

Therapy discontinuations as a result of inadequate alliance formation between patient and therapist in the psychotherapeutic training institution

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Therapy dropouts represent a significant challenge in psychotherapeutic processes, offering deep insights into therapeutic dynamics. This study investigates the subjective reasons behind therapy dropouts, particularly focusing on patients' experiences of the therapeutic alliance. Despite extensive research on therapy failures, the specific interplay of patient expectations, therapeutic interventions, and institutional factors leading to dropouts remains underexplored.

An exploratory qualitative design was adopted, analyzing 32 post-therapy dropout interviews with patients from a university outpatient psychotherapy clinic. The interviews were semi-structured, utilizing a narrative approach to elicit patients' perspectives on their therapy experience, with a focus on critical incidents that contributed to the decision to discontinue. Interviews were recorded, anonymized, and transcribed verbatim. Data analysis was conducted using inductive content analysis, generating 93 subcategories, which were subsequently organized into five major themes: (1) insufficient collaborative therapeutic work, (2) negative therapeutic relationships, (3) perceived therapist inaccessibility, (4) personal barriers, and (5) misaligned therapeutic methods. To deepen the understanding, a hermeneutic interpretation was applied to dense text passages, identifying underlying dynamics and themes related to the failure of the therapeutic alliance.

Results highlighted that insufficient therapeutic work often manifested as repetitive sessions lacking progress or relevance for the patient. Negative therapeutic relationships were described through themes of mistrust, emotional detachment, or discomfort with the therapist. Patients also criticized therapists' passivity, lack of feedback, or inadequate explanations of therapeutic techniques. Personal barriers, such as financial constraints or time conflicts, compounded these issues. Misaligned therapeutic methods, including rigid adherence to specific frameworks or failure to accommodate patient preferences, further contributed to dropouts. Despite these diverse factors, all themes shared a core issue: a perceived lack of responsiveness and connection in the therapeutic relationship.

The study underscores the importance of transparent communication about therapeutic frameworks and adapting methods to patients' needs. Implications highlight the need for enhanced supervision practices and integrating structured feedback mechanisms in training programs. While limited by its focus on a single institution and lack of therapist perspectives, the findings provide valuable insights into improving therapeutic processes to mitigate dropouts.