

## Therapeutic Presence With Emerging Adults:

### An AEDP-Informed Approach

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**Abstract.** As the developmental period of emerging adulthood (ages 18 to 25) is now recognized more broadly, so are the mental health challenges facing this particular generation of emerging adults (EAs). Anxiety and depression rates for EAs have increased by more than 60% in a recent 10-year period, as college counseling centers struggle to keep up with their needs. This article explores how to use therapeutic presence within Accelerated Experiential Dynamic Psychotherapy (AEDP) to treat EAs. With the overall goal of helping EAs successfully emerge into adulthood, treatment with these clients has the potential to use their innate, developmental desire for growth, and their heightened transformance drive, to fuel the change process. As AEDP therapists meet EAs with delight and adult-to-adult respect within an explicitly differentiated dyad, EAs can safely explore and step into their wise, capable adult-selves-at-best.

#### Introduction

Many of our most defining experiences happen after we turn 18: our first grownup job, our first adult relationships, and our first time living independently. Emerging adulthood, defined as 18 to 25 (Arnett, 2014; Tanner & Arnett, 2009), is arguably the most change-intensive, growth-oriented stage of our adult lives. This period can be many things: exciting yet uncertain, liberating yet terrifying, expansive yet sometimes paralyzing. Unfortunately, this current generation of emerging adults (EAs) is experiencing what some are calling a mental health crisis, as reported rates of depression and anxiety on college campuses have increased by more than 60% from 2007 to 2017 (Burnwell, 2018; Henriques, 2018; Lipson, Lattie, & Eisenberg, 2018; Oswald et al., 2018). In addition, the developmental needs of this group are in a state of flux as adulthood is increasingly delayed (Arnett & Schwab, 2015; Arnett, 2014). For these and other reasons, it is important to update our approach to

treatment with EAs and to meet them where they are at this particular moment in time, addressing both their unique needs and the dynamic developmental requirements of this life stage. This article focuses on how to use AEDP and our therapeutic presence to treat EAs, helping them discover their capable, wise, differentiated adult selves as they emerge into adulthood.

### **Emerging Adulthood Defined**

First proposed by Arnett (2000), emerging adulthood is increasingly being acknowledged as its own developmental period (Tanner & Arnett, 2009). In many ways, instability defines this stage in life. Consider, for example, that college students live in at least three, and often four, different “homes” in four years, while the clock is ticking to live independently after graduation. Non-college bound EAs may search for a professional path while trying to master financial, emotional and social independence. It is understandable that anxiety increases with such uncertainty (Oswalt et al., 2018), and studies confirm this challenge (Arnett & Schwab, 2015). On the other hand, there is nothing like the enthusiasm and “change-the-world” energy of an EA. This is why many of history’s revolutions have been fueled by the energy of EAs (Blakemore, 2018). They are, after all, a generation whose neuro- and physical biology has them primed for growth and change (Arnett, 2014).

This neurophysiological readiness of emerging adults has been well documented, with some researchers calling this a period of “heightened neuroplasticity” (Fuhrmann, Knoll, & Blakemore, 2015). EAs’ brains are in the final push of development, creating a host of neural “adult” pathways and completing late-stage frontal cortex growth (Somerville, 2016; Fuhrmann et al., 2015). In fact, current research suggests that the ability to learn will never be greater than during this period [National Institutes for Mental Health (NIMH), 2015]. EAs are also at their physical prime, as the capacity for strength and endurance peaks during this period (NIMH, 2015). On most every level, EAs’ neurobiology powers developmental advancement and gives rise to powerful possibilities for growth and healing in treatment.

One unique aspect of the current generation of emerging adults – sometimes known as Gen Z – is the delayed age of “launching.” In past generations, the movement into adulthood happened in high school, but over the last 30 years or so, the start of adulthood has become increasingly deferred, sometimes well into the mid-20s (Arnett, 2014). For example, 75 years ago, the next steps of life were clearly delineated for a young woman: school, marriage, children. Today, there are fewer prescribed routes to independence and more freedom to explore options. This level of choice has benefits, as it can mean more liberty to explore life path options, but it can also mean an increase in uncertainty, and, as a result, a rise in mental health challenges (Arnett, 2014).

Because of these neurophysiological and dynamic developmental factors, the emerging adulthood period presents a therapeutic growth window. In AEDP terms, I posit that the

transformation drive is heightened during emerging adulthood, as the self wants to know itself in relation to the world. At its best, therapy at this time of life has the potential to use the organic flow of development, the heightened transformation drive, to fuel the change process and initiate intra- and intersubjective relational patterns that can impact a lifetime.

### **A Mental Health Crisis with Emerging Adults?**

Recent media attention has highlighted the mental health challenges of EAs, noting the sharp rise in reported mental health issues and, concurrently, the steep increase in use of mental health services on college campuses (Burnwell, 2018; Henriques, 2018; Lipso et al., 2018; Oswald et al., 2018). Many explain this generation's struggles by citing the increased use of technology as a possible cause, among others. However, Lukianoff and Haidt (2018) and others (Burnwell, 2018) suggest that the impact of fearful parenting, which began in the 1980s, resulted in parents keeping their children closer and more protected, both physically and psychologically. Children who grow up protected – more protected than in generations past – are less resilient and more prone to mental health issues, in the same way that humans who are not exposed to a variety of germs and, therefore, not given the chance to develop antibodies, will be prone to illness (Lukianoff & Haidt, 2018) and be less physically resilient.

My experience in treating many EAs in the past 10 years aligns with Lukianoff and Haidt's thesis. I have seen many EAs who have been told what to do and how to handle almost all aspects of their lives. These clients have been "shepherded" by the adults in their lives, or, to borrow a popular culture phrase, they have been "helicopter parented." Well-meaning parents and other adults jump to minimize discomfort of all kinds, maximize success, and impart their own advice, rather than helping EAs to independently meet challenges and discover their unique thoughts, feelings, and problem-solving abilities. As Lukianoff and Haidt suggest, parents lost sight of the old adage "Prepare the child for the road, not the road for the child" (p. 23).

The obvious downside of this well-intended "shepherding" is that EAs can get overwhelmed and anxious when faced with new adult life situations, hence the increase in mental health issues when they leave the protective environment of home. Additionally, and tragically, these clients often are delayed in discovering their own creative responses to life, their own preferences (which are often crowded out by the expectations and preferences of those around them), their own wishes and dreams, and their own knowing about what is best for them. Part of the work of the AEDP therapist is to help EAs connect to their emerging adult selves and to accompany them in this discovery process.

Additionally, in my experience EAs have been taught very little about "internal" achievement – that is, the importance of experiencing and understanding their own emotions. This point is not an historically new phenomenon, but one that likely intersects with EAs' overall emotional fragility (Lukianoff & Haidt, 2018): The less generally resilient

EAs feel, the more overwhelmed they are by emotions and the work of becoming an adult. Our task as therapists, not unlike the focus with older adults, is to help EAs safely explore and understand their inner landscape, to build a resiliency and capacity for emotional experience, and to help them understand that emotions can fuel, inform and enrich their lives. In other words, in the same way that EAs work towards external success, such as academic or professional success, they can also work towards mastery of the internal landscape of life.

### **The AEDP Therapist's Presence with Emerging Adults**

Though the challenges facing EAs are significant, the developmental momentum of this life stage brings unique opportunities for healing and growth. In fact, as stated, I propose that the transference strivings are particularly high during this stage of life, giving rise to a unique treatment opportunity. What is beautiful about this period of development is that because of this growth window, these clients very much *want* to learn mastery. This readiness is one of the many reasons this population can bring such dynamism to the treatment room: the self is poised for learning and eager for success, needing only to be shown the path and be given an attachment figure to guide the way.

In examining how to bring therapeutic presence to our work with EAs, it is important to note that AEDP is naturally oriented towards presence, as the model invites, among other things, attunement, an experiential focus, and dyadic engagement. Geller (2013a) defines therapeutic presence as a "way of being that reflects therapists' full engagement in the moment-to-moment encounters with their clients" (p. 209). As therapists are fully engaged, "physically, emotionally, cognitively, spiritually and relationally" (p. 209), clients feel safe to explore difficult issues and bring about healing (Geller, 2013a). In embodying presence, the therapist remains grounded in herself while maintaining a high level of attunement to the client, tracking both the client's layered experience and her own response to the client.

In terms of an AEDP's therapist's presence with EAs, it is important to keep in mind the overarching developmental task of this period: emergence into adulthood. This emergence involves discovery of the adult self, differentiation of the adult self from others, and a new and positive experience of the adult self. In other words, our work is to help EAs recognize "this is who I am," "who I am is separate from who you are," and "who I am is good and capable." So many EAs come to treatment undifferentiated from their parents and/or societal expectations for themselves. Their internal working model entrains them to look externally for cues about what they should feel or do – an understandable byproduct of the shepherding or helicopter parenting referenced earlier. Our work, then, is to help EA clients differentiate or "unblend" from these external forces and look within to discover the adult self. Further, our work is to help EAs step into the capacity of that adult self; while blended, they have internalized a reliance on others for direction and problem solving in their lives, which is a more child-like experience of the self. We want to help EAs disentangle the self from others and discover their own ability to not just to know themselves but to direct their own lives.

In this way, the therapist's presence with EAs is attuned and connected but with a clear sense of differentiated we-ness. The therapeutic dyad is a team, and as a team there is an undoing of aloneness, but this team is explicitly made up two unblended individuals. This is a therapeutic stance of: "I am here feeling this" and "what are you over there feeling?" This kind of explicit differentiation allows the EA client to explore the edges of where he ends and the therapist begins, promoting differentiation and self-recognition and giving space for the adult-self emergence.

For similar reasons, the therapeutic dyad is explicitly non-hierarchical. The therapist meets the EA adult to adult; the dyad is a team, co-led by both client and therapist, with the EA feeling the impact of her input and her adult self on the direction of the work. The therapeutic stance is one of belief in and respect for the emerging adult self. EAs often come to treatment looking to receive answers and guidance, positioning themselves as "one down" from the therapist in a more passive stance. When the therapist meets the EA adult to adult, EAs can respond to this invitation by stepping into their adult capacities. Further, this invitation conveys a belief that *that* adult self exists and that *that* self is valuable and respected by the therapist. In this way, we provide a mirror for our EA clients, reflecting back to them what is possible, what is hidden yet available to them, and, what can emerge in the room together.

A key feature of our therapeutic presence with EAs is delight. Part of our stance with EAs is a belief in the existence and value of their adult selves. We are able to fan the flames of this adult-self emergence with our delight. As we seize moments of their knowing, of their wisdom, and of their embodied authority over themselves, we delight in them and their discovery. Our delight invites them to relate to these adult-self glimmers with recognition and pride; our delight strengthens their relationship to their adult selves, thereby increasing their capacity for self-reflection and insight, and encouraging agency.

### **The Case of Sarah: From Adult-Self-at-Worst to Adult-Self-at-Best**

Let us look at these concepts in action with an EA client. Sarah (name and other identifying information has been changed to protect client confidentiality) is a 19-year-old college sophomore who has recently returned to school after a leave of absence due to depression and anxiety issues. Like many EAs who come in for treatment, Sarah's adult experiences have been mostly self-at-worst experiences, as she has felt overwhelmed and under-equipped to deal with adult challenges. In fact, Sarah has associated being an adult with failure and, as a result, has a lot of internalized shame about her recent inability to stay in school. Also, like many EAs, Sarah has been shepherded by her parents; she has yet to fully discover her own voice or adult-self capacity. Now that she is back in school, Sarah is beginning to connect with her own internal motivation towards her life, as opposed to the younger-self motivation to achieve for her parents.

We pick up the session as Sarah is having insight into this paradigm shift from external motivation to internal motivation. Notice in this transcript the therapist's seizing on adult-self glimmers, extending respect to Sarah as a co-leader of her treatment, and explicitly acknowledging Sarah as a differentiated member of the dyad.

Th: Mmm-hmm. So, it really...it's really significant, this shift of you going to class and wanting to get up for yourself. **[Therapist emphasizes client's transformance drive: "to get up for yourself."]**

Cl: Yeah (*nods, eyes glance up*) ...definitely...

Th: Yeah. You've really stepped into that. Back then, it was more (*Cl nodding*) ...partly for you...but also because you wanted to please them. **[Therapist platforms what client has shared.]**

Cl: Yeah. And then when I got to college, you know, I didn't really have them [her parents] to do it for anymore. **[Pt shows glimmers of a new understanding emerging, as historically, any exploration of her earlier college struggles has led to shame.]**

Th: Right.

Cl: I still did, but the distance really (*arms spread apart*) gave me some newfound individualism that I never felt before... **[Client's self-understanding expands.]**

Th: Yup...

Cl: ...and I didn't really have anything in me that...telling me to do this (*hands sweep to one side*). So, I think that's probably where I got a little lost (*head tilts to side*). **[Realization affects emerge; this is new, as "getting a little lost" has been previously associated with shame.]**

Th: Bingo. Wow. Not like bingo, that I had that decided, but that feels like truth as I hear that (*Th and Cl laughing together*). Such an insight. **[Therapist seizes on this glimmer of adult-self knowing.]**

Cl: (*laughing*) Yeah. Wow (*smiles*).

Th: Wow. Look at that pearl of wisdom that you just came up with...what's it like to hit on that? **[Therapist expresses delight and excitement in witnessing client's adult-self insight.]**

Cl: (*smiles, shrugs*) Cool...

Th: Yeah...

Cl: I mean, (*looking up*) it makes perfect sense. **[Client speaks with a more confident tone.]**

Th: It sure does.

Cl: And I feel like every time I do come here like I just, you know, we just talk through things, but I actually come up with things that are truthful and make sense to me. **[Client shows glimmers of pride at recognizing this Truth Sense.]**

Th: You came up with that (*Th smiling with delight*). **[Therapist's emphasis of "you" underscores client's differentiated agency and capacity.]**

Cl: (*Smiles*). Yeah (*nodding*).

Th: Yup. Your pearl of wisdom. And how does it feel, when you think about it in the way that you just said it...just kind of...the struggle that you've had? **[Therapist metaprocesses, invites a deepening of client's insight.]**

Cl: I mean it makes sense. I had that struggle for a reason. **[The "struggle" refers to client's depression and anxiety that led to her dropping out of school for a semester.]**

Th: Yes (*in a low and slow voice*) ...

Cl: Because, you know, I didn't have myself figured out yet, and it does make me feel *really* good about where I am right now because I feel so much like myself (*hands sweep downward in front of body, smiling, Th laughs delightedly*). **[Client emerges into a new experience of herself with adult understanding and insight.]**

Th: (*smiling*) I love hearing that. **[Therapist's delight helps to hold a secure base for client's experience.]**

Cl: I get, like, emotional. I don't know why (*tearing up*).

Th: Let's make room for that feeling. We don't even have to understand why. But this (*Th hand to heart*) is such an important piece of it, right? (*Cl nods, eyes moisten*) ...yeah...so just kind of doing what we do...breathing (*Th's speech slows down*) and letting the emotion come to the surface and be felt...yeah... (*Cl nods, smiles, looks up*) ...how is it in the body right now? **[With a low and slow voice, therapist offers affect regulation, inviting client to stay with these emerging emotions.]**

Cl: It's like, it's like happiness and (*voice trembles, one hand placed on throat*) ... I'm almost, like, forgiving myself (*tears, voice thickens*). I don't even know why I'm getting so emotional...but...

Th: It's beautiful. So, just trust it. Let's just go with it and stay together (*Cl nods*). Yeah (*speaking softly*) ...it's ok that you're getting emotional...it makes sense to me... (*Cl smiles, nods*) ...yeah. So, (*Th smiles encouragingly*) can you say that thing you just said about forgiveness again? **[Therapist's calm, dyadic affect regulation invites client to stay with what is emerging.]**

Cl: Yeah (*tearing up, voice trembling*) ...I mean this has been like my process, and I think (*looking up and to the left*) actually talking about, like, the past is helping me kind of obviously forgive myself and feel really good about where I am right now (*eyes are moist, nodding*). **[Client now is emphasizing “my” process, showing a healthy pride].**

Th: Yes. That gives me goosebumps by the way (*Cl smiles*) ...yeah...what's it like to forgive yourself?

Cl: It's good. I mean, I never...what am I trying to say? I forgot (*one hand rests against cheek, glances to side*). I mean I never really have forgiven myself because I never really kind of analyzed what or why I've gone through the things that I've gone through. And, like, you know, my parents, high school and that like switched to being an individual is definitely part of it... but there is so much more...but just trying to figure out just like one aspect of it just makes me realize this [struggling in college] wasn't like my complete fault (*voice thickens*)...like (*one shoulder shrugs*)... **[Client's speech slows down as emotions emerge.]**

Th: Yes... (*client smiles and nods*) ...it's like we're extending this understanding back to that whole experience...yeah...

Cl: And I think like for me now (*nodding and looking up*) ...I'm in such a ...I keep saying good place...but I'm still like working through things and figuring out who I am but...for me, part of getting even better is all that forgiveness and understanding about what happened. **[Client has more realization affects and left-brain understanding; there is a coherence as she puts words to what is emerging in her life and in the room.]**

Th: So important. Sarah, you are just doing great over there (*Cl smiles*). How does this forgiving yourself feel in your body as you're sitting there...because I'm really moved by it...I have a lot of feelings in my chest...what do you notice in yourself? **[Therapist explicitly emphasizes client's differentiated state with “you are doing great over there” and by self-disclosing her own bodily response and then asking client to explore her response.]**

Cl: I mean, I feel like (*hands to chest*) definitely a lot of emotion through here (*hands move around head and shoulders*). But then, at the same time, it's like I do feel just like kind of relieved...my body just feels a little bit more...light (*eyes looking up*) ... **[Client is thoughtful with her response, takes her time. Her voice and speech are steady, indicating “bottom up” speaking. Lightness in the body reflects the somatic integration of the shift.]**

Sarah's initial insight about why and how she “got a little lost” is a glimmer of something new. As the therapist delights in this pearl of wisdom, Sarah is able emerge into a new adult-self experience of forgiveness for her past struggles and a new understanding about herself. The therapist's focus on Sarah's differentiated agency – “you came up with that” – allows Sarah to feel ownership for her part in the change process.

In this next segment, the therapist makes explicit use of her non-hierarchical, adult-to-adult presence with Sarah. This is a new dyadic experience for Sarah, who has spent her life in a more passive, child-self role with the adults in her life. In this dyadic process, a more confident, unfiltered adult voice emerges in Sarah.

Th: So, wow, we're really tracking a lot of pretty significant changes and even the way that those changes ripple out in your life, Sarah. I just love tracking this with you, and I also really am appreciating this experience of the emotional piece of it, right, and the kind of, I don't know, changes and shifts with letting that piece in. **["I just love tracking this with you" to communicate therapist's delight in sharing this process with her.]**

Cl: Yeah.

Th: How is it to do this together today?

Cl: I mean...I want to say like amazing (*smiles, T laughs*) ...'cause you know when I'm alone and living my life out there, I definitely sense this change, and I feel good about myself. But, it's not (*looking up*) until I really come here that I put it to words until I, you know, talk about it and come to terms with it and actually realize it. **[Glimmers of mastery affects].**

Th: Mm-hmm...what is it like to put it into words and to feel it both?

Cl: It's...weird because something I've always been nervous about is talking out loud and like talking in class and I always have to have something prepared in my head before I speak...so by just like, speaking off my chest, it's completely raw to me... **[Client describes the new experience of trusting herself to talk unfiltered and go with the "rawness" of the moment. Note the bottom up processing reflected in her use of the metaphor of "speaking off my chest" as opposed to "off the top of my head."]**

Th: Yup...

Cl: And so...by just doing this...

Th: Yup...

Cl: I feel it...

Th: Th: Yeah (*smiling*)...how is it to just let it roll off your chest like you have been?

Cl: Good...(*nods*) ...'cause I never really do that in other aspects of my life cause I've always been nervous that I have nothing to say or like...I don't know...just a little insecurity I guess... **[Glimmers of realization affects, as she understands why speaking has been hard for her.]**

Th: And can you tell how much I love the things that are rolling off your chest (*both nodding and smiling, Th laughs*)? **[Explicit use of therapist self helps client see/hear/feel therapist's delight in her.]**

Cl: Yeah (*facial brightening, smiling*) ...and I think like your encouragement...or understanding in a sense just really helps me to do this cause (*shrugs*) ...I don't know...I haven't been able to really do this in the past... (*nods, eyes moisten*) ...

Th: Yeah...you're doing a beautiful job...I love what's coming out of you Sarah... yeah...it's really wonderful and I really...I have a lot of respect for these pearls that have just rolled on out today. **[Therapist meets client adult-to-adult, explicitly emphasizing her work in "you're doing a beautiful job" and directly conveying respect for her. At this point in treatment, the therapist does not invite receptive affective metaprocessing, as it is important to support the client in this new experience of differentiated agency.]**

Cl: Me too...

Th: Yeah...

Cl: I did good. **[Client has healthy pride, mastery affects]**

Th: Yeah...

Cl: But good isn't the right word...I'm just like (*shrugs, pauses*) ...

Th: I'm having just like a whole body warm, yummy fuzzy feeling right now...

Cl: Exactly... (*both laugh*) ...

Th: Yeah...

Cl: Pretty much...

Th: Nice...so thank you for taking the leap and just letting it roll off here, and I think that this was really nice teamwork... **[Therapist implicitly conveys an adult-to-adult appreciation of client in recognizing her part in their "teamwork."]**

Cl: Yeah, me too.

Th: So what's it like for you to feel how much I...I don't know if you can...can you feel how much I respect you...that this is us doing this? **[Therapist explicitly conveys respect for client's differentiated adult-self-at-best capacity and then metaprocesses how that feels in the client.]**

Cl: Mm-hmm (*nods*)...

Th: Yeah...what's that like?

Cl: It's new to me...I mean...

Th: Yeah...

Cl: (*shrugs, smiles, tears up*)

Th: Let's make room for that...

Cl: I'm just like happy, but I'm crying...

Th: Beautiful right...just breathing and let's let this *good*, happy feeling come forward... [I'm] right here with you feeling it too...yeah...

Cl: (*smiles, wipes a tear*)

Th: Mm... how's that in your body Sarah?

Cl: Like...sometimes like when my emotions get so high, I can't like discern the happiness and, kind of, everything that I'm feeling. But right now, it just feels like an overall just...happiness...

Th: Well said...look at these words, just rolling out of you... (*both smiling*).

As the therapist explicitly meets Sarah adult-to-adult, she emerges into a new experience of the self. A new internal working model takes shape, one in which Sarah begins to experience and see herself as capable, respected, and differentiated. In AEDP treatment, while metaprocessing the relationship, therapists might encourage a client's appreciation for the therapist. But a client's appreciation for the therapist doesn't actually expand receptive affective capacity per se. Here at this early treatment stage, there is a danger of Sarah crediting the therapist for her accomplishments in the session and possibly moving into the familiar hierarchal dyadic experience. As Sarah shares her gratitude for the therapist's "encouragement," the therapist carefully keeps the dyad unblended and non-hierarchal. Sarah then is able to move into another wave of new experience of her adult self, a self who speaks "off the chest" and is explicitly respected as an adult co-leader of the dyad.

## Conclusion

The emerging adult-self is faced with new life challenges, poised on the threshold of independence. Generally, Emerging Adults come to treatment without much experience of their adult selves, much less their adult selves-at-best. Our work in the treatment room, not so different from a parent encouraging a child to walk, is to help connect EAs with their innate adult-self abilities, and to begin to experience and believe in their adult selves-at-

best. We do this, in part, by approaching EAs adult-to-adult, working as an explicitly differentiated dyad as we seize on adult-self glimmers and delight in their emergence.

AEDP provides a natural foundation for this work, as the engaged, safe therapeutic relationship allows the therapist to encourage the emergence what already exists in these clients in potential form. While EAs usually know something about external accomplishment, in this work, they learn about their capacity for internal accomplishment within the framework of this new adult life stage. They learn that they can be with sadness, anger and joy. They learn they have insight, knowing, likes and dislikes, and the capacity to direct their own lives. They learn where they end and other begins, thereby shaping their future relationships. But, perhaps most excitingly, they learn they have a wisdom that is unique to them, fueled by the creative forces of their core selves.

**References**

- Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480.
- Arnett, J. (2014). *Emerging adulthood: The winding road from late teens to the twenties*, 2<sup>nd</sup> Edition. Oxford University Press.
- Arnett, J. J., & Schwab, J. (2015). Clark University poll of young emerging adults: Work, education and identity. Clark University.
- Blakemore, E. (2018). Youth in revolt: Five powerful movements fueled by young activists." *National Geographic*, March 23. Retrieved from: <https://news.nationalgeographic.com/2018/03/youth-activism-young-protesters-historic-movements>
- Burnwell, S. M. (2018, November). Generation stress: The mental health crisis on campus. *Foreign Affairs* 97(6), 150-157.
- Fuhrmann, D., Knoll, L. & Blakenmore, S. (2015). Adolescence as a sensitive period of brain development. *Trends in Cognitive Science*. 19(10), 558-566.
- Geller, S. M. (2013). Therapeutic presence: An essential way of being. In M. Cooper, M. O'Hara, P.F. Schmid, & A.C. Bohart (Eds.), *The Handbook of Person-Centered Psychotherapy and Counseling* (2<sup>nd</sup> ed.), pp. 209-222. Palgrave MacMillan.
- Geller, S. M. (2013). Therapeutic presence as a foundation for relational depth. In R. Knox, D. Murphy, S. Wiggins, S., & M. Cooper (Eds.), *Relational depth: New perspectives and developments*, pp. 175-184. Palgrave MacMillan
- Henriques, G. (2018). The college student mental health crisis. Retrieved from: <https://www.psychologytoday.com/us/blog/theory-knowledge/201402/the-college-student-mental-health-crisis>
- Jay, M. (2012). *The defining decade: Why your twenties matter and how to make the most of them now*. Twelve.
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2018). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007-2017). *Psychiatric Services*, 70(1), 60-63.
- Lukianoff, G. & Haidt, J. (2018). *The coddling of the American mind: How good intentions and bad ideas are setting up a generation for failure*. Penguin Press.
- National Institutes of Mental Health (2011). *The teen brain: Still under construction*. Bethesda, MD: NIMH.

National Institutes of Mental Health (2015). *The teen brain: 6 things to know*. Bethesda, MD: NIMH.

Novotney, A. (2014). Students under pressure: college and university counseling centers are examining how to best serve the growing number of students seeking their services. *Monitor on Psychology, 8*(45), 35.

Oswalt, S., Lederer, A., Chestnut-Steich, K, Day, C., Halbritter, A., & Ortiz, D. (2018). Trends in college students' mental health diagnoses and utilization of services, 2009–2015. *Journal of American College Health, 10*, 1-11.

Reilly, K. (2018, March 19). Record number of college students are seeking treatment for depression and anxiety – but schools can't keep up. *Time, 191*.

Roy, N. (2018). The rise of mental health on college campuses: Protecting the emotional health of our nation's college students. Retrieved from: <https://www.higheredtoday.org/2018/12/17/rise-mental-health-college-campus-protecting-emotional-health-nations-college-students/>

Somerville, L. H. (2016). Searching for signs of brain maturity: What are we searching for? *Neuron, 9*(6), 1164-1167.

Tanner, J. & Arnett, J. (2009). The emergence of “emerging adulthood”: The new life state between adolescence and young adulthood. In Furlong, A (Ed). *Handbook of youth and young adulthood: New perspectives and agendas* (pp. 39-45). Routledge.

Trible, H. B. (2015). Emerging adulthood: Defining the life stage and its developmental tasks. *Educational Specialist, 2*.