Patterns of Psychotherapy Attendance in Emerging and Mature Adults

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INTRODUCTION

- Approximately 760,000 emerging adults use outpatient psychotherapy in the U.S. each year (Olfson et al., 2002).
- Emerging adults are 1.6-7.9 times more likely to drop out of mental health treatment than fully mature adults (Edlund et al., 2002; Olfson et al., 2002).
- This study compared temporal patterns of attendance and non attendance between emerging and mature adults.

METHODS

SAMPLE

The 443 individuals aged 16-55 who initiated individual outpatient psychotherapy between September 1 and November 31, 2006 at a large community mental health center, Community Healthlink, in Worcester, MA

Table 1. Baseline characteristics of emerging adults (ages 16-30) and mature adults (ages 31-55) in a sample of individuals initiating individual psychotherapy at a community mental health center (N=433)

Variable	Emerging Adults (N=205)	Mature Adults (N=228)	Total (N=433)
Participant Characteristics			
Gender (%Male)	60.0%	56.6%	58.2%
Diagnosis**			
Schizophrenia & Bipolar Disorders	21.9%	32.9%	27.3%
Affective & Anxiety Disorders	43.4%	47.4%	45.5%
Other Disorders	31.2%	10.1%	20.1%
Payment method*			
Public: Medicaid, CHAMPUS, Medicare, State agency contract	62.9%	76.8%	70.2%
Private Insurance	22.9%	16.2%	19.4%
Concurrent Services Characteristics			
Medication Consult**	47.8%	65.4%	57.0%
Family/Couples Therapy **	19.5%	7.5%	13.2%
Group Therapy	5.9%	9.2%	7.6%
SA Treatment*	2.4%	7.5%	5.1%

***p<.001, **p<.01, *<.05

Table 2. Variables extracted from de-identified administrative data set

Independent Variables:			
♦ Unique client identifier	♦ Therapist ID	♦ Gender	♦ Primary clinical diagnosis
♦ Health care coverage source	♦ Type of service provided	♦ Age	
Dependent Variables:			
♦ Service dates of all outpatient treatment for 78 weeks following initiation of individual psychotherapy			

DEPENDENT VARIABLES:

1. The total number of sessions in 18 months
2. The number of sessions per month for each of the 18 months

INDEPENDENT VARIABLES:

1. **Age Group.** Emerging Adults =16-30 years, Mature Adults =31-55 years
2. **Concurrent treatment.** Yes/No for outpatient individual substance abuse, group mental health, family treatment, medication consult, between 1st and last psychotherapy session
3. **Background variables.**
   a. Gender
   b. Health care coverage (Private Insurance, Public Coverage, none)
   c. Primary diagnoses of record
      i. Schizophrenia and Bipolar Disorder (Schizophrenia & other psychotic disorders and all Bipolar Disorders)
      ii. Affective and Anxiety Disorders (Major Depressive Disorder, all other mood disorders, & all Anxiety disorders)
      iii. Other disorders, (Most commonly (78%) adjustment disorders)

ANALYSIS:

- Age differences analyzed using analysis of covariance (using repeated measures for monthly session attendance)
- Temporal patterns were analyzed using developmental trajectory analysis (Nagin & Land, 1993)

RESULTS

Total number of sessions attended was significantly lower in Emerging than Mature Adults 13.15+1.09 vs. 17.73+1.03 ($F(1, 432)=9.22$, $p=.003$).

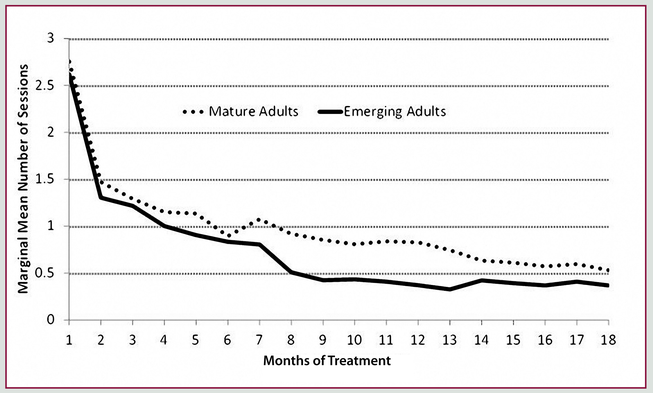

Figure 1. Age differences in the number of sessions per month, while covarying diagnostic group, and health care payor, revealed a significant month by age group interaction ($F(17,413)=1.71$, $p<.05$).

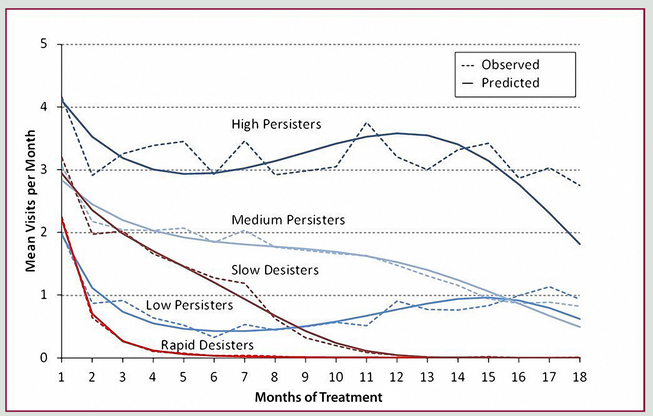

Figure 2. Patterns of psychotherapy attendance in a community MH center. Three treatment persistence patterns; Low (13%), Moderate (19.4%), and High (6.2%). Two patterns of treatment desistence; Rapid (40.1%), and Slow (21.3%).

Table 3. Age Group (emerging vs. mature adults) by Therapy Attendance Pattern group differences in baseline characteristics and treatment variables in a sample of individuals initiating individual psychotherapy at a community mental health center (N=433)

	Rapid Desisters		Slower Desisters		Persisters	
Variables	*Mature Adults N=86*	*Emerging Adults N=87*	*Mature Adults N=37*	*Emerging Adults N=56*	*Mature Adults N=105*	*Emerging Adults N=62*
% Within Age Group ++	37.7%	42.4%	16.2%	27.3%	46.1%	30.2%
Total Sessions Est. Marg. Means (SD)[a]	3.94 (1.19)	3.28(1.16)	12.65(1.79)	14.43(1.47)	30.33(1.06)	26.64(1.38)
Primary Diagnosis**††						
Schizophrenia or Bipolar	30.6%	17.1%	46.9%	14.5%	37.3%	35.6%
Affective or Anxiety	51.4%	51.2%	53.1%	34.5%	52.4%	47.5%
Other	18.1%	31.7%	0.00%	50.9%	11.2%	16.9%
Health Care Coverage**†						
Public	72.3%	76.6%	100.0%	58.1%	85.4%	80.4%
Private	27.7%	23.4%	0.0%	41.9%	17.5%	19.6%
% Female	43.0%	35.6%	45.9%	39.3%	42.9%	46.8%
Concurrent Treatment						
Group**†	.0%	1.1%	13.5%	8.9%	15.2%	9.7%
Substance Abuse+	12.8%	4.6%	2.7%	1.8%	4.8%	0.00%
Family ** †††	2.3%	6.9%	2.7%	30.4%	13.3%	27.4%
Medication Consult***†††	30.2%	24.3%	83.8%	64.5%	87.6%	86.8%
	In Emerging Adults Only Est. Marg. Means (SD)					
Age in years	21.85 (0.48)		20.224(0.61)		21.37(0.57)	
Proportion Minors[b]	.223(.048)		.410(.060)		.284(.057)	

Trajectory group differences; Age group Difference ++p<.01
Trajectory group difference (main effect) ap<.001
within Mature Adults +p=.053,**p<.01, ***p<.001
within Emerging Adults bp=.055, †p<.05, ††p<.01, †††p<.001

DISCUSSION

- Emerging Adults attend fewer psychotherapy sessions than mature adults, independent of health care coverage type or diagnostic category.
- There are different patterns of treatment desistance, which imply different treatment retention efforts earlier and later in treatment.
- Emerging adults are more likely than mature adults to display desisting patterns of psychotherapy attendance.
- There are likely important interactions of legal rights, parental influence, and changing life circumstances that distinguish emerging adults who are legal adults from those that are minors.

CONCLUSIONS

1. Emerging adults initiating psychotherapy would likely benefit from targeted efforts to retain them in psychotherapy.
2. Those targeted efforts would benefit from;
   a. Research that identifies factors that could be the focus of interventions, that are common and different between emerging and mature adults to help guide new and adapted treatment emerging adult retention interventions
   b. Research that identifies malleable factors within emerging adults that distinguish rapid and slower desisters to help guide treatment retention efforts early in therapy from those later in therapy
3. Identifying the factors that distinguish between desisting emerging adults who are legal minors from legal adults may help identify unique treatment retention issues faced by young adults on the threshold of adulthood that treatment retention interventions for adolescents or generic adults may not address.

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