Treatment Retention Intervention for Transition Age Youth in Outpatient Psychotherapy

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COLLABORATORS

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Thanks to the transition age youth participants

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Issue

- Outpatient psychotherapy most common intervention
- ≈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

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Specific Moderating Factors</th>
<th>Instrumental Goals</th>
<th>Ultimate Goals</th>
</tr>
</thead>
</table>
| Motivational Enhanced Therapy         | • Baseline motivation to change  
• Abstract thinking skills  
• Demographics & Hx | • ↑ Motivation to change  
• Strong therapeutic alliance  
• ↑Self-efficacy | ↑Treatment Retention |

**Motivational Enhanced Therapy**
- Baseline motivation to change
- Abstract thinking skills
- Demographics & Hx

**Instrumental Goals**
- ↑ Motivation to change
- Strong therapeutic alliance
- ↑Self-efficacy

**Ultimate Goals**
- ↑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

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Gender</th>
<th>Assignment</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>MET</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Standard</td>
</tr>
<tr>
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<td>3</td>
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<td>Female</td>
<td>MET</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>Standard</td>
</tr>
</tbody>
</table>
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

Transitions RTC
# Sample Characteristics (N=20)

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