Transition Age Youth Psychotherapy Experiences (TYPE)

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Background

- Transition-age youth (TAY) are significantly more likely to drop out of mental health treatment and attend fewer psychotherapy sessions on average compared to older adults.[1, 2]
- In order for psychotherapy to reduce the impact of mental health conditions on TAY, it must retain them long enough for treatment to have an effect. Therefore, **the benefits of psychotherapy are blunted by treatment attrition.[3]**
- Several interventions reduce treatment attrition in adults, but only one, Motivational Enhancement Therapy, has any evidence of efficacy in TAY specifically.[4,5,6]
- No studies have investigated the specific correlates of treatment attrition in TAY.[7,8]
- In order to identify treatment retention interventions for TAY, correlates of attrition in the TAY population need to be identified.
- **The current study examines correlates of outpatient psychotherapy session attendance in TAY:**
  - **Correlates that reflect the presumed mechanisms of action for adult treatment retention interventions**
  - **Correlates that may be unique to TAY**

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 platforms (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 Revised
  - 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

Abstract

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.

Findings

Table 1. Sample Characteristics (N=26)

Age	
Mean (SD)	23 (2.3)
Gender	
Female	69%
Ethnicity	
Hispanic or Latino	19%
Race	
White/Caucasian	65%
Bi-racial	15%
American Indian/Alaskan Native	8%
Black/African American	4%
Asian/Other	8%
Marital Status	
Single	92%
Education Level	
High School Graduate or Less	31%
Some College	38%
Two or Four Year Degree	31%
Annual Personal Income	
Less than $10,000	80%
Parental Status	
Parent	12%
Living Status (check all that apply)	
Parents/Guardians	42%
Peers	27%
Spouse/Significant Other	15%
Other	38%

Table 2. Psychotherapy Experiences

Prior Psychotherapy Experience (N=26)	
Yes	92%
Satisfaction with Prior Psychotherapy Experience (N=24)	
Satisfied or Very Satisfied	58%
Dissatisfied or Very Dissatisfied	42%
Treatment Status at Enrollment (N=26)	
Entering treatment with new therapist	23%
Seeing current therapist for < 12 months	77%

Average number of sessions: 4.6 (SD=2.3)

Table 3: Correlation with Number of Sessions Attended

	Mean(SD)	Correlation with # of therapy sessions r, p-value
Time Point 1		
ARC Self Determination Scale [↑ score = more self-determination]		
Autonomy [Range: 0-96)	61.26 (12.14)	-.31, p>.10
Psychological Empowerment* [Range: 0-16)	**11.80 (3.56)**	**-.40, p<.05**
Milwaukee Psychological Experiences Questionnaire [↑ score = higher expectations; Range: 0-10]		
Process Expectation	7.98 (1.51)	-.08, p>.10
Outcome Expectation	6.74 (2.14)	-.03, p>.10
Perceived Public Stigma: Devaluation-Discrimination Sub-Scale [↑ score = higher belief of discrimination]		
Family	2.56 (1.22)	.09, p>.10
Friends	2.07 (1.01)	.25, p>.10
Outcome Questionnaire: Symptom Distress Sub-Scale [↑ score = higher symptom level, score of ≥ 36 = clinical significance; Range: 0-100]		
Symptom Distress	38.29 (14.80)	.25, p>.10
Time Point 2		
Working Alliance Inventory (WAI) [↑ score = higher positive ratings; Range: 4-28 for each sub-scale]		
Goals*	**15.32(4.31)**	**.42, p<.05**
Tasks*	**14.26(4.01)**	**.41, p<.05**
Bonds*	**15.50(4.44)**	**.55, p<.01**

*= Statistically Significant

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, DDSS, SDSS, OQ, 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 so far 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 conduction of all study activities including data collection, analysis, and dissemination.

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