

NAADAC
Counseling Emerging Adults
July 8, 2020

Hello everyone and welcome to today's webinar on counseling emerging adults with substance use disorders. Assented by Jessica love Jordan banks and Dr. Fred Dyer plate my name is Samson and I am the director of training and professional develop in Fort NAADAC. The association for addiction professionals. Organizer for the training experience. This is professional and business organization for addiction professionals. It is remaining informed of best practices and resources that support recovery. This is sponsored by CAREfrontations. Stay tuned for instructions on accessing the CE quiz immediately after the webinar after a brief demo from the sponsor bid the permanent homepage is W WW.NAADAC.org/webinars. Make sure to bookmark the webpage so you can stay up to date in the latest on addiction education. Close captioning is provided by CaptionAccess check your most recent confirmation email or our checkbox for the link to use closed captioning.

We will use GoTo Webinar for the link and you will notice the control panel that looks like the one on my slide here. A few important instructions, you've entered into a listen only mode which means your Mike is automatically muted to prevent disruptive background noise. If you have trouble hearing for any reason switch to a telephone line using the audio option next to the orange arrow in your GoTo Webinar control panel. You can use that arrow anytime to minimize or maximize the control panel.

If you have any questions for the present or, type them into the questions box. We will gather the questions and I will pose them to the presented during the live Q&A. Any questions we do not get to we will collect directly from the presenter and post the questions and answers on our website. Let me introduce you to today's presenters. First Dr. Fred Dyer is an international trainer and consultant in the behavioral health arena. Providing consultation and training to agencies and organizations in the areas of emerging adults with substance use and mental health disorders. Adolescence, cultural competency and improving client retention and compliance rates, gender responsive programming, co-occurring disorders, juvenile offenders and feedback informed treatment. Dr. Dyer has 150 publications and is trained and consulted extensively across the US and Europe. His work can be observed at dyertrainingandconsulting.com. Also Jessica love Jordan banks. She's from the state of Illinois basin Chicago and is the chemical dependency intensive outpatient therapist for Mercy Hospital and Medical Center. And imagine faculty for the Department of addiction studies and behavior help at Governors State University.

She has facilitated community-based AOD education events and trainings and offered an article published in NAADAC Spring 2019 issues and advances in addiction recovery and contributed to several organizations including the NAADAC clinical issues committee and Illinois association of addiction professionals, executive board.

She earned her Master of health science degree in addiction studies with a concentration in addictions counseling from Governors State University. NAADAC is delighted to provide this webinar presented to you by two leaders from NAADAC's issue subcommittee on emerging adults.

Jessica, whenever you are ready I will hand this over to you.

>> JESSICA A. LOVE JORDAN-BANKS: Thank you for that warm introduction and thank you all for making time to join us for today's webinar. I'm excited to see such a growing interest in understanding how to best serve emerging adult population. It is my hope that you will leave the presentation with information you can readily use to enhance her clinical practice. There are a few key areas that this webinar will focus on. These are some things we feel create a solid foundation for understanding who emerging adults are, what some of their common treatments and developmental needs will be and the more immediate things we can do as clinicians to serve them well in the treatment population. One of the main goals for today's webinar is you leave with a working definition that understands some of the definitive features of emerging adulthood and within that will pay attention to understanding why the distinction is important, we will also discuss the causal factors associated with increased risk for substance use issues during the developmental period. And lastly we will proposed counseling considerations to benefit our clients and ourselves as clinicians.

on the topic of emerging adulthood. It is considered to be a newer area of clinical focus so I'm interested to see some of your thoughts. Because this is an opinion poll there are no wrong answers. Please take a moment to respond.

>> MODERATOR: Thank you I will launch the poll you should see it on your screen read the question asks how would you rate the importance of emerging adulthood ages 18-25 been recognized as a distinctive developmental period in the treatment field. As a reminder this webinar is sponsored by CareFrontations and stay tuned for instructions on how to access the CE quiz towards the end of the webinar after a brief demo from our sponsor. It looks like 70% of you responded. I will leave it up for five more seconds.

Perfectly thank you everyone I will close this poll and share the results. And I will turn this back over to Jessica.

>> JESSICA A. LOVE JORDAN-BANKS: Thank you, Samson. It looks like the majority of us felt it was very important and that is not surprising with it being such a new area of focus, there's a lot of excitement, which is exciting for me. So thank you for your input.

Just who are emerging adults? I am sure many of us have either heard or used descriptors like late adolescence. For young adulthood or transitional aged youths, when referencing younger people. But when we really start to look at what takes place between the end of adolescence and beginning of adulthood, from a biopsychosocial perspective notice significant occurrences that don't fit into what we know to be true of adolescents, likewise what has been observed does not align with what we associate with adulthood.

This is where the concept of emerging adulthood comes in but it is suggested to be a period with individual developmentally as no longer and adolescent but from a biopsychosocial perspective, is not fully adult either paid although the concept of emerging adulthood may seem like somewhat of a newer area of focus, it is a term that dates back 20 years. In the year 2000, research psychologist proposed a theory suggesting emerging adulthood specifically about 18-25, is a distinctive period the life course for young people and industrialized societies. Characterized by frequent demographic ranges, intensive exploration and examination of life possibilities.

It is said for most, those features work together to prepare emerging adults settle into adult roles and make more commitments in terms love relationships, work and worldview. It is considered to be a developmental period were feelings of optimism and personal freedom are at their highest the progression to adulthood is gradual and thoughtful. The Venn diagram in the slide is a graphic captured from a 2007 article where Arnett suggests option D where there are three distinctive circles, most accurately depicted what he thought as the progression that individuals experience transitioning to adolescence through emerging adulthood and ultimately adulthood.

Coming back to thinking about labels that we may have either heard or used to describe emerging adults, it is important we discussed the concept of failure to launch. Failure to launch has become a familiar part of the American lexicon that has been used to describe young adults between the ages of 18-25. Who have not met traditional benchmarks of adulthood. This label is problematic for a few reasons. Mainly it fails to consider the longer arc of human history and development. And significant societal shifts that we will discuss in a moment. Labels like failure to launch prolonged adolescence, late bloomer or things that otherwise indicate the type of struggle, just to our clients that we believe they are behind or trailing in their development paid

That something that could easily be misread and damage the therapeutic relationship. Referring to failure to launch begins the counseling relationship with judgments and

disconnection rather than conveying a sincere desire to understand and help. As we talk about effective ways of working with emerging adults and treatment settings, part of that involves actively monitoring our own thinking and viewing emerging adults from the lens of what we know to be true about human developing. And what we know to be true about them as our clients and individuals.

Is the distinction needed? Based on the polling it seems a majority of us say, yes. Dr. Dyer and I absolutely agree. You can we believe that emerging adulthood should be designated as a distinctive developmental period, and there are a few reasons to why.

One, the brain says so. What we have come to know to be true about brain development across the lifespan suggests that emerging adulthood is distinctive, recent research helps us understand that significant neurobiological and psychosocial development occurs between the ages of 18-25. It does in a way that distinguishes between adolescence and adulthood. Specific to brain and cognition, research suggests there's a stronger potential for personality change during the emerging adulthood years and it is been suggested that ongoing brain development that occurs creates a unique opportunity to change early maladaptive behavioral patterns like problem drinking or illicit substance use.

Some scientists have described the teen brain as being on its training wheels because it does not perform tasks at adult levels yet. I take that idea a step further and say emerging adulthood is the period of learning to run without the training wheels. Scientist learned it takes about 25 years for the brain to fully develop and since the brain develops from back to front the prefrontal cortex region is the final part to reach surety which is significant in understanding emerging adults when we consider what the prefrontal cortex does. In short, the prefrontal cortex is the area of the brain that mediates our ability to carry out new and goal-directed behavior. It is attention and short-term memory tasks, working memory, delayed responding, inhibitory control, active problem-solving, and these executive functions are also closely linked to our ability to emotionally regulate.

Worth noting is the process of synaptic pruning that affects the prefrontal cortex which peaks in adulthood. Synapsis are structures in the brain that allow the transmission of neurotransmitters like dopamine and serotonin, during synaptic pruning less used dimensions are weakened and eliminated to increase efficiency of that neuronal transmission and improve overall brain functioning, within that the synaptic connections used more frequently are strengthened and retained and the use it or use it elimination process is linked to learning and environmental factors meaning the more frequent exposure we have to the same experience is the stronger related synaptic functions become. Prefrontal cortex maturation and synaptic pruning allows us to perform at optimal adult levels.

We suggest the distinction is necessary because our world is very different today than what it was 60 years ago. So prior to Arnett puzzle the dominant lifespan conceptualization was Erickson's theory of psychosocial development. The general consensus supported the theory but part of the argument posed by Arnett is that it is the theories formed when our society looked different than it does today. When we reflect on how things have shifted over the last few decades, our economy and environmental living conditions, as well as social standards and norms have changed considerably paid likewise or access to technology and level of connectivity has expanded insignificant ways.

the ways in which things have changed have caused a gradual shift in the age of achievement of the big five typical adulthood markers. In such a way that what was once the norm is no longer normative in terms of the lived experience is for individuals between 18-25.

It is important we look at what the prior adulthood norms actually were. In general, the process of becoming an adult is thought to be something that was largely associated with social markers. More specifically, the acquisition of social roles and responsibilities. In the US those markers have traditionally been the big five. Finishing school, finding a job, leaving home, getting married, having children.

60 years ago, 18-25-year-olds were much quicker to leave home, Mary and parent because the economic opportunities back then made it possible to achieve those quickly. But as mentioned, over the years our social and economic conditions have changed in ways that make a fast progression towards those milestones unrealistic for a lot of people. It is not so much to say those markers are never achieved, they are just not pursued as early on as in previous decades.

So looking back, we know that 60 or so years ago, markers for having achieved adulthood included activities like getting married or having children, owning a home, establishing a career, etc. People were expected to do and typically did those things in their early 20s or younger. It was also common practice for young people to continue to live with their parents till they got married but the average age around-- at that time for marriage in the 1950s was between 20-22 years old, and couples generally entered homeownership and parenthood around this time also.

These activities were essentially the standard for adulthood, and because of that were viewed as major achievements that should be pursued to have a meaningful life.

For many young people today, however, adulthood and its obligations offer security and stability, but at the cost of certain freedoms. Within that, evidence suggests a lot of young people are not postponing marriage and parenthood because they recognize to some degree a level of maturity and responsibility are necessary to click on the role of parent or partner. And they want to be ready for and do well in those roles.

Another factor that has had an impact on the age of marriage and parenting, over the last few decades our society has shifted from being industrial to an information-based economy. With there being more of a demand for college educated workforce, it has become common for emerging adult age persons to pursue family life for secondary education. And it has shifted the age emerging adults leave home. Staying home prior to this was normal. But today people leave at 18 or 19 for going into the military or college or cohabitating with a partner or living with friends.

Views towards the social acceptability of premarital sex and cohabitation have shifted within the last 60 years. Which has had an impact on the average age for settling into marriage and parenting.

What can be drawn from all of this is that the former adulthood markers like marriage and parenting have shifted to now culminate in the process of merging re-adulthood rather than start it. The consensus is that more young people are recognizing that building an adult identity is a process more so than a discrete event.

This is where Jeffrey Arnett's five features of emerging adulthood comes in part recognizing the process of transition from adolescence to adulthood has changed considerably over the last few decades, Arnett argues that this is characterized by five features that take the place of the former big five associated with the ages of 18-25.

He described the features as the age of exploration, age of instability, self-focused age, the age of feeling in between, and the age of possibilities.

We will look at each of those features in more detail going forward.

So one of the more distinctive characteristics of emerging adulthood is the age of identity exploration. It refers to a period in which young people are more intensely focused on deciding who they are and what they want out of work, school, and love. And do so through intense exploration of a variety of life possibilities.

It is said this process of exploration is what prepares them to commit to more enduring choices like getting married and starting a career that ultimately prepare them for full adulthood. Through trying a different possibilities they develop more of a definite identity, including an understanding of who they are, what the capabilities and limitations are, what their beliefs and values are and how they fit into the society around them. It is these sex operations in emerging adulthood that makes it the age of instability.

Throughout emerging adults are engaging in an exploration of life possibilities and they make frequent directional changes that make life relatively unstable. Frequent residency changes are normative to do things like living on campus for college or joining the military. While others may simply move out to feel more independent. All the same, and American society rates of residential change are higher during emerging adulthood than at any other period of life. Likewise normative expiration in love and relationships and implement have also been linked to feelings of instability.

Emerging adulthood is also thought to be a self-focus age. Not to be confused with selfishness, this is the individual focusing more intently on themselves as they develop the skills and knowledge and self-understanding needed for adulthood. It is a time when emerging adults are learning to make independent decisions about everything. They are actively working to construct an adult life where they independently decide what they want to do, where they want to go, and who they want to be with. For many this is the first time taking on such important decision-making in the absence of parental structure and so it requires a lot of focus.

That is because the shift away from more socially controlled environments toward more independent living my numbers emerging adults expressed the subjective feeling of being in a transitional period in life. For many, the emerging adulthood years mark their first experiences of life without parental oversight. Or the structural provided by a school environment. In almost emerging adults ignis they are not long an adolescent and take responsibility for themselves, for the most part they do not feel like adults. This can come from feeling they cannot take on adult responsibilities which is quite normative we know now. Becoming an adult is the gradual intangible and psychological process, but when a larger society clings to the idea of marking maturity five acquisition of social roles and responsibilities it can become easy for the emerging adult to feel as if they do not measure up to adulthood yet.

Lastly, emerging adulthood is the age of possibility. During this period there is a sense of there being endless possibilities. And as a result, optimism towards the future and it reaches the peak bid this is attributed to the belief that a number different futures remain possible, which many can be true because at 18 two of their dreams have been tested in real life. And not much different decided in terms of the overall direction of their lives.

I would like to introduce another polling question. Where the initial polling question asked for your valued opinions this is more of a general test of knowledge. Please take a moment to respond.

>> MODERATOR: Yes everyone can see this pop up on your screen. It asks, which of the following commonly used age group labels refers to today's emerging adult population you can connect with our presenters by sending questions to the question box of the GoTo Webinar control panel. You will see the orange arrow at the top of your control panel -- it may not show

up during the poll, but once this is closed you can see the questions box again. You can send a question in any time and we will pose the questions to the presenters in the order they are received. And if you are wondering how to get your CE certificate from the webinar, please member the webinar sponsored by CareFrontation and you can stay tuned for instructions on how to access the quiz was the end of the webinar after a brief demo from our sponsor.

About 70% of you have responded to the poll and I will give you a few more seconds.

Make you so much everyone. We will close the poll and share these results. I will turn this back over to your presenter.

>> JESSICA A. LOVE JORDAN-BANKS: It looks like 49% said gen y 11% said gen alpha and 40% said Gen-Z. That's a bit of a trick question, the bulk of emerging adults, individuals 18 between 18-25, are actually Centennial's are those belonging to gen Z born between 1997 and 2012, the youngest millennials, gen Y born between 1981 and 1996 and the youngest turned 24 this year. So technically some millennial's still within the range of emerging adulthood but they do not make up the majority. And that is something to consider when we look at how different the lived experience is can be between gen y and gen z.

A lot of addiction treatment settings it's not uncommon for emerging adult populations to be grouped with older adults or younger teens, and it is been hypothesized this type of practice is a factor that contributes to the overall rates of treatment engagement and poor treatment outcomes for the population.

But when it comes to substance abuse, emerging adults are in a league of their own. This brings me to reason number three for the distinction read emerging adult substance use is so different when compared to their younger and older counterparts. A lot of the literature suggest emerging adulthood is a sensitive time for the onset of substance use disorders and has been supported by the statistics. According to a 2015 study the risk for expensing eight substance use disorder in emerging adulthood is triple that of adolescents and double of that of older adults. 1.9% of adults over 26 and 2.5% of adolescents have documented substance use disorders. The percentage is 6.6% for emerging adults. So what places this population at such high risk we

Interestingly, part of the answer can be found when we take a closer look at the developmental features.

There are culturally ingrained expectation that emerging adults experience drugs and alcohol to the point that it is viewed as typically normative. As a result, a lot of young people have come to view this kind of extermination as a rite of passage. And although research in college student supports the idea that emerging adults that consume alcohol moderately may appear

to be as emotionally functional as their counterparts when we look at their data, we see emerging adults tend to drink over the daily recommended limits more than any other age group.

A 2013 study showed that of the sample observed, 40% of emerging adults engage in heavy episodic drinking at least monthly and more than any other age group. Similarly, the result of a 2015 study shows when compared to older adults and adolescents, emerging adults have the highest rates of binge drinking and a 2015 study showed they reported the highest result of illicit substance use with 22% reporting substance abuse in the past month. Within that, we have to consider deciding the direction of our lives and answer the question of who am I? -- Is a big task. And when the question cannot be easily answered, especially due to circumstances the flat of the individuals control it can produce feelings such as confusion, anxiety and depression.

We know those emotional states problematic substance abuse go hand-in-hand typically pray this can be the case when it comes to instability.

So change at any age can be stressful. And while the normative transitions that occur during emerging adulthood can be exciting, it can induce considerable amounts of pressure, stress, confusion, anxiety, depression, loneliness and fear read it has been suggested that emerging adults who experience a relatively high number of instability incidents, love relationships school and work, are more likely to experience related disruptions and sub sequentially have higher rates of substance use and it is the age of onset for some psychological conditions.

Looking at the role of the brain we must consider the evocations of the brain develop and we discussed earlier. We know the prefrontal cortex that is involved in motivation and problem solving and impulse control and emotional regulation, is not fully mature until about 25.

Because of this the process involved in monitoring behavior are still improving throughout the emerging adulthood years. With such critical parts of the brain still developing, emerging adults are at an increased risk for being impulsive, emotionally reactive, and using impaired decision-making, which can be troubling when we consider that emerging adulthood is a time of intense self-exploration that often involves high levels of sensation seeking, and experimenting with drugs and alcohol.

That is why -- and they are also at an increased risk for causing significant changes to their brain development with problematic drug and alcohol use. And that is especially true when we consider the implications of his synaptic pruning. The drug-induced release of dopamine in the brain's reward pathway to widespread and long-lasting synaptic adaptations that may ultimately lead to addiction, has been found.

In terms of the age of self focus it has been proposed that the more self-focused emerging adults become, the less objective they are to social control, and the more prone they are to increases in substance use. With the relationships being more transient in nature during this period, the social control's that may have once been preventative in terms of substance use, no longer exist.

Because of the self-focus, relationships to be selected based more so on similarity to self, which for emerging adults engaging in problematic substance use may mean only associating with other individuals who engage in drug and alcohol use at the same level.

Due to feeling in between emerging adults are generally not as committed to standards of behavior and responsibility that we would as adults. This can translate into more liberal drug and alcohol use. Again, for many emerging adults, adulthood and its obligations offer some security and stability, but at the cost of certain freedoms. With that said, substance use may also increase during emerging adulthood due to feeling the need to engage in behaviors they feel will not be acceptable once they reach adulthood.

Lastly, because emerging adulthood is a period where optimism towards life tends to be at its peak, levels of optimistic bias tend to be higher also. Optimistic bias is like the magical thinking in that it oftentimes supports beliefs about there not being very many negative outcomes likely. It is proposed that the overconfidence fostered by optimistic bias creates a situation for many emerging adults in which they may not see negative consequences as likely to result from their substance use.

They may be overconfident in their ability to use without negative consequences or overestimate their ability to reduce or quit their substance use once they fully emerge into adulthood. Within that it is also been suggested that substances can increase in emerging adulthood as a maladaptive way of trying to cope with feelings of disappointment, that may contradict their high levels of optimism.

As we begin to transition and look toward more practices in working with emerging adults, I would like to present a final polling question. Just to gauge what practices you may be implementing.

>> MODERATOR: Thank you, Jessica, everyone will see their poll pop up on the screen. It asks, which of the following counseling approaches do you use in your current practice?

You will see answer options there and as a reminder you can continue connecting with our presenters by sending in questions into the questions box of the GoTo Webinar control panel and thank you to all of you who did send your questions in already. We will ask them in the order in which they are received. If you are wondering how to get your CE certificate from the

webinar we will give you more clear instructions after a brief demo from our sponsor. About five more seconds to answer this poll.

We have just about 70% of the audience hold and I will close the poll and share these results. I will hand this back over to Jessica.

>> JESSICA A. LOVE JORDAN-BANKS: Thank you. It looks like more than half of us are already engaging in more than one of these therapies. That is good news.

The counseling approaches that has been showing to have promise in working with emerging adult populations are a lot of things we have already been doing for some time now.

For instance, being empathic and client-centered, those principles are at the core of our professional ethics. Applying empathic understanding when working with emerging adults and take the form of something as simple as being mindful of the way we think about them and speak about them. Being mindful to avoid using judgmental labels and be careful not to overgeneralize and readily buy into unsupported stereotypes.

Approaching the work from this type of stance builds rapport. When we show genuine interest in learning to understand the client, especially with emerging adults, we create opportunities to establish a strong therapeutic alliance and that is our ticket towards being able to understand and help resolve problems that may brought them into knowing the lower levels can be a barrier for emerging adults, motivational interviewing is another option has shown promise.

With that, motivational interviewing incorporates empathy and client-centeredness, which we note can benefit any counseling relationship. And also places emphasis on client autonomy and building self-efficacy, things we know that are a critical part of a healthy transition to adulthood. There's also research supporting the effectiveness of psychoeducation among particularly in areas of cognitive-behavioral therapy and skills building.

Helping a client work through some of the cognitive distortions that may cause them to stress ring identity expiration, teaching about assertiveness and healthy communication, or healthy relationships and boundaries, building healthy coping skills, modeling healthy regulation. These are things that not only serve the purpose of helping them create a recovery focused lifestyle. Knowing the potential for pure performances, sober social support engagement is also something that has been shown to be helpful for this population. Within that it is important to whenever possible provide opportunities for clients to be with peers and incorporating the use of technology particularly in outpatient treatment settings has been shown to have benefit. And this goes back to meeting clients where they are.

Especially when we consider how COVID-19 has been changing the way in which we can connect with one another. Within recent years there have been a few studies examining the effectiveness of automatic text messaging apps, focusing on absence monitoring and symptoms tracking have showed interesting results. Those are a few areas to consider as we begin to look at what has been working well with this population.

Within that there's still a lot of research to be done. With that, I will transition the floor to my colleague Dr. Dyer.

>> MODERATOR: Fred, we are turning this over to you. Just unmute yourself on your phone and you should have control with the slides with your keyboard.

>> FRED DYER: Thank you Sampson and Jessica. Let me go to the next slide good afternoon, everybody. I am so happy to be here. And -- my name is Fred Dyer, and we are going to cover a lot of material. I want to cover some things also provide you with information that may not be in the handout but I promise you we will get to the handout. Want to just make sure I say this. I want to offer to you how I got involved with working with emerging adults but I will do this quickly. Because we have a lot to do.

It was about five years ago an agency contacted me, I was living in Chicago, working in Chicago and traveling all over the world and the country but an agency contacted me in Minneapolis. Ask me about coming to help them with their program as it relates to persons with co-occurring disorder.

I agreed and I said I will come and we will put together a program and all of that. And so we did a group one day and we are in the group, and I noticed or I observed in the group, there were 17 individuals in the group, in the room. There were 16 group members, four of the group members were over 50 years old. The remaining 12 were at what age? You guessed it, between the ages of 18-25.

What I further observed was during the group, and I am the group facilitator so I took the responsibility for the -- but basically, the 18-25-year-olds were not afforded the opportunity or did not have the opportunity to participate because the older adults, the 50+ group, their needs, where they were and where they are were different than the needs of those who were 18-25.

So how did we resolve that? We worked with that, we reminded each other of being respectful and allowing others to talk. One way I resolved it was rather -- and I didn't do it with every group but I did it when I saw there was a need -- I would take the 12, the 18-25 male and female, and we would have an additional group afterwards of maybe -- I was a 30 to 45 minutes. He couldn't bill for that but they needed a group for themselves. Why?

Because their issues and their needs were different than the older adults. And let me drop this in there. During groups now, and I know this still goes on and it is not by any means a criticism - but at the same time, when we do not have services, particularly for this group, we tend to lose them. We will lose them. How so?

They may end up going to sleep, they may stone out, become disinterested. That is another issue we will get to later. But I wanted to just say that that is how I got involved with doing emerging adults. And I have to tell you, I am -- this is my group, this is my population, this is -- this is the movement that I am with Pete I am with the emerging adult movement.

Let me say this -- you have to have energy when you work with this group. You have to rest when you work with this group because there's a lot coming at you. And their needs are different. So let's continue. Let's go to the next slide.

There you have a picture of some emerging adults. That must be California or something, I can look at it and tell, maybe Florida.

Now we have some of the top 10 causes of death for emerging adults. Accidents, car crashes, suicide, homicides and notice number four, drugs and alcohol. And then over to the right, we have top three causes of death for adolescents. Now, if you are taking notes now let me stop right now and give you something to write, right now, let's say the top 10 causes of death for emerging adults but let me give you something to think about. This is called therapeutic use of self.

This is therapeutic use of self, write this down, write these things down because they are very important if we are going to be successful in working with emerging adults.

It has been my experience that for the emerging adult, the home up of the emerging adult, his or her creed, their creed or their mantra is that I am 18 now, I am 19 now, and I am independent, and I can do whatever I want to do. And no one will tell me what to say. Or what to do.

Let me give you some principles of a therapeutic use of self. In other words, how can I use myself as an example of being more effective in terms of working with him or her? To be honest, I have heard that more so from young men more than young ladies. I have heard from young ladies and that is no one will tell me what to do. But I hear it more often from young men. So let me give you the first piece, in terms of therapeutic use of self and I will give it to really quickly and then we will get going.

Remember, when you're between the ages 18-25 or 18-29 and what that was like for you. So you must remember, were going to use you, therapeutic use of self means amusing me, my perspective and experiences, my viewpoints, and I will use that to help him or her.

So I have to remember that when I was 18-25, and remember when you and I were told, at least I was told, don't trust anybody over 25. That is going back some years, that is going back to Watergate. That is going back to the Vietnam era but I remember the phrase so well.

No. 2, remember when you were just trying to figure out life. And you're trying to figure things out, the treatment that we come in contact with the meat on the street, it may even bear on family, may be between 18-25, I am pretty sure they are just trying to figure life out. Where do I go? In light of substance use, I am just trying to figure out life.

Number three. Remember when you and I had more months than money. Some of you are still saying that. I don't have -- I have more months and not enough money pretty emerging adult, that is where they are paid they have more months than money.

Number four, remember when you shouted, when I shouted, I will do what I want, it is my mind and I will think what I want but no one will tell me, it is my life I will do what I want. That is what we hear from emerging adults. Even those emerging adults mandated into treatment through the court system.

Remember when you and I did not have creativity. Creativity is a psychological construct and it's an important one. Creativity simply means what is next? You have done this, but now what is next? This happened, what is next? You completed this, what is next? But remember there are a lot of emerging adults that you and I come in contact with who do not have a "what's next". And that's an important construct. Not just for emerging adults, but all throughout the life span. Number six, remember when you believe that you had more questions than answers.

The last one is this: remember when you felt angry at life, at yourself and at others. That you felt anger. He didn't really know why you are angry but for some reason you just felt angry. That life is not this great big free ride thought it would be. And you just felt angry at yourself and others.

So the therapeutic use of self goes a long way in helping me to develop these therapeutic alliances with him or her. And ladies and gentlemen, without that alliance, there is a Latin term for the therapeutic alliance or a Latin phrase that says, it is a sine qua non, meaning without it not much happens. It is so essential. It is so essential, not much happens without it or not much gets done.

Let's go back one slide. All right, I will go into these transitions. Jessica has done an excellent job in looking at the transitions but all I want to say about transitions, there is an operative word that when I think about transition. The operative word for transition -- it contributes to the up and downness and the ins and out of transition. And that word is "stress".

Stress increases for the emerging adult. All of a sudden they have to make decisions. All of a sudden they have this freedom. All of a sudden have this independence. All of a sudden something else they had may have all the stress that goes along with that. And what we know about stress is that stress can increase the risk for substance use.

It can increase the risk of being vulnerable. And when I don't have the coping skills and do not have the coping skills or the resources to manage the stress, then I am at a greater risk of substance use because now instead of the mental stress, the stress is managing me.

Let's go on.

Look at the words, emerging adults. Look at that. Then you have commitment, these are all terms -- these factor into the emerging adult. Relationships, the transition, moving to new relationships. Moving into adulthood. Adulthood. More involvement with institutions now.

Now I am probing, now I am probing and beginning to really think for myself. I am beginning to really think for myself now. Now, I am concerned about my education. Now I am being maybe being mentored I am older now and being tested now. All of this contributes or is a part of the transitional period, I have to find my place, where do I belong? How do I fit in? How do I fit in? Who will accept me? Who am I? how do I make my way in the world and how do I continue, I have the autonomy that I wanted, fine, I got back. I got the autonomy but now how do I make it work for me?

After I get through getting high, then what? What is next? Commitment. Look at all these words that encapsulate the whole word of "emerging adults".

Let's think about this. The reason that substance use increases with emerging adults, and Jessica has pretty much -- she did an excellent job on the brain and everything. And all I want to address here, the six reasons, and I'm sure there are more but I want to think about this. Think about the greater network of support. All of this has implications for treatment, relapse prevention, triggers.

When we want things to work with him or her on, they have a greater network of support. Multiple transitions, multiple frustrations, Jessica did a good job on the brain -- she also talked about the whole idea of psychiatric disorders. Because at this age, between 18-25, we know this is the period when he or she has a greater risk for developing a mental illness but I want to

hang it here on number six for a moment. Personal fable. That come straight out of the work of David Elkind's work on egocentrism when he talks about some of the features of egocentrism for the adolescent. And we find this even over in the emerging adult, or the emerging adult says it will not happen to me. What won't happen to me? I can drink and drive and I will not get caught because I know what -- I had an emerging adult tell me that he knew what streets to go down because he knew what time the police changed shifts.

So he figured that while the change shifts I am good. It will not happen to me. So whatever situation you want to ascribe to this, the personal fable says, it will not happen to me. And what happens with this is that every time the emerging adult engages in risky behavior, and is successful, and no consequence, nothing like that, no consequences, and everything is fine, he gets out of it, she gets out of it. Engage in risky behaviors. And they seemingly come out of it okay. That just reinforces the opportunity or the likelihood that they will do it again because their thinking is, I did before and nothing happened. I will do it again and nothing will happen.

Personal fable. So six reasons substance use increases in emerging adulthood. I won't spend a lot of time on number three but losses, anger, disappointment, frustrations -- we have to give him or her, provide him or her with solutions and opportunities other than using. Other than using because without it, they will just resort to using.

What are some reasons that the emerging adults may drop out of treatment? This is why the relationship that you and I have with him or her is vital. Let me run through these. Drug cravings. Negative emotions. Depression. Anger, frustration -- negative emotions. Personal contact, or the lack of personal contact. They feel they are not having or having with their counselor or therapist. Some will say that he or she is just looking for a reason to leave. Maybe but I guess the question is, it goes back again to something that Jessica talked about in terms of understanding him or her, we want them to be able to stand on their own feet and develop autonomously, to be autonomous and everything. But at the same time, I am convinced of this -- the emerging adult, he or she -- even though I am not going to have a one-on-one session with him, that 45 minute session, that 50 minute session that we bill and all that, that is fine.

But I want to check in with him or her. I believe that the emerging adult, it is similar to the adolescent in the sense. That they require check ins. Check ins. How is it going, how did that weekend pass go? Even though you are not having a weekend or not having a 45-50 minute session did if I'm passing by in the hallway of the facility, hey, how did the weekend go? How did things go for you on the visit? Things like that. Personal contact. Number four. The activity. The emerging adult, 18-25, I have no doubt in my mind that this is the individual who craves for something to do. They need an activity. So they need some type of activity, just expecting him or her to sit in the room if it is in-patient or residential, to sit in the room so that there is -- so let's get them to meetings but then after meetings, then what?

What other activities do we have where they can learn skills or learn how to be a team member? Other activities.

Number five, they merely because of outside responsibilities.

We get a lot of young men who come into treatment who are 19, 20, 21, 22, who already have children. And their significant other may be asking them to leave or they have children or they may have a grandparent or they may have a parent who is ill. Outside responsibilities, and the number six. We are still talking about six reasons emerging adults drop out of treatment feelings of disrespect. Feeling like they do not matter. Read Kenneth Hardy in one of his great books, team -- teens who hurt. And we can assign this to emerging adults or anybody. To you and I or particularly in this context to emerging adults. Kenneth Hardy talks about the overriding concern for the adolescent is that is that he or she is coming away feeling like they are disrespected. The same thing is true for the emerging adult.

I've seen them, whether that is their reality, it may not be true but they are feeling or believing or thinking that they have been disrespected. Then yes. And then they may end up leaving. They may end up leaving. They feel like they do not matter. And disrespect has the connotation that you do not matter, you do not count. That your thoughts and feelings do not count and do not matter.

Next slide. I'm sure we can probably think of -- I came up with four reasons why the emerging adult may quit using alcohol and drugs. Legal issues. Legal issues. Okay? I tell emerging adults all the time, those that are particularly mandated or have CPS in their lives, child protection services. Or who are on probation. I remind them, listen, every time you use, every time you use, you keep -- you continue to keep that probation officer or that child protection services worker in your life that much longer.

So, they may quit because of legal issues. Fine. They may quit because of employment. You know, you have to have a clean Drug screen to get the job. And you have to have a clean Drug screen to keep the job. That is fair.

They may end up quitting because they want to break the generational pattern of substance use in their own family.

Number four, they may end up quitting because of the peer group. They have observed or noticed that the peer group or individual they are hanging out with that is using is not good for them. It is counterproductive, in terms of where they are trying to go, what they are trying to get to.

Number five, let me add a fifth one: health reasons. A lot of adults coming into treatment and are having health reasons from asthma or high blood pressure, all kinds of issues and challenges.

Next slide. I want to run through these quickly because my time is going to be up shortly. The eight counseling approaches predict continue develop into the therapeutic alliance. The therapeutic alliance is not an event, it is a continuum. Let me drop this: emerging adults, that is my thing, that is where I am. I read everything, I see them on the streets bad I work with them. I like them and how about this, this is for you and I, and I'm sure everybody on this webinar today just loves emerging adults. They just look forward to working with them. But I would tell anyone if you don't like emerging adults, hey, leave them alone. If you don't like them, I didn't say like what they do -- but if you don't like them leave them alone.

Number two, addressing the emerging adults here and now, NOW. Whatever what here and now is, you want to address it now. What is there now in the here and now? It could be a number of things from homelessness, criminal justice issues, health issues, whatever their "now" is bad

Number three, listen for their input. Listening involves affect and data. Emerging adults, I had it when I was their age and it still goes on now, no one will listen to me. So it is imperative that we listen to them for affect and for data.

Number four, acknowledge that the moment, situations or circumstances can be anxiety provoking. Absolutely. Anxiety provoking. Anxiety causes -- it can cause an individual to make decisions to venture into a behavior that they otherwise would not make. Number five, operationalize the abstract. You have to kind of talk where they understand you.

For me personally, when I am working with emerging adults, there is this piece of literature that says know their music and all of that, I understand that but I normally use my language from my generation. My music. So I will throw some Dillan at them or beetles at them. Or the temptations that them but I will operationalize the abstract. And they get that. It is called being authentic. You want to remind yourself to always be authentic with them. Demonstrate scientific findings, meaning this. Demonstrate that you know what you are talking about. Demonstrate that you understand this particular period of life for them, that you get it.

It sounds like to me, I will make up a name, Malcolm it sounds like, could be are trying to figure this thing out? Well, yes. Demonstrate scientific mindfulness. You understand the struggles of this particular period. You know where they are coming from and you understand their history and you get it.

Number seven. Let them talk. Let them talk. Let them talk about their dreams and goals. Their way.

And then number eight, stay hopeful. You want them to walk away knowing and believing that you are in this with them. Hey, I am with you in this, okay? I am with you.

Next slide. Change + support = growth.

I will let that sink in.

Next slide. Last but not least, 10 life management skills for emerging adults who want dependence. These 10 things can factor into relapse or recovery.

This is how we can motivate him or her towards recovery. So look what recovery offers you. It can offer you managing the time, managing your money. Recovery can offer you getting from here to there. Transportation. Recovery can help you in terms of communicate with others, which can help you to reach your goals, getting the job in keeping the job. Going into the service. Interviewing. Developing prosocial relationships. Recovery can also help you and I maintain the environment.

You want your own place to live, okay. You don't want to be homeless or be couch surfing. Maintaining their environment, and number six -- healthcare and self-care.

Independence is also about you taking responsibility and ownership for your healthcare and recovery says that I am responsible for me, I am taking care of my health and self-care. And number seven, recovery says that rather than use alcohol and drugs, I am going to find more appropriate ways, more prosocial ways to manage stress rather than stress managing me.

Number eight, building personal relationships -- recovery friends, friends who have goals, friends who are similar to be in terms of how I look at life, where I am going, friendship, what did the Beatles say? I get by with a little help from my friends.

And then number nine, setting healthy boundaries. Setting healthy boundaries and notice number eight and nine can really go together, and then number 10, I want to be a good citizen and I want to be able to help others and I want to matter. I want to matter.

Last but not least-- my last slide is self-care for the provider.

This is for you and I. And I won't run through all of these but think of some things that you and I can do, in terms of taking care of ourselves because one of the principles of therapy, we know are this. It is hard to ask someone to do something that I am not doing.

Just like I am asking the emerging adult to take care of himself and take care of herself, it is essential that I as well do the same thing. So I have listed 22 things on here that you and I, can do in terms of taking care of ourselves.

Notice number 15, have creativity in your life. Have some alone time, number 22. Leave your work at work. However one day a week in which you let it all hang out. Listen to soothing music. Again, this is self-care for the care provider. Thank you. If

>> MODERATOR: Thank you so much Jessica and Fred for this excellent presentation. Before we launch our Q&A, I would like to introduce you to Scott and Jenny Graham, our sponsors from CareFrontations. When discussing a topic as important as this, it is important to leverage every resources to aid those who need recovery for the difficult first step of recovery.

I will go ahead and turn this over to Scott and Jenny. Scott and Jenny, the floor is yours.

>> JENNY: We started this in 1988.

>> SCOTT: We've helped many families and have been, over 90% of the time people say yes to help.

>> JENNY: We have endeavored to do interventions regardless of the age of the recipient. So we believe on bended need, we are about waking up some part of that when they are worried about. That has gone into hibernation. I think intervention has gotten a bad rap and people are telling people what is wrong or trying to diagnose them and so this is a very different angle. And it is one we believe in strongly.

>> SCOTT: We are not highlighting what is wrong with the person we are waking up what is right, what has been taken hostage by their on healthiness. We are focusing on the future instead of the past.

>> JENNY: Treatment and the therapist will concentrate on that.

>> SCOTT: What we try to begin is the reconciliation process. So often families are hurt and there's a lot of bitterness and resentment, and just confusion.

>> JENNY: And you take the emerging adult population, we are also so incredibly passionate about, and the resentments can be multiplied by the resentments they inherit. As well as the ones that they acquire on their own. And so the intervention is about way more than getting them to go to treatment. We wanted to be a moment where forgiveness can happen.

>> SCOTT: And we are also focusing on how we can help the clinician treat their loved one with more effectiveness so we help the families but a lot of the worries and hope into the process.

>> JENNY: And their healthy boundaries.

>> SCOTT: Were excited about what we have just launched we have an online course called Intervention in a Box and took our 32 years of working in this industry and put it on paper and in videos, and so families can either decide to have us come out, one of the two of us or if they don't want a professional applicant to the two day process online.

>> JENNY: Said the online course, it Intervention in a Box we were inspired to set it at half-price because of the NAADAC webinar. So you could look at our information and check it out for yourselves. But literally, in a weekend family could repair and use our method and if they still felt, gosh we just watched this, they can have remote counseling and grab a few hours and end up getting our help virtually.

>> SCOTT: It is a six module course, step-by-step process. It really helps everybody have a healthy voice.

>> JENNY: I love that it is 99 minutes of videos and think about your average movie. An average movie is about 104 minutes. And so the thought of watching 99 minutes, it is not 99 minutes in a row, it is seven minute video, a nine minute video, etc. A worksheet etc. He poured our heart and soul into that and wanted to make sure at every level anyone could do a proper intervention, a loving intervention.

>> SCOTT: Which is a family meeting typically facilitated by an objective person.

>> JENNY: And the other thing is we are at a crazy time globally. Nationally. And so we have to help families and help everyone within our reach have a strategy where they are coming in a soft spirit. So even earlier interventions -- for someone with a hard bottom line but also for someone that just wants to open up a healthy conversation. So that we do not have all this --

>> SCOTT: Chaos 5 and add to the wage being created by the disfunction.

>> JENNY: So many things but the last thing I want to say is I want you to know that the first module is free. And so you can take a stand go out on a date and check this out.

>> MODERATOR: Thank you Scott and Jenny for your sponsorship and support in the addiction profession. You can learn more about Carefrontations by looking at the link in the chat and you will also receive a thank you email from GoTo Webinar with more information on connecting with Carefrontations you see their website and their phone number on the slide deck. We will turn back to Jessica and Fred, we have some questions that came in and Scott and Jenny, if you could still stay on we may have questions for you. If you could all stay on for a moment, that would be awesome.

Jessica and Fred, we will start our Q&A now, the first question comes Zan, from California, who asks, what would the goals be for this particular demographic? Out the first goal, so the first phase of recovery.

>> JESSICA A. LOVE JORDAN-BANKS: I will respond to that. One of the goals we can look at, considering that it is a big time of transition, is what the individual may need to be successful in that transition.

Of course, stability is something to consider. If it is really something that will vary with the individual. So looking at what the person you are working with needs in terms of stability.

Other goals can include enhancing self-efficacy. As they are transitioning roles and working through that identity exploration process. Especially when substance use is an issue, having self-efficacy to believe they can be effective in changing something. An effective in reaching goals they set for themselves will be important.

>> FRED DYER: For me, and that is a good question about the goals -- I remember some years ago -- I asked a famous psychiatrist, who is gone now, Dr. Karl Bell, and I asked him, what theoretical orientation do you utilize in working with adolescents? Dr. Bell said it depends. And I said on what? This is before I was in grad school. He said it depends -- and I said on what? He said it depends on what is going on with them.

Let me put it like this. The goal at least in my mind would be Malcolm, tell me what is going on. And tell me what do you want. What is it that you want to do and what you want? You might say I want my own place to live, I want a job, I want to get his probation officer off my back, I want to get my kids back.

So again, I want him or her to tell me what is going on, I want him to tell me, what do they want, and then let's figure out a way to do this without alcohol and drugs.

>> JESSICA A. LOVE JORDAN-BANKS: If I could piggyback on something Dr. Dyer said, that comes back to the idea of being person centered. We can have all the written guidance on what is effective with this population or what the research says or what scientists believe, but we really start to get to the important information when we are asking clients, what is it that

you want to work on? What does success look like for you? What you need to be okay in this moment?

>> FRED DYER: Let me say also, even after he tells me what the goal is or what her goal is, or what they want to work on, I want to go back to something covered in the handout -- I would also ask him or her, what do you need right now? What is it that you need right now? When you leave here, I want to know what do you need right now? Can you get home? Do have food at home? Do have lights on? Do you have a place to sleep tonight? What do you need now? Because what we know from the basic elemental things of Maslow, without that stability and basic need, getting to the goal will just be that much more challenging.

Not only what is going on but what do you want to work on, but what you need right now?

And when you ask an emerging adult, what you need right now? -- You are helping him or hooking her. That is hope. When you ask them can I help you with something right now? Are you able to get back here tomorrow? Do you need a bus pass or a token? Things like that.

>> MODERATOR: Thank you both so much. The next question is for Scott and Jenny pitted David from Florida asks, what would be an example of a price point for the interventions in a box?

>> JENNY: The intervention in a Box will be 1497 but it is on half-price sale. So we are at \$749 right now.

>> MODERATOR: Thank you both and I'm sure there's more information online. We sent some information the chat box but we will get one more question in here from the audience.

Jessica and Dr. Dyer: Dominique asks, what is your advice for counselors working with emerging adults who are also emerging adults themselves?

>> FRED DYER: Well, Jessica do you want to go ahead because mine is a bit lengthy.

>> JESSICA A. LOVE JORDAN-BANKS: [Laughter], that is fine. As someone who just recently made it out of emerging adulthood, relatively unscathed, my advice would be really just to, like Dr. Dyer said a little while back, member what it was like for you. And that is something I find myself doing a lot, thinking back when I learned about the brain and how the prefrontal cortex is underdeveloped until about 25. Me thinking about what I was like at 21 it made a lot easier for me to identify with somebody in a predicament now.

So being just empathic and trying to meet clients where they are and walk alongside them, listening is also going to be a powerful tool. And then if things come up for you in the

counseling relationship that may seem counter transference address that through supervision or your own personal therapy.

>> FRED DYER: Let me also add, to the person who is an emerging adult showing them that social worker term logo join with them" grow with them, get the feedback that you need in supervision-- Jessica mentioned supervision and the feedback informed treatment. Find out as an emerging adult, if I am an emerging adult working with an emerging adult I want to know what is working with them, what is working and what is not working. The reason I want to get feedback is because I get a chance to adjust my intervention.

As the feedback comes in, that they give me fine, then I adjust my intervention and at the same time -- as an emerging adult, enjoy the period. Enjoyed the aches and pains and it is kind of like the period of adolescents but you will come out of it.

>> MODERATOR: Thank you so much Jessica Fred and everyone. Every NAADAC webinar has its own webpage, that houses everything you need to know about that particular webinar pits immediately following the live event you will find an online CE quiz link on the same website you used to register for this webinar prayed that means everything you know will be permanently hosted at [www.naadac.org/counseling – emerging – adults – webinar](http://www.naadac.org/counseling-emerging-adults-webinar). Take a look at the slide, it is also in your handouts and you will see the link will be here right underneath that link is an instructions link. If you have not used our new system for how to access the online CE quiz and how to get immediate access to your CE certificate, please make sure to download handout you'll see here. It is also an handouts tab of your GoTo Webinar control panel. Those instructions are critical to help you navigate our new system and access the online CE quiz -- here's the schedule for the upcoming webinars. Please attune in if you can because there are interesting topics and great presenters like today. As you see on July 10 our advocacy or continues. With Robert Morrison from NASADAD this webinar also launch is our new series in July. On July 15 and July 17 we will continue that cultural humility series. And then you will see more coming in August.

Bookmark this webpage, [www.naadac.org – cultural – humility.org](http://www.naadac.org-cultural-humility.org). And we have more coming after that in the upcoming months. Visit our COVID-19 resources page.

Thank you for joining us today.