Dropping out of a transdiagnostic online intervention: A qualitative analysis of client’s experiences

J. Fernández-Álvarez, A. Díaz-García, A. González-Robles, R. Baños, A. García-Palacios, C. Botella

Abstract

Introduction: An important concern in Internet-based treatments (IBTs) for emotional disorders is the high dropout rate from these protocols. Although dropout rates are usually reported in research studies, very few studies qualitatively explore the experiences of patients who drop out of IBTs. Examining the experiences of these clients may help to find ways to tackle this problem.

Method: A Consensual Qualitative Research study was applied in 10 intentionally-selected patients who dropped out of a transdiagnostic IBT.

Results: 22 categories were identified within 6 domains. Among the clients an undeniable pattern arose regarding the insufficient support due to the absence of a therapist and the lack of specificity of the contents to their own problems.

Conclusions: The analyzed content has direct impact on the clinical application of IBTs. A more tailored manage of expectations as well as strategies to enhance the therapeutic relationship in certain clients are identified as the two key elements in order to improve the dropout in IBTs. Going further, in the mid and long run, ideographic interventions would be vital. The present study permits to better grasp the phenomenon of dropout in IBTs and delineate specific implications both in terms of research, training and practice.

1. Introduction

Internet-based treatments (IBTs) have emerged as an innovative treatment approach designed to reduce the large number of untreated people suffering from different mental disorders (Andersson, 2016). Geographical, cultural, and social barriers can be overcome due to IBTs' ability to be implemented in multiple contexts, both community and clinical. A successful dissemination of IBTs would produce a more cost-effective relationship (Nordgren et al., 2014), leading to a significant reduction in the mental health care budget (McCrone et al., 2004). Apart from wide dissemination, IBTs can have a wide range of other advantages. In relation to client recruitment, online interventions can bring alternatives to people who avoid consulting a therapist for a number of reasons, such as stigmatization or other practical concerns. Thus, flexibility in establishing the framework for the therapy (in terms of space and time) is an evident facilitator of these kinds of treatments. In addition, it may be easier to assess clients in IBTs than in face-to-face therapy because better data monitoring can be carried out, as well as lower rates of missing data (Andersson and Titov, 2014).

In the past 15 years, a growing body of evidence has shown the efficacy of these types of treatments (Botella et al., 2000; Marks et al., 2004). IBTs have been found to be efficacious and effective for a wide range of disorders (for a review, see Andersson, 2016). Although more research is needed, in many cases these treatments are found to be equally as effective as face-to-face approaches (Andersson et al., 2014). Particularly in the field of emotional disorders (ED) (depression and anxiety disorders), which are the most prevalent mental disorders (Wittchen et al., 2011), different IBTs have been developed, with considerable evidence supporting their efficacy (Karyotaki et al., 2017; Olthuis et al., 2016).

1.1. Focusing on the dark side of the moon

Although IBTs' progress and promising future are undeniable, many aspects remain to be studied to conclusively show their effectiveness. Among them, negative effects are a vital factor. Negative effects have
been studied within clinical psychology (Bergin, 1963), but only recently has emphasis been placed on determining how to prevent and correct failure in psychotherapy (Barlow, 2010; Lambert, 2010; Lilienfeld, 2007). Nevertheless, little research has been carried out on the negative effects of Internet interventions (Rozental et al., 2015). A recent meta-analysis showed that among the total number of analyzed clients who received Internet Cognitive Behavior Therapy (ICBT), 5.8% experienced deterioration (Rozental et al., 2017).

Likewise, an important concern about IBTs is related to the high rates of non-adherence to these protocols (Christensen et al., 2009; van Ballegooijen et al., 2014). Dropout rates have consistently been found to be higher in non-guided IBTs than in guided ones (e.g. Andrews et al., 2010; Richards & Richardson, 2012). However, previous meta-analyses yielded average dropout rates of around 20% in guided IBTs for emotional disorders (e.g., Andrews et al., 2010; van Ballegooijen et al., 2014), suggesting that there is still considerable room for improvement in this regard. Consequently, adherence in general and treatment dropout in particular should be studied in order to establish the main stumbling blocks in implementing IBTs, and identify potential profiles of patients who might benefit from these treatments, compared to other profiles that could respond adversely to them.

Undoubtedly, client characteristics are of vital importance in conducting an in-depth study of potential barriers to the success of a certain psychotherapeutic approach (Bohart and Wade, 2013). Conclusive evidence supports that the less adherent a client is, the worse the treatment outcomes are (Vermeire et al., 2001; Taylor et al., 2012), what has been specifically studied in IBTs (Donkin et al., 2011). In this regard, dropping out has consistently been identified as a predictor of failure in all the possible dimensions of psychotherapy outcomes. For instance, in terms of symptomatology, dropout is associated with less remission and greater worsening of symptoms (Melvor et al., 2004; Reis and Brown, 1999).

Characteristics associated with patients are numerous, such as readiness to change or client expectations. Expectations are not only an important issue in terms of their direct relationship with outcomes (Constantino et al., 2011), but also due to their link with early termination or dropout, although more evidence is needed about this finding. However, studies have shown that clients who do not believe in the treatment's rationale are more prone to dropping out (Westmacott et al., 2010), and that educating patients about the expected length of the treatment may decrease the dropout rate (Swift and Callaghan, 2011).

### 1.2. Clients' experiences of dropout in IBT

Although many qualitative studies do examine client experiences from a qualitative perspective (e.g. Knowles et al., 2014), only few have posed the question on the experience of dropping out an IBT (e.g. Johansson et al., 2015). To date, the most common approach used in the research on IBT dropout has been based on quantitative methodologies, particularly regarding the study of predictors (e.g., Alfonsson et al., 2016; Högårdh et al., 2016; Karyotaki et al., 2015; Melville et al., 2010).

Examining clients' experiences from a qualitative perspective may provide more in-depth and clearer answers about the complexity of treatment dropout. Among the wide range of qualitative methodologies, Consensual Qualitative Research (CQR) (Hill et al., 2005) has been shown to be useful for several reasons. First, as in Grounded Theory, there is a data analysis protocol that provides a clear and precise way of analyzing the raw data (McLeod, 2013). Additionally, CQR has been developed by psychotherapy researchers, which makes this approach a particularly suitable tool for any study within the field. Finally, CQR is based on consensus as its defining characteristic, which makes it a very attractive methodology for working in teams with different levels of experience, from PhDs to graduate students. CQR, unlike phenomenological approaches that focus only on descriptive analysis, includes interpretation as a way of unraveling the core meaning of clients' or therapists' experiences (McLeod, 2013).

Thus, the aim of this study is to conduct a qualitative analysis of the subjective experience of a sample of patients who dropped out of a transdiagnostic IBT for emotional disorders.

### 2. Methods

#### 2.1. Sample

Ten patients (8 women, 2 men) who dropped out of a transdiagnostic IBT participated in the study. The participants ranged in age from 21 to 59 years old (Mean = 35.4, Standard Deviation = 13.4). Demographic and clinical characteristics are depicted in Table 1. The sample was selected by convenience and was obtained from two randomized controlled trials (RCT) that are currently being conducted.

#### 2.2. Treatment

**Transversal** is a transdiagnostic IBT developed by Labpsitec. The protocol consists of 12 modules, and participants are encouraged to complete one module per week. Two RCTs are being conducted using the protocol. The purpose of one of the RCTs is to analyze the effectiveness of a transdiagnostic IBT compared to treatment as usual as provided in the Spanish public mental health care system (González-Robles et al., 2015). The other RCT seeks to study the differential

### Table 1

Demographic and clinic characteristics of the 10 participants.

<table>
<thead>
<tr>
<th>P</th>
<th>Gender</th>
<th>Age</th>
<th>Marital status</th>
<th>Education</th>
<th>PD</th>
<th>CD</th>
<th>BDI-II</th>
<th>OASIS</th>
<th>QLI</th>
<th>MOD</th>
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<td>#1</td>
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<td>23</td>
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<td>1</td>
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<td>2 (DD, AD)</td>
<td>8</td>
<td>8</td>
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<td>4</td>
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<tr>
<td>#2</td>
<td>Male</td>
<td>27</td>
<td>Single</td>
<td>3</td>
<td>AD</td>
<td>1 (PD)</td>
<td>8</td>
<td>8</td>
<td>5.6</td>
<td>4</td>
</tr>
<tr>
<td>#3</td>
<td>Female</td>
<td>45</td>
<td>Married</td>
<td>2</td>
<td>SAD</td>
<td>2 (MDD, GAD)</td>
<td>7</td>
<td>12</td>
<td>3.5</td>
<td>5</td>
</tr>
<tr>
<td>#4</td>
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<td>60</td>
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<td>MDD</td>
<td>1 (GAD)</td>
<td>7</td>
<td>5</td>
<td>2.7</td>
<td>9</td>
</tr>
<tr>
<td>#5</td>
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<td>3</td>
<td>MDD</td>
<td>2 (SAD, GAD)</td>
<td>8</td>
<td>11</td>
<td>3</td>
<td>3</td>
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<tr>
<td>#6</td>
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<td>8</td>
<td>4.5</td>
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<tr>
<td>#7</td>
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<td>20</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>#9</td>
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<tr>
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<td>14</td>
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<td>4</td>
</tr>
</tbody>
</table>

Note: P: Participant; Education: 1 (Basic), 2 (Secondary studies), 3 (University studies); PD: Principal diagnosis; OCD: Obsessive-compulsive disorder; AG: Agoraphobia; SAD: Social anxiety disorder; MDD: Major depressive disorder; GAD: Generalized anxiety disorder; DD: Dysthmic disorder; PD: Panic disorder; CD: Comorbid diagnoses; QLI: Quality of Life Inventory; MOD: Number of completed modules.

a Beck Depression Inventory (BDI), (Beck et al., 1996).
b Overall Anxiety Severity and Impairment Scale (OASIS), (Norman et al., 2006).
c EuroQol-5D questionnaire (EQ-5D), (Badía, 1999).
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