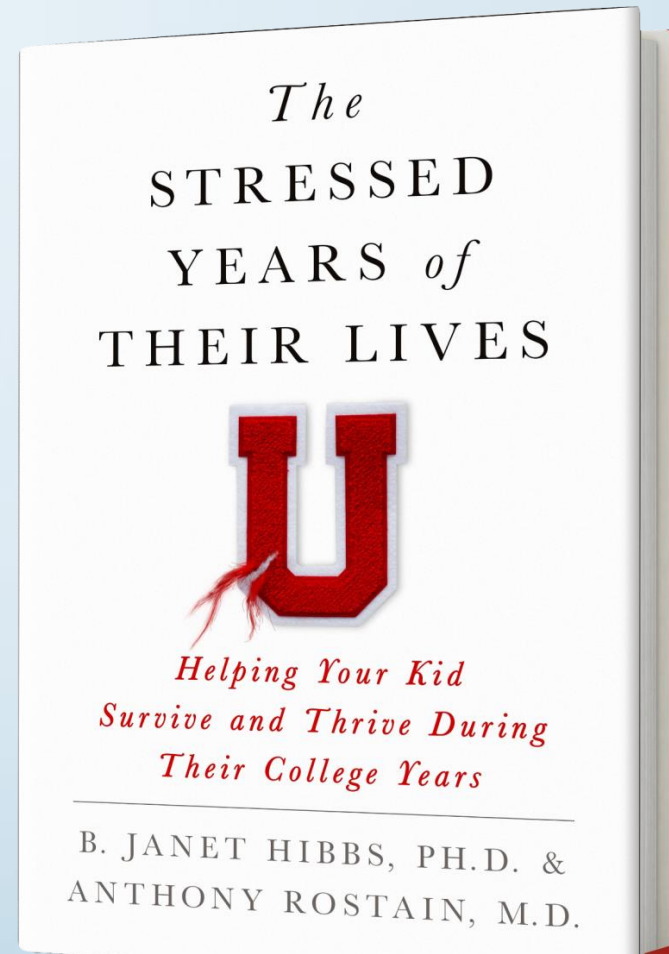


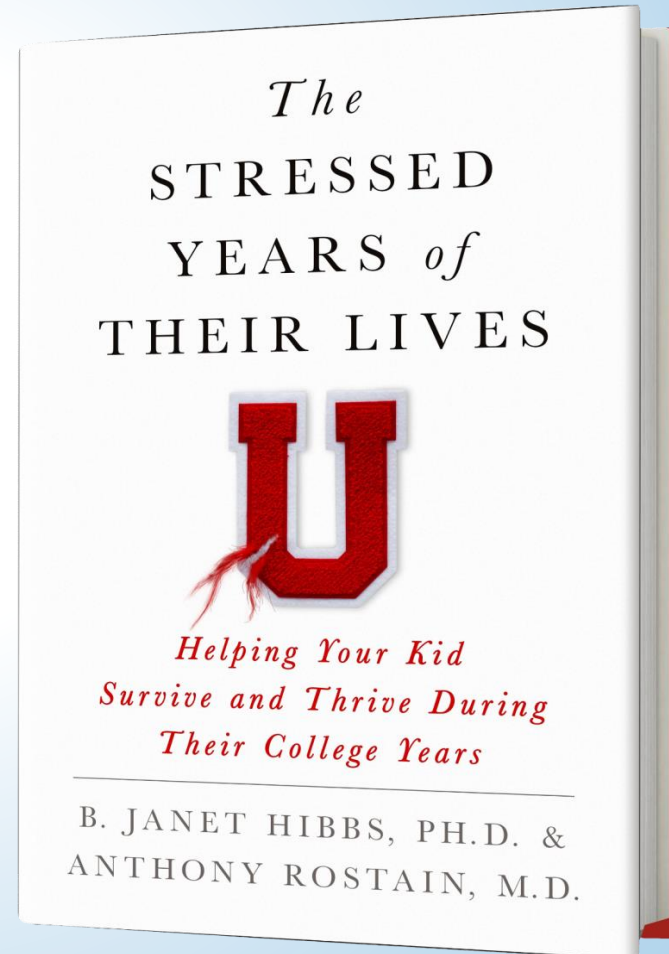
What To Do When Students Aren't Coping Well: Partnerships Among Students, Parents, and Disability Support Service Providers

B. Janet Hibbs, Ph.D., M.F.T.
Anthony L. Rostain, M.D., M.A.



INTRODUCTION

- Who we are
- How we got together
- Why we wrote this book



FAULT LINES IN THE WORLD OF TODAY'S YOUTH

MENTAL HEALTH OF GEN Z

LEAST LIKELY TO SAY THEIR MENTAL HEALTH IS EXCELLENT OR VERY GOOD

STRESS IN AMERICA™
GENERATION Z

OCTOBER 2018

Gen Z



Millennials



Gen Xers



Boomers



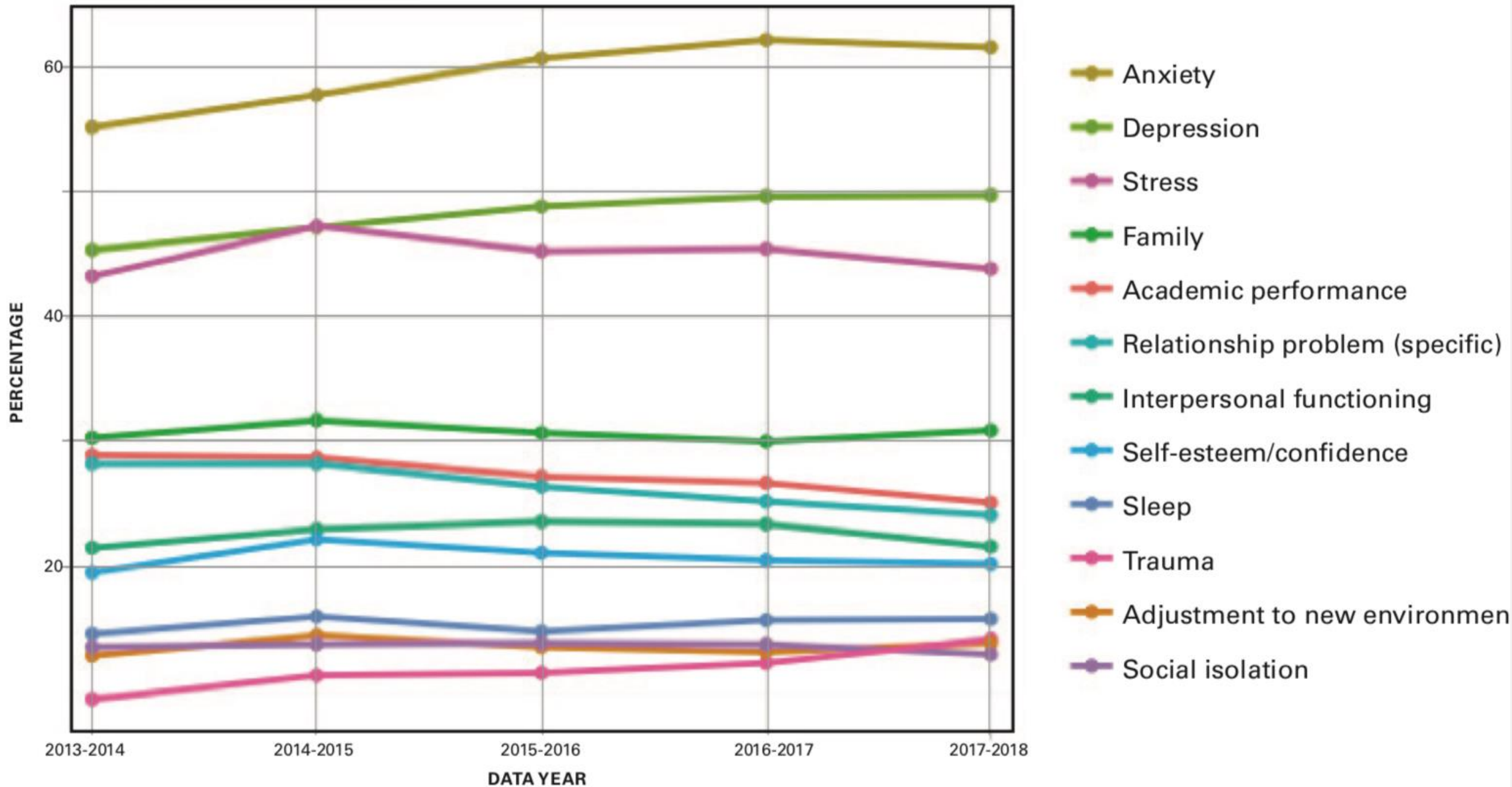
Older Adults



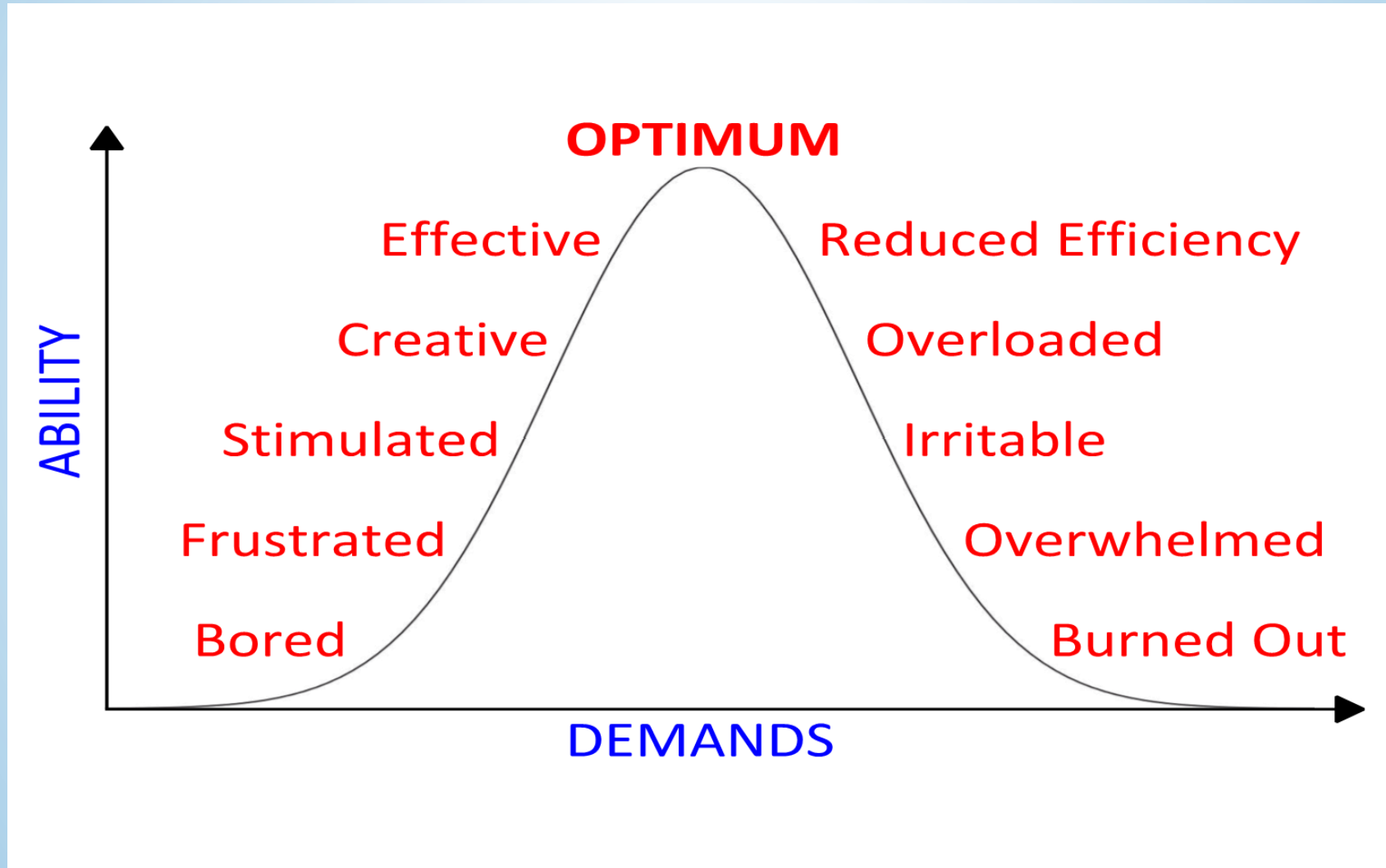
% REPORTING EXCELLENT OR VERY GOOD MENTAL HEALTH

© American Psychological Association

CLICC Trends (Check All That Apply): Percentage of Clients with Each Concern from 2013 to 2018



MANAGING THE STRESS RESPONSE

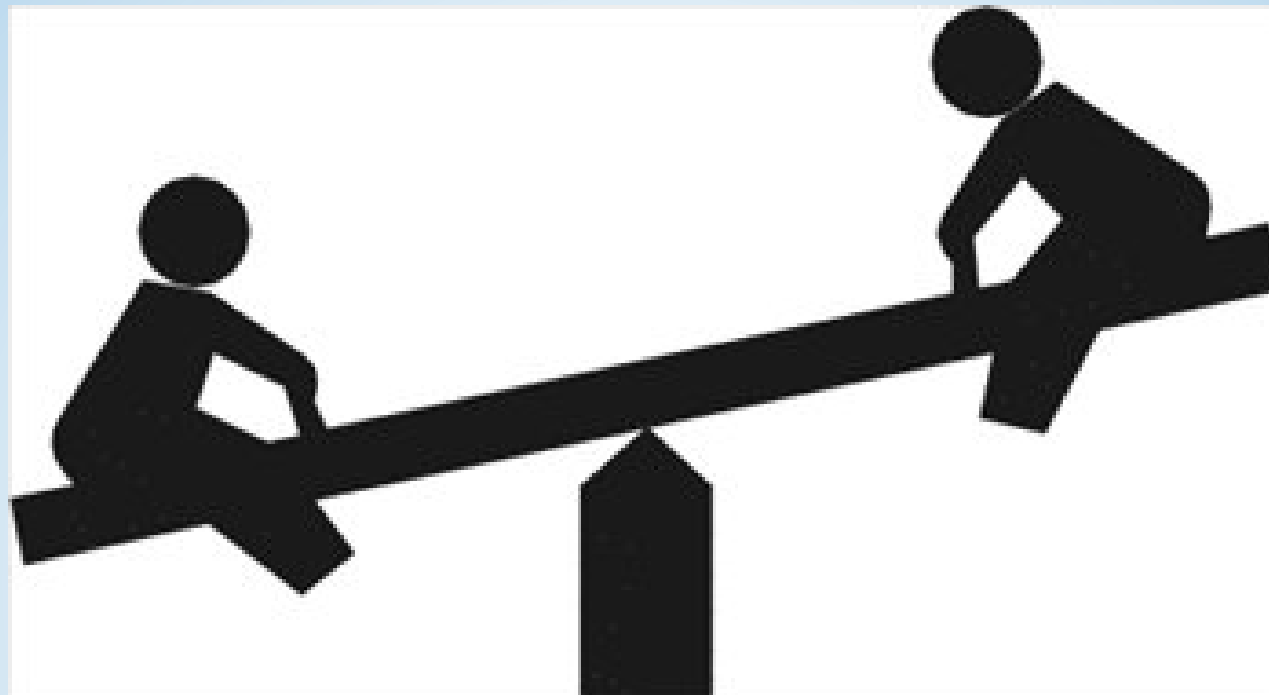




A CIVIC CULTURE
WHOSE PROMINENT
AFFECT IS

FEAR

CREATES
COGNITIVE DISTORTIONS
AND PROMOTES
EXCESSIVE ANXIETY



**PARENTING SEESAWS BETWEEN
PROMOTING
CHILDHOOD AUTONOMY
AND
PARENTAL CONTROL**

INTENSIVE PARENTING MISTAKES

- OVER-PREPARATION
- OVER-PARENTING
- OVER-INVESTMENT

IMPACT ON CHILDREN:

- DESTRUCTIVE PERFECTIONISM
- ABJECT FEAR OF FAILURE
- SELF-BRANDING
- ANXIETY & DEPRESSION

SO, IS MAX READY?

AND HE SAILED OFF, THROUGH NIGHT AND DAY, AND IN
AND OUT OF WEEKS, AND ALMOST OVER A YEAR...

WHERE THE WILD THINGS ARE, M. SENDAK



SOCIAL EMOTIONAL READINESS

- **Conscientiousness** = Owning one's actions
 - Saying what you mean – doing what you say – owning up to your mistakes
 - Case example - Alan
- **Self Management** = Ability to take care of day-to-day activities on one's own
 - Waking up on time – preparing for the day – remembering tasks and following through on them – developing a routine – making adjustments as needed – falling asleep at a reasonable time
 - Case example - Anne

SOCIAL EMOTIONAL MATURITY

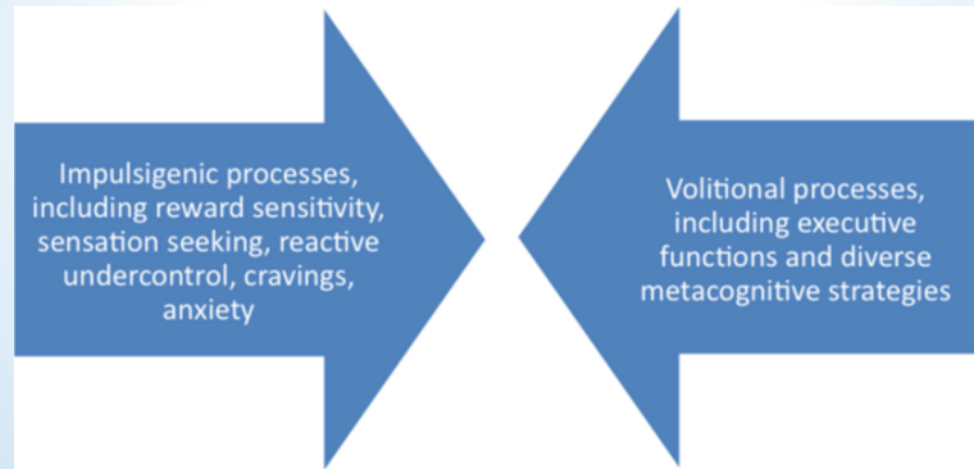
- **Interpersonal Skills** = Making & keeping friends - getting along with others – handling conflicts appropriately
 - Social skills inventory: friendship circle (clique), social strengths vs vulnerabilities, level of trust and intimacy, ability to handle disagreements, romantic involvements, etc.
 - Internet/social media: usage, profile, problems
- **Self-control** = Ability to set limits and resist urges/desires
 - Marshmallow test
 - Graded, practical experiences in exercising autonomy
 - Self-limiting time spent on social media/internet
 - Maintaining healthy eating habits
 - Managing sleep-wake cycle

WE VALUE SELF-CONTROL



SELF CONTROL RESULTS FROM THE INTERACTION OF 2 DISTINCT PROCESSES

“Will power is trying hard *not* to do something that you really want to do”
Frog and Toad Together, A. Lobel, 1979



SOCIAL EMOTIONAL MATURITY

- **“Grit”** = Ability to cope with frustration, disappointment and failure and to persist in the face of setbacks & obstacles
 - Persistence toward goal attainment – motivation in the face of delayed gratification or hardships – key component of resilience – can be fostered via experiential learning
 - Distress tolerance skills can be taught (I.M.P.R.O.V.E.)
- **Risk Management** = Ability to have fun without taking too many risks – acceptable versus dangerous experimentation
- **Self-acceptance** = Ability to accept one’s faults, tolerate one’s mistakes and deal with problems without guilt/shame
 - Destructive perfectionism
- **Open mindset/Help-seeking** = Readiness to ask for help when things aren’t going well

CHALLENGES FACING STUDENTS WITH LD IN HIGHER EDUCATION

- Student's Executive Functioning Skills
- Student's Beliefs
 - Readiness for change
 - Personal expectations ("shoulds")
 - Self-efficacy (i.e. view of self as competent)
 - Acceptance or denial of ADHD and related problems
- Academic Requirements & Resources
 - Tuition issues, matriculation conditions
 - Subject requirements
 - Type and availability of services
- Under-utilization or under-availability of effective support services
- Family's Expectations*

STUDENT MINDSET BARRIERS

- SELF-STIGMA
- SELF-ACCEPTANCE
- ADVOCACY SKILLS
- FEAR OF NOT BELONGING
- FEAR OF NOT “MAKING IT”
- RESISTANCE TO SEEKING HELP

FIRST PERSON INTERVIEW - THE PARTNERSHIP FAILS

- **STUDENT PROBLEMS**

- SELF-STIGMA
- LACK OF ACCEPTANCE
- NO PRACTICE WITH ADVOCACY

- **PARENTAL PROBLEMS**

- YOUR JOB IS NOT OVER: HOW PARENTS CAN HELP PREPARE STUDENTS

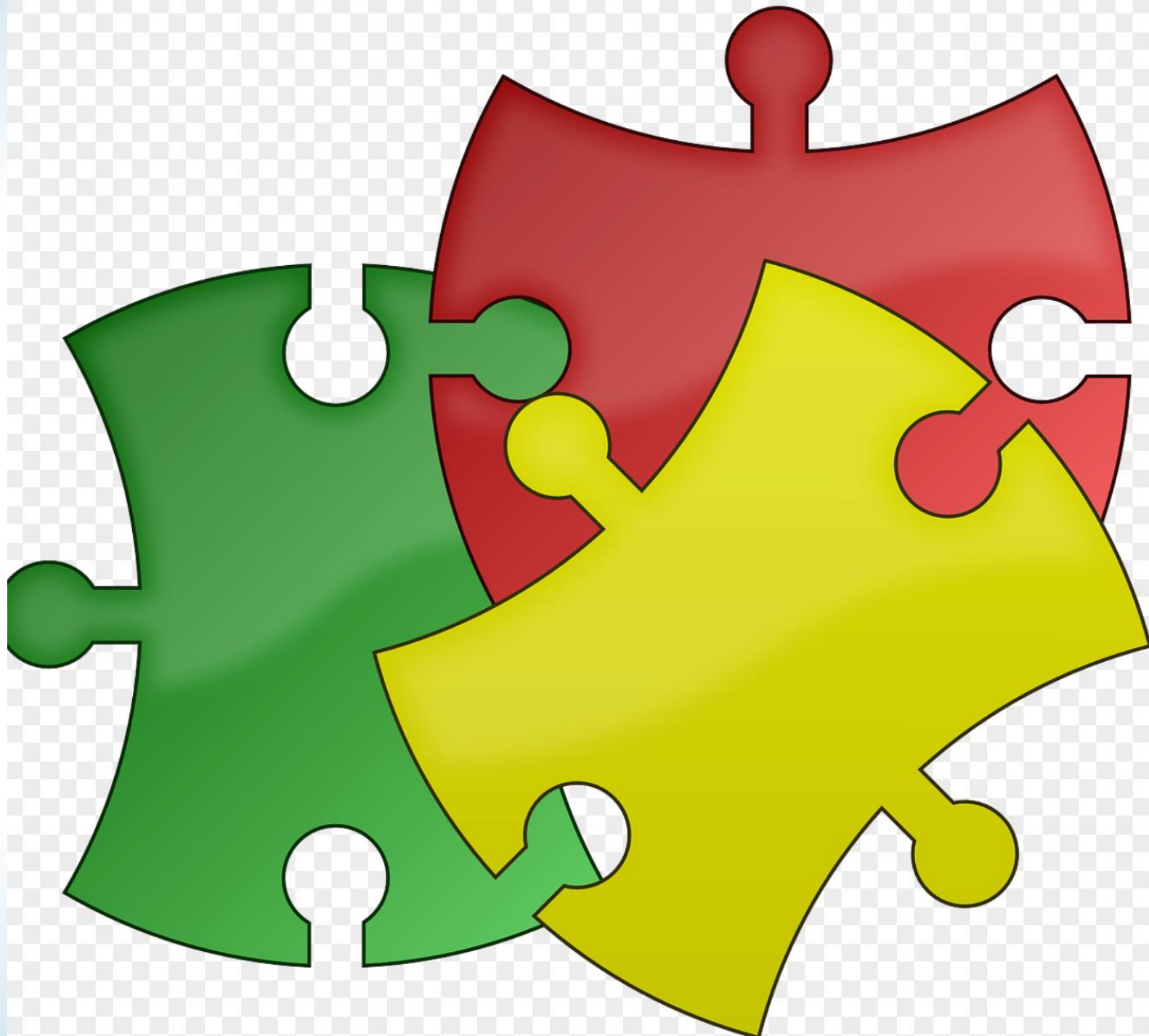
- **COLLEGE PARTNERSHIP PROBLEMS**

- FRAGMENTATION OF TEAM

SYSTEMS BARRIERS

FRAGMENTATION AND LACK OF EFFECTIVE TEAMWORK

- Disability Providers
- Counseling & Health Providers
- Faculty
- Disciplinary Office
- Students
- Parents
- Outside Treatment Providers



OVERLAPPING ASPECTS OF SELF-REGULATION



EXECUTIVE FUNCTIONING

Definition:

EF usually emerges as a single factor (“how efficiently do you do what you set out to do”), but there are five semi-distinct domains that emerge in ratings of daily functioning:

- Self-management to time
- Self-organization and problem solving
- Self-restraint (inhibition)
- Self-motivation
- Emotional regulation

Barkley, R.A. (2011). *Barkley Deficits of Executive Functioning Scale*. New York: Guilford.

PROCRASTINATION

- Definition: “to voluntarily delay an intended course of action *despite expecting to be worse off for the delay.*”
- Deferring a challenging or anxiety-provoking task is *highly* reinforcing as it provides an immediate surge of relief (negative reinforcement)

FORMS OF PROCRASTINATION

- Losing track of important tasks due to poor time management, forgetfulness or disorganization (“EF deficits”)
- Engaging in more immediately rewarding activities (“escapism”)
- Hyper-focusing on less important tasks (“procrastivity”)
- Waiting until the very last minute (“brinksmanship”)
- Waiting to be in just the right mood (“front end perfectionism”)

COGNITIVE DISTORTIONS UNDERLYING PROCRASTINATION

- Magical thinking
- Magnification/minimization
- Invidious comparisons
- Emotional reasoning
- Perfectionism

FOLLOWING THROUGH

- *Planning to Act*
 - *Intention implementation strategies* - planning out, in advance, when, where, and how a goal is to be translated into action
 - Shifts focus from goal to implementation strategy
 - *Goal* – e.g. read a chapter from assigned book
 - *Implementation strategy* – sit down and read for 10 minutes
 - Behavioral scripts (“If X happens, I will do Y...”)

FOLLOWING THROUGH

- EF skills should be demonstrated “in vivo” prior to end of senior year
- Gap year may be a way to practice EF skills
- “Implementation intention strategies” are very helpful for helping patients achieve immediate and long term goals that can be elusive
- Weekly monitoring plan should be instituted at outset of transition to college to increase likelihood of treatment adherence
- Beware power of social media, online gaming, YouTube, etc.

SUCCESSFUL COPING IN ACTION

- *Case Presentation – Anne, college freshman*
 - Diagnoses: ADHD, Situational Anxiety, Dysthymia
 - Had 504 accommodations in high school – needed a great deal of parental support & scaffolding to succeed
 - Accepted into first choice school far from home
 - Parents ambivalent about sending her off because her EF skills were not well developed
 - Summer before leaving for college, made significant gains

SUCCESSFUL COPING IN ACTION

- *Case Presentation – Anne, college freshman*
 - First semester: tried to manage academic demands *without* seeking accommodations
 - Prior to finals, became overwhelmed by workload – sought extensions in 2/4 classes – granted incompletes
 - Second semester: deferred accommodations again
 - Failed one midterm and did poorly in another – became depressed - withdrew from school and returned home

SUCCESSFUL COPING IN ACTION

- *Case Presentation – Anne, college freshman*
 - Spent “time off” working in a pet store and living at home
 - Family therapy sessions held - focus on “readiness”
 - Parents insisted that she make a contract to use school’s accommodations and to go to learning center for help
 - Anne returned to school, sought help and began meeting with academic coach on regular basis
 - Switched majors from pre-vet to architecture

SUCCESSFUL COPING IN ACTION

- *Case Presentation – Anne, college freshman*
 - During sophomore year, found architecture to be too demanding – late hours, lots of lab work, couldn't maintain healthy sleep-wake cycle
 - Reached out to Dean of Students office and advisor to make another switch to pre-business
 - Has been getting straight As for most part – meeting regularly with advisor, coach and professors
 - Maintaining healthy lifestyle and taking meds as prescribed

SUCCESSFUL COPING IN ACTION

- *Take Home Points*
 - Students may not make use of accommodations or services
 - “Learning the hard way” is a valid way of overcoming inner resistance to seeking/getting help
 - Academic leave can be a catalyst for change
 - Readiness for taking on the demands of college is an ongoing process

FAMILIES ARE IMPORTANT



College Student Cohesive-Flexible Family Functioning and Mental Health

Examining Gender Differences and the Mediation Effects of Positive Family Communication and Self-Compassion

M. Blake Berryhill; Christian Harless; Paige Kean; *The Family Journal* October 11, 2018
DOI: 10.1177/1066480718807411 Copyright © 2018 SAGE Publications

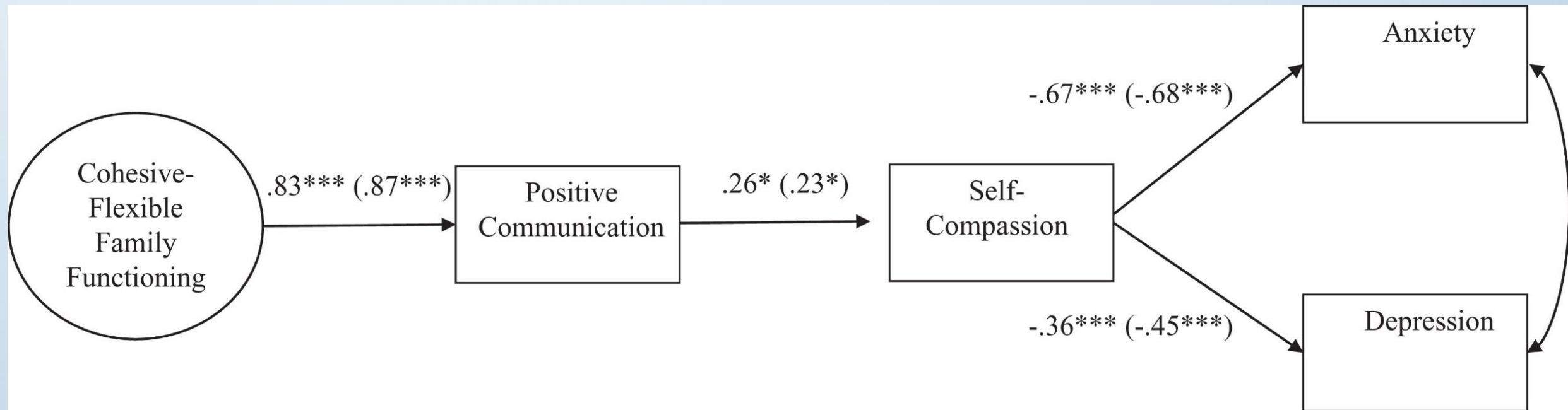
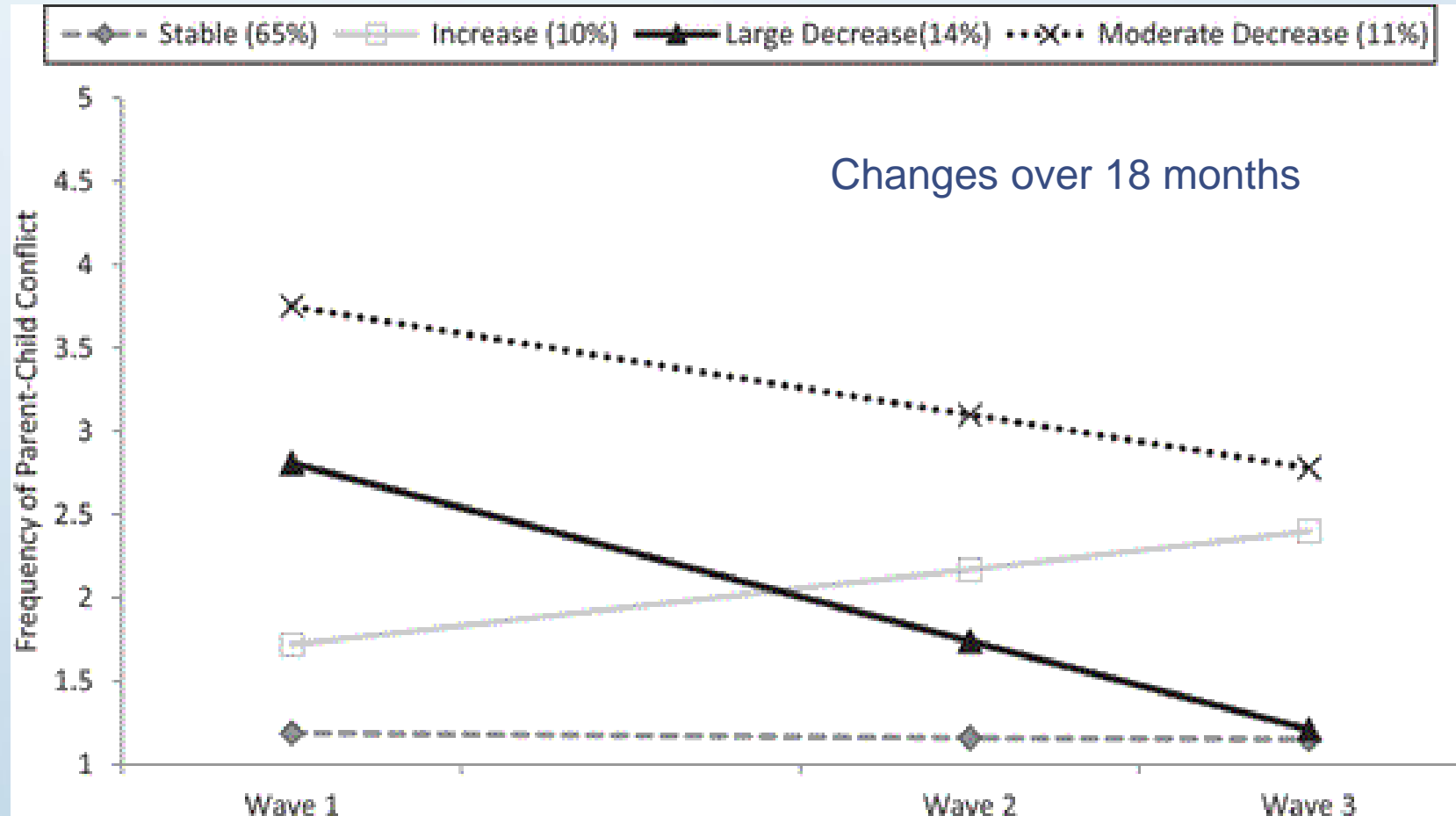


Figure 1. Standardized path coefficients for female ($n = 392$) and male ($n = 108$) college students on the relationships between cohesive-flexible family functioning, positive communication, self-compassion, and depression and anxiety.

Transitions in young adulthood: Exploring trajectories of parent-child conflict during college.

Nelson, S. C., Bahrassa, N. F., Syed, M., & Lee, R. M. (2015). *Journal of Counseling Psychology*, 62(3), 545-551. <http://dx.doi.org/10.1037/cou0000078>



Four-group model of parent-child conflict trajectories for college students (N = 230)

FAMILIES ARE IMPORTANT

- Family connectedness and support are protective against depression and suicidal ideation & behavior among all college-aged youth:
 - General population surveys
 - Youth with history of sexual abuse
 - Sexual and gender minority youth
- Higher family functioning is protective against onset of substance use disorders
- Presence of supportive siblings has a protective impact and may compensate for lack of parental support

BUILDING BETTER SAFETY NETS

- College student support and mental health services play a critical role in building functional safety nets for students with learning difficulties and mental health challenges
- Policies that promote *communication* among key stakeholders offer the best chances for success
- Parent/family involvement early in the conversation is vital
- Parents/families need to be educated about preventive efforts

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COLLEGES OFTEN IGNORE OR EXCLUDE STUDENTS' FAMILIES

- *In loco parentis* policies presume that colleges are acting in place of parents to oversee student adjustment/adaptation to college, including academic success, social acceptance, health and mental health status
- Assumption is that students are functioning as responsible adults
- Parents/families are kept uninformed about how the student is doing unless there are serious concerns (academic, behavioral, health)
- HIPPA, FERPA, state laws and “privacy concerns” are often construed as obstacles to open communication between college staff and families

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LESSONS THIS MOTHER LEARNED

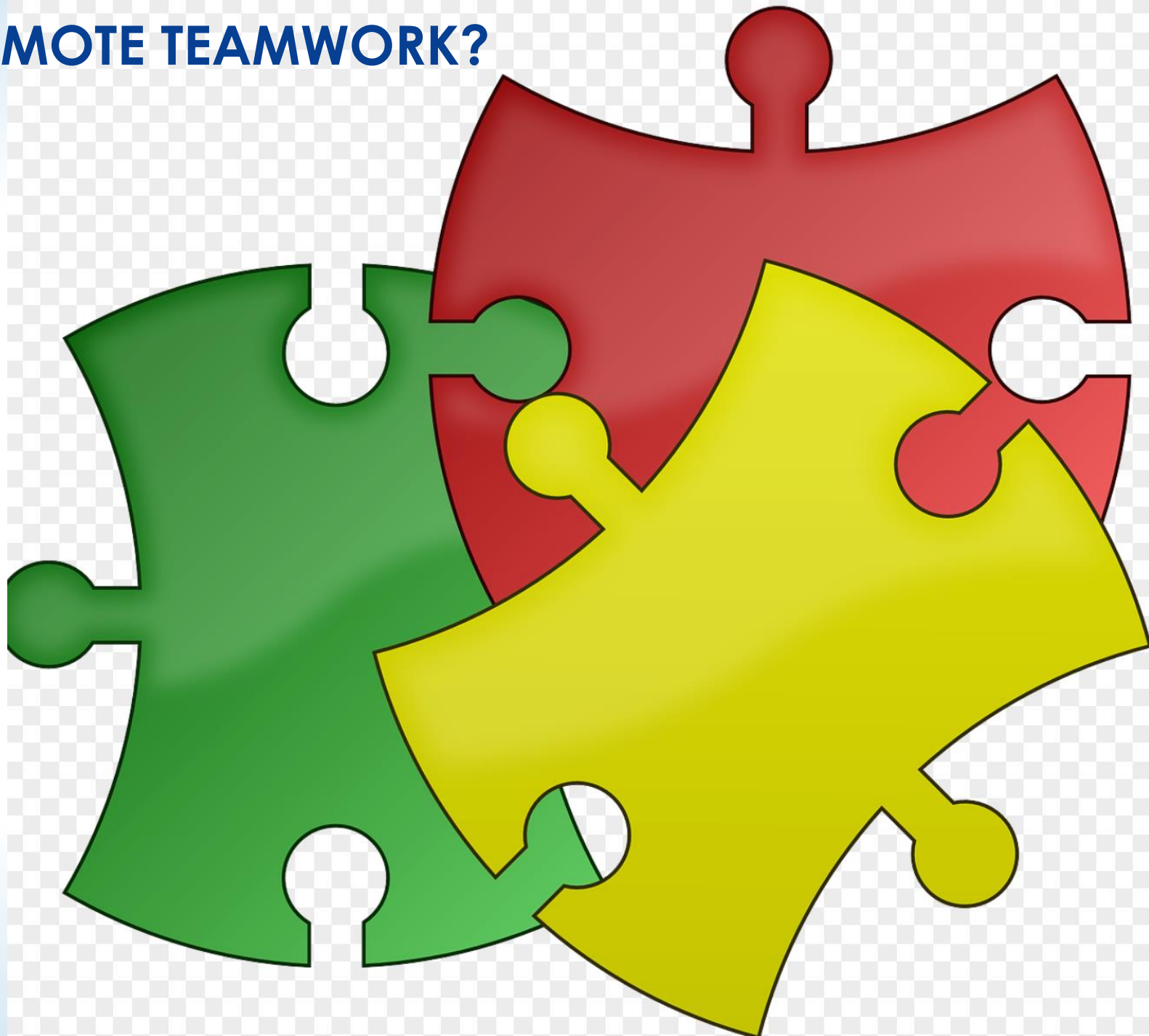
- Safety first!!
- Kids in crisis may not realize how bad things are
- Denial trumps reality
- Weave a safety net
- Make sure accommodations are working
- Have the student identify their personal safety network
- When social life fails, college fails
- Don't ignore or minimize seemingly small losses

HOW DO WE PROMOTE TEAMWORK?

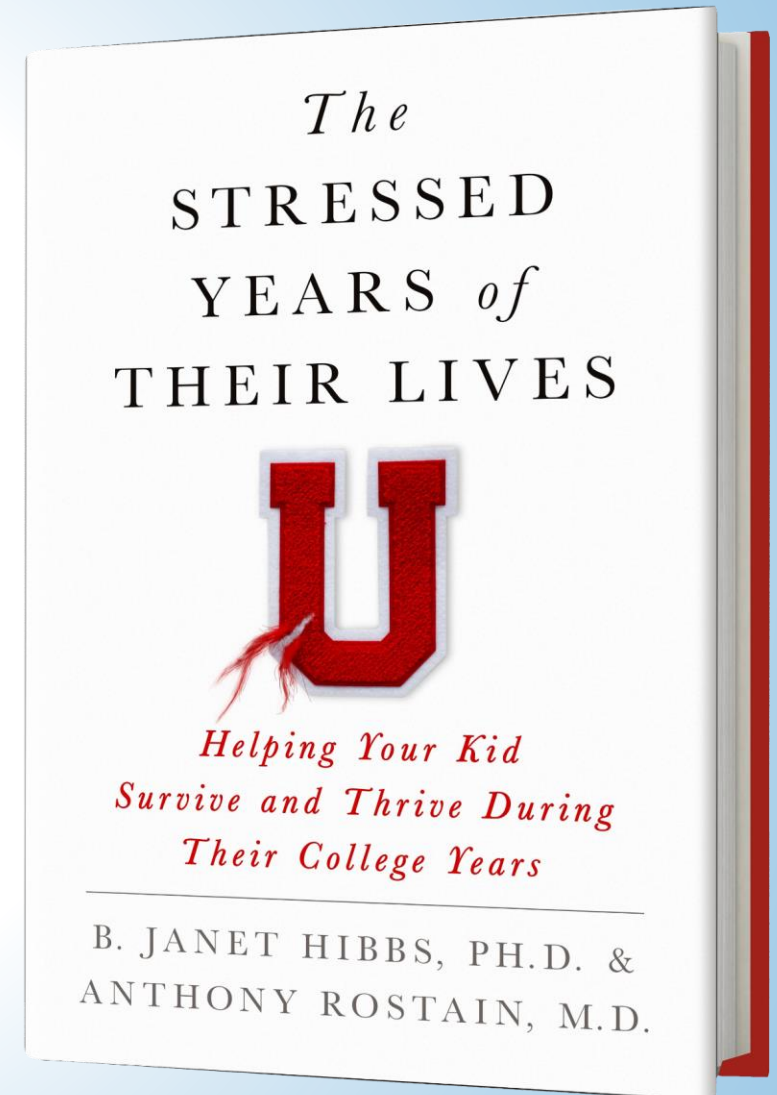
SYSTEMS SOLUTIONS

EFFECTIVE TEAMWORK

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- Counseling & Health Providers
- Faculty
- Disciplinary Office
- Students
- Parents
- Outside Treatment Providers



**QUESTIONS AND
ANSWERS**



The
STRESSED
YEARS *of*
THEIR LIVES



*Helping Your Kid
Survive and Thrive During
Their College Years*

B. JANET HIBBS, PH.D. &
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