Treatment Retention Intervention for Emerging Adults in Outpatient Psychotherapy

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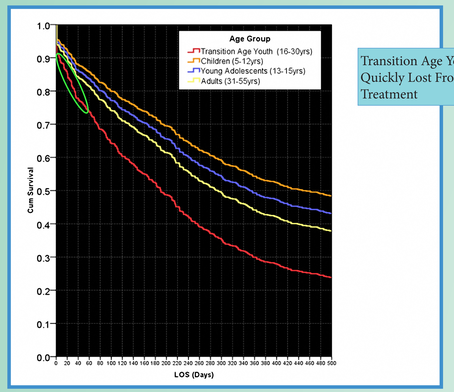
Emerging Adults (ages 18-25) with serious mental health conditions have poor functioning, yet are more likely to drop out of treatment than older adults.



Transition Age Youth Quickly Lost From Treatment

Motivational Enhancement Therapy (MET) is a structured brief form of Motivational Interviewing (MI) with demonstrated effectiveness for treatment retention in adults,[1] but has not been used in emerging adults for treatment retention.

[1]*Hettema, Steele & Miller, 2005*

Characteristics of Emerging Adults That May Impede Typical Engagement

- Rejection of authority as part of identity formation
- Irrelevance of the direction of therapy to the actual problems they face
- Less mature goal setting and pursuit.

We developed a manualized MET to be used prior to other treatment (MET-EA) and conducted a randomized trial of the MET compared to usual treatment in a community mental health agency.

Motivational Interviewing (MI) Principles fit with Emerging Adult needs

R = resist righting reflex
emerging adults more likely to follow through if they come up with answers

U = understand client
open questions, affirmations and reflections support therapeutic alliance with emerging adult

L = listen to client
emerging adults fear stigma and being judged; MI emphasizes a non judgmental stance

E = empower client
emerging adults tend to reject and challenge authority; MI is a collaboration of partners

Our logic model proposes that the MET improves therapeutic alliance, increases client self-efficacy and normalizes beliefs about therapy via decreasing ambivalence and increasing intention to stay in therapy.

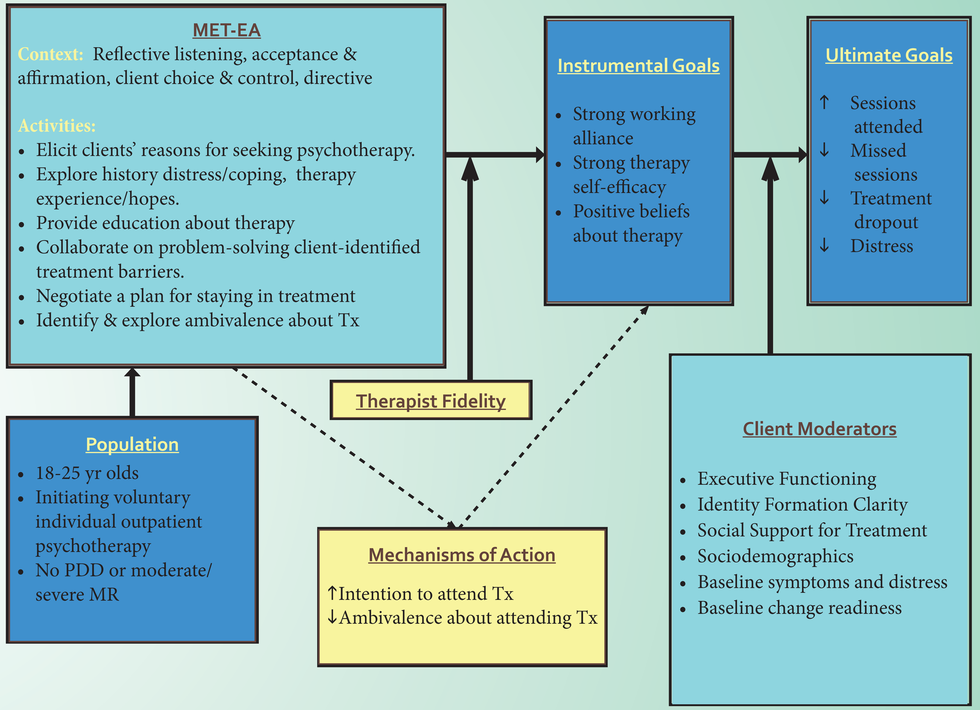


Figure 1. MET-EA Logic Model

*Tx=therapy

Visit Transitions RTC
http://labs.umassmed.edu/transitionsRTC

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