WORKING WITH ADOLESCENTS IN FAMILY THERAPY

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PPWC was developed by Megan as a place for peace and reprieve from the sometimes chaotic and often times challenging life that many clients experience. Megan earned her Bachelor's and Master's degrees from Jax State in 2007, 2010, and completing her counseling degree in 2011 just after the tornado outbreak on April 27th of that year. Early in her career she supported people in crisis and recovery. She later served as the Calhoun County Family Drug Court Coordinator, and most recently held a position as a juvenile court liaison for JBS. She now joyfully engages in animal assisted therapy in her private practice.

Objectives

Working with teens within a family system can be challenging due to many factors including developmental stages, relationships, cognitive development , emotional volatility, issues or concerns with identity, peer pressure, and even drugs.

*we must remember the adolescent is experiencing adolescence for the very first time.

1. Understanding the adolescent’s drive for autonomy.

2. Understanding of neurodivergence, brain development, and the difference between PDA and ODD.

3. Conceptualization of the session: family as a group.

4. Integration of play and experiential interventions with teens and families.

UNDERSTANDING THE ADOLESCENT

What ages are considered adolescent?

Ages range from 11-19 in most cases.

Which developmental stages are to be considered?

Industry v. Inferiority and Identity v. Role Confusion are most common.

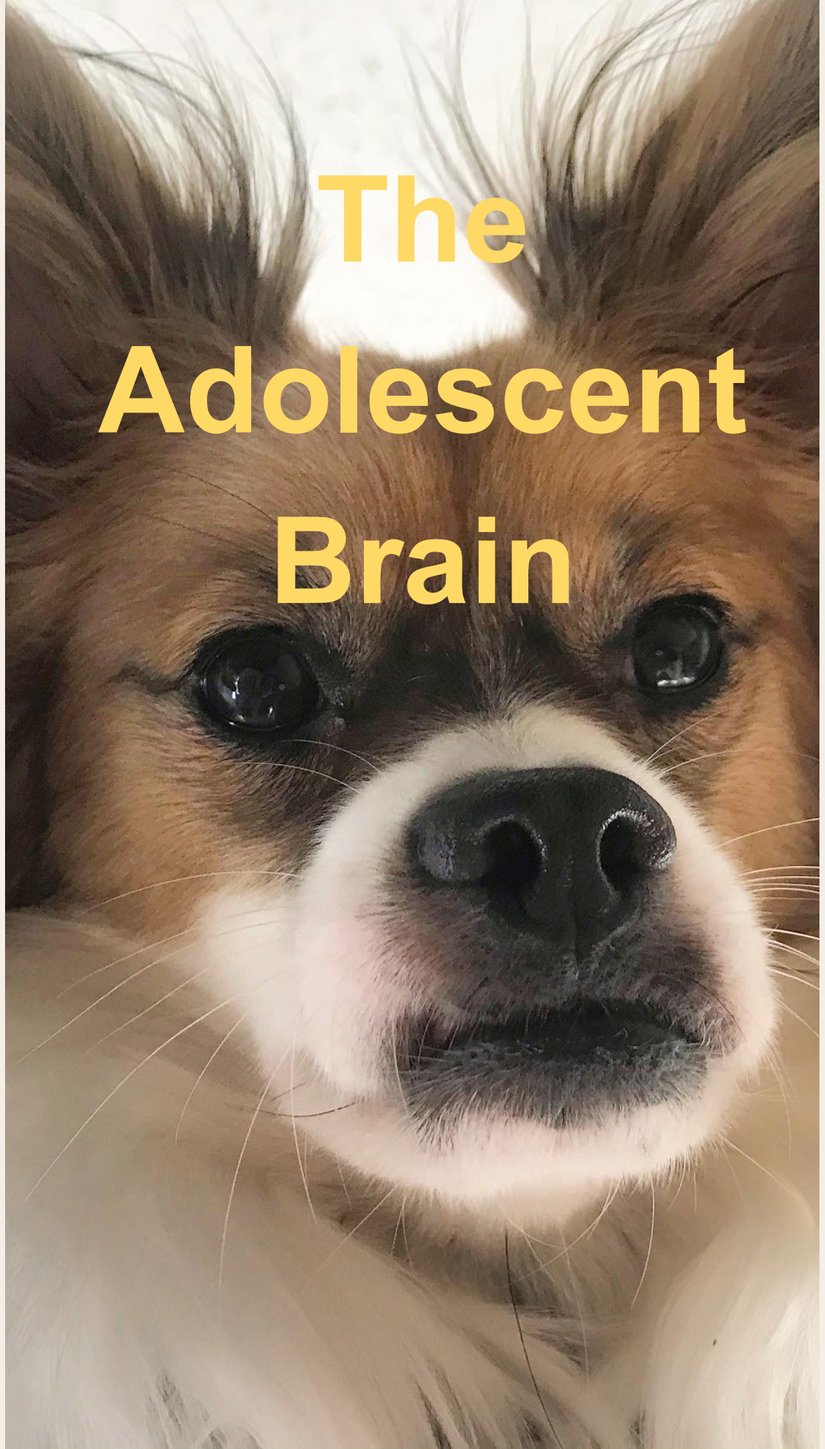
Neurodevelopment is missing which key ability?

PREFRONTAL CORTEX development - the rational decision maker.

What is the parental role? In which stage of development is the parent?

Varies based on age and life experience of the parental figure.

The Adolescent Brain



Typical/Normal

Typical development shows the brain strengthening neural pathways for decision making and relationship building.

Drugs & Alcohol

The influence of drugs and alcohol can slow development and impair ability to identify underlying concerns.

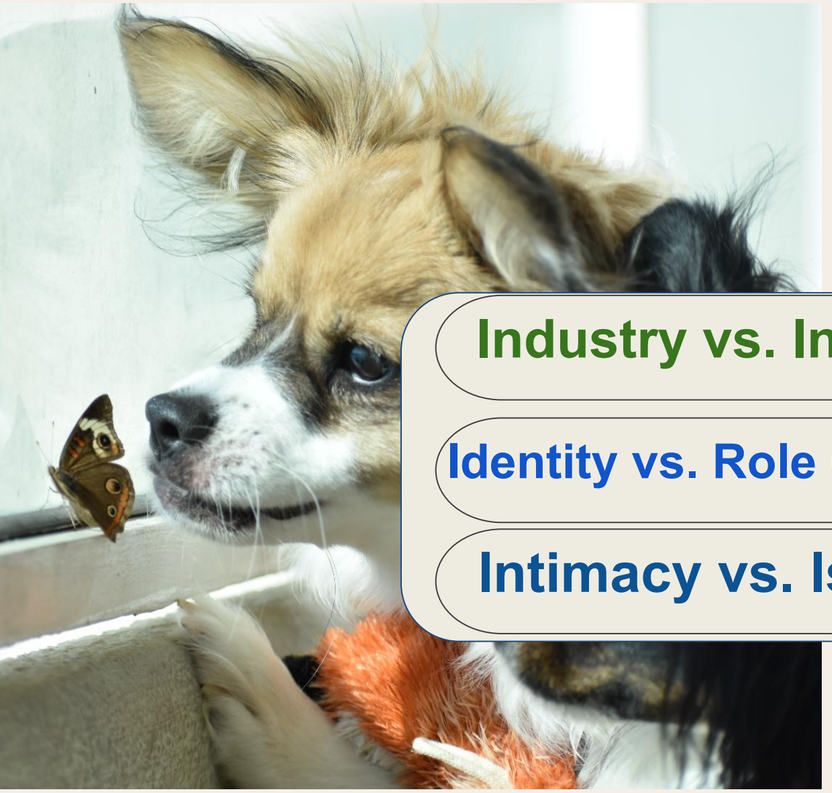
Trauma

Trauma impacts brain development and can cause deficits. Thankfully the neuroplasticity gives us hope for recovery.

The Internet

Access to current events and social media impacts brain development and can cause disruptions in typical growth.

Developmental Stages

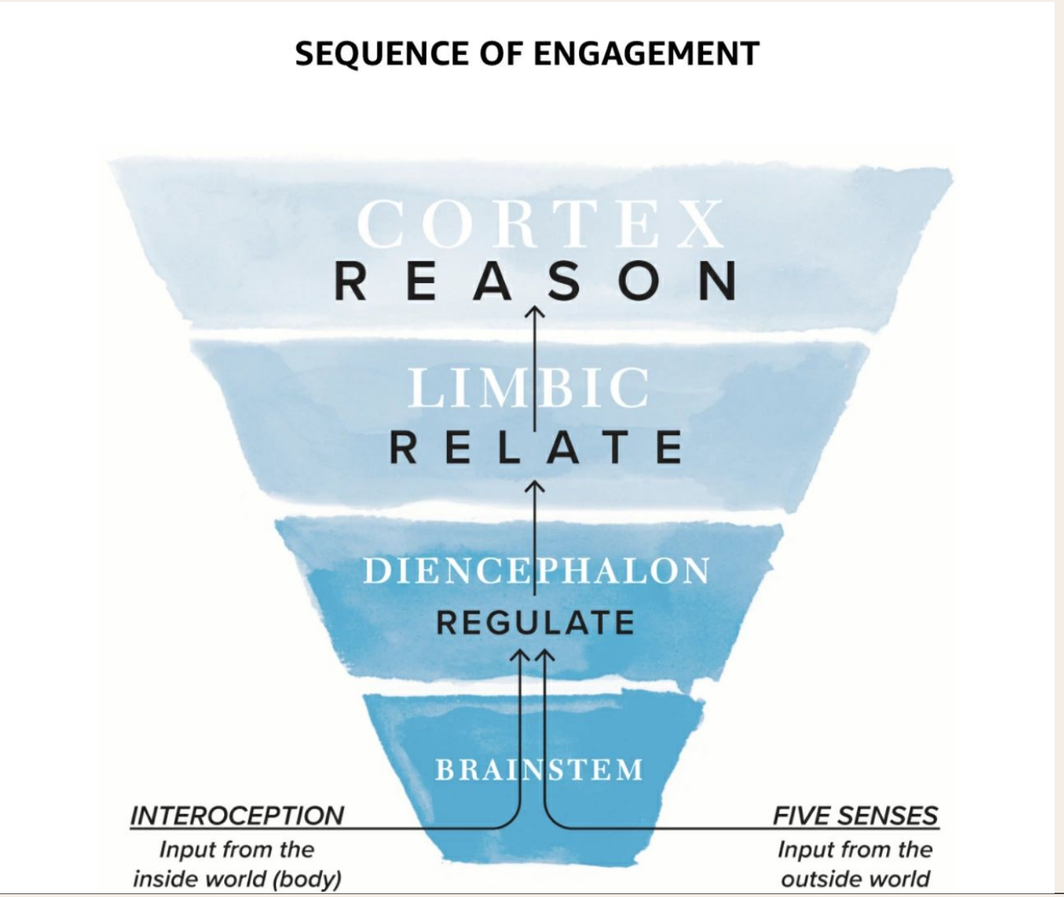


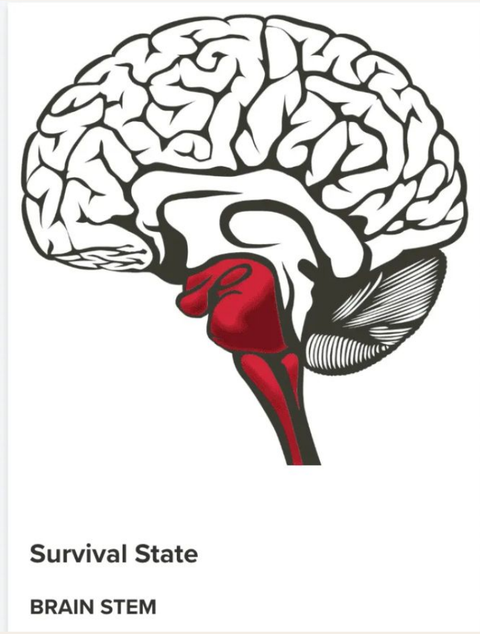
Trust vs. Mistrust	Infancy (Birth to 18 months): Can I trust the people around me?
Autonomy vs. Shame and Doubt	Early Childhood (18 months to 3 years):Can I do things by myself, or must I always rely on others?
Initiative vs. Guilt	Preschool (3 to 6 years): Am I good or bad?
Industry vs. Inferiority	**School Age (6 to 12 years): How can I be good?**
Identity vs. Role Confusion	**Adolescence (12 to 18 years): Who am I and where am I going?**
Intimacy vs. Isolation	**Early Adulthood (19 to 40 years): Am I loved and wanted, or am I isolated?**
Generativity vs. Stagnation	Middle Adulthood (40 to 65 years): Will I produce something of value that benefits society?
Integrity vs. Despair	Late Adulthood (65+ years):Have I lived a meaningful life?

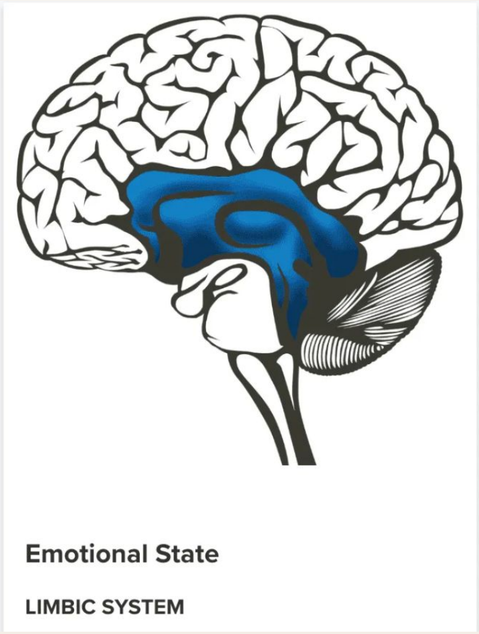
Identity Development

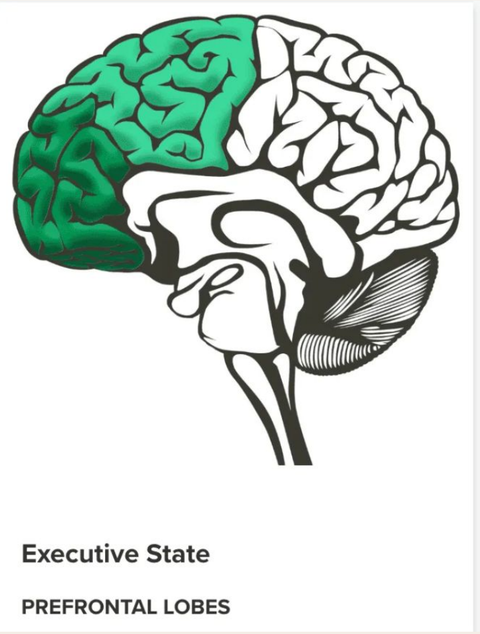
BOLD, shy, kind, outgoing, courageous, Charming, dependable, forgiving, rude, gracious, curious, thoughtful, resilient, peaceful, empathetic, meticulous, quiet, LOUD, honest, cheerful, pragmatic, lazy, imaginative, intelligent, diligent, bossy, authentic, unique, confident, discrete, hardworking, elegant, radiant, aloof, sophisticated, melancholic, optimistic, pensive, vibrant, clever, analytical, wise, resourceful, organized, reliable, friendly, inclusive, loyal, playful, solemn, noble, quirky, classy, anxious, hopeful - ME.

Brain Function









Adapted from the work of Dr. Bruce Perry & Natural Lifemanship.

Understanding Neurodivergence

Attention Deficit Hyperactivity Disorder

Condition marked by inattention, hyperactivity, and impulsivity.

Oppositional Defiant Disorder

A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness, not directed toward a sibling.

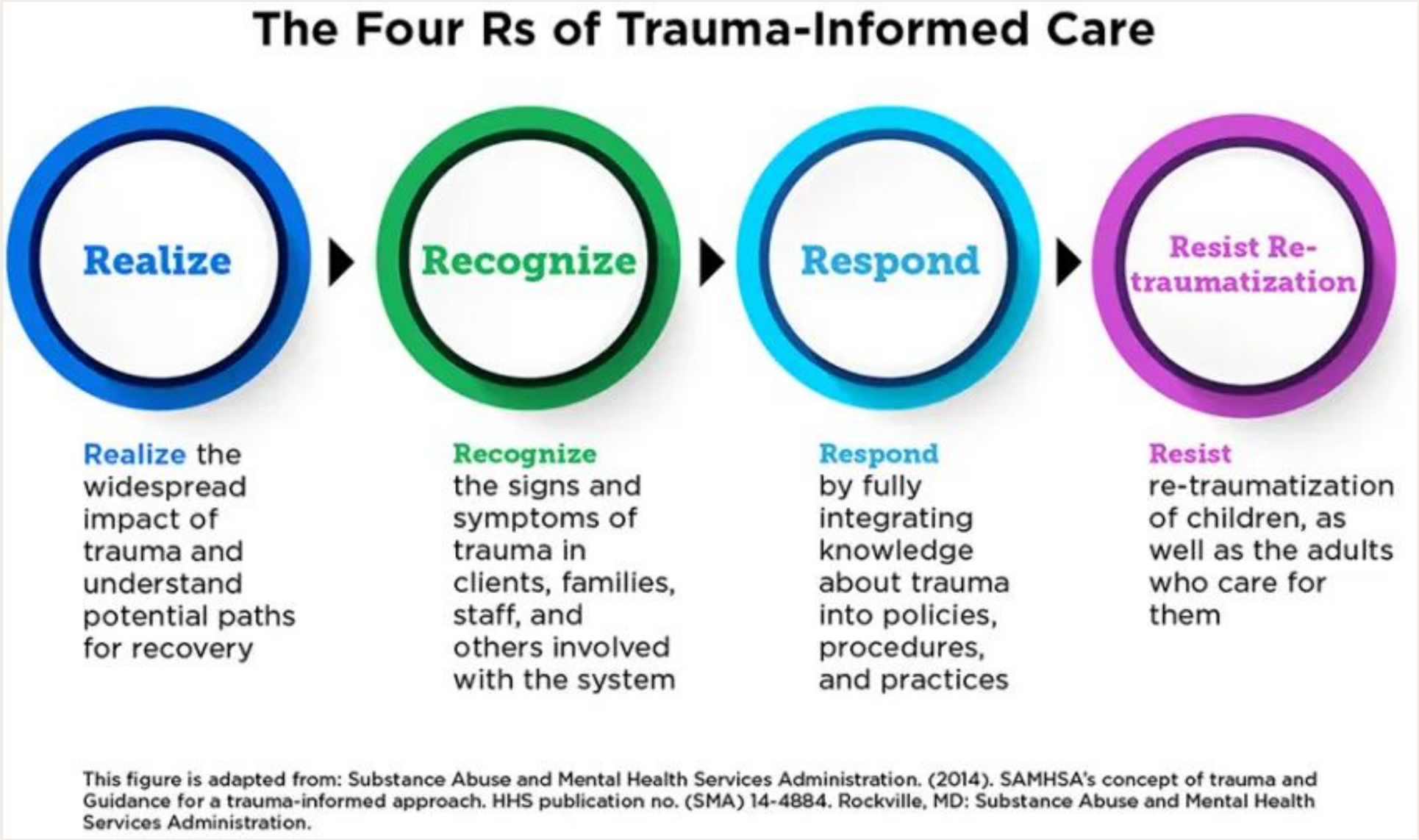
Autism Spectrum Disorder

Condition impacts social interaction & communication, restricted & repetitive behaviors. Includes inflexible routines, sensory sensitivity, etc.

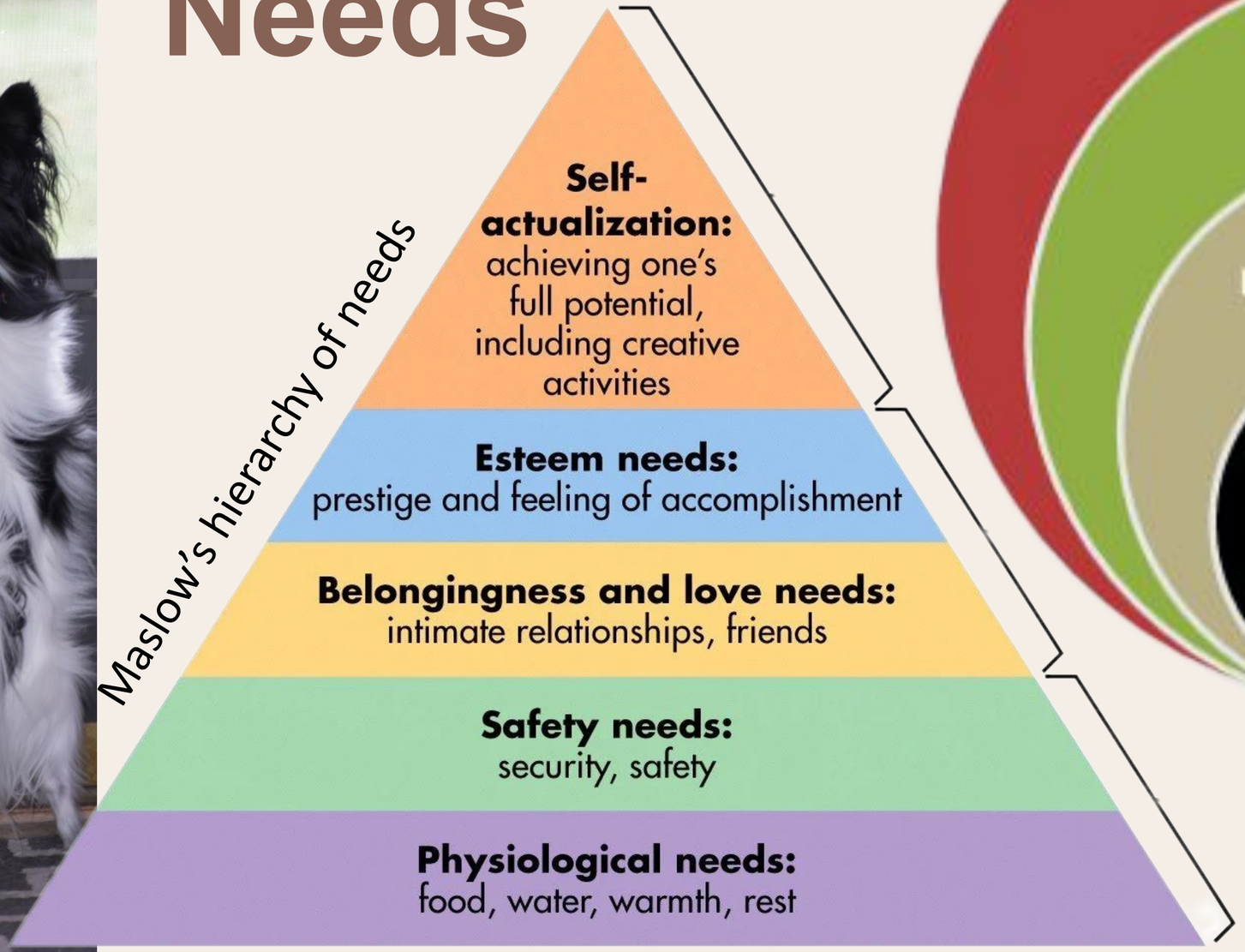
Pathological Demand Avoidance

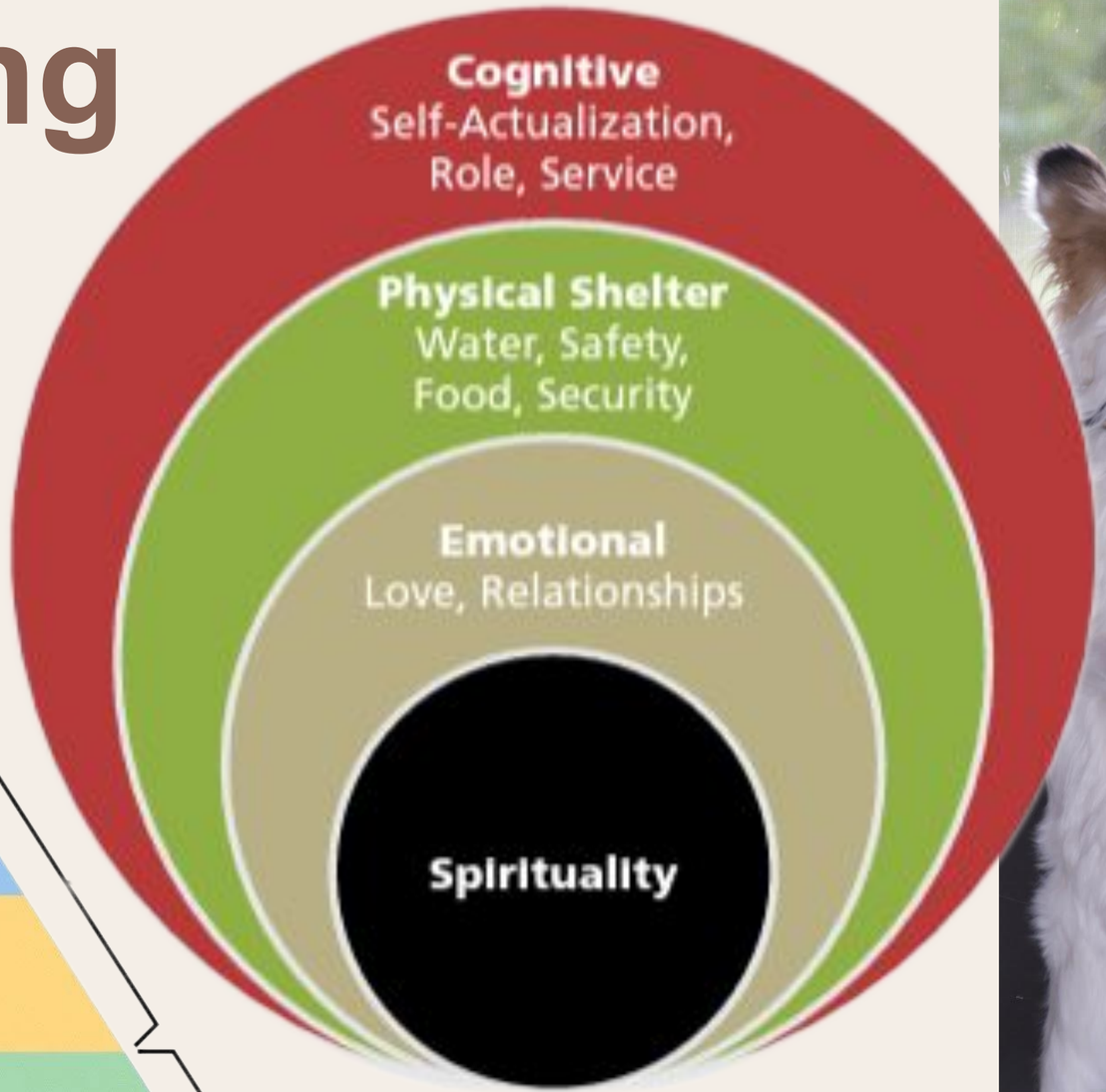
Not formally included in the DSM; is a better way to understand a person's demand for autonomy.

Trauma Informed Care



Understanding Needs





Cross (2007) reinterprets Maslow's hierarchy of needs through Indigenous eyes

Cultural Awareness

BREATHE OF LIFE THEORY: PURPOSE AND BALANCE

Breathe In

Learning from ancestors, elders and life experiences.

For tens of thousands of years, people have been "...caring for human beings... peace building (and engaging in) science" We ought to learn from past knowledge.

(Blackstock 2021 Minute 9:22-9:27)

Breathe Out

Passing on ancestral teachings and adding to communal wisdom.

You need to "fall in love with the generation you'll never know"

(Blackstock 2021 Minute 25:37)

Cultural Perpetuity

with interconnected multiple dimensions of reality, space and time.

Do children have human rights?

Working with a Family as a Group

Structure - Identifying who the “client” is - is it the child, the adult, or the family as a whole?

Setting rules for the group - encourage input from members of the family and make suggestions as needed.

Boundaries - Ensure that the agreed upon rules are enforced during the session. Set boundaries and make reflections on boundaries that have been crossed.

Roles - Identify the power dynamics within the family and provide reflections on them.

Accountability - Ensure accountability among all group members

Regulation, regulation, regulation!

Group/Family Therapy Process

FORMING: This stage is where members are learning the rules and boundaries of the group, generally present themselves in a calm and favorable manner.

STORMING: In this stage, the therapist will begin to learn what roles will develop and will begin noticing personality and power and control themes. Conflict may arise such as miscommunication, dysregulation, microaggressions.

NORMING: This stage is where the members begin working together, developing trust and shared goals.

PERFORMING: This is the stage of group process where the members are able to show more vulnerability and use conflict productively.

THE IMPORTANCE OF PLAY

Provides a safe space to “practice” new skills.

400 to 10(-20) - The concept that learning of new skills can be achieved faster during repetitions practiced through play.

Doing something “new” or “different” helps develop neural pathways in the brain that can later be utilized for coping.

Joy is a powerful tool to increase relationships and communication.

Connection creates avenues for co-regulation, which is one way to model healthy coping skills to teens and children.

Play fosters creativity, imagination, impulse control, initiative, curiosity, etc.

Alleviates boredom.

Resources

The Redwood Center for Children

https://youtu.be/fzSyXxSeMCI?si=6oajEs3hGpSXWh_2

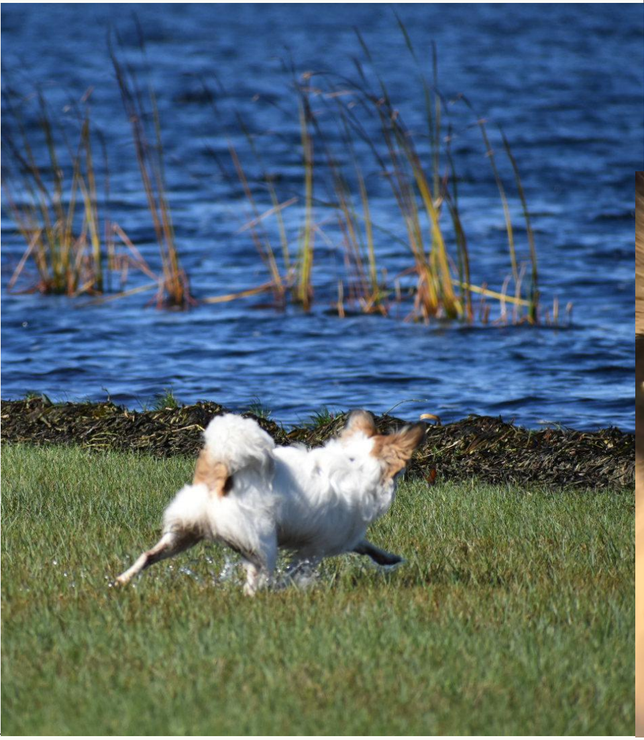
https://www.facebook.com/share/r/1KgPHSB4HW/

Dr. Chelsey HaugeZavaleta, PhD

https://youtu.be/rI3H5QVNkW8?si=A6875fqSwZbN4Iqz

Recap on Objectives

Understanding the adolescent's drive for autonomy



Understanding of neurodivergence, brain development, and the difference between PDA and ODD

Conceptualization of the session: family as a group

Integration of play and experiential interventions with teens and families

Questions?

THANK YOU.

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