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.

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.

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

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.

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

Met Enhancement Therapy (MET)

**MET-EA**
- Reflective listening, acceptance & affirmation, client choice & control, directive
- Elicit clients’ reasons for seeking psychotherapy
- Explore history distress/coping, therapy experience/hopes
- Provide education about therapy
- Collaborate on problem-solving client-identified treatment barriers
- Negotiate a plan for staying in treatment
- Identify & explore ambivalence about Tx

**Mechanisms of Action**

- Intention to attend Tx
- Ambivalence about attending Tx

**Therapist Fidelity**

**Client Moderators**

- Executive Functioning
- Identity Formation Clarity
- Social Support for Treatment
- Sociodemographics
- Baseline symptoms and distress
- Baseline change readiness

**Instrumental Goals**

- Strong working alliance
- Strong therapy self-efficacy
- Positive beliefs about therapy

**Ultimate Goals**

- Sessions attended
- Missed sessions
- Treatment dropout
- Distress

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For Information E-mail: Lisa.Mistler@umassmed.edu
Visit Transitions RTC
http://labs.umassmed.edu/transitionsRTC

Hettema, Steele & Miller, 2005

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Figure 1. MET-EA Logic Model