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From Unfinished Adolescent to Young Adult: A Constructivist Control Mastery Theory Approach to the Treatment of the Emerging Adult Still Living at Home

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Abstract

The distinct time in life known as emerging adulthood presents its own unique developmental challenges, most centrally the creation of an adult identity. However, an increasing number of young adults today are not living on their own, as would be expected, but instead are living with their families of origin. For some, co-residence is largely a function of current economic forces. For others, it is evidence of problems with the separation-individuation process. Assessing relational maturity and the development of autonomously valued goals is crucial in forming a treatment plan. Constructivist control mastery theory is a treatment approach that integrates psychodynamic and narrative paradigms and is especially well suited for the treatment of this population, whether applied as a family therapy or individual therapy. This approach focuses on fostering mastery-oriented conversations that facilitate the emergence of adult identity.

Keywords

emerging adult, co-residence, control mastery, narrative therapy, psychotherapy

While delayed home-leaving has largely been examined through a sociodemographic lens and from the perspective of its psychological causes and effects (e.g., Allen, Hauser, Eickholt, Bell, & O'Connor, 1994; Kins, Beyers, Soenens, & Vansteenkiste, 2009; Kins, Soenens, & Beyers, 2011; McLean & Mansfield, 2012), there is a paucity of literature regarding developmentally appropriate interventions for this age group (Sachs, 2013), an age group that is significantly underserved despite its heightened risk for mental health problems (Blanco et al., 2008). Furthermore, there are no clinical studies that specifically address the mental health treatment of the co-residing emerging adult, a subgroup that is increasingly prevalent in the affluent communities we serve, and who, in our experience, can be quite clinically challenging. In the more difficult cases, the emerging adult is functioning at a delayed or regressive state, which we have termed *unfinished adolescence.* Indicators of such a state include a nocturnal sleep–wake cycle, an overriding focus on videogame playing and social media, a tepid engagement with work or school, a weak commitment toward seeking employment, and/or frequent conflicts with parents. In the most severe cases, the young adult is neither pursuing work nor higher education and is emotionally shut down or verbally abusive, if not physically threatening, to one or both parents who present as defeated, frozen, anxious, or angry. Most frequently, the parents present with an excruciating bind: They want to "kick the kid out" but they cannot take this step for fear that their child will suffer immensely from such an action.

The purpose of this article is to address the needs of this developmentally distinct and growing clinical population from a specific theoretical model known as constructivist control mastery theory (Lieb & Kanofsky, 2003). This clinical approach appears to be particularly well suited for treating emerging adults and their parents. Constructivist control mastery theory's integration of narrative and psychodynamic paradigms provides a powerful set of clinical tools in facilitating the acquisition of a healthy young adult identity which is being impeded by separation-individuation pathology. Because the definition of adulthood is so fluid during this current historical period, emerging adults require aid in creating a narrative identity, which is developed through their conversations with others (Cox & McAdams, 2012; Habermas & Bluck, 2000; McAdams et al., 2008; McLean, 2005; McLean & Mansfield, 2012). Parents play an especially important

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role in scaffolding these identity-making stories (McLean & Mansfield, 2012). For this reason, our clinical approach is centered on creating those conversations that facilitate the emergence of adult identity.

Overview of the Treatment Model

Our approach to treating these unfinished adolescents/emerging adults is based on the integration of control mastery theory (Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986), and narrative therapy (White & Epston, 1990) from a family systems perspective (Kanofsky & Lieb, 2007). Control mastery theory elaborates Freud's (1926) later idea that psychological problems are rooted in grim, largely unconscious beliefs that have been inferred from traumatic early experiences, usually within the family or with other primary caretakers. In line with attachment research (e.g., Beebe, Lachmann, & Jaffe, 1998; Bowlby, 1988; Gopnik, Kuhl, & Meltzoff, 1999; Schor, 1997; Stern, 1985), control mastery theory asserts that all children develop a set of beliefs about safe or unsafe ways to adapt to the family environment while simultaneously attempting to meet important personal developmental needs and strivings. The emphasis on the child's primary motives of adaptation to the family and altruistic concern for the well-being of family members, even at the child's expense, contributes to a humanistic, systemic, and non-pathologizing clinical stance.

While highly adaptive in one sense, the beliefs inferred from traumatic experiences (trauma is loosely defined as any early experience or set of experiences that harm the child or important others) are termed pathogenic because they inhibit the child from pursuing preferred goals and give rise to troubling feelings, problematic behaviors, and interpersonal conflicts. Pathogenic beliefs are formed in a number of ways. They most commonly occur when a child attempts to achieve certain developmentally appropriate goals and discovers that such attempts repeatedly lead to trauma for the child or parent. From these experiences, the child creates cognitive representations of the world that ultimately impede personal growth if they remain unquestioned and unconscious. Guilt is the feeling tone that validates these beliefs, its power rooted in deep attachment needs and altruistic impulses. When activated, these pathogenic beliefs have an emotional immediacy that makes them seem patently true. For example, *omnipotent responsibility guilt* involves a pathogenic belief that exaggerates the sense of responsibility for the well-being of loved ones. S*eparation guilt* involves a pathogenic belief that one's separateness from loved ones causes them harm, and *survivor guilt* is characterized by the pathogenic belief that pursuing normal goals and achieving success and happiness will cause others to suffer simply by comparison (O'Connor, Berry, & Weiss, 1999; O'Connor, Berry, Weiss, Bush, & Sampson, 1997). Pathogenic beliefs also develop as a result of the child's compliance with parental treatment and messages. Given their dependence and lack of prior experience, children are prone to believe that the treatment they receive from their parents is deserved. Finally, pathogenic beliefs are often perpetuated over generations as children identify unconsciously with certain behaviors, attitudes, and beliefs expressed by their parents, which are later transmitted to their own progeny.

Control mastery theory further asserts that individuals come to therapy highly motivated to overcome the suffering derived from pathogenic beliefs and want to pursue their preferred life goals. This guiding focus on the client's inherent motivation for health represents the *mastery* component of the theory and has a very hopeful and collaborative effect on treatment. Control mastery theory holds that, in the course of therapy, clients work to overcome their pathogenic beliefs primarily through a process of consciously and unconsciously *testing* their beliefs with the therapist. Testing of pathogenic beliefs is viewed as a fundamental activity in and out of therapy for adapting to one's interpersonal world and achieving personal goals.

There are two types of testing. In *transference testing*, the client, initially in an unconscious fashion, behaves with the therapist as he or she responded to the caretakers involved with the original traumatization that led to the formation of pathogenic beliefs. The client is seen to be unconsciously hoping that the therapist will not repeat the traumatization. In the other primary form of testing, *passive-into-active testing*, clients switch roles and treat the therapist or others in the traumatizing ways they were treated in the development of their pathogenic beliefs. The unconscious goal of passive-into-active testing is that the person being tested will not be traumatized and succumb to the same pathogenic beliefs, thus helping to overcome the client's beliefs by demonstrating that such treatment is not deserved and by modeling various ways of coping with it.

We believe that control mastery theory can be effectively reformulated as a critical constructivist approach to psychotherapy. Critical constructivists take the postmodern position that we do not simply observe our world; we actively participate in creating its meaning. In line with control mastery theory, critical constructivism emphasizes the centrality of subjective structures or schemas in fashioning the individual's adaptation to, and understanding of, various environmental realities (Dorpat & Miller, 1992; Lichtenberg, 1984; Slap & Saykin, 1983; Stern, 1985; Stolorow & Atwood, 1979). Critical constructivists view the acquisition of these personal representations of reality as occurring through a social process of interaction with the environment (Mahoney, 1991). This is fortuitous, from a clinical perspective, because it implies that these constructs are also amenable to change through a social process.

We have used primarily the narrative therapy work of Michael White and David Epston (1990) in developing a methodology of change which is synergistic with a control mastery therapy, constructively conceived. Narrative therapy offers control mastery theory a new root metaphor: stories.

This root metaphor generates a methodology of change that can vividly animate our control mastery work. The aim of narrative therapy is to focus on the person's unique story of their experience, realizing that his or her stories are constructions, and not universal or immutable truths. Each and every action is a "performance of meaning" (Bruner, 1986) that simultaneously re-authors past experience and frames subsequent experience.

Our model conceptualizes that the therapist is participating, at any given moment, in one of three story lines that the client is telling about him/herself through their words and actions. One of these story lines is the problem story, which significantly limits the client's well-being. Participation in this *pathogenic story*, using control mastery language, is *anti-plan* and not helpful. In contrast, participation in the other two story lines is *pro-plan* and facilitates the attainment of the client's goals. The first of these pro-plan story engagements we call the deconstructive story of psychotherapy and the second we term the constructive story of psychotherapy.

Control mastery theory provides a coherent and effective framework for deconstructing, or undermining, the client's pathogenic story, and we call on narrative techniques and tenets to further weaken its effect on the client. However, from our perspective, narrative therapy makes an even more important contribution to control mastery theory with its postmodern emphasis on the creative or constructive work of psychotherapy. We have found it extremely helpful to participate in our clients' constructions of their *mastery stories*, which can evolve as alternatives to their pathogenic beliefs/stories. It is our thesis that the limiting effect of pathogenic stories will lessen as we facilitate more preferred stories that are as elaborated and compelling as the pathogenic stories. While control mastery theory provides the compass, narrative therapy equips us with additional means to follow its direction.

Assessment

Our assessment protocol focuses on determining the extent to which the mastery story of emerging adulthood is evolving in the family as evidenced by the interactions between the emerging adult and his or her parents. From this perspective, it is important to understand what qualities are associated with successful launching and placing presenting complaints in the context of their normative developmental baselines. This is a clinically important application of Arnett's (2000) assertion that emerging adulthood is a distinct life stage. In other words, if we do not know what is normal for this age, how can we determine what is pathological? Otherwise, we run the risk of treating normally developing young adults as if they were pathological and in so doing, iatrogenically increase family discord, heighten parental distress, and create psychopathology in the young adult. Conversely, treating individuals who are developmentally delayed and suffering with mental health issues as if they were developing normally will only maintain or exacerbate the problem.

While a certain level of instability is the norm at this age, there are certain individual and dyadic characteristics that are associated with the successful transition to adulthood and others that are associated with "separation-individuation pathology" (Kins et al., 2011). One key is the development of relational maturity (Aquilino, 2005; Nelson et al., 2007). We assess relational maturity by evaluating the extent to which there is a dynamic balance of autonomy coupled with a commensurate capacity to stay emotionally engaged with the parents (Baltes & Silverberg, 1994; Frank, Butler-Avery, & Laman, 1988; Grotevant & Cooper, 1986; Kins et al., 2011; Smollar & Youniss, 1989). A completely dismissive and disengaged relation to the parents is as strong an indicator of separation-individuation problems as is preoccupation with the parents and over-dependency (Scharf, Mayseless, & Kivenson-Baron, 2004). In this regard, we assess the extent to which child and parent are creating a narrative of increasing symmetry and decreasing hierarchy in their relationship (Aquilino, 1997; Grotevant & Cooper, 1986; Kins et al., 2009; Kins et al., 2011; Levy-Warren, 1999). We look for evidence that independence and interdependence are integrated, and a growing capacity to negotiate from more co-equal positions.

One of the relational qualities that most clearly distinguishes this phase of the life cycle from the previous adolescent phase is that the child is becoming increasingly aware of the capacity to influence his or her parents' well-being while the parents are increasingly more willing to be influenced and supported (Aquilino, 2005; Nydegger, 1991). Increased consideration of parental well-being represents a diminishment of egocentricity and sets the stage for later caregiving behavior (Aquilino, 2005; Badger, Nelson, & Barry, 2006). Therefore, we evaluate the young adult's capacity to empathically understand the parents' life experiences and needs from an independent point of view and not just as an extension of their own wants and needs.

In addition to assessing the emerging adult's relational maturity, we also are interested in evaluating the extent to which the emerging adult is capable of taking value-driven actions. We look for actions that express competence and self-direction as the primary motivators for moving forward in their lives (Moore, 1987; Ryan & Deci, 2000; Vansteenkiste, Williams, & Resnicow, 2012). We determine the extent to which the young adult is engaging in goal-setting and initiating steps that are consistent with self-identified values. We inquire whether the young person is actively engaged in some process of intellectual development, regularly working or volunteering in an area of personal interest. Conversely, we evaluate whether the young adult's primary focus is on passive pursuits or escapist entertainment that is inhibiting his or her ability to engage in adult-like challenges. Clearly addiction, which is prevalent in this population, impedes both the formation of relational maturity and the development of goal-directed behaviors based on autonomous values.

We also assess through the lens of the family system. From this perspective, it is essential to evaluate the parents' attachment styles as manifested in their part of the relational equation. Relating to the emerging adult child from the standpoint of past parenting practices founded in adolescence is a recipe for disaster. We want to know if they are capable of bestowing their "blessing" on their child for becoming an adult (Blos, 1985). Can they empathically support autonomy while remaining ready to provide emotional and, when appropriate, financial support? As Aquilino (2006) has stated, "In an ideal situation, parents are partners with their offspring in the quest for independence" (p. 201). Conversely, parental separation anxiety generates controlling behaviors, which rob the young adult of the sense of autonomy and supplant it with compliance. It is imperative to assess the extent to which worry/intrusiveness and anger/rejection are dominant tones in the parents' relation to their emerging adult child.

Finally, we assess the stability of the marital system and the level of schism between the parents, especially with regard to the parenting of their child. Instability and schism foster the pathogenic story that individuation-separation is an abandonment of the parents and creates unconscious guilt, which hobbles the emerging adult child. We need to know the family history of how the split developed and each parent's attachment history to determine the intergenerational contributions to the schism.

Application of the Model

Our approach is centered on changing the nature of the conversation between parent and child. We continually seek to undermine pathogenic adult-to-adolescent conversational patterns and promote the enactment of adult-to-adult conversations. We integrate control mastery theory and narrative therapy to change the conversation, not the people. This externalizing shift (White & Epston, 1990) serves to depathologize the young adult in the parents' eyes, and more effectively separates the young adult from their anachronistic adolescent identity. The shift to focusing on communication processes aligns the parents and child toward a common value: to have a more adult-to-adult relationship. We frame those instances when this is not happening, which is the majority of time in the beginning of treatment, as instances when the unfinished adolescent script is holding the family back. The richer we can make the alternative description, the more meaningful and sustainable the developmental progression. To this end, we vividly bring forward behaviors, thoughts, emotions, intentions, identities, and relationships through which the family is having influence over their problematic interactions and creating new, developmentally appropriate patterns.

Most commonly, we bifurcate treatment with one therapist seeing the young adult child and the other seeing the parents. However, there are times when we never meet the young adult, cases when we only see the young adult, and other instances when we "mix and match," including the young adult into some or all of the family sessions. In line with control mastery theory, the approach is highly case specific. The decision of whom to work with is primarily based on how "stuck" the young adult is to his or her *unfinished adolescent story*. To the extent the young adult is fully oppressed by that story, for example with addiction issues, we opt to work with the parents; if that's less the case, then we work with the family. On the other hand, if the child is presenting more as an emerging adult then we actively promote that emerging quality by choosing to see him or her individually. Along those lines, to the extent the young adult is developing adaptively, the emphasis is put on them to "take the lead" in constructing the family's emerging adult story.

Parents tend to present for treatment with an enormous amount of worry and/or anger about their young adult child. Their worry emanates from a story that their child is incapacitated, which naturally calls for rescuing responses. From an attachment perspective, anything less is experienced as an act of abandonment. Over time, an under-functioning/over-functioning dynamic calcifies in the family. Operating from this narrative, it makes perfect sense that a parent would devote himself/herself to "fixing" their needy child, spending hours on the Internet looking for jobs for their young adult, reminding them constantly to participate in the running of the household, financially supporting them while they are engaged in no meaningful activities, or most crucially, allowing them to live at home when they are abusing drugs and/or abusive to the parents. Alternatively, the anger position emanates from a story of manipulation and defiance. This construction impels the parent to exercise their authority over their child, which only maintains a compliant-defiant interactional pattern. These parents feel punished by their child and adopt an authoritarian stance (Baumrind, 1966) focused on punishing their bad behavior, an extension of their adolescent parenting practices. However, the rub is that now they have very few "cards to play" other than to kick the child out of the house. In these cases, we see chronic, and, at times, violent conflict between parent and child.

In our experience, worry and anger co-exist for the parents in these families. Unfortunately, the parents are almost always split across these two positions, and their conflicting views of the child gridlock their capacity to effectively parent and therefore perpetuate the developmental impasse in the young adult. However, underneath the marital schism, shared feelings of fear, guilt, and shame reflect a greater story of parental failure. The failure-based substrate of the parents' pathogenic story drives an explicit control agenda. The child must change for the parents to feel better about themselves. This context is not conducive for the child to emerge as a young adult.

The Deconstructive Work

Deconstructing content. The purpose of the deconstructive work of psychotherapy is to undermine the manifestations of the pathogenic story and its hold over the family. Like a

literary critic, we seek to collapse the story on itself so that its participants increasingly experience its manifestations as dissonant, not who they are or want to be. The first step in undermining the hold of the pathogenic story is to help each member see how life-limiting these adult-to-adolescent interactions are. We deconstruct stories of despair in which parents view their child as incompetent and an object of worry with a powerful alternative thematic structure of altruism and nobility. For example, Haley's (1980) seminal book, *Leaving Home*, is replete with cases of young adults who handicap themselves to deflect attention away from their parents' unhappy marriages. In other words, the young adult's development is primarily inhibited by their concern that emancipation may hurt their parents and/or siblings. However, in contrast to Haley's assumption that the family is invested in maintaining a homeostasis, we start with a more humanistic assumption. We believe these young adults and their parents want to achieve mastery over their difficulties.

We also work to cultivate the parents' ability to generate their own counter-narratives and deconstruct pathogenic stories. We have conceptualized this treatment component as teaching parents, to "think like a therapist and act like a parent." To accomplish this task, we use a psycho-educational approach that teaches them how to employ the control mastery theory plan formulation method (Curtis, Silberschatz, Sampson, & Weiss, 1994). As such, we work to promote an understanding of the young adult's behaviors as representing unconsciously planned efforts to test hypotheses about whether it is safe to grow up. Parents learn how to: identify their child's life values; the obstructions to realizing this value-based living; how those obstructions were developed; what tests their child is hoping the parents will pass to disconfirm these hypotheses; what attitudes, behaviors, and discourses will pass these tests; and how their own family of origin experiences obstruct their capacity to act in a pro-plan manner.

Deconstructing context. The cultural context is particularly germane for the deconstructive work with this population (Lieb & Kanofsky, 2003). Cultural prescriptions about what constitutes normal development at this stage of life are increasingly anachronistic, leaving families feeling lost and confused. Without a roadmap, parents pressure themselves, and each other, to coerce the young adult child into conforming to outdated cultural prescriptions of young adulthood. Under the critical gaze of the culture, these families are failures, and so they feel and act like failures, demoralized and stuck. Of course, we, as therapists, can only be expert in our own local culture, aware of the ways its prescriptions oppress the individual or facilitate life satisfaction. In our local affluent, high achieving culture, the bar that represents successful child-rearing is set very high and failure to conform to those standards can profoundly oppress and isolate the individual and family. Deconstructing this failure-soaked story into one in which the "culture is the culprit," not the child, is often key in fueling the family's capacity to construct a more adult-to-adult relationship. With families whose child is higher on the spectrum of emerging young adulthood, unmasking these oppressive cultural assumptions allows the family to take a common stand against their dictates and provides them the freedom to co-create their own path through this developmental phase.

The Constructive Work

Co-authoring new mastery stories means that parents and young adult children must actively participate in adult-to-adult conversations with each other. Often parents cannot recognize the non-dominant, hidden stories when the young adult is relating like an adult because they are so focused on the problem. Without witnessing this mastery story, progressive behavior never gets any traction. Our task is to bring forward these alternative narratives in the landscapes of consciousness and action.

Taking the inward turn. We co-construct a new mastery story in a number of ways. To promote differentiation, we help the parents take an intrapersonal focus. The pull for parents to focus on and control the child's behavior is very strong and represents a continuation of earlier parenting practices that now function to retard development. Rather than cooperating with the parents' presenting agenda to help them rectify their failures to "grow their child up," the pathogenic story, we encourage a focus on how to become less reactive to their own fear and guilt. Parents continually need to be re-directed to learn how to still themselves and hold their anxiety and guilt, and the narratives that generate these emotional states, with more psychological distance. The more emotionally differentiated the parents become, the more space there is for the young adult child to differentiate. Or as a client of ours once said, "My child can't launch unless I do."

Fostering adult-to-adult interactions. Adult identity is nourished in every instance when members of the family, individually or collectively, demonstrate an adult-to-adult pattern of communication. It is important to note that we define mature attachment on an interactional basis, not as a property of the overall relationship. This dynamic definition of attachment and identity allows for the hallmark of the constructive work of psychotherapy: the focus on "unique outcomes" (White & Epston, 1990) or "sparkling moments" (Monk, Winslade, Crocket, & Epston, 1996). Whether we are conducting family therapy, individual therapy, or parent counseling, we are constantly trying to "catch" those instances when the young adult and parent are participating in more mature interactions. We ceaselessly highlight these occurrences in the two previously described assessment categories: relational maturity and goal-directed action based in autonomously held values.

We actively scaffold adult identity by stimulating conversations that involve principled negotiation, which is based on accurate empathy of the other's interests and an appeal to the merits of one's interests (Fisher & Ury, 1981). In contrast, positional bargaining is descriptive of adolescent negotiations in which the primary goal is to fend off threats to autonomy and exert as much control in the conflict as possible. Parents tend to counter with a hierarchical, power-based position. Unfortunately, these conversations gridlock the family during this developmental stage. The transformation to principled negotiation leads to autonomous relatedness and "learning conversations" (Stone, Patton, & Heen, 1999). To whatever extent the child defers to the parent's authority, we try to highlight those instances when this deferential position is expressed out of respect rather than compliance. Ideally, when parents involve themselves in their child's decisions, their involvement is invited, not enacted ex cathedra.

Promoting self-authoring. The young adult is in a bind when held captive by the pathogenic story. The effort that is required to succeed in life is co-opted by the story that such effort is defined as an expression of compliance and represents a loss of autonomy. Therefore, we need to cultivate the adult child's capacity to "author their own story" (Lieb & Kanofsky, 2003), which is their ability to locate what they want their lives to stand for and then actively pursue a life course that harmonizes with these values. In our experience, there is a nascent spark of self-authoring in even the lowest functioning young adult. For instance, a young adult child with serious psychiatric illness assiduously practiced guitar and began playing at open mike nights. The parents of another young man only saw that he slept past noon every day and could not see that he was teaching himself computer programming. Our task is to kindle the spark of self-motivation.

We often enrich the new description of the young adult through questions. Questions are used to create new meaning, not just to ascertain information (Freedman & Combs, 1996). For example, we might wonder aloud how the guitar-playing young adult maintains such a rigorous and disciplined schedule. What qualities and knowledge are called upon? What contributions did the parents make to the development of these attributes? How does a person favorably work with self-doubt? At the same time, from our middle-aged perspectives, we see the low probability of financial success with such an endeavor and do not deny the importance of career development. In working directly with young adults, we utilize questions to create disequilibrium in their entitled adolescent story. How does financial dependence affect them? If they were writing a story, how would they write a character where passionate enterprises were not at odds with self-sufficiency? How would they engage their parents in that story?

We also help parents actively promote their emerging adult child's self-directed, value-based goals. We formally train parents in motivational interviewing (Miller & Rollnick, 2002) to enhance their emerging adult child's autonomous motivation, which appears to be an uncommon practice (Smeerdijk et al., 2012). We find that motivational interviewing promotes a mastery conversation over a pathogenic one, and the conversation leads to changes at both a behavioral and identity level for parent and child.

Setting boundaries versus setting limits. At the same time, autonomy support cannot be entirely permissive. Behavioral responses to the child's enactment of his or her pathogenic story must be established. However, by the time young adults have reached their twenties, parents do not have many "consequent cards" to play. Grounding a young adult would be as appropriate as giving poker chips to a teenager for positive behaviors. More importantly, giving consequences and setting limits only maintain the adult-to-adolescent conversation. We do not favor abolishing the use of consequences, but we believe it is essential that there is a paradigmatic shift in the *function* of parental consequences. We want to change the parental paradigm from *setting limits* to constrain the child's maladaptive behavior to *establishing boundaries* to honor their own "right to a life" now that their child is an adult. This shift is an expression of a message that the quality of their lives matters; they are not just an extension of the young adult.

Pushing out of the nest. The greatest challenge in treating young adults and their families is when the developmental process is not appreciably moved forward by the aforementioned interventions. They are, essentially, "dying on the vine." In these cases, the only remaining measure is to offer the adult child a choice: either respect the parents' right to an adult-to-adult relationship or leave the home. The context for this action is its key to success. Done in anger, it is an act of rejection. In contrast, we want the difficult step of ending co-residence to represent a redefinition of attachment, not an act of abandonment.

The most auspicious context for this dramatic inflection point in the family's life cycle is founded in the previously articulated components of the treatment model. Both parents are now aligned around this course of action. The anxious/worrying parent is capable of the internal work of tolerating their anxious images of a despairing child, and the angry parent is also able to "sit with" their discomfort and not act out of these states. Most importantly, we need to consistently reinforce that the parents are establishing their personal boundaries, not setting limits to control the behavior of the young adult. In line with the dictum to "think like a therapist and act like a parent," we try to help them see that their child's intractable stance is a form of passive-into-active testing. They will not pass this test by increasing their protective actions, they will pass it by modeling that they can stand up to feelings of helplessness and exploitation by taking care of themselves, the same set of feelings the young adult is

experiencing and unable to master. We believe the unfinished adolescent unconsciously wants their parents to demonstrate that they have a "right to a life" so they can claim this same right for themselves. The stance expresses the message that they want the young adult to emerge; they believe their child is capable, and they are rooting for him or her.

The protocol we employ in these cases is fairly standard, but nuanced based on each family's case-specific profile. A number of factors must be taken into account for this intervention to be successful. Therapists need to assess the parents' capacity to tolerate anxiety, their financial situation, the young adult's level of impairment, and, of course, their risk for self-harm. It is very challenging to disentangle parental anxiety, manipulation, and real intent when the young adult is threatening self-harm if asked to leave. However, we can mitigate these circumstances by creating the contexts described above and by crafting safer solutions in which the young adult is living alone.

For some families it is pro-plan to completely allow the young adult child to find his or her own alternatives to co-residence without providing any economic support. In other families, particularly when there are concerns, real or imagined, about potential for self-harm, it is pro-plan to initially subsidize this move on a time-limited basis. Of course, a certain level of affluence is necessary to provide this kind of support, which is the case for much of the population we serve. Although such a move does not "fast track" the young adult forward as efficiently as simply asking them to leave, it does provide a softer landing and allows parents to sit with a tolerable level of anxiety and guilt. In cases where a profound mental health disturbance is present, parents must calibrate their expectations to their child's ability, which we view as a form of narrative attunement.

In fact, it is our experience that, under these softer conditions, all parties can tolerate, and even welcome, this move. Parents should not provide any more than the essentials and this financial support should either be paid directly, like the rent, or given as food or public transportation cards so that the young adult, who is often addicted, does not have the cash to buy drugs. Still, living alone allows young adults to directly experience the natural consequences of their developmental impasse outside of the static of the oppositional/control struggles that have occluded that reality. Removed from the family home, they are better able to appreciate the unviability of their lifestyle and that they are not living rich, value-based lives. Over time, usually a few months, we advise the parents to retract their financial support and increase expectations that the young adult become financially self-sufficient. In this way we scaffold the process.

Throughout this period of time, it is important that the parents maintain their side of the adult-to-adult conversation. We encourage them to express a "revolving door policy," in which they state the young adult child is welcome to live in the home contingent on the young adult's ability to engage more fully in adult-to-adult conversations and interactions. Evidence that this is the case comes from the quality of the interactions as well as their actions. We advise parents to calibrate the extent to which they reach out to the child based on the response they get back. If the young adult continues to respond with angry defiance, we believe he or she is coaching the parents that parental nurturance cannot be accepted without the young adult feeling dependent and anxious about the relationship. In this way, we try to set up a "win-win" situation in which the young adult is either emerging or is increasingly dystonic with their limited life and asking for help in a healthy way.

Conclusion

Eighteen- to twenty-nine-year-olds are increasingly deciding to live with their family of origin rather than set up independent households. The road to young adulthood is becoming less a straightforward path toward independence and more a "circular migration" (Goldscheider & Goldscheider, 1999) as evidenced by the fact that the number of adult children living at home after high school graduation has swelled in the last generation. Roughly one quarter of adult children between 20 and 34 years of age now live with their parents, an increase of 7% in just the last 30 years (Qian, 2012). Furthermore, this demographic shift may only be the first wave of this trend as the Baby Boomers' 71 million children reach young adulthood. In fact, this increased rate of co-residence is twice as great in the younger range of that age group with roughly half living at home for at least some period of time after high school and almost a quarter living at home for more than a year (Payne, 2012).

Incompletely launched emerging adults and the resulting "cluttered nest" (Boyd & Pryor, 1989) in the family have received much attention in professional journals as well as in the popular culture. However, contrary to its depiction in movies, the effect of co-residence on the mental health of emerging adults appears not to be uniformly negative. For some, co-residence seems to be beneficial and is associated with less distress compared with emerging adults who conform to traditional expectations of in-time leaving (Lanz & Tagliabue, 2007; Seiffge-Krenke, 2006). Certainly, co-residence provides financial benefits during current economic conditions that seem to particularly disfavor employment opportunities for young adults.

This adaptation works for those whose decision is largely driven by financial considerations. For others, however, it seems to represent an impasse or delay on the developmental track of separation-individuation. In those instances where we assess the primary problem is that the individual is not living up to anachronistic cultural specifications, we need to disabuse parents of their worry. Their pathologizing story of their 20-something child, which is causing them such distress, needs to be revised to allow them to engage their young adult child as an adult, not an object of worry.

More problematic are those cases in which separation-individuation pathology is central to the decision to not leave home. In these cases, the young adult and his or her parents are struggling to develop a new level of relational maturity with each other. They are stuck in their old and familiar adolescent patterns. These unfinished adolescents are having difficulty becoming self-directed and orienting their developmental course toward autonomous, as opposed to parent-controlled, values. Like a set of cogwheels, their parents participate in this dysfunctional pattern by intensifying their control-based parenting, which manifests as extreme worry and/or anger. Together, at its extreme, this dynamic creates a clinical nightmare.

The purpose of this article has been to provide working clinicians, such as ourselves, with a roadmap showing them how to effectively work with this challenging, and clearly at-risk clinical population. Our local expertise is with the community we serve, which is largely affluent and White. However, we believe these treatment principles can be applied regardless of the specific cultural context in which young adulthood is being defined as long as the therapist is facilitating pro-plan conversations that move the individual and family into a developmental narrative that works in that culture. Depending where the young adult is on the developmental spectrum, we work with him or her individually, the parents, or the family. Regardless of who is in the room, we apply a theoretical model called constructivist control mastery theory, which integrates a psychodynamic approach with narrative therapy. Our treatment approach focuses on targeting the conversation, not the individuals, for change. Our therapeutic tasks are based on the assumption that identity is socially constructed and fluid. Therefore, we seek to deconstruct, or collapse, the unviable elements of the narrative that maintain adolescent identity and construct, or catch, the emerging adult story of relational maturity and autonomous, goal-directed action. Our efforts are geared toward enriching mastery-oriented interactions, behaviors, thoughts, emotions, intentions, identities, and relationships that comprise the successful resolution of the developmental stage of emerging adulthood. We believe our approach provides a developmentally tailored intervention for the effective treatment of co-residing emerging adults.

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