

Dropout Prediction in Cognitive Behavior Therapy for Panic Disorder

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The aim of this study was to attempt to identify reliable factors associated with dropout risk in a sample of 161 panic disorder patients treated with manualized cognitive behavior therapy. Four possible predictors of dropout were selected from the literature: level of education, treatment motivation, personality psychopathology, and initial symptom severity. Thirty-two patients (19.9%) were dropouts. Level of education and motivation were significantly associated with dropout, but the associations were small. Personality psychopathology and initial symptom severity were not associated with dropout. It is concluded that, at present, we are unable to make precise dropout risk predictions, even in a homogeneous group of patients treated using standardized treatment.

Treatment dropout presents a serious problem in psychotherapy practice. Based on a careful meta-analysis incorporating 125 studies, Wierzbicki and Pekarik (1993) found a 47% dropout rate across various treatment settings, therapy modes, and different kinds of patients or disorders, thereby lending support to the 30% to 60% dropout range reported in two earlier literature reviews (Baekeland & Lundwall, 1975; Garfield, 1986). Garfield (1994), again reviewing the literature, argued that psychotherapy studies across 5 decades revealed a consistent pattern of losing half the patients around the sixth treatment session.

In order to reduce the risk of patients dropping out of treatment, researchers over the past 50 years have tried to identify dropout predictors. However, their studies have been negatively affected by a number of methodological problems, making it difficult to draw firm conclusions from their findings. One problem is that there is no accepted definition or assessment procedure for dropout. The validity of several frequently used assessment procedures has even been seri-

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ously questioned (Pekarik & Wierzbicki, 1986; Reis & Brown, 1999). Another flaw is that in many studies too many predictors and too few patients were used and, consequently, the results could not be replicated in subsequent studies. Finally, in the vast majority of the dropout studies, essential aspects of dropout may have remained unnoticed because heterogeneous patient samples and unstandardized treatments were used.

In the present study, we tried to overcome several of these methodological problems. Its aim was to identify predictors of dropout in a large sample of panic disorder patients treated according to manualized cognitive behavior therapy (CBT). Although it has been argued that predictors of dropout in CBT do not differ from those reported in the general psychotherapy literature (Rabin, Kaslow, & Rehm, 1985), CBT studies have also addressed a number of dropout predictors that are not traditionally endorsed. We examined the extensive psychotherapy dropout reviews, but selected those predictors for further investigation that had been identified as such in at least two CBT studies on patients with affective disorders.

Lower socioeconomic status, lower household income, and lower levels of education form a first, interrelated group of factors fairly consistently associated with a higher dropout risk in the psychotherapy literature (Baekeland & Lundwall, 1975; Garfield, 1994; Reis & Brown, 1999; Wierzbicki & Pekarik, 1993). Their relationship with dropout risk has also been found in several CBT studies on affective disorders (Grilo et al., 1998; Rabin et al., 1985), but not in others (Carter, Turovski, Sbrocco, Meadows, & Barlow, 1995; Oei & Kazmierczak, 1997; Turner, Beidel, Wolff, Spaulding, & Jacob, 1996).

Motivation for treatment, preparedness to comply, and psychological mindedness form another group of factors considered to be associated with dropout risk in several of the general psychotherapy dropout reviews (Baekeland & Lundwall, 1975; Reis & Brown, 1999). Similar associations were found in CBT studies on affective disorders (de Haan et al., 1997; Grilo et al., 1998; Keijsers, Schaap, Hoogduin, Hoogsteins, & de Kemp, 1999).

Symptom severity and comorbid DSM-IV Axis I and Axis II disorders have received less attention in the general dropout literature than in CBT studies. In CBT studies, the following results suggesting a nonlinear relationship between symptom severity and dropout have been reported: dropout risk was associated with *mild* symptom severity in several studies (Barlow, Craske, Cerny, & Klosko, 1989; Emmelkamp & van der Hout, 1983; Hansen, Hoogduin, Schaap, & de Haan, 1992; Turner et al., 1996), but with *high* symptom severity in others (Grilo et al., 1998; Persons, Burns, & Perloff, 1988). No significant associations emerged from a number of other studies (Burke, Drummond, & Johnston, 1997; Hunt & Andrews, 1992; Oei & Kazmierczak, 1997; Öst, Stridh, & Wolf, 1998). One study revealed a significant association between depressive symptoms and dropout risk (Burke et al., 1997), although in the majority of studies no significant results for depressive symptoms or comorbid depressive disorder were found (Grilo et al., 1998; Oei & Kazmierczak, 1997; Öst et al., 1998; Turner et al., 1996). Comorbid personality disorder, personality psy-

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