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Measurement Issues in Assessing Premature Treatment Discontinuation

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Purpose

Less than half of individuals living with behavioral health diagnoses access treatment, and for those who do, premature discontinuation of care/dropout is common. The purpose of this study was to investigate the measurement and operationalization of dropout from behavioral health care.

Methods

A narrowly focused systematic review of the literature from 2014-2019 was conducted, including seven databases: Cinahl, the Cochrane Central Registry of Controlled Trials, Embase, Google Scholar, PsycINFO, Scopus, and Web of Science.

Results

Across the 28 studies in this review, the differing terminology, data sources, determiners, diverse samples and diagnoses, and varied modalities and settings, contributed to inconsistent definitions and operationalizations. Not surprisingly, dropout rates ranged widely from 21% to as high as 60% across all studies.

The terminology included: withdrawal, premature discontinuation, termination, non-completion, and attrition, to name a few. Data sources ranged from medical records, secondary administrative data, national surveys to client self-report. Determiners of what constituted dropout were most commonly researchers, and mainly excluded clinicians and client perspectives.

The number of clients in the samples ranged from as few as 51 to as many as approximately 318,000. The samples ranged in age from younger to older adults, and in gender, from pregnant women in one study, to a sample of all-male military personnel in another.

Diagnoses included general mental disorders, social phobia, anxiety, major depression, PTSD, gambling addiction, eating disorders, and SUDs.

The modalities and intervention techniques included psychotherapy, Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, and Prolonged Exposure therapy. The settings were both outpatient and in-patient residential, consisting of research clinics, hospitals, university settings, medical centers, VA facilities, and private offices. Several studies were also conducted as part of Randomized Control Trials.

Operational definitions consisted of duration-based measures, dosage thresholds, clinician determination of behavior change, substance abuse treatment program guidelines, and client self-report. Operationalizations of these definitions consisted of various quantitative threshold measures for number of sessions or time to follow-up, clinician judgement of client progress and compliance with rules, and even client-reported progress.

Implications

Researchers, practitioners, and clients are not on the same page in terms of measuring this concept, which presents difficulties, even when conducting meaningful evaluations. Research would benefit from developing basic standard indicators for assessing dropout. Consistency could provide more accurate information to develop a profile of individuals who are most likely to drop out of care. This could assist in the development of engagement strategies for clients who initially seek care and may ultimately result in decreased rates of dropout.

This topic is important to the field of evaluation because there are implications for practice. Raising awareness of this topic in an evaluation context may help to inform measurement. Information regarding dropout is vital to communities providing behavioral health services and may also provide insight and additional information on the measurement of this topic that cannot be found in the academic literature. Working with evaluators and within communities and communicating the results of studies like this to leadership in human services settings could make a difference and ultimately lead to more accurate information.