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Treatment Retention Intervention for Emerging Adults in Outpatient Psychotherapy

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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.

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.

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.

**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.

**MET-EA**

**Instrumental Goals**

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

**Ultimate Goals**

- Intention to attend Tx
- Ambivalence about attending Tx

**Mechanisms of Action**

- 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

**Therapist Fidelity**

- Motivational Interviewing (MI) Principles fit with Emerging Adult needs

**Client Moderators**

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

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. 

**Heart, Mind & Matter, 2005**

**Figure 1. MET-EA Logic Model**

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