

Jensen, H.H. et al. (2014). Drop-out from a psychodynamic group psychotherapy outpatient unit
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Abstract

Background. Drop-out from psychotherapy is common and represents a considerable problem in clinical practice and research. *Aim.* To explore pre-treatment predictors of early and late dropout from psychodynamic group therapy in a public outpatient unit for non-psychotic disorders in Denmark. *Methods .* Naturalistic design including 329 patients, the majority with mood, neurotic and personality disorders referred to 39-session group therapy. Predictors were sociodemographic and clinical variables, self-reported symptoms (Symptom Check List-90-Revised) and personality style (Millon Clinical Multiaxial Inventory-II). Drop-out was classified into early and late premature termination excluding patients who dropped out for external reasons. *Results .* Drop-out comprised 20.6% (68 patients) of the sample. Logistic regression revealed social functioning, vocational training, alcohol problems and antisocial behavior to be related to dropout. However, early drop-outs had prominent agoraphobic symptoms, lower interpersonal sensitivity and compulsive personality features, and late drop-outs cognitive and somatic anxiety symptoms and antisocial personality features. Clinical and psychological variables accounted for the major part of variance in predictions of drop-out, which ranged from 15.6% to 19.5% (Nagelkerke Pseudo *R* -Square). *Conclusion .* Social functioning was consistently associated with drop-out, but personality characteristics and anxiety symptoms differentiated between early and late drop-out. Failure to discriminate between stages of premature termination may explain some of the inconsistencies in the drop-out literature. *Clinical implications.* Before selection of patients to time-limited psychodynamic groups, self-reported symptoms should be thoroughly considered. Patients with agoraphobic symptoms should be offered alternative treatment. Awareness of and motivation to work with interpersonal issues may be essential for compliance with group therapy.

Wat betekent dit voor de groepstherapie en de NVGP

Geen RCT, maar wel een serieus wetenschappelijke onderzoek naar de voorspelling van klacht- en persoonskenmerken die uitval in groepstherapie voorspellen. De drop out van in totaal 339 patiënten die gezamenlijk deelnamen aan 39 groepszittingen was voor mijn gevoel best hoog (20+ %). Allerlei factoren zoals bijv angst hingen samen met uitval. Er was ook nog verschil tussen cliënten die in de beginfase of later uitvielen. Heel eenduidige conclusies komen er niet uit. Het drop out fenomeen is ingewikkelder dan gedacht

Relevantie voor richtlijnen	● ● ○ ○ ○
Relevantie voor onderzoek	● ○ ○ ○ ○
Relevantie voor groepsbehandeling	● ● ● ● ●
Relevantie voor teamcoaching	● ○ ○ ○ ○
Relevantie voor groepsdynamicaopleiding	● ● ○ ○ ○
Relevantie voor groepstherapieopleiding	● ● ● ● ●
Relevantie voor psychiatrie opleiding en KP opleiding	● ● ● ● ○