Understanding Adolescent Development Through Current Brain Research

Facilitator Guide
**The NCYC/NPJS Youth Care Curriculum Series** is made up of a collection of modules designed to develop or enhance the skills and knowledge of those working with youth in secure settings. Modules in the series are designed to support individual professionals and the cultures in which they operate to embrace best practices in the field of juvenile justice.

**Adolescent Development** is one training module in this series. Because youth care work is a dynamic process, concepts from other topic areas, which are detailed elsewhere in the series, may be introduced in this module. Youth care workers may benefit from participation in all the training modules in the series.

**Authors**
Cindy Thacker, Margaret Davis, Dr. Rodney Erwin, Pam Clark

**Course Description:**
Adolescence is a time of dramatic change—physical, social, cognitive, and emotional—change characterized by profound and often scary behaviors, such as sensation seeking, risk-taking, and sometimes baffling decision-making. As adults we frequently end up asking: “What in the world was s/he thinking?” Adolescent brain research conducted over the past decade allows us to begin to understand what is happening to produce those frustrating, scary, and ultimately life-affirming behaviors we see in adolescents. In this session, participants will hear Dr. Rodney Erwin talk about findings from this research and, through group activities and discussion look at specific ways staff can have a positive impact on adolescent development in a confinement environment.

**Learning Objectives**

Based on knowledge gained about adolescent development and recent research in adolescent brain development, learners will:

- Apply information about adolescent brain development to typical behaviors exhibited by youth in restricted settings.
- Demonstrate knowledge of physical, social, sexual and cognitive domains of adolescent development through participation in small group activities/exercises.
- Identify appropriate staff behavior responses that provide positive developmental guidance in a restricted setting.
- Analyze case studies to determine developmental issues, facility issues and staff interaction issues that impact decision-making.
- Develop staff interaction strategies that mitigate the effects of trauma in the facility environment.
- Create an individual action plan, grounded in the developmental assets, that includes five behaviors staff can use to help youth become more developmentally competent.
Target Audience:
Youth Care Workers – staff providing direct services to youth in a confinement setting and Supervisors (recommended)

Number of Participants:
Minimum 12
Maximum 25-30

Level of training:
Basic or In-service

Total Course Time: Approx. 6-1/2 hours (5 hours of learning plus 1.5 hours for lunch and breaks)

Instructional Methods/Techniques:
Lecture, small group discussions, large group discussions, role plays, small group activities, examples

Class Preparation
Large room with table groups (4-6 per table)

Required materials:
1. Printed Facilitators Guide
2. Participant Guides for each participant, including handouts (these may be provided by the sponsoring organization)
3. PowerPoint slides
4. Laptop or computer w/ DVD player, if no Internet available
5. LCD Projector
6. Flip chart pad and stand (Post-it type is recommended)
7. Markers (chart and dry erase)
8. Masking Tape
9. Prepared and blank index cards (5x7)
10. NPJSpeaks Dr. Rodney Erwin video segments
   Segment #1: “How Does the Brain Develop?”
   Segment #2: “Adolescent Sexuality”
   Segment #3: “Nurturing Positive Development”

Other:
This is an interactive training session with frequent group discussion, small group activities and individual written assignments. The facilitator guide will provide anticipated responses and instructions for structured activities. In order to complete all the input, practice and processing of information, it will be necessary to stick to the timeline provided. Discussion is welcomed but should be guided by the facilitator as needed to accomplish this.
BEFORE the learning event

Agency/program administrators should:

- Attend the beginning of each learning event to tell staff why this topic is important to your program and how they will be expected to use the concepts and skills they are learning in their work. [OPTION: Create a 3- to 5-minute video to be shown to staff at the beginning of each session.]

Facilitator should:

- Review the slides and the participant materials to become familiar with them.
- Review the Appendix for items to support activities. Print case studies, enough of each for participants.
- Review NPJSpeaks Dr. Rodney Erwin video segments
  Segment #1: “How Does the Brain Develop?”
  Segment #2: “Adolescent Sexuality”
  Segment #3: “Nurturing Positive Development”
- Prepare a Handout with logistical information including needed ground rules for the participants to be distributed at the beginning of the training session. (See sample Handout in Appendix)
- Prepare a page of chart paper with a line down the middle to support the Activity “Characteristics of Typical Adolescents”.
- Prepare index cards to be used in the Activity called “Phases of Adolescence” using information from the ACT Stages of Adolescence Chart.
- Cue up the Subject Matter Expert DVD in advance to prevent delays in class
- Coordinate with the agency or program administrator to attend the beginning of each learning event, share the importance of this topic to the program and how staff will be expected to use the concepts and skills they are learning in their work. [OPTION: Work with the administrator to create a 3- to 5-minute video to be shown to staff at the beginning of each session.]
- Arrange for a room large enough to hold the expected number of participants at tables of 4-6 people each, with room to move around between the tables and chairs. You will also need a table for materials and a table for the cut-down tool/sheet practice space.
- Model in your facilitation style the kind of empowering strategies youth workers could be using with youth. That is, encourage participants to ask questions and
share opinions, even when they are not supportive of the content of this program. Encourage higher-level thinking and evaluation of their own attitudes and beliefs. Recognize risk-taking in trying out new ideas and behaviors. Support their learning efforts.

At the BEGINNING of the learning event Facilitator should:

- Make sure the room is arranged in table groups of 4-6 people and that no seats have their backs to the front of the room so everyone will easily be able to see you and the visuals.
- Arrange for a table for materials, if needed.
- Greet each participant as they arrive and welcome him/her to the workshop
- Pass around a sign-in sheet for names and emails for follow up.

AFTER the learning event Facilitator should:

- Review the feedback forms for any patterns.
References and Resources

The following were used as sources of information for this training:


Quinn, Rick. Adolescent Development Lesson Plan, Juvenile Corrections Careworker Curriculum. CRPD. URL: http://njda.msu.edu


For additional resource information or as a refresher, The Office of Adolescent Health of the US Department of Health and Human Services provides The Adolescent Development E-Learning Module free of charge to the public.
Understanding Adolescent Development through Current Brain Research

Anticipatory Set

**SAY:** For Youth Care Workers in the juvenile justice system, as well as those who work with youth in the adult justice system, an understanding of how adolescents develop is very important to our work. There is now a vast body of information available from the past decade that offers insight into adolescence, including expanded knowledge about the brain and how it changes and develops during adolescence.

Much of the behavior that we see in our facilities is not necessarily abnormal for adolescents. We may think of the behavior as **unacceptable**, but it is often the result of adolescent thinking and identity struggles that are part of the developmental process. For example, risk taking is normal for adolescents although usually seen as negative behavior by adults.
Having a greater understanding of adolescent behavior and thinking can have a positive impact on safety and security in our facilities. We as staff can be better prepared to maintain a safe and secure facility if we understand the complex changes occurring in adolescents and what the best responses from staff may be to adolescent behavior. Adolescence is a vulnerable time in a person’s development, and we as youth care workers can have a significant positive influence if we understand better how adolescents think and behave the way they do. The legal system in your jurisdiction may have decided to treat adolescents as adults, both in terms of consequences and in decisions about their confinement, but our current understanding of adolescence does not coincide with this thinking.

**Do:** Display a visual of the objectives for the session and refer to page 2 of the participant guide.

**Objectives**

Based on knowledge gained about adolescent development and recent research in adolescent brain development, learners will:

- Apply information about adolescent brain development to typical behaviors exhibited by youth in restricted settings.
- Demonstrate knowledge of physical, social, sexual and cognitive domains of adolescent development through participation in small group activities/exercises.
- Identify appropriate staff behavior responses that provide positive developmental guidance in a restricted setting.
- Analyze case studies to determine developmental issues, facility issues and staff interaction issues that impact decision-making.
- Develop staff interaction strategies that mitigate the effects of trauma in the facility environment.
- Create an individual action plan, grounded in the developmental assets, that includes five behaviors that staff can use to help youth become more developmentally competent.

**Say:** This will be an interactive learning process that will be completed in eight hours, including an hour for lunch and several short breaks. We will use a combination of video inputs, group exercises, and discussion and case studies/scenarios to accomplish the learning objectives noted here. What questions, if any do you have about these objectives?

**Say:** Let’s start by focusing on why you are here today and what you hope to get out of this training session that can help you do your job more effectively. Turn to page 3 in your participant guide and write down your expectations for today’s training. I will give you a minute to do that.

**Do:** Ask a few participants to share their hopes for the day. As participants respond,
record their responses on chart paper and post them on the wall.

**Facilitator’s Note:** If you find that there are expectations that will not be covered in this session, identify those up front. Refer participants to other training sessions or other chapters of the desktop guide for more information.

**SAY:** In addition to our expectations for you, you have all listed some very relevant expectations. We will cover many of these expectations and will hopefully exceed what you might expect in some areas. I will put any expectations that may not be covered in this training on our Task List and get back to you after the session with answers or suggestions where you may find additional information. Thank you for sharing your expectations. One reminder, you will find today’s agenda, ground rules and other important logistic information distributed by the facilitator as a handout. Please locate these items and reference as needed. Let’s get started with the learning.

**DO:** Provide information about breaks, food choices and comfort facilities as needed. Answer questions about the objectives. Post a Task List with expectations that will not be covered in this training and find a resource or refer participants to sources where information on these items can be found. Use an icebreaker activity that relates to the content or simply ask each participant to introduce his or herself and tell how they work with young people. (See Appendix)

**DO:** Display visual Characteristics of Typical Adolescents

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**Characteristics of Typical Adolescents**
**Activity: Negative and Positive Characteristics**

**ASK:** Using one or two word descriptors, what are the characteristics of typical adolescents? Not just kids that get in trouble, but your kids, your neighbors, your relatives. When you think of the word “Adolescent” what comes to mind? Use page 4 in the Participant Guide to write these down.

**DO:** Draw a line down the center of a chart page. Record the group’s responses by writing all the positive statements (connotations) on the left side and writing all the negative statements (connotations) on the right side. Do not tell them the difference between the two columns at this point. After a few minutes stop the process and ask the group to look at the list.

**ASK:** What’s the difference between the 2 columns?
Expected response: There is usually a much longer list of negative descriptors on the list.

**ASK:** Why are there so many negative ideas of adolescents?
(Possible responses: teens push the limits, they test and break the rules, are rebellious and they often get involved in problems)

**SAY:** We tend to want kids to be like us or be who we want them to be. It’s critical for staff to understand the changes taking place in adolescents, as well as our perceptions of those changes in order to establish productive professional relationships. If we can keep from seeing their moves toward independence as rebellion, we can see them as unique individuals and reframe their negative characteristics as potential strengths.

Let’s look at several of the negative responses and see if they can be turned into positives. For example, risk taking. How would we ever get anywhere if we never took any risks? How can risk taking be a positive trait?

**DO:** Ask for volunteers to change a positive to a negative. Make the point that not all the negative ideas are totally negative. They can be expressed as positive characteristics under the right circumstances.

**ASK:** We are not asking you to go into detail but by a show of hands, how many people in this room did something your parents never knew about? How many of you lied to adults? How many of you did something for which you could have been arrested?

**DO:** Process expected responses by acknowledging that adults can remember times when their behaviors were not “perfect” or “normal” but perhaps had some adolescent issues themselves. Do not ask participants to elaborate on their responses but accept the responses as typical of a group of adults reflecting on their own youth.
SAY: So it is not a foreign notion that adolescence is a time when development issues become all consuming. We know that when a young person becomes an adolescent, things change. The physical changes are easier to see, but the changes in thinking and behavior are even more striking. Recent research shows that the adolescent brain is undergoing major changes throughout this period of development. The primary task of adolescence is to create a balance between the physical, cognitive and social-emotional areas of growth even though they are happening at different times and with occasional regression to an earlier state. The goal is to develop into an integrated adult through the process and challenges of this transitional period.

DO: Display visual How Does The Brain Develop?

SAY: For our first piece of input on adolescent brain development, we are going to hear a short talk from our subject matter expert, Dr. Rodney Erwin, MD. Dr. Erwin is a child and adolescent psychiatrist from California who works with troubled youth. He is going to share with us some of the recent findings from neuroscience concerning adolescent brain development.

How Does the Brain Develop?

DO: Direct participants to pages 5 and 6 in the Participant Guide that provides a note-taking guide for this part of the video presentation.

DO: Show Part One of the video presentation.
Segment 1  
Dr. Rodney Erwin  
“How Does the Brain Develop?”

**DO:** After ending the video, allow time for participants to complete any notes they have been working on. Ask, “What questions or comments do you have about the video?”

**DO:** Show visual of amygdala entitled “In Case You Have Been Wondering . . . “

In case you have been wondering, this is your amygdala.

![Image of amygdala](image)

**Transition**

**ASK:** How does the brain development process affect the behavior of youth? Possible responses: teens feel strongly and react intensely, teens can’t turn down or quickly turn off their intense emotional reactions, they take unreasonable risks because they can’t think through the consequences of their actions, make poor choices because they are acting from their emotion.

**SAY:** The way teens behave is oftentimes a function of an overactive emotion center and a slow connection to their reasoning brain or the pre-frontal cortex that will be discussed later in the training. For example...
Facilitator’s Note: Tell a story about a teen whose actions demonstrated that the reasoning part of the brain is incomplete and that the emotion center is overactive. For example, my younger son, when he was 16, got a ticket for going 85 in a 55-mile an hour zone. When we asked the inevitable question, “What were you thinking?” he said that had volunteered to drive some other guys he worked with to the end of season party and they were giving him grief about making all of them late, driving too slow. He knew better, he just could not let the other guys down.

DO: Display visual Imbalance?

Guided Practice One: Phases of Adolescence

SAY: To build our knowledge base on adolescent development, we are going to focus on the ways adolescent characteristics change as young people move through this lengthy transition. How different were you when you were 12 than when you were 17? How did your parents and friends see you at those ages?

(Expected responses: Very different, almost a different person, not at all the same, still the same in some ways but very different in others.)

DO: Take a few volunteer responses from the group. Summarize and reflect on the responses.

SAY: As we have just seen, the differences in varying stages of adolescence are striking. Now we’re going to do an activity to highlight how some of these developmental stages progress.

Developmental milestones are at best approximate, and are roughly organized around early adolescence (approximately ages 10-13), middle adolescence (14-18) and late adolescence (19-24).
DO: Display visual Phases of Adolescence

Activity: Identifying Stages of Adolescent Development

DO: Direct participants to turn to page 7 in the Participant Guide for general instructions for this activity and for note taking.

Form the training group into three sub groups. (If the training group is large, you might have multiples of three, e.g. six or nine, and assign each Phase of Adolescence to multiple groups.) Provide each group with markers, a sheet of newsprint and a pad of Post-It notes (size 3x5) or 3x5 index cards (if you use index cards you will need a roll of tape). Assign each group one of the Phases of Adolescent Development (early, middle and late). Instruct the groups to draw a picture of their adolescent on the newsprint (using the whole newsprint) and label their picture (early, middle or late).

Tell the groups that on page 8 of the Participant Guide they will find a list of descriptors for the Phases of Adolescence: physical, social and cognitive characteristics of all three phases of adolescence. (For the Facilitator, the list of descriptors for each stage is on pages 34 and 35 at the end of the lesson plan.) After everyone has had a chance to look at the list of descriptors, have the groups decide which descriptors apply to their assigned Phase of Adolescence. Write each descriptor on a separate Post-It note or 3x5 card and stick these on the drawing they have made of their youth (creating a collage). Each group needs to identify someone to present the drawing and characteristics of that phase to the large group.

DO: Commend everyone on their work and share the descriptors typical for each phase of adolescence (pgs. 32-33). Process the learning with the following:

SAY: Remember these are not clear-cut, abrupt changes, which is why many of you used the same descriptors for different phases, but rather a continuous process over several months or years that is individual to each adolescent. Some young people linger in a particular phase make dramatic leaps that indicate physical independence while others seem stalled socially or intellectually. Each young person must be understood as an individual as well as part of a particular age cohort.
**SAY:** Now that we have looked more closely at early, middle and late adolescent development, Dr. Rodney Erwin is going to give us more detail about some of the physical changes taking place in the adolescent brain.

**DO:** Direct participants to pages 8 and 9 in the Participant Guide that provides a note-taking guide for this part of the video presentation.

**Segment 2 Dr. Rodney Erwin “Adolescent Sexuality”**

**DO:** After ending the video, allow time for participants to complete any notes they have been working on. Ask, “What are your questions or comments on the video?”

**Guided Practice Two**

**SAY:** So, with the onset of puberty and the increasing hormonal activity in the brain, we can see intense effects on adolescent behavior and interests, including the strengthening of relationships with peers over those with parents and other adults. As staff that works with youth in a confinement setting, one of the more challenging aspects of adolescent brain development we have to deal with is behavior related to Adolescent Sexuality.
Facilitator’s Note: Become familiar with the issues addressed in this part of the lesson and be prepared to respond to questions or comments that reflect the participants’ personal values or belief system. Sexuality is almost always a value-laden topic for discussion and should be treated accordingly. Remember, we are recommending that staff maintain a value-neutral stance in addressing these issues, so facilitators must model that same neutrality and professionalism. Refer participants to the Desktop Guide or other respected sources for factual information and professional standards of staff behavior.

DO: Show visual slide Behaviors Related to Sexuality

Behaviors Related to Sexuality

SAY: What comes to mind when you hear the term “human sexuality?” According to the definition we are going to use, sexuality is not just genital acts, it is who you are as a man or woman – your values, beliefs, appearance, how you carry yourself, what you believe about the other gender. Sexuality is a function of the total personality and is affected by biological, psychological, sociological, and spiritual variables.

Adolescent sexuality is an uncomfortable topic for most of us to discuss, nevertheless we are all confronted, on a daily basis, with issues related to human sexuality. Institutionalization creates some unique considerations for an adolescent attempting to define his/her own sexuality. As direct care staff, we have a responsibility to help youth learn and grow to be responsible adults in all areas, including human sexuality. In order to do so, we have to speak about sexuality without embarrassment, so you will hear me say words like, “masturbation”, “intercourse”, etc. during this training. As facility staff it is important that we are able to use the appropriate, specific terms to discuss sexuality with adolescents in the context of creating a healthy environment in which they can learn.
SAY: Let’s brainstorm the sorts of behaviors related to human sexuality that we may encounter on the job. Page 10 of the Participant Guide entitled “Behaviors Related to Sexuality You May Encounter on the Job” provides space for your notes.

DO: Record responses on easel pad or white board. Expected responses: masturbation, pornography, exhibitionism, love notes, coercion/rape, intercourse, talk about past history/conquests, questions about sex and sexuality in general or questions about the staff’s background or personal beliefs.

SAY: What makes it difficult to manage these behaviors on the job? Expected responses: embarrassment—theirs and ours; misinformation; media portrayals of sexuality; reluctance to speak freely in front of peers or to admit to ignorance.

DO: Divide into small groups assigned earlier or create new groups if preferred.

SAY: Turn to Guidelines for Answering Sexuality Questions and Guidelines for Dealing with Sexuality issues in a Residential Setting, pages 11 through 16 in the Participant Guide. These two sections deal not only with how we talk to youth and answer their questions dealing with sexuality but also how to handle behaviors that arise in a residential setting. Take time to read each page and then we will look at how to handle some of the issues discussed.

DO: Review the main headings of each set of guidelines. Allow ten minutes for participants to review the content individually. Be prepared to address any concerns or questions about the information contained in these Guidelines.

Instructor’s Note: If the group contains staff members from more than one facility or from both confined and community settings, be prepared to deal with comments and questions concerning these differences: particularly differences in policy or protocol according to setting. Also, be aware that facilities are being impacted by PREA standards and staff may refer to these standards requiring specific staff behaviors in examples of sexual behaviors. Some staff may not be as aware as others of PREA and may have questions about the content and implementation of these standards. Refer questions about PREA to the Desktop Guide, to the agency or facility PREA coordinator or other managers. This is important information for staff to have but don’t let these questions and concerns shift the focus away from ways in which staff can help adolescents in their care develop healthy behaviors.

Activity: Addressing Issues of Adolescent Sexuality

SAY: Turn to Brief Scenarios: Addressing Issues on page 17 in the Participant Manual. You will each have an opportunity to apply the guidelines we have looked at.
So that we all have the opportunity to respond to these scenarios, we will process them in small groups of 4-6. Each group will be assigned one scenario. In your small groups, read the scenario aloud, telling the other group members how you would feel in that situation, what you would say and what you would do if you were the staff dealing with that issue. Then ask the other group members to respond to the same three questions about that scenario. I will call time at the end of six minutes and then we will ask each small group to report out to the total group.

Instructor’s Note: Keep the groups to the time limit. Make sure the spokesperson for each group answers the three questions: How would I feel? What would I say? And what would I do? regarding each scenario. If there are significant differences between individuals in how to handle the situation, let the total group hear the differences. The goal is not to reach agreement within the group but to be aware of variations and guide the discussion back to established policy and best practices whenever possible.

DO: After each small group has been heard, summarize the issues and review some common themes and concerns. Recommend that participants discuss the scenarios with their supervisors to clarify and gain understanding of the facility or agency norms regarding behaviors related to adolescent sexuality.

SAY: In the time we have today, we have certainly not exhausted the issue of adolescent sexuality in juvenile institutions. If you want to increase your knowledge in this area we encourage you to read the appropriate section of the Desktop Guide and/or discuss how these issues are handled in your facility with your supervisor. In the interactive Desktop Guide you can search for information using the term sexuality or sexual behavior.

When we return from lunch we will watch the third and final portion of Dr. Rodney Erwin’s videotaped presentation on Adolescent Brain Development.

DO: Welcome participants returning from lunch. Be sure to resume the session at the agreed upon time even if all participants have not returned. Direct participants to pages 18 and 19 in the Participant Guide that provides a note-taking guide for this part of the video presentation.

Show Part Three of the video presentation.

Segment 3    Dr. Rodney Erwin    “Nurturing Positive Development”

DO: Display visual Nurturing Positive Development
DO: After ending the video, allow time for participants to complete any notes they have been working on. Ask, “What questions or comments do you have about the video?” Clarify and summarize the concepts of adolescent behavior discussed in the video as needed.

Guided Practice Three
How Staff Facilitate Adolescent Development

SAY: One of the most important developments of adolescence is in the ability to make reasonable, rational choices for oneself. Adolescents are learning to make choices—good and bad—for his or her life.

When an adolescent enters the juvenile justice system, in most cases, the opportunity for daily choices is greatly restricted. Movement, routines, behavior, activities, and social associations are all strictly prescribed and closely monitored. The typical adolescent traits of risk-taking, pushing boundaries, and self-expression are all discouraged (reasonably so) in confinement facilities. It is similar to uprooting a tree and planting that tree in a different type of soil, with reduced sunlight, less water, and a different temperature. Is it reasonable to expect that tree to continue to produce its fruit as expected? This is not meant to argue that confinement facilities are dark and barren places, as many facilities provide great opportunities for growth and support for youth. However, many of the ingredients for healthy adolescent development are very difficult to provide in facilities, even with the best of intentions.

SAY: Dr. Erwin ended his presentation by saying that as staff in our facilities we have a great opportunity to have a positive impact on adolescent development. Let’s focus on what we can do as an adult to facilitate positive adolescent development with troubled youth.
SAY: During this discussion you can use page 20 of the Participant Guide entitled “Some Ways to Facilitate Positive Development” for taking notes.

ASK: What adult behaviors, whether in a home or in the community, facilitate healthy adolescent development?”

DO: Write responses on chart pad as they occur.

Anticipated responses are:
• Appropriate role modeling
• Patience and honesty
• Listening and discussing
• Paying attention
• Demonstrating ethical conduct
• Consistency
• Respectful conduct - address people appropriately, no profanity, etc.
• Allowing youth to experiment and make mistakes
• Setting and maintaining expectations and guidelines
• Mentoring coaching and teaching
• Being empathetic
• Showing care and concern or love

DO: When participant responses are exhausted, remove the chart from the easel and post it near the front of the room.

ASK: What is different about facility life? What is it about facility environments that may make it more difficult for youth to develop normally?

DO: Write responses on chart pad as they occur.

Anticipated responses:
• Youth are in a group living situations.
• They are not allowed to experiment with some of the things other youth that are not in facilities do, like sexual behavior, style of dress.
• In many cases they are not allowed to make mistakes and are frequently simply directed what to do.
• Staff are not allowed to show love (caring) in the ordinary sense.

ASK: So what can staff do, even in a restricted setting to nurture positive development of adolescents?
(Anticipated responses should include all of the ones from the first list above.)

DO: As participants respond, refer to the chart already posted on the wall.
SAY: Even though we as staff may not show “love” for a resident, we do genuinely feel care and concern for them. As a result, many of the behaviors that we demonstrate toward youth will be the same as those we just listed. Youth should be allowed to make mistakes when trying new behaviors or skills, as making mistakes when trying something new is natural for all of us. It is the responsibility of staff to create an environment where youth feel safe to experiment with new pro-social behaviors and attitudes, within the boundaries established by facility policies and procedures.

DO: Refer participants to pages 21 and 22, Staff Behaviors that Facilitate Adolescent Development in their Participant Guide. Give the participants five minutes to review the information.

ASK: What are your questions about these behavior guidelines?

DO: To stimulate discussion, use some of these additional questions.
How do you use your prefrontal cortex to focus on thinking through a problem rather than reacting emotionally? (Use calming techniques, breathe deeply, count to ten before responding, and stay focused on the goal of the interaction.)
What is the importance of modeling the behavior you want to see? (Extremely important, confined youth may not have had appropriate adult models. Observing appropriate behavior is a strong teaching technique)
How much should you reveal in using your own adolescence to connect to youth? (Reveal behaviors or challenges that you or others were able to successfully resolve. Share your own coping mechanisms or help you received from others. Do not give personal details or “war stories”, especially ones where there were no consequences for inappropriate behavior.)

SAY: Adolescence is a critical stage of development for influencing behavior through positive interaction with youth. It is not only important to conduct structured interventions that are designed to provide information and support but to take advantage of informal, unstructured interactions that can also provide opportunities for growth. After the break, we will look at some case study descriptions of youth and plan how to provide some developmental opportunities.

Independent Practice Activity: Case Studies

Instructor’s Note: For this activity, you should ideally use profiles of real clients who have gone through juvenile court in your jurisdiction or are residents of your detention center or juvenile facility or who are clients of your community program. Individual identity should not be detectable. The sample case profiles included in the Appendix illustrate the level of detail that should be provided for this exercise.
**SAY:** As we move toward completion of the session, we are going to apply some of the information we have discussed about **Staff Behaviors that Facilitate Adolescent Development**, by looking at some individual case studies.

**DO:** Use the participant groupings already established or regroup as needed. Ask each group to select one person to act as the recorder and another person to act as the reporter. Handout the two case studies; then assign each case study to two groups.

**SAY:** After reading each case study, discuss and answer the questions on page 23, **Case Study Discussion** in the Participant Guide and decide how you could best contribute to the positive development of the individual described. Come up with at least one formal and one informal way that staff can help this youth. You will have fifteen minutes to read and discuss the case study and answer the questions in the participant guide and then each small group will have five minutes to share in the total group.

**DO:** Use some of the following questions to process the case study activity if the issues are not addressed in the participant groups’ responses.

How does the youth’s physical size influence your judgment about her or him?

How, if at all, are your opinions about the youth’s developmental status influenced by the youth’s gender?

**SAY:** Tell us how you answered the questions on the worksheet. What are some of the ways you have come up with that staff members can help this youth in a formal and a more informal way? This is the kind of thinking we want to encourage as you return to your work with youth in confined settings. Continue to consider how your behavior as a youth worker can nurture healthy adolescent development, as we get ready to conclude our session today. Let’s move now from focusing on an individual youth to looking at the broader scope of **Positive Youth Development**.

**Independent Practice**

**DO:** Show visual Positive Youth Development. Refer participants to page 24, **Positive Youth Development**, in the Participant Guide for note taking.
SAY: Another important development in the field of adolescent development and work with adolescents is the perspective of positive youth development, or PYD. This approach to understanding adolescence emphasizes the possibility of change and the idea that youths are resources to be developed rather than potential problems to be managed. This strengths-based perspective relies on the belief that if youth have mutually beneficial relationships with the people and institutions of their social world, then they will be able to create a life of positive contributions to their families, communities, society, and their own lives. The PYD perspective stresses the capacity for change. It argues that change occurs most powerfully in the context of mutually influential relationships between an adolescent and his biology, psychology, family, culture, community, environment, and historical context.

This perspective focuses attention on the strengths of adolescents and encourages what have been called the Five C’s of PYD: competence, confidence, character, connection, and caring. PYD argues that the acquisition of these characteristics requires several interventions. These include positive and sustained adult–youth relationships, activities that promote skill building in youth, and opportunities for adolescents to participate in and lead community-based activities.

You can read more about Positive Youth Development in the Desktop Guide and by participating in the PYD training module.

SAY: If the outcome of this critical developmental stage is still to be determined, we as professional youth care workers in confinement facilities must employ tools in working with the youth population that will help to shape the outcomes toward a positive transition to adulthood. The Asset Approach-40 Elements of Healthy Development suggested by “Search Institute” is one such tool. Search Institute has identified 40 positive experiences and qualities called developmental assets that “paint a picture of the positive things all young people need to grow up healthy and responsible”.

SAY: Look at page 25-28 of the Participant Guide “40 Elements of Healthy Development” (The Search Institute), which contains 40 assets, or elements found by research to contribute to healthy development. Spend about 5 minutes reading the assets.

SAY: Now spend 3 minutes choosing 5 assets that you think staff in your facility can employ to help residents experience develop in healthy ways. You may record your list on page 29, Five Developmental Assets.

DO: After 7 minutes, direct participants to share the assets that they each individually identified with the other people at their table. Make sure everyone has the opportunity to share the assets they chose and why they chose them.
**SAY:** Next identify five of the assets discussed in your table group and develop some ideas and plans for how each one could be experienced by residents. Choose someone to record your group’s ideas and another person who will report your group’s plans to the rest of the class when you are done. Use the same page 29 Five Developmental Assets to record your group’s work.

**DO:** After 20 minutes, direct each group to present their plans to the rest of the room. Some examples of ideas and plans include:

- **Asset #5 Caring School Climate** - We could work with the teachers to help and encourage the residents during school.
- **Asset #14 Adult Role Models** - We could model positive attitudes and behaviors in our work with the residents.
- **Asset #17 Creative Activities** - We could have decorating contests between units in the facility during different holiday seasons.
- **Asset #21 Achievement Motivation** - We could set up awards ceremonies or recognition days for residents who showed improvement in school.

**SAY:** These are excellent ways to provide positive adult guidance and leadership to developing youth. Take a few more minutes to make an action plan to implement one of these ideas or another idea you have come up with at your facility. Use page 30 in your **Participant Guide** entitled **Action Plan for Positive Youth Development** to complete your action plan. As directed on the plan, consider the obstacles you may encounter as well as the enabling factors that you can enlist in your plan. You do not have to share your action plan with the group, but you may do so if you wish.

**Activity Closeout**

**DO:** Display visual: What is The Plan?
DO: Allow participants to share their individual action plans voluntarily. Other participants may give helpful suggestions or provide encouragement.

Closure and Evaluation

SAY: In our session today, we have examined the research on adolescent brain development presented by Dr. Rodney Erwin and used it to look at both some of the characteristics of adolescents and the behaviors that we have come to expect from them. We have also explored our roles in providing positive nurture and guidance with the context of our restricted facilities. Our goal has been to help the juvenile justice practitioner develop an intentional and well-informed set of skills and tools for use in everyday work with the youth in our facilities.

DO: Display a visual of the learning objectives.

Objectives

Based on knowledge gained about adolescent development and recent research in adolescent brain development, learners will:

- Apply information about adolescent brain development to typical behaviors exhibited by youth in restricted settings.
- Demonstrate knowledge of physical, social, sexual and cognitive domains of adolescent development through participation in small group activities/exercises.
- Identify appropriate staff behavior responses that provide positive developmental guidance in a restricted setting.
- Analyze case studies to determine developmental issues, facility issues and staff interaction issues that impact decision-making.
- Develop staff interaction strategies that mitigate the effects of trauma in the facility environment.
- Create an individual action plan, grounded in the developmental asset set that includes five behaviors that staff can use to help youth become more developmentally competent.

SAY: Let’s look at the learning objectives for this session and see if they have been accomplished?

DO: Ask for any final comments or questions and respond as necessary.
**DO**: Display the visual “Feedback.”

**Feedback**

```
Fact(s)  Question(s)

Adolescent Development

AhHa!  Action(s)
```

**SAY**: As a final activity, look at page 31 of the Participant Guide and fill in at least one item in each quadrant. A fact, a question you still have, an AhHa realization and an action you plan to take. Then we will ask for volunteers to share your responses.

**DO**: Acknowledge any responses from volunteers and thank group for participation. Display visual From the Desktop Guide

**SAY**: Thank you for participating today. Let’s end by reading this quote from the Desktop Guide as a final closure. You will find it on page 32 of the Participant Guide.

**From the Desktop Guide**

“It is a vital task of staff in confinement facilities to obtain a deeper understanding of adolescent development. Even typical adolescent behaviors such as pushing limits, taking risks, and exerting independence can be very hard to manage and contain. These behaviors will—and should, for the sake of development—continue in the context of confinement facilities. It is the role of the adults in these facilities to have and maintain the broader perspective to interpret behavior and shape in a very positive way the youth under their supervision and care.”
SAY: “It is a vital task of staff in confinement facilities to obtain a deeper understanding of adolescent development. Even typical adolescent behaviors such as pushing limits, taking risks and exerting independence can be very hard to manage and contain. These behaviors will – and should, for the sake of development – continue in the context of confinement facilities. It is the role of the adults in these facilities to have and maintain the broader perspective to interpret behavior and shape in a very positive way the youth under their supervision and care.”

Appendix

Sample Agenda

NPJS/NCYC YOUTH CARE CURRICULUM SERIES
Youth Care Worker Curriculum Series

MODULE TITLE: Understanding Adolescent Development Through Current Brain Research

AUTHORS: Cindy Thacker, Margaret Davis, Rodney Erwin, M.D. and Pam Clark

Facilitators: (Fill in the names of the facilitators for today’s session)

Anywhere USA (Fill in location and dates as needed) (Date)

AGENDA

(Day, Date)

8:00 AM Introductions and Expectations

9:00 AM Characteristics of Adolescence

Stages of Adolescence

12:00 LUNCH

1:00 PM Brain Development

2:00 PM Facilitating Adolescent Development

3:00 PM Case Studies

4:30 PM Action Plans

5:00 PM Closure and End of Day Reactions
Sample Ground Rules
Keep in mind that as adult learners, participants will respond best when they have the opportunity to set the ground rules for the learning experience. On way to shorten this process is to present a handout of ground rules that are fairly universal. Ask the group to give feedback and add any guidelines they would like to see followed in the group. Then ask the group if they can agree to respect these ground rules.

Honor time limits. Arrive on time to start the session, from breaks and lunch.

Be fully present and active. Turn off phones or other communication devices until break time. Avoid side conversations; ask the facilitator for clarification if needed.

Respect others. Listen actively. Do not speak when others are speaking. Be open to new ideas.

Participate fully. Each of you brings a wealth of experience to the program. Encourage others to contribute. Be additive, not repetitive. Ask questions; someone else may need an answer also.

Help to create a safe non-judgmental environment. See frank discussions as healthy exchanges rather than person attacks. Provide a tolerance of differences in approaches and strategies.

Give feedback. Fill out reaction forms with constructive criticism and suggestions for improvement.

Logistics
Logistics are determined by the location and the agency sponsoring the training. Make sure that information is provided as needed so that participants are not distracted from the content of the training by issues of care and comfort.

Sample Headings for Logistical Information.

<table>
<thead>
<tr>
<th>Parking</th>
<th>Available Refreshments/Lunch Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrooms</td>
<td>Computer Use</td>
</tr>
<tr>
<td>Accommodations for special needs</td>
<td></td>
</tr>
</tbody>
</table>
Sample Icebreakers/Introductions

Ask each participant to briefly state their name or the name they prefer to be called by such as a nickname or abbreviation of their name. Add to that name one characteristic about them that is not known to others. Examples: Outgoing Sue, Relaxed Bert, etc. Variation One: Make the characteristic or adjective begin with the same letter as their name, such as Adventurous Al or Restless Robert. Variation Two: Make the characteristic or adjective about them be something that was true of them when they were an adolescent, such as Friendly Fred or Cool Charlie.

Ask each participant to state their name, their location and their job function rather than job title. Also ask them to state one habit or typical behavior that they would like to do differently today. Example: “I am usually reluctant to volunteer information about myself, but today I plan to speak out more.” The facilitator should go first to model this behavior.

Ask each participant to state their name and say one thing they would rather be doing today. If the training was canceled and they had the day free unexpectedly, what they would prefer to do.

Ask each participant to turn to the person on their right and introduce himself or herself and find out something interesting about that person. Then ask each participant to introduce that person to the rest of the group.
Group Division Tools
To quickly divide the total group into smaller groups for discussion or activities, prepare one or more of the following group division strategies or use one of your own devising.

Deck of Cards: Distribute a deck of cards to the total group, making sure in advance that there are sets of four or six cards that can be grouped together by some similar characteristic. For a group of twenty four that you want to divide into six groups of four, arrange the deck so that there are four kings, four queens, four jacks, four tens, four nines and four eights. Put away the excess cards and shuffle the cards. Give one card to each participant or place a card at each seat in advance. When you want to divide the group into smaller groups, ask the participants to look at their card and find the others who have the same kind of card.

Color My World: Hand out paint chips as participants arrive for the training. Then ask them to find others with the same color paint chip. This exercise forms the first small group, and subsequent groups can be formed by asking participants to form groups in which none of the paint chips match or groups in which there are no more than three colors included.

Family Reunion Name Tags: Create nametags in advance using the names of groups of famous people (just first names). You can use families, such as the Obamas or the Bushs, popular TV shows such as the friends from Big Bang Theory or the family from Modern Family or super heroes like the Justice League or the Avengers. Randomly distribute the nametags and have participants find and sit with “family” or “friends”.

Candy Match: Participants tend to stick close to friends and acquaintances in training sessions. To avoid that, place a bowl of miniature candy bars on each classroom table, with instructions for each attendee to take one. The number of candy choices is the same as the number of tables (six tables=six choices). After everyone has selected a treat, ask participants to sort themselves according to the candy chosen, for example all the Milky Ways together, all the Snickers together, etc. Then they should seat themselves at a table with the others who have the same candy. Make sure no one eats the candy before the groups are divided. They do not have to like the candy they chose and they can trade off with other after the groups are formed. Make sure that the total number of any type of candy is not greater than the number of seats at a single table.

Once the groups are formed:
Ask the group to change a leader by asking for the person who has:
- shortest or longest hair - most brothers and sisters
- longest/shortest time employed - most pets
- closest birthday to current date - most rings on hands
Descriptors by Phases of Adolescence for Guided Practice 1

**Early Adolescence**

Puberty begins
Tremendous growth in height and weight
Great variability between individuals
Greater capacity for abstract thought
Intellectual interests expand and are more important
Present-oriented thinking: Mostly interested in the present; little thought to the future
Deeper moral thinking
Sense of identity
Feelings of awkwardness
Increased influence of peers
Worries about being normal
Desire for independence
More moody
Testing limits and rules
Growing sexual interest

**Middle Adolescence**

Puberty completed
Physical growth slows for girls and continues for boys
Continued growth of capacity for abstract thought
Greater capacity for setting goals
Interest in moral reasoning
Thinking about the meaning of life
Intense self-involvement
Adjustments to changing body
Distancing from parents
Drive for independence
Driven to make friends and greater reliance on them
Feelings of love and passion/Increasing sexual interest
Descriptors by Phases of Adolescence (cont’d)

**Late Adolescence**

Young women are fully developed
Young men may continue to gain height and weight, muscle mass and body hair
Ability to think ideas through
Ability to delay gratification
Examination of inner experiences
Increased concern for the future
Continued interest in moral reasoning
Firmer sense of identity
Increased emotional stability
Increased concern for others
Increased independence and self-reliance
Peer relationships remain important
Development of more serious relationships
Social and cultural traditions regain some importance
CASE STUDIES

Case Study: Crystal L. (age 13)

Crystal L., a 5'3" African-American female, is charged with aggravated assault. According to the police report, officers arrived on the scene at 12:30 AM to find two teenage girls (not Crystal) fighting in the street. When the officers arrested the two girls who were fighting, Crystal and a teenage boy began yelling at the police officers. The officers repeatedly told Crystal and the teenage boy to calm down, but the two continued to yell at the officers while they handcuffed the girls; the commotion drew a large crowd. After the girls were placed in the car, the teenage boy took a swing at one of the officers, who then restrained the teenage boy. Crystal then threw a bottle at the officer, and was arrested.

The police report gives as Crystal's address a foster care group home. A call to the group home confirms that Crystal has lived there since last year. The director says that generally her behavior at the home is good, but she sometimes misses curfew and she has been missing a lot of school. A records check reveals that Crystal had one previous delinquency adjudication when she was 12; Crystal pled guilty to simple assault and disorderly conduct. According to the police report, Crystal gave a statement to the effect that all she was trying to do was find out where they were taking her cousin Dana, the police had no business taking them in, and that it was just a simple fight and Crystal and her boyfriend were breaking it up when the police came.

Crystal’s family was referred to the county child welfare agency when Crystal was 4 ½ years old; Crystal’s mother was unable to adequately care for Crystal and Crystal’s seven older siblings due in large part to her drug addiction. Crystal was committed to the county child welfare agency for 2 ½ years; during that time she lived with her father’s sister, Angela, who is also the mother of her cousin Dana. Crystal did return to her mother for a time when her mother stopped using drugs. But by the time Crystal was 11 years old, the child welfare agency placed her again with her aunt Angela because her mother had relapsed. Crystal was placed in the group home at age 12, after her arrest last year, because her aunt Angela felt she could no longer control Crystal, and she was a bad influence on Dana.

A review of the court file reveals that her arrest last year was for a similar offense as the current charges: Crystal had been fighting with her cousin Dana when the police tried to break it up, Crystal shoved a police officer into the side of his squad car. Crystal was placed on probation for the adjudication last year, which she completed. Crystal is in a special education class at school. Although Crystal is physically mature, she speaks slowly and sometimes looks bewildered when you are talking to her.
CASE STUDIES

Case Study: Kevin M. (age 16)

Kevin has been charged with burglary and is in detention awaiting transfer to a longer-term facility.

Kevin, a six-foot-three-inch tall, 170-pound African-American male from a middle-class urban neighborhood, has been arrested twice in the past year. The first time was for riding in a stolen automobile; the second was for driving his father's car under the influence of alcohol. Kevin was adjudicated delinquent after the first offense. He was placed on probation, ordered to pay restitution and fines and perform community service. Charges were dropped after the second offense, as his father declined to press charges. He was intoxicated at the time of both arrests. Kevin was arrested after he was found in a neighbor’s garage and set off a silent alarm. The police report states that there was alcohol on his breath at the time of arrest. Kevin’s parents live together.

Kevin’s mother was 16 when he was born. His parents have lived together ever since, but they remain unmarried. When Kevin was 11, his father, a heavy drinker and regular user of cocaine, attempted suicide. This event marked the beginning of Kevin’s drop in school performance and beginning of emotional difficulties. Kevin attended therapy for one year after his father’s suicide attempt, but he was not expressive in either individual or group sessions. Kevin reportedly hides razors and knives when his father drinks. Kevin has been very involved in team sports (particularly soccer) and does relatively well in school. However, his mother complains that the friends with whom he hangs out are part of the "popular" crowd who drink a lot.

Kevin began drinking and using marijuana at age 14. Kevin denies having a drinking problem. He says he “can control” it, telling his probation officer to “get off my back.” Results of psychological testing show that Kevin is of average intellectual functioning. When asked about the offense, Kevin said that he went into the garage for a soccer ball, which he thought the neighbor might have. Though he didn’t know the neighbor well—the neighbors lived half a block away and were not close to his family— he saw no reason why the neighbor would mind.