

Poster presentation

Personality factors associated with dropping out of cognitive behavioural treatment

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Background

Premature termination of treatment is a considerable problem in many health care settings. However, attrition is particularly extensive among psychiatric patients. Dropping out of treatment depends on several demographic, clinical as well as personality factors. According to C. Swett and J. Noones, a higher value at the Paranoid Ideation subscale was positively related to premature discontinuation of treatment. Although treatment outcome relates directly to adherence to therapy, we do not know much on what kind of patients will remain in or drop-out from treatment.

Materials and methods

Aim of the present study was to investigate personality and clinical factors that could predict drop-out from a CB treatment using MMPI-I.

We studied 225 consecutive patients referred to a clinical psychologists' private practice between 1997 and 2004 and treated with cognitive behavioural psychotherapy. 160 patients completed their psychotherapy whereas 65 patients dropped out of therapy early, i.e. 1–5 sessions. All patients had completed MMPI-I just after their intake and evaluation interview. The two groups of patients were compared using the scores of the questionnaires' subscales. One-way ANOVA was used.

Results

Only the Validity K-scale and the Paranoid Pa-scale showed a statistically significant difference between the two groups of patients ($p = 0.023$ and $p = 0.011$ respectively). The depression D-scale tended to show a statistically significant difference between the two groups of patients.

Discussion

MMPI-I is a well-known and widely used instrument in the assessment of personality. It can be used to predict patients in high risk of dropping out of therapy. Our results agree with those of other studies concerning drop-out from therapy.

References

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