

FAILURE TO LAUNCH

STRATEGIES TO SUPPORT,
MOTIVATE, & TRANSITION
ADOLESCENTS & YOUNG
ADULTS

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Housekeeping

Abbreviation:

F2L

Email me your questions & comments!

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I will reply, and create a weekly email digest
sent to all students.

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Please print your
workbook!

Slides

Resources

Handouts for clients

References

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The Course

Session 1:

The HomeBody Plague

Session 2:

Overcoming Life Paralysis

Session 3:

Helping the Stuck Family

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Session One: The HomeBody Plague

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Today

Defining the problem

What it is - and isn't.

A wee bit of epidemiology

Risk factors

Social/Environmental

Personal/Historical

Socially-Trained

Familial

7

What's the Issue?

8

The Listserve Survey

Are you seeing this issue?

Yes Yes Yes Oh, yes! Yes Yes

More their parents. Yes Yes Yes

No, but I've seen their parents.

Yes, many. Yes Yes

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So there's a literature, right?

Not as much as you'd think.

They may HAVE a DSM diagnosis.
But it is not in itself a diagnostic category.

Without this, defining the boundaries of the problem is individualistic.

Result: Hard to get a consistent literature.

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Globally ...

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Japan: Hikikomori

Literally: Pulling inward, being confined.

Acute social withdrawal.

The urban recluse.

Typically adolescents, young adults.

Mostly males.

Onset almost always by late adolescence.

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Other terms

UK: KIPPERS

Kids In Parents' Pockets Eroding Retirement Savings

Italy: Bamboccioni

Big babies.

Spain: Generation ni-ni

Ni estudian, ni trabajan

Not studying, not working.

Canada, USA

Failure to Launch

Full Nest Syndrome

Boomerang children

Stay-at-home sons

Lost boys

Defining the Problem

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Life

Childhood

—

Adolescence



Adulthood

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What, really?

A person at the transition from adolescent / dependent role ...

... to adult role, more independent of caregivers.

A pattern of extreme social and role withdrawal.

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Financial Dependence for Food & Accommodation

Usually on parents.

Most commonly: Living at home.

Sometimes: Parents pay for rent.

Social Withdrawal

Not just “irresponsible partiers.”

Most often, social network is very restricted.

Dating is rare.

Not just a lack of invitations.

Most actively resist going out.

In many cases, a diagnosis of agoraphobia looks tempting.

Where ARE they?

Most aren't just living at home.

They spend most of their time in their room.

They may avoid some members of the family -
or retreat when company comes over.

Some may be unwilling to exit home during
daylight hours.

Under- or Unemployment

Anxiety / unwillingness regarding job search.

Usually minimal or from-home employment.

Not just struggling due to difficult economy.

Not in training for a future path.

What do they DO all day?

Sleep - often hypersomnia.

Media - surfing internet, watching TV/movies, porn, computer gaming, and social media.

Drug use - generally to blunt rather than sharpen reality.

They may be great readers (not in itself a problem!).

What DON'T they do (usually)?

Talk live or on phone with friends.

Leave the home frequently.

Household chores.

Exercise.

Focussed attention on education.

Travel.

Hazy Vision of Adult Goals

A near-defining feature.

“What would you LIKE if you could get it?”

“I don't know.”

More a lack of goals than feeling blocked from reaching clear goals.

Goals may be grossly unrealistic.

“Be a billionaire.”

“Get hired as VP of a tech company.”

Emotionally ...

Shame, often well-covered but present.
 Self-loathing.
 Anxiety / depression are common.
 Distress tolerance is low.
 Motivation is low.

Cognitively ...

Profound lack of confidence.
 Belief that others will judge them harshly.
 Sense of inferiority / faultiness.
 Belief that things cannot change.
 Prone to grandiose or distracting fantasy.
 Lack of goals / vision for the future.

Behaviourally ...

Persistence is low.
 Behaviour is governed by emotion, not by plans or necessity.
 "I need to FEEL like it."
 Skill deficits in activities of daily living (ADL).
 Cooking, cleaning, driving, scheduling, work.
 Social skill deficits due to lack of practice.
 Conversation, dating, maintaining friendship, job interviews.

What ISN'T the Problem?

Living with Parents

In many cultures, this is normative until marriage.

Mother tongues, age 20-29, USA:

- Greek: 72% live with parents.
- Italian: 68% live with parents.
- Persian: 57% live with parents.
- Urdu: 56% live with parents.

Disability

Some physical or mental disabilities may impede or prevent independence.

This isn't necessarily failure to launch.

But ask:

Do most people with this difficulty launch, eventually?

Taking Another Path

Adulthood isn't just "being like everyone else."
 Being a lift attendant at Whistler is not a failure to launch.
 Nor is itinerant travel.
 Nor is deciding not to go to post-secondary.

Parental Assistance

Many parents HELP with rent or living expenses.
 Many young people live at home during first jobs or school.
 This assistance is to HELP with the transition to adulthood - not substitute for it.

A Mental Disorder

These individuals may HAVE a diagnosable problem.
 Addiction.
 Social Anxiety Disorder.
 Avoidant Personality Disorder
 But this does not usually fully account for the problem - or is more of a consequence of their lifestyle.

Epidemiology: First, some background

Living with parent(s) varies by culture.

Italy:

Men 18-34: 85% live with parents.

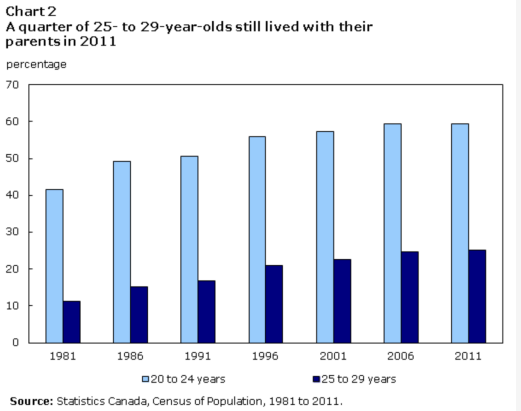
At 25 never lived outside home?

Males 61%

Females 39%

Never left home by age 25?

	Males, %	Females, %
Spain	54	33
Poland	55	35
Hungary	49	27
Portugal	44	30
United Kingdom	28	13



Gender Differences, Canada

Living with parents in 2011, %

	Females	Males
20-24	55	64
25-29	20	29

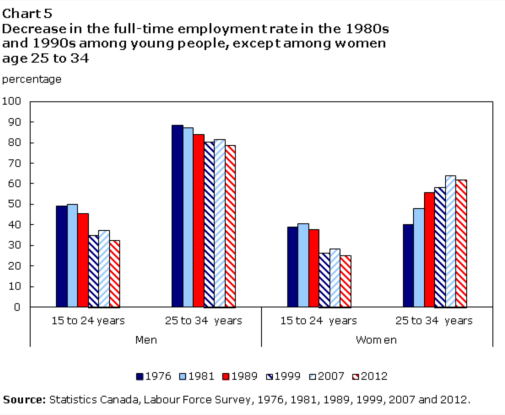
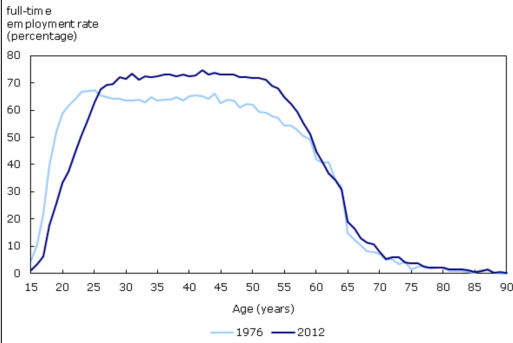
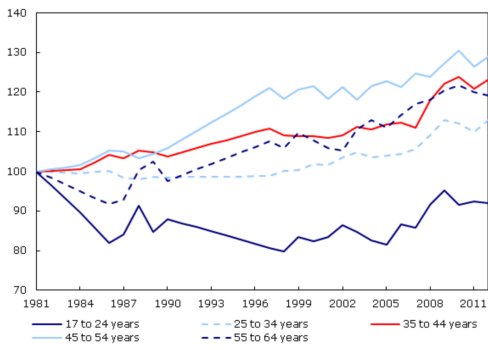


Chart 3
In 2012, the maximum full-time employment rate was reached at an older age than in 1976



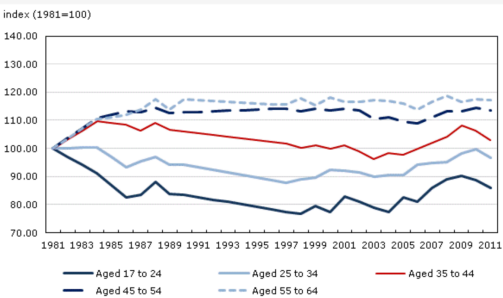
Source: Statistics Canada, Labour Force Survey, 1976 and 2012.

Women
Median real hourly wage of full-time workers (index 1981=100)



Index of median real hourly wages by age, 1981 to 2011 (1981=100) — Men employed full-time

Next chart Previous chart



Earnings over time by gender

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Both men and women 17-24 saw drops in real purchasing power from 1981-2011.

Men 25-34 also saw drops; men 35-44 are roughly stagnant.

Women in all groups > 24 saw increases.

So men are poorer than in 1981?

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Young males, yes.

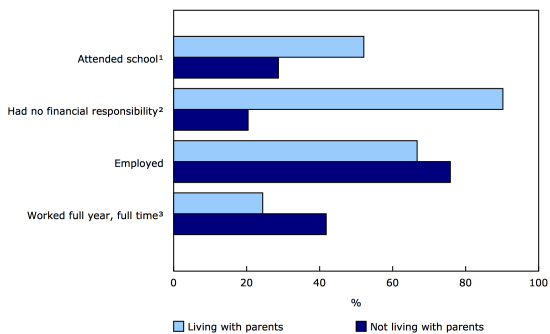
But women in all age bands still earned less than males.

Young males should be more able to leave home than young women.

The reverse happens.

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Chart 2
Work, school and financial activities of young adults aged 20 to 29, by living arrangement, 2011



Demographics: What about Failure to Launch?

Age

Generally 18 - 35.
There can be signs of this earlier.
e.g., school refusal.
Once entrenched it can go on indefinitely.
In Japan, many have been isolated > 20 yrs.

Gender Ratio

In virtually every account in every country:
Overwhelmingly male.
Some cultures:
An expectation that women stay home.
Where this is not the case:
Males always outnumber females.
Up to 80/20.

The Listserve Survey

More M or more F?

M M F but I see mostly women.

M M M but I see mostly men anyway.

M by a long shot M M

Unsure - Maybe F

M M M

The Listserve Survey

Ratio of Males : Females?

100:0 2:1 2:1 10:1 0:100

90:10 70:30 3:1 10:1

95:5 9:1 60:40

Sexual Orientation

Hard to say:

There are more straight than gay people.

But:

There are no published accounts of gay hikikomori.

No one seems to report seeing them.

Gay adolescents seem motivated to move on.

RISK FACTORS

A problem of data

There are virtually no systematic studies.

There appear to be multiple risk factors.

Most cases seem to have many.

It is unclear which ones are most significant.

A different cluster may operate in each case.

Social/Environmental Risk Factors

Economic Stagnation

Previous generations hoped to build a better life for themselves.

Purchasing power has been mostly stagnant for >30 years.

Leave parents' home and:

Your lifestyle will drop precipitously, and

You most likely will NEVER live in as nice a home.

Regional Economics

Some cities: Sharp rise in housing prices.

Vancouver, Toronto, San Francisco, & more.

For youth: Little prospect of home ownership (or affording rent!) without moving far from home.

But: Are rates of F2L higher in these areas?

Rise of the Internet

Internet provides distraction, entertainment, and a form of social contact.

No need to leave home in order to interact.

Screen time

Recent Nielson Group survey in USA

Average time spent looking at screens per day.

10 hrs, 39 minutes.

Assume 8 hours in bed.

Remaining: 5 hours, 21 minutes for real life.

F2L seem to have MORE screen time than average.

Do they not have TIME to build a life?

Social media

It is simpler to create and maintain a “false self” via social media than in person.

The disconnect between online persona and actual life / lifestyle can be extreme.

Fears of exposure & others’ disillusionment can be a motive not to engage in the real world.

Others’ impression management (eg, Facebook) makes them seem successful and happy.

Social comparison groups

Former comparator:

Friends, generally in similar SES and life stage.

A reasonably representative group.

Increasingly:

Media portrayals of extreme outliers.

Internet billionaires, stars, the privileged.

Easy to feel inferior by this standard.

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Alain de Botton, Status Anxiety

If we are all equal, then perhaps your failure to achieve as much as your neighbour reveals that you are deficient.

Status anxiety is typically very high in F2L clients.

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An enriched isolation

1950s living at home:

Books, television

2010s:

Internet

Netflix

Social media

Erotic content

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A Decline in Religious Life?

Churchgoing entailed:

Training in self-denial, personal discipline.

Social exposure.

Multiple activities.

As churchgoing declined, did we lose a social training ground?

Are there higher rates of this difficulty among the non-religious?

Personal / Historical Risk Factors

Childhood anxiety

Most report a history of greater-than-usual anxiety.

Particularly:

- Social anxiety
- Separation anxiety
- School anxiety

Bullying

A history of bullying by peers, most often in school.

Ignored or poorly addressed by adults.

Coping via withdrawal.

- Switching schools
- Leaving school
- Changing to home schooling

Socially-Trained Risk Factors

Fear of Failure

A sense that becoming independent risks failure experiences. IT DOES.

Plus: A belief that failure is meaningful or awful.

“It would mean I was worthless.”

“I couldn’t survive that.”

May be perpetuated by schools & culture, which try to avoid failure experiences in children.

The Future as Narcissistic Fantasy

You can be a billionaire by 30!

OR A FAILURE.

Our cultural definition of success has become more rarified - and unachievable.

The path to the “great first job” isn’t clear.

We are poor at teaching humility.

But good at teaching fantasy.

“To act you must know your passion.”

We teach youth to “find their passion.”

But most passion is built, not found.

Many cannot find it, and feel paralyzed.

Some good passions:

Start my life.

Take care of myself.

Pay my rent.

Work as Self-Actualization

The function of work - including EARLY work - is to fulfill my soul.

Actually, the function of most work is:

Earn an income.

Pay for things.

Contribute.

Self-actualization typically comes much later.

The Marshmallow Test

Delay of gratification is an essential adulthood skill.

“I want to sleep in, but I need to go to work.”

“I don’t want to study, but I will.”

Skills are learned, not innate.

Are children actively taught this?

Belief in Talent over Skill Mastery

What determines success?

Inborn talent? (Out of the individual's control.)

Or: Learning & rehearsal?

Society (& to some extent schools) presents a talent model.

How to tell if you have talent:

Try it for a (little) bit and see. Then give up.

For most skills, talent is a minor factor.

Familial Risk Factors

Relentless Criticism

A theory of childraising:

Criticize everything you dislike about the child, and they will improve!

Effect:

No confidence in own abilities.

Belief in the validity of parents' views.

Lack of Chores/ Responsibilities

Adult life involves a gradual taking on of responsibility.

No practice? No ability.

Many kids are never given any responsibilities around the house.

Expecting them to ask for these or develop responsibility spontaneously usually doesn't work.

Lack of Training in Self-Care

How to:

Keep a home clean

Cook

Do laundry

Look for jobs

Handle conflict

Lack of Expectations

Parents often do it all for their kids.

Do they transition to MUTUAL responsibility?

Do offspring have to ...

Clean their own space

Help with cooking, laundry

Do chores

Behave in a certain way?

Overprotective Parenting

We fear for the safety and emotional health of children. Good!

But: Overprotection may also be harmful.

We may inculcate a sense of constant danger.

And lack of ability to deal with problems as they arise.

Noncontingency between child & parent behaviour

Child behaves in an entitled manner.

Parents go along with unreasonable demands,

Or: Act just as they would if child behaved well.

No negative reaction (withdrawal, disengagement, fewer rewards).

Effect: No need to behave in a more positive way.

Unconditional Positive Regard

We are to provide - and demonstrate - support and love unfailingly with no contingencies.

No need to behave well to receive approval.

Psychology's poison pill for the culture.

We forgot to say: This is a myth!

Unexamined Ambivalence About Offspring Independence

Parents may be unwilling to mature to a post-parenting stage.

- Single and fearful of solitude.
- In dysfunctional unsupportive marriage.
- No vision of life beyond caregiving.
- Depressed or anxious.

They may undermine child's independence.

Psychological Risk Factors

Calm First, Action Second

A focus on improving the emotional state
BEFORE moving outward.

"I have to build up my confidence, THEN I can
start taking charge of my life."

This virtually never works, and provides a
motivation to continue the isolation.

Confidence → Action

Horizontal lines for writing notes on page 85.

Confidence ← Action

Horizontal lines for writing notes on page 86.

Homework

On YouTube, watch "Welcome to the NHK," Episode 1.
On YouTube, watch ONE "Marshmallow test" video - ideally Joaquim de Posada's TED talk.
Email me your questions and comments:
paterson@changeways.com

Horizontal lines for writing notes on page 87.

Session Two: Overcoming Life Paralysis

Today's Session

- Conducting the assessment
- Securing the alliance
- Conducting treatment

Next session:

- Preventing the phenomenon
- Involving family members in treatment
- Treating caregivers rather than offspring

Assessment Phase

So you get a referral ...

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Who calls first?

The young person

Caregiver

Educate your intake person!

WHY are others calling, not the client?

What is the intent of the referral?

And then ...

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Consider asking for the CLIENT to call in.

Get the CLIENT's contact information.

Only send intake package to the CLIENT, not the parents.

You need a relationship with the client.

The day arrives ...

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Often: A family member will come ...

... and want to be in the session.

Ask the client to meet one-to-one first.

Only allow the family member if:

The point is to do family therapy.

Or: The client insists.

Assessment priorities

Why are they coming to see you?
 Why now? What's the trigger, at last?
 Who is pushing for this? Them or another?
 What does present daily life look like?
 What do they like BEST about the current life?
 What do they like LEAST?

Assessment priorities

Most of what they do now is designed to increase comfort and happiness.
 Do not assume they want to change.
 Comment on the effectiveness of their existing strategies.
 "It sounds like you feel anxious around other people, and you manage to avoid them very well. Why change that?"

Consider before diagnosing

A core fear for many clients:
 I am weird and defective.
 Message given by much diagnosis:
 You're right, and here's the name for it.
 Does diagnosis help them or guide treatment selection in a useful way?
 If not, skip it.

Identify risk factors

Not essential to be exhaustive right at the start.

My experience:

You pick this up without a structured interview.

A risk factor tool ...

Risk factors document in handout package.

Rate each factor in terms of relevance.

Consider treatment ideas beneath each.

This is not a validated instrument!

Let them enlist you.

Avoid the temptation to “hook” the client into therapy.

This makes change your responsibility.

Invite them to consider their reasons for wanting change.

Don't reassure them that it will be easy.

Aim to have them talk you into taking them on.

Two predictions

1. This can be changed, and you have what it takes to make your life more fulfilling.
2. Change is never easy, takes time and effort, and has to be a real priority in your life.

Treatment Phase: Structure

Frequency of therapy

Weekly to start, in most cases.
We need to build rapport.
There will be defeats & misfires along the way.

The length of therapy

Long!

Real progress appears to take considerable time.

Therapy is often one year or more - IF they don't drop out due an alliance breakdown.

Consider a contract

A given number of sessions to meet, initially.

Not a firm finish line.

Not an obligation that they attend for them.

Just a framework to help us choose initial goals for therapy.

Therapy

Insight is less important than action.

You want a coach, not a couch.

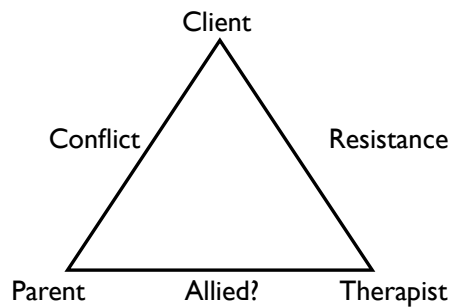
The work must emphasize gradually increasing independence tasks.

Treatment Phase: Alliance

You don't start at zero.

You start as an agent of the person
wanting them to seek therapy.
Or of the culture.
You are their enforcer.
Ditch this role ASAP.

De-triangulate yourself



De-triangulation

Ask what brings them into therapy.

“Did anyone encourage you to come?”

If so: “Why?”

Watch nonverbals, vocal tone, and any hint about the client’s opinion of the person or their goals.

De-triangulation

“If things worked perfectly by their standards, what would change?”

Make a list with the client. On paper.

“What do you think of these?”

Invite them to rate each 0-100.

“And what if things worked perfectly by YOUR standards? What do YOU want?”

Emphasize Empathy

They feel depressed, anxious, and unconfident.

Reflect feelings, and empathize a LOT.

“Sounds like you feel so stuck - like things can’t ever change ...”

“... and thinking about it brings on such anxiety.”

Do this slowly and with gaps, for them to feel and magnify the emotion.

Give Room for Despair

If you have a good alliance, despair will come.

Hopelessness is normal.

Stay with tears; give respectful space.

This intimacy & honesty is v. rare for them!

Throughout ...

Keep ensuring THEY are in the driver's seat.

Do not use shame, time pressure, or comparisons with peers as motivators.

Reinforce what they are ALREADY doing.

Reinforce all changes, no matter how small.

(They get little encouragement naturally, and usually hunger for it.)

Notice and comment on all examples of anxiety tolerance.

Counter Transference

Notice the temptation to push harder.

This almost never works.

They are in control: it's their life.

Your impatience will slow things further.

Treatment Phase: Stage of Change

Consider asking the Kidnapping Question

“Imagine if we gave 10 people your life for one month...”

Stressors, sleep schedule, relatives, work, etc.

Only the client’s present, not the history.

“After a month, how would they be?”

This may open the door to change.

Examine the Function of Isolation

“What’s something you do now?”

- Play video games.
- Stay at home.

“What’s the goal?”

- Enjoyment of mastery.
- Feeling more calm.

REINFORCE these goals, don’t challenge them.

“Those sound like good goals to me.”

Cost benefit analysis

Once you have an alternative life vision, contrast it with the present life.

Costs and benefits of each.

DO NOT PERSUADE. This never works.

Validate their expressed concerns about change.

Yes, it will take work.

Yes, much of it may be uncomfortable.

Don't Shift to the Negative Too Quickly

“Are there any downsides to this life?”

This is a threatening road; denial is tempting.

As downsides come up spontaneously, take note of them.

“I couldn't afford to take a woman out anyway.”

>“Sounds like you'd like to have the option.”

Isolation Succeeds!

It is designed to reduce stress and anxiety.

This is a fine goal.

In the short term, IT WORKS.

But: If it's so great, why are they so anxious and depressed?

Isolation Succeeds!

Over the longer term, it increases the anxiety & depression.

No need to face job interviews.

But:

The stress of life with parents

No money

Loneliness

Rising panic that life may never start.

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The Problem with Change

It takes us in the wrong direction!

Short term, it **INCREASES** anxiety.

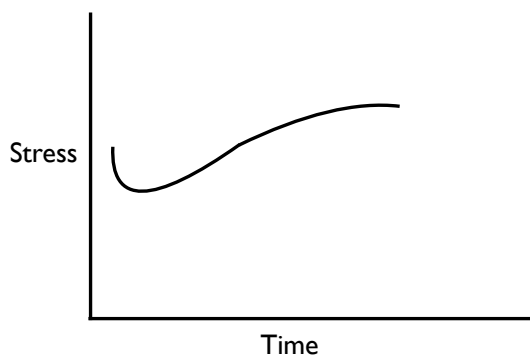
We are approaching the things we fear.

In the long term, anxiety decreases.

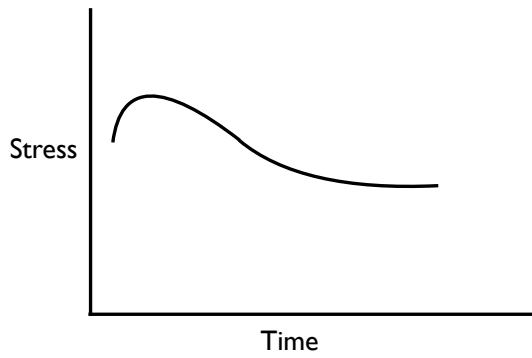
I have a job, money, fewer restrictions.

But only if we can tolerate that initial anxiety.

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Identify what you want **LONG TERM**

Short term is easy:

Comfort, calm, and the status quo.

Longer term:

A place of my own

Money to do the things I want

Dating / relationship

And ... ?

Treatment Phase: Setting Goals

Invite a Vision Tentatively

“If it COULD be different, somehow,
what would you like?”

Use conditionals.

“Could”

“In an imaginary world”

“If you were someone else”

Intention (“what DO you want”) implies
commitment - and invites resistance.

Make it a fantasy - at first.

Invite a Vision

“Let’s not commit ourselves.

“But if you could have the life you want a
year from now, what would it be like?”

Invite specifics.

“How many friends?”

“Where would you like to live?”

Accept emotions, but divert to behaviour.

“Feel more relaxed. Great! What would help
with that?”

Gently Solidify the Vision

Begin creating a story of the life.

“So you’re living in an apartment, and you’ve got a
few friends, and you go to movies with them,
and maybe you have a girlfriend.”

Include some of what they already value.

“And you still take time to read, and you still get
time to yourself.”

Consider the calendar exercise

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Give 2 copies of weekly calendar.

“For one week, record what you actually do.”

“Then imagine your ideal self, or your vision for next year at this time. Complete a sample week for then.”

Use the result to come up with goals for the current contract.

The Onward Arrow

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Every goal you have hides another goal.

“I want a Mercedes ...

... so that people will look up to me,

... and I will appear successful,

... and my career will then prosper,

... and I'll be able to afford a nice home,

... and I will feel happy in my life.”

The Onward Arrow

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“I want to cocoon at home ...

... so that I don't have to face things I fear,

... and I will not fail,

... and I can do the things that comfort me,

... and I will feel more relaxed,

... and that's happier than being stressed!”

The Onward Arrow

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This reveals the client's "Map to Happiness."
Once identified, we can ask if it actually leads there.

"So if isolation is designed to help you feel good, is it working?"

"Let's keep the goal of feeling better, but see if we can develop a better map to get there."

Identify Missing Skills

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What do you need to learn in order to be the independent person you want to be?

- Driving
- Cooking
- Money management
- Job interviews
- Assertiveness

Identify Missing Skills

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Look for ways to combine tasks.

A cooking class: Cooking & social.

Look for skills that open multiple doors.

Networking group: Social & job.

Use Your Hatchet!

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“Let’s look at the elements of this life.

“Which ones feel a bit more achievable?

“Which ones feel most important to you?

“Are there any that need to come first?”

Choose a FEW Easy Early Targets

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Things that can be easily attempted in bits.

e.g., shopping is better than travel

Things that open the path forward.

Driving lessons, getting passport, riding transit.

At least some should be OUTSIDE.

Going to coffee shop, visiting campus.

Not just: Writing resume, googling jobs.

Grandiosity may be okay for now.

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“I’d like to be an internet billionaire.”

“How do people get to be internet billionaires? What do they do?”

Take courses in coding, meet other people in the field, get high school GED, spend time wisely, have a schedule and goals.

You don’t have to eliminate narcissism/grandiosity before you can get started.

Instead, use it as a driver.

Treatment Phase: Interventions

Relinquish Ultimate Fantasies (For Now)

Tempting:

Motivate yourself with grandiose ideas
(design a hit video game!)

Better:

Remember your first job is not long term.
A MacJob is better than no job, and is a
step toward a better job.

Lifestyle Modification

Low mood is normal given the lifestyle of many.
Invite client to consider how their “ideal self”
or “healthy self” might be living differently.
Incorporate this into goal setting.

Lifestyle Modification

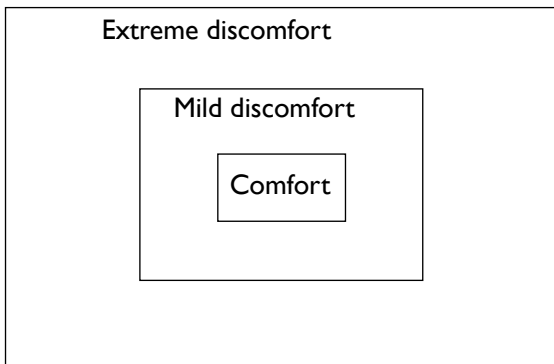
Handouts in package to help:

- Sleep hygiene
- Exercise
- Diet

Exposure and Desensitization

To the extent the problem is fear, treat it as one.

3 Zones of Comfort



Using Zones of Comfort

Get examples of at least 1 situation for each.

Place similar items nearby one another

“Visit 7-11” near “Go to bank”

If we go to:

Z of Comfort: The walls shrink.

Z of Ex Disc: We retreat & make it worse.

Z of MILD Disc: The ZofC grows

& Z of Ex Disc shrinks.

Zones of Comfort in F2L

Z of Comfort:

Stay at home watching TV.

Z of Mild Discomfort:

Coffee shop with book, 20 min.

Z of Extreme Discomfort:

Solo trip to Victoria.

Create a Hierarchy

Generate multiple exposure tasks varying in difficulty.

With and without a companion.

Busy or non-busy times of day.

Familiar locations or unfamiliar.

Different distances, durations, intensities.

Mix them up, then rate anxiety 0-10.

Create a Hierarchy

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Job hunting:

- Look at online listings 30 min.
- Work on resume 30 min.
- Ask for feedback on resume from sister.
- Apply online for job you DON'T want.
- Apply online for job you MAY want.
- Go to location in person; leave resume.

Create a Hierarchy

149

Shopping:

- Get money from 7-11 bank machine.
- Buy gum at 7-11.
- Buy decaf at coffee shop, read book there.
- Look in clothing store; don't try clothes on.
- Look in clothing store; try on 1 shirt.
- Buy personal products at pharmacy.

Create a Hierarchy

150

Transit:

- Stand at bus stop, don't get on.
- Get on, ride one stop, get off.
- Three stops.
- Three stops, unfamiliar route.
- Ride to downtown.

Exposure Therapy

Ask client for the anxiety they can tolerate, 0-10.

Invite CLIENT to pick a task below that tolerance.

Recommend each task be done at least twice.

The first time will be hardest.

Subsequent times will be easier.

Many steps may seem nonsensical to them.

They are valuable as steps to real goals.

151

Turbocharging it

You or a practicum student could accompany client on first exposures.

Pretend to be friend/relative. No clipboard.

Be predictable.

No changing the plan once you've begun.

Consider safety and crushes.

Isolated clients can develop romantic ideas.

Send them with their non-preferred gender.

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Mini-Groups: An untested option

Pairs, trios, or small groups.

Seen in clinic together and/or separately.

Goals:

1. See others with similar issues.
2. Identify strengths/challenges of each.
3. Help one another with outside-session work.

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Mini-Groups: Possibilities

154

Take classes together to learn skills.

Driving, first aid, kayaking.

Share mutual interests.

Hiking, gaming, movies.

Accompany on exposures.

Transit, museums, shopping, apt-viewing.

Mini-Groups: Cautions

155

This isn't a bar / pot buddy.

Don't pair potential romantic partners.

Watch for mutual retreat, instead of mutual independence facilitation.

Go for equality - each should get help from the other.

Cognitive work

156

This workshop is too short for a complete intro to cognitive work!

Briefly:

Fear, discouragement, and inaction come from the way we THINK, not the actual situation.

Situation Appraisal Response

So: What are we thinking?

Cognitive work: Common targets

157

People who see me judge me badly.
There's no point taking Step One because I
already know I can't do the bigger Step Two.
I am worthless / lazy / stupid / crazy / doomed.
I will never feel comfortable being outside.
I can't learn all that I need to know to take care
of myself.
My parents made me (without consent); it's their
job to take care of me.

Cognitive work: Quick strategies

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Get them to rate strength of belief in negative
statements (0-10).
Compare personal standard with standard for
other people.
 "Do you judge others as harshly?"
Identify firm beliefs from past that were
subsequently proved wrong.
Treat belief as a hypothesis to be tested.

Behavioural experiments

159

These combine exposure with cognitive
hypothesis testing.
 "I am incapable of getting on the bus."
 "I will burn anything I try to cook."
Inoculate against belief reinforcement.
 "The first time may well be difficult. Let's see."
 "You CAN burn food - I do. And survive."
 "You will never get the first job you apply for."

Throughout

Heavily reinforce efforts.

Clients have a powerful filter for failure.

Notice and comment on success.

Avoid overpredicting future success.

“You have a resume! You’re nearly employed!”

Odds are, no one has built them up before.

Treatment Phase: Intervention Grab Bag

Financial Management

Most young people have deficits in this area.

It can be a major factor delaying independence.

Some are already in debt, or have no savings.

Recommend financial management resources (books, videos, online courses) and/or provide training yourself.

My course: How to Buy Happiness, available at psychologysalon.teachable.com

Bibliotherapy, Videotherapy

Clients may benefit from:
Videos about the problem.
Books on the issue.

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Welcome to the NHK
Japanese anime series
about Hikikomori.
Can use as fodder for
therapy discussions.

164

meetup.com

Clearinghouse website for social groups.
Find an interest of the client's.
Identify options - likely **IN THE OFFICE**.
Problem-solve about how to get there.
Work to set expectations **LOW**.
Anticipate self-sabotaging thoughts and work
together to generate replies.

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Volunteer work

“No one will ever hire me.”

Yes, they will.

But first: GIVE your time away.

What do we want in a job for them?

Money, experience, structure, social.

Get away from screens / pot / parents.

Volunteer work

govolunteer.ca: BC & Alberta

Your region has something similar.

Suggest a goal:

20 minutes browsing the site.

The point:

Help client see the sheer RANGE of possibilities.

Volunteer work

Find something that fits with THEIR interests.

Not something YOU think is important.

Festivals are great - social, time-limited.

Can volunteer for NON volunteer work!

Help out with friend's business.

Or even parent's office.

Resume review

The first step in employment: Having a resume.
Invite client to bring in existing resume ...
... or work together to create one.
Review it with family friend.
Consider government employment centre programs.

“If I don’t know what I really want, how can I start?”
This is your mind trying to talk you into staying safe at home.
ANY voyage outward will give you feedback and help you find what you really want.

Homework

Review the handouts in your information package.
Email me your questions and comments.

Session Three: Helping the Stuck Family

Today's Session

- Parental dynamics in failure to launch.
- Integrating family into the client's therapy.
- When the family IS the client.
- Parenting for prevention.

Shifting Responsibility Toward Self-Support

Decide on Expectations

175

Ask what CLIENT thinks would be a reasonable role within the family.

Which chores?

How much food prep?

How much money subsidy?

Giving Up Benefits

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GENTLY invite client to consider the benefits they receive from caregivers:

Shopping - food, clothes, and more

Cooking - for self and others in home

Laundry

Housecleaning - own room, rest of home

House maintenance (lawn, repairs, painting)

Money

Giving Up Benefits

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Compare status quo with how things would be if they reached their independence goal.

“I’d be doing my own laundry.”

Are there any benefits they could begin giving up now?

Frame this as “practice” for the future.

“When you have your own place, you’ll do your own shopping.”

Giving Up Benefits

The goal is a GRADUAL giving up of the dependent role.

Likely result: An unexpected rise in confidence.

“I feel like I’m contributing, not just getting.”

You CAN enlist family in this - but be careful!

You can get re-triangulated easily.

Make it the CLIENT’S agenda, not Mom’s.

Giving Up Benefits: Examples

Pay own credit card, phone.

Cook one night a week.

Do your own laundry.

Take over the lawn mowing.

Do own grocery & clothes shopping.

No meals brought to your room.

Giving Up Benefits: A Problem

Family is so used to their role, they have a hard time giving it up.

Mom “forgets” and does his laundry.

This may require a goal sheet for Mom, as well as one for client.

A joint session may help.

“And if he doesn’t do it, don’t do it for him. Is that right, Gary?”

Predict inconvenience for all.

The Parental Role

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The 2 Functions of Parenting

1. Nurture and keep child safe.
2. Prepare them for independent life.

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Reality

Confidence is the **RESULT** of experience.
It is not a **PREREQUISITE** for experience.

Many parents do not permit their offspring the opportunity to develop confidence.

183

Again ...

Good parenting is ...

... preparing them for your death.

In other words, ...

... cultivating independence.

Parents function as

Chauffeur

Cook

Laundress

Maid

Butler

Bank

Adulthood means you can ...

Transport yourself

Cook for yourself

Clean your own clothes

Tidy your own home

Dress and care for yourself

Pay your own way

Integrating Family in Individual Therapy

Remember who is your client.

- Your goal is to de-enmesh your client.
- Be cautious about getting parents involved.
- See client for at least a few sessions.
 - De-triangulating, getting client's own goals.
 - Getting client started on a few projects.
 - Assess client's relationship with family.
 - Get a sense of family's style/roles.

Who is the resource?

- Often one parent more than the other.
- Sibling.
- Aunt / uncle / cousin.
 - The resource role is often to help in independence tasks.
 - Be cautious about involving a parent who will take over.

Plan joint sessions carefully.

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“What is our agenda with your parents?”

“What is our ask?”

Relinquishing an element of care?

Help with independence tasks?

(Driving lessons, initial excursions)

Identify topics not to be discussed/revealed.

Sexuality, pot use, etc.

Don't betray the client.

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Avoid over-emphasizing the undermining role of parents' care.

Family may take this as permission / urging to make client's life much harder.

You can always meet more than once.

Or use this contact as opening to send them notes via client subsequently.

Be rigidly specific!

192

Family (and clients) are often too casual about exposure exercises or behavioural experiments.

Spell out each task EXACTLY.

Not “help with driving lessons.”

No rethinking the task on the spot, or pushing further than planned.

Dealing with family dynamics

Often the F2L problem arose due in part to family beliefs & behaviour.

E.g., avoidance as coping mechanism.

It is usually not essential for them to grasp their past role.

We are just working on present and future, not rehashing the past (unless you have MANY sessions!).

Dealing with family dynamics

Look at what they are CURRENTLY doing.

Invite them to consider the goals of this behaviour.

“I’m helping him so he has time to fill out college applications.”

“He’s depressed so he needs a lot of rest.”

Reinforce the positive motives/beliefs behind destructive behaviour.

This is my fault. I damaged my child, it’s my job to deal with the consequences.

A good parent provides care and support to their children.

If I provide enough security and comfort, they will feel confident enough to move outward.

It’s nice having your adult children around.

Nothing I try (nagging, assigning chores) works anyway.

Psychoeducation with family

Do psychoeducation judiciously.
 You risk turning them into “junior therapists.”
 They will get MORE involved.
 The usual task is LESS involvement.
 Educate about:
 Value of graduated exposure.
 Importance of learning self-care skills.

“Shouldn’t I be giving them Unconditional Positive Regard”?

No. UPR does not actually exist.
 Every relationship is conditional to some extent,
 including with our children.
 You have to be dressed, not hit me, behave civilly,
 and so on.
 Parents may feel they need to embody UPR.
 Offspring may erroneously expect it.
 We exhibit UPR toward infants, not teens or adults.

At Some Level, Everyone Is On The Same Page

You may differ in how to get there.

Subtracting Family Roles

- Don't do their laundry.
- Don't clean their room.
- Don't stock their snacks.
- Don't bring meals to their room.
- Don't pay for everything they want.
- Don't replace their wrecked car!

Adding Family Roles

Much of the task is getting them to cut back.
This may be easier if you give them a way to take active (but helpful) part initially.

When the Family is the Client

Get Therapy

This can be a major struggle.
 Parents may need therapeutic support.
 Gradual goal setting.
 Holding to plans.
 Managing increased tensions.
 Examining feelings about letting their kids fail ...
 ... and about being abandoned.

Stop Nagging

Much of the inaction comes from resistance to your attempts to control them.
 Most parental input treats the individual as a child, rather than an adult.
 Bedtime / rising time.
 Cleaning their room.

Control YOURSELF, not them

Pull back on what YOU do
 Rather than trying to get them to stop asking/expecting.
 Assertiveness is about controlling yourself, not learning how to control others.
 What is YOUR role in the dance?

Don't Undermine with Kindness

- If they don't cook, don't cook.
- Stop offering room service.
- They don't take garbage out?
Leave it in their room.
- Hold off on dinner til it's done.
- Change the internet password.

Impose Adult Expectations

- Adults ...
- Look after themselves.
- Pay their own way.
- Are employed or in training.
- Have to be civil to others, or others
won't do things for them.
- Where possible, avoid helping (e.g.,
waking them up for work).

Fund Independence, not Dependence

- If possible, DO help with school fees.
- Subsidize the new apartment.
- Bring over unprepared food from market.
- Drive them to job interviews (for a while).

Recognize Shared Goals

Their goal:

- Get away from you
- Get a partner
- Have money

Your goal:

- Get them away from you
- Functioning in relationship
- Employed

Watch for undermining.

Parents WANT to be needed!

Even when they SAY they want their kid to be functional.

They often undermine independence without self-examination.

The therapist may need to serve as monitor.

Make it conscious.

Point out the normality of ambivalence.

“Sometimes we want and don’t want something at the same time.”

We are often aware of one motive, and unaware of the other.

“Even if we don’t know about it, it can influence our actions.”

Confront gently.

Point to dependence-supporting behaviour.
Give a positive (but hopefully accurate) spin on
the motive.

“I wonder if your love for him makes you
want to protect him.”

“If he leaves it’ll just be you in the house.”

“Does it make you anxious to watch him risk
failure like that?”

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Create and reinforce a vision

“What do you hope for for him?”

“What skills does he need to get there?”

“Is this (action of yours) taking him toward that
or back to his childhood?”

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Recommend Koslow:
Slouching Toward Adulthood.

Or Arnett & Fishel:
Getting to 30.

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Parenting for Prevention

The key point.

You are not raising children.
You are raising adults.

A corollary

You are not preparing them to live in an ideal world.
You are preparing them to live in the actual world.
The more prepared they are, the more likely they will contribute to creating a more ideal world.

Don't encourage narcissism.

Narcissism is an unjustified belief in one's distinctive specialness.

“The usual rules don't apply to me” etc.

This is a major disability once one is in the world.

Avoid training your child in it.

Train in ...

Delay of gratification.

Money management.

Household chores & self-care.

Gradually increasing responsibilities.

Money

Expect basic chores without pay.

Making own bed, cleaning own room, etc.

POSSIBLY an allowance.

Most income comes from extra chores OR outside work.

Use a subsidy system.

“A bike? I'll match your savings 3:1.”

Gradually reduce the subsidy.

Encourage Coping, not Avoidance/Withdrawal

Difficulties with school?

HELP. Advocate. Advise. Back them up.

Avoid the simpler solution of withdrawal and switch settings - except in extreme cases.

Leave out of CHOICE, not DEFEAT.

Expose to Failure

Schools are reluctant to do this.

Encourage things they aren't good at.

Share your own failures.

Allow them to experience normality:

Fail, fail, fail, fail, fail, succeed.

Expose to consequences.

Consequences ≠ Punishment.

"Ah, you left your bike at school. Best get it."

"You damaged the wall? I'll show you how to use filler."

"You assumed Joan would drive you to the beach? Ah."

"If you want your shirt washed, it has to get in the hamper."

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Leonard Sax: Boys Adrift.
Some good content, some ideas could use
further investigation.
Read yourself before recommending.

224

Advice for educators

225

Stop insisting on passion.

Most mid-teens have no clue what their passion
is.
This can be paralyzing.
If they have a passion, they don't need this
advice anyway.

Stop talking about talent.

Most achievement comes from work, practice, and effort - not talent.

If appropriate, make reference to talent PRIVATELY with a student.

If students hear about talent and think they don't have it, what are they to do?

Normalize failure.

Every student should have multiple failure experiences in school.

TEAM sports are great for this: A social group fails together!

Learning to handle disappointment is more important than learning to handle success.

Treat attention as a muscle.

Height is not subject to education.

Teach them to sit taller: They do not grow.

Attention span is not like height.

It may vary as a natural propensity.

But it IS TRAINABLE to a degree.

Work with students to very gradually lengthen it.

Confidence is unnecessary.

We have taught children that confidence is a prerequisite for action.

It isn't - and may be inappropriate.

Why would you feel confident you can do something you have never tried?

Normalize a lack of confidence when trying new things.

Wean students from constant approval.

Not everything they do is "awesome."

We are preparing them for the real world.

In the real world, reinforcement will be much more intermittent.

They may take this as disapproval or rejection if they have always had extremes of it.

Self-esteem is mostly a myth.

People with "good self-esteem" are focussed on the task at hand.

Not doing positive affirmations.

People with "poor self-esteem" are the ones evaluating themselves.

Self-loathing is real; self-esteem less so.

Saying "you need to develop your self-esteem" is mostly destructive.

Emphasize self-care & life skills

Maybe more for education policy planners.

Arguably the most important courses:

- Home economics

- Physical education (done well)

Emphasize self-care & life skills

BASIC cooking (save gourmet for later)

Laundry, ironing

Financial self-management

- Banking, investing, credit card interest

- Local salaries, rent, costs of living, budgeting

Resumes, job interviewing, work placements

Stealth life skills education

Drop it into existing courses where possible.

Math examples involve self-care.

“Frank’s spending rate is x , payday is y days away...”

PhysEd involves sports someone actually plays outside school.

English (PARTLY) includes letters to employers & family.

Whatever happened to ...?

Keep the conversation going.

Got some thoughts & resources to recommend?

Or questions to ask?

Email me!

paterson@changeways.com

I will put these into a last email digest.
