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#### Understanding Adolescent and Young Adult Development in the Context of Treatment Court Programming

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# **Learning Objectives**

 Identify the features that distinguish the period of "emerging adulthood" from other development stages
 Review the science on brain and social development
 Discuss practical approaches for translating relevant research into effective practice and responses.

#### START

What could you *start* doing to integrate today's learning into your program?

STOP

What could you *stop* doing to avoid current problems?

#### CONTINUE

What's still working that you want to *continue* to do?

CHANGE

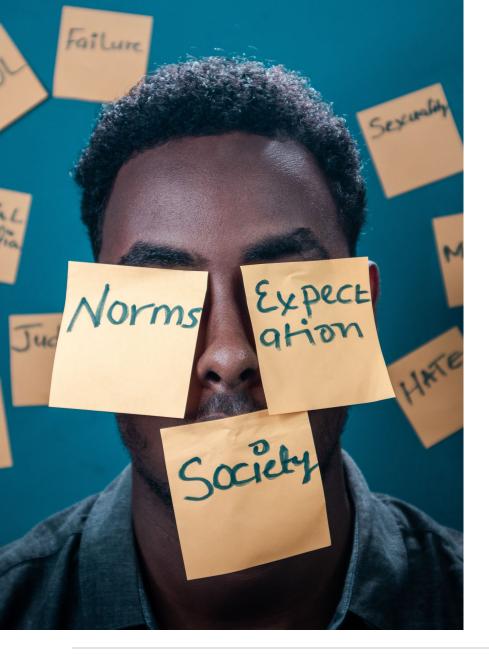
**Consider how** the content of this session can be applied

What needs to *change* to bring the desired outcome?

## Reflection

- Think of a participant that particularly frustrates you. Perhaps you have said the following :
  - When will they learn?
  - I'm tired of putting out fires.
  - What were they thinking?
  - They keep making excuses.
  - They don't care.
  - I care more than them.
  - Their desire to get high is more important than their freedom.





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# What leads to such behaviors?

- Varied internal and external factors
- Teams must consider the following:
  - Stages of cognitive brain development
  - Impact of trauma on the developing brain
  - Societal and historical trauma
  - Impact of varied substances on the developing brain
    - o Marijuana
    - o Opiates
    - Alcohol

## Let's Chat!

- Name some of the goals of participants in your treatment court
- What are some of their greatest successes?
- Greatest challenges?

# **Necessity of focused efforts**

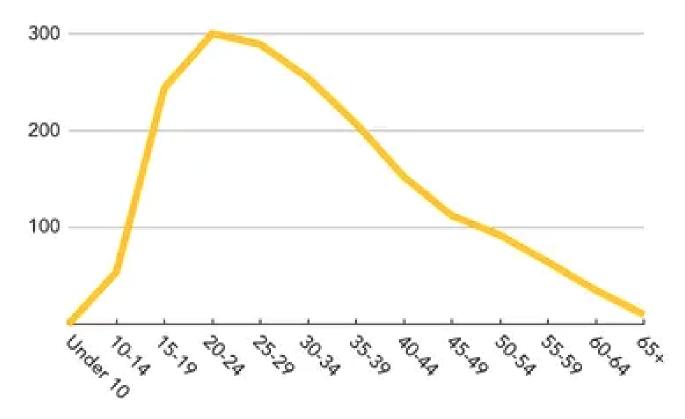
- 18 is not a fixed point social construct
- Move from theory to scientific findings to practice
- Growing awareness & adaptations of treatment modalities and criminal justice interventions for this unique population.
- Age/crime curve



#### Age/Crime Curve

#### Arrest rates for violent offenses spike before age 24 and then decline

Number of arrests for violent offenses in 2018 per 100,000 people in each age group



Sources: FBI, Crime in the United States 2018 Table 38 and U.S. Census Bureau, Annual Estimates of the Resident Population by Single Year of Age and Sex for July 1, 2018

# Bran and Social **Development**



Understanding Adolescent & Young Adult Behaviors and Motivations



# What do you see happening in this photo?

WHAT BEHAVIORS AND CHARACTERISTICS IS THIS YOUNG MAN SHOWING?

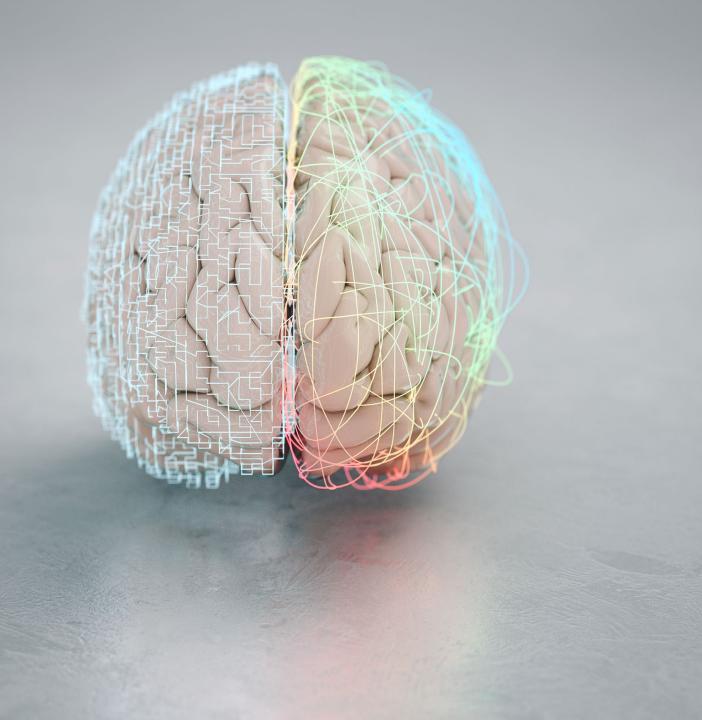


# Sound familiar?

- Forgetful
- Impulsivity
- Prone to risk-taking and/or reckless
- May show poor judgment
- Unsure of long-term goals
- Moody
- Night schedules
- Enjoys shock factor







This is not a child's brain or an undeveloped adult brain. It is a biologically unique brain characterized by the ability to change and grow (Geidd, 2015).

Adolescence begins at puberty (biological function) and ends with a social definition of adulthood.

Mismatch between limbic system (emotion) and prefrontal cortex: Biology encourages separation of the young adolescent from family in order to explore and recreate

Found in all social mammals

"What most determines behavior, then, is not so much the late development of executive functioning, or the early onset of emotional behavior, but the mismatch of timing between the two." Jay Geidd, 2015 RESEARCH FINDINGS: COGNITIVE, EMOTIONAL, SOCIAL & BEHAVIORAL DEVELOPMENT

Social control Move from abstract Thinking Future orientation PEERS

#### The Stanford Marshmallow Experiment

- Important body of work by Walter Mischel
- Executive Function
- Intrinsic inhibitory control and capacity for postponement of gratification

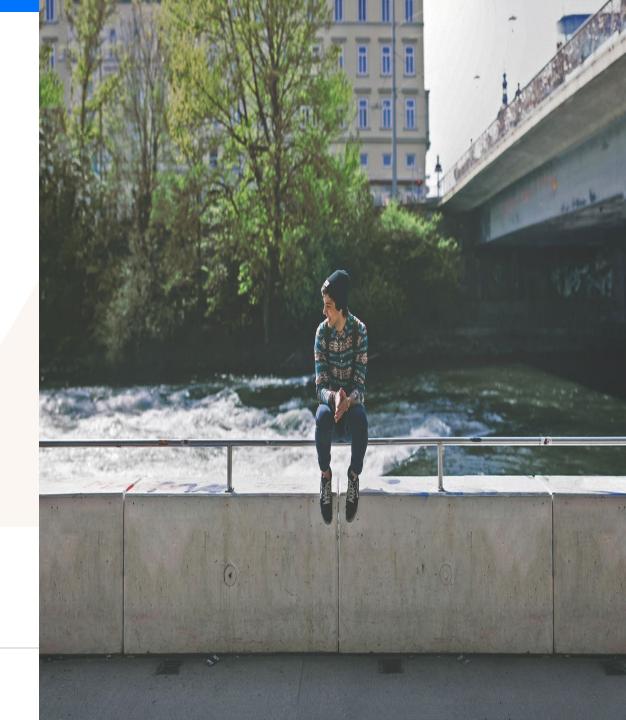


# Cognition

Inconsistent execution of selfcontrol in emotionally charged environments (hot and cold cognitions)

Increased sensitivity to immediate external influences (e.g. peers)

Less ability to plan ahead and make decisions that require future orientation





# Impact of Drugs on Development

#### Impact of Substance Use on the Developing Brain

- Poorer sustained attention
- Working memory
- Psychomotor speed
- Depressive symptoms
- Reduced overall or verbal IQ



#### Impact of Substance Use on the Developing Brain

103

- 15 years — 20 years Mean Depression Score 102 → 25 years 101 Pooled data, 4 longitudinal studies, n=6900 Horwood, L. J., Fergusson, D. M., Coffey, C., Patton, G. C., 100 Tait, R., Smart, D., ... & Hutchinson, D. M. (2012). Cannabis and depression: An integrative data analysis of four 99 Australasian cohorts. Drug and Never < Monthly  $\geq$  Monthly ≥ Weekly alcohol dependence, 126(3), 369-378. **Frequency of Cannabis Use** 

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#### **Cannabis and Cognitive Impairment**

- N=1037
- Cannabis use measured age 18, 21, 26, 32, 38
- IQ decline associated with regular use and dependence; dose response related to persistence
- No difference with controls for education, recent use, other substances, schizophrenia
- Adolescent onset worse, -8 points for 3+waves



#### Developmentally Informed Responses





#### Developmentally Informed Approaches

- Emphasize young adult learning styles, using energetic and fun activities while preserving therapeutic content
- Management of disruptive behavior is expected and essential, balancing limits and looseness
- Acknowledge normative attraction of thrillseeking, risk, deviance
- Emphasize rewards and praise
- Emphasize prosocial alternatives to drug use
- Weave a safety net of supports families (or surrogates), but expect disdain
- Relationship, relationship, relationship....



# **Recovery Capital**

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#### Human and Financial Capital

#### Human capital includes:

- Values
- Knowledge
- Skills
- Self-esteem
- Risk management

#### Financial includes:

- Transportation
- Shelter

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Access to insurance



#### **Social Capital**

#### Relationships

- Family
- Friends

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- Supportive social relationships that are centered around recovery
- Relational connections



#### **Community and Cultural Capital**

- Full continuum of treatment resources
- Accessibility of resources that are diverse
- Local recovery efforts and supports
- Culturally prescribed and supported pathways of recovery
- Recovery norms are valued in the community



# Case Planning

# Case Planning/Management

- Help participants reach developmental milestones
- Partner with agencies that have expertise (or help to develop)
- Voice and choice
- Incentives!
- Do not lecture, shame, or use excessive punishments
- Utilize procedural justice practices
  - Source: Colombia University: Justice Lab Emerging Adult Justice Project





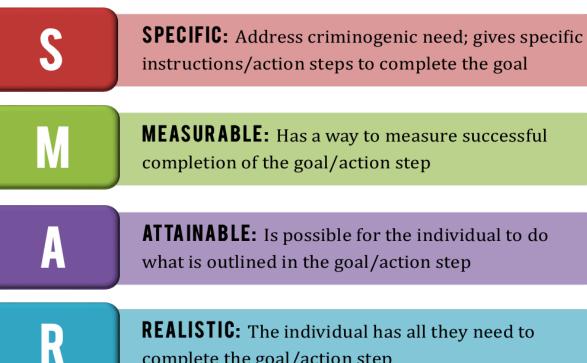








**Developing case plans based on the SMART goal system** helps practitioners and participants develop plans that are specific, concrete, and easy to follow



complete the goal/action step

**TIME-BOUND:** There is a timeframe associated with each goal/action step



## Example

**Keep temper under control** 



# **Keep Temper Under Control**

Specific	Online Anger Management Class learn new skills to improve anger and stress management • finishing eight sessions (one per week)	
Measurable	As measured by: 1) certificate of completion 2) # new skills learned	
Attainable	(challenges or barriers & supports to address)	
Relevant	(driven by need & voice/choice)	
Time Bound	between September 1st and October 31 <sup>st</sup>	



# **Notivationa** Approaches

## **Motivational Approaches**

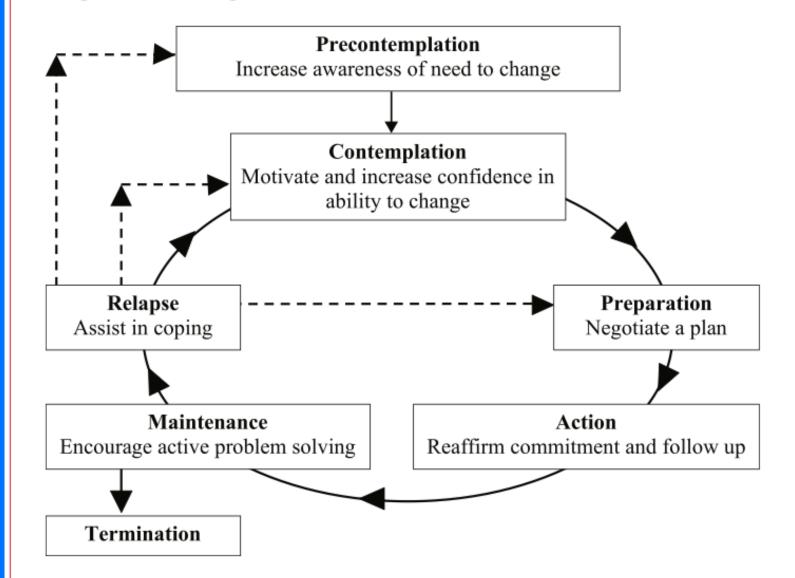
- What are the pros and cons for you...
- Would you like to talk about X, Y or Z today?
- Do you know why I or your family might think it's a problem...
- What would be evidence, in your view, that it's a problem...
- If you could stop anytime, would you be willing to see what it's like...
- I appreciate your honesty Come back and let's see how it's going...





#### Stages of Change Model

#### **Stages of Change Model**



Based upon the transtheroretical model developed by James O. Prochaska, PhD, and Carlo C. DiClemente, PhD, which describes stages of change in terms of a continuum of readiness to change behavior.

#### **Delivery and Language Matters**

Current	Alternative	Reasoning	
Clients, patients, offenders	<ul> <li>The people in our program</li> <li>The folks we work with</li> <li>Participants</li> </ul>	More inclusive, less stigmatizing	
Alex is an addict	<ul><li>Alex is a person with a substance use disorder</li><li>Alex is in recovery from drug addiction</li></ul>	Reduces stigma and shame. Put the person first Avoid defining the person by their disease	
<b>REFRAMING NEGATIVE BEHAVIORS IN A MORE SOLUTION-FOCUSED MANNER</b>			
Mathew is manipulative	<ul> <li>Mathew is trying really hard to get his needs met</li> <li>Mathew may need to work on more effective ways of getting his needs met</li> </ul>	<ul> <li>Take the blame out of the statement</li> <li>Recognize that the person is trying to get a need met the best way they know how</li> </ul>	
Kyle is non-compliant	<ul> <li>Kyle is choosing not to</li> <li>Kyle would rather</li> <li>Kyle is looking for other options</li> </ul>	Describe what it looks like uniquely to that individual – that information is more useful than a generalization	
Mary is resistant to treatment	<ul> <li>Mary chooses not to</li> <li>Mary prefers not to</li> <li>Mary is unsure about</li> </ul>	Avoid defining the person by the behavior Remove the blame from the statement	
Jennifer is in denial	<ul> <li>Jennifer is ambivalent about</li> <li>Jennifer hasn't internalized the seriousness of</li> <li>Jennifer doesn't fully understand</li> </ul>	Remove the blame and the stigma from the statement	

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# Thank You/

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