

PERSONAL VARIABLES AS PREDICTORS OF PSYCHOTHERAPY COMPLETION AMONG CLIENTS IN FEDERAL NEURO-PSYCHIATRIC HOSPITAL, BENIN CITY

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Abstract

This study investigated the influence of age and educational level on psychotherapy Completion among Clients in the Federal Neuro-Psychiatric Hospital, Benin City. The study adopted the correlational survey design. Two hypotheses guided the study. The population of the study consisted one hundred and thirteen (113) clients who attended psychotherapy sessions in the Federal Neuro-Psychiatric Hospital, Benin City, from April to September, 2018 and consented to participate in the study. Thus the census approach of reaching the entire study population of clients visiting the hospital for psychotherapy purposes within the six (6) months period was used. The instrument used for data collection was Psychotherapy Counselling Completion Intention Determinant Questionnaire (PCCIDQ). The instrument was validated by three experts. The reliability coefficient of 0.81 was obtained using the Cronbach Alpha statistics. The data collected were analysed using Pearson Product Moment Correlation Statistics. The findings of the study showed that age and educational level does not have influence on psychotherapy completion among clients in federal Neuro-psychiatric hospital, Benin City. Based on the findings, it was recommended among others that, age and level of education of client should not be a factor influencing clients' therapy completion intention.

Keywords: Psychotherapy, Neuro-Psychiatric Hospital, Sex, Education, and Clients

Introduction

In Nigeria, it is a common observation that people hardly seek the services of psychotherapy as a medium to deal with their psychological challenges effectively. In many cases specialized institutions like the Neuro-psychiatric hospitals receive clients when they are already in a critical situation of their socio-psychological problems getting close to serious mental illness. Psychotherapy is a process of healing mental disorders and it deals with every problem including the history of the patient so it is a time taking process. During psychotherapy, the client learn about their specific issues and how their thoughts, emotions and behaviours affects their moods. Some of the cases that may graduate to that level which many at times may necessitate the attendance of psychotherapy counselling are: drug addiction, rape victim with difficulty in associating with the society again, accident victims

that are so traumatized that rational reasoning is lost, armed robbery victims and so on.

The increasing complexity and difficulty of the modern society coupled with genetic malfunctions are making it increasingly difficult for the average person to pass through life challenges effectively without psychological assistances. Virtually everyone now needs a counselling therapy at one point or the other in order to effectively cope with life challenges. According to UNESCO (2016), the unprecedented economic and social changes have, over the years, changed the ways in which we manage our lives and that not all the lessons of the past can effectively deal with the challenges of modern times consequently necessitating the need for effective counselling. Every one now needs counselling service, boys and girls, and young men and women, need to be guided in the relationships between health and the environment, acquiring skills, knowledge, and attitudes that lead to success and failure in life. (UNESCO, 2016). This is especially true for individuals living in a developing country like Nigeria where enormous challenges abound which would necessitate the use of a counselling therapy session.

A study by the British Association for Counselling and Psychotherapy (2013) and Ardino and Knapp, (2013), explored the economic argument for investment in counselling and psychotherapy as a key contributor to improving health and wellbeing, thus reducing health and social care costs to the national economy. The study drew economic evidence from published research studies across both mental and physical health domains, and more widely, to make recommendations. It is strongly believed that this would also prove true in the case of Nigeria. When effective counselling services are readily available and the populace recognizes the importance of assisting people to overcome life challenges, utilizing such services appropriately in terms of timely attendance, completion, and faithfully following the recommendations that were issued, would reduce our health care burden as it is in developed countries. This is evidenced in the study just discussed. This would be more sustainable when such services are patronized at the commercial level as it is in developed countries.

Apart from the difficulty of passing through normal daily activities like handling work to survive, attending schools, house hold chores, interactions with family and friends, seeking and acquiring accommodations, attending religious services and a host of other activities with which one may still need the services of a counselling therapy session, an enormous amount of traumatic events exist in the country that leave people traumatized, requiring the services of a trained psychologist. Kidnapping, drug addiction, accidents, domestic violence, rape, economic loss, robbery, family breakdown, betrayal, love relationship breakdown and a host of other socio- psychological challenges persists in the society in which individuals may require to attend a counselling therapy session.

What is more, there is growing recognition that mental wellbeing underpins physical health and wellbeing at all ages. It has been argued that the foundations for physical and mental wellbeing are laid down in early infancy and built on throughout the life course (Foresight Mental Capital and Wellbeing Project, 2008 as cited in British Association for Counselling and Psychotherapy (BACP), 2013). When assisted effectively to have a good early start, it leads to strong personal, family and community relationships, which are essential to enabling individuals to flourish, communities to be strong and supportive, and the nation to prosper. Even where there is long-term illness and disability, it is evident that interventions that promote mental wellbeing can help in the management of symptoms and

improve quality of life. There are, therefore, significant opportunities to improve the nation's health through investment in public health interventions directed at mental health and wellbeing, leading to future savings in public spending.

Age is one of the factors that could influence psychotherapy completion among clients. The literature is replete on the relationship of age as predictor of premature client psychotherapy drop out. Some of the studies examined earlier have examined age in connection with psychotherapy drop out. For instance, Rubin, Dolev & Zilcha-Mano (2018) study of 413 psychotherapy patients from a university consulting centre found that in consistent with the literature, age, was related to unilateral termination rates. The relationship between age and psychotherapy drop out is a positive one, the higher the age of a patient the more likely he/she is to complete therapy sessions (O'keeffe, Martin, Goodyer, Wilkinson, Impact Consortium & Midgley, 2018; Rubin et al, 2018). Simon, Imel, Ludman and Steinfeld (2012) studied 2666 patients and compared patient-reported outcomes for health plan members who did or did not return after an initial psychotherapy visit. According to the study, early drop out was associated with clients with younger age, lower income or educational attainments and others.

Finally, according to the findings of Rubin et al, (2018), age and insurance coverage were the only significant individual predictors of premature termination, with odds ratios of 1.64 (95% CI =1.01-2.64) and 1.54 (95% CI =1.04-2.30) respectively. The findings of Rubin et al, (2018) found the highest occurrence of premature termination was among young clients and those without insurance and they concluded that educating clients about the efficacy of mental health treatment may positively impact premature termination rates. Rubin et al, (2018) recommended in their study that, working to reduce the stigma associated with engaging in mental health treatment as a potential means to reduce premature termination. One of the strengths of the study was the large sample pool from two countries. Strength was that the focus of the research was on the client's perspective, providing a unique insight into reasons clients end therapy. One limit of this study was that the data were gathered retrospectively, introducing recall bias. Another limitation was the lack of therapist perspective. Therapist reasons for termination were not explored and may have provided interesting differences in the incidence of premature termination and reasons for therapy end. Despite these limitations, the study provided information that may be helpful in combating premature termination, such as the importance of client education about therapy and the value of the clients perspective on therapy progress. A study that explored both perspectives is discussed next.

Anderson, (2015) carried out a study which explored the degree of agreement on the reasons for therapy termination given by therapists and their clients. One hundred and ninety-four client files from a psychology training clinic were reviewed to obtain the reasons for termination documented by therapists. Eighty-seven of these clients were contacted via telephone to acquire their perspective on reasons for ending therapy. During the telephone interview, clients were asked to rate the importance of 10 possible reasons for terminating counselling. The comparison found little consistency between the therapists documented reasons and the clients reasons for ending therapy. The primary reasons documented by therapists were that the client reached his or her goals (25.8%) or had no interest or time to continue services (20.6%). Only 3.1% of clients were perceived to have

ended therapy due to dissatisfaction with services. Further, a large number (13.9%) terminated services without the therapists having a clear understanding of why.

In contrast, approximately 44% of clients contacted stated they terminated therapy because they had met their goals. Other reasons endorsed by clients as important were they felt therapy was going nowhere (34%), therapy did not fit their ideas about treatment (30%), they lacked confidence in the therapist (30%), they were experiencing financial difficulties (25%), or they decided to seek services elsewhere (25%). The authors summarized the findings by stating that therapists were able to identify when termination was influenced by the client meeting his other goals. However, when the reason was one of the others discussed above, therapists were not as accurate. The general lack of correspondence between client and therapist is a significant issue in premature termination literature and appears to have a substantial effect on the occurrences reported. The authors recommended that clients and therapists discuss termination and the reasons for it to ensure both understand the reasons clients wish to end therapy. The authors also suggested that therapists should discuss potential difficulties that may be experienced in therapy in the hope that this will improve the therapeutic relationship and subsequently reduce premature termination. One potential way to accomplish these recommendations is through the use of role induction.

Educational attainment is another factor that could influence psychotherapy completion among clients. Education level is a category to which stereotypes and expectations apply such that perceived differences between individuals may result in communication difficulties. Therefore, differences in education level between patient and therapist might be related to premature termination. Unfortunately, no published studies could be located that directly examined the association between premature termination and the degree of similarity between patient and therapist education level. Some studies examined the relationship between clients' educational level and psychotherapy dropout. Beckham, et al, (2016) found relationship between age, marital status and level of education in their study and psychotherapy dropout. Manthei, (2017) found patients' education level to be significantly related to premature termination: The higher the patients' educational status, the more likely they were to complete treatment. Recent studies continue to reaffirm these foundations studies. Chen, Piercy, Haung, Jaramillo-Sierra, Karimi and Chang (2017) studied 199 therapists from the United States, Colombia, India, Iran, Indonesia, Philippines, and China who completed an online survey on dropout from therapy that included both quantitative and qualitative questions. The study suggests that educational and socio-cultural factors were found to be related to dropout between clients and therapist in the US and in the other six more collectivistic countries. Similarly, Rubin, Dolev & Zilcha-Mano (2018) study of 413 psychotherapy patients from a university consulting centre found that in consistent with in consistent with the literature, education, and age, were related to unilateral termination rates.

There's need for counselling therapy as a veritable means of overcoming man's most overwhelming challenges and even to successfully handle every days challenges in an attempt to derive satisfaction for optimal performance. However, counselling therapies could achieve their design intent only when the target audience attend, complete and comply faithfully as well as give appropriate feedback for further improvement. This would enhance the process and bring in a better society where individuals are better equipped to handle life challenges successfully. Since in Nigeria, such services are not fully recognized by the populace as a

veritable tool at their disposal, the attendance and completion prospects seem to be gloomy. A succinct and clear understanding of such trend as well as the possible factors influencing them would be a crucial starting point for effective advocacy and policy development for a better society. In spite of this research need, there is no research in the country that has investigated the subject. Studies within the reach of the researcher showed a dearth of literature on the influence of age and educational level on psychotherapy completion among clients in the Federal Neuro-Psychiatric Hospital, Benin City, Nigeria. Hence, this study seeks to fill this gap. Consequently, this study investigated the relationship between personal variables and psychotherapy completion among Clients in the Federal Neuro-Psychiatric Hospital, Benin City, Edo State.

Aims and Objectives

1. To find out whether there is relationship between age and psychotherapy completion among clients;
2. To determine whether there is relationship between educational attainment and client's completion of psychotherapy

Hypotheses

1. There is no significant relationship between Age and psychotherapy completion among clients.
2. There is no significant relationship between Educational attainment and psychotherapy completion among clients.

Methodology

This study investigated the influence of age and educational level on psychotherapy completion among clients in the Federal Neuro-Psychiatric Hospital, Benin City. Two hypotheses guided the study. The study adopted the correlational survey design. The population of the study consisted one hundred and thirteen (113) clients who attended psychotherapy sessions in the Federal Neuro-Psychiatric Hospital, Benin City, from April to September, 2018 and consented to participate in the study. Thus the census approach of reaching the entire study population of clients visiting the hospital for psychotherapy purposes within the six (6) months period was used. The instrument used for data collection was Psychotherapy Counselling Completion Intention Determinant Questionnaire (PCCIDQ). The instrument was validated by three experts. The reliability coefficient of 0.81 was obtained using the Cronbach Alpha statistics. The instrument was used to collect data for the study after obtaining permission from the chief medical director of the Federal Neuro-Psychiatric Hospital, Benin City. The data collected were analysed using Pearson Product Moment Correlation statistics.

Results and Discussion of Findings

Hypothesis 1: Age does not significantly influence psychotherapy completion among clients.

Table 1: Pearson Product Moment Correlation of Age and Psychotherapy Completion.

Items	N	'r'	Sig. (2-tailed)
Age	113	-.023	.081
Psychotherapy Completion			
a = 0.05			

Table 1 shows an r value of $-.023$ and a value of $.081$, testing at an alpha level of 0.05 . Since the p value is greater than the alpha level, the null hypothesis which states that —Age does not significantly influence psychotherapy completion among clients. is retained.

Hypothesis 2: Education does not significantly influence psychotherapy completion among clients.

Table 2: Pearson Product Moment Correlation of Education and Psychotherapy Completion.

Items	N	'r'	Sig. (2-tailed)
Educational	113	-.064	.721
Psychotherapy Completion			
a = 0.05			

Table 2 shows an r value of $-.064$ and a p value of $.721$, testing at an alpha level of 0.05 . Since the p value is greater than the alpha level, the hypothesis that state that —Education does not significantly influence psychotherapy completion among clients. is retained.

Discussion of Findings

The finding in Hypothesis 1 showed that age does not correlate with psychotherapy completion among client. Meaning that there is significant negative relationship between age and psychotherapy completion among clients in Federal Neuro-Psychiatric Hospital, Benin City. The P value is greater than 0.05 which implies that age is not a significant predictor of completion intention. This implies that client's intention to complete the required therapeutic session is not influenced by age. The finding of this study disagree with Rubin et al (2018) and O_keeffe et al (2018) which found a significant relationship between age and premature termination.

The finding in Hypothesis 2 showed that education does not correlate with psychotherapy completion among client. Meaning that there is significant negative relationship between education and psychotherapy completion among clients in Federal Neuro-Psychiatric Hospital, Benin City. Educational level was found not significant ($P>0.05$). This finding negates with the findings of Sharf (2009); Chen et al (2017); Beckham et al (2016) and Rubin et al (2018) that found education to be positively related to psychotherapy completion.

Conclusion

Based on the findings of this study, it is hereby concluded that Age and Education does not significantly correlate with psychotherapy completion among client. Clients_ therapy completion intention was also negatively and significantly correlated with each of the independent variables. Therefore, age and education of clients are not tenable factors influencing clients_ therapy completion intention.

Recommendations

1. Psychotherapy services should be made available to all irrespective of their age.
2. Admission of client for Psychotherapy should not be determine by their educational attainment as educational attainment does not determine whether a client will complete therapy session or not
3. Government and relevant stakeholders should provide awareness to the general public on the need for psychotherapy in effective handling of everyday tasks.

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