

Psychotherapy Referrals – Associations between assessment, attendance and outcomes

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Aim and hypothesis

This study evaluates referrals to the Dynamic Psychotherapy Services (DPS) in Leicester for an association between attendance patterns during assessment and their suitability for Psychodynamic therapy. Struggling to engage in the assessment process could be a communication of struggling to engage in exploratory therapy, and could confer a greater likelihood of being deemed unsuitable for therapy. In addition, the study looks at the association with substance misuse and deliberate self harm.

Background

All referrals to the Dynamic Psychotherapy Service are initially triaged for referral criteria and offered an assessment meeting within 13 weeks of referral. Most assessments are carried out in 2 meetings and some can be extended to up to 6 meetings. Patients are assessed for suitability for Psychodynamic Psychotherapy and offered group or individual, long term or brief therapy according to their needs.

Method

Data was gathered retrospectively and included all referrals between 1st April 2018 to 30th June 2018. A total of 56 patients notes were evaluated using a specifically designed data collection tool.

Results:

Of the 56 patients, 27 were deemed suitable for psychodynamic psychotherapy and 29 were not. Figures 1 and 2 highlight the numbers of patients who had at least one incident of poor attendance and are categorised them into the types (late arrival, cancellation, non-attendance or either of the above). The unsuitable patient group had a higher number of patients with poor attendance patterns when compared to the suitable patient group (76% vs 56% of patients). There were more cancellations (38% vs 26%), late arrivals (45% vs 33%) and substance misuse (17% vs 4% more). There was also a lower proportion of current Self harm (7% vs 22%) in this group. Of note, there is a significantly higher proportion of patients with at least 1 non-attendance in the unsuitable patient group compared to the suitable group (48% vs 11%).

The total number of incidents were also identified. On average the unsuitable group had nearly twice the number of incidents per patient (see figure 3).

Figure 1: Number of patients from unsuitable group with at least one incident of poor attendance

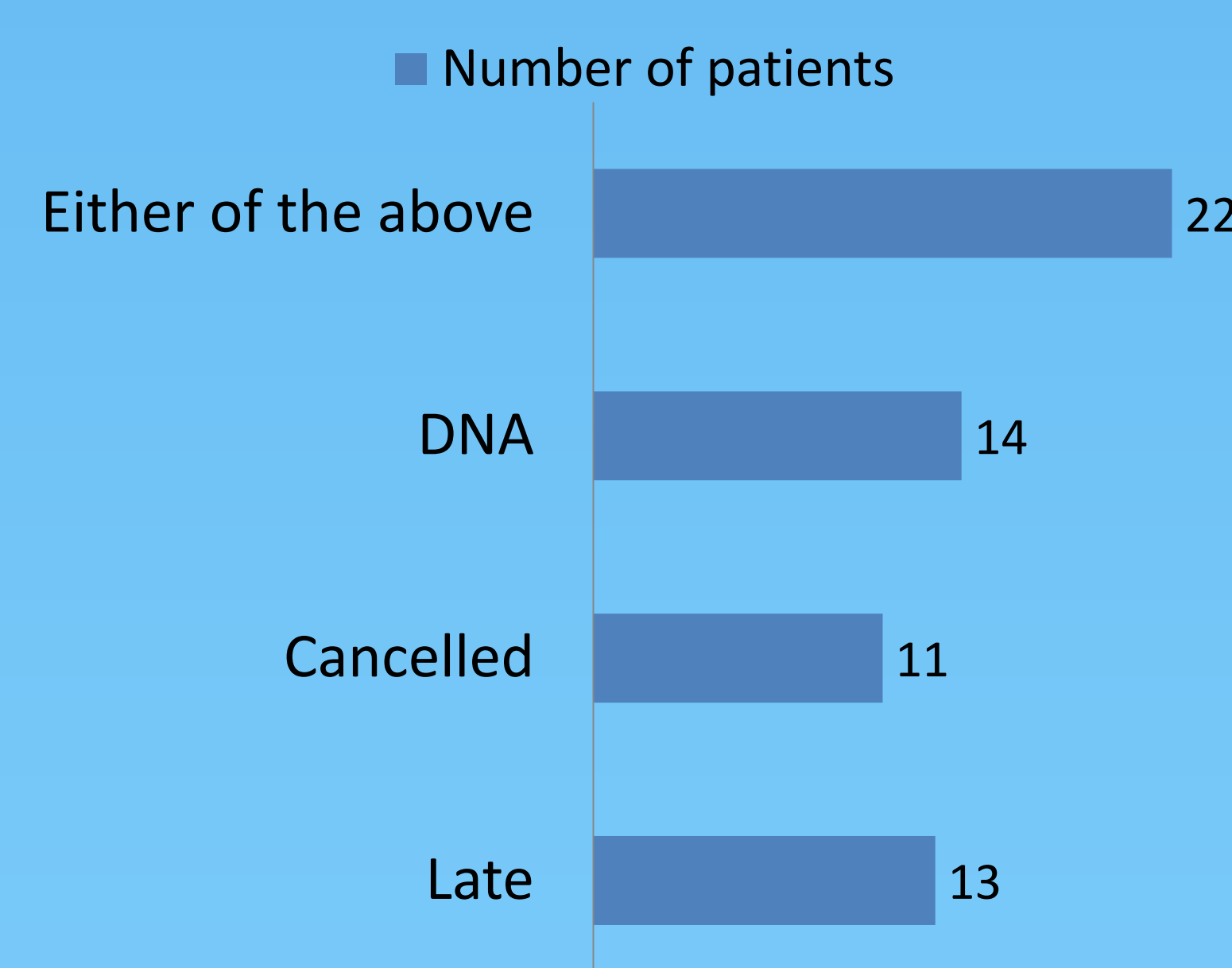


Figure 2: Number of patients from suitable group with at least one incident of poor attendance

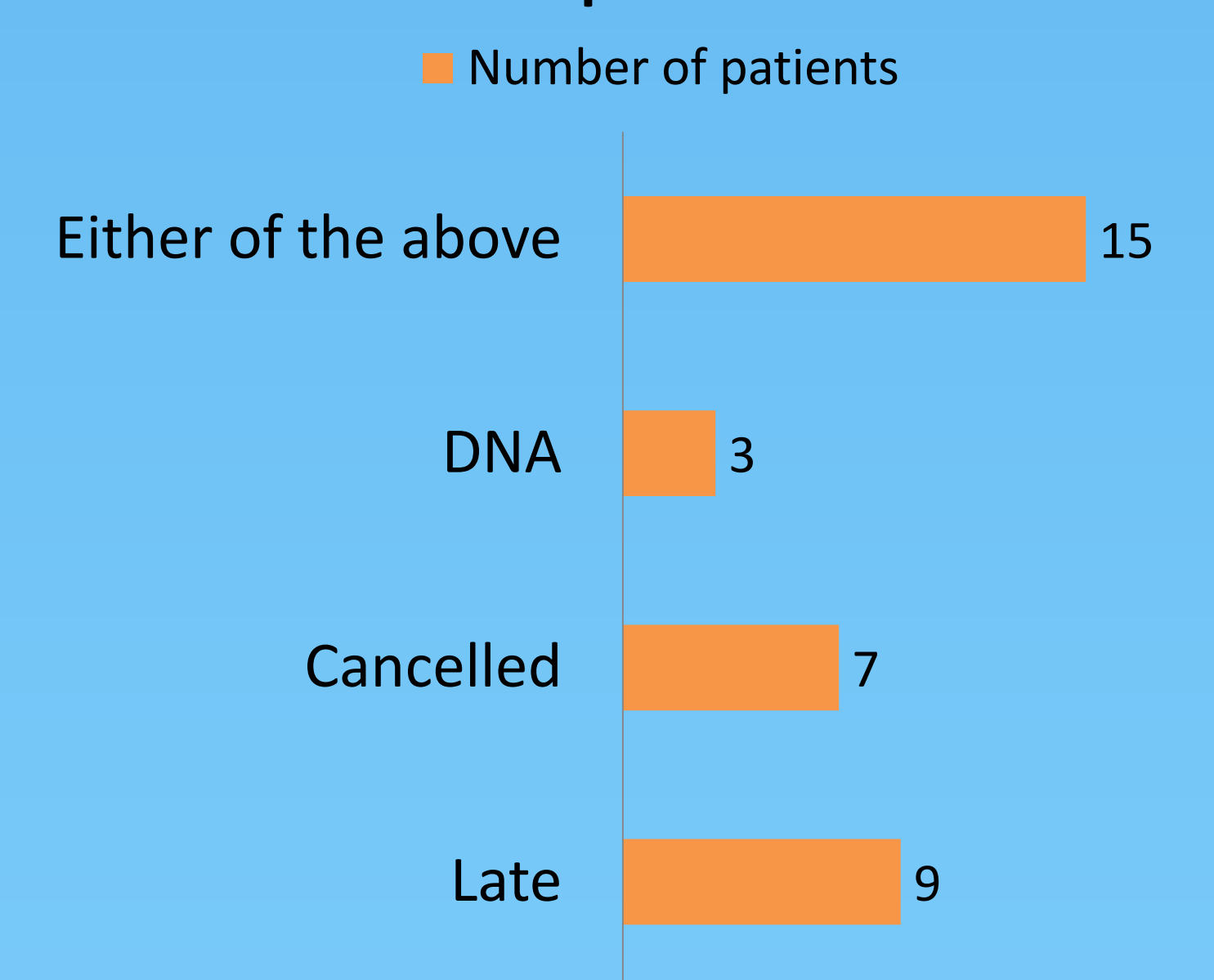
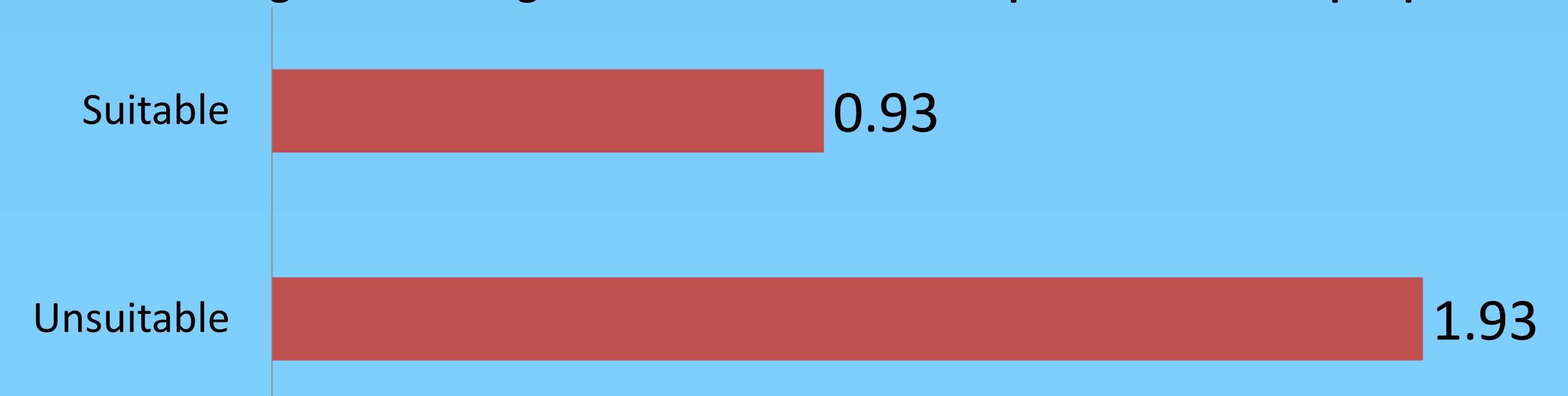


Figure 3: Average number of incidents of poor attendance per patient



Conclusion

Overall there are higher incidents of a poor pattern of attendance in those deemed unsuitable for therapy. The most significant difference observed is nearly half of these patients had at least one non-attendance compared to 11% in the suitable patient group. Nevertheless, we are unable to conclude definitively how many of those who do not attend will be unsuitable. Non-attendance and late arrivals could be a communication of struggling to do exploratory work, however it could also be a communication of various defences or transference reactions which could be worked through. Introducing a pre-assessment questionnaire could initiate early engagement into the exploratory work and may have potential to ease patients into this process.