

The Oregon Youth Authority
Sponsor

**Pathways to Self-Discovery and Change Training:
Criminal Conduct and Chemical Dependency Treatment for
Adolescents**

Aug 2 - 5, 2011

8 a.m. – 5 p.m.

Presented by:

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WORKSHOP OUTLINE AND LEARNING OBJECTIVES

PART I: RESEARCH AND THEORETICAL PERSPECTIVES

This training component describes empirically based research that provides the foundation for development and implementation of adolescent-focused treatment programming.

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.

PART II - ESSENTIAL ELEMENTS FOR ASSESSMENT AND TREATMENT OF MULTIPROBLEM ADOLESCENTS

Part II 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. 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.

B. 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.

C. 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.

D. 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.

PART III: CURRICULUM OVERVIEW

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

PART IV – 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.

PART V: 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