

# ***PATHWAYS TO SELF-DISCOVERY AND CHANGE***

## ***A Guide to Responsible Living***

Criminal Conduct and Substance Abuse Treatment for Adolescents

Oregon Juvenile Justice Training Academy

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Woodburn, OR 97071

Tel: 503.981.2515

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*“The greatest discovery of my generation is that a human being can change his life by changing his attitude.”*

William James

### **ABSTRACT**

COGNITIVE RESTRUCTURING AND COPING SKILLS TRAINING (CBT) can be effectively taught to adolescents (14-18 years of age) providing that the material is presented in an *interactive and multi-sensory format*, drawing on themes that have both *immediate and long-term* importance to the treatment population.

THIS INTENSIVE 4-DAY training workshop presents a research-based, cognitive-behavioral skills curriculum targeted for youth referred to treatment because of co-existing problems with criminal conduct and substance abuse. It is designed for substance abuse and correctional specialists who provide either group treatment or support services to at-risk adolescents.

EFFECTIVE TREATMENT can be delivered within the *framework of the sanctioning process*. Treatment services are *structured and focused*, longer in duration, with *meaningful interpersonal contact*. The treatment process is behavior-oriented, skill-based and multi-modal, recognizing the client's movement through identifiable *stages of change*. The two elements of cognitive-behavioral therapy that promote positive treatment outcomes are: 1) *cognitive restructuring* and 2) *social skills training*. The platform for implementing relevant clinical treatment is *multidimensional assessment* of the specific areas of perceived benefit and disruption resulting from substance abuse and criminal conduct. Rationale, objectives, content and presentation sequences are outlined for three phases of program delivery: 1) *WHAT - Challenge to Change*; 2) *HOW - Commitment to Change*; and 3) *NOW - Ownership of Change*.

CLIENT INTEREST is engendered through the use of richly illustrated narrative stories of youth who struggle with multiple elements of risk. Role-playing, modeling, action skits and small group discussions provide the basis for practicing an arsenal of thinking and action skills designed to promote comfortable and responsible living, free of substance abuse and crime. The 3-phase (32 session) curriculum is currently in used in residential, outpatient and drug court settings. The goals of treatment are to improve communication, deal with cravings and urges, develop a sense of empathy and personal responsibility to others, overcome prejudice, zero in on negative thinking, manage feelings, and develop a sense of personal identity and to understand the importance of intimacy in our lives.

## LEARNING MATERIALS

*THE PROVIDER'S GUIDE* identifies psychological, biological, socio-cultural, economic and political factors that contribute to the onset of adolescent problem behavior. Causal models for an array of problem behaviors are presented, followed by a review of primary treatment protocols widely used in contemporary *practice*. Guidelines are developed for implementation of a standardized treatment curriculum, specifically designed for adolescents involved in multiple problem behaviors, including emotional distress, delinquency and crime. The *Provider's Guide - Delinquency, Crime and Substance Abuse Treatment for Adolescents*, works in tandem with the *Participant's Workbook- Pathways to Self Discovery and Change (PSD-C)*.

*THE PARTICIPANT'S WORKBOOK (Pathways to Self-Discovery and Change – PSD-C)* presents a written and richly illustrated format through which clients can better understand and reflect on each of 32 adolescent-focused CBT treatment sessions. *PSD-C* supplies clients with a visual and written record of all treatment objectives, content information, modeling and role plays, discussion points, interactive exercises, reflective assignments and a place to record their ideas, insights, short and long term goals, and progress during the entire treatment episode. The *Workbook* is geared to a range of reading and conceptual abilities, using comic strip illustrations and interesting stories (presented through the narrative voice of adolescents who experience a broad spectrum of problems with substance abuse, criminal conduct and mental health issues) to engage clients in active discussion about the situations, thoughts, emotions, and behaviors that have become embroidered in their patterns of substance abuse and criminal conduct.

### References:

*Pathways to Self-Discovery and Change: Promoting Adolescent Resiliency*, Milkman, H. and Wanberg, K. Sage Publications, Inc. 2005

*Better Than Dope*; *Psychology Today*, April 2001

Journal of Community Psychology: A Monograph in the Advances in Community Psychology Series, Project Self-Discovery: Artistic Alternatives for High Risk Youth, Milkman, H., Wanberg, K., Robinson C., 1996. 264 pages, ISBN # 0471162418; order from John Wiley & Sons. Website: <http://clem.mscd.edu/~psych/PSD/psd.htm>

Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change. Wanberg, K. W., & Milkman, H. B. Sage Publications Inc., Thousand Oaks, CA . Tel. (805) 499 9774 (1998).

Wanberg, K. W., & Milkman, H. B. (1998). *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change*; in Best Practices: Excellence in Corrections, American Correctional Association, Edward E. Rhyne , Editor, pp. 431-440.

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# WORKSHOP SUMMARY AND LEARNING OBJECTIVES

## DAY 1

### INTRODUCTION

Effective adolescent treatment services are derived from the theoretical underpinnings of: social learning theory; stages of change;; cognitive -behavioral therapy; assessment; and motivational interviewing. Principles of effective correctional services are followed by guidelines for evidence-based treatment. Research findings and theoretical perspectives are presented for the topics below.

### ESSENTIAL ELEMENTS FOR ASSESSMENT AND TREATMENT OF MULTIPROBLEM ADOLESCENTS

This training segment presents essential elements of the assessment and treatment platform for the PSD-C program. This section provides recommendations for targeting risk and resiliency issues that are found among adolescent substance abusing offenders.

#### A. COGNITIVE –BEHAVIORAL PERSPECTIVES

Presents the body of evidence for utilizing cognitive-behavioral treatment with adolescent substance abusing offenders. This section presents general information on effective treatment programming including:

- Historical perspectives on treatment outcomes for adolescents who show evidence of problems with substances and delinquent behavior;
- The relationship between adolescent cognition and a range of social problem behaviors;
- Key features of effective cognitive-behavioral treatment for teenage clients;
- Common features of the CBT approach in relationship to adolescent crime and substance abuse.

#### B. ASSESSMENT OF ADOLESCENTS INVOLVED IN PROBLEM BEHAVIOR AND CRIMINAL CONDUCT

Examines all phases of the assessment process, beginning with screening the adolescent for participation and entry into treatment. It proceeds to discuss approaches to the assessment of:

- mental and physical health, including substance abuse and dual diagnosis issues;
- extent of delinquency-criminal involvement;
- psychological strengths and deficits;
- motivation and readiness for treatment.

This section begins with an investigation of common issues found among adolescents upon initial contact with social services and/or the criminal justice system. Factors that have restricted adolescent access to healthy environments in the past are assessed, such as family situation, availability of community resources, and adolescent misconceptions / knowledge regarding the treatment option. It then explores ways to assess adolescent motivation and commitment to change, and presents key issues involved in motivational interviewing as well as strategies for enhancing treatment readiness.

### RESEARCH AND THEORETICAL PERSPECTIVES

#### A. RISK AND RESILIENCY DURING ADOLESCENCE

Examines the scope of adolescent problem behaviors, addressing general patterns of problem development over the course of childhood and adolescence, including childhood antecedents, gateway experiences and correlates to adolescent drug abuse. The scope and severity of adolescent problem behaviors demonstrates the need for specialized treatment

approaches for adolescents. Some of the factors that place adolescents at high-risk (namely, identification with a subculture of delinquency) are discussed. These factors are placed in the context of *Problem Behavior Theory*, which describes the mechanisms through which some adolescents crystallize a deviant identity. The interplay of factors that promote risk and resiliency is examined in consideration of multiple factors that affect the individual (biological and psychological) and the society (familial, socio-economic, culture and neighborhood). The section concludes by discussing the importance of focusing attention on the promotion of resiliency (protective) factors, rather than more conventional approaches that focus almost exclusively on the reduction of risk

#### **B. MENTAL HEALTH AND ADOLESCENT PROBLEM BEHAVIORS**

Examines the role of mental illness and other forms of psychological distress in the development of juvenile problem behavior. It describes the diagnostic criteria and causal factors associated with various subtypes of disruptive behavior disorders. Relationships between mental disorder, criminal activity and substance abuse during adolescence are explored. This section also investigates the correlates and moderating factors involved in the profiles of ADHD, oppositional defiant disorder, some personality disorders and post-traumatic stress disorder.

#### **C. SUBSTANCE ABUSE AND ADOLESCENT PROBLEM BEHAVIORS**

Investigates the social psychological meaning of substance use and abuse in adolescence. Patterns of substance use among adolescents and adolescent offenders are explored, as well as correlations between substance abuse, crime, and other forms of juvenile problem behavior. Research regarding the drug use-violence relationship is presented. Theories of adolescent substance abuse are then explored, and applied to the contexts of treatment and policy.

#### **D. DELINQUENCY, CONDUCT DISORDERS AND JUVENILE CRIME**

Explores general patterns of juvenile offending, as well as the major correlates of juvenile crime. Two major pathways of development are identified from an extensive review of research – the “*life-course-persistent*” trajectory as well as an “*adolescence-limited*” type. The causal basis for each of these patterns of antisocial behavior is explained, and implications for treatment and policy are explored. A developmental perspective on youth violence is presented, including longitudinal studies regarding the longevity of violent crime over the course of childhood and adolescence. A profile of serious criminality by juvenile offenders is then presented, including neurological, psychiatric and socio-cultural components. The phenomenon of juvenile homicide is explored, discussing recidivism among adolescent violent offenders. Finally, the situation of juveniles in the criminal justice system is investigated, ending with a discussion of implications for treatment and policy.

#### **E. GENDER, CULTURE AND JUVENILE PROBLEM BEHAVIOR**

Addresses issues of gender as they pertain to juvenile problem behavior. The section begins with a discussion of the major factors associated with the development of problem behavior in adolescent girls, then proceeds to an analysis of girls and status offenses, psychosocial and sexual factors involved in the development of female crime, substance abuse and female problem behavior, girls and gangs, and girls and crime. The need for gender-specific programming is elaborated. This training segment proceeds to an exploration of gender norms, and analyzes ways in which these norms influence problem behavior and patterns of substance abuse and violence in adolescence. Included is a discussion of gender norms and teen dating, with analysis of date rape - when juveniles victimize other juveniles. Finally, the characteristics of sexually abusive adolescents are examined, providing a profile of adolescent sex offenders. Implications for treatment and policy ensue.

## **F. THE ADOLESCENT BRAIN**

Explains complex changes in brain wiring that take place during adolescence, the most profound of which seem to occur in the frontal lobes. As a consequence of such changes, alcohol and other drugs affect adolescents and adults differently. Recent research suggests that teenagers may be more vulnerable to alcohol induced learning and memory impairments with decreased sensitivity to the sedative and motor-coordinating effects of drugs. Diminished reactivity alcohol's sedating and disruptive motor effects allows teenagers to drink for longer periods of time than their adult counterparts, thereby increasing the risk of both acute cognitive impairments and brain damage. This section reviews the evidence for continued and dramatic brain development during adolescence leading to a greater understanding of the increased vulnerability that adolescents face relative to environmental stressors, drugs, mental disorder and criminal conduct.

## **G. TREATMENT SYSTEMS AND MODALITIES**

There is ample evidence that faulty cognitions play a central role in adolescent substance abuse, criminal conduct and acts of violence. The cognitive-behavioral model for self-discovery and change has emerged as the major theoretical perspective guiding the treatment of adolescent substance abusing offenders. This section reviews a spectrum of evidence-based treatment systems and modalities for treatment of adolescent substance abuse and criminal conduct. Essential principles are outlined for therapy with adolescents who present with concurrent substance abuse and delinquency. A conceptual framework is described for family systems theory and family therapies along with a description of the evolution of the therapeutic community as a means to instill prosocial alternatives to drugs and criminal involvement through external support and positive peer influence.

## **H. MODEL PROGRAMS**

Reviews model programs that are representative of various modalities and levels of restriction to community access. This section concludes by addressing the need for a continuum of care for the prevention of relapse and recidivism, following the adolescent throughout the treatment process and into the broader community. This involves the design of individualized plans for transition and reintegration.

# **CURRICULUM OVERVIEW**

- Phase I: Challenge to Change
- Phase II: Commitment to Change
- Phase III: Ownership of Change

## **DAYS 2-4**

### **PROCEDURAL GUIDELINES FOR IMPLEMENTING PATHWAYS TO SELF-DISCOVERY AND CHANGE**

#### **A. THE TREATMENT PROTOCOL**

*Presents* guidelines for how implement the PDS-C curriculum. Recommendations are provided for effective group management; how to move forward when faced with various treatment dilemmas including issues of confidentiality, regression, disruption, acting out, use of profanity, over-disclosure, gender insensitivity, scapegoating, and aggression. This section supplies operational protocols for ensuring client confidentiality; procedures for "duty to warn" in the case of suspected child abuse or imminent danger; and release of information to collaborating agencies or individuals.

## OVERVIEW AND DISCUSSION OF CURRICULUM TRAINING AND SMALL GROUP CURRICULUM TRAINING

The training leader will facilitate skill building for delivery of *all treatment sessions*. Trainee teams will lead the group through one CB session with **fifty minutes** allotted for the presentation. The presentation is devoted to a **meaningful introduction** of the session (*overture to the symphony*), **explanation** of key concepts (didactic), and **skill building** (interactive) facilitation of a portion of the each session to the group - as *real life participants* – focusing on a particular exercise(s) or demonstration(s) that illustrate key cognitive-behavioral skills. The session culminates in a brief demonstration or discussion of the **reflective assignment** that allows participants to practice and rehearse the target skill. The following elements should be covered in the presentation:

- **INTRO** - Introduction (objectives written on the flip chart and presented at the onset of each session) (5 minutes)
- **SHOW** - Explain the core concepts of the session using modeling and role playing (5-10 minutes)
- **GO** - Focus on leading group through one or more interactive cognitive skill building exercises (15-20 minutes)
- **HOME** – Demonstration and discussion of the culmination of the lesson by way of a reflective assignment, to be completed either with the group or as homework (5-10 minutes)

**TRAINER AND GROUP FEEDBACK** - Session critique and enhancements, i.e., strengths, anticipated problems. (10 minutes)

The model presentations will clearly delineate the objectives of each session at the onset, paying particular attention to the presentation sequence and the logic of the sequential elements of the session delivery. It is important to keep the group aware of the relevance of the session to prior and future sessions, to comment on what was covered in the last session and at the conclusion of each session, to identify homework to be done and what can be anticipated in the upcoming session.

### Learning Objectives:

Upon completion of the *Small Groups Curriculum Training* participants will be able to:

1. Describe the rationale for three phases of program delivery: *Challenge to Change*, *Commitment to Change*, and *Ownership of Change*;
2. Present *logistics of treatment sequencing*;
3. Develop the clinical skills to improve treatment services by facilitating: *trust and rapport* with criminal justice clients; enhancing *client motivation*; building the client's *knowledge base* in the areas of *substance abuse and criminal conduct* including the role of thoughts, feelings and behavior in the process of growth and change; creating a climate for *self-disclosure and increased self-awareness* through *group feedback*; develop the skills to move clients from *resistance and ambivalence* about prosocial change to *commitment and ownership* of the change process.
4. Conceptualize the *essential features* of a effective coping skills treatment, including *introduction, demonstration, group activities, and reflective assignments*;
5. Develop a conceptual basis and skill-based format for teaching interpersonal, intrapersonal and social responsibility skills to criminal justice clients.

## PART VII – CLOSURE AND GROUP DISCUSSION