
Reducing Attendance Problems in the Group Treatment of Test Anxiety

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Abstract

In university and college counselling services, attendance problems in group programs may lead to poorly informed attempts to modify the programs and can provoke uninformed speculation about treatment effectiveness, as well as producing other difficulties. In spite of their importance, attendance issues have attracted little attention in counselling literature. Studies on the group treatment of test anxiety, on the other hand, have dealt with this subject in a limited way. Some authors have speculated that attendance problems may be rooted in the characteristics of students who drop out, while others have reported on the uncontrolled use of incentives to promote attendance. Data collected over thirteen years in a test anxiety treatment program (N = 736) demonstrate that shortening the program and instituting a \$5 deposit significantly reduce attendance problems, suggesting that such factors may be the critical factors influencing attendance variables.

Résumé

Les programmes spéciaux offerts dans les universités et les collèges se voient confronter à certaines difficultés. L'une d'elles est le manque de régularité avec laquelle les étudiants participent. Par conséquent, il devient difficile de cerner les difficultés réelles du programme offert, les modifications à apporter, et de juger de la pertinence du programme et de son efficacité. Malgré l'importance attachée à cette question, très peu d'auteurs s'y sont attardé. Elle a été abordée dans quelques études sur le traitement de l'anxiété face aux tests mais d'une manière limitée. Certains auteurs considèrent que le taux d'absentéisme est en corrélation directe avec les caractéristiques définissant l'étudiant décrocheur. Par contre, d'autres auteurs ont rapporté un manque au niveau des stratégies qui inciteraient les étudiants à être présents. Des données cumulées au cours des treize dernières années provenant des programmes du traitement de l'anxiété face aux tests (N=736) démontrent que de raccourcir le programme et l'institution d'un dépôt de \$5 réduit significativement le taux d'absentéisme, suggérant ainsi que ces deux facteurs pourraient influencer directement les variables d'absentéisme.

For university and college counselling services, difficulties in promoting student attendance in group educational and treatment programs can produce several undesirable results. Attendance problems can provoke concerns about the content and "packaging" of group programs, leading to modifications of the programs in the absence of good information about the factors that might influence attendance. High numbers of no-shows can produce frustration especially when other students are turned away from treatment because they cannot be accommodated in scheduled programs. High drop-out rates may also lead to speculation about treatment effectiveness, and, since counselling services rely on the goodwill of often remote administrators who may have little understanding of counselling processes and issues, unresolved attendance problems may erode the credibility of counselling services with unfortunate consequences.

In spite of the importance of these issues, attendance problems appear to have attracted little attention in the counselling literature. However, these issues have been alluded to, albeit in a limited way, in studies on the group treatment of test anxiety.

In their comprehensive reviews of test anxiety treatment and research, Allen (1972) and Allen, Elias and Zlotlow (1980) lament the unsystematic reporting of attendance data and urge that attendance variables be more closely monitored. One implication of the critique is attendance problems might be accounted for and resolved by examining the characteristics of drop-outs and those who complete treatment.

Other researchers report the use of various incentives in efforts to promote attendance. Paying students to attend treatment groups (Thyer, Papsdorf, Nimle, McCann, Caldwell & Wilkert, 1981), requiring students to make refundable deposits (Allen, 1973; Jackson & Van Zoost, 1972), or awarding course credit (Deffenbacher, Mathis & Michaels, 1979; Dendato & Diener, 1986) have all been described. Many researchers (including Dendato & Diener, 1986; Ricketts & Galloway, 1984) have commented on students' difficulties in accommodating treatment programs in their crowded class schedules.

In none of these cases have researchers attempted to directly manipulate and study variables that might impact on recruitment or retention of students in group treatment programs. This absence of careful controlled studies of factors that might contribute to attendance problems is troubling.

Beginning in 1975, group treatment for test anxiety became available at the University of Calgary Counselling Services on a regular basis. The program proved to be popular with students and attracted a steady stream of inquiries and registrations. However, the constrained resources of the counselling service meant that many students could not be accommodated in the program. This, coupled with frustration at the unacceptably high attrition and no-show rates, led the author to attempt several modifications of the program over the ensuing years.

The initial program

The program first established employed group treatment, using massed, automated standardized systematic desensitization along with study skills instruction. The program was guided by studies by Swinn (1970a) and Swinn and Hall (1970b) which demonstrated that massed and standardized group desensitization was an effective treatment for test anxiety. In addition, the work of Donner and Guernsey (1969) showed that audiotaped desensitization was as effective as desensitization conducted personally by a therapist. Study skills instruction was included along with desensitization, following Allen's (1972) recommendation.

Students were recruited for the Exam Skills Workshop by means of posters on campus, advertisements in the student newspaper, and by referrals from counselling and teaching staff. Because of space limitations, students were required to register in advance for the program, and enrollment in each group was restricted to 12 students. The workshop was offered over a 1½-day period during the university's Reading Weeks (when classes were not scheduled) or immediately following the end of classes in each term. Over the succeeding three years, 17 workshops were conducted, with an average registration in each group of 6.6 students.

As demonstrated in Table 1, the 1½-day workshop (Condition I) was marked by significant numbers of no-shows and drop-outs.

TABLE 1
Attendance at the Exam Skills Workshop Under Six Conditions

<i>Condition</i>	<i>Number of groups</i>	<i>Number registered</i>	<i>Percentage no-shows</i>	<i>Percentage attrition</i>
I. 1½-day workshop	17	113	21.2	9.7
II. One-day workshop	23	244	34.8	1.6
III. Telephone confirmation	11	93	37.6	0.0
IV. Telephone confirmation plus \$5 deposit	6	46	8.7	2.2
V. Telephone confirmation ^a	9	118	34.7	0.0
VI. One-day workshop	10	122	32.0	0.8
All conditions	76	736	31.0	2.5

Note: A preliminary version of this data has been previously presented (Grassick, 1986).

^a Maximum group enrollment was increased from 12 to 15.

Attrition rates

Many students complained that the 1½-day workshop created scheduling difficulties, in view of the constraints imposed by their class schedules, and the demands of part-time jobs and family commitments. Additionally, a review of the attendance data demonstrated that most attrition occurred at the end of the first day of the workshop. Accordingly, in the fall of 1978, the workshop was shortened by modifying the standardized desensitization program. The amount of time on each audiotape devoted to relaxation instruction was reduced, and the number of desensitization audiotapes was reduced from 11 to 7. This resulted in a 6½-hour workshop that could be offered in a single day. Follow-up studies indicated that there were no significant differences in treatment effectiveness in the shortened program, as measured by pre- and post-

program use of the STABS (Swinn, 1969) and other self-report measures (Grassick, 1978).

Under this change, attrition dropped significantly, but no-show rates actually increased. This was balanced to some extent by increases in average group registration (from 6.6 in Condition I to 10.6 in Condition II).

No-show rates

Since no-show rates continued to be unacceptably high, it was suggested to the Counselling Service that a monetary deposit be taken from registrants against their attendance at the program, following the example of Allen (1973) and Jackson and Van Zoost (1972). However, this proposal met with objections that such a practice would not be consistent with the university's policy that all counselling services be available free-of-charge to students, and there were fears expressed that a monetary deposit, however small, might discourage some students from seeking what might be badly needed therapy. As an alternative, it was suggested that attendance problems might be reduced by having the clerical staff telephone registrants a day or two before each workshop in order to remind them of the upcoming workshop and to encourage their attendance. This practice was instituted in the Winter Term of 1981 (Condition III).

It soon became clear that the telephone confirmation was having absolutely no effect on no-show rates, and the service therefore agreed, in the Fall Term of 1983, to a trial of the deposit incentive (Condition IV). Registrants were required to deposit \$5 against their attendance at the workshop, and were told that forfeited deposits would be used to defray the cost of printed materials in the workshops. Registrants were advised that if they did not wish to attend the workshop they could cancel their registration and redeem their deposit up to one day before the workshop.

The effect of the deposit program was a dramatic decline in the no-show rate from 37.6% in Condition III to 8.7% in Condition IV. There was also an effect on registration, with initial registration declining from an average of 8.5 to 7.7. Attrition rates also increased, but given the small number of students involved, it is difficult to say whether this change was significant.

In the winter of 1984, University Counselling Services lost a clerical position, which made the continued administration of the deposit program impossible. The telephone check was continued (Condition V). In addition, at this time additional classroom space became available, which permitted us to increase group size to a maximum of 15 students.

Under these changes, registration per group increased, but no-show rates rebounded to their previous high levels.

Finally, in 1986, the telephone check was itself abandoned, owing to increased workload experienced by the clerical staff and the perceived ineffectiveness of the device (Condition VI). This return to previous contingencies appears to have had minimal effect on the attendance data.

DISCUSSION

It appears to be irrefutably clear that massing treatment sessions into a single day has virtually eliminated attrition from the program. Only six students (0.96% of those registered) have left the workshops early since the institution of the one-day workshop.

With reference to the no-show problem, telephone checks of registrants' intentions to attend the workshop are both time-consuming and completely ineffective, but a small monetary deposit appears to have a dramatic effect. The deposit program is not without its difficulties. Taking deposits does make additional demands on clerical staff and office systems. There is also an ethical issue involved, since it seems that requiring even a small deposit may discourage some students from seeking treatment for their problems.

Although each of the changes described above was made on an ad hoc basis, and strict experimental controls were not maintained, the effects achieved were so marked that the data do suggest some useful approaches to controlling attendance variables. The data suggest that the dimensions of the treatment programs themselves (e.g., scheduling parameters, the presence or absence of incentives for attendance, etc.) may be more critical in controlling attendance than hypothesized differences between those who complete treatment and those who do not. Nonetheless, given the limitations of the present study, further experimentation is required in order to resolve this question.

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