

Premature dropout from Psychotherapy and Helping Skills: An empirical study



Terminación prematura en psicoterapia y habilidades de ayuda: un estudio empírico

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Abstract

Objective: to evaluate the relationship between the self-perception of therapeutic skills and the premature termination of treatments. Additionally, to assess whether there are differences among therapists regarding dropout rates and the stage of treatment where dropout is most common. **Methodology:** a longitudinal study with an initial clinical sample of N = 188 patients. Therapists were administered the Counselor Activity Self-Efficacy Scales (CASES). A univariate descriptive analysis was conducted on the characteristics of the therapists and, separately, the patients. Generalized estimating equations with a binomial family, logistic link, and exchangeable correlation matrix were used to predict dropout rates. **Results:** insight skills increased the likelihood of continuing psychotherapy by 8%, exploration by 10%, and action by 18%. There were no significant differences between therapists and patients who dropped out during the initial sessions. **Conclusion:** the self-perception of therapeutic skills such as insight, exploration, and action increases the probability of continuity in psychotherapy, although no significant differences were observed in early dropout rates between therapists and patients.

Keywords

Psychotherapy, therapeutic skills, continuity, dropout.

Resumen

Objetivo: evaluar la relación entre la auto percepción de las habilidades terapéuticas y la terminación prematura de los tratamientos. Además,

evaluar si existen diferencias entre terapeutas, respecto a la deserción y en qué momento del tratamiento se produce mayor deserción.

Metodología: estudio longitudinal, con una muestra clínica inicial de N = 188 pacientes. A los psicoterapeutas se les administró las Escalas de autoeficacia de la actividad del terapeuta (CASES). Se realizó un análisis descriptivo univariado de las características de los/las terapeutas y, por otro lado, de los pacientes. Para la predicción de la deserción se utilizaron modelos de ecuaciones de estimación generalizadas con familia binomial, link logístico y matriz de correlaciones intercambiable.

Resultados: las habilidades de Insight aumentaron un 8%, las de exploración un 10% y las de acción un 18% la probabilidad de continuar el tratamiento psicoterapéutico. No se encontraron diferencias significativas entre los terapeutas y los pacientes que desertaron en las primeras sesiones. **Conclusión:** la autopercepción de habilidades terapéuticas como Insight, exploración y acción aumenta la probabilidad de continuidad en la psicoterapia, aunque no se observaron diferencias significativas en la deserción inicial entre terapeutas y pacientes.

Palabras clave

Psicoterapia, habilidades terapéuticas, continuidad, deserción.

I Introduction

Premature dropout in psychotherapy has been the subject of study since the 1970s. Also referred as 'premature termination', 'attrition', and 'abandonment' among other terms, the concept has been operationally defined in various ways (Xiao, Castonguay, Hayes, Janis & Locke, 2023). Research findings on dropout remain heterogeneous. Studies have explored dropout in relation to patients' demographic characteristics (Bennemann, Schwartz, Giesemann, & Lutz, 2022), from the Patients' Perspective (Espinosa-Duque, Ibarra, Lopera, Montoya, Hoyos-Pérez, Medina,... & Restrepo, 2020) initial treatment distress or severity of symptoms (Reich & Berman, 2020), according to specific issues/problems (Arntz, Mensink, Cox, Verhoef, van Emmerik, Rameckers,... & Grasman, 2023), in different types of treatments (Fernandez, Salem, Swift, & Ramtahal, 2015; Karekla, Konstantinou, Ioannou, Kareklas, & Gloster, 2019; Linardon, Fitzsimmons-Craft, Brennan, Barillaro, & Wilfley, 2018), and as related to therapist effects (Huppert et al., 2014).

Premature interruption is a prevalent issue in psychological interventions with large health, social, and economic costs associated with high dropout rates from psychological services (Lutz, Schwartz, Hofmann, Fisher, Husen, & Rubel, 2018). However, whereas client variables associated with dropout have been extensively studied, the influence of therapists on premature treatment termination has received limited investigation (Zimmermann, Rubel, Page, & Lutz, 2017).

The therapist effect has been assessed, i.e., the systematic variability among therapists concerning patient outcomes, independent of patient and treatment characteristics (Barkham, Lutz, Lambert, & Saxon, 2017). Evidence suggests that approximately 5% to 8% of the variance is associated with the therapist (Johns, Barkham, Kellett, & Saxon, 2019). Some studies suggest that the therapist effect is more significant when patients' symptoms are more severe (Saxon & Barkham, 2012), and it varies based on the intervention context; studies also indicate there would be a larger therapist effect in primary care settings as compared to university, voluntary, and occupational sectors (Firth, Saxon, Stiles, & Barkham, 2020). Huppert et al. (2014) evaluated therapist effects on dropout rates using multilevel models in a sample of 350 patients with panic disorder undergoing cognitive-behavioural therapy from 17 therapists. Results indicated no significant differences in dropout rates among the therapists. However, the conclusion should be regarded as tentative given the very small number of therapists included in the study.

Among therapists' characteristics and interventions, different variables have been studied, including the response modes of professionals. For instance, research has shown that patients who discontinued therapy received more approval-reassurance from their psychotherapists at the beginning of the admission process,

more reflection of feelings at the end of sessions, but less information about the helping process at the end (Huang, Hill, & Gelso, 2013). In a more recent study, it was found that clients who discontinued treatment reported more technique errors, more problems in terms of client-therapist interactions, and poor objective achievements (Lutz et al., 2018).

The non-verbal synchrony between client and therapist has also been assessed using video-based measurement methods. It was found that dyads with patients who dropped out of therapy without improvement had lower levels of nonverbal synchrony. On the other hand, it was reported that dyads with higher levels of nonverbal synchrony were more likely to have consensually concluded treatment despite the lack of improvement (Paulick et al., 2018).

Another study reported that the application of effective cognitive techniques, used at the beginning of treatment, can act as protective factors against dropout: they provide symptom relief, strengthen confidence in treatment efficacy, and increase commitment to continue treatment. Conversely, the use of feedback and summaries by the therapist was associated with a higher risk of dropout (Poster, Bennemann, Hofmann, & Lutz, 2021).

Professional therapeutic abilities is an area of significant interest in the field of psychotherapy research (Ahn, Kivlighan, & Hill, 2022; Anvari, Dua, Lima-Rosas, Hill, & Kivlighan, 2022; Hill, 2020). Various lines of research have emerged on this topic, but no studies were found that associate therapists' perception of their skills with premature termination of treatments. In this context, the main objective of this study was to analyze the relationship between therapists' self-perceived therapeutic skills and premature dropout of psychological treatments. Additionally, we assessed differences in dropout rates according to therapists, and the moment of treatment it occurs.

2 Methodology

2.1. Research Model

Non-experimental study.

2.2. Research Group

The sample included 11 psychotherapists, 9 females and 2 males, with a mean age of 28 years. They all had less than 3 years since their graduation, with 4 having one year of experience in psychotherapy practice and 7 having no experience at all. Their University education was mostly psychoanalytic, but many had undertaken postgraduate courses in cognitive or systemic approaches.

All the therapists were part of the *Training in Psychotherapy Program*, where evidence-based psychotherapy is taught and practiced (Astor, 2020). The program is conducted in the Faculty of Psychology, (Was deleted to preserve anonymity); it has a duration of two years and is provided free of charge. The participating therapists offered free psychological attention in different neighbourhoods of (Was deleted to preserve anonymity). In addition to their clinical work, they were required to attend postgraduate courses, undergo weekly supervision (90 min), and participate in weekly activities such as athenaeums, clinical discussions, presentation of subjects of interest and deliberate practice. On average, each therapist treated 8.62 clients ($DE = 2.32$).

The initial sample of patients, who sought treatment voluntarily, included 188 individuals who were treated within the framework of the aforementioned Program (see Table 1). The exclusion criteria included: being under 18 years of age, lacking medical coverage, or presenting severe disorders such as schizophrenia, eating disorders, or problematic substance use. None of the participants refused to take part.

2.3. Data Collection Tools

To assess therapeutic skills, we used the Argentine adaptation of *Counselor Activity Self-Efficacy Scale* (CASES; Lent, Hill & Hoffman, 2003; Santangelo, Curatti & Yanni, in press). The scale consists of 41

items that assess self-efficacy perception during the therapeutic process, using an 11-point Likert response scale (0=complete absence of confidence; 10=complete confidence). It includes three scales that measure self-perceived abilities to: (a) perform basic helping skills (Helping Skills Self-Efficacy), (b) manage session tasks (Session Management Self-Efficacy), and (c) deal with challenging and emerging problematic situations (Counselling Challenges Self-Efficacy).

The Helping Skills Self-Efficacy scale includes 15 abilities divided into three stages: Exploration stage skills (five items), Insight stage skills (six items), and Action skills (four items). The Session Management Self-Efficacy scale consists of 10 items that assess self-perceived abilities to effectively manage sessions. The Counselling Challenges Self-Efficacy scale consists of two sub-dimensions represented by 16 items: Relationship Conflicts (10 items), which focuses on conflicts and tensions between psychotherapist and client, and Client Distress (6 items) which includes challenging issues such as working with a suicidal patient or with clients who had been sexually abused.

The internal consistency of the scales was: Helping Skills Self-Efficacy $\alpha = .87$, Session Management Self-Efficacy $\alpha = .92$, and Counselling Challenges Self-Efficacy $\alpha = .94$. Standardized coefficients for all the scale items exceeded the cutoff value of .30. Additionally, the correlation between each item and the total score of its respective dimension was consistently higher than .40 in all cases.

Dropout. Individuals who discontinued therapy, either with or without notice ($n=23$), were categorized as “yes”, while those who achieved psychotherapeutic goals or continued with the treatment ($n=67$) were categorized as “no”. Participants who dropped out of treatment for reasons unrelated to psychotherapy ($n=44$) were excluded (lack of availability, relocation, isolation due to COVID-19, financial reasons, or derivation).

2.4. Procedure

Clients. As shown in Figure 1, 188 clients sought treatment through spontaneous demand. For the data analysis, $n=9$ patients were excluded for being attended to by more than one therapist or privately, $n=45$ due to missing data, and $n=44$ for dropping out for reasons unrelated to the treatment. Finally, a total of 90 patients were analyzed. The patients underwent evaluation during the admission process through open interviews and a closed interview, when PID-5 (*Personality Inventory for DSM-5*; Krueger, Derringer, Markon, Watson, Skodol, 2012) and OQ-45.2 were administered (*Outcome Questionnaire for Monitoring Change In Psychotherapy*; Von Bergen & de la Parra, 2002).

Psychotherapists. As already mentioned, 11 psychotherapists participated in the *Training Program in Psychotherapy*. Seven assessments were conducted, in which the CASES was administered at the beginning of the program, one month later, and approximately every three months thereafter. Data collection for both patients and therapists took place from March 2019 to December 2020. Participants were provided with general information about the study and contact information for the researchers was shared. Written informed consent was obtained, although it was not mandatory for receiving treatment. The research received approval from the Interdisciplinary Bioethics Program of the (Was deleted to preserve anonymity). All participants volunteered to take part and received no financial compensation. Anonymity and confidentiality of responses were guaranteed.

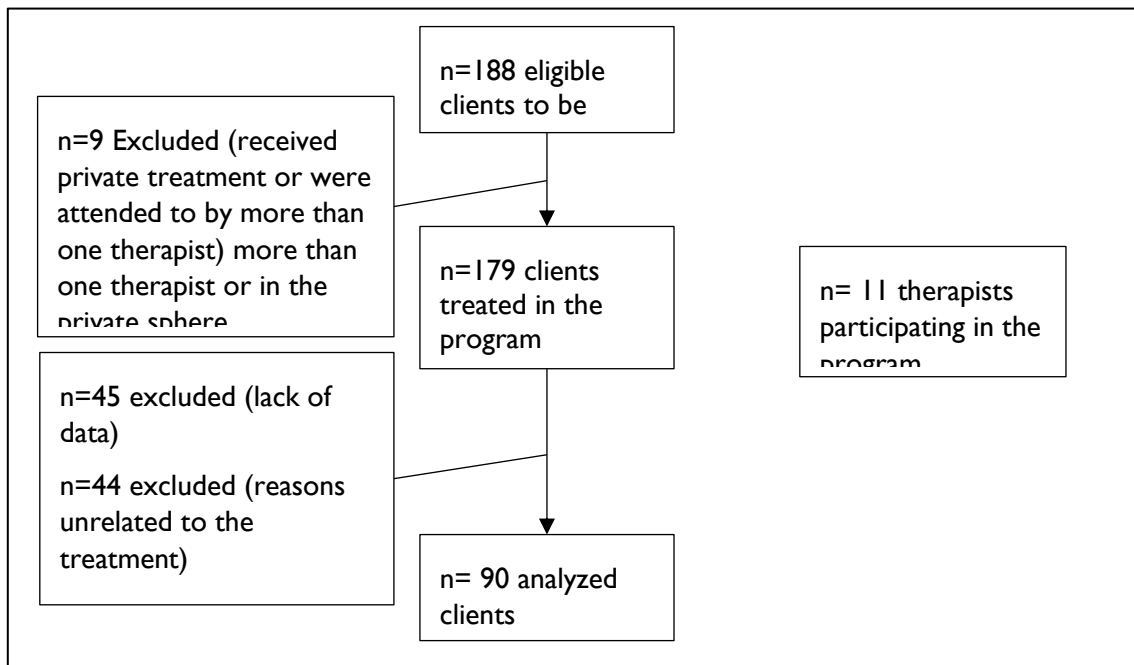
2.5. Analysis of Data

Firstly, we conducted a univariate descriptive analysis on the characteristics of the therapists and the clients. Quantitative variables are expressed as means and standard deviations, while qualitative variables are expressed as absolute frequencies and percentages. Dropout prediction based on therapist variables (yes=1, no=2) was performed using Generalized Estimating Equations (GEE) models with a binomial family, logit link function, and exchangeable correlation matrix. Separate regressions were conducted for each predictor variable in different models, given the limited sample size ($n=90$) and the potential risks of overfitting and collinearity associated with therapist characteristics. Regression analyses were nested according to the identification number of each therapist (repeated subject = therapist ID). Since patients started their treatments at different times, the measurement of therapists' characteristics used was the closest previous to the

beginning of the treatment. Additionally, chi-square analyses were performed to detect differences in dropout rates among therapists. Patients with missing data were excluded from the analyses. The data were analyzed using SPSS version 19 for Windows

3 Results

Figure 1. Flowchart of clients.



Note. Lack of availability/accessibility, relocations, isolation due to COVID-19, economic causes and derivation.

En la tabla I. Univariate descriptive statistics for clients are presented in Table I. The reasons for initiating psychotherapeutic treatments varied among clients, with the following distribution: personal growth (19%), anxiety (18%), interpersonal conflicts (16%), depression (13%), anxiety and depression (3%), legal cases (7%), personal skills development (6%), anger (3%), interpersonal violence (3%), jealousy (2%), obsessive-compulsive disorder (2%), self-esteem (1%), therapeutic support (1%), and crisis (1%). Regarding the therapists, the mean age was 29.18 (SD=5.78), mostly women (n=9, 82%), who graduated between 2014 and 2018. Half of the therapists (n=6, 55%) had specific training in psychotherapy, predominantly in systemic approaches, with only one having psychoanalytic background. Additionally, 45% (n=5) were undergoing supervision outside the Program, mainly in a horizontal group format, with the exception of one case.

Table I. Descriptive data of clients

	n(%)	M(DS)
Gender		
Female	53 (59)	
Male	36 (40)	
No binary	1 (1)	
Age		30.43(10.91)
Socioeconomic status		
Low	33(37)	
Medium-low	15(17)	
Medium	36 (40)	
Upper Medium	4 (4)	
High	2(2)	
Marital Status		

Single	51(57)	
Married or Cohabiting	22 (24)	
Divorced	16(18)	
Widow/widower	1(1)	
Occupation		
Student	19(21)	
Self-employed	31(34)	
Employed	25 (28)	
Housework	1(1)	
Unemployed	13(14)	
Retired	1(1)	
Educational level		
Primary School incomplete	1(1)	
Primary School complete	3(3)	
Secondary School incomplete	15(17)	
Secondary School complete	23(26)	
Higher education	48(53)	
Number of sessions		15.29(9.45)
Dropout	23(26)	

The only therapist characteristics that predicted dropout were those associated with basic therapeutic skills. Insight increased the likelihood of continuing psychotherapeutic treatment by 8%, Exploration by 10%, and Action by 18%. Table 2 presents the results of the prediction of dropout in patients based on therapist characteristics. On average, the dropout rate per therapist was 1.42, ranging from 0 to 4. A total of 54% (n=12) dropped out in session number six, or earlier, with session number three being the most frequent point of dropout (18%, n=4). All participants discontinued therapy before the sixteenth session. There were no significant differences in dropout rates among therapists ($\chi^2=10.77$, $df=10$, $p>.05$). The percentage of dropout per therapist varied from 67% to 0%.

Table 2. Generalized linear equations models for client dropout prediction according to characteristics of therapists.

	Wald χ^2	OR	CI 95%
Therapeutic Skills			
Insight	7.68**	1.08	1.02-1.14
Exploration	13.41**	1.1	1.04-1.15
Action	4.16*	1.18	1.01-1.42
Session Management	1.06	1.02	.98-1.07
Client Distress	.15	.99	.97-1.02
Relationship Conflicts	.14	1.01	.98-1.03

Nota. IC= Confidence interval (** $p<.01$) (* $p<.05$)

4 Discussion

Empirical studies on dropout in psychotherapy have a long history. In general, more emphasis has been given to examining client characteristics and the type of treatment, with less attention given to therapist characteristics (Saxon, Barkham, Foster & Parry, 2017). In our specific Latin American context, there are no empirical studies on dropout in psychotherapy. The main objective of this study was to evaluate whether therapeutic skills were associated with premature termination. The only therapist characteristics found to predict dropout were the basic helping skills of Insight, Exploration, and Action. When therapists perceived themselves as having higher levels of helping skills, there was a lower likelihood of patient dropout. Action skills demonstrated twice the predictive power in reducing dropout compared to Insight and Exploration skills.

One possible explanation for our findings could be that the intervention does not address severe cases; therefore, skills related to interventions in problematic situations did not play a role in premature dropout. When referring to basic skills in this model, it is not meant that these skills are easy to learn, but rather that they are necessary to carry out a psychotherapeutic process (Lent, Hill & Hoffman, 2003).

Despite observing high variability in the dropout percentage as for the therapist involved, this difference was not significant. This result is not in line with other studies that have reported the therapist's effect on outcomes (Johns, Barkham, Kellett, & Saxon, 2019; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011; Saxon & Barkham, 2012), nor when therapists' effects have been evaluated in terms of their average dropout rates (Zimmermann, Rubel, Page, & Lutz, 2017). However, our findings are consistent with those reported by Huppert et al. (2014), where no significant differences between therapists were found. Similar to Huppert's study, one of the reasons for the lack of significance in the present research may be attributed to the sample size.

The highest rate of premature termination occurred in the early sessions, with the third session being the most frequent. Other researchers have suggested that the first two sessions are critical for premature termination since most dropouts happen at this point. Therefore, it is a crucial period for engaging the client in treatment (Olfson, Mojtabai, Sampson, Hwang & Kessler, 2009).

The present study has some limitations. Firstly, the level of distress of patients before dropping out was not determined. Although all treatments were carried out based on agreed-upon objectives, not all of them had a specified duration, leading to variability in the time spent in treatment. A second limitation is related to the characteristics of the sample. Since the majority of patients have low economic resources, the results should be interpreted with caution or considered applicable primarily to similar populations.

Despite limitations, this study has implications in the clinical field, therapist training, and public health. In the professional context, the research provides information about therapist variables that may be affecting premature termination. Working on the perception of self-efficacy, through deliberate practice or supervision, would help to improve performance with clients. Training programs should place more emphasis on these skills to promote better professional development.

In the sphere of public health, this study could provide valuable information for reducing premature termination, allowing patients to have a higher probability of completing treatments. For example, it can increase the likelihood of patients completing treatments, improve their well-being, enhance therapists' self-perception, and enable a better utilization of human resources available in the healthcare field.

This work shows an association between the perception of basic skills and dropout in psychotherapy. It is the first to be carried out within our context. Further studies are needed considering additional factors such as: other characteristics of therapists, patient characteristics, and treatment settings to gain a more comprehensive understanding of dropout rates in psychotherapy. It is a path to be explored for the benefit of both patients and therapists.

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