peter Pennington, LPC, NCC

July 15th, 2020
Culture Humility Series, Part IV: Understanding SUD Disparities Among LGBTQIA People
By: De’An Roper, PhD, LCSW-S

July 20th, 2020
Culture Humility Series, Part V: Critical Issues in LGBTQIA Patient Care
By: Allison (Alli) Schad, LSW, LCAS, SEP and Peter Pennington, LPC, NCC

July 25th, 2020
Culture Humility Series, Part VI: Do You Know Who You Are and For Whom You Provide Services?
By: Janice Stevenson, PhD

July 29th, 2020
Culture Humility Series, Part VII: Integrating Treatment for Co-Occurring Disorders
By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

MORE FROM NAADAC

EMERGENCY RESPONSE WEBINARS:
COVID-19: Telehealth for Opioid Addiction Treatment
By: Marlene M. Maheu, PhD

The Impact of Disaster on Recovery: The Perfect Storm
By: Timothy Legg, PhD, P-HNH, MAC

Psychological First Aid During COVID-19
By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession
By: Thomas P. Britton, DrPH, LPC, LCAS, ACS, Lisa Dinhofer, MA, CT, and Andrew Kolodny, MD

COVID-19: Telehealth During COVID-19 and Beyond: Integrative Treatment for Co-Occurring Disorders
By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

Virtual Workplace Wellness: Successfully Managing Change and Reducing Stress
By: Fredrick Dombrowski, PhD, LMHC, MAC

www.naadac.org/cultural-humility-webinars

www.naadac.org/covid-19-resources

Presented by Jessica A. Love Jordan-Banks, MHS, CADC and Fred Dyer PhD, CADC
Clinical Supervision in the Addiction Profession Specialty Online Training Series

Part One: The Supervisory Relationship
By: Thomas Durham, PhD.

Part Two: Using Technology for Clinical Supervision
By: Malcolm Horn, PhD, LCSW, MAC, SP

Part Three: Legal and Ethical Issues in Supervision
By: Thomas Durham, PhD.

Part Four: Stages of Clinical Supervision
By: Thomas Durham, PhD.

Part Five: How to Structure Clinical Supervision
By: Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Samson Teklemariam, MA, LPC, CPTM

Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process
By: Alan Lyme, LISW, MAC

www.naadac.org/clinical-supervision-online-training-series

Addiction Treatment in Military & Veteran Culture Specialty Online Training Series

Part One: Supporting Those Who Served – Substance Use and Comprehensive Mental Health for Military Affiliated Populations

Part Two: Supporting Life After Service – Addiction and Transition to Post-Military Life

Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families

Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations

Part Five: Identifying Presenting Concerns – Assessment Competencies for Service Members, Veterans, and their Families

Part Six: Using What Works – A Review of Evidence Based Treatments for Military Populations

Series Presented By: Duane K.L. France, MA, MBA, LPC

www.naadac.org/military-vet-online-training-series

Presented by Jessica A. Love Jordan-Banks, MHS, CADC and Fred Dyer PhD, CADC
Thank you for joining!

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