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Drop-out in the systemic therapy from the family's perspective

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Summary

Aim of the study: The problem of premature ending of therapy is a common phenomenon and is taken under consideration as closely related to effectiveness of therapy. The crucial aim of presented study was to investigate how members of a family interpret this phenomenon.
Subject and methods: The research was based on interviews with drop-out clients who had participated in systematic couple therapy. The qualitative data was analyzed using the four stages methodology of grounded theory. The program used to code the data was Weft QDA.
Results: The result pointed out, that drop-out from therapy is a procesual phenomenon and is connected with: a context of application, a kind of relationship between partners, an assessment of therapy. It was confirmed in the research group that the level of satisfaction from effects of therapy was related to premature termination.
Discussion: The research indicated how consequences of drop-out can affect the family system.
Conclusions: The high frequency of positive emotions and opinions occurring in drop-out context shows that drop-out phenomenon should not be considered only as a therapeutic failure.

drop out / family therapy / systemic therapy / grounded theory methodology

INTRODUCTION

The decision to initiate a therapy is a difficult moment for the family. It is linked to the recognition of helplessness in the prevailing situation [1]. Researchers intensively reflect on the problem of interrupting therapy [1-3]. One group which is particularly concerned on dropout phenomenon are practitioners – therapists who want to make their work more efficient, looking for the causes of this state of affairs.

Systemic family therapy looks very widely on the problem. The main assumption of this approach is that the individuals cannot be isolated from the family and from the context of their upbringing and development. Human behavior is considered even as a component of the two important factors: personality and current relationship with the environment [1].

The presented studies were conducted in the Therapy Center where work is based on systemic thinking with an influence of social constructionism. The clients are families and couples being in crisis [4]. Services are funded under an agreement with the National Health Fund. The first part of the therapy is the initial consultation. During this consultation the family is asked to fill in questionnaires about health status, satisfaction with standards of living and the reasons for notifications for the family therapy. Meeting with a therapist are generally held every 2-3 weeks. Therapists are assisted by interns and leading the process under supervision. In the room where the therapy takes place is mounted a camera which gives a possibility to transmit the sessions to the observers sitting in the next room. Patients are always informed about

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this fact. Sometimes therapists meet with families in subsystems or managing individual family members for their own treatment if it is required. The main assumptions of therapy are: work on genogram, understanding of the structure, strategy and communication in the family and deconstructing destructive narrations. Mostly families that start therapy are in a difficult period of development, struggling with illness of a family member or surviving an impasse in marriages. What is important, the vast majority of families voluntarily expressed a desire for help. Therapies forms the court orders are rare.

The course of the therapeutic process and its success depends on many factors. This is particularly interesting issue within the family therapy. The obtained effects of this kind of therapy depend on the individual perspective of each member of the family and also of a perceived common vision, which is often an illustration of the family system. One group of factors concerns directly therapists. Each of them has a unique character and style of conducted therapy, which are not always suitable for working with a particular kind of problems [5]. The second group is connected with patients: their motivation to work, the general attitude towards therapy and work with a therapist. There exist a number of studies that underline connection of premature termination in couple and family therapy with the therapeutic process like: the importance of a constant therapeutic setting [6] or the role of the therapeutic alliance from the first sessions [7]. In other studies the drop out is connected with the therapist's conviction about errors in the therapy [8-10] or about the lack of possibility of helping [11]. Essential are also problems associated with refunds and charges for the treatment, as well as the frequency of meetings and the awaiting time for the first consultation [1]. Resignation from therapy is important from the perspective of health care system which pays for this service as well as for researchers.

The drop out phenomenon can be divided into an early drop-out, following the 1-2 meetings and late drop out after 3 or more meetings. The premature termination of therapy is called a situation when clients end the therapy before achieving aims included in the therapeutic contract [12]. For the purpose of this study drop out is defined as a unilateral decision to terminate the family therapy without an agreement with the therapist simultaneously notwithstanding the therapeutic contract. The studies included the families, who were already at the initial consultation and at least one therapy session were held. The group described in this study was collected on the basis of therapist reports. The main criterion was absence on appointment session and lack of contact with the therapists further. This kind of collecting research group is based on subjective opinions. Therapist show only their perception of events, but it was the only one possibility to find out about families that dropped out. It is also important to ask the question of convergence of views between the therapists and the patients about therapeutic process, which in the some study were on the level of 83 % [11]. It was taken as a quite good results.

RESEARCH GROUP

The subjects participated in the family therapy and completed it prematurely. The group was selected after interviews with therapists asked about clients that terminated therapy. Additionally the documents from therapeutic process were used. Overall, 10 interviews were held including 6 women and 4 men. In general, six families were analyzed but in two of them data were collected only from women. Men form these families did not agree to participate in the research.

METHODS

The aim of this research was to understand drop out as a phenomenon in particular Therapeutic Center that occurred within one year from September 2008 to June 2009. The most important data was collected directly from the families. It was important to obtain information directly from the persons that having the greatest impact on the decision to end the treatment. The interviews allowed also seeing how deeply patients could understand their own experiences from therapy [13]. The interviews were analyzed using grounded theory method [14, 15]. According to this methodology the process that contributed to the drop out was the most substantial

part of analysis and any assumptions were not considered before. Collection all of possible data was the fundamental interested. This approach allows creating a post-hoc model. The grounded theory method enables discussions with other researchers who are not intended to confirm or refute the hypothesis, but complement each other in their studies. For the analysis publicly available program- Weft QDA made by Alex Fenton was used [16].

Contact with families started after gathering the information about premature terminations. Initially, there were sent letters containing a phone number and contact address of the researchers. The letters included a request for permission to attend a meeting with a representative of the department for interviews about pros and cons of therapeutic meetings. The families could choose place and time of the meeting. The aims such as improving the quality of treatment services and the development of research and scientific work were mentioned. Anonymity was ensured as well. At the beginning none of the families have respond to the proposal of participation in the study. The next step of the study was a direct phone call. From group of the eight families identified by the therapists six agreed for the interviews although in two cases in this research group the families had been already divorced or during the process. In these cases meeting took place only with wives, because husbands refused to meet. At the meetings the husbands and wives were interviewed separately. Interviews had a semi structured character, were recorded on a recorder with the consent of the subjects who had the opportunity to express it before the first question. Then according to the grounded theory methodology immediately after the interviews were written impressions of the meeting. After meetings also an analysis of the material form therapeutic processes has been done. Before interviews the researchers have not seen this data to avoid prejudices and assumptions. The next step was the transcript of the interviews. Afterwards the interviews were coded. Next encoding took place at the selective, more general level. Here codes have already been compared between interviews. The unification of categories was essential to create drop out's model as the final level of analysis. Subsequently the collected categories were encoded reflexively by using the Reflective Coding Matrix [17]. This part of analysis allows to initiate a theoretical coding level and helps to think about main categories as a procesual phenomenon. The result was to create the mini theory based on the collected data about the causes of drop out identified directly by the families. At the level of qualitative analysis for each family were also developed individual models showing the possible interpretation of the causes of premature termination.

RESULTS

The results indicated that drop out from couple therapy has a procesual character. It starts in some specific context with decisions, desires and attitudes, has its own dimensions, characteristics and consequences at least. It is not a phenomenon that appears suddenly. Furthermore, it is a process that may be anticipated from client's behaviors and statements during the therapy. Analysis showed that the factors determining premature termination often appear even before treatment in opinions and attitudes toward therapy. For the therapists it is valid to talk about this at the beginning on therapy as a factor that could prevent drop outs. It is important also because premature termination could have specific consequences for families. Some of the families from this research, which can be surprising, indicated positive results for them, like better communications or better understanding there relationship. The analysis showed that drop out from therapy can be in some part as significant and effective as a completed therapy especially in families' opinions.

The decision to discontinue therapy depends on certain elements having a procesual nature. One of them was noticing the turning point during therapy. It is factor paradoxically linked with both: the effectiveness of therapy and with drop out. What was unexpected, drop-out also occurs in those interviewed where the families were satisfied with the course of therapy. Families from this particularly research emphasized that they interrupted therapy because they saw an improvement in they relation which was enough for them, especially when their motivation for further work was quite low. The analysis proved

Table 1. Reflective Coding Matrix

REFLECTIVE CODING MATRIX				
Main category	DROP-OUT			
Characteristics	Discontinuation of therapy due to lack of relationship between partners. Discontinuatiion of therapy due to one partner			
Processes	Failure to recommendations by one of the parties. Experience emotional moments.			
Dimensions	The positive-negative The therapist's personal collection. Rating of the therapy. Assessment of therapist's competencies.			
Context	The desire for change in the direction of being together. The decision about starting therapy treated as a chance of rescue relationship. The decision about therapy due to wife. Negative attitudes to treatment. Indifference about therapy. Attitudes towards treatment marked by hope. Lack of conviction to take therapy.			
Consequences	Failure to resolve the problems in therapy.	Dealing therapy as a help with the decision about future of the relationship.	An unexpected result of therapy.	Positive result of the therapy.

that sometimes just the decision to start a therapy or the opportunity to talk with partners in a different situations and place were reported as a healing factor for families' communication. It is surprising that in families that interrupted therapy so often appear the positive opinions about therapeutic processes and therapists. The question arises, why they do not have the opportunity to complete therapy and do not interrupt therapy without consulting. This can be explained, of course, only in this specific research group, by low impact of the therapist personal work style on the decision about premature termination as was categorized from interviews. Despite of the positive reviews, families said also some critical comments but for them it was not connected with their drop out form therapy. Sometimes subjects have mentioned about some kind of disturbing signals. They were treated as a therapist's errors. The families indicated: feeling therapist's tired and routine, feeling of being anonymous for the therapist associated with constantly having to repeat the history and commenting the family situation inadequately to the presented facts.

Analysis indicated that failure to the therapist's recommendations by one from the couple is one of the important predictors of drop out risks. It is also a clear signal about attitudes towards therapy in general. What could be interesting for therapists is the fact that such problem is very easy to find during the therapy.

The families also said that the experiences of difficult emotional moments during therapy may discourage further cooperation with the therapist. If there are a lot of emotional moments, especially difficult one, the therapist should be more sensitive to the family and signaled their efforts.

Drop out, in this research, was also related to some factors that can be described on continuum from positive to negative evaluations. In the interviews more often were indicated: positive evaluation of therapy, the positive perception of the therapist and the therapist's positive assessment of his/her competence. Negative codes were less presented during the interviews. The results showed that the decision to discontinue therapy is not detached from the context of decision about starting therapy. Extremely important was the general attitude towards therapy. Perhaps from this conclusion ressult indications of the importance of careful therapeutic contract and the importance of develop deeper

relations between therapist and couple during the first consultation. It could be said that therapy is not successful if it starts prematurely. It may be noted that in some cases from this analysis were appeared expressions quite easy to notice on the consultation such as: a negative attitude to therapy, indifference in the attitude towards treatment, lack of conviction to take the therapy. These are obvious examples of connections between lack of motivations to the therapy and the drop out decision. A herald of drop out is also the attitude to therapy characterized by hope, but only when other factors connected with drop out's context are present. It created in this particular therapy a dangerous situation for both: the therapist and families because of feeling strong pressure from too high expectations. Code from interviews like therapy as a chance to rescue the relationship is example of this situation. The families also revealed a tendency to start therapy because of willingness to be together and simultaneously they reported that these decisions were taken under the influence of one person, in this research generally of wives. It looks like two issues which are mutually exclusive. If family members wanted to go to the therapist they should have made a common decision. Unilateral motivation to work on the therapy indicates the risk of unfinished therapy. The phenomenon of premature termination generally considered as a negative process linked with treatment at all. What was surprising, the drop outs form therapy were entailed with different types of effects in this study. From these interviews also emerged a very specific factor: drop out as a positive result for family. Results like those mentioned can start new perception of premature termination, not necessarily in terms of therapeutic failure. The families clearly pointed out that therapy helped them make decision about the future of their relationship. Also in this analysis appeared codes that confirm this way of thinking for families perspectives: failure to resolve the problems in therapy and unexpected result of therapy.

The most common codes were: positive rating of the therapy and the decision about starting therapy treated as a chance of rescue relationship. They appeared in all of interviews and in both kinds of families those who felt improvement and those who did not. In general, there were not some particular codes, which could differentiate the research group.

DISCUSSION

The study was designed to describe the families' perspective of the drop out phenomenon. The possibility of personal contact with the families showed how important in this drop out's understanding is comprehension of each family systems. The advantage of qualitative research is the analysis of causality possible to carry out with amazing precision [18]. Current state of knowledge about the drop out is investigated systematically, but still provides unexpected conclusions. From the literature it seems to be neglected topic by researchers. This phenomenon, like any other, cannot be tested in isolation from practice. It seems that interviews with people directly involved in this process are valuable and allow for greater insight. The fact that the studies focused on families, not on individual patients, can provide multiplicity of perspectives that take place [19, 20]. Furthermore, it is a very important that after all attempts finally managed to gather a group that wanted to return to their experiences from therapy. These in some cases were positive while in other very difficult to live again. Comparing 10 interviews produced interesting results. First of all research indicated that the drop out can be understood as a phenomenon having positive consequences for the system. The study also showed that drop out is a process that starts already during deciding to start therapy and is associated with an attitude towards this kind of treatment. It manifests itself in the behavior presented in the sessions, in the form of one-sided problem's reception or in not to applying the recommendations from the therapist. Significant within the meaning of drop out is understanding of each family's attitude toward therapy. Especially dangerous is the attitude marked with hope as well as with high expectations about the results. In this research, in cases where members of families had placed too high, unrealistic hopes in treatment partners were divorced after all. Of course it is too small research sample to generalize this conclusion. There were also statements indicating a possibility to attitudes' changing: one of the respond-

ents felt on the beginning of treatment that the treatment was unnecessary, however, the therapist's knowledge made a big impression on him and finally he believed that the whole situation was favorable for him and allowed to reflect on many aspects of his marriage.

The study showed a greater wives influence on drop out decision. It is opposite to the earlier cited studies [2] and it requires further analysis.

The therapist's positions and influence on the dropout process should be widely investigated. No clear relationship between the therapist's personality and making the decision to stop treatment may alleviate the professionals' burden of responsibility [21].

LIMITATION

Surely it would be useful to continue research on a larger group of patients and observe which categories are characterized by the phenomenon more general and which would give more information about drop out factors connected with specific families. The research group was based only on the families that dropped out form therapy in the past. To show differences, the analysed group should be bigger and more diverse than that.

Focus on the evaluation of the therapeutic process and therapist's perspective could be also connected widely with the families' earlier therapeutic experience. In addition to the presented work at the families' perspective of premature termination it is important to know and compare this with the therapist's perspective on drop out. This type of study is conducted by a part of the research team [22].

Because it was a qualitative analysis the interpretation cannot be treat as a general conclusion. An extremely important issues are also the way of collection these research group and the problem if therapists were an objective group to identify premature terminations in their own processes.

CONCLUSIONS

Each decision about treatment depends on many factors. The decision to drop out from therapy is also connected with this initial context. Factors such as the way of being together, the decision to therapy under the influence of wife, negative attitudes to treatment, indifference in the attitude towards therapy, lack of conviction to take therapy seem to be factors favoring the premature termination of therapy. On the other hand, factors like: the desire and readiness to change, treating therapy as an opportunity to save a relationship, approach to treatment characterized by hope play an important role in preventing the drop out process. The context of drop out is connected with the lack of bond between partners or pressure of one of them to ending. The decision-making process related to the drop out affect the elements that have continuous character and take places during the therapeutic process such as: noticing the turning point, failure to recommendations by one of the parties, experiencing emotional moments. The phenomenon is closely linked to the personal way of conducting the therapy and the therapist as well. These two factors of therapeutic process shall be subject to further evaluation. The final stages of the drop out's process are the consequences within the family system. Studies have shown they can be beneficial or affect the separation.

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