Collaborators/Acknowledgements

- William Fisher, PhD, Charles Lidz, PhD, Bernice Gershenson, MPH, Center for Mental Health Services Research, Department of Psychiatry, UMass Medical School
- Research funded by NIMH (RC1MH088542)
Psychotherapy Dropout

- Young adults are more likely to drop out of treatment than mature adults
  - 1.6 times more likely to drop out of mental health treatment (Edlund et al., 2002)
  - 7.9 times more likely to drop out of psychiatric services than mature adults (Olfson et al., 2002)

- Adult dropout associated with (see Barret et al., 2008)
  - Poorer treatment outcomes
  - Expensive services utilization
  - Clinic income loss
Study Rationale

- Little known about temporal pattern of attendance/dropout
- Little known about risk factors in emerging adults
- Present study examined temporal patterns of psychotherapy attendance in emerging and mature adults in community mental health center clinics
METHOD

Sample:

- 443 individuals aged 16-55 who initiated individual outpatient psychotherapy between September 1 and November 31, 2006
- Emerging Adults; 16-30 yrs old
- Mature Adults; 31-55 yrs old
Data Source

De-identified data from CMHC administrative database

- age
- gender
- primary clinical diagnosis of record
- health care coverage source
- type and date of service provided; group, family, individual psychotherapy
- sessions between September 2006-May 2008
Captured all outpatient sessions attended in the 78 weeks following the initial individual psychotherapy session

**Dependent Variable:** # individual mental health psychotherapy sessions (not substance use)

**Correlates Examined:** age group (EAs vs. MAs), gender, primary chart diagnosis, health care coverage source, and concurrent treatment

Transitions RTC
Data Analysis

- Age group differences analysis of covariance (repeated measures for monthly session attendance)
  - covaried background and treatment variables that were significantly different between emerging and mature adults

- Developmental trajectory modeling (Nagin & Land, 1993)
  - Identifies clusters of within-individual longitudinal patterns
## Age Differences in Correlates

<table>
<thead>
<tr>
<th>Variable</th>
<th>Emerging Adults (N=205)</th>
<th>Mature Adults (N=228)</th>
<th>Total (N=433)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (%Male)</td>
<td>60.0%</td>
<td>56.6%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Diagnosis**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia &amp; Bipolar Disorders</td>
<td>21.9%</td>
<td>32.9%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Affective &amp; Anxiety Disorders</td>
<td>43.4%</td>
<td>47.4%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Other Disorders</td>
<td>31.2%</td>
<td>10.1%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Payment method*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public: Medicaid, CHAMPUS,</td>
<td>62.9%</td>
<td>76.8%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Medicare, State agency contract</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Insurance</td>
<td>22.9%</td>
<td>16.2%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

**p<.01, *<.05**
## Age Differences in Correlates

<table>
<thead>
<tr>
<th>Variable</th>
<th>Emerging Adults (N=205)</th>
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<th>Total (N=433)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Consult**</td>
<td>47.8%</td>
<td>65.4%</td>
<td>57.0%</td>
</tr>
<tr>
<td>Family/Couples Therapy **</td>
<td>19.5%</td>
<td>7.5%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>5.9%</td>
<td>9.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>SA Treatment*</td>
<td>2.4%</td>
<td>7.5%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

***p<.001, **p<.01, *<.05
## Age Difference in Total # Sessions

<table>
<thead>
<tr>
<th>Variable</th>
<th>Emerging Adults (N=205)</th>
<th>Mature Adults (N=228)</th>
<th>Total (N=433)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of treatment sessions</td>
<td>13.15±1.09</td>
<td>17.73±1.03</td>
<td>15.0±14.6</td>
</tr>
</tbody>
</table>

\[(F(1, 432)=9.22, p=.003; \text{overall model adjusted } R^2 =0.034)\]
Marginal Mean Number of Sessions

Months of Treatment

Mature Adults
Emerging Adults

(F (17,413)=1.71, p<.05)
Mean Visits per Month

**Month of Treatment**

--- Observed
- Predicted

- **High Persisters** - 6.2%
- **Moderate Persisters** - 19.4%
- **Slow Desisters** - 21.3%
- **Rapid Desisters** - 40.1%
- **Low Persisters** - 13%
Age Differences in Attendance Group

Emerging Adults vs. Mature Adults

- Rapid Desisters
- Slower Desisters
- Persisters

(p < .01)
<table>
<thead>
<tr>
<th>Variables</th>
<th>Rapid Desisters</th>
<th>Slow Desisters</th>
<th>Persisters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mature</td>
<td>Emerging</td>
<td>Mature</td>
</tr>
<tr>
<td></td>
<td>N=86</td>
<td>N=87</td>
<td>N=37</td>
</tr>
<tr>
<td>Primary Diagnosis**†††</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia or Bipolar</td>
<td>30.6%</td>
<td>17.1%</td>
<td>46.9%</td>
</tr>
<tr>
<td>Affective or Anxiety</td>
<td>51.4%</td>
<td>51.2%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Other</td>
<td>18.1%</td>
<td>31.7%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

within Mature Adults  **p<.01
within Emerging Adults †p<.05, ††p<.01
# Age Within Emerging Adults

<table>
<thead>
<tr>
<th>Variables</th>
<th>Rapid Desisters</th>
<th>Slower Desisters</th>
<th>Persisters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age in years</strong></td>
<td>Estimated Marginal Means</td>
<td>21.85 (0.48)</td>
<td>20.224(0.61)</td>
</tr>
<tr>
<td><strong>Proportion of Minors</strong></td>
<td>.223(.048)</td>
<td>.410(.060)</td>
<td>.284(.057)</td>
</tr>
</tbody>
</table>

\(^c\) p=.055
Summary

- Emerging Adults attend fewer psychotherapy sessions than Mature Adults
- Differences not accounted for by age differences in diagnoses, or type of health care coverage
Summary

- There are different patterns of psychotherapy attendance – most common is rapid desistence.
- Emerging Adults are disproportionately represented among Desisters, particularly Slower Desisters.
- Emerging Adults are underrepresented among Persisters.
Summary

- There are different risk factors for being in different attendance pattern groups in Emerging and Mature Adults.
- In Emerging Adults Slower Desisters are disproportionately minors, with “other” diagnoses, and on private insurance.
Conclusions

- Efforts to retain EAs in treatment need to occur in the 1st session (or before they’re in the door)
- Younger EAs, on private insurance, without “serious mental illness” diagnoses most likely to be in Slower Desisters
- Future research needed to determine if Slower Desisters got the “right” amount of therapy
- Future research needed to establish an easily utilized, pan-diagnostic intervention to retain EAs in treatment