Addressing the whole person: Developmentally informed strategies to align and empower youths, parents, and schools

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With gratitude

For Christopher A. Kearney, Ph.D.

Thought-leader and generous colleague who has taken the study and treatment of school attendance problems from theoretical to empirical, and in the process has changed for the better the lives of countless youth and families.

INSA 2022: Assist in "*readiness for adulthood for all students*"

Alfred Adler In *The Pattern of Life* (1930)

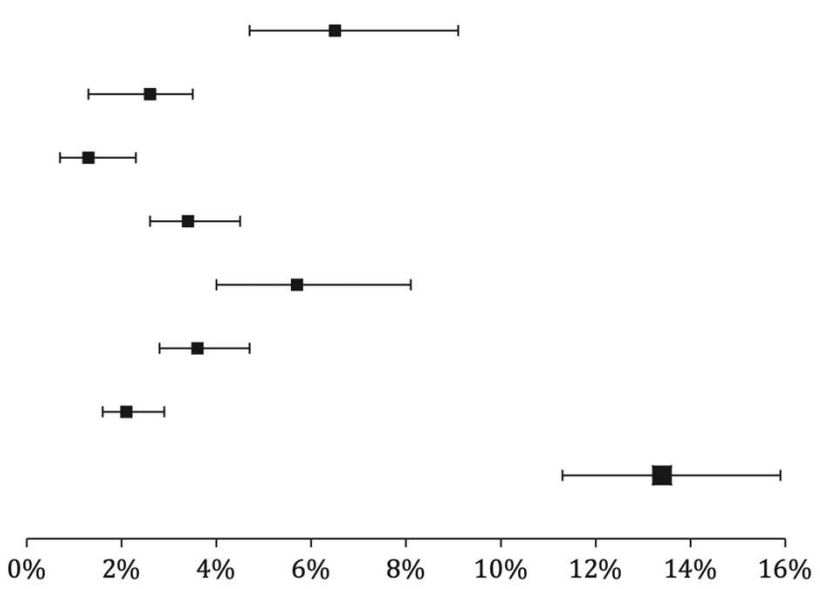
"You can love a child all you wish, but you must not make him dependent. You owe it to the child to let him function as an independent being, and you must begin training him from the very beginning to do this. If a child gains the impression that his parents have nothing to do but to be at his beck and call, he gains a false idea of love."

So, how are kids actually doing?

Worldwide-pooled prevalence estimates of mental disorders in children & adolescents

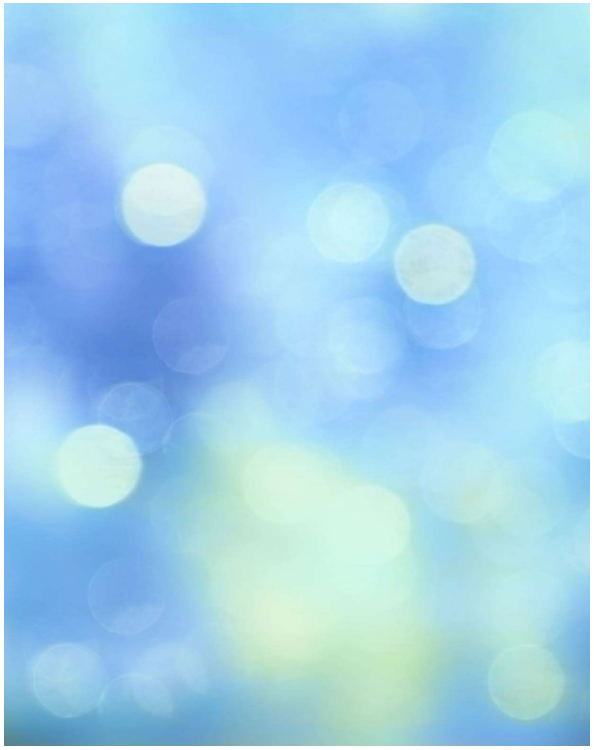
Pre-pandemic Estimates:
241 billion youth affected w/MH disorder
Anxiety: 117 million
DBD: 113 million; ADHD 63 million
Mood: 47 million

Outcome	N studies	Sample size
Any anxiety disorder	41	63130
Any depressive disorder	23	59492
MDD	22	68382
ADHD	33	77297
Any disruptive behavior disorder	19	38324
ODD	28	69799
CD	28	73679
Any mental disorder	41	87742



Polanczyk et al., 2015, J Child Psychol Psychiatry

Child/Adolescent Mental Health and COVID-19



2.59 billion youth ages 0-19 years are impacted

1.53 billion youth in 193 countries affected by school closures

Children ages 6-17 years who experienced COVID-19 show greater likelihood of developing mental health conditions compared to those who tested negative or had symptoms similar to COVID-19.

Meta-analysis of 80,879 children and adolescents across 29 samples (globally) revealed prevalence of **depression (25.2%) and anxiety (20.5%) to have doubled** compared to prepandemic estimates.

Thus, 1 in 4 youth globally are experiencing clinically elevated depression symptoms and 1 in 5 anxiety clinically elevated anxiety symptoms.

ASPE Issue Brief (2021);

Racine et al., (2021) JAMA Pediatrics;

Rider et al. (2021) BMJ.

Recent surveys of worry in youth

- Climate change
- Technology---a huge source of stress as well as joy & connection
- Political issues (including possible civil war in US)
- School shootings
- Deportation or bullying of peers due to being minoritized
- The future (getting into college; job; ability to afford housing)
- Crime and violence
- Grades & school achievement
- Being accepted by others

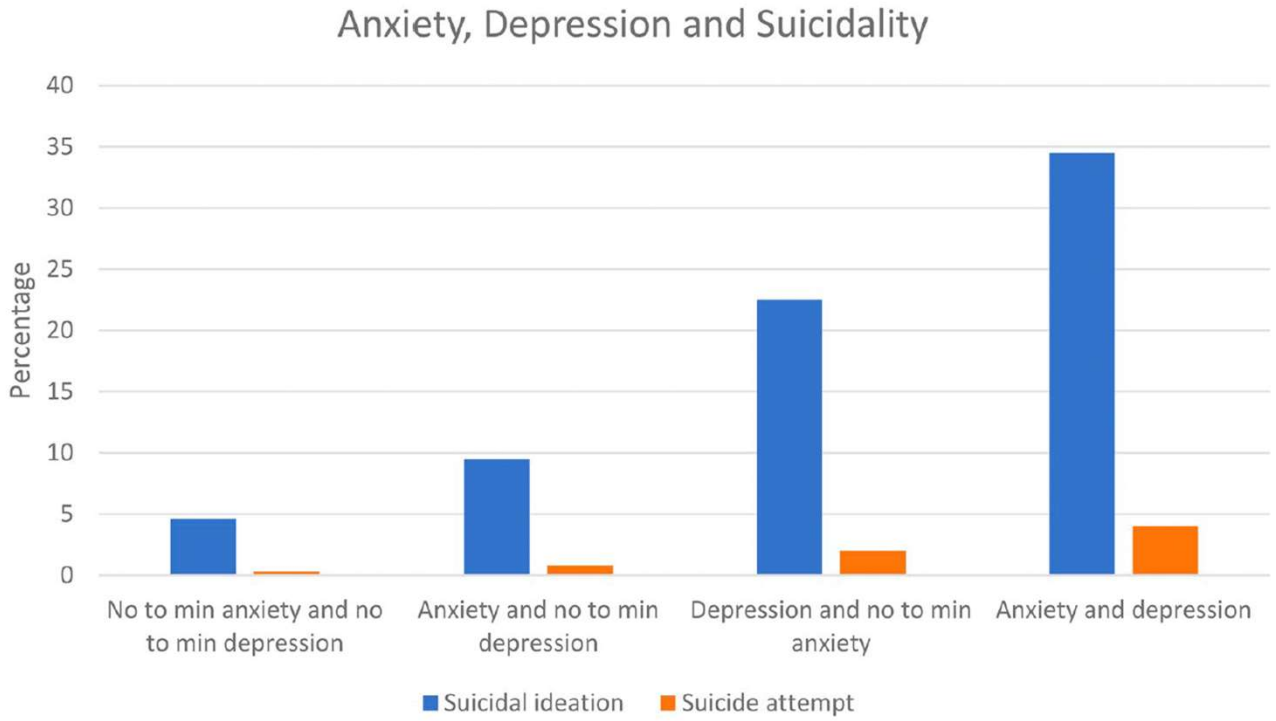
Caporino et al., 2020, *Child Psy & Human Dev*

Hickman, Marks et al. 2021, *Lancet*

UNICEF Changing Childhood Project

Gun violence is the #1 cause of death for children in the USA

Anxiety and Depression are risk factors for suicidality in young adults



Healthy Minds Survey data: 3 waves (2016-2017; 2017-2018; 2018-2019)
184 unique and representative institutions; N total=119,875 respondents; ages 18-30
Measures: GAD-7, PHQ-9 & NCS-R suicidality questions

Moskow, Lipson & Tompson (2022) J AM College Health

Mental Health, Suicidality, and Connectedness Among USA High School Students During Pandemic

Adolescent Behaviors and Experiences Survey of 2021 (CDC Supp, 2022)

- **1 in 3 students experienced poor mental health during pandemic (37.1%); and 44.2% experienced persistent sadness or hopelessness in the year prior to the survey**
  - Higher for females (46.6%), Hispanic students (40.0%), and lesbian, gay or bisexual students (66.3%) (CDC, 2020).
  - Poor mental health and persistent sadness or hopelessness was highest among LGBTQ students
  - LGBTQ+ teens and young adults were more likely than non-LGBTQ+ teens/young adults to report using alcohol, pills, or drugs as a way to cope with their distress over the past six months (The Jed Foundation, 2021).

- **For 1 year prior to survey, 19.9% of students had seriously considered suicide; 9.0% had made a suicide attempt**
  - 30.7% increase in emergency room visits for mental health reasons for children ages 12-17 (CDC, 2020)
  - Prevalence higher among females; higher among White students and multiracial students than Black or Asian students; higher among AI/AN students than other races.
  - Suicidal thoughts or attempts highest among LGBT and questioning students. Heterosexual students had the lowest prevalence.


Are we able to help our kids?

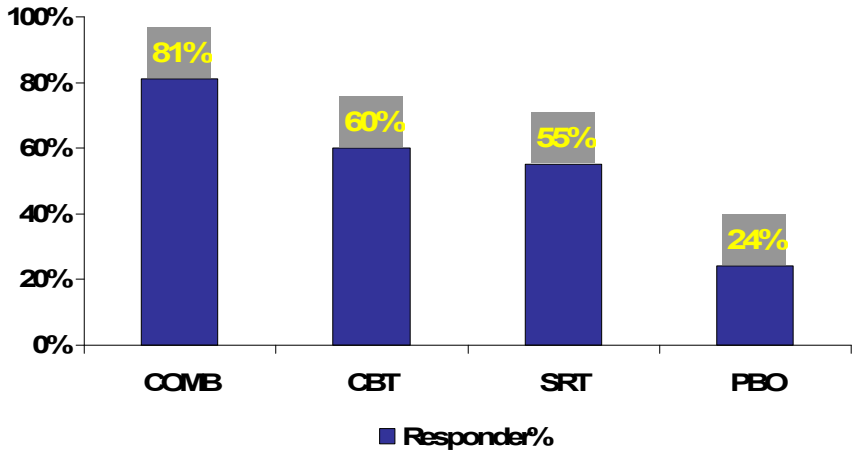
In the short term, well, yes…..

- SAD, Social Phobia, GAD
- N=488, ages 7-17 years
- 6-sites, US representative sample
- Independent evaluators blinded to tx
- Random assignment to 12 weeks of tx

- CBT – "Coping Cat"
- Med – Sertraline (SSRI)
- Primary outcomes – CGI Severity; Pediatric Anxiety Rating Scale

- Following acute phase, responders remained in treatment arm for monthly booster sessions & medication check

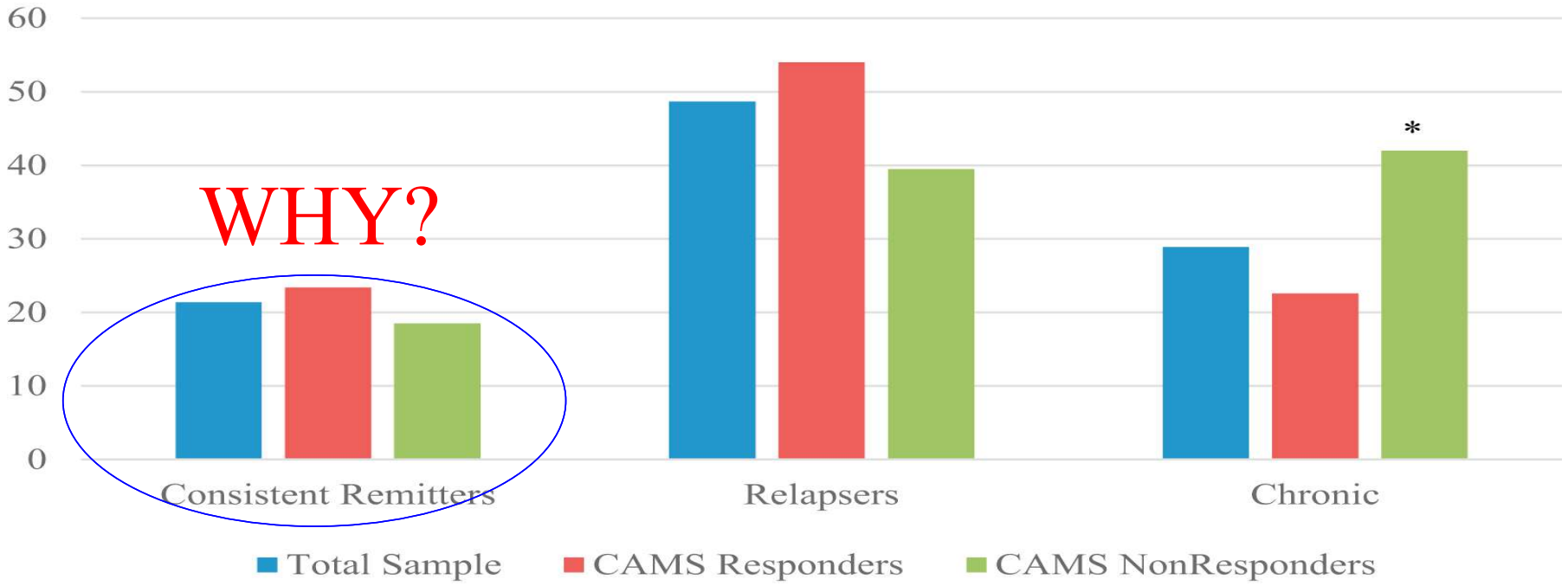
Child/Adolescent Anxiety Multimodal Study (CAMS)



Walkup, Albano et al., 2008, *NEJM*

Long-term remission following treatment for anxiety in youth: CAMELS outcomes

Categories did not differ by original treatment condition



- Chronically Ill significantly more likely to be CAMS non-responders, $p < .05$
- Service Use Rates: Remitters - 63%; Relapse - 74%; Chronic - 90%

Ginsburg et al., 2018, *JAACAP*

Peris et al., 2021, *JAACAP*

Outcomes for School Attendance Problems?

Poor outcomes for medication trials

Similar to outcomes for CBT trials of anxious or depressed youth:
Martin Knollmann (INSA22): 30% of youth do not respond to CBT for school attendance problems

Lacking observational long term follow up studies of RCT cohorts

What were we missing in our classic RCTs for youth?

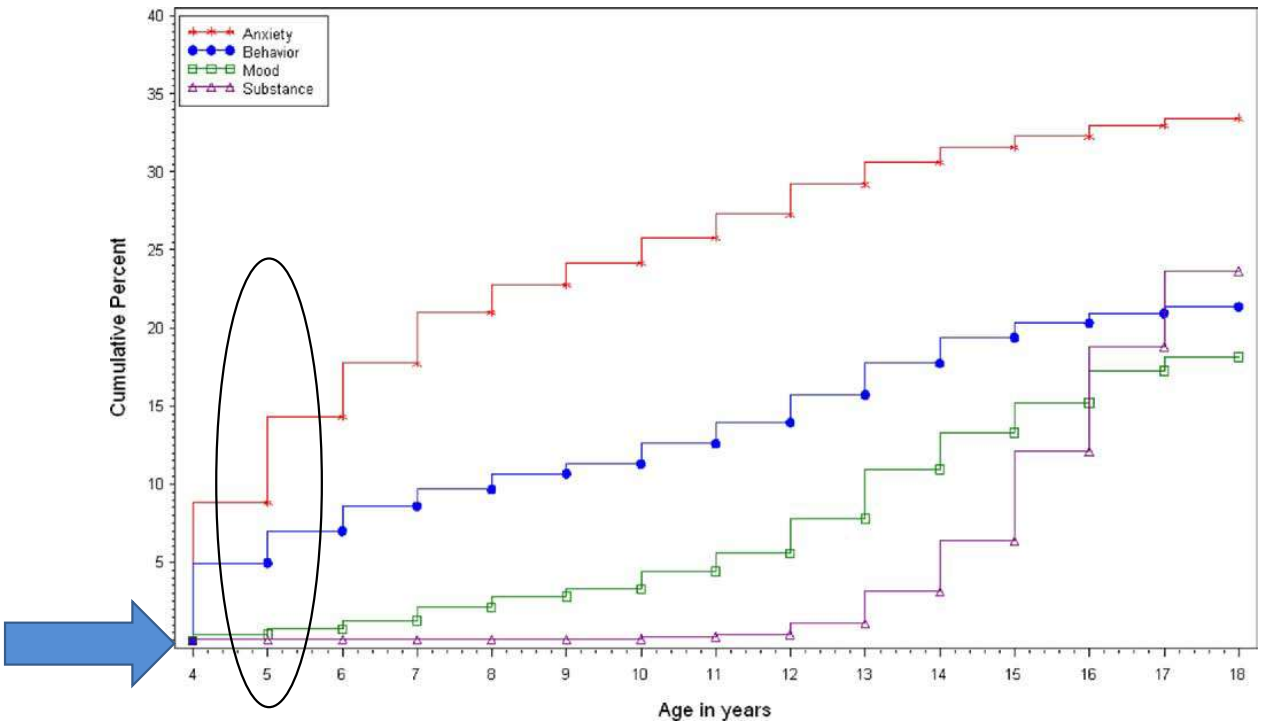
Focus on symptomatic improvement

- Goal: less anxious/depressed/symptomatic/better school attendance overall but not remitted

Functional impairment may persist

- Inconsistent school attendance; socially limited; unable to self-soothe; overly relies on parents/caretakers

Cumulative lifetime prevalence of major classes of DSM-IV diagnoses



NCS-A, N=10,123; Merikangas et al., 2010, *JAACAP*

What were we missing in our classic RCTs for youth?

Focus on symptomatic improvement	• Goal: less anxious/depressed/symptomatic/better school attendance overall but not remitted
Functional impairment may persist	• Inconsistent school attendance; socially limited; unable to self-soothe; overly relies on parents
Primary environment is not addressed	• Family: Parental beliefs/attitudes; knowledge of development & anxiety; parent psychopathology; External: school/work & social contexts
Developmental trajectory not examined	• Is the child/adolescent otherwise on par with age-related developmental expectations?

Navigating the Waves Through to Adulthood

Remember the messages of Alfred Adler and Chris Kearney, separated by some 90 years?

Brainstorming Exercise 1!

What are the key developmental tasks of childhood, birth through to age 12?

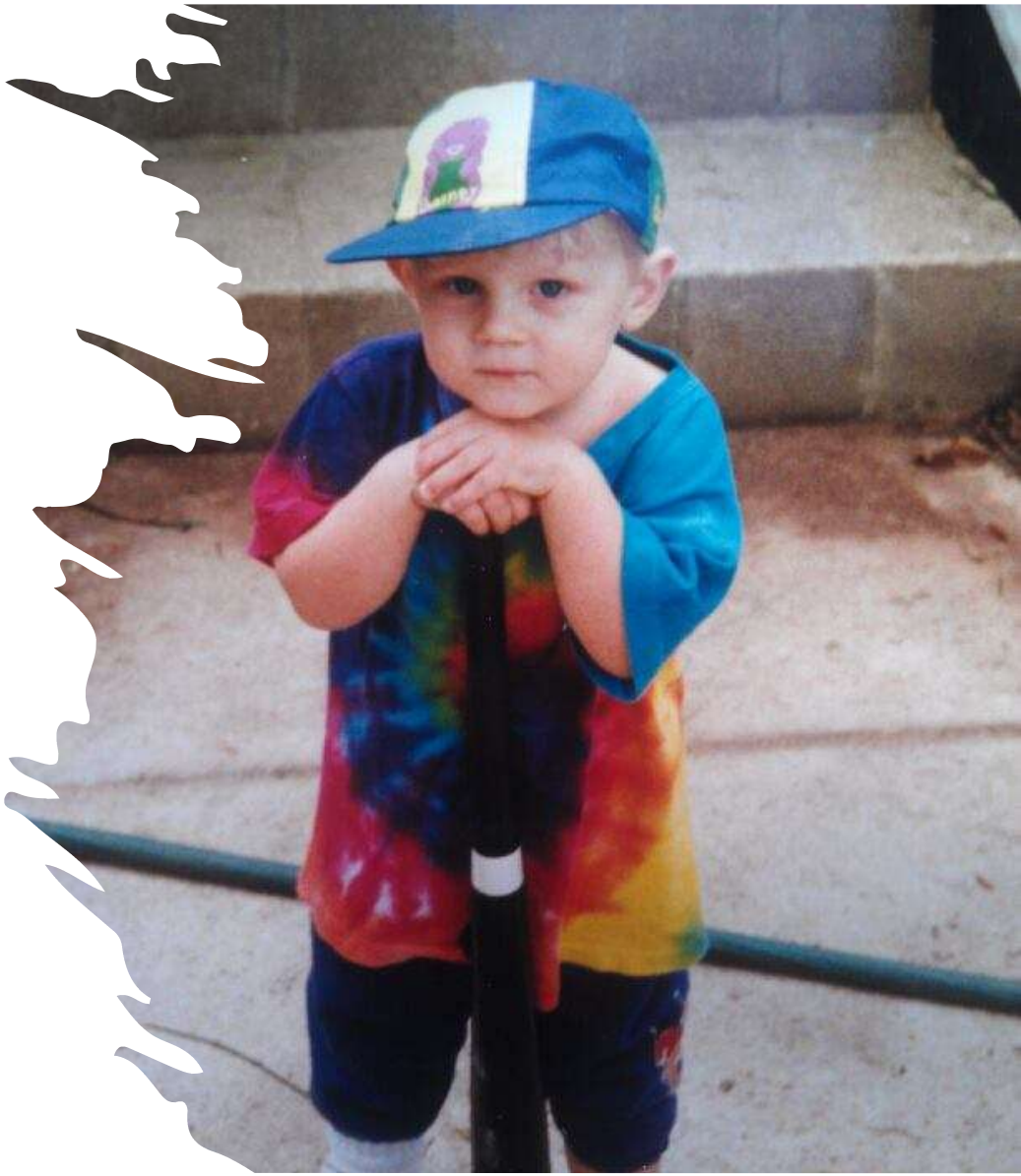
How do you know that these tasks are being met?

Main Milestones of Childhood

- Language: ability to speak, communicate, read non-verbal cues, and understand others

- Cognitive: ability to reason, think, learn, problem-solve, remember

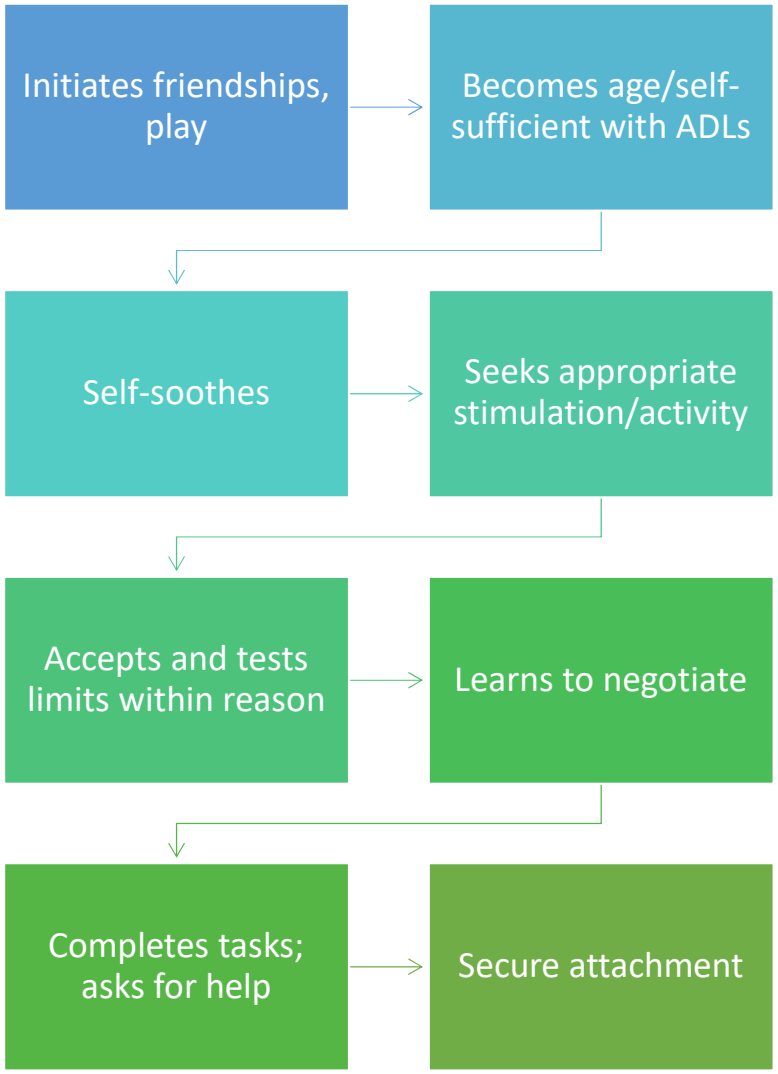
- Social: develop and keep meaningful relationships; respond to others' feelings



More Childhood Milestones

- Overcome earlier fears of childhood (the dark, monsters, small animals).
- Child is capable of greater reasoning and searching for more meaning than simple “Because I said so” statements.
- Children become more curious and seek information from many sources.
- Right versus wrong is a concept that is now understood, as is truth versus lie.
- Children now experience shame and guilt through for their transgressions, interactions, and in response to their thoughts.

Key early behavioral indicators of meeting milestones



Brainstorming Exercise 2!

What are the key developmental tasks of adolescence, ages 12 through 22?

How do you know that these tasks are being met?

TASK	BEHAVIORAL INDICATORS
Establish emotional independence from parents	Soothes self when confronted with disappointment or challenge; Seeks advice appropriately and weighs options; Able to own feeling states and reactions
Develop self-identity	Affirmatively describes self in terms of aspirations, interests, abilities and skills; Recognizes own limits
Establish behavioral independence from parents	Completes tasks on own; Takes initiative; Asserts self to meet needs
Manage money responsibly	Spends money in relation to budget and awareness of meeting responsibilities; Makes own purchases for food, clothing, and other needs; Manages finances so that relaxation/hobbies/interests are pursued with little financial tension
Make and keep long term friendships	Engages with others and pursues relationships on own
Control personal self-care	Regulates own sleep patterns; Aware of and engages in healthy diet and exercise routine; Self-soothes appropriately
Control personal medical/health care	Makes regular appointments in timely way (annual physical; mental health visits); Seeks health care consultations as needed and in timely way; manages medications on own
Engage and accept sexual identity	Is engaged in pursuing sexual knowledge and understands own sexual identity; Accepts sexual identity
Form romantic relationships	Has interest in and pursues romantic partner(s) in a healthy and meaningful way
Formulate and engage in long-term vocational goals	Able to articulate interests and pursue education or training in areas related to the interest; Develops set of skills/abilities to pursue goals
Complete educational requirements	Completes compulsory educational requirements of high school or equivalent; Seeks further education to pursue goals for career/vocation
Establish financial independence	Earns and saves own money
Lives independently	Moves away from home (potentially in stages, such as for college or with housemates until independent); Establishes own residence and maintains all aspects (financial, upkeep) on own

Key Developmental Milestones

Developed through experience interacting with the environment

- Independence
- Identity
- Responsibility
- Socialization

Based on works by Jeffrey Jensen Arnett, 2014

Impact of school attendance problems and/or pandemic on development?

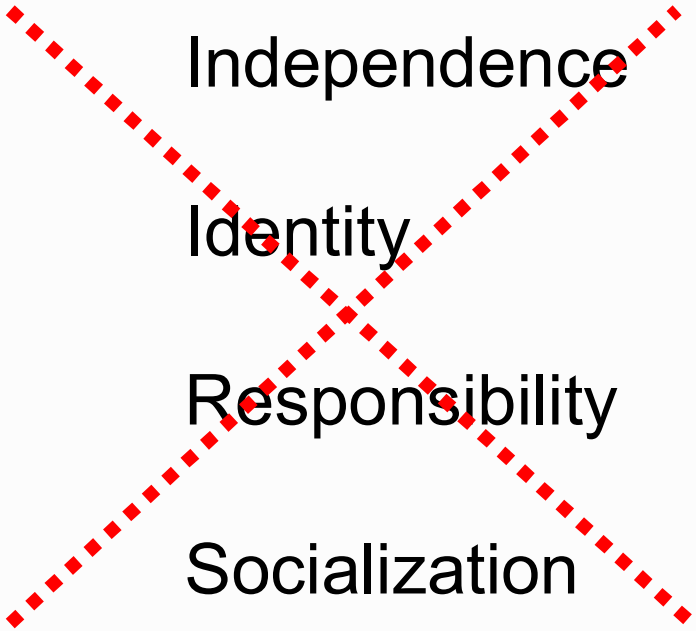
Loss of control: Lockdowns led to less autonomy and independent decision making; always under parental observation & control; loss of freedoms experienced outside of home

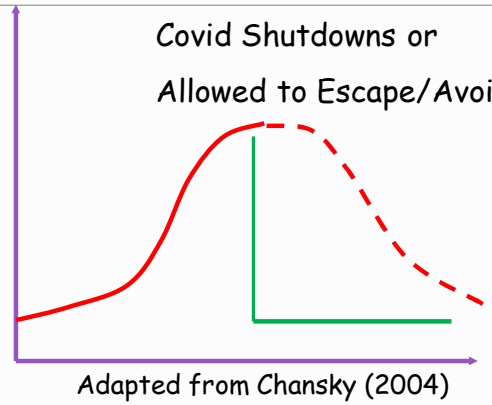
Decreased social activity: Peers, educators, adults other than family, romantic relationships, disagreements, embarrassments, negotiations; Opportunities to engage and shape social skills, assertiveness, problem solving, self-soothing, and other key skills for effective functioning.

Missed educational/training/job opportunities: school shutdowns impacted academic functioning, exacerbated learning challenges

Reinforcement of escape and avoidance: Youth with social anxiety, school attendance problems, and those on the margins at school found relief in lockdown; return to school/work difficult

Anxiety and Development

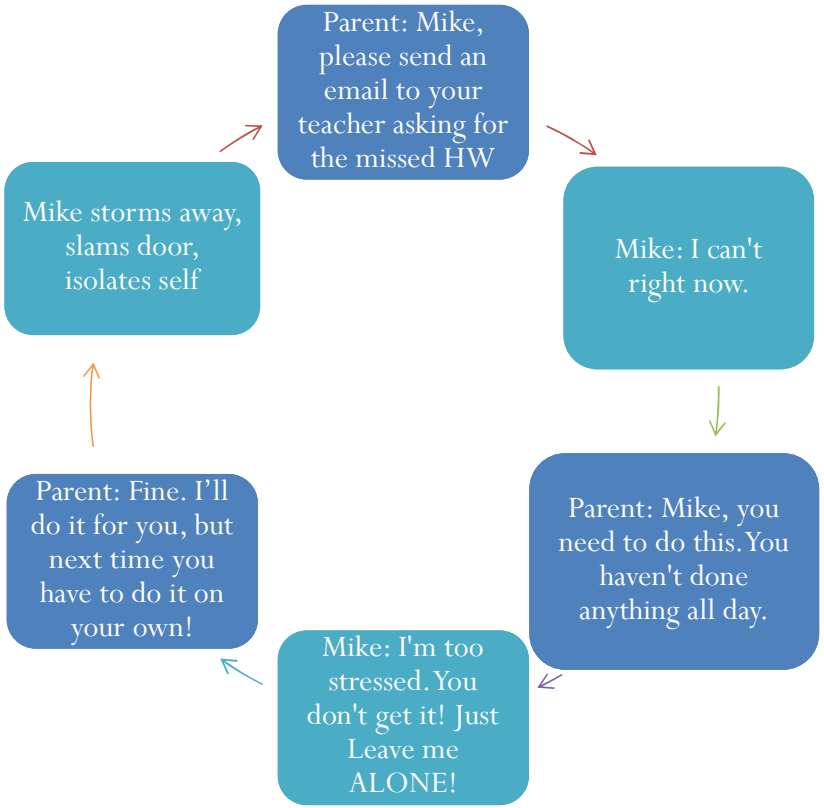




Impact of shutdowns/Escape:

- remembers past challenges at the height of fear
- prevents learning to calm self and persist/problem solve
- no experience to develop/refine skills
- escape/avoidance is reinforced

The Cycle of Negative Reinforcement



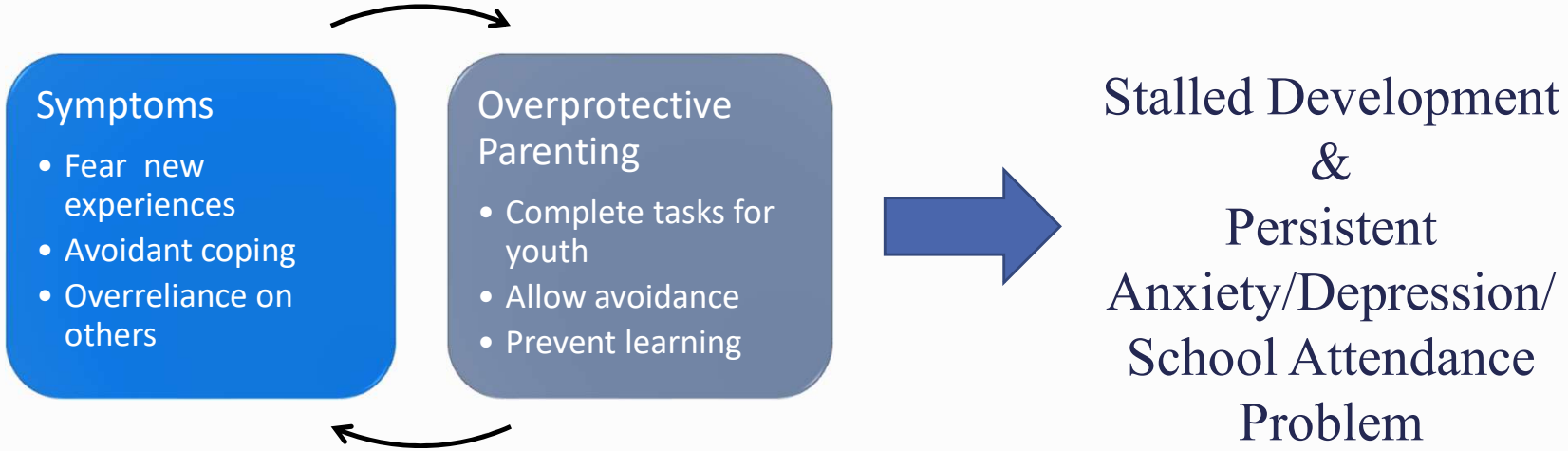
What is most difficult for parents?

Letting the child (no matter the child's age) struggle

- Mistakes promote learning and mastery
- Fear that "situation X is too important to fail"

- Parental "overprotection trap"
  - Limits progression through childhood towards adulthood
  - Pay attention, listen, & observe, as the youth may warrant/need flexibility, more experiences, or time to adapt in their own, unique way to situations

Clinical Problem + Overprotection Cycle



Clinical Opportunities

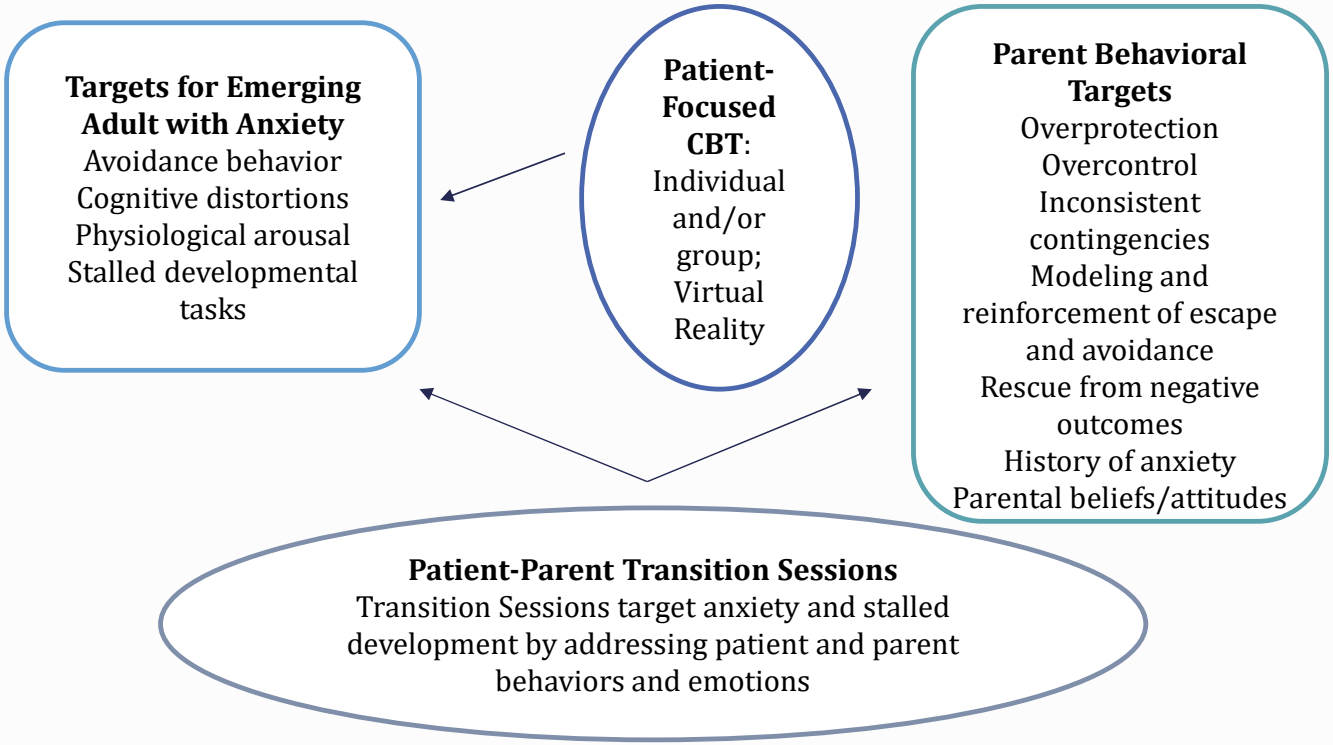
Let's focus on development and the primary environments of the youth to enhance evidence-based treatments for youth

Launching Emerging Adolescents & Adults Program: LEAP

Overall Goal:

Anxiety management and reduction integrating CBT with interventions addressing developmental delays and functional impairments that are maintained at least in part by dependence on parents or primary caretakers.

LEAP Model



Note: From Guerry, Hambrick & Albano (2015). A version of this figure appears in Detweiler, M.F., Comer, J., Crum, K.I., & Albano, A.M. (2014). Social anxiety in children and adolescents: Biological, psychological, and social considerations. In S.G. Hofmann & P.M. DiBartolo (Eds.), Social phobia and social anxiety: An integration (3rd Ed). New York: Elsevier Press.

Assessment and treatment planning:

all the standard measures plus….

Addressing Development:
Launching Emerging Adults Functioning Scale

Measuring milestones to identify developmental treatment targets (individual and family-based) to ultimately sustain meaningful long-term response and remission

LEAF-Alpha Version

Name _____ Date _____

Rate how independent you are on these tasks.

	0 Not at All (always relies on others)	25 Sometimes (needs help often)	50 A Lot (needs help half of the time)	75 Most of the Time (rarely needs help)	100 All of the Time (never needs help)
1. Self-Care					
a) I bathe and groom myself daily without prompting					____
b) I am able to soothe and relax myself when needed					____
c) I take medication on my own and as prescribed					____
d) I prepare and eat my own meals daily					____
e) I strive to maintain a healthy, balanced diet					____
f) I do my own laundry					____
g) I regularly exercise					____
h) I maintain organization of my belongings and space					____
i) I keep current on health and sex information					____
j) I present myself well to others					____
2. Finances					
a) I support myself financially (I earn my own money)					____
b) I manage my own bank account					____
c) I am aware of and plan my spending and saving					____
d) I pay my own bills on time					____
e) I pay my own rent on time					
3. Relationships and Sex					
a) I make my own friends					____
b) I maintain friendships					____
c) I have romantic relationships					____
d) I have a mentor or someone who can provide guidance (that is not a family member or close friend)					____
e) I deal with authority appropriately					____
f) I engage (relate to) my parents on an adult level					____

Theoretical background: Initial item targets identified via Arnett's developmental task domains

Focus group with 30 experts in assessing and treating anxiety as well as in adolescent development for initial item pool

Initial scale developed and items refined with feedback from experts; youth and parent versions.

Internal Consistency: Internal consistency of the LEAF-A items was generally high (.97 for the entire scale and ranged from .70 to .92 for the 10 subscales)

Internal use of the measure at select clinics

4. Work and School

a. I seek work on my own _____
b. I am able to negotiate with superiors _____
d. I register for class(es) or duties on time _____
e. I manage my schedule (daily and long-term plans) _____
f. I complete tasks and assignments on time _____
g. I seek help when it is necessary _____

Comments:

5. Independent Tasks

a. I buy and care for my own clothes _____
b. I take care of my possessions _____
c. I fill and pick up my own prescriptions _____
d. I can get to and from where I need to go (transportation) _____
e. I am punctual and reliable _____
f. I get hair-cuts when needed _____
g. I travel alone _____
h. I assert myself to have my needs met _____
i. I am aware of current events (in community and globally) _____

Comments:

6. Recreation

a. I go on trips and vacations (alone or with others) _____
b. I go to parties and social gatherings _____
c. I have hobbies _____
d. I partake in cultural events and festivities _____
e. I am involved in clubs and/or sports _____

Comments:

7. Altruism

a. I volunteer for non-profit organizations _____
b. I partake in community service _____
c. I care for close ones (emotionally and/or physically) _____
d. I extend myself to help family and friends _____

Comments:

8. Religious/Political Views

a. I define myself as religious or non-religious _____
b. I choose to practice or not practice a religion on my own _____
c. I choose to support or not support political parties on my own _____
d. I vote in political elections _____

9. Living Situation

a. I seek independence _____

b. I live independently from family _____

Comments:

10. Emotional Independence

a. I recognize my own actions _____

b. I own and accept personal responsibility _____

c. I self-correct _____

d. I can apologize when it is needed _____

e. I profit from experience _____

f. I can express my thoughts and ideas clearly _____

g. I know when I need to ask for help _____

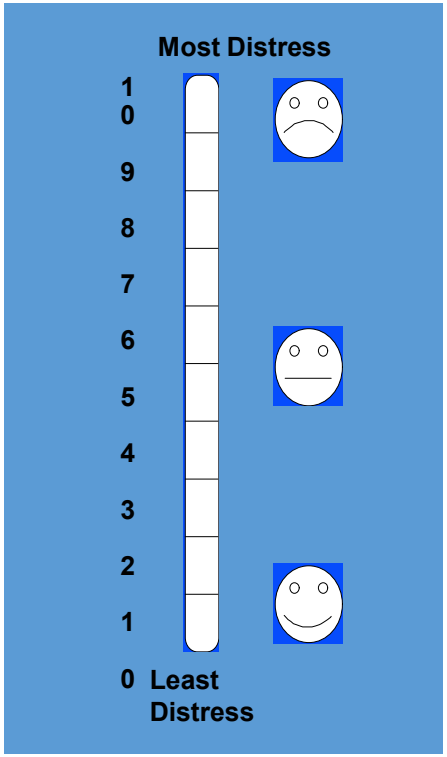
Comments:

Teenage Developmental Task Targets

Domain	Dependent *Lots of Help*	In Transition *Some Help*	Independent *On own*
Waking up on own (alarm)	X		
Getting dressed			X
Picking out clothes		X	
Making bed		X	
Dealing with boredom	X		
Organizing belongings	X		
Managing friendships		X	
Making meals or snacks (breakfast/lunch)		X	
Brushing teeth		X	
Showering			X
Completing chores		X	
Being on time for things at home or school	X		

Developmental Hierarchy: Middle School

Distress Thermometer (SUDS)



Developmental Hierarchy

Situation	SUDS
Owning up to when I make a mistake or mess something up at home	10
Finding something to do when I'm bored	8
Walking my dog each day	7.5
Calming myself down	7
Making my own snack/lunch	6
Waking up to an alarm	5
Picking out my own clothes to wear each day	2

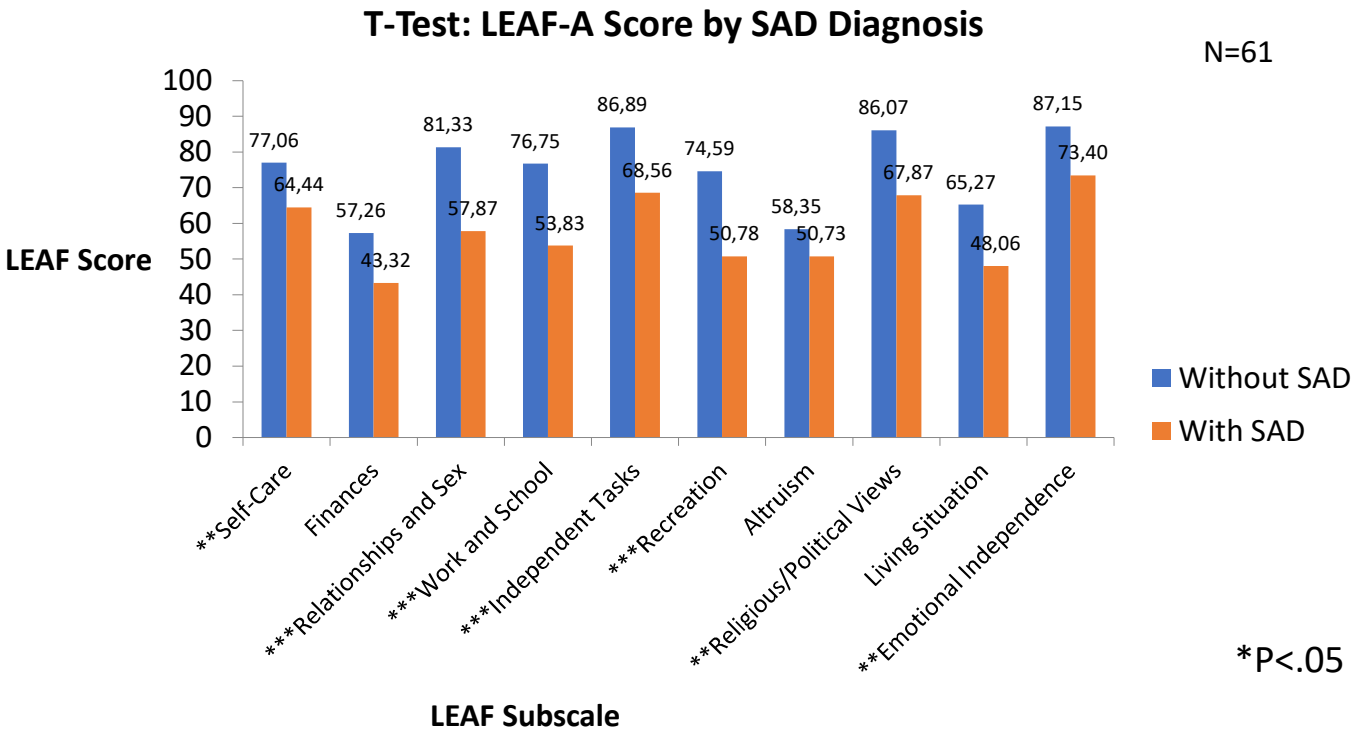
Developmental hierarchy for 17 year old/high school senior

Task	Emotional Challenge	Independence
Going to a college visit alone	100	0
Working part-time (20 hrs/week)	90	0
Making an appointment with job/ college counselor	80	0
Buy my own clothes	70	10
Prepare my own food	65	25
Do my own laundry	60	30
Wash my dishes	50	40
Make an appointment on my own	40	60
Make my bed	30	50
Do homework	25	75
Get up on my own (with alarm)	10	50
Personal hygiene	10	85

Preliminary Clinical Sensitivity: Social Anxiety

Compared with clinic patients without SAD, Participants with a SAD diagnosis were significantly lower on:

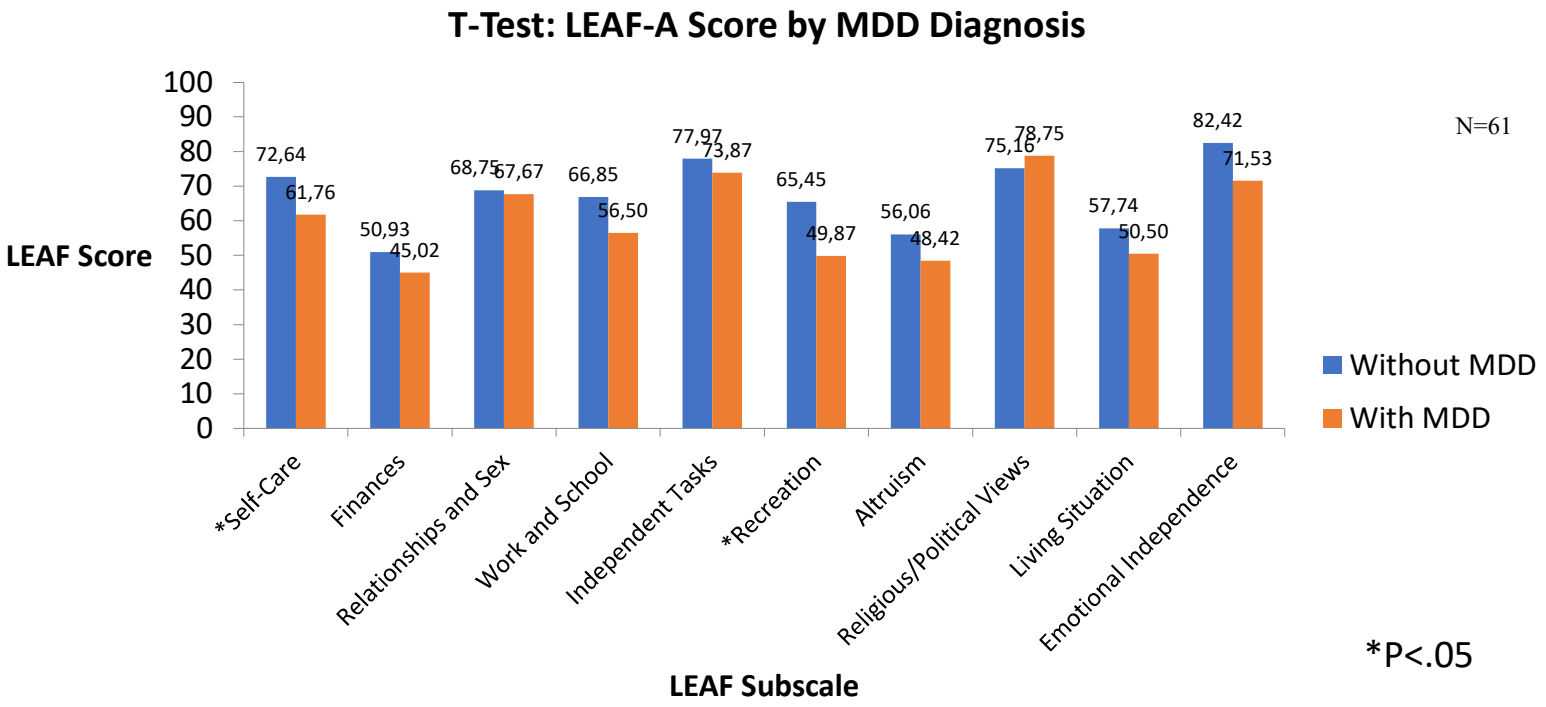
Self-Care (t=2.932, **p<.01)
Relationships and Sex (t=5.156, ***p<.001)
Work and School (t=3.70, ***p<.001)
Independent Tasks (t=4.52, ***p<.001)
Recreation (t=4.153, ***p<.001)
Religious and Political Views (t=3.209, **p<.01)
Emotional Independence (t=2.966, **p<.01)



*P<.05

(N=31 Male, M_{age} = 22.36, SD_{age} =3.26, age range=17-28; 82% Caucasian)

Preliminary Clinical Sensitivity: Depression



Participants with a MDD diagnosis had significantly lower **Self-Care** (t=2.100, *p<.05) and **Recreation** (t=2.126, p<.05) average scores than individuals without an MDD diagnosis.

LEAP Treatment Phases

1

Segment I

- Psychoeducation, Treatment Planning, Goal Setting

2

Segment II

- Skills Training in Cognitive Restructuring and Social Problem Solving Skills

3

Segment III

- Integrated Therapeutic Groups

4

Segment IV

- Solidifying Gains and Relapse Prevention

Considerations for Caregiver Involvement

- Degree of adolescent/young adult depressive symptoms or risky behavior
  - E.g., amotivation, suicidality, significant substance use
- Degree of impaired functioning / dependence
- Degree of parent/youth conflict
- Parental psychopathology
- Degree of overall family stress/dysfunction
  - E.g., financial, marital, health

Unique to LEAP: Transition Sessions

Identify goals: parent's and adolescent's

Address parent beliefs, history, fears

Teach communication and family problem solving skills

Developmental hierarchy

Effective coaching for parents

Focus on letting go (to facilitate exposures)

Remember Alfred Adler!

"You can love a child all you wish, but you must not make him dependent. You owe it to the child to let him function as an independent being, and you must begin training him from the very beginning to do this. If a child gains the impression that his parents have nothing to do but to be at his beck and call, he gains a false idea of love."

In ***The Pattern of Life*** (1930), page 148.

Segment I

• Psychoeducation, Treatment Planning, Goal Setting

- Caregiver Visualization
  - "Close your eyes, clear your mind, relax…now think back to first time you saw your child struggling with anxiety. What did you see? How did you feel? What were your urges?"
  - Parents belief's are critical to understand and address overprotection.
  - **Letting my child struggle will:**
    - ***Cause too much anxiety***
    - ***Damage his or her self esteem***
    - ***Make him/her think I don't care or love him/her***
    - ***Make him/her angry with me***
    - ***Embarrass my child***
    - ***Cause irreparable harm***

Allows opportinity for ownership and processing of feelings of shame, resentment, guilt...experienced by the youth and by the parent.

Segment I

- Psychoeducation, Treatment Planning, Goal Setting

Processing the Caregiver Visualization:

- Validate caregiver reactions while providing education about short & long-term outcomes
- Other episodes?
- Engage parent and young adult to discuss past history, and understanding of overprotection and how this developed
- Establish basis for caregiver involvement moving forward; set up transfer of first developmental task items

Segment I

• Psychoeducation, Treatment Planning, Goal Setting

- Examine patterns of anxiety and avoidance (for youth and parents)
  - What are my anxiety triggers?
  - What are all the ways that I avoid?
  - What are my interactions with my caregiver/child like? What are short- and long-term consequences of caregiver help?
  - How does my anxiety interfere with reaching my goals?
- Review developmental hierarchy and discuss each task in terms of ways in which caregiver has assumed responsibility for the patient
- Identify skill deficits that maintain anxiety and difficulty with developmental tasks

Mid-Treatment Transition Session

- Focus on transfer of responsibilities and increasing independent functioning
- Revisit ongoing overprotective patterns
- Initiate plan for pulling back on support
- Therapist models healthy, positive coaching style
- Communication skills training & family problem solving (Wells & Albano, 2005)

Parent Visualization

"Close your eyes, clear your mind, relax….now imagine your child at (next big step: attending a party without you; college or job interview). You are not with him. Watch him and listen. What do you see? What is he doing? How does he sound?"

Role Reversal

Recreate a common situation that results in conflict due to anxiety such as:

- Avoidance of interactions/situations
- Parent needing to make excuses for the youth or do the situation on behalf of the youth
- Rejection of parental assistance

Parent and Youth switch roles

- Keep the role play going and focus the participants on their roles, not their own reactions
- Process what it was like to be the other person
- Focus on perspective taking
- Examine, what would be helpful, now that you have a sense of (parent, youth's) experience?

Transition Session: Progress Check

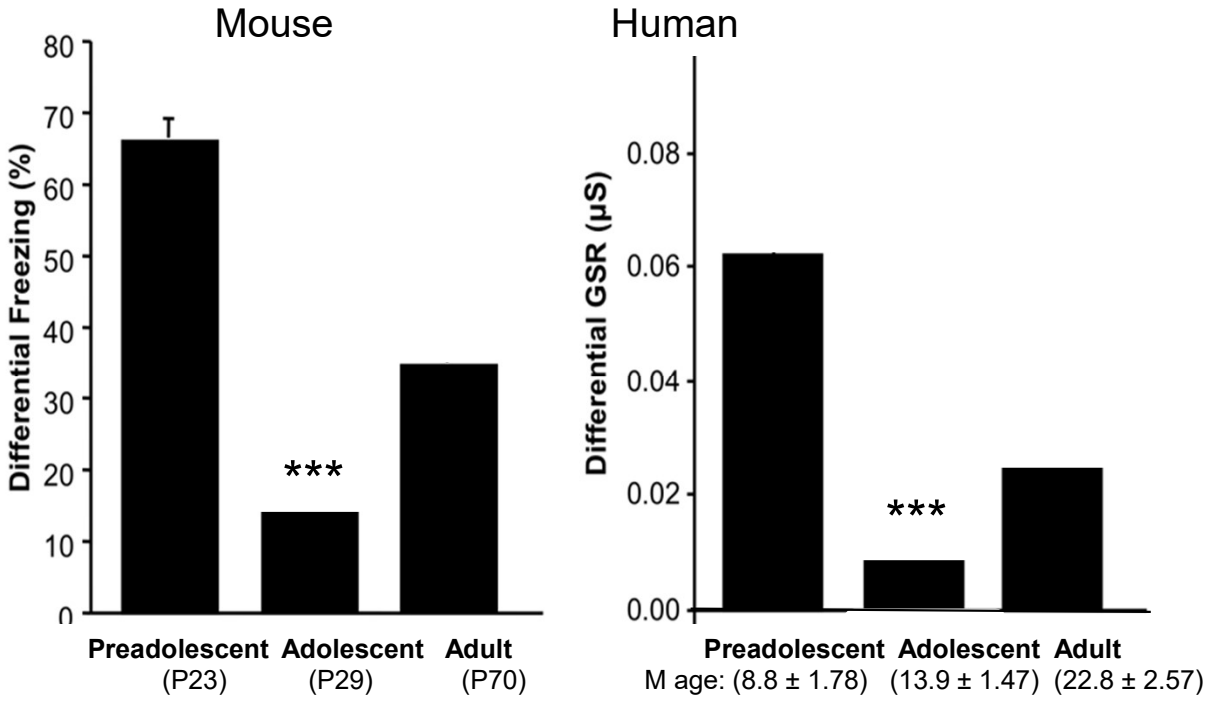
Transition tasks	Goal Attained? Y/N
Volunteer at campaign office	Yes
Apply for financial aid on time	Yes
Do laundry (and sheets) weekly	No
Pay my bills on time	Yes
Initiate outing with a friend weekly	No
Get up by 9 on days off and work out	No
Keep meeting with college mentor	Yes
Make and keep doctors' appts	Yes

Can we promote lasting benefits of CBT with contextually-valid exposures

Critical Component of LEAP: Contextually Valid Exposures

1. To assess baseline anxiety reactions
2. As a key component of exposure-based therapy
   - Exposures are conducted in group sessions--key for ecological validity, social support, and to practice skills
   - Out-of-office exposures with community volunteers
3. Exposures need to be as realistic as possible

Attenuated Fear Extinction during Adolescence

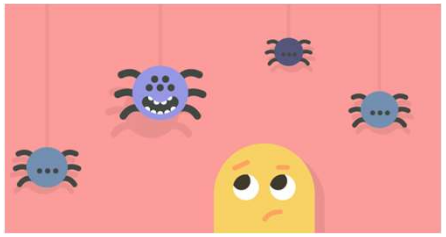


***p<.001 compared with other groups

Pattwell, Duhoux, Hartley et al 2012 *PNAS*

Caveats of Exposure

- **Traditional role playing may lack ecological validity**
  - Often involve role plays with older clinician
  - Require significant use of imagination (e.g., "Pretend you are in your dorm room and meeting your roommate for the first time.")
  - Limits engagement, fear activation, and generalizability



- Neurobiological and animal research highlights importance of **realistic, context-based** assessment and treatment for anxiety disorders
  - Extinction learning is context-dependent
  - Fear is more likely to return when participants are assessed or treated in a context that is different from the context in which extinction learning took place

- Inhibitory learning model emphasizes **importance of conducting exposures in multiple contexts**, especially those in which feared stimuli are likely to be encountered

(Mieke et al., 1999; Craske et al., 2008; Bouton et al, 2006; Casey, Glatt, & Lee, 2015)

Designing Contextually Valid Exposures

Group sessions are key for ecological validity, social support, and to practice skills

- Traditional role plays only go so far
- Need to step up the intensity and range of exposures to address real world issues and prepare youth to engage with peers, professors, supervisors and the Twittersphere

- "Mission is Possible" tasks address issues & challenges specific to developmental level

Within session exposure: Assertiveness

Topic: Your friend informs you that she is pro-life and anyone who isn't is an accessory to murder

- Goals
- State my position without apologizing
- Maintain eye reasonable eye contact
- Keep a conversational tone for myself
- Agree to disagree

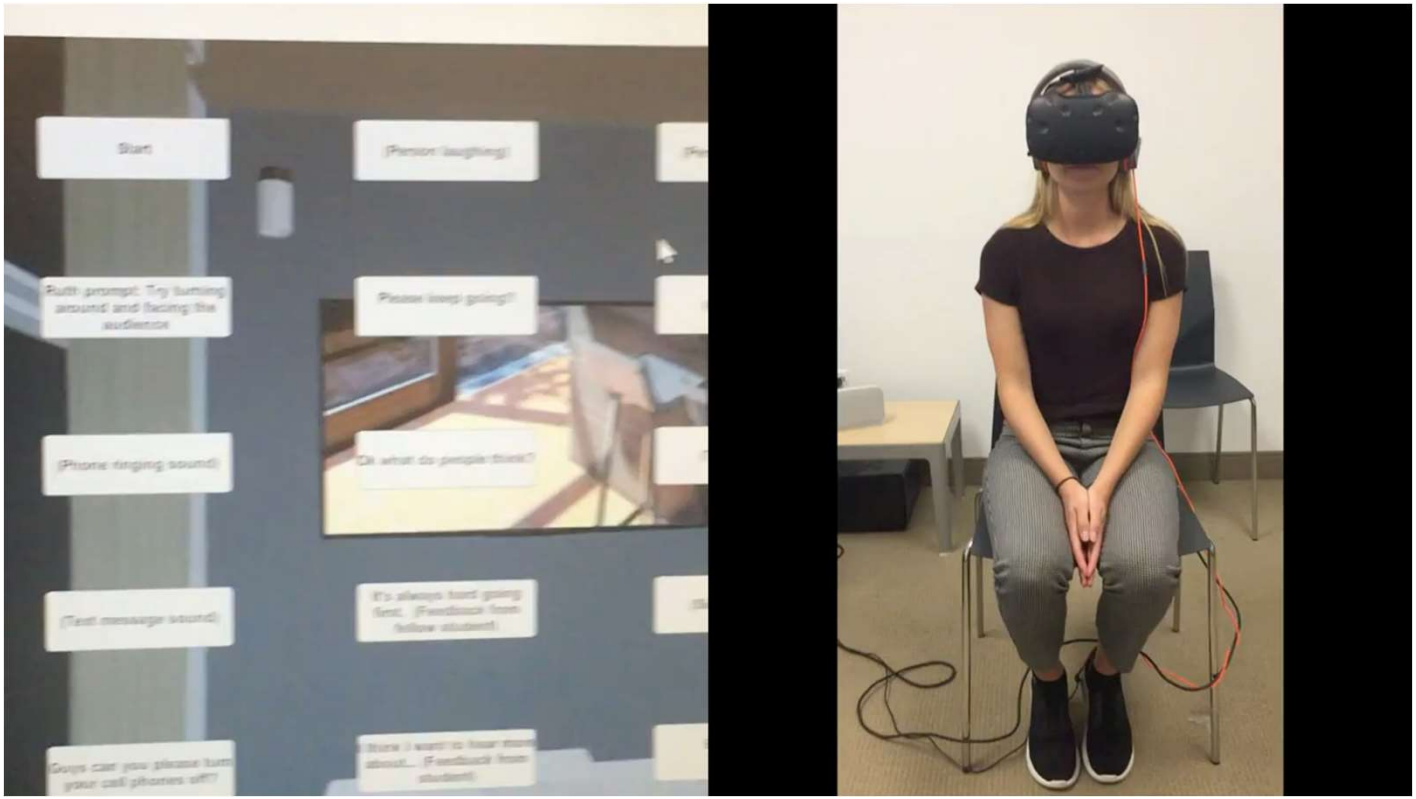
In-Vivo Mission is Possible Task: Job Interview

Your mission, if you decide to accept it (and if you don't, you're avoiding) is to complete the following assignment:

Donna: You have an interview to be a marketing assistant with Ms. Quinones at a management company. The position is full time, 40 hours per week. The interview is Thursday at 3:00 pm, suite 1420 at 3 Columbus Circle.

What to do? Examine BEFORE you go out what it is you're thinking and fearing. CHALLENGE those thoughts with realistic, coping-focused thoughts. AFTER you are finished in the situation, come to CUCARD and let's find out what happened!

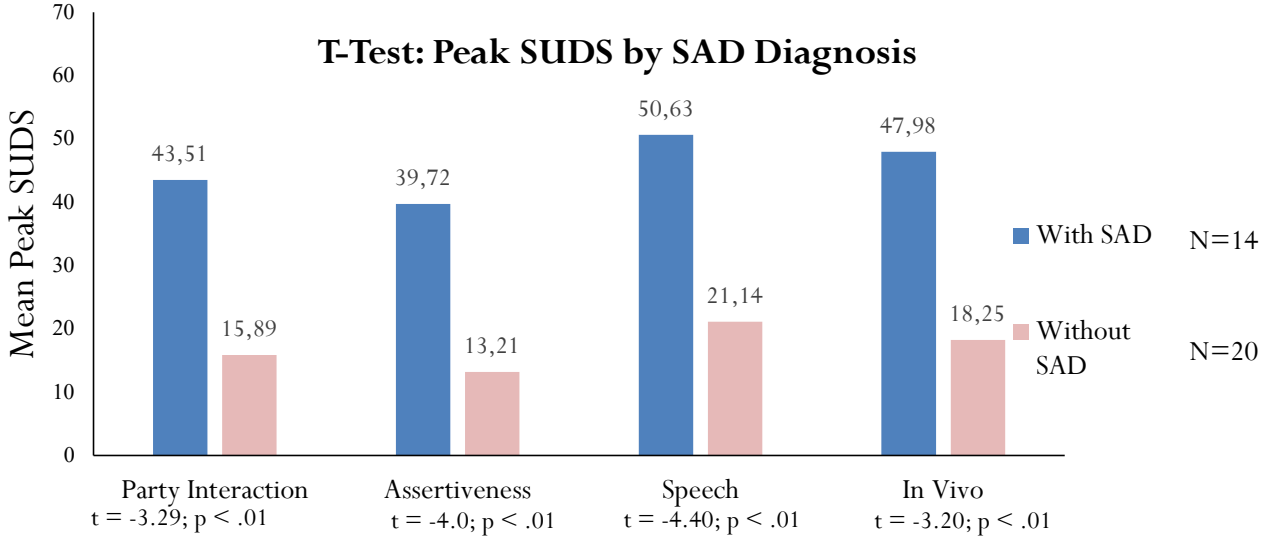
Exposure to age-appropriate stimuli



Clinical Utility (n=34)

- VR BAT is able to elicit anxiety
- VR BAT is able to detect individuals with and without SAD diagnosis

Peak SUDS (0-100)		
	Mean (SD)	**Range**
Party	30.78 (26.87)	0-90
Messy Roommate	27.42 (23.81)	0-80
Speech	37.44 (24.76)	0-85
VR (average)	32.68 (24.64)	0-90
In Vivo Conversation	35.57 (30/01)	0-95



Flexible Module

• Specialized Parent/Caregiver Group

- Caregiver Groups
  - 5-6 sessions; for caregivers whose children are not engaged in treatment
  - Reinforce caregiver skills & ability to empower youth to seek treatment
  - Education about young adulthood, anxiety, and the role of caregivers
  - Developmental assessment & hierarchy building
  - Use of age-appropriate limits & behavioral contracting
  - Communication skills (validation, reflective listening)
  - Caregiver self-care, social support

LEAP Outcome Targets

Anxiety

- Reduce symptoms including avoidance/escape
- Improve behavioral skills
- Increase interpersonal interactions
- Increase self-soothing
- Change self-defeating thinking style

Transition Tasks

- Independence in productive work and/or educational activity
- Responsible for own medical/mental health
- Handles finances
- Meets deadlines (e.g., applications)
- Maintains independent living activities
- Handles emotional issues with appropriate support

For your consideration.....

- Early onset of anxiety can interfere with basic life skills necessary for meeting developmental milestones
- Over protection, allowing escape and avoidance of challenging situations, solidify anxiety and stall development
- Youth need to function independently and adequately in varied environments and respond with problem solving and psychological flexibility to the challenges of living

- CBT is effective in the short term. Enhancing outcomes through a focus on development and exposure to contextually valid anxiety-provoking situations could extend the benefits of CBT.

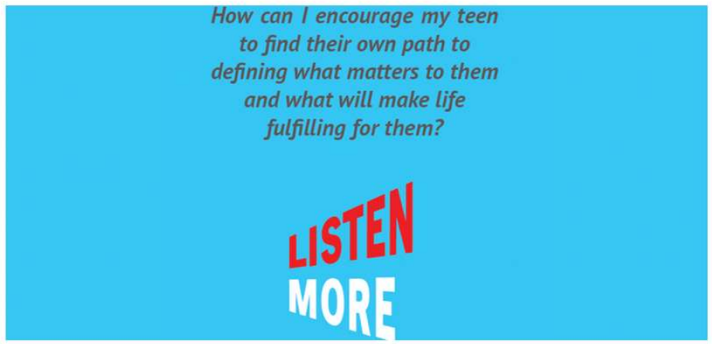
Listen More Podcast: Conversations with US Teens and Young Adults
https://listenmoreproject.org

EPISODE 5: EXPLORATION

Conversations with Highschool Students.

Click the green button to download and listen to the episode.

EPISODE 7: MATURITY



A CONVERSATION WITH A GROUP OF 20-SOMETHINGS ABOUT HOW TODAY'S COLLEGE STUDENTS SELF-DISCOVER DURING THEIR TIME ON CAMPUS AND WHAT THEY WISH THEY HAD KNOWN IN MIDDLE SCHOOL.

Click the green button below to listen and download.

Thank you for listening!