

*“DEVELOPING PROGRAMS  
FOR DEVELOPING MINDS”*

EMERGING  
ADULTHOOD

Jesse Viner MD  
Founder & Medical Director  
Yellowbrick

FIND YOUR WAY HOME

YELLOWBRICK

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## Emerging Adulthood: Primary Features (Arnett & Tanner)

- Ages 18-30
- Identity Exploration
- Generalized instability
- Age of “in between”
- Self focus: Autonomy > Community > Divinity
- Age of opportunities and possibilities; risks

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## Destabilizing Factors in Emerging Adulthood

- Identity challenges → identity confusion.  
Ambivalence regarding living out the values and expectations from their family of origin.
- Instability → inconsistent social support.
- Self-focus can be lonely.
- Feeling in-between → anxiety, inadequacy
- Age of possibilities → disappointment; risk

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## Destabilizing Factors in Emerging Adulthood

- Loss of family culture and relationships
- Loss of community norms
- Loss of school and religious institutions functioning as implicit self-regulators
- little guiding presence of authority beyond those provided by the law
- multiple opportunities for exposure and provocation to engage in risk taking behaviors.
- Contradictory social expectations for maintaining one's membership and achieving personal goals

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## Psychiatric Risks (NSDUH 2008)

- 75% of those adults with psychiatric illness have onset in ages 15-25
- 7.4% of EA are functionally impaired by DSM-IVR diagnosis
- 6.7% of EA have serious suicidal thoughts
- The risk for failure to complete school is 14 times greater
- The rate of not being in school or employed at ages 18-21 was 4 times greater
- The risk of engaging in illegal activity was 3 times greater
- The risk of either gender being involved in a pregnancy was 6 times greater.

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## EA & Campus Life

- 97,000 reported rapes on campus annually
- 1800 alcohol related deaths annually
- 41% meet criteria for ETOH/SA
- 20% of EA get DUI
- 700,000 assaults; 600,000 injuries
- Suicide 2nd cause of death; accidents #1
- Medication (70% of budget); 3x mental health visits

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### Annenberg Foundation Report on Youth Mental Health (2005)

- a guiding philosophy of young adult difficulties and how to effect change;
- more intensive over more time;
- broad based affecting multiple interacting systems within the individual and their milieu;
- utilize a “person in context” approach assisting “in real time” with hands on active engagement;
- provide multiple opportunities for modeling and mentoring relationships with adults and peers;
- Program self-reflective questioning and monitoring of process and outcome.

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## Treatment Model For Emerging Adults

- Developmental psychology
- Psycho-neurobiology
- In-depth Psychotherapies
- Executive function & role performance competence



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## Developmental Psychology

### Goals

- Self-evaluation based on coherence & competence
- Adaptive self-regulation & distress tolerance
- Membership, identity and role within community
- Connected autonomy and personal responsibility
- Capacity for peer and romantic intimacy
- Negotiation of transition in relationship with parents

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## Developmental Psychology Self in Relation

- Collaboration, Choice & Autonomy/Separateness
- Motivation & Individuation
- Agreements: Ownership & Responsibility
- Community: Beyond self, peer and authority

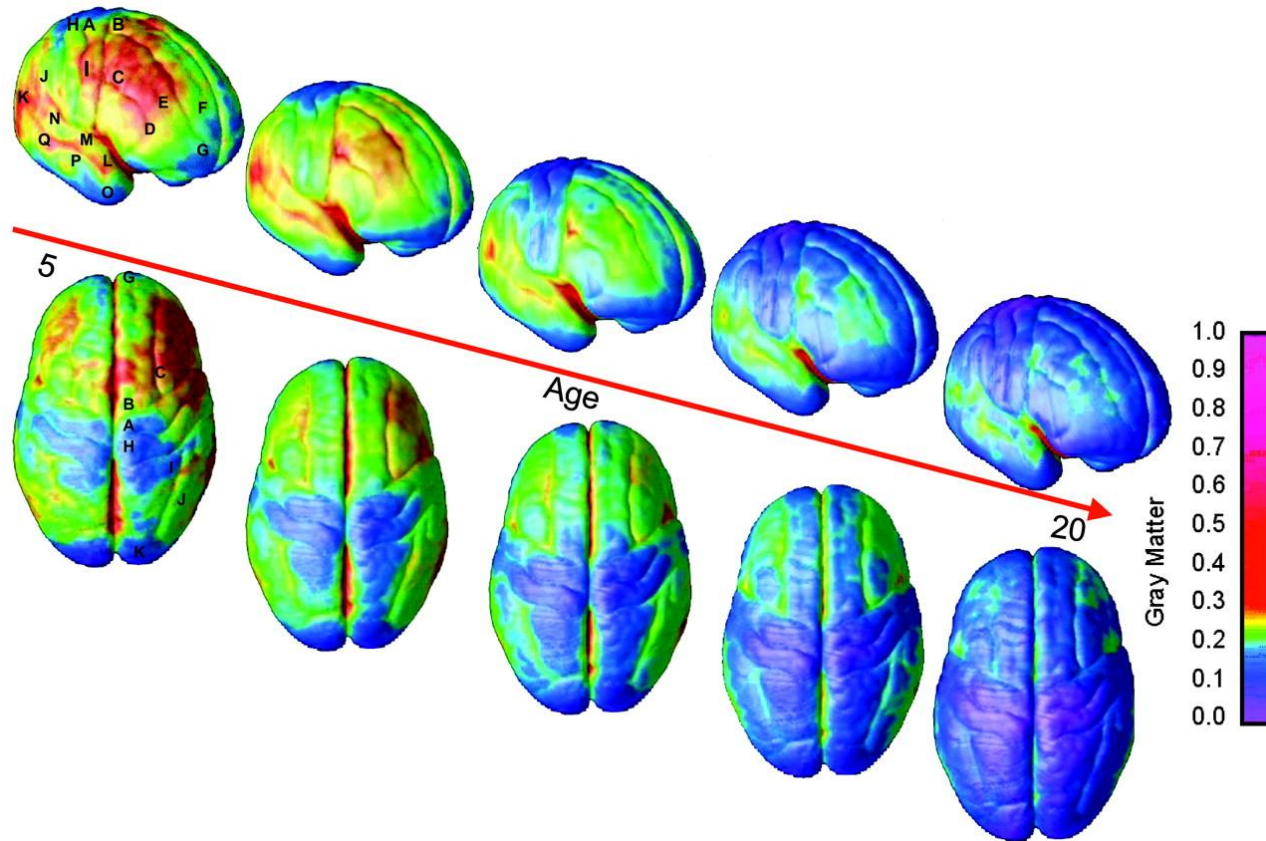
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## Psycho-neurobiology

- Emerging adulthood is a maturational window for brain development in areas of executive function and self-regulation

# Normal Brain Maturation : The Frontal Lobes mature later into emerging adulthood



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## Psycho-neurobiology

- Sprouting and pruning of synapses; information processing & logic (Keating 2004)
- Myelination- Increases in connectivity, efficiency of integrative processing & executive functioning (Lenroot 2007)
- Subcortical – Cortical projections & PFC balance; Socio-emotional processing, emotional regulation, exec function (Eluvathingal et al, 2007; Giedd 2008)
- Proliferation in reward system networks; limbic-PFC (Chambers 2003)

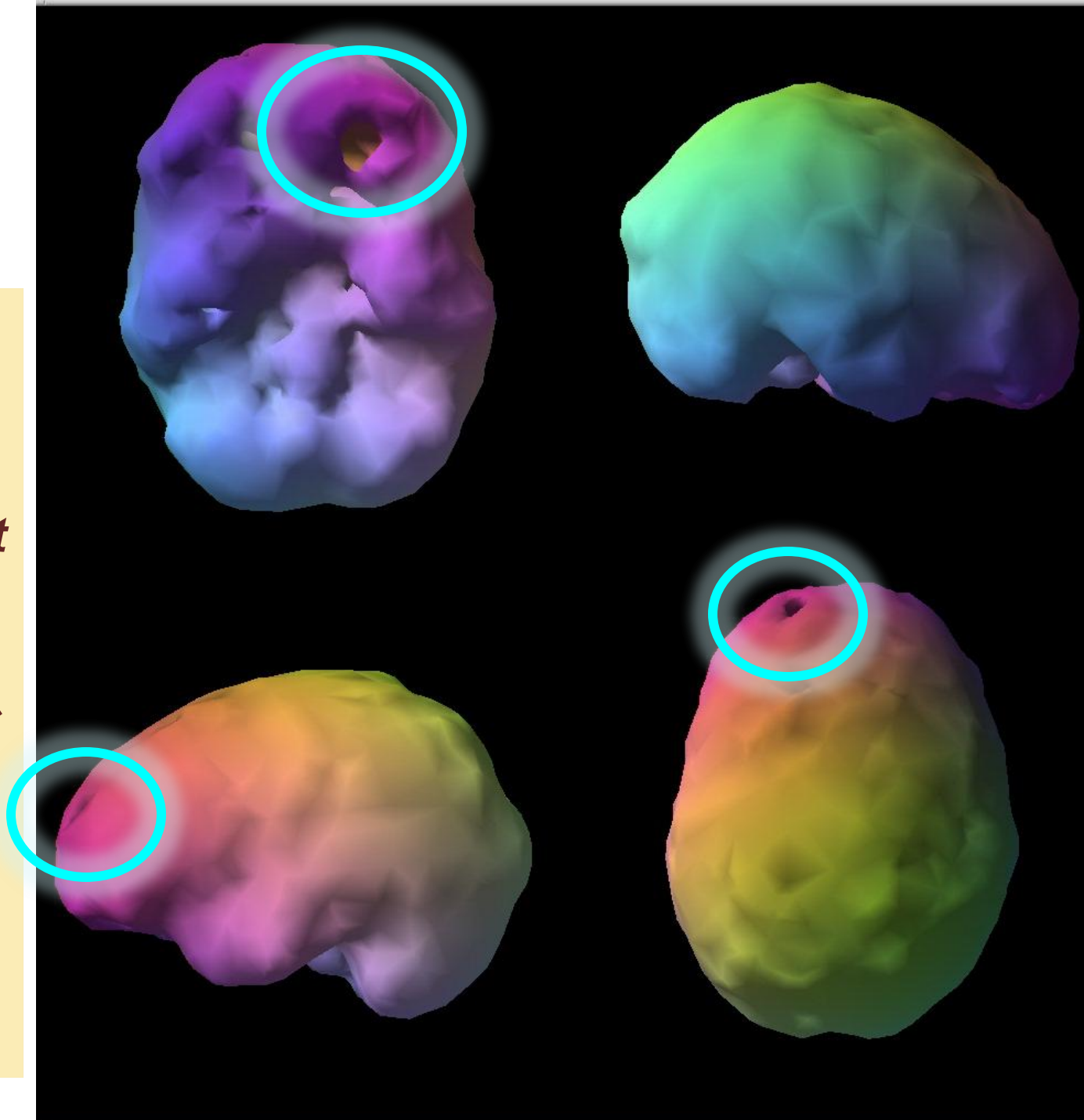
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## Psycho-neurobiology

- Self destructive behavioral patterns interfere with brain development
- Addictions
- Eating disorders
- Trauma

**SPECT Scan –  
brain function  
in an 18 y.o.  
woman with  
ADHD, Conduct  
Disorder and  
Polysubstance  
Dependence →  
IMPULSE  
DYSCONTROL  
Sx**



**Note the hypofunction  
= “hole” in left inferior  
cortex (OFC)**

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## Psycho-neurobiology

- Medications affect the brain's capacity to access previous and current experience for attachment and new learning
- Sleep-wake cycle hygiene, nutrition, exercise



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## Psycho-neurobiology Clinical Implications

- Safety and fear response patterns
- Hyper/hypo stimulation
- Real-time treatment – enactment
- Real responsibility and choice; not “as if” or coerced
- Matrix of attuned attachments; dissociation
- Neuroscience research guides the pattern, pace and content of treatment.

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## Psycho-neurobiology & Psychotherapy

- Experiences within relationships affect the structural networking within the brain and this plasticity can be leveraged within psychotherapeutic treatment. (Siegel 1999, Schore 2003)
- Attuned attachments build neural networks
- Self-regulation & executive function

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## Psychotherapy

- Didactic discussion, interpersonal, intrapsychic, experiential
- Core enactment
- Right brain modalities
- Somato-sensory & mind-body integration
- Action, experience and learning; novelty
- Peer Community
- 12-Step Recovery Community

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## Psychotherapy: Support

- Safety to access experience & free voice
- Interfere with maladaptive patterns that limit self awareness, emotional tolerance/presence, connection
- Mindfulness and mentalization
- Acceptance of needs and desires without shame or judgment
- Accurately mirror and affirm self concept
- Developing a coherent self narrative

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## Psychotherapy: Support

- Promote nourishing engagement that assists in self-regulation
- Promote engagement that assists with aloneness
- Explore genuine forms of intimacy
- Instrumental assistance for developing competence

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## In-Depth Psychotherapy

- Elicit and sustain ownership, agency, motivation; agreements and community
- Defenses against self experience & attachment
- Shame & avoidance; Dysregulated acting out
- Dissociation; “not me”; Public behavior
- Rage and self-loathing; guilt (Plakun 2011)
- Core re-enactment

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## Psychotherapy: Family Model

- Developmental model
- Connected autonomy
- Communication; negotiated individuation
- Distorting effects of chronicity on family
- Family Liaison
- Parents as Partners



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## Executive Function & Role Performance Competence

### Neuro-cognitive Model of Decision Making (Noel 2006)

- Self-care, self-regulation and self-organization techniques and patterning
- Interpersonal communication and effectiveness
- Conflict resolution
- Stress management
- Harm/ risk reduction and relapse prevention
- Housekeeping and budgeting
- Education and career planning

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## Who has come to Yellowbrick?

- National 60%; Female 70%
- 80% Borderline or severe NPD
- 10% Bipolar I
- 60% ETOH/Substance abuse
- 25% eating disorders
- 5% psychosis

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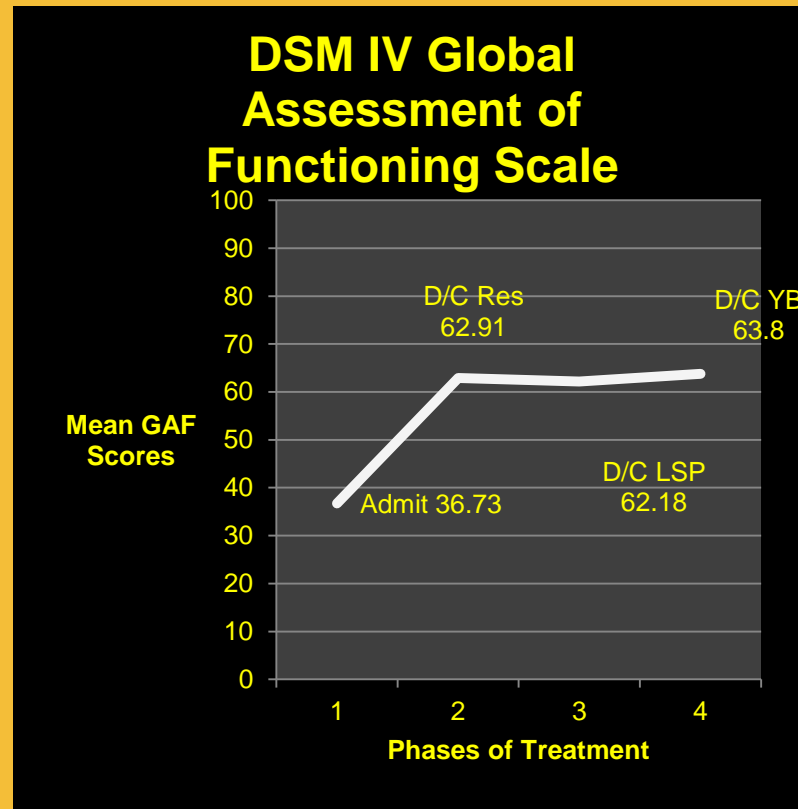
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## Who has come to Yellowbrick?

- 50% IQ > 120
- 35% trauma/ abuse; multiple
- 25% bullying/peer alienation; 60 % males
- 30% ADHD or NVLD on Neuropsych Testing
- 10% adoption

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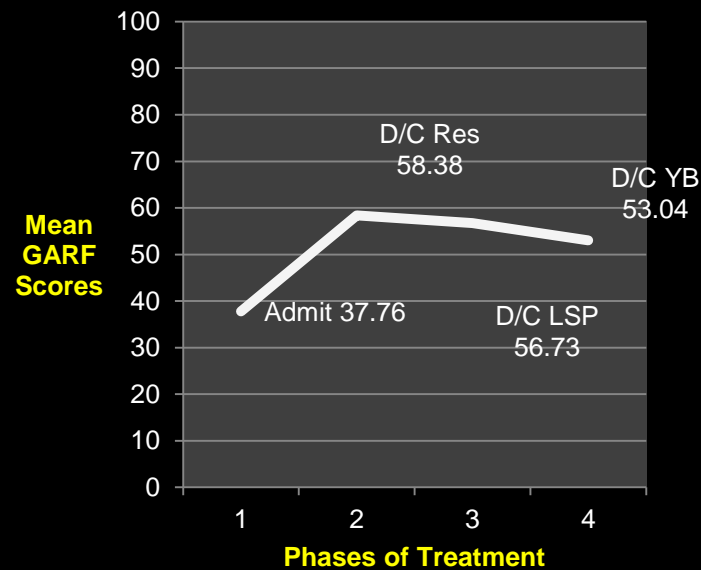
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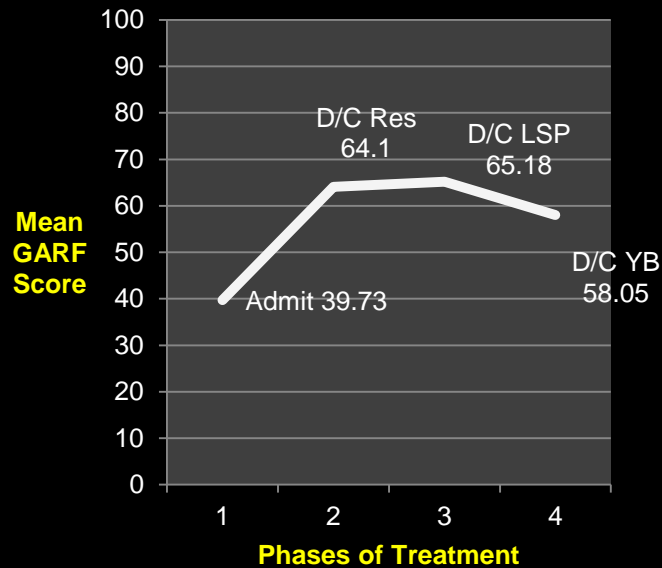
## DSM IV Global Assessment of Relational Functioning Scale - Family



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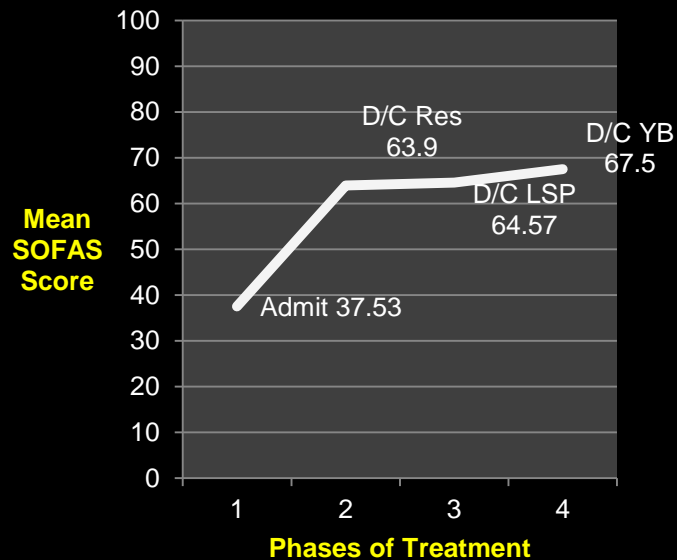
## DSM IV Global Assessment of Relational Functioning Scale - Peer



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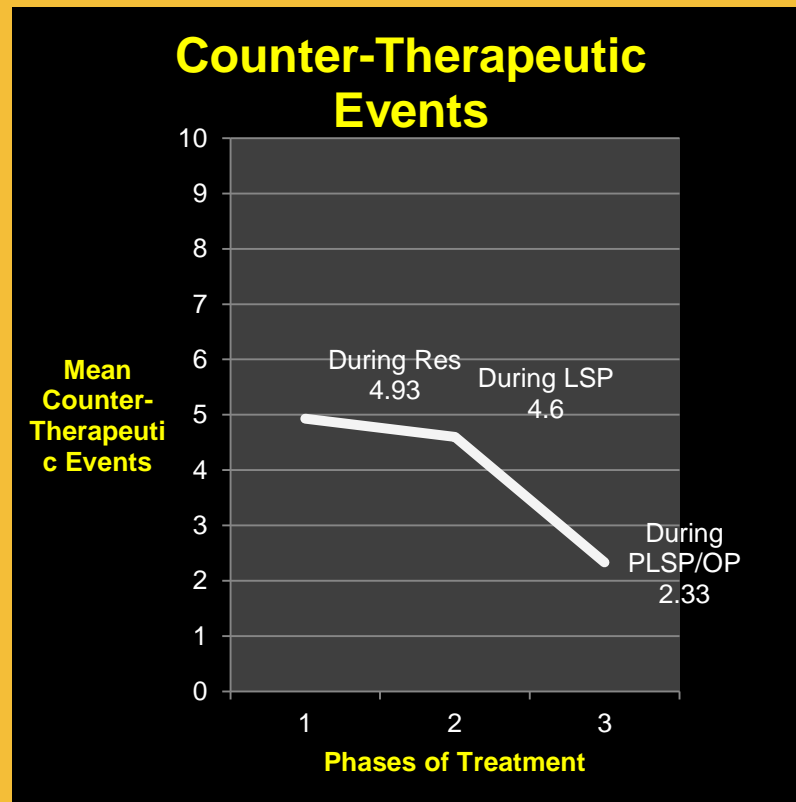
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## DSM IV Social and Occupational Functioning Assessment Scale



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