



Tailoring Substance Use Disorders Treatment for Emerging Adults

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The National Institute on Drug Abuse reports that no single treatment is appropriate for everyone, that treatment needs will vary based on the type of substance used and characteristics of the patient, and that treatment settings and services should be appropriate to the individual's age, gender, ethnicity, and culture (NIDA, 2018). Yet, substance use disorder (SUD) treatment is often provided in more of a one-size-fits-all type of modality. Such is widely the case with emerging adult populations (18 to 25 years old) seeking SUD treatment. Since the developmental changes that happen during emerging adulthood (18 to 25 years old) tend to be a more gradual process – a stark contrast to the dramatic changes that occur during child and adolescent development – early adulthood years are often devalued as a developmental period (Bonnie, 2015). Consequently, the need for population-specific SUD treatment practices for this age group is often unnoticed and under-addressed. Contrary to the misconception, emerging adulthood is a fundamental period of biological and psychological maturation, and an integral part of the transformation of adolescents into adults.

For instance, recent research suggests that the frontal lobe area of the brain, which houses the prefrontal cortex, may not be fully developed until a person reaches their mid-thirties (Johnson, Blum & Giedd, 2009). The prefrontal cortex is the area of the brain that mediates an individual's ability to carry out new and goal-directed behavior, sustained attention, short-term memory tasks, working memory, inhibitory control, delayed responding, and active problem solving; the executive functions of the prefrontal cortex are also closely linked to emotional regulation (Siddiqui,

Chatterjee, Siddiqui & Goyal, 2008). Although the brain's prefrontal executive processes may function at adult levels in emerging adulthood, the processes involved in monitoring behavior are still improving and continue to mature through young adulthood, which may affect decision making (Bonnie, 2015). As such, impairment or underdevelopment in these areas of executive functions often manifest in the form of impulsivity, poor planning behavior, poor decision making, poor strategy formation, and problem-solving. With such critical parts of the brain still developing through early adulthood, emerging adults are at increased risk for using impaired decision-making, as well as an increased risk for causing significant changes in brain development with exposure to psychoactive substances (NIDA, 2018). Taking these factors into consideration and giving equal attention to the nuances that are present within emerging adult culture, sub-cultures, developmental characteristics, and other biopsychosocial factors significant to this age group, specialized evidence-based treatment practices are necessary for enhancing treatment outcomes.

The assimilation of emerging adults with either older or younger populations, in lieu of their own distinct group, is also reflected in the existing research on evidence-based SUD treatment practices. With the exception of studies examining substance use in college settings, a limited amount of research focuses on enhancing the understanding of and identifying effective treatment methods for emerging adult populations who engage in problematic substance use or have a diagnosable substance use disorder. As a result, a considerable number of emerging adults entering SUD treatment are at risk for being filtered through programming that may or may not be efficacious in addressing the special treatment needs

for this age group. Also, worth considering are the statistics that indicate emerging adult populations tend to have higher rates of current illicit drug use; while an increasing amount of evidence suggests that emerging adult populations tend to have worse treatment outcomes when compared to both adolescents and adults (Smith, Bahar, Cleeland & Davis, 2014). Lack of scientific evidence for efficacy is not tantamount to lack of efficacy, however. This disparity creates the question of whether existing methods that have showed efficacy in treating adolescent and/or adult populations, are equally efficacious when working with emerging adult populations in SUD treatment settings.

Developmental Issues for Emerging Adults

From Erik Erikson’s psychosocial viewpoint, human development occurs in eight stages across the lifespan; each stage includes new challenges and opportunities to develop the skills needed to address them. For emerging adults, specific developmental tasks need to be accomplished before reaching maturity, which has led researchers to suggest that a ninth stage, “Later Adolescence” be added to Erik Erikson’s model. The tasks within the stage of later adolescence include autonomy from parents, greater self-awareness and emotional regulation capability, increased motivation, heightened empathy and social skills, the development of an internalized morality and determination of a career choice. Autonomy from parents does not represent rejection of or alienation from parents, but rather acquisition of unique skills, attitudes and capabilities that foster decision-making and goal-directed behavior in the absence of parental oversight. Such independence requires the exertion of internal, not externally imposed, behavioral control. During this time emerging adults also learn to appreciate the individuality between themselves and parents, experience increase in self-efficacy, and express opinions and beliefs that differ from their parents’. These changes are supported by enhanced cognitive capability, such as problem solving and the evaluation of information from multiple sources.

Another developmental milestone in emerging adulthood is acquiring a stronger level of self-motivation, in which the desire to accomplish is more so from a sense of agency and curiosity, than parental expectations. As emerging adults build more confidence of their ability to act effectively on their own and use more abstract thinking, they develop a deeper sense of themselves as moral beings whose actions have implications for the well-being of others. Part of the development of an internalized morality is movement from pre-conventional reasoning (fear of punishment) to conventional (conformity) and to post-conventional (personal values) (Yilmaz, Bahçekapılı & Sevi, 2019).

Although individuals are often considered to be fully adult when they reach the age of 18, newer research suggests that emerging adults encounter changes in brain development, thinking and emotions before reaching maturity (Taber-Thomas & Pérez-Edgar 2015). Over time, an integration of the brain’s emotional and cognitive processes occurs, resulting in “emotional maturity” or the ability to regulate and interpret emotions. This integration is a gradual process, however, likening the socioemotional temporal gap to starting the engine of a car without

the benefit of a skilled driver (Johnson, Blum, & Giedd, 2009). Many emerging adults feel this and find themselves in a sometimes-confusing state – what the psychologist Jeffery Arnett termed the “the age of in between” (Taber-Thomas & Pérez-Edgar 2015).

In addition to psychosocial developmental tasks, emerging adults undergo specific neurological changes, like synaptic pruning, that propel them into adulthood. During synaptic pruning, excess synapses (structures that allow the transmission of neurotransmitters) are progressively eliminated to increase the efficiency of neural communication and overall brain functioning (Santos & Noggle, 2011). In general, the synaptic connections used most frequently are strengthened and retained, while those less used are weakened and ultimately undergo pruning. This elimination process, that appears to peak in emerging adulthood, has been linked to learning and environmental factors, meaning the more frequent exposure we have to the same experiences, the stronger the related synaptic connections become (Oberman & Pascual-Leone, 2013).

Research has linked substance use in the developing brain, specifically the drug-induced release of dopamine in the brain’s reward pathway, to widespread long-lasting synaptic adaptations that may ultimately lead to addiction (Mameli & Luscher, 2011). This may be particularly true for emerging adults who have a genetic propensity for addiction, those under stress, and for whom substance use began in early adolescence (Yu & McEllan, 2016; Andersen & Teicher, 2009; Dennis & Scott, 2007). In contrast, substance misuse may terminate when individuals enter older adulthood, replaced by marriage, children and vocational aspirations. Those who are unable to mitigate their substance use may progress to a long-term pattern of addictive behavior.

Developmentally Appropriate Treatment

When considering developmentally-appropriate treatment for emerging adults with substance use issues, one approach might focus on the social skills building, particularly for individuals whose social environments endorse substance use or misuse as a norm or “rite of passage”. Group therapy and other social activities while in treatment can create opportunities

for emerging adults develop and practice healthy communication skills, unlearn social role misconceptions, and connect to sober peers in meaningful ways. Higher quality social support has been tied to greater resilience and success not only in mastering the developmental tasks of emerging adulthood, but also in those of later adulthood. As social recovery capital increases, so does the likelihood of continued participation in sober activities post-treatment, which can improve longer-term outcomes. Some programs working with emerging adults have found it helpful to host regular recovery celebrations to send the message that drugs and alcohol are not necessary components to socializing or enjoyment.

With the wide-ranging popularity and influence of the internet, social media and smartphones, treatment providers must consider leveraging technology to aid recovery. Studies have shown promising results among 12-25-year-old clients using daily text messaging as an adjunct to aftercare following primary residential or outpatient treatment (Gonzales, Anglin & Glik, 2014). After at least one initial face-to-face session, distance

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counseling may be another strategy that appeals to tech-savvy clients. Assigning clients to view videos on YouTube or “TED talks” and then discuss them with the counselor is recommended. Online check-in or ongoing assessment tools is used to provide clinicians with up-to-date information about changes in client needs and resources. Counselors are also using recovery apps post discharge from primary treatment.

Recommended strategies include using recovery coaches with emerging adults to help with the fragility of early recovery. Relapse within the first 90 days of leaving treatment is not uncommon in emerging adult populations. The use of recovery coaches in their natural environment can prove critical towards long-term recovery. Increased autonomy is a developmental milestone of emerging adulthood. Therefore, to complement the traditional introductory experience of 12-step groups, another age-appropriate intervention is to also introduce emerging adults to a variety of group recovery styles. Expanding their perspective of support is recommended, by including options such as Smart Recovery, Refuge Recovery, Celebrate Recovery, or Women for Sobriety. Selecting their own styles of recovery promotes increased autonomy, an important milestone for emerging adults and persons in recovery. Many emerging adults feel most comfortable in mutual aid communities with same-aged peers.

Vocational and educational counseling is also an important focus of treatment for emerging adults. Increased educational recovery capital can help with recovery efforts, and meaningful work provides a sense of

purpose in recovery. While family therapy is an important part of recovery, clinicians who work with emerging adults and their family must be careful not to recreate the parent/teenager dynamic common in family therapy. A goal can include helping the emerging adult develop healthy boundaries in their family of origin and to develop greater autonomy and interdependent, rather than a dependent relationship.

Treatment providers must also consider the increased prevalence of co-occurring mental health disorders. The peak incidence of many serious psychiatric problems occurs in the late teens to mid-twenties (Kessler, Amminger, Aguilar-Gaxiola, Alonzo, Lee, & Ustun 2007). Yet, only a small number of adolescents with psychiatric problems receive appropriate services. Thus, many emerging adults in SUD treatment have untreated or misdiagnosed disorders in need of updated assessment. Further, personality disorders can be first diagnosed as individuals enter the emerging adult stage. Coupled with the fact that many persons with substance use problems also have a psychiatric disorder (diagnosed or undiagnosed), the simultaneous occurrence of the two plays a prominent role in a targeted treatment plan for emerging adults.

Gender and Culturally Responsive Programming for Emerging Adults

For professionals to continue developing gender and culturally responsive practice with substance using emerging adults, there are several



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assumptions which are useful. First, it is important for clinicians who work with emerging adults to have self-awareness. Self-awareness refers to insight into one's identity with attention to race, ethnicity, gender socialization and identification, socioeconomic status, sexual orientation, religion, and abilities (Mallow, 2010; Williams-Gray, 2014). The culturally responsive professional helper will continually work to understand their own “-isms” (racism, sexism, ageism etc.) and strive to practice cultural humility by acknowledging the unlimited potential for diversity. Continued learning is required on countertransference reactions to diversity amongst emerging adult clients, CBT, Motivational Interviewing, EMDR, DBT, and evidence-based practices with research groups in the emerging adult age-range.

It is also important for clinicians who work with emerging adults to be aware of microaggressions and their impact on the therapeutic relationship. Microaggressions can be defined as intentional or unintentional slights. For many youths of color their experience of racism intensifies during the emerging adult years as they compete for college scholarships, jobs, and housing. Counselor statements, even when intended as a compliment, such as “you speak English very well” can be perceived by emerging adults of color as a microaggression. Another example of an unintended microaggression is a counselor assuming that a female client who attends the first session wearing hospital scrubs is a nurse's assistant. If clients have negative reactions to your statements or feel insulted, it is far more important to understand the harm done from the client's perspective rather than to defend your position as a clinician. Updated training on cultural sensitivity is highly recommended for treatment providers working with emerging adults.

In cross cultural counseling interactions, it is important to be willing to have sensitive discussions of differences if the differences appear to be barriers to connecting. It is also important to remember that engagement with emerging adults does not begin with the first session, it begins with the initial phone call and receptionist greeting. A warm voice tone on the phone and a warm greeting by the receptionist can create a welcoming feeling. Further environmental considerations for treatment programs includes diverse pictures on the walls, educational videos, written materials or brochures and ensuring the overall environment is inviting for the emerging adult seeking treatment.

Conclusion

This article is not a compendium of all the guidance needed to successfully treat SUDs in emerging adult populations, but rather a thoughtful summary of the current state of treatment practices with the aim of encouraging a more in-depth inquiry into what innovations are needed to adequately assist this age group in achieving and sustaining long-term recovery from SUDs. Its authors recognize that evidence-based and individualized treatment practices are an important tool of SUD treatment that can be successfully used in many settings to promote patient recovery. This article reviews current knowledge on the characteristics of emerging adult populations, and age/developmentally appropriate services and cultural responsiveness. An understanding of these factors will help professionals better understand and effectively work with emerging adults in SUD treatment settings.

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