

Counseling Emerging Adults With Substance Use Disorders

Presenters: Fred Dyer PhD, CADC and Jessica A. Love
Jordan-Banks, MHS, CADC

How could these techniques or goals be applied in the human services field?

A: The information provided in this webinar can be applied to enhancing our capacity for empathy and informing our approach to working with emerging adults in human services settings. For example, the “Five Features of Emerging Adulthood” can be referenced for information on what emerging adult developmental needs are, and that, in turn, can be used to guide treatment plan goals & objectives (i.e. exploring career options, developing healthy coping skills, problem-solving training, learning about the characteristics of healthy relationships / building sober peer supports, etc.). Further, because emerging adulthood is a period marked by ongoing transitions, as clinicians, having an understanding of the process of development that occurs during this time helps us to be a more effective guide for clients in navigating the associated instability and ambivalence.

What did you mean about the brain developing from "back to front"?

A: In humans, the process of brain maturation occurs from the back of the brain to front of the brain, beginning with the brainstem (back of the neck) in infancy and ending with the maturation of the prefrontal cortex (front of the head) in emerging adulthood.

Have there been any studies to determine whether or not there may be a causal relationship between higher attendance in college (to accommodate a more technological economy) and higher instances of substance use?

A: Yes - there have been studies that have examined for differences in rates of substance use disorders and psychiatric illness in college students when compared to their non-college attending peers. However, due to variability in the findings and other potential impact of other influential factors, it is difficult to consider the results to be conclusive. In general, though, some of the existing research has suggested that rates of substance use (alcohol & cannabis, in particular) tend to be higher with college-attending individuals.

Can you explain synaptic pruning again?

A: Synaptic pruning is a process in which the brain progressively eliminates (prunes) excess synapses - typically those used less frequently - to improve the efficiency of neuronal transmission. For a helpful visualization, think about the process of pruning a plant.

I would imagine that one's living environment, which depends on many other things, plays a big role in how substance use issues play out. For example, if someone is living at home with family vs. in college housing or own apt. Can you speak to this?

A: Environment is something that can act as both a risk and protective factor in the context of the development of substance use issues. As such, living at home with family vs. a college campus or other form of independent housing can, in some instances mitigate risk when, while exacerbating it in others. Things to be mindful of when we consider the impact of the environment include (not exhaustively) the availability of alcohol & other drugs in the environment, the cultural views toward substance use, and what's considered to be “normative” behavior by the majority.

What do we do with clients who want to stay with probation- because it's their only constant? Likewise, people who want to go back to jail because it's all they know?

A: While this is not my area of expertise, I can imagine a significant part of such a stance being rooted in a “fear of the unknown” or an understandable discomfort with the threat of instability. I would recommend working with clients to process their concerns to build a solid understanding of what needs they believe are being fulfilled by remaining in these types of environments and from there help them to identify other feasible ways of having those needs met without being involved in the criminal justice system. This could involve helping clients get connected to supportive resources for housing, education, job training, etc.

Can you explain in more detail about Gen Z adults when it comes to a pandemic crisis and possible behaviors they may demonstrate -feeling loss of control, anger, looking at things in rigid ways? Also, could you repeat the birth years for Gen Y and Gen Z?

A: Gen Y, commonly referred to as Millennials, encompasses those born between 1981 and 1996. Gen Z refers to individuals born between 1996 and 2012. More recent polling has suggested that Gen Y individuals report significantly higher levels of stress when compared to their older counterparts, much of which has been linked to job instability and related financial concerns, the negative impact of stay-at-home orders on social interaction, and worries about the health of older family members. For many, the experience of the pandemic has been traumatic. As such, feeling helpless or a loss of control, anger, anxiety, depression and declines in physical health have been some of the effects reportedly observed. One could reasonably suggest that catastrophizing, increased rigidity and increased substance use could also be included.

I work in a prison. How does this complicate serving this age group?

A: I cannot say for certain the ways in which criminal justice system involvement complicates working with emerging adults in substance use disorders; this is definitely an area in need of more research. I can speculate that being incarcerated may compound emerging adult case management needs, particularly when we consider some of the defining characteristics associated with this age group. I would also speculate that incarceration, in a lot of ways, can delay the successful transition to adulthood, in that individuals may be significantly limited in their ability to engage in the formative activities that are encompassed in the emerging adulthood period. For example, incarcerated emerging adults may not feel the same sense of endless possibilities/optimism and could struggle more with feelings of hopelessness, depression, etc. Further, instability and feeling in-between may be amplified. Identity exploration may be significantly stifled, and likewise, self-focus may be deterred by their not having full autonomy. Considering, serving this age group in a prison setting could take the form of working with clients to build their self-efficacy, as well as problem-solving and goal planning. Adequately addressing any co-occurring mental health issues will also be imperative.

How to make someone realize that they have an issue of substance abuse?

A: I'm not sure this question applies to the presentation content. However, considering what has been theorized in Prochaska & DiClemente's transtheoretical model, more experiential change processes like consciousness-raising, emotional arousal (catharsis), environmental reevaluation and self-reevaluation tend to be helpful for individuals in the precontemplation stage of change. I would caution against trying to *make* someone realize they have a substance use issue, however, and learn more towards providing information and opportunities to weigh the pros & cons of their use and allow them to come to their own conclusion.

Do you have some recommendations about working with mixed age groups? Frequently at the inpatient treatment center I work at we have very mixed ages at once, and no age specific process groups.

A: In my experience in working with mixed-age groups, I have noticed the potential for group members to “cluster” with clients of a similar age. In addressing that, I have found it helpful to focus on exploring themes in universality amongst group members (i.e. highlighting similarities in experiences, drawing connections within client stories, etc.) and promoting group cohesiveness (i.e. encouraging feedback from peers, modeling healthy communication skills, facilitating team or partner-based exercises). One exercise that I have found particularly helpful in building on those two curative factors (universality & group cohesion) in process therapy groups has been facilitating a “Life Story” exercise, in which clients are given the homework of writing their life story (past, present, future), usually with a focus on the trajectory of their substance use history, and sharing it with group; the

“audience” peers are instructed to take notes of similarities within their own stories, ask questions and offer feedback & encouragement.

Can a person older than 25 still be experiencing significant issues in these new big 5 developmental stages?

A: Absolutely. Some research has suggested that the period of “emerging adulthood” can extend to an individual’s early thirties!

What is your advice for counselors working with emerging adults who are also emerging adults themselves?

A: Be your authentic self. Clients, regardless of age, appreciate genuineness and congruence. Be empathic and approach the work from a place of non-judgemental, unconditional positive regard. Seek consultation and your own therapy to address issues in countertransference, when needed.

What would the goals be for this demographic in SUD?

A: In general, helping them foster the tools/skills needed to make a successful transition into more “adult” responsibilities. In many cases, those goals may align with other objectives that support their recovery. For example, developing effective problem-solving skills or receiving education stress and healthy stress management are goals that can benefit clients in both their transition to adulthood and recovery maintenance. Each client will be different, however; and goal setting is something best guided through collaboration between the clinician and client, based on what the client expresses interest in working toward as long as it is not detrimental to their health or the wellbeing of others.

Can young parents be taught to keep their children open to suggestion, so the children can still be guided in a respectful, healthy way during emerging adulthood?

A: I cannot say for certain, as child development falls outside the scope of this presentation. I could imagine such teaching could take the form of parents modeling healthy communication within the family unit, in addition to there being other developmentally supportive factors present.

I call this generation and ages 18-21 the microwave generation as it seems they want what they want now and choose not to wait or earn things as we did in my generation. Do you also see this to be true for this age group? I also see as you mentioned this age group is more self-centered, less patient and because of so many resources (social media) at their fingertips they find themselves making more irrational decisions. Do you also see this with a lot of emerging adults??

A: It is a common misconception that emerging adults are inherently impatient or unwilling to work towards achievement; it is important to be mindful of the stigmas/stereotypes associated with this age group, as they can complicate treatment. With regard to irrational decision-making, research has helped us to understand that the area of the brain involved in executive functioning like decision-making, impulse control, problem-solving, emotional regulation and goal-directed behavior is still undergoing maturation during the emerging adulthood years.

Emerging adulthood and young adulthood are two different stages?

A: Yes - according to Jeffrey Arnett’s theory, emerging adulthood spans from ages 18 to 25 and is proposed to be the developmental period in which individuals prepare to take on the responsibilities of young adulthood (which has been suggested to end around age 40-45).