Approach-avoidance attitudes associated with initial therapy appointment attendance: A prospective study

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Background

• Early therapy nonattendance is high, first appointment nonattendance alone is estimated at 40%, but psychological theory-based studies are scarce.
• Therapy nonattendance may reflect ambivalence due to approach-avoidance processes as outlined by perceptual control theory.¹

Objectives

To examine positive and negative therapy attitudes that predicted initial attendance. The hypotheses were:
1. Positive approach attitudes and negative avoidance attitudes will predict increased and decreased attendance respectively.
2. Ambivalence will moderate the effect of attitudes on attendance.
3. Anxiety will amplify the effect of avoidance attitudes.
4. Depression will moderate the effect of approach attitudes.

Method

• Design: a prospective questionnaire study
• Setting: a primary mental health care service (low-intensity CBT)
• Measures: attitudes towards therapy², depression (PHQ-9), anxiety (GAD-7), and sociodemographic variables
• Outcome: First (n = 96) and second (n = 85) appointment attendance
• Procedure: Participants completed measures at the time of the GP referral for therapy (first appointment outcome) or during the first therapy session (second appointment outcome)
• Analysis: Logistic regression (odds ratios, OR) and moderation analysis.

Results

First appointments

The first appointment nonattendance rate was 38%.

Negative avoidance attitudes

Endorsement of a negative attitude item measuring concerns about self-disclosure predicted nonattendance, p = 0.007:
“I would feel vulnerable if I told something very personal I had never told anyone before to a therapist”

The graph shows that the odds of attendance was reduced by half among those who endorsed the self-disclosure concern.

The finding remained significant (p = 0.01) after controlling for distress and demographic factors (OR 0.5, 95%CI 0.3-0.8).

Positive approach attitudes

The graph shows that positive attitudes towards therapy predicted initial attendance when depression was low (median split). This moderation effect was significant at p = 0.007.

Low positive attitudes High positive attitudes

The most predictive positive attitude items (among less depressed people) were:
“I am very interested in examining what I think about”³ (OR 6.6, 95% CI 1.9-23.3)
“If I share my thoughts and feelings with another person it will help me to get to know myself better” (OR 3.9, 95%CI 1.4-10.7)
“It is important to me to try and understand what my feelings mean”³ (OR 3.5, 95% CI 1.4-8.8).

Regarding hypotheses 2 and 3, neither ambivalence nor anxiety moderated the effects of attitudes on attendance.

Second appointments

The second appointment non-attendance rate was also 38%. Attendance was predicted by a shorter time between appointments: 14 days among attenders versus 21 days among nonattenders (p = 0.007).

Clinical implications

• Openly talking with clients about their comfort with disclosure to address their concerns
• Promotional material for services which highlights that therapy provides an opportunity for self-reflection
• The need for attention to highly depressed people who may have approach motivation difficulties e.g. encouraging clear plans or implementation intentions for attendance
• The provision of choice about the time interval between sessions

References


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