

Therapy Dropouts: A Clinical Survey in Hubli-Dharwad

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ABSTRACT

Background: One of the major concerns in clinical practice is children not attending regular speech and language therapy. Effectiveness of speech language therapy is limited by premature dropout. As per clinical data in Hubli-Dharwad, one of the major cities in North Karnataka region, premature dropout from speech and language therapy was observed to be frequent. In the present study an attempt was made to analyze and to report the reasons related to the therapy dropouts in Hubli-Dharwad region in North Karnataka. *Sample:* Thirty parents of children, who were attending speech and language therapy at JSS Institute of speech and hearing participated in the study. *Design:* Exploratory under survey method was used. *Tool:* A 10 item checklist was developed which taps reasons for dropout. Data was collected through telephonic interview and face to face interview. *Results:* According to the results major contributing factors were family related (53.3%) and transport related issues (33.3%). *Conclusion:* The present data can be used as a baseline in estimating possible reasons attributed to speech and language therapy dropout. Results provide insights towards the strategies to retain patients and reduce the dropout which in turn helps in better therapy outcome for children.

Keywords: Therapy dropout, speech language disorders, North Karnataka

INTRODUCTION

Communication is a systematic process by which an individual can exchange information and convey ideas. A communication disorders is any disorder that affects an individual's ability to comprehend, detect, or apply language and speech to engage in discourse effectively with others. Communication disorders are highly prevalent in India especially in children. National Sample Survey Organization (2002) reported that in India 21 out of every 1000 children have hearing loss. Singh et al. (1980) reported the prevalence of hearing impairment to be 7.3% in rural population of Lucknow district. Kumar et al. (2008) reported that prevalence of mental retardation to be 2.3% in Karnataka. Sreeraj et al. (2013) conducted study on 15441 individuals and reported prevalence of communication disorder to be 6.07% in a rural population of Karnataka.

One of the major concerns in clinical practice is children not attending regular speech and language therapy. Consistent attendance in speech/language therapy sessions allows routine practice of communication skills, as well as faster progress toward therapy goals. When children are not regular to therapy, their progress slacks, and they are more likely to regress during these periods of time when they are not receiving services.

Likewise, effectiveness of speech language therapy is limited by premature dropout which can be referred to as quitting therapy before all treatment goals are achieved or terminating without the therapist's agreement. Dropout is associated with numerous glitches, such as lack of awareness, poor parental interest, family issues, financial issues and other related issues. Intuitively, these patients lose out on the benefits they may have received if they continued treatment.

Research indicates that many clients who quit coming to therapy sessions after only one or two sessions have outcomes that are equivalent to people who never begin therapy (Stark, 1992). Previous studies on mental health services have reported approximately 35–75% of children to terminate services before the therapist would agree (Kazdin 1990; Miller et al. 2008). Understanding reasons for dropout has direct implications for improving the process of engaging and retaining patients in treatment, and for improving procedures used to achieve therapeutic change.

Although the literature on the therapy discontinuation is growing, such as the investigations on treatment compliance in HIV/AIDS (Ernesto et al, 2012), tuberculosis (Souza, Pereira, Marinho & Barreto, 2005), hypertension (Moreira, Santos, Caetano, 2009), diabetes

(Torres, Fernandez & Cruz, 2010), physiotherapy (Subtil et al, 2011), cognitive behavior therapy and child & adolescent mental health services (Luket.al., 2001; Masi, miller & Olsan, 2003) and other fields, there is still a scantiness of studies investigating the possible reasons behind speech language therapy discontinuation. Only few existing research studies are available which have examined factors behind dropout from therapy that involve children with communication disorders (Paro, Vianna & Lima, 2013). While most of the documentation is from Western literature, there is relatively small body of research in Indian literature. While rehabilitation services are easily available southern part of Karnataka, Northern part of Karnataka is unscathed. Rehabilitation for communication disorders is available in only few parts of Northern Karnataka. Hubli and Dharwad are among those few regions where rehabilitation programs are available. However as per clinical data in Hubli-Dharwad, premature dropout from speech and language therapy was observed to be frequent which limits the benefits children can receive from treatment. This served as the purpose for the present study.

OBJECTIVE

To analyze the reasons related to the therapy dropouts in children with communication disorders in Hubli Dharwad region.

METHOD

Sample:

Thirty parents' of children who were attending speech and language therapy at JSS Institute of speech and hearing, Dharwad and dropped out from therapy following few sessions (5-10 sessions) and consecutive absences without justification were selected out of 30 parents, 20 were from rural and 10 were from urban region. All the participants were native speakers of Kannada from in and around Hubli-Dharwad.

Design:

Exploratory under survey method was used.

Tool:

A checklist was developed as part of the study which consisted of 10 items so as to explore the reasons and attitudes exposed by parents regarding the therapy termination. Items in the checklist were further grouped into 3 categories viz. family related reasons (consisted of 3 items), transport related (consisted of 3 items) and

other reasons (consisted of 4 items) respectively.

Procedure:

Each parents' demographic detail was obtained from the clinical database. The study was carried out through telephonic interview and face to face interview. Prior conducting the interview nature and purpose was explained to all the parents and consent was taken. Initially parents were asked an open end questionnaire regarding reason for discontinuation from therapy. Further based on their response, items in the checklist were asked and the responses were noted and compiled for further analysis.

RESULTS

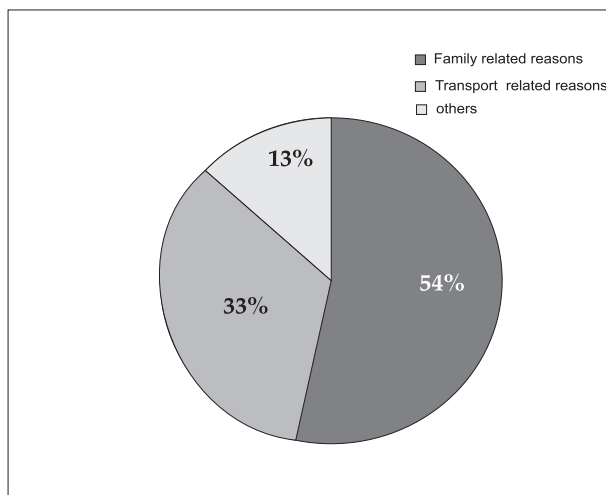
The obtained responses were subjected to descriptive analysis. According to the results, one of the factors that most hindered the therapy continuation was family related issues accounting for 53.3%, while 33.3% was attributed to transport related reasons, 13.3% parents had personal and other issues. Among these, 43.3% mentioned multiple reasons constituting both family and transport issues for dropout. Results are tabulated in table 1 and graph 1 and 2. Further in family related issues 12 of 16 parents reported poor support from the family members as a prominent factor, 3 families' stated financial concerns to afford therapy and one family migrated to a different place. With respect to transport related factors 8 of 10 parents expressed distance between residence and the therapy center as a major factor and two parents reported lack of transport facilities. Transport associated factors was largely reported by parents from rural region. Further 2 parents were receiving home therapy and 2 parents had unexplainable reasons for therapy discontinuation.

DISCUSSION

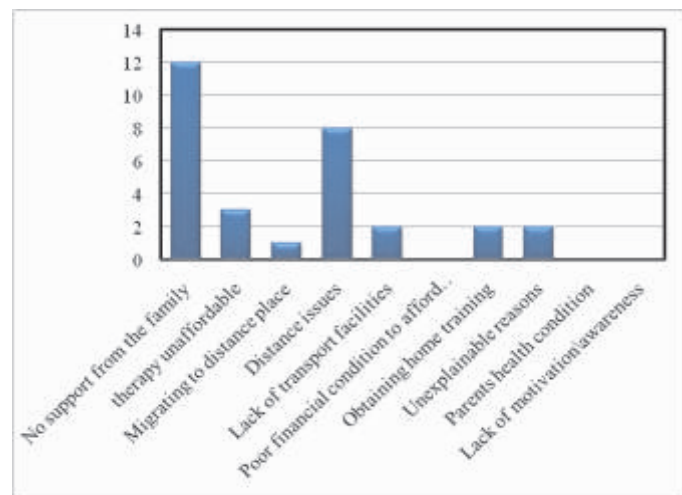
Regular speech and language therapy is essential to the successful management of children with communication disorders. Limited information and lack of availability of evidence-based results are another concerning factors associated with attendance and drop out among patients referred for speech and language therapy. From the above results it was perceived that though parents were highly motivated yet due to family related issues and transport related issues they could not attend on a regular basis and later dropped out. Portone and Johns (2006) conducted a retrospective study on 294 cases who were referred for voice therapy. Results showed that 47% did not return after the initial

Table 1
Responses of Parents

	Checklist	Participants (N=30) Percentage of responses
Family related reasons	No support from the family	12 (40%)
	Therapy unaffordable	3 (10%)
	Migrating to distance place	1 (3.3%)
Transport related reasons	Distance issues	8 (26.6%)
	Lack of transport facilities	2 (6.6%)
	Poor financial condition to afford transportation charges	0
Others	Obtaining home training	2 (6.6%)
	Unexplainable reasons	2 (6.6%)
	Parents health condition	0
	Lack of motivation \ awareness	0



Graph 1: Overall responses



Graph 2: Issue specific responses

speech-language pathology evaluation session. The primary reasons reported for nonattendance were insurance denials, cost to healthcare, resolution of the problem, and distance to the clinic. Jain, Arya and Gupta (2017) studied predictors of dropout from Mental Health Services in North India. Lower education status, diagnosis, utilizing services of clinical psychologists, and psychiatric services in past were attributing factors for drop outs. However as there is lack of available studies in India with respect to the factors concerning speech and language therapy dropouts, hence there is a limitation to compare our present study data.

Few Western studies have reported reasons for drop outs from various therapy practices. Study done by Paro, Vienna and Lima (2013) where 10 family members were interviewed to study the reasons related to speech

therapy drop out in a Health Center Primary Care reported incompatibility of time, shortage of therapists, observation of improvement of the case, patient's lack of interest and the need to have a previous treatment in another area. Hapner, Maira and Johns (2007) reported 65% therapy dropout from voice therapy in their study where no particular reasons were mentioned by patients. Study by Colangelo et.al (1999) where 150 patients were investigated for speech and swallowing therapy dropout reported that patients who had poorer speech outcomes dropped out from therapy. McDiIl (1978) and Smoyak (1981) attributes drop out reason to patient's lack of awareness regarding importance of therapy and lack of proper counselling from health care professional. Though studies are available in different professional practices there is dearth of studies with respect to the field of communication disorders.

CONCLUSION

In this present study, it was possible to observe the presence of different reasons related to therapy discontinuation in Hubli Dharwad region. Further it is necessary to investigate the factors predicting dropout in various other regions, to understand how better to engage parents and children in an attempt to reduce the dropout rate where possible. The present data can be used as a baseline in estimating possible reasons attributed to speech and language therapy dropout. Those who dropout is likely to be more impaired and have a poorer outcome than those who remain in treatment. The speech language pathologist's understanding of a patient's background is extremely relevant for a successful outcome. The present study can provide insights towards the strategies to reduce the dropout which in turn helps in better therapy outcome for children.

REFERENCES

- AAna Karine de Figueiredo Moreira I, Zélia Maria de Sousa Araújo Santos II, Joselany Afio Caetano. (2009). Application of the health belief model in the adherence of the hypertensive worker to the treatment. *Physis*. 19(4):989-1006
- Augusto Paro, César &Vianna, Nubia & Lima, Maria. (2013). Investigating the compliance with speech therapy service in the context of primary care. *Revista CEFAC*. 15. 1316-1324. 10.1590/S1516-18462013000500029.
- Colangelo, L. A., Logemann, J. A., Rademaker, A. W., Pauloski, B. R., Smith, C. H., McConnel, F. M. S., ... Shedd, D. P. (1999). Relating speech and swallow function to dropout in a longitudinal study of head and neck cancer. *Otolaryngology-Head and Neck Surgery*, 121(6), 713-719. <https://doi.org/10.1053/hn.1999.v121.a97782>
- Ernesto, A. S., Lemos, R. M., Huehara, M. I., Morcillo, A. M., Dos Santos Vilela, M. M., & Silva, M. T. (2012). Usefulness of pharmacy dispensing records in the evaluation of adherence to antiretroviral therapy in Brazilian children and adolescents. *The Brazilian Journal of Infectious Diseases*, 16, 315-320. doi:10.1016/j.bjid.2012.06.006
- Hapner E, Portone-Maira C, Johns MM 3rd. A study of voice therapy dropout. *J Voice*. 2009;23(3):337-340. doi:10.1016/j.jvoice.2007.10.009
- Jain, N., Arya, S., & Gupta, R. (2017). Predictors of Dropout from Outpatient Mental Health Services; A Study from Rohtak, India. *Journal of neurosciences in rural practice*, 8(4), 535-539. https://doi.org/10.4103/jnrp.jnrp_119_17
- Kazdin, A. E. (1990). Premature Termination from Treatment among Children Referred for Antisocial Behavior. *Journal of Child Psychology and Psychiatry*, 31(3), 415-425. doi:10.1111/j.1469-7610.1990.tb01578.x
- Kumar, S. G., Das A., Bhandary, P. V., Soans, S. J., Kumar, H. N. H., Kotian, M. S. (2008) Prevalence and pattern of mental disability using Indian disability evaluation assessment scale in a rural community of Karnataka. *Indian Journal of Psychiatry*. 50:21-23.
- Luk, E. S., Staiger, P. K., Mathai, J., Wong, L., Birlerson, P., & Adler, R. (2001). Children with persistent conduct problems who dropout of treatment. *European Child & Adolescent Psychiatry*, 10(1), 28-36. doi:10.1007/s007870170044
- Masi, M. V., Miller, R. B., & Olson, M. M. (2003). Differences in dropout rates among individual, couple, and family therapy clients. *Contemporary Family Therapy: An International Journal*, 25(1), 63-75. <http://dx.doi.org/10.1023/A:1022558021512>
- Miller, L. M., Southam-Gerow, M. A., & Allin, R. B. (2008). Who Stays in Treatment? Child and Family Predictors of Youth Client Retention in a Public Mental Health Agency. *Child & Youth Care Forum*, 37(4), 153-170. doi:10.1007/s10566-008-9058-2
- National Sample Survey Organization. Disabled persons in India. NSS 58th round (July December 2002) Report no. 485 (58/ 26/ 1). New Delhi: National Sample Survey Organization, Ministry of Statistics and Programme Implementation, Government of India, 2003.
- Portone C, Johns MM 3rd, Hapner ER. A review of patient adherence to the recommendation for voice therapy. *J Voice*. 2008;22(2):192-196. doi:10.1016/j.jvoice.2006.09.009
- Singh, A. P., Chandra, M. R., Dayal, D., Chandra, R., Bhushan, V. (1980). Prevalence of deafness in a rural population of Lucknow District. *Indian Journal of Public Health*, 24(1):23-51
- Soza Pineda, N. I., Pereira, S. M., Barreto, M. L. (2005). Dropout from tuberculosis treatment in Nicaragua: the results of a comparative study. *Pan American Journal of Public Health*. 17, 271-278.
- Sreeraj, K., Suma, C., Jayaram, G., Sandeep, M., Mahima, G., & Shreyank, P.S. (2013). Prevalence of Communication Disorders in a Rural Population of Republic of India. *Journal of hearing science*, 3(2), 41-49.
- Stark, M. J. (1992). Dropping out of substance abuse treatment: A clinically oriented review. *Clinical Psychology Review*, 12(1), 93-116. doi:10.1016/0272-7358(92)90092-m
- Subtil, M. M. L., Goes, D. C., Gomes, T. C. (2011). The interpersonal relationship and adherence in physical therapy. *Fisioter Mov*. 24(4):745-53. <http://dx.doi.org/10.1590/S0103-51502011000400020>

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