

not adolescents – not adults

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The Catastrophe Generation

We will focus on the emerging adult population, age 18-33, with particular attention given to students who have graduated from high school and are seeking some form of continuing education or training.

Biological + Psychological + Social + Spiritual

Vulnerability	Liability	Isolation	Bankruptcy
Resiliency	Flexibility	Connection	Presence

plus

EXPERIENCE

equals

**Addictive Disease
 Recovery**

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Emerging adult by Jeffrey Arnett

- In order to understand emerging adults, we must first look at the biological changes they express and social context that influenced them.
- By understanding their world our empathy for them will grow and our ability to support them will expand.
- Born between 1984 and 1996. (catastrophe generation)

**Adolescents or Adults –
any other choices?**

- Over the last 45 years, things have changed.
- The basic tasks of adulthood have remained the same.
- But the timing has changed.
- Adolescence begins earlier and adulthood appears later.

Adolescence

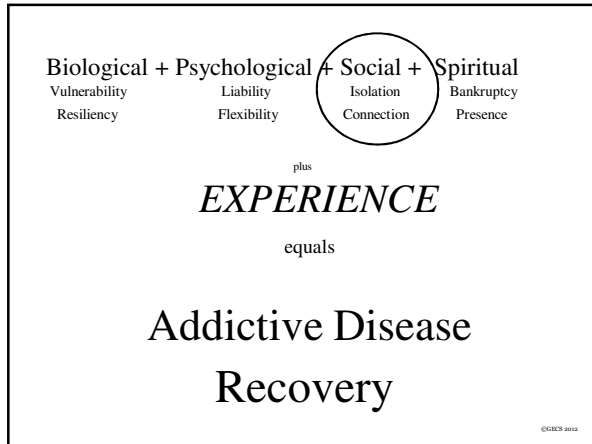
- Adolescence is the transition from childhood to adulthood –
or at least it used to be.
- Puberty, the biological beginnings of adolescent is starting earlier.
- Adulthood is reached later and defined by abilities rather than chronology.

The 4 tasks of Adulthood (Arnett 2000)

- The ability to accept responsibility for oneself.
- The capacity to make independent decisions.
- The ability to become financially independent.
- The intentional evaluation of reproductive options.

Emerging adult by Jeffrey Arnett

- It is the age of identity exploration.
- It is the age of instability.
- It is the most self focused age of life.
- It is the age of feeling in between, in transition, neither adolescent nor adult
- It is the age of possibilities, unparalleled opportunity and the corresponding responsibility to move toward a future.



Adolescents ___?___ Adults

- While it is hard to define any biological mechanism postponing maturation to adulthood - one thing has changed dramatically -

social context!

- The shift has been so profound it has created a wider age gap the between adolescence and adulthood.
- That gap is filled by the "emerging adult."

What are our gifts to this catastrophe generation?

Overwhelming need

- We were haunted by the images of hunger, starvation and death.
- We were not the bread basket for the world.
- We were not enough.

1984

The financial crisis of 1987 – 1988

- Our financial futures were in doubt.
 - The age of prosperity seemed to be coming to an end.
 - Abundance was to once again be replaced by scarcity
- or at least that was the fear.

The Exxon Valdez exposed the dark underbelly of our energy dependence and

forced us to begin to look at the ecological cost of our addiction to oil.

1989



- Desert Storm allowed our country to once again believe in our overwhelming military superiority.
- The unparalleled and one-sided defeat of our "enemy" caused many to question the disparity between American might and American values.

Somalia was another exposure of our vulnerability.

another military defeat

Battle of Mogadishu (1993)

The erosion of our cultural values were lived out in the lives of our leaders.

As a nation, we once again had to face our loss of innocence.

The exposure of the private lives of our leaders opened up the possibility of our own closeted skeletons.

1995-1996

We could not even keep our children safe at school.

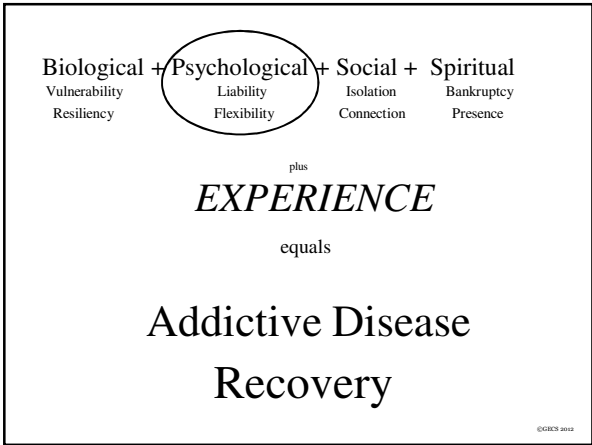
Yet, we were still unwilling to face the absurdity of our gun culture.

our gifts to the emerging adults

loss of international supremacy
loss of financial security
loss of respect for country
a people **shamed**

a loss of hope and a journey into fear

We are still at war.



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- Many do not have the parental guidance to help them leave home.
- Too many have parents in jail (statistically fathers), addicted or simply absent.
- Families often need to help to successfully launch their emerging adult.
- Families need support in defining clear boundaries and expectations.
- We need to honor their generational anxiety and despair.

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Treatment/Recovery continuum

- Treatment – a time for stabilization, mobilization, and interventions primarily in the hands of parents and professionals.
- Recovery – a phase shifting the primary responsibility for the remission of the substance use disorder to the patient and their families.
- This population requires a longer runway of supportive structures which include professionals and paraprofessionals in addition to community recovery supports.

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- There is a generalized hopelessness.
- Loss of a motivational compass.
- While one day at a time is important, without internalized direction, stagnation is far too common.
- For many, a four-year liberal arts degree may not be what they need.
- Marketable skills learned in trade schools or community colleges may offer a better springboard to adulthood than a liberal arts degree.

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Treatment/Recovery continuum

- If a four-year college is in the picture, no matter what their age, students need to be prepared.
- When hope fails, direction is lost.
- Do not assume that the basic academic skills have been mastered.
- For many students, remedial education will be necessary but it must be delivered without shame.
- Sensitivity to the "isms" is essential.

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Treatment/Recovery continuum

- The “handoff” between treatment centers and the community is critical.
- By and large, our experience is that treatment centers do not understand the academic world and vice versa.
- In the rush to SUDs treatment, issues of learning challenges and/or learning disabilities are often overlooked or misunderstood.

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Treatment/Recovery continuum

- For many, successful recovery often depends upon successful integration back into the academic community.
- Underestimating how substance use disorders impact the ability of the brain to internalize new information, particularly when coupled with learning challenges, are often overlooked.
- Too often, emerging adults leave treatment without a fully developed academic plan.

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Treatment/Recovery continuum

- Far too often treatment centers do not coordinate aftercare with academic institutions.
- Clinicians believe the student who indicates that all he needs is documentation of his treatment experience.
- They fail to realize that there are often academic, financial, judicial and housing issues that need to be addressed.

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Treatment/Recovery continuum

- Privacy laws make it difficult for treatment centers and academic institutions to communicate.
- Rarely do treatment centers, family, and academic institutions come together in support of the student's return.
- Rules governing a student returns vary wildly and are poorly understood by parents, students and treatment centers.

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Treatment/Recovery continuum

- Academic institutions too often do not understand treatment.
- Most colleges and universities are not recovery "friendly."
- There is the unspoken message that "we don't really want these difficult students and their problems."

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Treatment/Recovery continuum

- Many residential colleges and universities complicate the return of students accepting them back into the same physical environments that supported their addictive illness.
- Academic institutions often promote "alcohol and drug free dorms."
- In too many cases, the above is more marketing than reality.

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Treatment/Recovery continuum

- Families, too often do not understand the complexities of academic institutions or the challenges of recovery following treatment.
- Parents and students often need help navigating the challenges following treatment.
- Structures that support the student academically and engage them in recovery are necessary.

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Treatment/Recovery continuum

- There must be a direct transfer from treatment centers to treating professionals in the community.
- Treatment centers must use the academic resources available.
- Colleges and universities must create "collegiate recovery communities" to embrace recovering students.
- Recovery coaches must help connect students to the recovery fellowships.
- Academic coaches must help support students to succeed academically.

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- Local recovering communities must make an intentional effort to create young people's fellowships that embrace emerging adults.
- There needs be an intentional effort on the part of all parties to fully integrate the returning student back into the collegiate life in a safe and measured fashion.
- Support services must include both therapeutic and monitoring functions.

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Treatment/Recovery continuum

- Help to rediscover their sense of aliveness.
- Support their passion, even if you don't always understand.
- Encourage them to own their choices, take expansive risks, form healthy relationships and participate in wonder.
- Give them the opportunity to be human beings not simply "human doings." (Grace, 2017)

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Treatment/Recovery continuum

Just because the emerging adult faces significant challenges, there is no reason to believe that they cannot be successful academically, vocationally, personally and claim their own recovery.

If we work together we can do this!
