

EXTENDED SUMMARY:

**PREMATURE TERMINATION IN
PSYCHOTHERAPY: A NARRATIVE REVIEW****Pablo Rafael Santangelo**

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Abstract

As an application of clinical psychology, psychotherapy has proven its efficacy and effectiveness. But has been unable to reach the same levels of success in all patients. One clinical problem we encounter in the field is premature termination by the patient without the corresponding arrangement with the psychotherapist. This implies a conceptual and operational problem, as there are different ways to define said outcome, as well as different ways of assessing it. The objective of this work is to carry out a non-systematic review on the subject, taking as axis the different ways in which the concept has been defined, the different ways of assessing it, the results of meta-analysis carried out on the subject and the variables that can modulate it.

Keywords: Premature Termination, Dropout, Psychotherapy, Abandonment.



Introduction

Psychotherapy is an effective and efficient intervention for people with psychological problems. However, it has not had the expected results with all patients. One of the most important impediments to its effectiveness is the problem of premature termination. This occurs in all psychotherapy models and in all formats, either randomized studies or naturists, and tends to occur more in the first sessions.

There is great variability in defining and measuring premature termination. Different moderators of desertion have been found, for example, clinical and demographical variables of patients, characteristics of therapists, type of treatment, and whether they were randomized studies or not. In this work we will use the concepts of early termination, desertion, attrition, premature termination or abandonment as synonyms unless otherwise clarified.

The main objective of this work is to carry out a non-systematic review on the subject, having as axis the different ways in which the concept has been defined, the different ways of measuring it, the results of meta-analysis carried out on the subject and the variables that modulate it.

Conceptual and operational problem

Currently, there is a problem of conceptual definition and operationalization. The different investigations, be they empirical works or meta-analyzes that address the subject, offer different definitions of attrition. This makes comparisons and meta-analyzes difficult to perform.

The conceptualizations of psychotherapeutic abandonment have varied throughout the history of research. It has been defined as not attending a certain number of sessions, not returning after admission, as unilateral termination by the patient without the therapist's approval, by the therapist's criteria, not attending the last scheduled appointment, among others. As a result of these heterogeneous conceptualizations, attrition rates vary depending on the definition used in the different studies and the findings should be interpreted with caution regarding the criteria used.

Several proposals have been made to standardize the results of the investigations. One of them is a classification system to measure attrition based on a clinically significant change. According to this operationalization, it is determined that patients are premature terminators if they interrupt the therapy before evidencing a reliable improvement and before obtaining a score within the normal range in an outcome measure, such as the The Outcome Questionnaire OQ-45.2. Even so, this method also has its limitations.

Another alternative is that, based on the objectives agreed with the patient, the therapist could issue a judgment after considering whether or not the treatment protocol was completed (if any), if the patient discontinued the treatment or not abruptly and unexpectedly, and if an objective outcome measure indicates whether or not the patient has improved reliably or has made a clinically significant change.

If this method were adopted, it would be necessary to administer standardized scales of results in each session or almost routinely.

Hypothesis about dropout

It seems that the abandonment of psychotherapy could be related to a poor outcome or rapid improvement. This variability in research results has led to the study of moderators of desertion characterized by an emphasis on patient characteristics (such as age and gender) as well as demographic characteristics (such as socioeconomic status, race / ethnicity and expectations). Characteristic of the diagnosis, such as the severity of symptoms, comorbidity or chronicity have also been considered as possible moderators. Another variable to consider in premature termination are the characteristics of therapists, such as years of experience, the theoretical model used, among others.

Systematic reviews and meta-analysis

The first reviews and meta-analyzes on the subject, until 2009, report that some of the most validated moderators of premature termination in psychotherapy are: socioeconomic level, level of instruction and belonging to a minority group. Another related variable was the strength of the therapeutic alliance. The dropout percentage varies depending on the definition, but was always greater than 30%. However, as mentioned above, these results are provisional and subjected to the different definitions of abandonment.

In the last decade, numerous specific meta-analytical reviews on abandonment in psychotherapy found it to occur in 15.9% to 60% of cases throughout different types of treatment (such as cognitive behavioral psychotherapy, interventions based on acceptance and interpersonal psychotherapy, among others) and including different patient diagnoses (such as eating disorders, anxiety disorders and personality disorders).

The findings of these reviews provide information on the moderating variables and the evidence suggests that abandonment rates may be affected by the manner of administration of the treatment: face-to-face treatments and efficacy studies are associated with lower abandonment while there have been higher dropout rates for unmanualized treatments and in university clinics, including training clinics of psychology departments and in university counseling centers.

Regarding the treatment length and the therapist's expertise there are conflicting data. Patient variables such as education level, comorbidity, and personality disorders are associated with greater abandonment. It seems that attrition rates are higher when determined by the therapist's criteria.

Conclusion

Although recent advances in the field of psychotherapy have allowed us to establish tests, refine specific treatment approaches, identify evidence-based prin-

ciples of change, and recognize the therapist and patient variables that modulate treatment outcomes, some patients still finish the therapy prematurely without making significant improvements or gains. Perhaps the greatest potential to improving the effectiveness of psychotherapy lies in addressing the problem of premature termination.

We find different definitions of premature termination. Reaching a consensus that allows us to define it in a clear and precise manner would allow to have comparable data between studies therefore allowing advances in the field of psychotherapy research, being in studies of efficacy and/or effectiveness.

In the daily practice of psychotherapy, being clear about why patients leave treatments, and knowing which variables modulate this decision would allow us to focus on these variables to ensure that patients can conclude their psychotherapeutic processes.

As different authors mention, it is necessary to reach a consensus regarding the definition of premature termination. It is suggested, following Swif and Greember's proposal, to take into account the agreement of objectives with the consultant, the therapist's judgment regarding whether the treatment was completed or interrupted abruptly and unexpectedly, having an objective outcome measure that indicates that the patient has improved or not reliably or has made a clinically significant change, and the reasons why the patient stops attending psychotherapeutic treatment.