Predictors of Client Non-return to Post-intake Counselling

Joshua M. Gold
Fairfield University

Abstract

This study investigated how an analysis of intake information, including psychological symptom status, would discriminate between male and female returners and non-returners to post-intake counselling. The sample consisted of 261 clients (180 women, 81 men) at a university counselling centre. The results revealed distinct psychological symptom statuses and demographic profiles of female and male non-returners to counselling. Implications of these results and directions for future research are discussed.

Résumé

Cette recherche a examinée comment l'analyse d'informations des admissions, incluant le statut des symptômes psychologiques, pourraient discriminer entre les hommes et les femmes qui décident de revenir ou de ne pas revenir après admission. L'échantillon était formé de 261 clients (181 femmes, 81 hommes) d'un centre de counseling universitaire. Les résultats ont démontré des statuts distincts des symptômes psychologiques et des profils démographiques des femmes et des hommes qui ne reviennent pas en counseling. Les implications de ces résultats sont discutées et des directions pour des recherches ultérieures sont discutées.

The factors predictive of client abandonment of counselling have perplexed clinicians and researchers for years. Previous studies of this topic have concentrated on: a) counsellor variables (Betz & Shullman, 1979; Benjamin-Bauman, Reiss & Bailey, 1984; Krauskopf, Baumgardner & Mandracchia, 1981; Martin, McNair & Hight, 1988; Rodolfa, Rapaport & Lee, 1983; Tryon & Tryon, 1986); b) interaction variables (Epperson, Bushway & Warman, 1983; Gunzburger, Henggler & Watson, 1985; Kokotovic & Tracey, 1987; Pekarik & Finney-Owen, 1987; Russell, Lang & Brett, 1987; Tracey, 1986); and c) client variables (Anderson, Hogg & Magoon, 1987; DeLeon & Jainchill, 1986; Hardin, Subich & Holvey, 1988; Heilbrun, 1982; Miller, 1983; Stahler & Eisenman, 1987; Tutin, 1987). Accepting the interaction of the three areas of study in the prediction of client return, this study wanted to identify those factors unidentifiable at intake that may predict client return. Consistent with the gender-specific results of previous studies (Miller, 1983; Tutin, 1987), this study will consider male and female clients as distinct groups.

The cost of client non-return to the individual, to the clinic, and to the therapist have been well documented (Pekarik, 1985). The findings of this study would prove relevant to intake counsellors in mental health settings by helping the intake counsellor to anticipate those clients at risk for non-return to post-intake counselling. The designation of the specific characteristics of this group may lead to specific interventions during the intake interview designed to address those issues which may prevent

return to counselling. By doing so, intake service may be improved and post-intake return rates may be increased.

This area of study is complicated by an inconsistent definition of what constitutes "not returning" to counselling. Non-returners have been categorized as those clients who fail to return to post-intake counselling (Fraps, McReynolds, Beck & Heisler, 1982; Kokotovic & Tracey, 1987); to post-one-session counselling (Epperson, *et al.*, 1983; Gunzburger, *et al.*, 1985); to post-three-session counselling (Stahler & Eisenman, 1987); and to post-four-session counselling (Tracey, 1986). To avoid the controversy of adequate provision of service through long-term counselling, brief, time-limited therapy, and crisis intervention, and for the purposes of this study, a non-returner will be defined as "failure to return for any counselling interviews scheduled following intake" (Kokotovic & Tracey, 1987, p. 80).

Previous research on client psychological symptom status has identified "psychological-mindedness," defined as degrees of insight and defensiveness (Heilbrun, 1982); motivation, readiness, and suitability (DeLeon and Jainchill, 1986); client paranoia, motivation, tendency to self-disclose, and receptiveness to counsellor input (Miller, 1983); and client anxiety and depression (Tutin, 1987) as predictive of return status. In addition, specific client demographics have been reviewed as predictive of return status. These variables include the educational level of the client (Anderson, *et al.*, 1987; Stahler & Eisenman, 1987); the source of referral (Fraps, *et al.*, 1982); self-reported experience in previous therapy (Mennicke, Lent & Burgoyne, 1988); and the level of intake counsellor (Epperson, *et al.*, 1983; Rodolfa, *et al.*, 1983). Accordingly, it was hypothesized that:

1. clients who return to post-intake counselling could be distinguished from non-returners on the basis of psychological symptom status.
2. there will be proportional differences in return status as a function of select demographic variables.

METHOD

Subjects

The sample of this study (N=261) was drawn from the client population of a university-based counselling centre. The majority of the participants were university students, with a modal age range of 18-24 years. Counselling centre clients under the age of 18, or those referred from other counselling centres with discrepant intake data, were omitted from the study.

The sample was divided into four groups, based on gender and return status. Of the female group (n=180), there were 126 returners (70.4% of

female group) and 54 non-returners (29.6% of female group). Of the male group (n=81), there were 55 returners (67.9% of male group) and 26 non-returners (32.1% of male group).

Procedures

The data was gathered from the terminated files of clients who accessed the counselling centre during the 1990-91 academic year. Standard intake data were collected, including the clients' raw scores on the Symptomatic Checklist 90 Revised (SCL-90R) and the Psychological Screening Inventory (PSI). The two standard instruments were routinely used to assess client suitability for service/referral at this counselling centre.

Instruments

The SCL-90R reflects the amount of discomfort a certain problem has caused a client during the past seven days. The five-point response scale ranges from 0=not at all, to 4=extremely. Items are then scored on nine distinct subscales and three global indices of distress. For the purposes of this study, only the nine distinct subscales (somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) will be investigated. The nine subscales, unlike the three global descriptors, were chosen to provide distinct psychological symptoms characteristic of the return/non-return groups. Use of the nine subscales is purported to enhance the breadth of measurement and provide meaningful context in which to interpret scores (Derogatis, 1983).

The SCL-90R has established concurrent validity with the Minnesota Multiphasic Personality Inventory and with the Middlesex Hospital Questionnaire. Subscale internal consistency has been established between .77 and .90. Test-retest reliability for the measure has been found to be between .78 and .90 (Derogatis, 1983).

The PSI is a fixed choice (T/F) scale of 130 personal statements providing five indices (alienation, social non-conformity, discomfort, expression and defensiveness) of client distress (Lanyon, 1978). Scale validity has been supported by Larsen, Garcia, Langenberg and Leroux (1983) and by Richman, Brown and Clark (1984). The scales' internal consistency figures range from .62 to .85. Test-retest reliability figures for the scales have been established as between .66 and .92 (Lanyon, 1978). In addition, the PSI has been found to present acceptable concurrent validity figures with the MMPI, the California Psychological Inventory, and Eysenek Personality Inventory (Lanyon, 1978).

The client's level of education, source of referral, and previous experience in therapy, were obtained through client report as part of the intake interview. Counsellors (Master's-level or Doctoral-level counselling students) were randomly assigned to conduct the intake interview.

Statistical Analyses

This study's intent was to distinguish between returners and non-returners to post-intake counselling based on gender and on psychological symptom status. The raw scores obtained from the SCL-90R and the PSI reports of male and female clients were analyzed by use of two discriminant function analyses. Discriminant analysis serves to "analyze data on two or more variables obtained from two or more mutually exclusive groups . . . and assign new (unclassified) persons to the group to which they are most similar." (Brown & Tinsley, 1983, p. 291). In doing so, differences, rather than similarities, between groups are highlighted. Chi-square analyses were used to analyze the educational level, source of referral, previous experience in therapy, and level of intake counsellor of the four groups to ascertain the proportional differences of each variable.

RESULTS

The results supported the initial hypothesis. The discriminant analysis of the psychological symptom status of the male sample identified levels of somatization (X1) and anxiety (X2) as significantly predictive ($p < .05$) of client return/non-return. The resulting equation for non-return status = -1.17015 (X1), + 1.00013 (X2).

TABLE 1

Discriminant Function Analysis on Return Status for the Male Sample

	Summary Table		
Action	*Function*	*Wilks' Lambda*	*Signif.*
Step Entered			
1 ANX	1.00013	.98974	.0249
2 SOM	-1.17015	.97055	.0384
3 DI	0.77844	.93976	.1858
4 OBS	-0.84158	.92521	.2003
5 DEP	0.53290	.91728	.2519
6 HOST	-0.26380	.90828	.2933
7 AL	-0.22503	.90655	.3882
8 PSYCH	0.22164	.90464	.4827
9 DEF	0.08577	.90403	.5843
10 INT	0.15405	.90358	.6781
11 SN	-0.05419	.90350	.7617
12 EX	0.03344	.90342	.8299
13 PHOB	-0.04844	.90336	.8830
14 PARA	-0.00419	.90336	.9225

Based on this equation, 70.37% of grouped male cases were correctly classified. The z-test of proportion confirms the significance of this classification rate ($z=2.98$, $p<.01$).

The results also supported the second hypothesis. A review of the chi-square analysis produced no significant differences between male returners and non-returners on the basis of intake counsellor (X^2 (1, N=80)=1.58164; $p>.05$) or educational level of client (X^2 (4, N=80) =6.43459; $p>.05$). However, the non-return rate for those male clients who were referred by others to counselling was significantly greater than those self-referred (X^2 (1, N=80)=4.87060, $p<.05$). Similarly, non-return rate was significantly greater for those male clients who had no previous experience in counselling as compared to those clients reporting previous experience in counselling (X^2 (1, N=80)=6.57098, $p<.05$).

Based on the review of female clients' psychological symptom status, the discriminant function analysis specified levels of obsessive-compulsion (X1) and paranoid ideation (X2) as significantly predictive ($p<.05$) of return status. The equation for non-return status = 1.24963 (X1), -1.01884 (X2).

TABLE 2

Discriminant Function Analysis on Return Status for the Female Sample

	Summary Table		
Action	*Function*	*Wilks' Lambda*	*Signif.*
Step Entered			
1 PARA	-1.01889	.98795	.0388
2 OBS	1.24963	.96765	.0481
3 ANX	-0.62338	.95971	.0690
4 HOST	0.58319	.95234	.0780
5 DEP	-0.52022	.94783	.1018
6 PHOB	0.24991	.94588	.1467
7 DEF	0.15268	.94481	.2076
8 SN	0.15995	.94369	.2756
9 SOM	0.12972	.94349	.3622
10 DI	-0.10487	.94320	.4510
11 PSYCH	0.07351	.94308	.5419
12 EXP	-0.04353	.94298	.6283
13 INT	-0.05959	.94292	.7070
14 AL	-0.02023	.94291	.7757

Based on this equation, 71.35% of grouped female cases were correctly classified. The z-test of proportion confirms the significance of this classification rate ($z=2.78$, $p<.01$).

The chi-square analysis yielded no significant differences between female returners and non-returners on the basis of intake counsellor (X^2 (1, N=180)=.20073; $p>.05$), source of referral (X^2 (1, N=180)=1.35798; $p>.05$), or educational level of client (X^2 (4, N=180)=7.88916; $p>.05$). Female clients with no previous experience in counselling, however, had a significantly higher non-return rate than did female clients who reported previous experience in counselling (X^2 (1, N=180)=5.96947, $p<.05$).

DISCUSSION

These results support the hypothesis that comparison of the psychological symptom status of returners and non-returners to post-intake counselling would reveal significant discriminating status variables. Men who did not return for post-intake counselling evidenced significantly lower levels of somatization and higher levels of anxiety than men who did return, replicating Tutin's (1987) results. Based on the constructs utilized by Derogatis (1983), men who fail to return for post-intake counselling can be described as presenting fewer perceptions of bodily complaints (headaches, back pains, nausea, dizziness, etc.) and greater feelings of tension, apprehension and dread. The specification of the elevated anxiety level as a predictor of non-return status supports the findings of Pekarik and Finney-Owen (1987) but refutes the findings of Martin, McNair and Hight (1988). The source of referral was found to be a significant predictor of return status for men with significantly more men who were referred by others to counselling failing to return for post-intake counselling than men who were self-referred, supporting the conclusions of Fraps, *et al.* (1982). Additionally, no previous experience in counselling seemed to portend greater probability of non-return.

Women who did not return for counselling, as compared with those who did, showed significantly lower levels of obsessive-compulsiveness and higher levels of paranoid ideation, supporting Miller's (1983) conclusions. From the descriptors provided by Derogatis (1983), these women could be described as individuals who display less pre-occupation about their presenting problem and more fear of being judged and/or use of projective thought than did the women who returned for post-intake counselling. In addition, women with no previous experience in counselling had a greater failure-to-return rate than did women with previous experience, confirming the assertions of Mennicke, *et al.* (1988).

The observation of the identified psychological symptoms, their behavioural expressions, and demographic variables can serve to alert the

intake counsellor as to the probability of client non-return. The findings of this study may suggest an in-session agenda with potential non-returners, distinct from the issue with which the client presents. The goal of the intake session with identified male clients at risk of non-return revolves around lowering client anxiety. This client anxiety may represent concern around the individual's issues but also the client's response to being mandated to an unknown, and perhaps unwelcome, situation. Anticipating an isomorphic relationship between client/referral source and client/counsellor, the exploration of client concerns around the novelty of counselling will need to precede attention to the identified issues. A discussion of the length, goals and dynamics of counselling would need to emphasize that counselling is done "with" a client, rather than "to" a client. Attention to these feelings would also ensure that the residue of "getting to counselling" will not interfere with the business of "being in counselling."

The affect indicated by female clients at risk for non-return specifies a focus on lowering client fears of being judgd and the client's perhaps unrealistic fears about counselling. The intake session becomes a forum for the creation of an accurate, conjoint view of counselling. By doing so, client concerns are legitimized and accepted, serving to reduce client fear of external manipulation. Again, reflective negotiation can be effective in reinforcing the collaborative nature of counselling. The positive results of this counsellor-directed interaction would create the trusting and respectful atmosphere necessary to proceed to the presenting issues. Recollection of client fears needs to continue throughout the duration of counselling, with the counsellor ensuring adequate affective support to enable confrontation and eventually termination to occur in a positive manner.

A review of this study reveals two design limitations needed to be considered in future research. First, this study was unable to consider the effects of race, socio-economic status, or age of client on the dependent variables. Such factors were noted by Wagner (1987) as worthy of inclusion. Second, the limited male sample size (n=81) may hamper the generalizability of the study results.

The focus and results of this study offer at least four directions for future research. These directions include: 1) testing the generalizability of these findings to the populations of other counselling centres, both university and community-based; 2) comparing pre- and post-intake levels of male anxiety and female paranoid ideation as a measure of the effectiveness of intake interactions; 3) assessing the effects of referral source (peer, parent, teacher, court mandated) on anxiety level of male clients; and 4) describing the misconceptions that male and female clients with no previous counselling experience hold about counselling.

References

Anderson, T. R., Hogg, J. A. & Magoon, T. M. (1987). Length of time on a waiting list and attrition after intake. *Journal of Counseling Psychology, 34,* 93-95.

Benjamin-Bauman, J., Reiss, M. L. & Bailey, J. S. (1984). Increasing appointment keeping by reducing the call-appointment interval. *Journal of Applied Behavior Analysis, 17,* 295-301.

Betz, N. & Shullman, S. (1979). Factors relating to client return following intake. *Journal of Counseling Psychology, 26,* 542-45.

Brown, M. T. & Tinsley, H. E. A. (1983). Discriminant analysis. *Journal of Leisure Research, Fourth Quarter,* 290-310.

DeLeon, G. & Jainchill, M. (1986). Circumstance, motivation, readiness and suitability as correlates of treatment tenure. *Journal of Psychoactive Drugs, 18,* 203-08.

Derogatis, L. R. (1983). *SCL-90-R: Administration, scoring and procedures manual.* Towson, MD: Clinical Psychometric Research.

Epperson, D. (1981). Counselor gender and early premature termination from counseling: A replication and extension. *Journal of Counseling Psychology, 28,* 349-56.

Epperson, D. L., Bushway, D. J. & Warman, R. E. (1983). Client self-termination after one counseling session: Effects of problem recognition, counselor gender and counselor experience. *Journal of Counseling Psychology, 30,* 307-15.

Gould, M. S., Shaefer, D. & Kaplan, D. (1985). The characteristics of drop-outs from a child psychiatry clinic. *Journal of the American Academy of Child Psychiatry, 24,* 316-28.

Gunzburger, D. W., Henggler, S. W. & Watson, S. M. (1985). Factors relating to premature termination of counseling relationships. *Journal of College Student Personnel, 26,* 456-60.

Hardin, S. I., Subich, L. M. & Holvey, J. M. (1988). Expectancies for counseling in relation to premature termination. *Journal of Counseling Psychology, 35,* 37-40.

Heilbrun, A. B., Jr. (1982). Cognitive factors in early counseling termination: Social insight and level of defensiveness. *Journal of Counseling Psychology, 29,* 29-38.

Kokotovic, A. M. & Tracey, T. J. (1987). Premature termination at a university counseling center. *Journal of Counseling Psychology, 34,* 80-82.

Krauskopf, C., Baumgardner, A. & Mandracchia, S. (1981). Return rate following intake revisited. *Journal of Counseling Psychology, 28,* 519-21.

Lanyon, R. I. (1978). *Psychological screening inventory manual.* Port Huron, MI: Psychologists Press, Inc.

Larsen, K. S., Garcia, D., Langenberg, D. R. & Leroux, J. P. (1983). The psychological screening inventory as a predictor of predisposition to suicide among patients at the Oregon State Hospital. *Journal of Counseling Psychology, 39,* 100-03.

Martin, G. A., McNair, D. & Hight, W. (1988). Contributing factors to early premature termination at a college counseling center. *Journal of Counseling and Development, 66,* 233-36.

Mennicke, S. A., Lent, R. W. & Burgoyne, K. L. (1988). Premature termination from university counseling centers: A review. *Journal of Counseling and Development, 66,* 458-65.

Miller, M. J. (1983). The invisible client. *The Personnel and Guidance Journal, 62,* 30-33.

Pekarik, G. (1985). Coping with drop-outs. *Professional Psychology: Research and Practice, 16,* 114-23.

———. & Finney-Owen, K. (1987). Outpatient clinic therapist attitudes and beliefs relevant to client dropout. *Community Mental Health Journal, 23,* 120-30.

Richman, C. L., Brown, K. P. & Clark, M. L. (1984). The relationship between self-esteem and maladaptive behaviors in high school students. *Social Behavior and Personality, 12,* 177-85.

Rodolfa, E. R., Rapaport, R. & Lee, V. E. (1983). Variables related to premature terminations in a university counseling service. *Journal of Counseling Psychology, 30,* 87-90.

Russell, M. N., Lang, M. & Brett, B. (1987). Reducing dropout rates through improved intake procedures. *Social Casework, 68,* 421-25.

Stahler, G. J. & Eisenman, R. (1987). Psychotherapy dropouts: Do they have poor psychological adjustment? *Bulletin of the Psychonomics Society, 25,* 198-200.

Tracey, T. J. (1986). Interactional correlates of premature termination. *Journal of Consulting and Clinical Psychology, 54,* 784-88.

Tryon, G. S. & Tryon, W. W. (1986). Factors associated with clinical practicum trainees' engagements of clients in counseling. *Professional Psychology: Research and Practice, 17,* 586-89.

Tutin, J. (1987). A multivariate analysis of dropout status by length of stay in a rural community mental health center. *Community Mental Health Journal, 23,* 40-52.

About the Author

Joshua M. Gold is an Assistant Professor in the Community and School Counselling programs at Fairfield University in Fairfield, CT.

Address correspondence to: Joshua M. Gold, Assistant Professor, Community and School Counselling Program, Fairfield Univeristy, Fairfield, CT 06430-7524.