Failure to Launch: How to help your child avoid pitfalls and successfully transition to adulthood

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What is "Failure to Launch?"

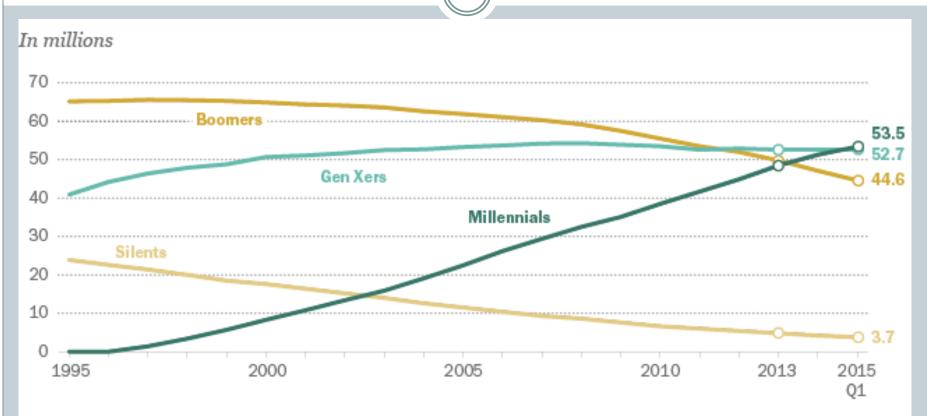
 "Failure to launch" has become a common colloquialism to describe the inability of young adults to develop efficient and adequate methods of coping with more complicated, emerging stressors in their environment

Demographics and Cultural Factors

 Age range -17-34 years of age (covers the millennial age gap)

When does the launching process begin?

Presence of Millennial in the workforce (1995-2015)



Note: Annual averages plotted 1995-2014. For 2015 the first quarter average of 2015 is shown. Due to data limitations, Silent generation is overestimated from 2008-2015.

Source: Pew Research Center tabulations of monthly 1995-2015 Current Population Surveys, Integrated Public Use Microdata Series (IPUMS)

Living at Home, is this the new normal or is it problematic?

In the United States

o 31.5% of 17-34 year olds are living with one or both of their parents (Commerce Department, 2015)

However....

• A significant portion of these young adults (Approximately 40%) have symptoms of or meet criteria for a clinical anxiety and/or depressive disorder (Arnett & Fishel, 2014).

Generation Z

- Birth year from 1995/6-2010
- Growing up with the internet, ready access to technology
- "Screenagers"
- Parents are mostly Generation X (1961-1979) or Millennial generation

David Sach's (2010) Independent Steps to an Independent Young Adult (not in any order) Progressing Regrouping Meandering Recovering Floundering

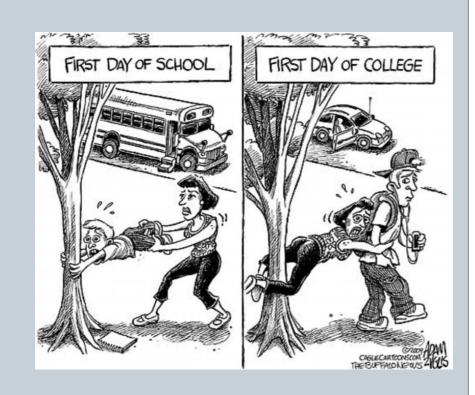
The changing definition of adolescence

Puberty

Stable,
independent
role
in society

In development, the clinical reasons for not launching

- Anxiety: social anxiety, OCD, Panic
- Depression
- Learning Disorders
- ADHD
- Developmental Disorders
- Medical Issues
- Family System
- Skills set deficiency



Prevalence rates for Anxiety

- 25% will have an anxiety disorder between the ages of 13 and 18
- Only 18% of these teens receive treatment
- Treatment success rates for anxiety disorders with CBT (exposure therapy) range from 60% to 90%
- Low utilization rates (18%)

Symptoms of Anxiety that can Prevent Effective Transitions (applies with Millennials and Gen Z)

Perfectionism

Poor self care

- Emotional Regulation
- Need for reinforcement, lack of self-efficacy
- Poor structure/problem-solving

Specific Anxiety Disorders Contribution to the Failure to Launch

Social Anxiety Disorder

- Avoidance of the school or work place environment
- Fear of evaluation
- Performance-related fear
- Poor tolerance for ambiguous social situations
- Fear of authority figures (e.g., teachers and/or employers)

Specific Anxiety Disorders Contribution to the Failure to Launch

Panic Disorder/ Agoraphobia

- Associations of panic symptoms with the workplace environment
- Lack of self-efficacy
- O Avoidance of "unsafe environments"
- Fear of uncertainty



Specific Anxiety Disorders Contribution to the Failure to Launch

- Obsessive-Compulsive Disorder
 - Intrusive images thoughts or impulses
 - Compulsions
 - Avoidance of stimuli



Individual Treatment for the Anxiety Disorders

- Target of clinical symptoms with cognitivebehavioral therapy
 - Exposure-based work
 - Cognitive restructuring
 - o Cognitive remediation (e.g., with ADHD, learning disorder dx)





Depression (clinical or non-clinical)

- Lack of energy/motivation
- Lack of concentration
- Lack of interests
- Not enjoying anything like they used to



Depression Treatment

- Lack of energy and motivation can lead to stagnation and lack of forward momentum
- Lack of concentration can lead to poor external performance
- Address via:
 - Behavioral Activation
 - Cognitive Restructuring
 - Medication, on evaluation





Developmental and Neuropsychological Disorders (ADHD, Learning)

- Inability to effectively communicate with others
- Inability to express needs
- Lack of Emotional reciprocity
- Cognitive rigidity
- Poor attention
- Poor organization
- Difficulties conceptualizing and integrating external information



Developmental and Neuropsychological Disorders (ADHD, Learning)

- If a clinician determines an Autism Spectrum diagnosis may be possible it is important for a full evaluation to be completed
 - Evaluate basic life skills
 - How able are they to live independently?
 - What are goals of the young adult and family? Are there any limitations?
 - o Have previous behavioral assessments been made?
- A potential ADHD or Learning disability diagnosis may need to be diagnosed as well
 - Recommendations are for a full neuropsychological examination
 - Cognitive remediation and recommendations for accommodations

What if there are no identifiable clinical disorders?

- Time to examine the family unit, the roles of each individual in the family (how do they contribute to the maintenance of the household?)
- Examine contingencies that exist within the family
- What are your child's responsibilities (at home, school and/or work)?
- Have older siblings modeled any behavior for them?
 What was the parent's previous experience with children launching?

Chore Chart and Responsibility

• 2-4 year olds

o help dust put napkins on table help put away toys put laundry in hamper help feed pet

• 4-7year olds -

- "Help" is the important word at this age. Many of the chores will be done as a helper and slowly kids can graduate to doing them independently!
- Set the Table or help set the table, put away toys/things, help feed pets, water plants
- o Put Laundry in the hamper, dishes in the dishwasher, help garden
- Help put away groceries

• 8-10 year olds

- o make bed water plants clean room with direction set the table
- clear the table dust vacuum feed pets (depends on type of pet and how comfortable your child is interacting with the pet) help make dinner put laundry in hamper help wash the car help wash dishes help load/empty dishwasher rake leaves
- take out the trash

• 11 year olds and older

- take garbage out set the table
- o clear the table clean room with direction
- put away groceries
- o clean the bathroom with direction
- o clean the kitchen
- o dust vacuum mow lawn feed pets water plants put laundry in hamper help with laundry and eventually start doing own laundry help make dinner/make small meals on own help wash the car/wash car make bed help with yard work shovel snow wash dishes/load or empty dishwasher

What treatments are effective if your child is not launching?
OR,
if you or your professional clinician feel they are at high risk?

- Cognitive-behavioral treatment (including behavioral analyses)
- Exposure work
- Skill building (e.g., social, independent skills, etc.)

How to prepare for a successful launch Step 1: Take a current assessment

- 1. Treatment of pre-existing mental illness (e.g., anxiety, depression, ADHD, ASD)
- 2. How did you, as the parents "launch" from your household? Use what is in your repertoire already.
- 3. What role is the young adult playing at home? (e.g., child, student, friend)?
- 4. What are the expectations in the household for the young adult?
- 5. How will you as the parents feel when their child leaves the household?
- 6. Is there anyone in the way of the young adult launching? Emotional ties? Financial concerns?

Step 2. Looking at your child's behavior

Examples of Behaviors-

- 1. Avoidance behaviors (e.g., not going on job interviews, staying away from social situations, staying in bed all day)
- 2. Agoraphobic behaviors- not leaving the house, not going places for fear of panic
- 3. Not getting up on time in the morning
- o 4. Staying out late at night
- 5. Not participating in any chores
- 6. Not getting a job
- o 7. Inconsistent attendance in class



Step 3: Consequences

Examples of Consequences (or lack thereof)

- o 1. Giving young adult financial contribution
- 2. Parents accepting responsibility for young adults in workplace/school environment
- o 3. Completing chores for young adult
- o 4. Encourage/allow avoidance of anxiety/depression



Working with a treating clinician you can Increasing Motivation

- Develop REALISTIC short and long-term goals (especially ones that they can successfully meet)and developing short-term and long-term goals
- Genuine positive reinforcement from environment at each progressive marker towards goal (e.g., from clinician, family, self)

Building Communication Skills in the Family and an Effective Reinforcement System

- Education on Communication Styles
 - Assertive
 - Aggressive
 - Passive
 - o Passive-Aggressive



- Positive reinforcement of independent activities (develop their own token economy and contingency management system).
- Being allowed and even encouraged to fail

Family-based treatment

Assessment of Short and Long-term Goals

- Some questions to ask:
 - 1. Do you feel like your child is floundering? What is the behavioral evidence?
 - × 2. What is the goal for the family (i.e., what would they like to see in terms of their child's development?)
 - 3. What are some steps they can take that would help in forward momentum?

 - x 5. Are the family and child or young adult's goals currently achievable, or are more skills needed?

REACH

STICK TO IT

GET ORK

MAKE

SET

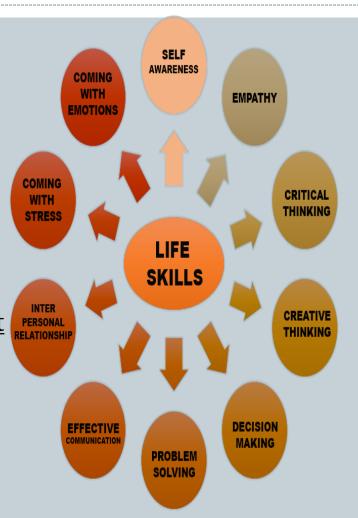
Overview of Treatment Package

Assessment

- 1. Mental Health History (clinical or not)
- 2. Status of basic life skills
- 3. <u>Motivation/Willingness to Change</u>

Treatment

- 1. Motivational Interviewing
- 2. Cognitive-behavioral Individual Treatment
- 3. <u>Peer Group Treatment</u>
- 4. <u>Family-Based Interventions</u>
- 5. <u>Neuropsychological Assessment</u>





QUESTIONS?



References

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