



Predictors of Premature Treatment Termination, the Role of Trauma, and Strategies that Can Help

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Introduction

- An estimated 45% of children drop out of psychotherapy before treatment goals are achieved. This places them at risk for worsening prognosis or delayed symptom improvement (de Haan, et al., 2013).
- There are a variety of factors that lead to early treatment termination, including:
 - Demographic variables such as minority ethnic or racial status (Wamser-Nanney & Steinzor, 2016; De Haan et al. 2013), living in urban settings (Rudd et al., 2019), low socioeconomic status, living with a single parent (De Haan et al., 2013), unmarried parents, or involvement in child protective services (Wamser-Nanney & Steinzor, 2016).
 - Poor therapeutic alliance (Garcia & Weisz, 2002), low confidence in treatment, or negative feelings toward the therapist (De Haan et al., 2013).
 - Exhibiting externalizing disorders (De Haan et al., 2013; Eslinger et al., 2014; Wamser-Nanney & Steinzor, 2016).
- Posttraumatic stress was found to be associated with treatment dropout, but this relationship is complex (Eslinger et al., 2014).
- The number of traumatic events, more specifically non-complex trauma characteristics, is negatively associated with the amount of sessions completed (Chasson et al., 2013).
- Those with more complex trauma are more likely to have higher internalizing, post-traumatic stress symptoms, and clinical diagnoses (Greeson et al., 2022) and are more likely to stay in treatment (Chasson et al., 2013).

Research Questions

- Among a sample of children receiving outpatient mental health services, how is previous trauma exposure related to treatment attendance?
- What are the most empirically supported strategies for maintaining treatment engagement and reducing premature termination for children receiving mental health services and their families?

Method

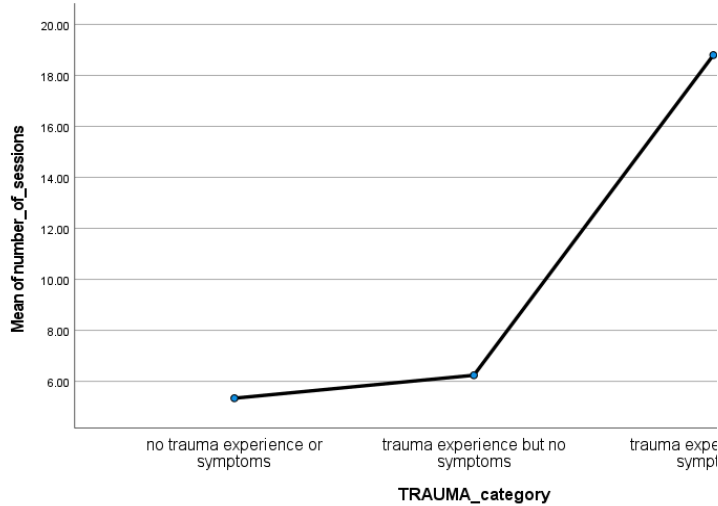
- Institutional review board approval was obtained from the University of Minnesota.
- Data from medical records were collected on children aged 6 to 18 years old ($N = 224$) receiving outpatient mental health care from August 2018 to February 2020.
- Children and their parents completed the following measures with a therapist at their first appointment: Adverse Childhood Experiences (ACE-trauma exposure), and the Child and Adolescent Service Intensity Instrument (CASI-symptom severity).
- Treatment attendance was recorded as number of therapy sessions attended.
- Demographic variables included age, diagnosis, and public insurance status as a proxy variable for income.

Results and Discussion

Results

- Participants were organized into groups 1) no trauma exposure and no significant trauma symptoms ($N = 71$), 2) trauma exposure and no significant trauma symptoms ($N = 138$), 3) trauma exposure and significant trauma symptoms ($N = 10$).
- Results indicate that 83% of participants participated in less than 10 therapy sessions, which is considered premature termination.
- A two-way ANOVA was used to evaluate the three trauma groups on the total number of treatment sessions as the dependent variable. There were significant between group differences, $F(3, 216) = 8.71$, $p < .001$. Participants who had previous trauma exposure (via ACE measure) and exhibited trauma symptoms (via UCLA PTSD Index) attended significantly more therapy sessions ($M = 18.8$, $sd = 16.48$) compared to participants with no trauma exposure and no significant trauma symptoms ($M = 5.34$, $sd = 5.634$) and

those with trauma exposure and no significant trauma symptoms ($M = 6.24$, $sd = 7.98$).



Discussion

- Children who experienced trauma and had significant trauma symptoms attended more therapy sessions than those who had experienced trauma but displayed no trauma symptoms or those who had no trauma and no trauma symptoms. It appeared that the children that may have needed treatment the most tended to stay in treatment longer.
- This study is in line with past research that suggests that children with and without trauma may still drop out of our treatment early. This may be due to the complexity of their trauma or their symptoms, but may also be due to a variety of other mechanisms.
- Future research should continue to focus on the barriers to treatment attendance for children with trauma.

Limitations

- Small number of cases of children who had experienced trauma and had trauma symptoms
- Unknown complexity of the trauma, number of traumas
- Sample selection: participants recruited from one mental health clinic in northeastern MN

Implications and Recommendations

- Treatment dropout is still a problem for children seeking mental health support.
- Other known barriers and characteristics that predict dropout:
 - Younger parents, children living with biological or adoptive parents versus foster families, higher level of externalizing behaviors, post-traumatic stress levels (Eslinger et al., 2014; Wamser-Nanney, 2020)

- In session process variables, such as therapeutic relationship problems and child and caregiver avoidance (Yasinski et al., 2018).

Recommendations for Clinicians:

- Being knowledgeable about the barriers and characteristics that may increase chances of dropout (Eslinger et al., 2014).
- Psychoeducation important for parents to understand complexities of mental health symptoms (Eslinger et al., 2014) and expectations for treatment (Ormhaug & Jensen, 2016).
- When motivation low, using motivational interviewing combined with PCIT has shown promise in increasing parent retention (Chaffin et al., 2009).
- Telepsychotherapy may reduce barriers for trauma-exposed youth (Stewart et al., 2020).
- Utilizing incentives and outreach staff (Sprang et al., 2012).

References

- Chasson, G. S., Mychailyszyn, M. P., Vincent, J. P., & Harris, G. E. (2013). Evaluation of trauma characteristics as predictors of attrition from cognitive-behavioral therapy for child victims of violence. *Psychological Reports, 113*(3), 734–753. <https://doi.org/10.2466/16.02.pr0.113x30z2>
- de Haan, A. M., Boon, A. E., de Jong, J. T. V. M., Hoeve, M., & Vermeiren, R. R. J. M. (2013). A meta-analytic review on treatment dropout in child and Adolescent Outpatient Mental Health Care. *Clinical Psychology Review, 33*(5), 698–711. <https://doi.org/10.1016/j.cpr.2013.04.005>
- Eslinger, J. G., Sprang, G., & Otis, M. D. (2014). Child and caregiver dropout in child psychotherapy for trauma. *Journal of Loss and Trauma, 19*(2), 121–136. <https://doi.org/10.1080/15325024.2012.742720>
- Garcia, J. A., & Weisz, J. R. (2002). When youth mental health care stops: Therapeutic relationship problems and other reasons for ending youth outpatient treatment. *Journal of Consulting and Clinical Psychology, 70*(2), 439–443. <https://doi.org/10.1037/0022-006X.70.2.439>
- Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake, G. S., Ko, S. J., Gerrity, E. T., Steinberg, A. M., Howard, M. L., Pynoos, R. S., & Fairbank, J. A. (2011). Complex Trauma and Mental Health in Children and Adolescents Placed in Foster Care: Findings from the National Child Traumatic Stress Network. *Child Welfare, 90*(6), 91–108.
- Ormhaug, S., & Jensen, T. (2016). Investigating treatment characteristics and first-session relationship variables as predictors of dropout in the treatment of traumatized youth. *Psychotherapy Research : Journal of the Society for Psychotherapy Research, 28*, 1–15. <https://doi.org/10.1080/10503307.2016.1189617>
- Rudd, B., Last, B., Gregor, C., Jackson, K., Berkowitz, St., Zinny, A., Kratz, H.E., Cliggitt, L., Adams, D., Walsh, L.M., & Beidas, R.S. (2019). Benchmarking treatment effectiveness of community delivered: Trauma-focused cognitive behavioral therapy. *Am J Community Psychology, 64*(3-4), 438-450. [doi:10.1002/ajcp.12370](https://doi.org/10.1002/ajcp.12370)
- Stewart, R., Orengo-Aguayo, R., Young, J., Wallace, M., Cohen, J., Mannarino, A., & Arellano, M. de. (2020). Feasibility and effectiveness of a telehealth service delivery model for treating childhood posttraumatic stress: A community-based, open pilot trial of trauma-focused cognitive-behavioral therapy. *Faculty and Student Publications*. https://egrove.olemiss.edu/psych_facpubs/2
- Wamser-Nanney, R. (2020). Predictors of Attrition Among Young Children Receiving Trauma-Focused Therapy. *Journal of Traumatic Stress, 33*(4), 564–574. <https://doi.org/10.1002/jts.22513>
- Wamser-Nanney, R., & Steinzor, C. E. (2016). Characteristics of attrition among children receiving trauma-focused treatment. *Psychological Trauma: Theory, Research, Practice, and Policy, 8*(6), 745–754. <https://doi.org/10.1037/tra0000143>
- Yasinski, C., Hayes, A. M., Alpert, E., McCauley, T., Ready, C. B., Webb, C., & Deblinger, E. (2018). Treatment processes and demographic variables as predictors of dropout from trauma-focused cognitive behavioral therapy (TF-CBT) for youth. *Behaviour Research and Therapy, 107*, 10–18. <https://doi.org/10.1016/j.brat.2018.05.008>