

Experiences of dropping out from Internet delivered therapy



Teresa Michel¹, Olof Johansson², Gerhard Andersson^{1,3}, Björn Paxling^{1,4}

¹ Linköping University, Sweden, ² Lund University, Sweden, ³ Karolinska Institute, Sweden, ⁴ Vrije University, Holland

Introduction

Several Internet treatment trials has had problems with a high level of attrition (Eysenbach, 2005). Providing the participants with a therapist contact has been shown to lower the level of drop-outs (Andersson & Cuijpers, 2009; Spek et al., 2007), but a large proportion of the participants in these trials still quit the treatments prematurely.

In this study we examined the experience of dropping out of a Internet-delivered guided self-help program for generalized anxiety disorder in order to gain knowledge on the factors that might play a role in the high levels of attrition in the field.

Method

The theory generating method grounded theory (GT) was used. The focus of a study utilizing the GT method is to understand the human experience in interaction by searching for new theoretical models grounded in empirical data.

Seven interviews were conducted in a psychiatric care setting between January and March 2010. Open questions were used such as "Could you tell me about the treatment you received?", followed by follow-up questions if the dialogue ceased. An interview manual was used in order to cover as many aspects of the treatment experience as possible.

The interviews were coded verbatim into verbs and verbal nouns. The emerging codes were clustered into categories. The next step of the analysis included finding relationships between the categories. Two core categories were identified. The core categories in GT studies consist of one or a few categories that are central to the data and reflect the main concern in the area studied. The new theory emerged through a constantly comparative process between raw data, categories and the emerging of theoretical concepts.

Participants

The participants of the study, six women and one man, were recruited from a psychiatric hospital in southern Sweden. They had all begun the same Internet based cognitive behavior therapy trial programme for treating generalised anxiety disorder and left the treatment prematurely. To be included the participants had to have finished at least one and no more than seven treatment modules (out of eight) and then left the treatment.

	Range	Mean	SD
Age	21-69	39,3	17,1
Years with anxiety	5-23	15,2	6,6
GAD-Q-IV pre	8.8-13.0	11,1	1,5
GAD-Q-IV post	3.7-12.2	9,3	3,2
PSWQ pre	62-74	70,5	4,7
PSWQ post	44-66	56,3	7,6
MADRS-S pre	11-43	26,8	12,5
MADRS-S post	10-35	21,8	10,2

Participant characteristics

Results

The analysis generated a theory consisting of two core categories with groups of concepts. The relationship between the two core categories is the basis of the theory evolving from experiences of dropouts. The core categories and underlying concepts are presented in the table below.

In several cases the informants are referring to complex experiences that co-varied and contributed to that she or he did not want to or could not prioritise the treatment. To enable clarity the concepts are presented in pairs as they connected in the statements during the interviews.

The Treatment	The patient
Too much content & unflexible arrangement	Personal life factors
Demand on reading and writing skills	Reading and writing capabilities
Demand on ability to concentrate	Ability to concentrate on task
Side effects	Psychological difficulties
No face to face meetings	Wish/requirement for face to face meetings
Insufficient information before	Insufficient capability to grasp information

The core categories "The treatment" and "The patient" and their underlying concepts

When one aspect of the treatment, such as too much content, collided with an aspect of the patients life, such as too little free time, dropout occurred. To be in treatment generates stress which some patients had problem dealing with. Some patients also had expectations of the treatment that the treatment could not meet.

Discussion

The main factor that contributed to attrition in this Internet delivered treatment is the view among participants of an incompatibility between the extent of the weekly treatment module and their personal life. Participants successively were delayed in their treatments and the load of text remaining to be read subsequently increased with time. Dropout in Internet delivered therapy is sometimes seen as the patients leaving treatment because they have improved already and don't need additional treatment, however this was not the case for any participants in this trial.

Limitations to this trial include a small and relatively homogeneous sample in terms of symptoms. The interviews were carried out 3-6 months after treatment termination and it's possible that the participants memories have faded some at that point of time.

References

- Eysenbach, G. (2005). The law of attrition. *Journal of Medical Internet Research*, 7(1), e11. doi: 10.2196/jmir.7.1.e11
- Andersson, G., & Cuijpers, P. (2008). Pros and cons of online cognitive-behavioural therapy. *British Journal of Psychiatry*, 193, 270-271.
- Spek, V., Cuijpers, P., Nyklicek, I., Riper, H., Keyzer, J. & Pop V. (2007). Internetbased cognitive-behaviour therapy for symptoms of depression and anxiety: A metaanalysis. *Psychological Medicine*, 37, 319-328.