Promoting the Therapeutic Alliance by Defining Effective Engagement Between Adolescents and Their Mental Health Clinicians

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Conflicts of Interest

The speaker has no conflicts of interest to disclose.

Learning Objectives

As a result of participating in this session, the participants will be able to:

1. Apply Morse’s Pragmatic Utility Method of concept analysis to better understand adolescent engagement in mental health services.

2. Cite an operational definition of adolescent engagement in mental health services that systematically addresses behavioral, cognitive, and affective components.

3. Describe implications for change in psychiatric nursing practice and research to encourage more effective adolescent engagement in mental health services.
Defining Adolescent Engagement in Mental Health Services

Background
- Adolescence is time of identity formation and unique developmental challenges (Eyrich-Garg, 2008; Farrand, Booth, Gilbert & Lankshear, 2009)
- Adolescence is the typical period of onset of many major mental disorders (Kessler et al., 2005)
- At most, 36% of adolescents with a disorder receive mental health treatment and attrition rates are very high (Merikangas et al., 2011; USDHHS, 2000)
- Providers face an increasing demand to create effective engagement in a very limited amount of time (Elliot et al., 2004)
- Researchers have demonstrated many benefits of early intervention for mental illness (Rose, Vingilis & Douch, 2012)

Before defining engagement through the research literature I would like invite a brief discussion:
- What are some of the characteristics of your past patients that would indicate that they are not engaging well with their mental health providers and mental health services?

Concept Analysis
- Concepts: ideas, constructs, and phenomena, the basic elements of a theory (Walker & Avant, 2011)
- Concept Analysis according to Janice Morse: A “critical appraisal of the literature” on a scientific phenomenon to define a concept in terms of its “pragmatic utility,” its usefulness to scientific research and clinical practice (Morse, 2000, p. 334)
- Pragmatic Utility Method of Concept Analysis: highlights the similarities and differences in the operationalized definition of the concept across multiple practice and research disciplines (Morse, 2000)
### Elements of the Pragmatic Utility Method of Concept Analysis

#### Principle 1: Purpose of the Concept Analysis

| Phenomenon is identified | Example | Adolescent engagement in mental health services  
|--------------------------|---------| How is adolescent engagement defined by different disciplines of mental health providers?  
| Tentative research question is developed | (Morse, 2000) |

#### Principle 2: Ensure Validity

| Literature search undertaken of all relevant databases and thorough reading and organization of the literature is completed | Example | PubMed, PSYCInfo, and CINAHL were searched for terms including engagement, attendance, compliance/adherence, and therapeutic alliance.  
|--------------------------|---------| 31 non-duplicate articles were found and sorted into provider disciplines |

#### Principle 3: Identify the Significant Analytical Questions

| Authors’ utilizations of the concept are identified throughout each article | Example | Literature review included seven provider disciplines, multiple patient diagnoses, and multiple treatment settings.  
|--------------------------|---------| Definitions of adolescent engagement in mental health services were robust but contained varying implicit assumptions.  
| The research question is refined and new methods for sorting and analyzing the literature are developed | (Morse, 2000) |

New research question became:  
- How can the characteristics of adolescent engagement be organized into a comprehensive and useful definition?

#### Principle 4: Synthesis of Results

| Matrix of findings is created and an operational definition of the concept is developed | Example | Please see handouts |

Principles in this method are fluid and the process is iterative.
Defining Adolescent Engagement in Mental Health Services

Engagement defined broadly and richly in the research literature:
- As attendance or attrition (Balcombe, Phillips & Jones, 2011; Farrand et al., 2009)
- As participation in treatment (Eyrich-Garg, 2008; Fieldhouse, 2012)
- As youth-friendliness of services (Muir, Powell & McDermott, 2012; Ross et al., 2012)
- As the therapeutic alliance between patient and provider (French, Reardon, & Smith, 2003; Prior, 2012)
- As communication between provider and patient (Jensen-Doss & Weisz, 2008; Prior, 2012)

Authors of all of the articles in the literature review referred to engagement using multiple characteristics.

Conflicting Implicit Assumptions

In quantitative research studies:
- Engagement was discussed broadly in introduction and discussion sections
- Operationalized narrowly in the methods of the studies
  - Most often as attendance or lack of attrition (Coatsworth, Santiesteban, Meltzler & Sappocomk, 2001; Kim, Munson & McKay, 2012; Yatchmenoff, 2005)

In qualitative research studies:
- Engagement was also discussed broadly throughout the articles
- All studies used multiple constructs of engagement in their methods (Balcombe et al., 2011; Simmons, Heitkem & Jern, 2011)
- Constructs of engagement were not consistent from one study to the next

Conflict in the timing of engagement:
- International English language authors described engagement as a crucial initial step required in establishing the therapeutic relationship (Ross et al., 2012; Schley, Badour, Helpenn & Fletcher, 2011)
- American authors described engagement as a process that recurred throughout the time of services (Coatsworth et al., 2001; Kim et al., 2012; Yatchmenoff, 2005)
- Has implications as to whether the therapeutic relationship is part of or separate from engagement
- Resolved for this concept analysis that engagement is an ongoing process
**Conflicting Implicit Assumptions**

- Clinical versus research literature
  - By far the most common definition of engagement in the research literature is attendance/attrition (Coatsworth et al., 2001; Kim et al., 2012; Yatchmenoff, 2005)
  - The most common definition of the ongoing process of engagement in the clinical literature is the therapeutic relationship (Kim et al., 2012; Yatchmenoff, 2005)
  - Difficult for researchers and clinicians to inform each other about engagement

**Area of Agreement Across the Literature**

Important consequence of engagement

- Adolescent engagement in mental health services is critical for meaningful therapeutic improvements
  (Garland, Haine-Schlagel, Accurso, Baker-Ericzen & Bookman-Frazee, 2012; Hanley, 2012; Shepherd, 2009)

**Cognitive Behavioral Theory**

- Looking for a meaningful method to organize the characteristics of adolescent engagement
- Chose to organize engagement around the three major aspects of Cognitive Behavioral Therapy (CBT), the integration of action, feelings, and thoughts
  - Cognition: Thoughts and beliefs of adolescents and knowledge and communication about mental health services
  - Behavior: Actions and activities undertaken by adolescents and providers/staff
  - Affect: Emotions and feelings of adolescents, bonds between adolescents and providers
- CBT is a commonly taught therapy method to providers across mental health disciplines and is the most heavily researched therapeutic approach (Ivey, D’Andrea & Ivey, 2012)
  - Language of CBT is familiar to clinicians and researchers
Components of Adolescent Engagement

Cognitive Component
- Knowledge and information
  - About mental health services (Muir et al., 2012; Prior, 2012; Shepherd, 2009)
  - About diagnoses or mental illnesses (Breland-Noble & the AAKOMA Project Adult Advisory Board, 2012)
- Adolescents' cultural beliefs about mental illness (Breland-Noble & the AAKOMA Project, 2012; Lindsey, 2010; Westerman, 2010)
- Communication
  - Age appropriate (Green et al., 2012)
  - Self-disclosures from providers (Eyrich-Garg, 2008)
  - Parental involvement (Yurber et al., 2011; Hoffrensen et al., 2012)
- Treatment decision-making (Fieldhouse, 2012; Simmons et al., 2011; Swanton, Collins, Burns & Sorenson, 2007)

Behavioral Component
- Attrition/retention
  - Including termination and dropout (Eyrich-Garg, 2008; Morrissey-Kane & Prien, 1999)
- Attendance
  - Attending appointments (Balcombe et al., 2011; Lindsey, 2010)
  - Number of missed appointments (Garland et al., 2012; Jensen-Doss & Weisz, 2008)
- Adherence/compliance (Green, Wisdom, Wolfe & Firemark, 2012; Simmons et al., 2011)
- Conductive therapeutic environment
  - Physical ease in attending services
    - Transportation (Muir, Powell & McDermott, 2012)
    - Convenient location (Mohrenen, Gontano & Stevens, 2012)
  - Easy to find (Bartkowsky, Muir-Cochrane, Fereday, Jureidini & Drummond, 2006)
  - Quality of setting (Roy & Gleen, 2008)

Affective Component
- Youth-friendly services
  - Services that meet the unique needs of adolescent development (Elst et al., 2004; Hanley, 2012; Mur et al., 2012)
- Therapeutic alliance based on mutual respect (Vatchneroff, 2005)
- Adolescents' motivation
  - To engage in services (Coastworth et al., 2001)
  - To change in problem areas (Swanton et al., 2007)
- Stigma of mental illness and mental health services (Balcombe et al., 2011; Prior et al., 2012)
- Role of psychological resistance in the process of engagement (Coastworth et al., 2001)
Other Factors that Impact Adolescent Engagement

- **Adolescent factors**
  - Gender (Farrand et al., 2009; McPherson et al., 2012)
  - Race/ethnicity (Lindsey, 2010; Morrissey-Kane & Pitts, 1999)
  - Previous history of adolescents
    - Child abuse history (McPherson et al., 2012)
    - Substance abuse history (Ross et al., 2012)
    - History of violent behavior (Dinsey et al., 2013)

- **Adolescents families’ factors**
  - Socioeconomic Status (Farrand et al., 2009; French et al., 2003; Kim et al., 2012)
  - Educational Level (Garland et al., 2012; McPherson et al., 2012)

- All of the above classified as antecedents:
  - Factors that existed before the adolescent began the process of engagement (Horse, 2000)

Operational Definition

The concept of adolescent engagement in mental health services refers to an ongoing process of interactions between adolescents and their mental health providers. These interactions can be categorized into three broad yet interrelated aspects, the cognitive, behavioral, and affective components. Successful engagement in mental health services is vital to the outcomes of effective treatment and therapeutic change.

Limitations of this Concept Analysis

- Literature review was limited to journal articles in English and to adolescent populations
- The concept of adolescent engagement is very broad and includes 26 aspects categorized into three components
- Represents the views of a single researcher
Conclusions

1. An organizing framework for the concept of adolescent engagement in mental health services has been presented that is both simple and contains the breadth of the construct.
2. This framework can be used for researchers to develop measurement tools that examine adolescent engagement more holistically.
3. This framework can be used as a common language for researchers and mental health professionals across disciplines to communicate about the concept of adolescent engagement.
4. Mental health professionals can use this framework to broaden their focus on possible interventions when confronted by adolescents who are difficult to engage.

References


References


References


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