

# **Treatment Retention Intervention for Transition Age Youth in Outpatient Psychotherapy**

**Maryann Davis, Lisa Mistler, Ashli Sheidow, Lisa  
Fortuna, David Haddad, Cindy L. Christiansen**



# COLLABORATORS

**Maryann Davis, Ph.D., Lisa Mistler, M.D., Lisa Fortuna, M.D., Charles Lidz, Ph.D.** *University of MA Medical School, Center for Mental Health Services Research, Department of Psychiatry*

**Ashli J. Sheidow , Ph.D.,** *Medical University of SC, Family Services Research Center, Department of Psychiatry and Behavioral Sciences*

**Cindy L. Christiansen, Ph.D.,** *School of Public Health, Boston University,*

**David Haddad, Ph.D.,** *Community Health Link, Worcester, MA*

**Thanks to the transition age youth participants**

*Funding for this research comes from the National Institute of Mental Health (RC1MH088542-02) to PI Davis*



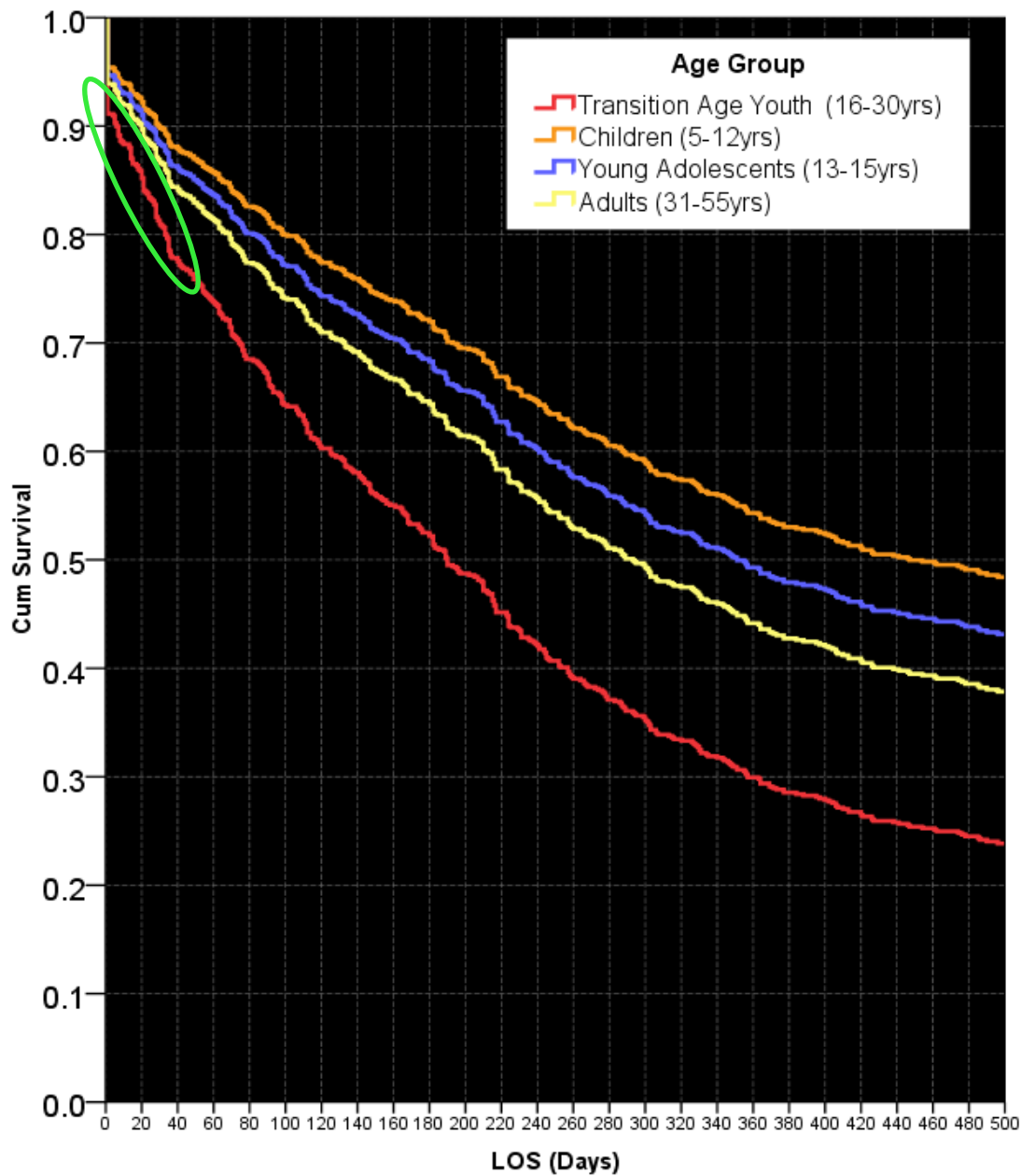
# Issue

- Outpatient psychotherapy most common intervention
- $\approx 760,000$  17-25 year olds in outpatient psychotherapy yearly

Olfson, Marcus, Druss, & Pinkus, (2002)

- Treatment ineffective if “dose” insufficient





**Transition Age Youth Quickly Lost from Treatment**

# Cost of Dropout

- ↓ medication compliance
- ↑↑ psychological distress
- Attenuated outcomes
- ↑↑ expensive psychiatric services
- Delivered treatment inefficient

*(Ogrodniczuk, Joyce, & Piper, 2005)*



# Many Possible Contributors

- Lowest rate of health care coverage
- Accessibility
- Mobility
- Stigma
- ★ Motivation
- ★ Therapeutic Alliance



# Why Motivational Enhancement Therapy?

- Definition
- Spirit and principles
  - ACE
  - RULE
- Evidence base



# Research Design

- Pilot RCT (MET vs. Usual Treatment)
- Feasibility Study
  - Can we recruit and retain in intervention
  - Safety
  - Can we recruit and retain in research
  - Measures appropriate
- Finalize Manual





# Logic Model and Measures

<i>Intervention</i>	<i>Specific Moderating Factors</i>	<i>Instrumental Goals</i>	<i>Ultimate Goals</i>
Motivational Enhanced Therapy	<ul style="list-style-type: none"><li>• Baseline motivation to change</li><li>• Abstract thinking skills</li><li>• Demographics &amp; Hx</li></ul>	<ul style="list-style-type: none"><li>• ↑ Motivation to change</li><li>• Strong therapeutic alliance</li><li>• ↑Self-efficacy</li></ul>	↑Treatment Retention



# Inclusion Criteria

- A. Age 17-25 at enrollment
- B. Requesting individual therapy for MH
- C. No other outpatient psychotherapies (e.g. group or family therapy)
- D. Primarily English speaking;
- E. No co-occurring developmental disorder



# Therapists Randomized

- Urn randomization
- 10 Therapists

Clinic	Gender	Assignment
1	Male	MET
	Male	Standard
	Male	Standard
2	Male	MET
3	Female	MET
	Female	Standard
	Female	Standard
4	Male	MET
	Female	MET
	Female	Standard



# Interview Schedule

## Baseline

- Demographics
- Significant Hx
- Substance Use
- MH Symptoms
- Psychosocial Maturity
- Change Readiness

## Monthly

- Update Contact Info

## 4Mo or Exit

- Substance Use
- MH Symptoms
- Psychosocial Maturity
- Change Readiness
- Therapeutic Alliance
- Self Efficacy

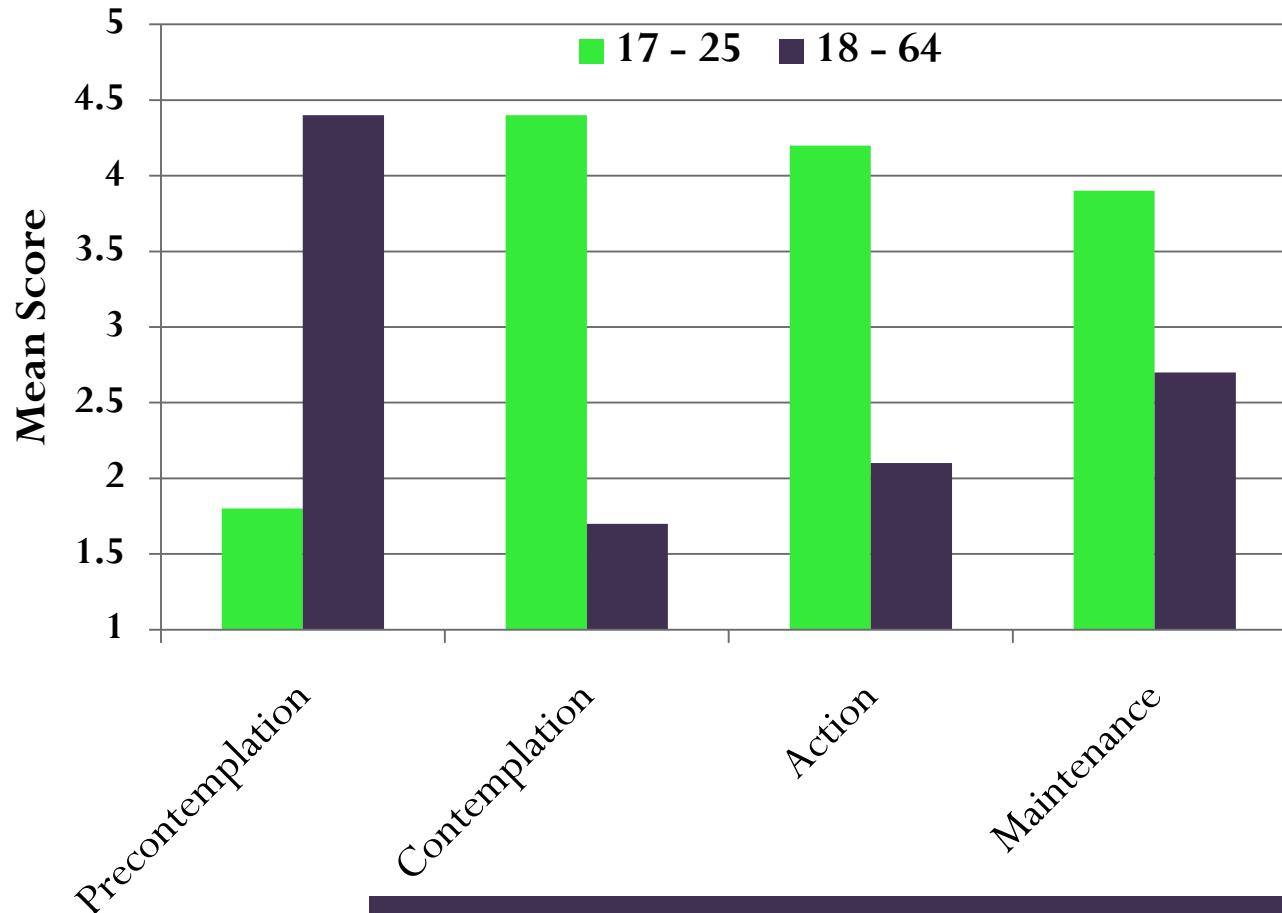


# Sample Characteristics (N=20)

Characteristics	Sample
<b>Gender</b>	<b>60% Female</b>
<b>Age</b>	<b>Mean= 20.8 years Range=17-24</b>
<b>Race</b>	<b>95% White 5% African American</b>
<b>Ethnicity</b>	<b>15% Hispanic</b>
<b>In School</b>	<b>50% Enrolled</b>
<b># Days no Substance Use in past 30</b>	<b>Mean: 24.6±5.8</b>
<b>Assignment</b>	<b>Females: 50% MET Males: 25% MET</b>
<b>Clinic distribution</b>	<b>Clinic 1= 30% Clinic 2= 30% Clinic 3= 25% Clinic 4 = 20%</b>



# URICA – “Motivation to Change”



Relative to adults – engaged in thinking about problem, taking some action, and maintaining changes already made- “Participation” profile



# Challenges

- Overwhelmed therapists
- No-shows
- Holidays/Winter



# Additional Collaborators

Thanks to Our Additional Team  
Members:

Richard Rondeau

Charles Lidz

Outpatient Therapists at Community HealthLink

