DROPOUT IN GROUP THERAPY:
CAUSES AND PREVENTION
STRATEGIES

by

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Abstract

This paper explores dropout rates in mental health groups and how counsellors can retain participants. It examines the implications for both professionals and clients when entering into group therapy. Group therapy provides multiple benefits to participants, however dropout rates are high. While estimates vary, the majority of literature gathered for this paper suggests that group therapy drop out rates range from 30-60%. Articles gathered for this paper were retrieved through an online article database.

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acknowledge the support from my family and partner through this process.

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CHAPTER 1   INTRODUCTION

This paper will examine dropout in group therapy, why clients may not complete all sessions of the group therapy, and how therapists can retain participants. It will further address implications for clients and what they can expect when entering into group therapy. Below, I will describe the rationale for this thesis in regards to the relevance to the counselling profession and what is already known about group therapy dropout.

Problem and Relevance

Group therapy is a modality of psychotherapy that provides many benefits to participants. Yalom and Leszcz (2005) report "a persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of psychotherapy and that it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (p. 1). However, there is a high percentage of participant dropout in group therapy. The research has shown that the dropout rate in mental health group therapy is very high. While estimates vary, the majority of literature suggests that drop out rates are 30-60%. Roos and Werbart (2013) state, "if factors associated with therapy dropout are identified, we might be able to better adjust clinical practice to the unique client in order to achieve continuation in a potentially productive treatment that will decrease their distress" (p. 2).

Group therapists can retain participants in their sessions through a variety of approaches. For example, Brabender, Smolar, and Fallon (2004) report "prepared members are less likely to leave the group precipitously" (p. 72). And further "a number of studies find that pretrained members have significantly higher attendance rates" (Brabender et al., 2004, p. 72). Retention of participants is important for the cohesiveness

of the group and for establishing an alliance among group members and to the group as a whole. Roos and Werbart (2013) noted, "among relationship and process factors, the quality of therapeutic alliance, client dissatisfaction and pre-therapy preparation influenced dropout" (p. 16).

This topic is relevant to the counselling profession and other professionals because group therapy is an effective and cost efficient mode of psychotherapy. Group psychotherapy allows services to reach more than one individual in contrast to the one to one therapy modality, which is costly. More organizations and companies may begin to turn towards group therapy due to its cost effectiveness and ability to reach more than one client at a time. Greenfield et al., (2014) report, "as healthcare reform makes population health ever more critical, group therapy will likely be a modality utilized to reach a wider range of the population" (p. 202). Due to this direction in therapy therapists further need to expand their knowledge, experience, and training in the area of group psychotherapy. Roos and Werbart (2013) further report "therapists experience, training and skills, together with providing concrete support and being emotionally supportive, had an impact on dropout rates" (p. 16).

Group therapy has benefits specifically in the area of social support and networks and fosters a sense of universality among members. Brabender, Smolar, and Fallon (2004) state, "universality is another important therapeutic factor because when members realize that many of their affects and impulses are shared, they are more likely to take risks in expressing feelings" (p. 22). It allows others to hear each other's stories and know that they are not alone in their struggles. "Group therapy is a powerful modality, which in most cases produces positive effects" (Brabender et al., 2004, p. 15). Clients

can be inspired by others who have walked in the same path as themselves and provide

the opportunity and space to communicate with these individuals (Yalom & Leszcz,

2005).

Scholarly Context

Literature reports that there is a high percentage of dropout from group therapy.

Dropout from group therapy can be decreased through a variety of approaches. Yalom

and Leszcz (2005) have reported "proper selection and comprehensive pretherapy

preparation" are approaches that therapists can utilize to prevent participant dropout (p.

333). Pretherapy preparation can include pre-screening assessments, which will assess

clients' suitability for the group and their readiness for the group. Therapists can

implement the pre-screening assessments prior to the group and at this point begin to

build the therapeutic relationship with the client. Research has described that clients need

to be ready to do the work involved in group therapy and be in a stage where they are

willing to change. If clients are not at a stage for change, dropout can increase.

Group therapy is becoming more recognized by companies and organizations due

to its cost effectiveness and ability to reach more than one client. Research (e.g. Yalom &

Leszcz, 2005, Roos & Werbart, 2013, & Egan, 2005) has found that therapists need to

increase their experience and knowledge in the area of group therapy. Group therapy is

shown to have numerous benefits for clients, including: social supports, a sense of

universality, instil hope, hearing others experience to know they are not alone, and a

chance to share their story to help others.

Methodology

For this study I will be focusing on what is currently working in regards to retention and increased participation in mental health groups and how we might continue these strategies. Due to this focus the best method of approach is Appreciative Inquiry (AI). The approach of AI focuses on the things that are working instead of focusing on the problems (Mishra & Bhatnagar, 2012). This study is meant to help organizations and companies bring about change, specifically in the area of increased participation and participant retention in group therapy. Through the AI process we can search and discover the best of what is working with mental health groups. Methodology is further explored and explained in Chapter 3 of this study.

Key Terms & Phrases

The key terms and phrases that are used throughout this study are dropout, mental health, group therapy, counsellors and therapists. The terms group therapy and mental health group are used interchangeably. Group therapy is used to mean:

> a treatment modality involving a small group of members and one or more therapists with specialized training in group therapy. It is designed to promote psychological growth and ameliorate psychological problems through the cognitive and affective exploration of the interactions among members, and between members and the therapist. (Brabender et al., 2004, p. 14).

The term mental health refers to participants who have a mental health diagnosis of: schizophrenia, bipolar, depression, anxiety, psychosis, personality disorders, and mood disorders.

The terms counsellor and therapist have been used interchangeably within this study. The therapist is the professional who leads, guides and implements the group therapy with participants.

Drop out is used to mean "occurring when a patient who had been referred to the [group], began the treatment but failed to complete the entire program" (Davis, Hooke, and Page, 2006, p. 50).

Situating the Author

I have chosen to write my thesis on the topic of dropout in mental health groups as it is a personal interest of mine. I facilitate groups in my current job role and have gained a passion for this work. During my internship I co-facilitated two groups in the community with another student. One of these groups was a closed group, registration and completion of an intake was a necessary component prior to entering the group. And the other group was an open group, rolling format. Registration was encouraged for this group but not necessary, an intake form was completed by each participant in regards to the limits of confidentiality and expectations of the group. Both groups were offered free to clients. What we found when facilitating these groups was a high number of dropouts, or clients continually missing sessions thus not receiving the most benefit from the groups.

Based on this experience I started to wonder why participants drop out of group therapy early. Was it because of the therapist? Was the client not getting what they wanted from the group? Were they not ready to do the work involved in the group? With this interest I decided to do research and write this paper to examine why participants

drop out of mental health groups. And further to this, explore how we as therapists retain participants in our groups.

Structure of the Thesis

This paper is five chapters in length. Chapter 2 is a literature review of completed studies focusing on dropout rates in group therapy. Chapter 3 is the method of approach and how the results, in Chapter 4, will be reviewed. Chapter 5 provides the conclusion to this study and what are the implications for both therapists and clients.

CHAPTER 2 LITERATURE REVIEW

Dropout rates in mental health group therapy have been researched and studied by many. In this literature review 11 articles[1] and one book were reviewed. The literature was published within the time range of 2005-2014. Themes that will be discussed in this literature include pre screening of group work participants, cohesion and alliance within a group, and group therapy benefits such as social support and networks and a sense of universality.

Drop Out in Mental Health Groups

The dropout rate in mental health group therapy is high—while estimates vary, the literature suggests a wide range of drop out rates—ranging from 10-60%. Yet group therapy is an effective and cost efficient mode of psychotherapy for individuals—as opposed to the costly one on one therapy modality (Zanello, Mohr, Merlo, Huguelet, & Rey-Bellet, 2014). Greenfield, Crisafulli, Kaufman, Freid, Bailey, Connery, Rapoza and Rodolico (2014) state, "as healthcare reform makes population health ever more critical, group therapy will likely be a modality utilized to reach a wider range of the population" (p. 202).

Yalom and Laszcz (2005) describe that stability of membership within group is a necessary condition for effective group psychotherapy. "Several studies indicate that

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[1] A 1966 article by Yalom was unavailable. Five out of the 12 pieces of literature referenced this particular research by Yalom. Every effort was made to obtain this article, with no avail.

clients who terminate early in the course of group therapy receive little benefit" (Yalom & Leszcz, 2005, p. 69).

Predictors of Group Drop Out

There are many reasons why someone would drop out of group therapy within mental health. Jensen, Mortensen, and Lotz (2014) report that low socio-economic status, prior psychiatric treatment and personality variables, which include "social isolation, hostility, borderline diagnosis, lack of psychological mindedness, low tolerance for frustration, poor motivation, feeling uncomfortable with seeing a mental health professional and perception of the therapist as less competent and trustworthy" are predictors of drop out in mental health group therapy (p. 594). Further drop out predictors were found in a Danish study and included alcohol abuse, age, low educational attainment, and unemployment (Jensen et al., 2014). Rosenthal (2005) identified that placement into group therapy for an individual who is emotionally too young can be a factor in drop out, as they cannot "negotiate multiple relations and do not possess the degree of emotional insulation" (p. 45). Davis, Hooke, and Page (2006) also reported that individuals who dropped out of group therapy were younger than those who completed therapy. And they also go on to say "individuals most likely to drop out were a person with low self-esteem and poor relationship status" (p. 50).

Yalom and Leszcz (2005) further found external factors to be major reasons for clients dropping out of group therapy. External factors are the "logical reasons for terminating therapy (for example irreconcilable scheduling conflicts, moving out of the geographic area)" (Yalom & Leszcz, 2005, p. 240). Gans and Counselman (2010) further talk about external factors as limitations with regular attendance in group therapy, which

they describe should be explored by therapists with the client prior to the start of group therapy.

Predictors of dropouts in mental health group therapy give us a better understanding of why individuals may drop out and the demographic of people who do. This can support us during pre-screening interviews with individuals to make sure that all individuals know what it is involved in group participation and whether they are ready and suitable for the group. One-way do this is to ask potential participants is to ask, "what are you looking for in a group experience?"

Pre-Screening Interviews

Not only can understanding predictors help us to be aware of dropouts in group therapy but also pre-screening interviews with individuals. Pre-screening interviews help to prepare clients for the group therapy process and for therapist to know whether a client is appropriate for the group. Yalom and Leszcz (2005) state, "the two most important methods of decreasing the drop out rate are proper selection and comprehensive preparations" (p. 333). Gans and Counselman (2010) report, "the screening interview is the most widely used procedure to evaluate suitability" (pp.200-201). Preparing clients for group therapy can help reduce drop out and increase client satisfaction with the treatment (Lindgren, Barber, & Sandahl, 2008). The articles examined for this research had varying methods of pre-screening interviews and assessments and some did not implement any selection process. Yalom and Leszcz (2005) report that the most important criterion for inclusion in group therapy is client motivation.

Group Structure

Group therapy can take on a closed or an open group structure. An open group is described as when "group members join at different times and membership is fluid" (Greenfield et al., 2014, p. 197). A drop in group, where members can come and go, is an example of an open group structure. In an open group structure you may not necessarily have a pre-screening process as members can join even after the first session. Open groups can present "challenges that include sustain recruitment, retention and randomization, which are necessary to sure that groups remain open and continue to 'roll'" (Greenfield et al., 2014, p. 197). In drop in groups, continual recruitment is often necessary to ensure an appropriate number of participants in the group.

In a closed group all members generally start and end together. However, the groups can experience drops out, so not all group members may end together. In a closed group structure, as Greenfield et al. (2014) report, therapists can plan group absences between group sessions. A planned absence by group members was further reported by Zanello et al. (2014), "some of these absences were planned before the group started (e.g. appointment with a general practitioner or social insurance authorities)" (p. 150). Jensen, Mortensen, and Lotz (2014) also discussed holidays, planned vacations and unexpected incidents among group members in their study. Furthermore, pre-screening interviews in closed groups are more prevalent and help determine the suitability of clients within the group. This can help in preventing drop out of group members and assessing their readiness to work within the group.

From the research gathered, eight articles report on an empirical study on group therapy drop out while the remainder of articles are extensive literature reviews. From

these eight article seven of the studies used a closed group structure, while the one used a

semi-open group structure. One of the studies was unclear about whether it was an open

or closed group structure. Since participants in the group had to be members of the

Assertive Community Treatment (ACT) team (Baumgartner & Williams, 2014) in order

to participate, it was determined to be a closed group.

Therapeutic Factors

Group therapy can offer participants many benefits in the areas of social support

and networks, foster a sense of universality and altruism among members, instil hope,

and provide information. These benefits are therapeutic factors that help to bring about

therapeutic change within group therapy (Yalom & Leszcz, 2005). Not all factors have

been described within this literature review. Yalom and Leszcz (2005) view the

following 11 factors as the primary factors of the therapeutic experience. These factors

are discussed as they all pertain to the group experience and in terms of how they can

affect and prevent group therapy drop out.

Instillation of Hope. Yalom and Leszcz (2005) state, "not only is hope required to keep the client in therapy so that other therapeutic factors may take effect, but faith in a treatment mode can in itself be therapeutically effective" (p. 4). Hope can be very powerful not just in in individual therapy but also group therapy. Yalom and Leszcz (2005) talk about how members of groups have said how important it was for them to hear about the improvements of others within the group as a result of therapy. Instilling this hope within clients can prevent dropouts from group therapy.

Universality. "Many individuals enter therapy with the disquieting thought that they are unique in their wretchedness, that they alone have certain frightening or unacceptable problems, thoughts, impulses, and fantasies" (Yalom & Laszcz, 2005, p. 6). Group therapy can help individuals to know that they are not alone in what they are experiencing—there are others will similar experiences. Yalom and Laszcz (2005) say that after members hear "other members disclose concerns similar to their own, clients report feeling more in touch with the world and describe the process as a 'welcome to the human race' experience" (p. 6). When members feel they are not alone, they are able to connect and perceive their similarities to one another. When members are able to connect within the group a sense of cohesiveness begins to form, which helps the retention of participants.

Altruism. "In therapy groups…members gain through giving, not only in receiving help as part of the reciprocal giving-receiving sequence, but also in profiting from something intrinsic to the act of giving" (Yalom & Leszcz, 2005, p. 13). Group therapy provides clients with the opportunity to be of importance and benefit to another. This feeling of importance of benefit can help boost clients' self-esteem (Yalom & Leszcz, 2005). Specifically for psychiatric patients starting therapy many are "demoralized and possess a deep sense of having nothing of value to offers" (Yalom & Leszcz, 2005, p. 13). Clients can offer support, reassurance, suggestions, insights, and share similar problems with another and provide them the opportunity to hear and see that they are not alone.

Development of Socializing Techniques. "Social learning—the development of basic social skills—is a therapeutic factor that operates in all therapy groups, although the nature of the skills taught and the explicitness of the process vary greatly, depending on the type of group therapy" (Yalom & Leszcz, 2005, p. 16). Groups can assist individuals in developing social skills and offer social support and networks. This support and skill can help to retain participants who want to meet new individuals or learn new skills.

Interpersonal Relationship. In group therapy clients can become aware through "feedback from others, self-reflection, and self-observation…of significant aspects of their interpersonal behaviour: their strengths, their limitations, their interpersonal distortions, and the maladaptive behaviour that elicits unwanted responses from other people" (Yalom & Leszcz, 2005, p. 48). Clients can develop distortion free and gratifying interpersonal relationships through group therapy participation (Yalom & Leszcz, 2005).

Group Cohesiveness. Yalom and Laszcz (2005) describe that cohesiveness "refers to the attraction that members have for their group and for the other members. It is experienced at interpersonal, intrapersonal, and intragroup levels" (p. 75). Group cohesiveness is viewed as a significant factor in group therapy outcome. Yalom and Laszcz (2005) further noted, "highly cohesive groups are more stable groups, with better attendance and less turnover" (p. 75).

Group Cohesion

Group cohesion was discussed in three articles and in the textbook used for this literature review. Cohesion is reported as a factor of group therapy drop out rates. Yalom and Laszcz (2005) state, "the greater a member's attraction to the group, the more inclined that person will be to stay in therapy groups" (p. 69). Clients who dropped out from group therapy reported having little sense of belonging and left the group due to feelings of rejection, being attacked or unconnected (Yalom & Leszcz, 2005).

Johnson (2007) describes different levels of cohesion—individual level, group level, and perceived cohesion. "Individual level cohesion is the attraction of the group or its members for a given person in the group and is distinguished from group level cohesion, which assigns a single cohesion rating to the group as a whole" (Johnson, 2007, p. 534). Johnson describes perceived cohesion as "individuals members' perceptions of their sense of belonging to a particular group and feelings or morale associated with membership in the group" (p. 534). During the early stages group therapy is about cohesion building and differentiation (Lindgren, Barber, & Sandahl, 2008).

Joyce, Piper, and Ogrodniczuk quote Yalom and Leszcz (2005), "the construct of cohesion has been highlighted as one of the most important therapeutic factors in group

therapy" (p. 270). "Cohesion represents a more complex construct. It encompasses not only the patient's relationship (or bond) with the therapist, but additionally the patient's relationships (or bonds) with the other patients, and the patient's relationship (or bond) to the group as a whole" (p. 270). Cohesion is necessary for meaningful work and change to occur within group therapy (Joyce, Piper, & Ogrodniczuk, 2007). When clients perceive change participant drop out is less likely. Davis, Hooke, and Page (2006) report, "patients who terminate before the completion of a treatment program either because they believe they have not improved or are improving slower than they had hoped would not be in a position to gain the full benefits of treatment" (p. 48).

Alliance

Research has shown that alliance plays a role in group drop out rates. When looking at alliance within a group, we look at the groups working alliance, which is a "healthy, realistic collaboration between the patient and the therapist and (between) the patient and the patient" (Glatzer, as cited in Johnson, 2007, p. 535). Johnson (2007) looks at the difference between alliance and cohesion and their importance in group outcome. Johnson (2007) reported that "alliance is more related to outcome" than cohesion (p. 533). Assessing clients' perceptions of the alliance within the group allows for identification of clients "who are feeling uncomfortable with the therapist and/or the group before they drop out" (Johnson, 2007, p. 538).

Jensen, Mortensen, and Lotz (2014) also speak about group alliance in therapy. They suggest that during recent years there has been more exploration "of treatment failure—which may be associated with drop out—has mainly focused on within treatment, such as group-as-a-whole alliance, attachment style and group style and group

climate, and others interactions among patient, therapist and treatment variables" (p. 595). And comparatively, Lingren, Barber, and Sandahl (2008) report in their article that alliance was shown to be a predictor of outcome in group psychotherapy.

Readiness

Research has discussed clients' readiness for group therapy work. Rosenthal (2005) states,

> a frequent contribution to dropout statistics is that of premature referral to group psychotherapy. Patients have been placed into groups while they are still new to and unanchored in individual treatment; trust and the working alliance have not yet been established. (p. 44)

Clients will not succeed in a group if they are unable "to participate in the primary task of the group, be it for logistical, intellectual, psychological, or interpersonal reason" (Yalom & Leszcz, 2005, p. 234). Clients are not ready for a group if they do not have the "capacity and willingness to examine their interpersonal behaviours, to self-disclose, and to give and receive feedback" (Yalom & Leszcz, 2005, p. 234).

Lorentzen and Hoglend (2005) had a low drop out rate of 3%, which they attribute to a thorough selection procedure and because participants were motivated to attend long-term psychotherapy. Gans and Counselman (2010) stress the need to remember that "prospective group members do arrive in different stages of readiness for change, ranging form precontemplative (just thinking about it) to already making changes" (as cited in Prochaska & Norcross, 2001, p. 203).

Participant Recruitment and Incentives

From the articles gathered there was a mix between participants participating in group therapy for free while some were paid or offered incentives to recruit participants. Gans and Counselman's (2010) participants in the group therapy paid out of pocket, and they saw a 90% retention through their 16 week long term, open ended, psychodynamically oriented, weekly, outpatient therapy groups. Gan and Counselman (2010) "believe that their close attention to several aspects of the pre-group screening interviews has been central, if not crucial, to [their] success" in retention and stability of participants (p. 198).

Another study by Baumgartner and Williams (2014) provided participants with food at each group therapy session. The members of this group therapy requested that food be served, which became the starting point for each of their meetings. "Offering a simple meal not only helped to get people interested in coming to the group, but it also provided real nourishment (more than just coffee and cookies) and an acknowledgement that while housed, people continued to experience poverty" (Baumgartner & Williams, 2014, p. 6). Individuals who were part of the ACT team moved into housing, however it did not mean that these individuals had food or money to purchase food (Baumgartner & Williams, 2014). There was an understanding among members that they if they came for food they stayed for group[2].

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[2] There was much more to the rich experience, however for the purpose of this particular chapter I chose to focus on the incentive to retain participants.

Greenfield et al (2014) offered participants incentives in their study for completion of assessment. Greenfield et al. (2014) report offering lunch to participants to complete the assessment in one day, which was an effective incentive they report. And "participants unable to complete the assessment in 1 day were offered movie tickets if they could complete it within the same week" (Greenfield et al., 2014, p. 200). Taxi vouchers were also offered to facilitate attendance in group therapy.

Six of the articles did not offer incentives for group participation. Participants were recruited from other clinical trials, outpatients at a clinic, referred by general practitioners, private mental health clinicians, case managers and self-referred. These participants were not provided with any incentives for group therapy participation.

Dropout from group therapy has been researched for many years. Literature reports the importance of pre screening participants to determine readiness for group therapy. When group therapy begins cohesion and alliance within the group needs to be established to retain participants. Group therapy provides many benefits to participants to who attend and participate in all group sessions. As previously mentioned, these include social support and networks, foster a sense of universality and altruism among members, instil hope, and provide information.

CHAPTER 3   METHODS

This study is focused on retention and increased participation in mental health groups. Specifically, focusing on what is working and how do we continue to implement these strategies. This chapter will outline the methodology used for this research

Appreciative Inquiry

For this study the method of approach that was implemented was Appreciative Inquiry (AI). AI is an "approach where instead of focusing on problems, one focuses on things that are right in the organization" (Mishra & Bhatnagar, 2012, p. 543). Mishra & Bhatnagar (2012) further comment that "AI should not be considered just another organizational development intervention or tool but a philosophy and orientation to change that can fundamentally reshape the practice of organizational learning, design and development" (p. 544). "Appreciative Inquiry is about the coevolutionary search for the best in people, their organizations, and the relevant world around them" (Cooperrider & Whitney, 2005, p. 3). Cooperrider & Whitney (2005) also describe that "AI deliberately, in everything it does, seeks to work from accounts of this 'positive change core'—and it assumes that every living system has many untapped and rich and inspiring accounts of the positive" (p. 3). AI was chosen as the method for this study for its ability to bring about change. AI "believes in people to be able to act as real change agents" (Mishra & Bhatnagar, 2012, p. 556).

Change is needed within mental health groups to help retain and gain participants. Through AI we can explore what is working within the mental health groups to retain participants and how to foster change where needed. MacCoy describes, "in the AI process, questioning moves from determining what is valued and appreciated to

combining strengths and activating people's creative energy to ignite change" (2014, p. 105). Through the AI process we can search and discover the best of what is working with mental health groups, instead of what is not working. Participants in these programs and groups should, ideally, be approached and asked, "What works for you," "What do you need from this group," or "How can we co-create a meaningful experience here with you?" (C. Sanders, personal communication, December 29, 2017). The program design should not be done by so-called experts and consultants, but from the ground up. (C. Sanders, personal communication, December 29, 2017)

> AI is not (just) about the positive aspects, it is the quest for new ideas, images, theories, and models that liberate our collective aspirations, alter the social construction of reality and, in the process, make available decisions and actions that were not available or did not occur to us before (Mishra & Bhatnagar, 2012, p. 544).

AI can help both therapists and organizations to see what is working within mental health groups and how best to increase retention. "One of the major benefits of appreciative inquiry when used in an evaluation process (as well as in other applications) is its capacity to generate new understandings of problems and even new approaches to instigating enhanced system performance" (MacCoy, 2014, p. 112). When we have a better understanding of the problem at hand we can begin to look at from a positive perspective, in regards to what is working right now. When looking at drop out rates in mental health groups, we know the problem is the percentage of drop outs within groups. From here the research can help us to identify what is working to retain the other participants who are completing group therapy.

Furthermore, this study uses qualitative measures and this was done for specific reasons. By using qualitative measure we are not putting vulnerable persons at risk, as the population group used in this study are individuals with mental health issues. For this qualitative study, articles were gathered and accessed using the City University of Seattle library database. Specific databases used included: Psychology and Behavioural Sciences Collection and Psychology Collections (PsycINFO + PsycARTICLES). Within each database the key terms searched were: groups, mental health, mental health groups, psychotherapy, drop out, retention, outpatient, community, drop out rates, adult, youth, Yalom, and counselling. Textbooks were also utilized from previous course work to gather information.

In Closing

AI is the best method of choice for this research, as it is a change based method, which fosters positive change in a specific area, in this case therapeutic groups. Findings can be used utilize the perspective of what is working within mental health groups currently to retain participation and in doing so, improve this retention so more people may benefit from group work.

CHAPTER 4   MAIN FINDINGS

The literature review presented multiple reasons why participants drop out of mental health groups. Main findings from that literature review will be presented and explored within this chapter.

Therapeutic Factors

Yalom and Leszcz (2005) presented therapeutic factors that offer participants benefits within the group and that can prevent group therapy drop out. Installation of hope, Universality, Altruism, Development of Socializing Techniques, Interpersonal Relationship, and Group Cohesiveness are the factors pertaining to the group experience and prevention of drop out.

Group cohesiveness is a significant factor in group therapy outcome. Therapists need to be able to build group cohesion among members to prevent group therapy drop out. Lindgren et al. (2008) identified that "clinical experience suggests that a good start of therapy facilitates a good outcome, which is likely to be reflected in early changes in patients' relationship experiences in the group" (p. 166). Cohesion is working on the relationship between members and therapist, members with other members, and with the group as a whole. When we build cohesion members feel a sense of belonging, which provides space for meaningful work to happen within the group. Cohesion is built throughout all sessions until the very end of group therapy.

Building and instilling hope within our clients, Yalom and Leszcz (2005) state is "crucial in any psychotherapy" (p. 4). The client needs to have faith in the treatment mode, which has shown to be correlated with a positive therapy outcome (Yalom and Leszcz, 2005). As Davis, Hooke, and Page (2006) report, persons who "terminate before

the completion of a treatment program either because they believe they have not

improved or are improving slower than they had hoped would not be in a position to gain

the full benefits of treatment" (p. 48). Clients who complete all sessions of group therapy

will gain the most benefits. When we instil hope within our clients and our clients have

faith in the treatment mode it supports retention in group therapy.

Yalom and Leszcz (2005) discussed that members of group therapy have said how

important it was for them to hear about the improvements of others within the group as a

result of therapy. Instilling this hope within clients can help to retain participants in group

therapy. Therapists need to be aware of instilling hope for their participants, which can be

achieved by providing opportunity for other group members to hear about the

improvements of others. "The inspiration provided to participants by their peers results in

substantial improvements in medical outcomes, reduces health care costs, promotes the

individual's sense of self-efficacy, and often makes group interventions superior to

individual therapies" (Yalom & Leszcz, 2005, p. 6). Again, clients knowing that they are

not alone and others may experience similar problems can help retention in groups.

It is not only important for clients to hear that they are not alone in what they are

experiencing, but also that clients can gain through giving. "Group therapy is unique in

being the only therapy that offers clients the opportunity to be of benefit to others"

(Yalom & Leszcz, 2005, p. 13). Clients in group therapy become help receivers and help

providers (Yalom & Leszcz, 2005). Clients can become tremendously helpful to each

other, "they offer support, reassurance, suggestions, insight; they share similar problems

with one another" (Yalom & Leszcz, 2005, p. 14). Clients will still look at the therapist as

the paid professional, whereas "other members represent the real world and can be

counted on for spontaneous and truthful reactions and feedback" (Yalom & Leszcz, 2005, p. 14). Clients more readily accept feedback and observations from other group members than the therapist. Allowing clients to be both help receivers and help providers can help therapists retain participants in group therapy.

Building social support and networks, for participants who saw this as important to the group therapy process, also helped to prevent drop out. Baumgartner and Williams (2014) state, "the group also provided an opportunity for cultivating relationships among members. Some participants were reconnecting: 'I remember you from the hospital/shelter/drop-in centre!'. Others formed new relationships based on living in geographic proximity, or having similar interests" (p. 9). Group therapy provides an opportunity for clients to know that they are not alone and that there are others who share similar problems. It allows the client to connect outside of the group for continued support, even after group therapy is finished when agreed upon between members.

Determining Client Readiness

Through pre-screening interviews therapists can assess clients' readiness for group work and change. The screening interview is the most widely implemented procedure to evaluate client suitability for groups (Gans & Counselman, 2010). Pre-screening interviews help to prepare clients for the group therapy process and for the therapist to know whether a client is appropriate for the group. This can assist in preventing early drop out from groups. Clients further needed to be motivated to attend sessions, complete the work, and be an active participant during group sessions.

When therapists pre-screen, they can obtain a sense as to whether or not the group is the right fit for the participant. Sometimes group work is not appropriate for certain

clients or the client may not know what group therapy entails until the pre-screening

assessment. This too helps to prevent client drop out later on within the sessions.

Lorentzen and Hoglend (2005) state, "one of the main reasons for the low drop out rate

may have been that most patients were motivated to have long-term psychotherapy; in

addition, the patients had had a thorough selection procedure" (p. 1548). Research has

shown that pre-screening assessments and interviews are an effective way of determining

client readiness and appropriateness into group therapy.

Incentives & Retention

Two studies reviewed in the literature review offered clients incentives for

participating and one study focused on a group for which participants had to pay to be

part of. Gans and Counselman (2010) saw at 90% retention in their 16 week, "long term,

open-ended, psychodynamically oriented, weekly, outpatient therapy groups," which

patients paid out of pocket (p. 198). Gans and Counselman's (2010) wonder, high

retention makes you question: Do clients have more of a buy in for groups when they are

paying out of pocket?

Gans and Counselman (2010) attribute their high retention to their "close

attention to several aspects of the pre-group screening interviews has been central, if not

crucial, to our success" (p. 198). One can wonder though, whether it was the close

attention to the pre-screening interviews or the motivation of the clients to attend because

they paid? However, if it was the pre-screening interviews that were the crucial part of

the 90% retention, therapists need to be aware and thorough with their pre-group

screening methods.

Implications for Therapists

As mentioned above pre-screening interviews allow for therapists to assess client's readiness for change and if they are ready to participate in group therapy. It is important to remember that clients arrive in different stages of change, which can range from "precontemplative (just thinking about it) to already making changes" (Gans & Counselman, 2010, p. 203). Assessing where the client is in their stage of change can help the therapist determine if the client is ready and willing for change and group therapy.

The process of assessment creates the beginning of the therapeutic relationship between the group leader and new member. Beginning to foster a sense of connection for the participant with the leader can be fundamental when entering group therapy (Gans & Counselman, 2010). Gans & Counselman (2010) identify that the continued development of the therapeutic relationship is the most significant part of the screening process.

When therapists implement pre-screening assessments they need to keep in mind that low socio-economic status, prior psychiatric treatment and personality variables, which include "social isolation, hostility, borderline diagnosis, lack of psychological mindedness, low tolerance for frustration, poor motivation, feeling uncomfortable with seeing a mental health professional and perception of the therapist as less competent and trustworthy" are predictors of drop out in mental health group therapy, as reported by Jensen, Mortensen and Lotz (2014, p. 594). Pre-screening assessments aid therapists in determining client appropriateness and can help to identify those predictors of drop out. Research has further identified that placement into group therapy for an individual who is

emotionally too young can be a factor in drop out, as they cannot "negotiate multiple relations and do not possess the degree of emotional insulation" (Rosenthal, 2005, p. 45).

Pre-screening helps to place clients in appropriate groups or possibly individual therapy before beginning group therapy. Jensen, Mortensen, and Lotz (2014) reported "that patients with previous individual therapy experience—which may have provided the patients with self-awareness and insight in interpersonal patterns—were more likely to stay in the therapy groups" (p. 595). The therapist and client can discuss therapy options if a client is not suitable for that particular group.

A closed group structure is best for group therapy, specifically when implementing pre-screening assessments. Closed group structure allows the therapist to identify, through assessments, who will be invited into the group and who will be referred elsewhere. In a closed group all members start and end together. Closed groups work because all members get to know each other and can build relationships with each other. Therapists can determine client readiness before the group starts to retain participants.

The therapeutic factors by Yalom and Leszcz (2005) illustrate the need for therapists to instil hope in their clients, build cohesion within the group so members so not feel alone, support the development of social skills, and allow clients to be of importance to others within the group. The therapeutic factors can be utilized throughout all sessions of the group; cohesion is the most important factor to work on from the first session of the group to prevent drop out—" highly cohesive groups are more stable groups, with better attendance and less turnover" (Yalom & Leszcz, 2005, p. 75). Cohesion helps to instil belonging and acceptance of clients at the group level (Lindgren et al., 2008).

"Cohesiveness is a significant factor in successful group therapy outcome" (Yalom & Leszcz, 2005, p. 75). When the therapist builds cohesion with group members, between members and members with the group as a whole, clients are more willing to be open, feel supported, and feel a sense of belonging within the group. Yalom and Leszcz (2005) state, "the members of a cohesive group are accepting of one another, supportive, and inclined to form meaningful relationships in the group" (p. 75). The therapist needs to build cohesion from the first session, and continue to support the growth of cohesion until the last session. "If a group solidifies into a hard-working cohesive group, then— *mirabile dictu*—the baby-siting and scheduling problems vanish and there may be perfect attendance and punctuality for many months" (Yalom & Leszcz, 2005, p. 325).

Instillation of hope is further applied to therapists and not just the clients. "Research has shown that it is also vitally important that therapists believe in themselves and in the efficacy of their group" (Yalom and Leszcz, 2005, p. 5). Therapists need to believe in their skills and knowledge when implementing group therapy and believe they can help their clients. Yalom and Lezcz (2005) state "I sincerely believe that I am able to help every motivated client who is willing to work in the group for at least six months" (p. 5). Yalom and Leszcz (2005) also share this statement with their clients to inspire optimism within them. When therapists can have this optimism with themselves and clients, therapy can be successful. When clients perceive that therapy is successful, then they are less likely to drop out.

Therapists gain the skills and knowledge necessary for group work through experience, observation, supervision, and participation (Yalom & Leszcz, 2005). Therapists will continue to learn as they implement group therapy. Yalom and Leszcz

(2005) suggest forming practicing professional groups to offer both personal and professional support. When the therapist believes in her or his skills and their ability to help clients, then therapy is more likely to be successful for both therapist and client.

Attendance is not only important with the clients, but also the therapists. Yalom and Leszcz (2005) state, "it is critical that the therapist be utterly convinced of the importance of the therapy group and of regular attendance" (p. 326). Therapists who believe this and act on this can convey it to the clients. Therapists need to arrive on time, "award the group high priority in their own schedule, and, if they must miss a meeting, inform the group of their absence weeks in advance" (Yalom & Leszcz, 2005, p. 326).

When looking at group therapy compared to individual therapy, groups are an effective and cost efficient mode of psychotherapy. Groups reach out to numerous individuals—as opposed to one to on psychotherapy. Companies or organizations may turn towards more group based psychotherapy for its cost efficiency, meaning therapists are implementing more groups then one to one sessions. Yalom and Leszcz (2005) report, "the crisis in medical economics and the growth of managed health care forced us to recognize that one-to-one psychotherapy cannot possibly suffice to meet the pressing mental health needs of the public" (p. p. 544). Indicating that organizations may begin to rely more on group approaches (Yalom & Leszcz, 2005). Groups can be largely beneficial for clients who are ready for the group setting. Davis, Hooke, and Page (2006) state, "one way to increase therapeutic outcomes may be to focus on reducing rates of drop-out, rather than trying only to maximise the strength of treatment" (p. 49). Continuing to utilize what is working to retain participants for all group sessions will be of benefit to the client.

Implications for Clients

Clients interested in group therapy have to know what is expected of them during the group. Clients will succeed in groups when they participate, attend each session, self-disclose, and give and receive feedback (Gans & Counselman, 2010). If you are not at place where you are willing to self-disclose and participate within the group, you will not necessarily get the results or change from the group experience that you expected. As a client if you have barriers to participating in all group sessions, looking for a low barrier or barrier free group is ideal for the best possible outcome from group therapy. Barriers can include transportation, childcare, time commitments, and cost. Clients need to evaluate whether they can commit to the duration of the group sessions and attend regularly. Regular attendance is most beneficial for clients to see changes within themselves from group therapy. Barriers to group therapy can be addressed between client and therapist during pre-screening assessments.

Lorentzen and Hoglend (2005) reported a low drop out rate of 3%, which they attributed to a thorough selection procedure and because participants were motivated to attend long-term psychotherapy. If, as a client, you are not appropriate for the group be aware that it does not mean you cannot access therapy that is more appropriate for where you at. The therapist can support the client in finding the therapy most appropriate.

Group therapy is further an opportunity for clients to know that they are not alone in what they are experiencing. Yalom and Leszcz (2005) report "the disconfirmation of a client's feelings of uniqueness is a powerful source of relief" (p. 6). Clients can be inspired by others and increase their expectations when they communicate with others who have walked the same path (Yalom & Leszcz, 2005). This inspiration provided to

clients from other group members promotes a sense of self-efficacy and improves

medical outcomes within the client (Yalom & Leszcz, 2005). Clients can speak to one

another with authenticity from first hand experience, something therapists aren't always

able to do.

In Closing

Group therapy is an effective and cost efficient mode of psychotherapy. Through

group therapy you can reach more than one individual—as opposed to the costly one on

one therapy modality. It provides an opportunity for clients to hear others experiences, to

know they are not alone, and to be of importance and benefit to others.

CHAPTER 5   CONCLUSIONS

Multiple reasons why participants drop out of mental health groups emerged from the selected studies reviewed above. The main findings from the literature review were presented and explored in Chapter 4. Overall, group therapy can be an effective and cost efficient mode of psychotherapy. Group psychotherapy allows services to reach more than one individual, in contrast to the one to one therapy modality, which is costly. Group therapy allows participants to connect with others who may be experiencing similar struggles, provides participants the opportunity to know they are not alone, helps to normalize struggles, and offers participants a chance to help and support others in similar situations.

Recap of Findings

Yalom and Leszcz (2005) presented the therapeutic factors that offer participants benefits and that prevent group therapy drop out. These therapeutic factors were: Installation of hope, Universality, Altruism, Development of Socializing Techniques, Interpersonal Relationship, and Group Cohesiveness. Each therapeutic factor plays a role in group therapy, including preventing participant drop out and providing a positive impact toward the group therapy outcome.

Clients also expressed the desire to hear about improvements made by other participants, have faith in the treatment mode, and to feel a sense of belonging within the group, which offered space for meaningful work. The findings also showed that clients need to hear that they are not alone in what they are experiencing—clients are both help receivers and help providers within group therapy. Yalom and Leszcz's (2005) therapeutic factors can be utilized throughout all sessions of the group; cohesion is the

most important factor to work on from the first session of the group to prevent drop out.

Roos and Webart (2013) suggest strategies for reducing participant dropout are: "client

education prior to therapy about duration and patterns of change, providing role

inductions in order to prepare the client for the therapy, incorporating client preferences

in the therapy, early strengthening of hope, fostering the therapeutic alliance, and

continuous assessing and discussing treatment progress" (p. 18).

       When entering into group therapy clients need to be ready to complete and

participate in the group work. Having said that, the scope of group work differs, and there

are multiple ways in which different kinds of group structures can support persons in

their everyday struggles. There are "drop in" groups, and "closed" groups and depending

on the structure, there will be different expectations of group members. Some groups are

grass root initiated (e.g., AA, NA, and many groups that exist to assist persons currently

using street drugs) and others are supported and facilitated by trained practitioners

(C.Sanders, personal communication, February 23, 2018). Either way, "stability of

membership is a necessary condition for effective short and long term interactional group

therapy" (Yalom & Leszcz, 2005, p. 70). Determining client readiness for group therapy

can prevent drop out from groups. It is also noted that client's readiness for change varies

and that clients need to be open and willing for change when entering into group therapy.

Clarkin and Levy (2004) explain, "the 'light-bulb' analogy holds true; clients who are

ready for change appear to have better outcomes and reported levels of engagement in the

therapy process than those who do not report that they are ready to change" as cited in

Egan, 2005, p. 28). Clients not only need to ready for group but further need to be

motivated to, again, depending on the group's structure, attend sessions, complete the

work, and be an active participant during group sessions. Findings have shown that pre-

screening assessments and interviews are an effective way to determine a client's

readiness and appropriateness for group therapy. Egan (2005) notes,

> 40 percent of clients spontaneously remit and leave therapy prematurely, often
>
> without explaining the reason to the therapist. This is similar to the 'placebo
>
> effect' in waiting list control groups. The improvement may be due to factors
>
> outside of the therapy environment. So, on occasion the dropout from therapy
>
> might not mean that a client is doing poorly, it may be that the client has
>
> improved because of other environmental factors other than therapy; e.g.,
>
> increased social support from partner, family and friends etc. (p. 28)

Incentives were offered within two of the studies and one study focused on a group for

which participants had to pay to participate. Incentives were an important finding as it

made me wonder: Do clients have more of a buy in for groups when they are paying out

of pocket? This could potentially be an area for further study. Are participants more

likely to attend each session and complete group therapy if they are paying out of pocket?

And further when incentives are offered to participants is there higher retention of

participants?

Implications for Therapists

Therapists who implement pre-screening interviews can assess clients' readiness

for change and whether they are ready for group therapy. Implementing pre-screening

interviews can decrease group therapy drop out, as it helps to determine whether a client

in a stage for change.

Clients who are in an acute crisis, who have a history of broken attendance in

therapy, who have major problems of self- disclosure, who express difficulties with intimacy, who mistrust close relationships, who use denial excessively, who have impulsive behaviour patterns, and who have expressed that they don't want to attend group therapy should not be selected. (Dies as cited in Egan, 2005, p. 28)

The process of pre-screening interviews was noted to help prepare clients for the group therapy process and was the beginning of the therapeutic relationship between group leader and new members. "The strength of the alliance between the client and therapist as rated at the beginning of therapy by the client is strongly predictive of outcome" (Egan, 2005, p. 29).

Yalom and Leszcz (2005) explain that therapists gain the skills and knowledge necessary to implement group work through experience, observation, supervision, and participation. Therapists will continue to learn as they implement groups and they will learn what works best for their groups. "Therapists experience, training and skills, together with providing concrete support and being emotionally supportive, had an impact on drop outs" (Roos & Werbart, 2013, p. 16). Therapists who draw on multiple training experiences to inform their practice and taking an eclectic approach instead of ridged adherence to a specific model are better able to meet clients' needs (Egan, 2005). Therapists need to hold themselves accountable to arrive to the group on time and for each session, to convey the importance of group therapy and regular attendance to the clients as well.

Therapists need to assist in the development of trust within the group, so that clients feel safe to disclose their stories with the group. Yalom & Leszcz (2005) state,

"self-disclosure is absolutely essential in the group therapeutic process" (p. 130).

Participants must feel safe within the group to self-disclose and not feel the group is a

forced confessional (Yalom & Lezcz, 2005).

It is important for therapists to note that group therapy may be a favoured

modality of psychotherapy in some organizations. This is due to its cost efficiency and

ability to reach more than one client at a time.

Implications for Clients

Before entering into group therapy clients need to have an understanding of what

is expected of them within the group. For clients to succeed in a group they need to

participate, they need to attend all sessions, be ready to self- disclose, and give and

receive feedback (Gans & Counselman, 2010). "Participants will not benefit from group

therapy unless they self-disclose and do so fully" (Yalom & Leszcz, 2005, p. 130).

Clients will self-disclose when the group has built a feeling a safety and trust. Roos &

Werbart (2013) explain that a "clients sense of safety and trust in the therapy process and

in the therapist is a well-established predictor of continuation and good outcome of

psychotherapy" (p. 5). Building a strong alliance in the group, where client and therapist

share common tasks and goals, can further predict continuation of participants in group

therapy (Roos & Werbart, 2013).

Regular attendance in the group is highly beneficial for clients. Clients should

further look for a low barrier or barrier free group for the best possible outcome. Group

provided clients the opportunity to know that they are not alone in what they are

experiencing. It allowed clients to speak to others with first hand experience, which is

something that therapists are not necessarily able to do.

Areas for Future Research

As previously mentioned in this chapter, an area for future research could be focused on incentives. Do clients have more of an incentive to attend sessions regularly when they are paying out of pocket? The study that had participants pay out of pocket saw 90% retention of their participants. A future study could research whether there is a higher retention in participants when incentives are offered. And further to this, whether participants are more likely to continue with group therapy when they are paying to participate. Two other studies offered participants incentives when attending sessions.

The most relevant research that was gathered and used for this paper was from 2014. When researching it was difficult to find research from the past couple of years that would have been of relevance for this paper. More research in general I believe could be done in this area of participant retention in mental health groups, as organizations begin to rely more heavily on group therapy.

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