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Jerzy A. Sobański, Katarzyna Klasa*, Krzysztof Rutkowski,
Edyta Dembińska, Łukasz Müldner-Nieckowski

QUALIFICATION FOR ADMISSION TO INTENSIVE PSYCHOTHERAPY IN A DAY HOSPITAL FOR NEUROTIC DISORDERS

Department of Psychotherapy, Jagiellonian University Medical College, Krakow
Acting Head of the Department : dr hab. n. med. K. Rutkowski
*Department of Psychotherapy, University Hospital, Krakow,
Head of the Department: dr hab. n. med. K. Rutkowski

Summary

Introduction: Qualification for treatment of neurotic disorders in a day hospital is connected with a process of selection carried out by experienced therapists – psychiatrists and psychologists – of patients for intensive, everyday group psychotherapy, combined with elements of individual therapy, as well as with the patients' own decisions, made by them between ambulatory visits. Expectations and motivations of patients are the crucial indicators for the process of treatment. These factors influence the patients' commitment to treatment and the optimal utilization of the resources of ambulatory selecting facility and of the therapeutic day hospital.

Aim: Description and analysis of the process of selection for intensive psychotherapy treatment, ongoing in a day hospital for neurotic disorders. Assessment of this process effectiveness on its particular stages.

Material: Data regarding attendance of patients in the years 2004-2005. The analyzed group consisted in total of 3108 persons, including 1679 patients registered in 2004 and 1429 registered in 2005.

Method: Analysis of the number of actually attended visits on particular stages of diagnostics before admission to a day hospital. Comparison of proportions of patients registered for

consecutive visits in the ambulatory clinic, attending or cancelling visits, and finally admitted to a day hospital or referred-out to other health care institutions.

Results: Many patients do not come for the preset diagnostics visits, the next numerous group is referred for treatment in other health care institutions. Selection, in a largest part, is done at the first stage of initial psychiatric examination, which contributes to smaller inhibition of the selection process by more time-consuming psychological examination – elaborate biographical interview and questionnaires-based diagnostics. It has also been concluded that referrals out of the analyzed institution concerned mostly the disorders not included by the insurance company in the treatment contract for the institution, e.g. organic brain disorders, drug-dependencies, psychotic schizophrenic disorders and affective disorders, while the next group contained patients suffering from disorders fitting the profile of the treatment provided by the institution (neurotic and personality disorders), but not being able to comply to treatment program because of life context, general health conditions, insufficient motivation, decreased control of autoagressive impulses etc.

Conclusions: Admission for treatment in the day hospital is connected with a significant selection of patients, carried out during initial ambulatory visits by both: staff and the patients themselves. The majority of referrals to hospitals and ambulatory psychiatric clinics (PZP) result from initial psychiatric examination, while referrals to psychotherapy clinics (e.g. for personality disorders) often occur later. Referral for treatment outside the institution sometimes turns out to be necessary even after several weeks from the beginning of the ambulatory selection examinations. Resignations of patients in a form of absences without any notification, cancelling visits or informing about the decision during the visit are frequent. Effectiveness of the selection process – connected with patients-candidates' group composition, and with the specific setting of intensive treatment – cannot be easily improved because of the specificity of intensive psychotherapy. Disrupting the relatively burdening diagnostics probably decreases the number of dropouts during treatment in a day hospital.

Keywords: qualification for psychotherapy, day hospital, intensive psychotherapy treatment, referral to other treatment, exclusion criteria

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Introduction

Expectation of the patients concerning the course of treatment and effectiveness of various types of therapies [e.g. 1], have a special meaning in a situation when the referral from primary care physician or a specialist psychiatrist to the institution offering psychotherapy is no longer required. Due to the wide range of the offered help, including psychotherapy, pharmacotherapy, sometimes also elements of rehabilitation (e.g., interpersonal skills training), and above all, the possibility of treatment without losing contact with the family, work or social environment, and different social connotation [2, 3, 4, 5], day hospitals have become the preferred place of treatment not only by professionals but also by patients. The consequence is, among others, greater number of people who come to treatment provided in a day system (as stated by S. Pużyński and W. Langiewicz, in Poland already in 2003 there were 168 day hospitals for mental health care, offering a total of 3.8 thousand places [6]), and thus - the need for an effective and efficient system of qualifications, ensuring optimization of the waiting time for patients to start treatment. It involves both the possibility to plan and use specified period of time for treatment and initial overwork of motivation for treatment, as well as the best possible initial preparation of the patient for the therapy [4, 7, 8].

The literature lists a number of necessary or "desirable" characteristics of people who want to be treated with psychotherapy, with particular emphasis on motivation to change, the ability to gain insight, locus of control, and a flexible system of defense mechanisms [9, 10, 11]. As for the treatment with psychotherapy in a day system, to a large extent it can be considered rather as "negative selection" [12], linked, as it seems, especially with the lack of control over patients after hours of therapeutic activities. This results in the avoidance of admission to this mode of treatment impulsive persons, manifesting a tendency to self-harm or suicidal behavior, abusing alcohol, drugs, etc. [4, 13]. Staying in a day hospital also requires from the patients special motivation, for example due to the considerable effort connected with treatment (condense therapeutic schedule, activity and regularity required in participation in the sessions, the financial burden such as renting a flat for non-resident patients, etc.) and simultaneous conducting everyday life activities [2, 4, 13]. With treatment and striving for day hospital treatment may also be associated specific secondary benefits that often interfere with the process of therapy and significantly affect its outcome [4, 14]. Additional variable that must be taken into account in the process of qualification, is the offered mode of treatment, and therefore the assessment of the degree to which a given patient may benefit from a particular form of therapy. These factors make the qualification process for the

treatment and evaluation of the therapeutic possibilities to adapt to the needs of a particular patient a crucial part of the process of psychotherapy [15].

In the described department the therapeutic work is conducted in open groups, with an average of 8-10 people and takes place in two modes - morning for patients staying unemployed or on sick leave, which includes 15 hours of group therapy per week, one hour per week of individual therapy and community-hour meeting, and in the afternoon mode, designed primarily for persons connecting therapy with work, which includes approximately 10 hours per week of group therapy, possibility of two individual sessions and two days a week classes on a psychoeducation and relaxation. In the day hospital patients also perform a variety of therapeutic tasks, such as preparing comments to the "control" or "end" meetings, listening to session recordings, self-government activities, etc.. which takes them additional, difficult to determine amount of time [e.g., 13].

Specificity of the group therapies as well as the qualification criteria on which the patient is addressed thereto, are widely described in the literature [12, 14, 16]. Due to the need to ensure the flexible exchange of patients ending treatment and new entrants to open treatment groups, so as to maintain a relatively constant number of groups, one of the most important and obvious selection criteria is the declared by the patient's ability to participate in the treatment regularly and for a longer time (about 10 -12 weeks). Qualification examination is carried out according the successive phases, as in other day hospitals [3, 17]. Its first step is a medical and psychiatric examination, during which the patient presents the initial complaint [18], and the standard psychiatric and somatic tests are conducted. After giving the initial diagnosis and recognizing that the disorder and the condition of the patient require and allow the treatment of psychotherapy, the patient has the psychological interview scheduled. Before the next visit to the outpatient clinic, patients complete set of psychological tests: e.g. Symptom Checklists "O" and SIII [19, 20], neurotic personality questionnaire KON-2006 [21, 22] as well as motivation questionnaire and an Life Inventory [23].

Part of the examination (neuropsychological tests) is carried out during a meeting with a psychologist, and in the case of suspecting organic CNS damage, the patient is directed for additional specialized tests. The purpose of psychological interview is to prepare a preliminary epicrisis, including understanding of the determinants of psychopathology and abnormal mechanisms and to assess the patient's functioning in various roles and social groups (school, family, etc..), its reflexivity, motivation for treatment, the specific conditions of life, as well as assessment of risks of dangerous behaviors connected with the defense mechanism acting out character. The final stage of the qualification process is a consultation

meeting (usually with an experienced therapist-supervisor, a specialist of clinical psychology or psychiatrist), during which the initial diagnosis and the patient's motivation are verified, as well as the clarification of the contract and the decision of the mode of treatment are specified [e.g. 13]. At the end of the patient's qualification, on the basis of the patient and the consulting psychiatrist decision, the approximate date of admission to the day hospital is agreed, which can take for various reasons, even weeks or months [24].

Aim

The aim of the study was a quantitative analysis of the process of selection for intensive psychotherapy treatment, ongoing in a day hospital for neurotic disorders in the period of two years of relative stabilization of the reformed health care system. Additional aim was also the assessment of this process effectiveness on its particular stages – three meetings with the outpatients ambulatory clinic' staff.

Material: Data regarding attendance of patients in the years 2004-2005 for the subsequent consultations in the outpatients clinic for neurotic disorders. The analyzed group consisted in total of 3108 persons, including 1679 patients registered in 2004 and 1429 registered in 2005.

Method: Analysis of the number of actually attended visits on particular stages of diagnostics before admission to a day hospital by comparing proportions of patients registered for consecutive visits in the ambulatory clinic, attending or canceling visits, and finally admitted to a day hospital or referred-out to other health care institutions

Results

Table 1 below presents the number and percentage of patients registered for the subsequent visit to the outpatient ambulatory clinic, attending or cancelling them - sometimes two or even three times. The loss of the scheduled terms occurred mostly because of not coming of the patients to the appointed visits - the majority of the total number of unused appointments, including the percentage of canceled visits was much smaller - amounted to several percent, while very significant (making the examination impossible) delays - only a few percent. Diagnostic processes of some (very few) of the patients were not analyzed in the annals due to their departure, the alleged resignation, or for unknown reasons.

Table 1. Percentages of patients coming and qualified in the subsequent stages of diagnosis in 2004-2005

Diagnostics stage	Preliminary psychiatric examination			Psychological interview			Summarizing consultation		
	Set terms	Attended visits	Qualified further	Set terms	Attended visits	Qualified further	Set terms	Attended visits	Qualified further
Number	3176	2281	1179	1192	1019	955	1049	854	479
% of preliminary examination terms	100%	72%	37%	38%	32%	30%	33%	27%	15%
% registrations to psychiatrist		100%	52%	52%	45%	42%	46%	37%	21%
% qualified by doctors			100%	101%	86%	81%	89%	72%	41%
% appointments to psychological interview				100%	85%	80%	88%	72%	40%
% registrations to psychologist					100%	94%	**103%**	84%	47%
% qualified by psychologist						100%	**91%**	89%	50%
% terms of consultations							100%	81%	46%
% registrations to consultation								100%	56%

Sometimes the patients had more than one term of consultation which was indicated in bold.

As can be seen from Table 1, a significant proportion of patients (25-30%) did not come for the appointed visits of preliminary qualifying test, performed by a doctor. As a result of preliminary psychiatric examination, to further stages of diagnosis was directed only about half of the patients. Similarly, a large group of patients set the terms of the visit to psychologist (by undertaking fulfillment of diagnostic questionnaires), and sometimes there were even more terms appointed (1-2 more), but more than 15% did not attend the visit to the psychologist in the appointed term From among those coming for psychological examination to the summarizing consultation were sent almost all patients (93%). As in the case of the psychological examination, the consultation date was determined for some patients (Table 2), even two and three times, however, only 87-99% of the qualified persons attended it of which to the treatment in day hospital was admitted 54-58% (which was only 20-25% of patients initially examined by a psychiatrist, and 15-18% of the initially appointed visits for preliminary examination).

Table 2. Percentages of qualifications and referrals of patients to other institutions in the years 2004-2005.

	Place of referral	Preliminary psychiatric examination	Psychological interview	Summarizing consultation		In total	
The analyzed institution	**DAY HOSPITAL:** morning groups	0.1%	0	32.9%	1.6% Up to further decision	13.9%	0,7% Up to further decision
	DAY HOSPITAL Afternoon groups	0	0	30.5%		12.8%	
	Ambulatory therapy	0	0	7.6%		3.2%	
	Pharmacotherapy	0.9%	0	1.0%		0.9%	
Other institutions	Psychiatric hospitals	4.6%	7.1%	0.7%		3.0%	
	PZP	65.9%	64.3%	8.7%		41.9%	
	Addiction clinics	4.6%	0	0.5%		2.9%	
	Clinics for behavior disorders	9.6%	14.3%	2.9%		6.8%	
	Other clinics	14.4%	14.3%	13.6%		14.0%	
In total		1003 (100.0%)	14 (100.0%)	735 (100.0%)		1752 (100.0%)	

Moreover, few patients were sent to a neurologist, sexologist, home (considered healthy), and a number of patients remained in contact, but their final qualifications have not been made (for example, began examinations, which was stopped due to the departure of the patient, etc.).

Preliminary examination (Table 3) leads to qualification for further diagnostics, carried out in terms of treatment options in the hospital of as many as 65-69% of patients with initial diagnosis of neurotic disorders and stress-related (ICD-10 codes F4x). A significant proportion of this group of people do not reach the consultative examination. Eventually, only 60-66% of patients with this diagnosis take part in it

Table 3. Decisions made after the preliminary examination and diagnosis in ICD-10 categories.

Decision about referral made after the initial examination:: Diagnosis:	Further examination in ambulatory	Other psychiatric hospitals	Mental health centers	Outpatients clinic for personality disorders	Addiction clinics	Other clinics	In total
Number	1174	45	656	95	46	155	2171
In total	54.1%	2.1%	30.2%	4.4%	2.1%	7.1%	100.0%
F0x ORGANIC	2.5%	0.0%	92.5%	0.0%	1.3%	3.8%	100.0%
F1x ADDICTIONS	3.6%	0.0%	17.9%	0.0%	75.0%	3.6%	100.0%
F2x SCHIPHRENIA	2.0%	18.0%	76.0%	0.0%	0.0%	4.0%	100.0%
F3x AFFECTIVE	21.9%	9.6%	41.1%	1.4%	0.0%	26.0%	100.0%
F34.1 dysthymia	61.9%	1.0%	23.7%	2.1%	0.0%	11.3%	100.0%
F4x In total	**67.4%**	**0.5%**	**26.0%**	**0.7%**	**0.7%**	**4.7%**	**100.0%**
F40.x Phobias	**78.1%**	**0.7%**	**17.9%**	**0.0%**	**0.7%**	**2.6%**	**100.0%**
F41.x Other anxiety disorders	**76.0%**	**0.0%**	**20.5%**	**1.0%**	**0.6%**	**1.9%**	**100.0%**
F42 OCD	72.2%	1.3%	21.5%	1.3%	0.0%	3.8%	100.0%
F43 adaptation reaction/reaction.	42.3%	1.2%	44.3%	0.8%	1.6%	9.9%	100.0%
F44conversions-dissiciations.	74.3%	0.0%	17.1%	0.0%	0.0%	8.6%	100.0%
F45 somatoform	72.3%	0.4%	23.1%	0.4%	0.4%	3.3%	100.0%
F48 other neurotic disorders	73.9%	0.0%	13.0%	4.3%	0.0%	8.7%	100.0%
F50.x eating disorders	**61.2%**	**9.5%**	**16.4%**	**5.2%**	**0.9%**	**6.9%**	**100.0%**
F51 sleep disorders	45.5%	0.0%	45.5%	0.0%	0.0%	9.1%	100.0%
F52 sexual dysfunctions	50.0%	0.0%	25.0%	0.0%	0.0%	25.0%	100.0%
F60.x specific personality disorders	**47.7%**	**1.1%**	**22.5%**	**16.6%**	**2.5%**	**9.5%**	**100.0%**
F60.3 unstable personality disorder	31.4%	1.5%	24.1%	27.0%	2.2%	13.9%	100.0%
Other diagnoses	**28.2%**	**5.1%**	**54.7%**	**0.9%**	**0.9%**	**10.3%**	**100.0%**

Table 4 shows that during the summary consultation only one third of patients with an initial diagnosis of neurotic disorders and stress-related (ICD-10 codes F4x) was qualified for treatment in the day hospital.

Table 4. Decisions after consultation and diagnosis ICD-10 (2004-2005)

Decision about referral made after the consultation examination: Diagnosis:	Day hospital for neurotic disorders	Ambulatory group therapy	Individual psychotherapy	Psychiatric hospitals	Mental health centers	Centers for personality disorders	Addiction clinics	Other clinics	In total
Number	472	16	40	5	63	21	4	106	727
Total	64.9%	2.2%	5.5%	0.7%	8.7%	2.9%	0.6%	14.6%	100%
F2x SCHIZOPHRENIA	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	50.0%	100%
F3x AFFCTIVE	83.3%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	100%
F34.1 dysthymia	74.4%	0.0%	7.7%	0.0%	5.1%	0.0%	0.0%	12.8%	100%
F4xIn total:	**70.5%**	**1.5%**	**3.5%**	**0.2%**	**7.4%**	**2.0%**	**0.4%**	**14.7%**	**100%**
F40.x Phobias	**73.0%**	**1.1%**	**0.0%**	**0.0%**	**5.6%**	**3.4%**	**0.0%**	**16.9%**	**100%**
F41.x other anxiety disorders	**71.8%**	**1.4%**	**3.5%**	**0.0%**	**4.9%**	**2.8%**	**2.1%**	**13.4%**	**100%**
F42 OCD	71.9%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	15.6%	100%
F43 adaptation reaction/reaction.	68.4%	0.0%	10.5%	0.0%	5.3%	1.8%	0.0%	14.0%	100%
F44 conversion-dissociation	78.9%	0.0%	0.0%	5.3%	5.3%	0.0%	0.0%	10.5%	100%
F45somatoform.	67.6%	2.8%	3.7%	0.0%	9.3%	1.9%	0.0%	14.8%	100%
F48 other neurotic disorders	40.0%	10.0%	10.0%	0.0%	20.0%	0.0%	0.0%	20.0%	100%
F50.x eating disorders	**52.2%**	**2.2%**	**8.7%**	**2.2%**	**8.7%**	**2.2%**	**0.0%**	**23.9%**	**100%**
F51 sleep disorders	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
F52 sexual dysfunctions	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
F60.x specific personality disorders	**57.6%**	**6.1%**	**7.6%**	**1.5%**	**8.3%**	**8.3%**	**0.8%**	**9.8%**	**100%**
F60.3 unstable personality disorder	36.4%	0.0%	18.2%	4.5%	4.5%	18.2%	0.0%	18.2%	100%
Other diagnoses	**26.9%**	**0.0%**	**15.4%**	**0.0%**	**23.1%**	**0.0%**	**7.7%**	**26.9%**	**100%**

The largest group of patients referred out after initial examination was directed by doctors to ambulatory psychiatric clinics (PZP) (approximately 30% of the examined), while the consulting doctors sent patients mainly to other clinics (about 15% of the consulted), but often also to PZP (about 10% of the consulted). From a large group of over 250 patients with a diagnosis of adjustment disorder (F43), very many (approximately 45%) were referred to the PZP.

Relatively few patients were sent to the department and outpatient clinic for treatment of personality disorders (4-5% of initially examined and 2-3% consulted, 6-8% of the total number of referrals outside the analyzed institution).

Discussion

The diagnostic stage and the contract concluded in the course of it - the presentation of the proposed mode of treatment and the principles of work of the department - have a vital role in the selection of patients coming for treatment. The multi-stage procedure allows for, next to the accurate psychopathological diagnosis, also the verification (sometimes overwork) of motivation for treatment and change, and a willingness to make the effort that the patient is willing to put in the treatment, taking necessarily into account the real possibilities of the patient (the ill one) in this regard.

In the early years of the analyzed institution the percentage of people not undertaking treatment - even after the consultation - was approximately 25% [4]. The reviews of the literature describe even higher percentage of later abandonment of treatment (up to 50% of patients beginning it). In the later analyzes it was assessed that the qualification examination enables to keep drop out of treatment at the level of approximately 10% [13].

Increasing number of persons who apply for treatment also makes the phenomenon of not coming of patients to the appointed visits of particular importance. It is obvious that not coming for the appointed visit affects the person's healing process and interferes with the optimum utilization of time of the work of the institution and the persons treating, generating costs of not using and reducing the amount of time for other patients. Surprising are, however, the data on the scale of this phenomenon. It is stated that, depending on the type of visit, the proportion of patients who do not appear on the agreed meeting is from 12% to 60% [25] and by other authors, from 16 to 67% [26], while this phenomenon in a particular way concerns the first therapeutic meetings and visits to pre-treatment, especially in the day hospitals where a significant part of the time is spent just on the interviews [25, 26]. Sparr et al draw attention

to the fact that abandoning the first visit significantly increases the probability of not coming for the next one, and stress the importance of strengthening the initial motivation of patients to treatment [25]. Although the previous analysis of the reasons for failing to meet the agreed appointment, taking into account patients' characteristics such as socioeconomic status, gender, age, length of time of awaiting for the appointed visit, marital status or distance from the place of residence, did not bring conclusive results [25], it is believed that the potential "predictors variables" of not coming to the visit are, inter alia, its distance from the appointment date, similar events in the past, and distance from the place of residence from the institution where the patient seeks treatment. An important variable in predicting the patients adherence to the agreed appointment also appears to be the emotional relationship and the importance of the relationship with the person or organization directing the treatment [26].

Analysis of the literature shows that the most common reasons for not coming of the patients to the scheduled visit are: forgetting the time, misunderstanding as to the date, the error in the transmission of information, oversleep or malaise. Therefore, it is believed that for keeping the appointments positively influence activities such as phone calls or e-mails with a reminder of the visit, although, according to some authors, the associated costs (including time costs) - taking into account the high proportion of patients making another appointment by themselves - can speak for inexpediency of making them a routine administrative procedure. As important measures to prevent abandoning visits for non-resident patients are also considered shortening the waiting time for an appointment, discounts and providing more information about the treatment in determining the timing of the first visit [25].

Certain number of the consulted patients is not qualified to begin treatment with psychotherapy. The causes may be, inter alia: the nature of disorders (including addiction), withdrawal from treatment during the qualification, an indication to other forms of treatment, or organizational factors on the part of the institution (e.g., not enough time of therapists), major social or financial problems of the patient as well as factors related to the motivation of the person coming for treatment (e.g., recognizing it as "veteran" of therapy) [10, 15]. Efficiency of health care system is now a concern of managers, however, to ensure an adequate number of patients is important for the proper functioning of the therapeutic groups. Excessive lengthening of waiting lists causes "crumbling out" of the patients selected properly for treatment.

The percentage of patients referred to psychiatric hospitals seems to be relatively low comparing to the current system of self-management of patients to the ambulatory clinic of

our institution (since the abolition of the regional doctors referrals to specialists in psychiatry). However, the percentage of people referred to the ambulatory psychiatric clinics and other types of outpatient clinic usually indicates, according to clinical experience of the authors of this study, the difficulty in matching the conditions of therapy to the patient's life circumstances. An important aspect of the functioning of the Ambulatory is the early referring of patients addicted to psychoactive substances to the appropriate institutions.

From the analysis of individual cases it can be concluded that a certain percentage of patients coming in search of psychotherapy, suffer from disorders not treated in the analyzed institutions - schizophrenic psychosis, deep mood disorders, psycho-organic, personality disorders with a tendency to dangerous behavior. Their therapy in the day hospital for neurotic disorders, of course, would not be possible. Also, a subgroup of patients suffering from neurotic disorders, stress, behavior disorders, eating disorders and personality disorders treated in our institution, it is not willing or motivated enough to take an intensive day hospital psychotherapy, including at least 10-17 hours per week, lasting typically more than 10 weeks. Some patients demand the less accessible individual psychotherapy, refuse to participate in group therapy in an academic institution, held with the participation of trainees and students, while others are demanding hours of treatment adjusted to their system of shift work, etc.

Qualification for the treatment itself, which is a burdensome process, requiring, inter alia, filling questionnaires containing hundreds of questions, punctual participation and cooperation with the examining doctors and therapists, is also an important part of the process of selection of patients in terms of motivation and cooperation possibilities in the given circumstances of treatment.

Conclusions

1. The assumption based on clinical experience, that qualification for treatment in the hospital is associated with a high degree of patient selection, including consciously made choice during the examination by the therapists and the patients themselves has been confirmed.
2. The most referrals outside the analyzed institution to hospitals and PZP are the result of preliminary examination, and referrals to other outpatient psychotherapy clinics (e.g., for personality disorders) often occur at a later stage of diagnosis.
3. In some cases, referring the patient for treatment in conditions other than those that can provide the described institution , is necessary, even after several weeks from the preliminary examinations. .

4. Resignations of patients at various stages of the diagnostic process in the form of both the absence without notification and cancellation of meetings or communicating of such decision during the visit are common.

5. Effectiveness of the selection process is connected with patients-candidates' group composition and cannot be simply increased, given the nature of the comprehensive process of intensive psychotherapy. Not coming for the successive stages of relatively burdensome diagnosis may decrease the percentage of patients dropping out from treatment in the hospital and protect psychotherapeutic groups from greater rate of treatment abandonment

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Correspondence address Psychotherapy Department UJ CM, Lenartowicza Street 14, 31-138 Cracow.

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