

The Avoidant Young Adult

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Peter Pan

Is Alive

And

Living in His Parents Basement

WHO ARE THESE YOUNG PEOPLE - AND - **WHERE DID THEY COME FROM?**

Some studies indicate 70% of young men between ages of 18 – 30 live at home with parents

- **They have high rate of narcissism**
- **Incidents of N.RD. 3 times higher for people in 20's as for generation now in 60's. Immature unrealistic view of worth**
- **Fame obsessed**
- **Externally motivated**
- **Want more benefits but less responsible.**
- **Most interactions have been dominated by screens**
- **Struggle grasping concept of doing things for self by self**
- **Very dependent on parents. Outsource simple decision to them**
- **Define self in opposition**

- **Obsessed with how others view them (picture, insta-gram, like this.)**
- **Many feel they have never done the right thing on own and don't believe they can**
- **Unrealistic view of status and accomplishments**
- **Everyone has solved problems for them leading to believe they can't solve problems on own and that others are supposed to solve things for them**
- **When it is not working, someone else is to blame**

Avoidant Personality Disorders

“Pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation beginning by early adulthood and present in a variety of contents.”



Charlie Brown has the disorder avoidant personality in person: a strong social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation and avoidance of social interaction

4 or More of the Following:

- 1) **Avoids occupational activities that involve significant inter-personal contact because of fears or criticism, disapproval, or rejection.**
- 1) **Unwilling to get involved with people unless certain of being liked.**
- 2) **Shows restraint with intimate relationships because of fear of being shamed or ridiculed.**

- 4) Is preoccupied with being criticized or rejected in social situations.**
- 5) Is inhibited in new inter-personal situations because of feeling of inadequacy.**
- 6) Views self as socially inept, personally unappealing or inferior to others.**
- 7) Is usually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.**

DSM-5

Developmental Course

Avoidant behavior begins in infancy or childhood with shyness, isolation, fear of strangers and new situations.

These behaviors become more (no less) pronounced with age.

These behaviors sometimes appear to dissipate in adolescence and re-emerge in young adulthood when faced with transition challenges.

Clients usually have previous diagnosis of anxiety, depression, substance use, internet gaming disorder, and frequently co-occur.

Avoidant Young Adults Utilize Avoidance As A Primary Coping Skill

They Avoid:

- * **Anything or anyone that might present an emotional, cognitive, or physical challenge**
- * **Things that are potentially unpleasant, boring, mundane or beneath them**
- * **Not fun or entertaining**
- * **People, things, tasks or situations that they feel uncomfortable or unsure about**
- * **Potential for ridicule, criticism, conflict or mistakes**

They Avoid (Continued):

- * **Commitment requirements**
- * **Effort**
- * **Delayed gratification**
- * **Things that interfere with pleasurable pursuits**
- * **Living situations, academic environments, or jobs that are less than ideal**
- * **Things they don't like to do – showering, brushing teeth**

Avoidance is a continuum from young adults who won't leave home because they don't want to live within a budget to young adults who won't leave their room.

Progress of Avoidance Dynamic

Encounter a challenge or experience

- * A perceived failure**
- * Young person retreats from challenges**
- * Isolates from others, demands**
- * Becomes self-centered and self-preoccupied**
- * Obsessively pursues answer and explanation for “what is wrong with me?”**

**Primary Developmental
Task of Young
Adulthood is Building
Foundations
For The Future**

Behavioral Foundations of Avoidance

Isolation

Procrastination

Distraction

Paralysis

Psychological/Emotional Foundations of Avoidance

Anxiety

Depression

**Poor Identity
Development**

Addiction

Effective Treatment

I. Framework for Understanding

- * Provides reasons to change
- * Understanding of How I got here
- * Road map for way out
- * Previous diagnosis don't quite explain it

II. Review Dynamics of Avoidance

- * Significant event
- * How started
- * How progressed
- * What purpose does it serve

III. Review Behavioral Foundations of Avoidance

A. Isolation – the problem

- * Avoiding contact with people a little or a lot**
- * Don't want to explain**
- * Others judge me**
- * I have nothing to offer**
- * Don't want contacts that require commitment**

Isolation: The Solution

- * Challenge thought process. Let others decide what they think of you**
- * Make plan to get out of room-house-etc.**

PROCRASTINATORS UNITE...



TOMORROW

B. Procrastination:

- * Allows rationalization**
 - I am going to**
 - I will tomorrow**
 - Not like I am not going to**
- * Instant Gratification Monkey**
(Google Why Procrastinators Procrastinate)
- * Getting ready to but first have to find out what's going on with me**
- * Allows you to justify and lie to yourself about self sabotage**
- * Leaving you empty, frustrated, embarrassed, angry at self**
- * Puts off until tomorrow what needs to be done today**

Procrastination: The Solution

- * **Quit planning and start doing**
- * **If you are going to plan do it successfully, identify steps. “I am going back to school” vs. “I am going to email Community College.”**
- * **Be honest with self about your procrastination**
- * **The more you think, the worse it seems. Anticipating it is worse than doing it**
- * **Motivation is a myth**
- * **Wanting to has nothing to do with doing**
- * **You don’t build a house, you lay one brick at a time over and over**
- * **List what would be better if you -----**
- * **Remarkable achievements are accomplished by doing a series of unremarkable tasks**
- * **Stop something fun to start something hard**

c. Distraction

- * Anything to keep mind off current situation**
- * Feels good in the moment**
- * Distractions include:**
 - Internet**
 - Social media**
 - Games**
 - Reading (for those a bit ambitious)**
 - Net Flicks**
 - Sleeping all day**
 - Utube, Tumbler, Pentrist**

Distraction: The Solution

- * If you are going to spend a lot of time doing something what would be more productive**
- * Suggest books, websites, research, write**
- * Distraction through action vs. impassivity**
- * Convince self that it is unpleasant, it is too hard**
- * Limit self**
- * Distraction as a reward**
- * Distraction can be good coping mechanism to give people break from stress – not as an avoidance of any and all stress**
- * Having fun is not same as being happy**

*** Consider Internet gaming disorder**

- Loose time**
- Feel disoriented**
- Have to reintegrate**
- Avoid commitments**
- Leave commitments**
- Angry, irritable if can't play**
- Sneak, lie to others about playing**
- Spend all disposable income on games**
- Obsessed with acquiring more games, better equipment**
- Pre-occupied in talk as well as action**
- Skip sleep**
- Ignore personal hygiene**

- **Ignore basic drives**
- **Abandon other interests**
- **Relationships are all on line**
- **If so:**
 - * **Accurate assessment of patterns**
 - * **Identify how life has to change**
 - * **Record time**
 - * **Consider change**

D. Paralysis:

- * Feel doomed**
- * Overwhelmed**
- * Struck**
- * Future is daunting**
- * Unsure I can change it**
- * Spend time researching what is wrong**
- * Resist future oriented behavior**
- * Feel dependent**

Paralysis: The Solution

- * **Move**
- * **Get up**
- * **Schedule day**
- * **Take shower**
- * **Brush teeth**
- * **One action you are going to accomplish and how are you going to do that**

IV. Emotional/Psychological Foundation of Avoidance

A. Anxiety

- * **Everyone is critical of me**
- * **I am different**
- * **No one will like me**
- * **I won't know what to do**
- * **I will freak out**
- * **I will fail**
- * **I can't because _____**

Anxiety: The Solution

- * Identify and change negative projections and anticipations**
- * What percentage of things you worry about have ever actually happened**
- * Track anxiety**
- * Perception vs. reality**
- * Keep thoughts reeled in**
- * If going to create fantasy – make it good**
- * Teach management if they want it**
 - Thought stopping techniques**
 - Exercise**
 - Breathing**
 - Yoga**
- * FEAR**
- * One thing you would do if you weren't afraid**
- * The anxiety is in the anticipation**

B. Depression

- * I don't feel like it**
- * I am so unhappy**
- * My life has no meaning**
- * Everything is too hard**
- * Everything is too stressful**
- * Nothing helps**
- * No one helps me**
- * Pursues passive solutions
(things others can do for me)**

Depression: The Solution

- * **Pay attention to change talk**
- * **Change the way you talk**
- * **How to get strong emotionally**
- * **Happy people are ones who push selves**
- * **Focus on creating opportunity vs. building obstacles**
- * **When you are stuck with your negative thoughts at least consider the possibilities**
- * **If you are going to make up fantasies – make them good**
- * **If you think it might not work out, do it anyway**

****NOTE: A Good Read: What Happy People Do Differently by Todd B. Kashdun and Robert Bijwas-Diener – July/August 2013 Psychology Today**

Additional tools for clients who have not responded to meds:

- * Cranial Electrical Stimulation Therapy**

(CES – is an experimental psychiatric treatment that applies a small, pulsed electric current across a patient’s head. It has been claimed to have beneficial effects in conditions such as anxiety, depression, insomnia and stress.)

- * Genesight DNA testing for medication**

- * Peer Coaching**

c. Weak Identity Development

- * Done very little for themselves by themselves**
- * Believe that they cannot do anything on own**
- * Feel they have never done anything on own**
- * External motivation**

Weak Identity Development: The Solution

- * Teach internal vs. external motivation**
- * Try desperately to find something they are interested in and pursue it**
- * Encourage them to get job away from home**

****NOTE: Excellent resource – Coolworks.com**

- * Collage: What I look forward to (short and long term,) what I want to experience, learn, do, accomplish, who matters to me**
- * List of most important things**
- * Explore how and where they lost self**
- * Discuss independence**
- * Develop internal boundaries – what do I like? Who am I? Who am I doing this for?**
- * How do I build trust in myself**

D. Drug Use/Addictions

*** 90% of the Avoidant Young Adult males treated at New Perspectives have Marijuana use histories beginning in childhood. All others report addictive use of Internet games or porn**

*** Frequently young adults have had a life threatening ordeal with heroin and are clean without a program.**

*** Most are chronic habitual users of Marijuana**

*** Young adults believe:**

- it helps them**
- they know everything about it**
- it is prescribed for anxiety**

Drug Use/Addictions: The Solution

- * Push 12 Steps**
- * Update information on Marijuana and motivation, brain development, brain recovery, effects on I.Q., effects on anxiety, depression, why small tasks seem insurmountable**
- * Try to negotiate reduction**
- * Challenge rationalizations (it's fairly easy if it is helping them. It's doing poor job since their lives are not working)**
- * Go beyond their history and get their story**

My Marijuana Story

Format

- **This is a discussion with client**
- **Develops its own flow with element of spontaneity**
- **Facilitator needs to be flexible**
- **Follow client's pace**
- **Although, there is certain questions to ask and info to gather**

Goal

- **To provide client with an opportunity to assess and self evaluate their relationship with Marijuana, its meaning to them, and its impact on their lives.**

Time

- **It is important to have adequate time]**
- **Most cases take most of an hour**

Structure

- Part One:

- Focus on:

- 1. First use
- 2. Progression of use
- 3. Life at time of first use and 6 to 12 months previous to

- Explore the following questions:

- When did you first use?
- Who was with you?
- What's going on with those people now?
- How were you introduced to it?
- Where did you get it?

- Explore the following questions (Continued)

- How long had you been thinking about it?**
- What did you think about Marijuana before that point?**
- What changed your opinion?**
- What did you think of the experience?**
- How did you envision yourself using in the future?**

• What was going on in the rest of your life?

- In the 6 months before you used, what was going on?**
- Family: changes, stresses, relationships, conflicts, crisis?**
- Friends: Conflicts, alienation, isolations, changes in peer groups, reason for changes?**
- School: Grades, motivations, relationship with teachers, attitude about school?**

- **Activities:**
 - **Were there any changes in sports you played, teams you were on, activities in which you participated?**
- **Mental Health:**
 - **Did you experience any trauma or abuse, problems with mood, anxiety, temper?**

- **Part Two:**

- **At this point the discussion focuses on the progression of use and changes occurring as a result**
- * **Focus On:**
 - **Yearly use changes**
 - **How did relationship to Marijuana change**
 - **What changed in how and why they used**

- **What else in their life changed:**
 - **Grades**
 - **Academic goals**
 - **Friendships**
 - **Family**
 - **School**
 - **Health**
 - **Mood and anxiety**
 - **Legal issues**
 - **Have there been periods where you quit or cut back**
 - **What motivated those**
 - **How did you accomplish that**
 - **How were things going for you during that period**
 - **If there were periods in which you quit, why did you start again?**

• **Part Three:**

- **Future story**
- **Reflect on the information that has been shared**
- **Most clients haven't talked about their personal story in such detail**
- **Encourage the client to reflect by addressing:**
 - **What's that like for you to think back on all this?**
 - **What's your reaction to everything we have talked about today?**
 - **What do you think about your Marijuana use?**
 - **What do you think needs to happen with your use?**
- **This is also a good time for the therapist to summarize the story, offer observations, reflections, patterns, and feedback**

Social Networking and Young Adults

Online survey conducted by NAMI in 2007

- * 44% of 18 – 24 year olds used social networking sites.**
- * Young adults with mental illness more likely to use social networking**

Young Adults Report Using Social Networking to Promote Connectivity

- * Make friends**
- * Overcome social isolation**

To Find Answers

- * Resources**
- * Independent living skills**
- * Setting and accomplishing goals**
- * Maintaining weight**
- * Defining morality**
- * Overcoming negative thinking**
- * Doing well in school**

Looking for information about mental health (2008, Journal of Medical Internal Research)

- * 78% of young adults seek mental health information online**
- * 34% searching for alternative treatments**
- * 72% indicated you can believe all or most of the health information you read online . Much of the online mental health information is of poor quality**

What Young Adults are Saying Online **About Mental Health**

Journal of Medical Internet Research

Home> Vol. 14, No. 1 (2012) Markus

Analysis of Young Adult Internet Blogs Found Two Core Categories of Concern

1) I am powerless (Intra-personal)

2) I am utterly alone (Inter-personal)

1) I Am Powerless:

- * Negative feelings are all encompassing**
- * Destructive in every aspect of their life**
- * Feel victimized and over-powered while simultaneously blaming self**
- * Describe feeling as oppressive, dominating, relentless, paralyzing, confusion, frightening, hopeless**
- * Dominate relationships, work life, education, memory**
- * Feel paralyzed, exhausted**
- * Feel should be able to control it**

II. Alone

- * **Hide feelings from others**
- * **Don't fit in**
- * **Afraid of others reactions**
- * **Deserve isolation**
- * **Lack skills to connect**
- * **Others do not connect with them**
- * **Others are unresponsive and unapproachable**
- * **Feel others insist they have control over their actions**

What They Say About Mental Health Services

- * **Feel abandoned**
- * **Not getting enough services**
- * **Services are unproductive, inconsistent**
- * **Find professional hurtful, unsupportive, intimidating, lacking in regard for their opinion, make them feel “crappy”**
- * **They prefer to handle things on their own**

Acknowledge they feel better when they do things to help themselves

Online Resources For Young Adults

- * whatworks4u.org
- * us.researchout.com
- * strengthfocus.org
- * headspace.org/org.an/
- * [mind your mind](http://mindyourmind.com)
- * [active minds.org](http://active.minds.org)
- * [spunout](http://spunout.com)

Motivational Interviewing With Avoidant Young Adults

Why motivational interviewing with young adults?

- 1) Know we are listening**
- 2) Requires their participation**
- 3) Commits them to action**
- 4) Help them understand self sabotaging pattern**

What You Talking About?

MI determines where clients are based on their language. Help them understand their internal talk and focus on it.

- 1) Sustain Talk: Reason not to do some thing differently. Helps us understand what might be preventing them from moving forward. Build obstacles.**
- 2) Change Talk: Client begins to shift and verbalize that maybe change is important, perhaps they are able, they might be ready. Shift away from reasons not to, toward reasons to.**
- 3) Commitment Talk: Shift from I am thinking about this, I am researching this to I am going to do something.**
- 4) Maintenance Talk: This is what I need to continue to do.**

SKILLS

- 1) **Reflecting Listening: Assist in directing client to where they want to be headed. Encourages clients to address their ambivalence.**

Goal: Young adult feels they have been heard, we are trying to understand, affirm thought and feelings. (Number one complaint – “don’t listen to me.”)

Levels of Complexity:

Simple Level:

- * **If I hear you correctly**
- * **It sounds like**
- * **You are having trouble with**

Deeper Level: Reveal and explore meaning

- * **What you meant by**
- * **What you are feeling**

High Level:

- * Selectively reinforcing, positive change talk**
- * Build self efficiency by focusing on prior successes reframing past unsuccessful attempts to change**

2) Open Ended Questions:

- | | |
|--|--|
| * Invite them to tell their | Y.A. – Want to tell their story (blogging, social media) |
| * Understand what's important to them | Y.A. – Need to clarify what is to themselves |
| * Demonstrate genuine interest in understanding | Y.A. – Report that no one (especially therapist) understand or want to understand |
| * Affirm autonomy | Y.A. – Developmentally appropriate and sorely lacking |
| * Allow them to hear self speak | Y.A. – Recognize their patterns |

Examples:

**How: are things
did you manage this
would you like this to be
can I help you**

**What: is most important
will you lose/gain
do you want to do**

Talk to me about: - - - - -

Affirmations: Language that affirms their strengths – They do not see their strengths

- * Glad you are talking about that**
- * I know this can be hard**
- * You handled that situation with (add positive)**
- * With everything that happened this week it's amazing you have been able to avoid_____**

Allowing Clients To Interpret Information:

- * **Information presented in neutral manner**
- * **Client asked to interpret what it means for him/her**
- * **You probably know I am wondering what you think about this**

Agenda Setting and Asking Permission:

Participation begins – shift client from avoidance to activation

- * **Encourage client to help determine what to discuss or work on**
- * **Counselor may ask permission to provide information, list possible solutions or course of action**
- * **Do you mind if we talk about - - - - -**

Advice Giving and Feedback:

It is about how the information is given

- * **Allow clients to compare behavior to others**
- * **What to know about how avoidance behavior affects every aspects of their life**
- * **Ask if they are interested in learning more**

Normalizing: **Let clients know that struggling with change is not unusual**

- * **It is hard for a lot of people to _ _ _ _ _**
- * **A lot of my clients have told me _ _ _ _ _**
- * **I see many young adults who have experienced this _ _ _ _ _**

Decisional Balance: Assist clients in understanding their ambivalence about giving up behavior

- * What are some good things about (your avoidance) and what are some of the less good things**
- * What do you like about it, what do you dislike**

Discrepancies:

In non-indulgent fashion address discrepancies between what they say and their behavior

- * On the one hand you are telling me _____ and the other hand you are doing _____**
- * I am wondering how _____ is helping you accomplish _____**

Statements Supporting Self:

Efficacy:

**Increase clients confidence that they can change.
(Because they don't believe they can.)**

Review changes in short term and long term.

- * It seems like you have really worked to change _____ . How have you been able to do that?**
- * So this week you have been able to _____**
- * How do you feel about that _____**
- * What do you think about that _____**

Readiness To Change Ruler:

Motivation is a “state” not a “trait.” Ask clients to verbalize how ready they are to change

- * On a scale of 1 to 10 where 1 is definitely not ready to change and 10 is definitely ready to change, what number best reflects how ready you are to change your (avoidance or one of the foundations of avoidance)**
- * Where were you 3 months ago**
- * What would it take to move you higher**

It's over! I'm
leaving you. So
find someone
else to
cook and
clean and
do your
laundry.



You can't break
up with me.
You're my
Mom!



Engaging Parents in The Change

Parents are an intricate part of the dynamic

- * Parents need to be part of therapy**
- * Parents need the information**
- * Therapist have to be able to help assist parents while maintaining client's therapy boundaries**

PARENTING DYNAMIC

- 1) **Decision to have children is often an emotional decision and expect emotional payoff, and make parenting decisions based on emotion**
- 2) **Want to enjoy kids, have fun**
- 3) **Want them to be happy**
- 4) **Want to do things that will make them happy**
- 5) **Switch from caring about to care taking**
- 6) **Ask “What can I do to help him/her”**
- 7) **Aid them in distraction and entertainment**
- 8) **Are so close to their children, that their children do not fear them. In fact, their children know them so well that they know where, how, when and how hard to push their buttons**

In order for Avoidant Young Adults to survive in their avoidance, they need to insure their parents will continue their financial support

Kimberly Abraham, LCSW and Marny Stadaher-Gardner, MSW label this financial arrangement as “The First National Parent Bank and Trust.” The young adults visit the Parent ATM (PATM) often using an emotional PIN number they know will work.

EMOTIONAL

PINS

INCLUDE:

- 1) **Hope:** I am looking for a job, apartment, getting ready to sign up for classes (whatever he/she knows parent really want for him/her), etc., etc., etc. I can't do any of that if I don't have a car, a phone, gas, clothes, an address.
- 2) **Fear:** If his parents threaten any **accountability** or **limits**, he threatens to **live in the street**, **move to Costa Rica**, **crash his car into a tree**, **sell drugs**, **move in with his dealer**.
- 3) **Hero:** Tells his parents how much he **appreciates them**, how much he **wants to be like them**, how he **looks up to them**

- 4) **Confession:** Has an emotional heart felt breakdown in which he/she cries, berates himself, talks about how terrible he feels and how much he hates himself and his life. They also complain that no one is helping them.
- 5) **Sympathy:** Has history of not doing well in school, doesn't have friends, he is easy to live with and close to his parents. He doesn't work the PIN, his parents don't force them because they don't think he can survive the work.
- 6) **Intimidation:** This is the young adult with a long history of unpredictable and explosive behavior and blaming his parents for his problems. Parents feel they are held hostage. They give in to avoid his temper
- 7) **Guilt:** Uses anything and everything they can to tap into parents guilt. They blame parents failure on their lack of success and parents continue to support them to compensate for their past regrets.

Parents of Avoidant Young Adults are often unaware that they perceive and relate to their children in a way that promotes their child's avoidance. These perceptions influence the child's perception of themselves in the world. It does not help that our media calls them twixters.

Perception Which

- * Promote avoidance**
- * Rationalize behavior**
- * Effect child's perception of self**
- * Perception of world**

**** Need perceptions to evolve**

Parent Perception (P.P.)

My sweet, special boy/girl

Child Response (C.R.)

My parents just want me to be happy. They want to take care of me

P.P. My sensitive soul

C.R. The world is too harsh, mean, unsupportive, doesn't understand

P.P. My tortured genius

C.R. I am really smart, I am too smart to go to school, work, etc. I want to own my own business, I get bored

P.P. My unfulfilled artist

C.R. I would rather die than do a boring job. I just want to do my music, write, paint, etc.

P.P. My best friend

C.R. My mom/dad loves to have me around

P.P. Chip off the old block

C.R. My parents understand. They were just like me

P.P. My wounded bird

C.R. I can't because I have ADHD, Anxiety, Depression -----

P.P. My troubled child

C.R. I hate my parents! They have ruined my life

MOVING PARENTS INTO THE LAUNCH MODE

- I. **Settle in and settle down:**
 - * **Agree to work with them to pick plan of action, approach and stick with it.**

- II. **Awareness of the Dynamics:**
 - * **Assist in recognizing**
 - **The emotional dynamics**
 - **How dynamics contributes to avoidance**
 - **Their sabotaging perception**
 - **Assist in reframing perceptions**

III. Closing down the PIN:

- * Identify PIN manipulations**

- * Explore manipulation**
 - How long has this been active**
 - What makes parents vulnerable**

- * Work through reactions**

- * Work towards alternative reactions**

IV. Immediately shift into an adult communication and boundaries

- * Call them by their adult name**
- * Do not open mail, read journals**
- * Limit phone and text**
- * Work on seeing them as adult men/women**
- * Consider them a functioning, committed adult at home**

v. Step back from care taking:

- * Make list of all care taking behavior**
- * Develop plan for turning these over one at a time**

VI: Help parents identify what they can do that will “truly” help their child

vii. Explore fears about increasing accountability

viii. Move toward financial independence:

- * Make list of all things they pay for**
- * Assign a dollar amount**
- * Identify what will continue to pay for and what will not**
- * Inform child that they will immediately stop paying for these things**
- * Let young adult know you will be willing to help them ONLY if they are willing to help self**
- * As long as young person is not working parents will pay no expenses**

- * If parents wish they can offer temporary assistance with bills when the child begins working**
- * Parents will provide young adult with timeframe in which they expect young adult to assume responsibility for bills**

****NOTE: Parents do not allow their child to work for them, get them a job, give them a “fake” job, or pay them to work around the house!**



EXPECTATIONS FOR LAUNCHING

A. Planning their successful exit vs. kicking them out.

Discourage using “kicking them out” as punishment or “knee jerk” reaction or “threat.”

B. The Plan:

- * Talk parents through options for young adult to no longer live at home**
 - 1. Relative**
 - 2. Learning community**
 - 3. Service work**
 - 4. Job Core**
 - 5. Job with living arrangements (CoolWorks.com)**
 - 6. Treatment**
 - 7. Independent living – moving out**

The Plan (Continued)

- * **Encourage parents to discuss between selves before deciding**
 - **Both parents have to be committed**
 - **Both parents have to decide what they can live with**

- * **If parents decide on 1 – 6**
 - **Come up with a timeframe for implementing**
 - **Present options to young adult – let them provide input**
 - **Move forward**

The Plan (Continued):

- * **If parent decides on # 7 that child needs to leave**
 - **Inform young adult they need to obtain full time employment within _____ weeks (4-8)**

- * **If they don't do this they will be expected to have another place to live at the end of this time**

- * **If they obtain full time employment, they will have an additional 3 months to find a place to live**

- * **Identify with young adult what financial contributions they will make and what are conditions**
 - **Pay for car insurance**
 - **Pay for health insurance, medical bills**
 - **Pay first months rent**

The Plan (Continued):

- * Identify what won't pay for

*****NOTE: Therapist has to work parents through their fears**

* **Practical Considerations:**

- **Change locks on house**
- **Most young adults will have an epic failure as day approaches - what will parent do**

c. Plan B:

**If parents cannot ask them to leave
– how do we make home less
appealing**

a. Require them to pay rent

- Money**
- Work**
- Gifts**
- Selling their toys**

b. Shut down creature comforts

c. Re-locate them to less comfortable accommodations

d. When parents leave house for the day, if young adult is not willing, have them leave as well