Qualitative Reasons for Dropping out of the Evidence-Based Trauma Treatment Cognitive Processing Therapy (CPT)

BACKGROUND:

- Post-traumatic stress disorder (PTSD) impacts approximately 3.9% of the world population at some stage in their lives (WHO, 2024)
- A primary manualized treatment for addressing PTSD is Cognitive Processing Therapy (CPT; American Psychological Association, 2017)
- Between 16 to 21% of patients inevitably drop out of CPT before completing the treatment (Varker et al., 2021)
- Limited research has been conducted on the reasons for dropout, most research conducted with veteran populations

OBJECTIVE:

- Examine factors that might influence dropout rates to better identify patient-related barriers
- Better understand reasons reported by clients at Kaiser Permanente for discontinuing treatment
- To gain insights to improve patient engagement in Cognitive Processing Therapy (CPT)

METHODS:

- Collected 114 patient reported reasons for drop out, beginning and ending PCL-5 scores, and demographic information including age, gender, ethnicity, from enrolled patients in CPT treatment, in the Napa Solano Trauma Treatment Program
- Qualitatively coded drop out reasons: finding treatment too stressful, emergencies outside of therapy, no contact from patient, loss of insurance, and scheduling difficulties
- Data was analyzed in SPSS. Relationships between variables were assessed utilizing one way ANOVA and Pearson correlation

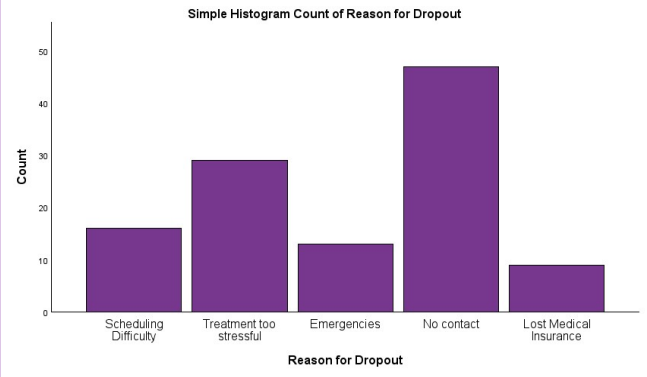
REFERENCES

American Psychological Association. (2017). Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults.
Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD)

Varker, T., Jones, K. A., Arjmand, H. A., Hinton, M., Hiles, S. A., Freijah, I., ... & O'Donnell, M. (2021). Dropout from guideline-recommended psychological treatments for posttraumatic stress disorder: A systematic review and meta-analysis. *Journal of Affective Disorders Reports*, *4*, 100093.

Post-Traumatic Stress Disorder. *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/post-traumatic-stress-disorder. Accessed 22 Jan. 2025.

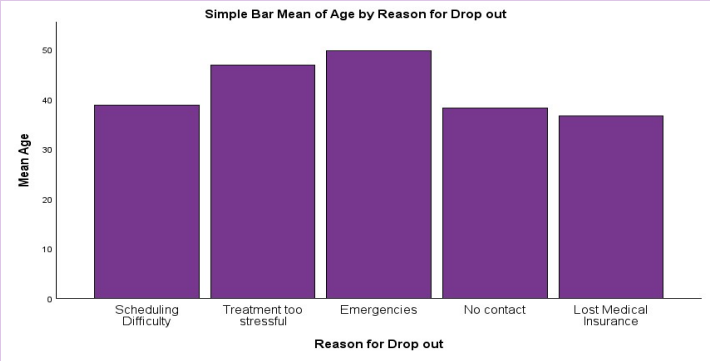
KAISER PERMANENTE®



Correlation Matrix of Study Variables

	Age	Starting PCL5	Ending PCL5	Cisgender Male	Cisgender Female	Medicare Insurance	Medical Insurance	Other Insurance	Virtual Modality	In Person Modality
Age	--									
Starting PCL5	-0.14	--								
Ending PCL5	0.06	0.44**	--							
Cisgender Male	0.33**	-0.09	0.01	--						
Cisgender Female	-0.28**	0.10	-0.03	++	--					
Medicare Insurance	0.50**	-0.07	-0.01	0.16	-0.18*	--				
Medical Insurance	-0.09	0.15	0.12	-0.22*	0.25**	++	--			
Other Insurance	-0.17	-0.14	-0.12	-0.03	-0.01	++	++	--		
Virtual Modality	-0.05	-0.16	-0.04	0.09	-0.07	-0.27**	0.10	0.02	--	
In Person Modality	0.05	0.16	0.04	-0.09	0.07	0.27**	-0.10	-0.02	++	--
Race	0.09	-0.10	-0.05	0.03	0.01	-0.01	-0.01	0.11	0.06	-0.06
Stress Drop Out	0.20*	0.06	0.10	0.08	-0.11	0.19*	0.04	-0.08	0.00	0.00
Emergency Drop Out	0.19*	-0.08	-0.05	0.01	0.03	0.06	0.16	-0.20*	-0.09	0.09
No Contact Drop Out	-0.19*	0.05	-0.15	-0.14	0.14	-0.06	-0.05	0.20*	-0.07	0.07
Lost Insurance Drop Out	-0.10	-0.07	-0.08	-0.16	0.10	-0.10	-0.03	-0.02	0.12	-0.12
Scheduling Drop Out	-0.08	-0.02	0.19	0.21*	-0.16	-0.14	-0.10	0.03	0.09	-0.09

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).



RESULTS & DISCUSSION:

•One-way ANOVA: significant mean age difference between drop out reasons; $F(4, 109) = 2.92$, $p = .024$.

- Significant positive correlations between age and stress drop out $r(114) = .20$, $p < .05$, Medicare and stress dropout $r(114) = .19$, $p < .05$ and age and emergency drop out $r(114) = .19$, $p < .04$. This posits Medicare and Age can be considered factors for dropout of CPT by the reason of stress. Additionally, age was noted to have a relationship with dropping out of CPT due to emergencies.
- Significant negative correlation between age and no contact drop out $r(114) = -.19$, $p = .04$ and Other insurance and no contact dropout $r(114) = -.50$, $p < .05$. Younger adults were more likely to drop out of treatment with no subsequent contact.
- Significant positive correlation between Male and Age $r(114) = -.275$, $p < .05$ and Male and Medical insurance status $r(114) = .-222$, $p < .05$. Analysis reports that Men who drop out from CPT were likely older and not on Medical.
- Significant negative correlation with Age and Female $r(114) = .275$, $p < .05$. Analysis reports women who dropped out of CPT were younger.
- There was no significance when examining the relationship between the PCL-5 scores and drop out reasons.
- The primary variable that was related to drop out reason was age, and results contradicted some previous VA research.
- There were no other significant relationships between drop out reasons and other variables.

FUTURE DIRECTIONS:

- Trends suggest that Kaiser clinicians should inquire about treatment progress in older individuals to help maintain patient adherence
- Use of standardized questionnaire for dropout reasons or more comprehensive analysis of subjective reasons provided by patients for dropout
- Comparison of outcomes between patients who did and did not complete the CPT program
- Use of validated questionnaires to enhance consistency and accuracy of clinician assessments of patient progress

CO-AUTHORS:

Caleb Sin, MA
Danielle Gonzalez Bustamante, PhD
Xiaowei Lu, PhD
Ruben Land,
Cassandra Gergely, PsyD
Ana Zdravkovic, PhD
Hillary Kingman, PhD
Shirin Levin, PsyD
Aleksandra Melnikova, PsyD
Lydia McGaffee, PsyD
Amanda Devane, PhD
Galina Kovaleva, PhD