Transition-age youth (TAY) with mental health conditions struggle to manage symptoms while developing adult capacities. Outpatient psychotherapy has been shown to be an effective mental health treatment for this age group. Unfortunately, TAY are more likely to drop out of mental health treatment than older adults and this treatment attrition significantly limits the benefits TAY receive from outpatient psychotherapy. The current study examines factors related to treatment attrition in TAY who attend outpatient psychotherapy in order to inform the development of future retention interventions for this age group.

### Methods

#### Participants

- Eventual sample N=60, current presentation based on first 26
- Inclusion Criteria:
  - Ages 18-25
  - Self-identified mental health condition
  - Currently initiating or having engaged in individual outpatient psychotherapy for ≥12 months.

#### Procedures

- Recruitment
  - From outpatient programs in Massachusetts
  - Online platform (e.g., social media, TAY resource sites)
- Data Collection
  - Time 1 (baseline): Complete Web Survey I
  - Time 2 (8 weeks post baseline): Web Survey II, qualitative questions, self-report # of sessions attended and cancelled

#### Measures

- **Time 1 & 2**
  - Participant demographics;
  - Therapy expectations: Milwaukee Psychotherapy Expectations Questionnaire
  - Stigma and Social support regarding therapy; Devaluation-Discrimination Scale
  - Psychological Distress: Outcome Questionnaire-45; Symptom Distress Scale
  - Autonomy level; ARC’s Self-Determination Scale – Behavioral Autonomy Scale
- **Time 2**
  - Therapeutic alliance; Working Alliance Inventory - Short Form
  - Self-report number of therapy sessions attended, cancelled, and no-showed during their 8 week study enrollment
  - Qualitative questions about therapy experience during study enrollment

### Results

**Table 1. Sample Characteristics (N=26)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Education</th>
<th>Marital Status</th>
<th>Parental Status</th>
<th>Living Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>23 (2.3)</td>
<td>Female</td>
<td>White/Caucasian</td>
<td>High School Graduate or Less</td>
<td>Single</td>
<td>12%</td>
<td>70%</td>
</tr>
<tr>
<td>Median</td>
<td>23.00</td>
<td>Female</td>
<td>White/Caucasian</td>
<td>High School Graduate or Less</td>
<td>Single</td>
<td>12%</td>
<td>70%</td>
</tr>
<tr>
<td>Range</td>
<td>18-25</td>
<td>Female</td>
<td>White/Caucasian</td>
<td>High School Graduate or Less</td>
<td>Single</td>
<td>12%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Table 2. Psychotherapy Experiences**

- **Prior Psychotherapy Experience (N=26)**
  - Yes: 90%
  - Satisfied with Prior Psychotherapy Experience (0-100): MD 50 (25-75)
  - Satisfied or Very Satisfied: 56%
  - Dissatisfied or Very Dissatisfied: 44%
  - Treatment Status at Enrollment (0-90): MD 58 (25-75)
  - Entering treatment with new therapist: 35%
  - Seeing current therapist for ≥12 months: 77%

**Table 3. Correlation with Number of Sessions Attended**

<table>
<thead>
<tr>
<th>Time Point 1</th>
<th>Mean (SD)</th>
<th>Correlation with # of therapy sessions r, p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>61.26 (12.14)</td>
<td>-0.31, p&lt;0.10</td>
</tr>
<tr>
<td>Psychological Empowerment</td>
<td>11.80 (3.56)</td>
<td>-0.05, p&gt;0.10</td>
</tr>
</tbody>
</table>

**Milwaukee Psychological Experiences Questionnaire**

<table>
<thead>
<tr>
<th>Time Point 2</th>
<th>Working Alliance Inventory (WAI)</th>
<th>Mean (SD)</th>
<th>Correlation with # of therapy sessions r, p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early</td>
<td>2.56 (1.22)</td>
<td>-0.06, p&gt;0.10</td>
<td></td>
</tr>
<tr>
<td>Late</td>
<td>2.07 (0.21)</td>
<td>-0.12, p&gt;0.10</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome Questionnaire: Symptom Distress Scale**

- **Time Point 1**
  - Symptom Distress: MD 38.80 (23.63) | -0.25, p<0.05 |

**Discussion**

- The more the client and therapist agreed on the goals of therapy and the tasks addressed in therapy, and the stronger the client perceives the interpersonal bond, the more therapy sessions were attended.
- Participants with less psychological empowerment tended to attend more therapy sessions than participants with greater psychological empowerment.
- Based on preliminary results for 26 participants, scores on the MPEQ, ODISS, IDISS, and the Autonomy domain on the Arc scale at Time point 1 are not correlated with number of therapy sessions attended. This is likely due to limitations from the small sample size to date.

**Conclusion**

- Findings as for support Motivational Enhancement Therapy as likely effective with young adult therapy clients in supporting treatment retention (working alliance is a key target of MET).
- Autonomy findings suggest that therapists may need to work harder to engage more autonomous clients in this age group.
- These analyses will be run again with the total sample when completed. Relationship of change scores to sessions attended will also be explored, as will themes from the qualitative questions.

**Use of Participatory Action Research (PAR)**

Senior researchers partnered with young adults with lived experience of serious mental health conditions in the conduct of all study activities including data collection, analysis, and dissemination.

**Acknowledgements**

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