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CLIENT AND THERAPIST FACTORS INFLUENCING PREMATURE
TERMINATION OF PSYCHOTHERAPY IN A
COMMUNITY MENTAL HEALTH CENTER

A Thesis

by

RICHARD W. HELMS

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ABSTRACT

CLIENT AND THERAPIST FACTORS INFLUENCING PREMATURE
TERMINATION OF PSYCHOTHERAPY IN A COMMUNITY
MENTAL HEALTH CENTER. (August 1982)

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The records of 170 mental health center clients were examined for factors resulting in failure to return following an intake interview. Factors examined included client gender, intake therapist gender, client race, client age, intake therapist experience level, and type of client referral (to the intake therapist or to another therapist for treatment). A stepwise discriminant function multivariate analysis revealed significant relationships between the dependent measure (whether the client returned for therapy after the intake interview) and the two factors, therapist experience and client race. No other factors were related to client return rate. The results of the present study were compared to those in previous investigations, and implications for future mental health center policy were discussed.

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INTRODUCTION

Premature termination of psychotherapy by the client is a constant problem in mental health service delivery. It represents a failure, on the part of either the therapist or the client, or perhaps both, to reach a solution to the difficulties faced by the client. In addition, premature termination represents a loss of income to the service delivery facility, since time set aside for clients who do not show up for their scheduled appointments is generally not filled by other clients. Loss of potential income is especially burdensome in this era of tightened budgets, decreased revenues, and anticipated reductions in staff numbers.

Three recent studies (Betz & Shullman, 1979; Krauskopf, Baumgardner, & Mandracchia, 1981; Epperson, 1981) have indicated that as many as 25% of all clients do not return for their first post-intake therapy session. This failure to even begin therapy represents a substantial loss of revenue for a facility. For instance, a mental health center admitting 1500 outpatient clients a year with a 25% rate for second session no-shows would lose the equivalent of a starting doctoral level staffer's salary in that year. Clearly, an understanding of the factors leading to premature termination would contribute greatly to a reduction in these losses.

Interest in this problem is not new, and neither is research into methods of counteracting premature termination. Heilbrun

(1961), using the Gough Adjective Checklist, found that male therapy clients who terminated prematurely tended to be more achieving, autonomous, and dominant than those who stayed, but less deferent and self-abasing. Interestingly, female therapy clients who left treatment prematurely tended to be less achieving, autonomous, and dominant than those who stayed, while they were more deferent and self-abasing. Heilbrun concluded that those clients who prematurely ended therapy tended to conform more closely to socially prescribed stereotypical sex roles than those who continued therapy to a successful conclusion.

Cartwright (1955) indicated that college students were more likely than non-students to continue therapy, and to derive satisfaction from the client-therapist relationship. He made no specific attributions for this factor. However, it may indicate a feeling of similarity between the college student client and the therapist, based on similar educational levels and socioeconomic background. Non-students might have difficulty experiencing this feeling of similarity. Also, since most college counseling centers do not charge directly for their services, student clients may be more willing to take advantage of these services than clients in the private sector.

Fuller (1964) examined client preference for therapist gender. The results indicated that both male and female clients preferred male therapists. This study also examined the post-therapy attitudes of the clients. In this case, clients who had preferred a female therapist prior to treatment were more likely to prefer a male therapist after therapy than those who wanted a male therapist

prior to treatment were to prefer a female therapist afterward. In other words, those clients who wanted a female therapist prior to therapy were more likely to experience dissatisfaction in the long run than those who initially preferred a male therapist. This study also included a population of subjects whom were not currently undergoing psychotherapy. These non-clients were asked which sex therapist they would prefer if they were in therapy. Again, both genders tended to prefer a male therapist.

These findings would tend to be supported by Boulware and Holmes (1970), who showed each of 60 male and 60 female subjects a series of photographs of "potential therapists." The photographs depicted older and younger males, and older and younger females. The subjects were asked to report whom they would like to see if they had a "vocational problem," or if they had a "personal problem." In all cases except for female subjects experiencing a "personal problem," the subjects preferred the older male "therapists." Female subjects suffering from "personal" problems tended to prefer the older female "therapists," in contrast to the findings of Fuller (1964). In all cases, according to post-test interviews, the most relevant variable in their choices appeared to be the degree of the subjects' expectations that the "therapist" would be able to understand their problem. The indication was that the perception by the "clients" of high experience through advanced age created an expectation of greater "therapist" empathy.

Simon and Helms (1976) both supported and contradicted the findings of the earlier Boulware and Holmes (1970) study. In this

investigation, 32 female college students and 32 non-college women, who sought therapy at a college counseling center, were asked for their preference of therapist gender. Women in both groups preferred to be treated by female counselors rather than male counselors. Not only did they prefer female counselors after undergoing therapy, but they tended to anticipate greater competence on the part of the female helpers. In addition, the female subjects in this study most often sought therapists, both male and female, who were older than themselves. The indication was that the older counselors could offer greater experience and therefore greater expertise and competence. So, while Simon and Helms (1976) supported earlier findings that client perception of therapist experience was a strong contributory factor to client satisfaction in therapy, their study raised some questions about Boulware and Holmes' (1970) findings concerning the influence of therapist gender.

Hill (1975) examined the sex-matching of client to therapist, and therapist experience as factors in client satisfaction. This study indicated that counselors at all levels of experience had greater difficulty in being empathic with opposite sex clients than with clients of their own sex. Self-reports by the clients in the study indicated that clients of female therapists reported greater satisfaction than clients of male therapists. These results added support to Simon and Helms' (1976) findings concerning preference for female therapists.

Fiester and Rudestam (1975) examined therapist experience as a factor in early termination. In this study, therapists with higher

levels of experience tended to have more clients return for the first post-intake therapy session than those with a lower level of experience. The less experienced the clinician, the higher was the rate of premature termination. The study noted no influence of sex of the therapist.

Hurst, Wiegel, and Thatcher (1969) examined other factors in the therapist-client relationship. Findings in this study indicated that agreement between therapist and client regarding the nature of the client's problem and the resultant diagnosis contributed to client satisfaction and resulting continuation of therapy. When the client and the therapist disagreed on the nature of the client's problem, the client was much more likely to express dissatisfaction with the therapy, resulting in eventual early termination.

While there is not a large data base on the subject, the literature does suggest that there may also be a racial component to client satisfaction in therapy. Proctor and Rosen (1978) asked black and white clients to complete a questionnaire prior to their intake interview in a college counseling center. The results indicated that both white and black clients expected their therapist to be white. When asked to express a preference for therapist race, however, whites preferred white therapists, and blacks preferred blacks.

Thompson and Cimboric (1978) offered a similar questionnaire to 42 female and 32 male black college students. These students expressed an overwhelming preference for black counselors. Further, students who were assured that they would see a black therapist

were significantly more likely to take their problems to the college counseling center than those who were not. The type of problem expressed by the students had no effect on attendance; neither did the interaction between client sex and therapist sex. So, a perception on the part of the black population that a mental health service delivery facility offers them the opportunity to be seen by a black therapist may have a substantial effect on therapy satisfaction for that segment of the community served by the facility.

While earlier studies conducted prior to 1971 indicated that male therapists were more likely to foster client satisfaction (Fuller, 1964; Boulware & Holmes, 1970), the results after that year indicated a shift toward client preference for female clinicians (Simon & Helms, 1976; Hill, 1975). This could be a result of a shift in public attitudes toward women in general. With the advent of the women's movement, women have worked their way into increasingly more responsible areas of employment. As they have demonstrated competence and even excellence in these areas, public attitudes have become more appreciative and accepting toward them. Since women are often perceived to be more sensitive, empathic, and understanding than men (Bem, 1974), it is understandable why they might replace men as preferred therapists once their competence is established.

The question might be asked: is this public attitude shift merely a reaction to sudden change, and therefore possibly transitory, or is it a durable, long-lasting change? As therapy moves into the 1980's, which gender therapist do clients most often

prefer? Also, with the advent of extremely brief therapies, and the resultant lack of time in which to become very familiar with therapist qualifications, is therapist experience still an important factor in client satisfaction?

Betz and Shullman (1979) reviewed the records of 1500 clients at the Ohio State University Counseling Center, and selected 20% of them at random for data collection. Of these 300, 159 were eliminated because they were referred to group therapy or to other local agencies for assistance. The remaining 141 were examined for information on client gender, intake counselor gender, assigned counselor gender, and whether or not the client returned for the first post-intake therapy session. The therapists were 14 males (8 staff and 6 interns) and 11 females (5 staff and 6 interns). The mean ages for the therapists were 32 (males) and 31.5 (females). Intake interviews averaged 30 minutes in length, and the interval between intake and first therapy session averaged 5.5 days.

With regard to therapist gender, clients of both sexes were less likely to return for their first post-intake therapy session when they were initially interviewed by a male, as opposed to a female. Further, clients who were initially interviewed by a male and subsequently assigned to a male therapist for treatment were less likely to return for their first therapy session than those who were initially interviewed by a male and then assigned to a female therapist. Surprisingly, no differences were noted for early termination by clients of staff therapists and counseling interns, indicating that therapist experience level was not related to client

satisfaction. The study also found that, overall, 25% of the clients failed to return for their first post-intake session (Betz & Shullman, 1979).

Krauskopf, Baumgardner, and Mandracchia (1981) attempted to replicate the study by Betz and Shullman (1979) at the University of Minnesota Counseling Center. They examined the records of 539 clients at the center during a one-year period. Therapists were 6 staff members, 17 doctoral interns, 28 advanced practicum students, and 61 beginning practicum students. Since no provision was noted by the authors for client referral to group therapy or other agencies, it is presumed that all clients receiving intake interviews were assigned for individual therapy. Each case was examined for data on client gender, intake therapist gender, assigned therapist gender, intake therapist experience level, assigned therapist experience level, the definition of the client's problem by the client, and the therapist's definition of the client's problem.

Contrary to the findings of Betz and Shullman (1979), this study found no relationship between therapist gender and premature termination. No influence was noted for therapist experience. As Hurst (1969) indicated, Krauskopf et al. found that agreement between therapist and client on the nature of the problem and the resulting diagnosis tended to favorably affect clients' return, while disagreement on these matters tended to result in premature termination. Clients who were referred to a therapist other than the intake therapist were more likely to return than those who were retained by their intake therapist.

A separate attempt to replicate Betz and Shullman (1979) was made by Epperson (1981) at the Iowa State University Counseling Center. Since all of the clients in the Epperson study were seen by the intake therapist for continuing treatment, Epperson decided that failure to return for the second or third session would constitute premature termination. The therapists included 14 males (8 with more than 5 years of experience, 4 with 1 to 3 years of experience, and 2 practicum students) and 16 females (6 with more than 5 years of experience, 5 with 1 to 3 years of experience, and 2 practicum students). Data collected on each of the 309 clients included client gender, therapist gender, therapist experience, nature of the client's presenting problem, rated severity of the problem by the client, and whether the client attended the second or third session.

Results indicated, surprisingly, that clients of both genders were more likely to return to the second and third session when the therapist was a male rather than when the therapist was a female. No relationship was found for the client's presenting problem or for therapist experience. As Betz and Shullman (1979) found, approximately 25% of all clients withdrew from therapy prematurely.

None of these three more recent studies found a relationship between premature termination and therapist experience, despite previous evidence that greater experience should result in lower levels of premature termination (Boulware & Holmes, 1970; Simon & Helms, 1976; Fiester & Rudestam, 1975). There was complete disagreement on the influence of therapist gender, and only one study suggested that referral of the client to a therapist other than the

intake therapist for treatment was related to client satisfaction, and consequent continuation of psychotherapy.

Purpose of the Present Study

Betz and Shullman (1979) emphasized that gender differences observed in their study should only be considered suggestive until the investigation was replicated and generalized to other populations and other settings.

The three studies on which the present investigation is based (Betz & Shullman, 1979; Krauskopf et al., 1981; Epperson, 1981) were all conducted in college counseling centers, which normally serve a largely young, middle class, fairly sophisticated population. Indeed, in all three studies, 76.3% of the subjects were under the age of 22. No data are available for a more heterogenous, community mental health center population.

The purpose of the present study is to enlarge the currently sparse data base on contributory factors to premature therapy termination, and to replicate the Betz and Shullman (1979) study in a non-college setting. Since there has been considerable disagreement on the relationship of therapist gender to premature termination rate, this study will focus largely on that variable. Therapist experience will be examined, although the most recent investigations have demonstrated this variable to be unrelated to premature termination. It is hoped that factors identified by the present study to influence client satisfaction and consequent continuation of therapy might well be used to develop a method of determining which clients are more likely to continue therapy in the future.

METHOD

Subjects

Subjects in the present study were residents of a North Carolina county, who sought individual treatment at the county mental health center between the dates of January 1 and December 31, 1981. Only first-time clients were studied, to avoid confounding the variables of interest with external factors such as previous therapy and history of premature termination of treatment. Patients who were referred involuntarily from the courts, from other mental health facilities such as hospitals or private clinics, and from other social service agencies such as Division of Social Services or Vocational Rehabilitation, were excluded from the study. Likewise, clients who had intake appointments and were subsequently referred to group therapy, medication clinics, partial hospitalization, another social service agency, or another department within the center were excluded from the study. Therefore, subjects in this study were self-referred, voluntary, first-time clients at the center, who were referred after their intake interview for individual outpatient psychotherapy.

Of these 307 clients, 85 (26.8%) failed to show up for their first intake appointment. Another 52 were interviewed by one of 19 interns, most of whom were nursing students who saw at most two clients during their six-week rotation through the center. Therefore,

to avoid statistical difficulties surrounding the use of therapists who saw so few people, clients of these interns were excluded from the study. Data in the study came from the remaining 170 clients. Of these, 56 were male, and 114 were female. Forty-nine of the clients were black, and 121 were white. The clients ranged in age from 17 to 81 years, with a mean of 35.4 years, and a standard deviation of 25.8 years.

Therapists

Each of the 170 clients in the final sample was seen for an intake interview by one of 12 therapists in the Adult Outpatient Services Department of the mental health center. Of these therapists, 5 were males and 7 were females. The male therapists included 1 Ph.D. psychologist, 3 psychiatric social workers, and 1 M.A. psychologist. The female therapists included 1 Ph.D. psychologist, 4 psychiatric social workers, and 2 R.N.'s. Among the male therapists, two had between 1 and 6 years of experience, and three had between 7 and 10 years of experience. Among the female therapists, three had between 1 and 6 years of experience, and four had between 7 and 15 years of experience. All of the therapists in the study were white.

During the period of the present study, intake duties were shared by all staff members. Each staff member recorded available intake interview times in a master schedule book which was kept by the therapist handling the emergency services telephone. Each therapist worked one half day a week on the emergency line, and calls from prospective clients wanting intake appointments were routed through these workers. Walk-in clients were screened by the

emergency staffer, and either scheduled for an intake interview or referred to another agency for more appropriate services. Intake interviews averaged 45 minutes in length, and the intake therapist had the option of either retaining the client on his/her caseload or referring the client to another staff member during the weekly staff meeting. After the staff meeting, the client's treatment therapist would call him/her and schedule the first therapy session. If the client was referred to a therapist other than the intake therapist, then the other assigned therapist would take this opportunity to introduce himself/herself and get a bit better acquainted with the client prior to the first session. The interval between the intake interview and the first session was seldom less than three days or more than ten days.

Procedure

Charts for the 170 subjects were examined for the following information: a) client gender; b) client age; c) client race; d) intake therapist gender; e) intake therapist experience in years f) type of client referral, either to the intake therapist or another therapist; and g) whether the client returned for the first therapy session. These variables were chosen because they have been demonstrated in the past studies to be related to client satisfaction.

For the purposes of the present investigation, the criterion for premature termination was identical to that employed by Betz and Shullman (1979) and Krauskopf et al. (1981). That is, patients who failed to return for their first post-intake therapy session, and

did not subsequently reschedule, were considered to have withdrawn prematurely from treatment. Also, clients who failed to attend their first post-intake session and all subsequently rescheduled sessions were considered to have prematurely terminated treatment. Numbers and percentages of return and non-return cases were computed and studied.

Statistical Analysis

Due to the large number of independent variables (6) and the high probability of intercorrelation among these variables, with consequent confounding of the results, the data were analyzed with a stepwise discriminant functions multivariate analysis. This procedure weights the individual variables as they relate to the outcome measure (return/no-return). For those variables which are determined to significantly influence the dependent measure, the analysis provides a number of statistical functions, including Wilk's lambda, an equivalent F ratio and precise level of significance. Probability level was adjusted for by use of Rao's criterion in the analysis.

Also, the analysis provides both standardized and unstandardized canonical discriminant function coefficients.

RESULTS

As can be seen in Table 1, of the 170 clients in the final sample who underwent intake interviews, 66 (38.82%) failed to return for their first post-intake therapy session. This no-show rate is significantly higher ($\chi^2 (3) = 9.972, p .02$) than that of the three most recent studies (Betz & Shullman, 1979; Krauskopf et al., 1981; Epperson, 1981). However, this finding is consistent with that of Fiester and Rudestam (1975), who found that between 37 and 45% of clients who underwent intake interviews failed to return for therapy.

The analysis for therapist experience yielded a Wilk's lambda of .959 ($df = 1/168$), which converts to an equivalent F ratio of 7.190 ($df = 1/168$). This value is highly significant ($p .01$).

The analysis for client race added to therapist experience yielded a Wilk's lambda of .951 ($df = 1/168$), which converts to an equivalent F ratio of 4.266 ($df = 2/167$). While this factor was not as influential in affecting client return rates as were therapist experience, the two variables combined produced a discriminant function significant at .02 level.

The stepwise discriminate functions multivariate analysis also yielded canonical correlation coefficients for the two significant variables which, when combined with a constant can be used to produce an equation which may predict with a fair degree of reliability whether or not a client is likely to return. The canonical

TABLE I
 CLIENT RETURN RATE AS A FUNCTION OF CLIENT SEX, CLIENT RACE, INTAKE THERAPIST
 SEX, ASSIGNED THERAPIST SEX, AND TYPE OF CLIENT REFERRAL

Client/Therapist Pairing	Return Rate					
	Return		No Return		Total	
	N	%	N	%	N	N
Male Clients	32	57.14	24	42.86	56	
Male Intake Therapist	18	62.07	11	37.93	29	
Referred to Self	15	60.00	10	40.00	25	
Referred to Other Male	2	66.67	1	33.33	3	
Referred to Other Female	1	100.00	0	00.00	1	
Female Intake Therapist	14	51.85	13	48.15	27	
Referred to Self	10	47.62	11	52.38	21	
Referred to Other Male	3	75.00	1	25.00	4	
Referred to Other Female	1	50.00	1	50.00	2	

TABLE I continued

Client/Therapist Pairing	Return		No Return		Total	
	N	%	N	%	N	%
Female Clients	72	63.16	42	36.84	114	
Male Intake Therapist	29	67.44	14	32.56	43	
Referred to Self	28	66.67	14	33.33	42	
Referred to Other Male	0	00.00	0	00.00	0	
Referred to Other Female	1	100.00	0	00.00	1	
Female Intake Therapist	43	60.56	28	39.44	71	
Referred to Self	18	46.15	21	53.85	39	
Referred to Other Male	7	70.00	3	30.00	10	
Referred to Other Female	18	81.82	4	18.18	22	
Race of Client						
White	82	67.77	39	32.23	121	
Black	25	51.02	24	48.98	49	
Male Intake Therapists	47	65.28	25	34.72	72	
Female Intake Therapists	57	58.16	41	41.84	98	
Referred to Self	71	55.91	56	44.09	127	
Referred to Other Male	12	75.00	4	25.00	16	
Referred to Other Female	21	77.78	6	22.22	27	
TOTAL	104	61.18	66	38.82	170	

correlation coefficient for therapist experience was .22, and that for client race was .76. In the analysis, blacks were given a value of 1, whites a value of 2. Clients who returned for their first post-intake therapy session were given a value of 1, those who did not, a value of 2. When the constant 2.98 is added, the equation reads: $\text{Return/No Return} = .76 (\text{race value} + .22 (\text{therapist experience in years}) = 2.98$. According to this equation, when applied to the population in the present study, 80 (47.06%) of the subjects would be correctly classified according to how they scored on the outcome measure. This percentage is not quite as good as the probability based on random guessing, so it must be presumed that this equation is not a fair predictor for this population.

In addition to the unstandardized canonical correlation coefficients, the analysis provided standardized canonical correlation coefficients of .94 for therapist experience and .40 for client race. The coefficient for therapist experience, it should be noted, is more than twice that for client race, indicating that therapist experience accounts for more than twice the variance in the relationship with client return rate than client race.

A post hoc Pearson r correlation coefficient was computed to examine a possible pathway by which therapists' experience level may influence outcome. This computation examined the relationship between therapist experience and the proportion of clients that the therapist retained on his/her caseload after the intake interview. The coefficient (-.48) was not significant, indicating that there was no relationship between the two variables.

These results indicate that therapists with greater experience had fewer premature terminations than those with less experience. Also, white clients in the mental health center studied were more likely to return for their first post-intake therapy session than black clients.

Analyses for relationships between client gender, client age, therapist gender, and type of client referral and the outcome measure did not reach conventional levels of significance.

DISCUSSION

Betz and Shullman (1979) stated that the measured rate of failure to return for the first post-intake therapy session by clients in their study, about 25%, represented a "serious and poorly misunderstood failure in the provision of counseling services." If this is the case, then the rate of 38.82% recorded in the present study is especially disturbing. In a college counseling center which is supported primarily by student fees and state and federal funding, a 25% no-show rate represents a substantial and discouraging inability to provide adequate services for the supporting student body. The problem is compounded in the community mental health center by the resultant loss of a large amount of money per annum, on this one circumstance alone. Perhaps an examination of the factors contributing to this substantial non-return rate for first-time clients can reveal strategies which may be implemented in future center policy in order to increase the return ratio.

Of particular interest in the present study was the failure to find an influence of gender of the intake therapist. This was a highly inconsistent factor in the most recent studies. Betz and Shullman (1979) found a significant relationship favoring female therapists. Epperson (1981) found a significant influence on client return rate by male therapists, and to compound matters Krauskopf et al. (1981) found no relationship at all for intake therapist sex.

The failure in the present study to find that the gender of the intake therapist was related to client return rate would at first tend to support the results of Krauskopf et al. on that particular variable. It must be considered, however, that agreement between two studies out of four conducted is hardly conclusive evidence for adoption of a general rule. Further investigations should be conducted to determine what relationship, if any, this factor has on continuation of therapy.

A point of clear inconsistency from the findings of the most recent studies was in the area of therapist experience. All of the three earlier investigations (Betz & Shullman, 1979; Krauskopf et al., 1981; Epperson, 1981) found that the level of intake therapist experience was unrelated to client return rates. Yet, the present study indicates a strong relationship between higher return rates and increased therapist experience.

Logically, greater experience should foster better therapeutic skills and a consequent improved return rate. If this were the case, however, such a relationship should have been demonstrated in the three most recent investigations. It is possible that a client variable which was not observed, such as general educational level or socioeconomic status, might be operating in this divergence. In the recent studies, the clients were primarily college students under the age of 22. It is likely that these clients were fairly verbal, sophisticated, and intelligent. It is also likely that they would identify with younger clinicians who shared their general background of experiences and acculturation, thereby

offsetting the logical influence of greater experience. The average client at the mental health center, on the other hand, was 35.4 years old, and likely to be of a lower SES than the college students. These clients may have felt that older, more experienced therapists would be better able to help them with their problems than young, recently graduated clinicians. This speculation may provide a basis for further investigation into client variables affecting premature termination. Also, while the factor of therapist experience in the present study was divergent to the findings of Betz and Shullman (1979), Krauskopf et al. (1981) and Epperson (1981), the present findings do support those of Boulware and Holmes (1970), Simon and Helms (1976), and Fiester and Rudestam (1975), all of whom demonstrated a relationship between therapist experience and client return for therapy.

A variable not studied in any of the three most recent investigations was the influence of client race. In the present study, blacks represented only 28.82% of the client population, yet they made up 36.36% of the non-returning population. Indeed, blacks had a 48.98% dropout rate after the intake interview. This imbalance in the no-show rate reflects a distinct difficulty on the part of the mental health center to serve the white and black communities with equal facility. One reason for the high non-return rate among blacks may lie in the fact that, out of the 12 therapists on the adult outpatient unit, none were black. The lack of black therapists on the adult staff could have contributed heavily to a perception within the black community that this was an essentially

"white" center. That this could influence return rates is supported in the literature (Proctor & Rosen, 1981; Thompson & Cimboric, 1978).

While the problem of client race is fairly easy to define, the remedy is more difficult. A staff with no blacks serving a community which is almost 30% black may find that it is not adequately serving that community's needs. It is difficult, however, to make active efforts to secure black therapists, even in the case that openings do occur.

One problem is availability. There is an extreme shortage of minority therapists in the United States. One study (Russo, Olmeda, Stapp, & Fulcher, 1981) indicated that blacks make up only 1.1% of the students in college and university clinical psychology programs in this country (black $n = 197$). A large number of these black clinicians (93.7%) are lost to educational settings and the private sector, with whom public mental health cannot hope to compete financially. This means that the country's clinical psychology programs produce approximately 15 black clinicians a year for the public mental health system. While data are not available for other disciplines which feed into the mental health system, it is expected that the proportions are roughly equivalent.

Another possibility is to hire experienced B.A. level blacks to serve as paraprofessionals within the center, and in outreach centers within the black community. These people would work primarily as crisis telephone workers and as intake clinicians. Unfortunately, as one administrator in the center studied pointed out, funding

limitations and the state merit system for hiring would not allow for this practice.

Yet a third method, and perhaps the most easily accomplished, might be actively to recruit black graduate student interns. Although data concerning interns were not used in the present study, interns made up approximately 61% of the available clinicians during the year studied. A substantial representation in that group by black students could make a great deal of progress in offsetting the obvious racial imbalance on the adult unit, and at the same time foster better relations with the black community served by the center. However, because interns lack experience, and experience is an important variable, this could be at best only a partial solution.

Since the observations made in this section are based on information from a single mental health center, they have the greatest meaning for that center only. It is clear, however, that there is a great need to better understand the variables, both of clients and therapists, which might influence the continuation of therapy to a mutually acceptable conclusion, and it is hoped that further attempts will be made by other researchers to uncover and elaborate on these variables. Clients might then be better served, and centers might find that staff time is more efficiently occupied, with a resulting better fiscal health, than is the case at the present time.

BIBLIOGRAPHY

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- Bem, S. L. "The measurement of psychological androgyny." Journal of Consulting and Clinical Psychology, 1974, 42, 155-162.
- Betz, N. E., & Shullman, S. L. "Factors related to client return rate following intake." Journal of Counseling Psychology, 1979, 26, 542-545.
- Boulware, D. W., & Holmes, D. S. "Preferences for therapists and related expectancies." Journal of Consulting and Clinical Psychology, 1970, 35, 269-277.
- Cartwright, D. S. "Success in psychotherapy as a function of certain actuarial variables." Journal of Consulting Psychology, 1955, 19, 357-363.
- Epperson, D. L. "Counselor gender and early premature terminations from counseling: a replication and extension." Journal of Counseling Psychology, 1981, 28, 349-356.
- Fiester, A. R., & Rudestam, K. E. "A multivariate analysis of the early dropout process." Journal of Consulting and Clinical Psychology, 1975, 43, 528-535.
- Fuller, F. F. "Preferences for male and female counselors." Personnel and Guidance Journal, 1964, 42, 463-467.
- Heilbrun, A. B. "Male and female personality correlates of early termination in counseling." Journal of Counseling Psychology, 1961, 8, 31-36.
- Hill, C. C. "Sex of client and sex and experience level of counselor." Journal of Counseling Psychology, 1975, 22, 6-11.
- Hurst, J. C., Wiegel, R. G., & Thatcher, R. "Counselor-client diagnostic agreement and perceived outcomes of counseling." Journal of Counseling Psychology, 1969, 16, 421-426.
- Krauskopf, C. J., Baumgardner, A., & Mandracchia, S. "Return rate following intake revisited." Journal of Counseling Psychology, 1981, 28, 519-521.

- Proctor, E., & Rosen, A. "Expectations and preferences for counselor race and their relation to intermediate treatment outcomes." Journal of Counseling Psychology, 1981, 28, 40-46.
- Russo, N. F., Olmedo, E. L., Stapp, J., & Fulcher, R. "Women and minorities in psychology." American Psychologist, 1981, 36, 1315-1363.
- Simon, J. A., & Helms, J. E. "Influences of counselors' marital status, sex, and age on college and non-college women's counselor preferences." Journal of Counseling Psychology, 1976, 23, 380-386.
- Thompson, R. A., & Cimboric, P. "Black students' counselor preferences and attitudes toward counselors." Journal of Counseling Psychology, 1978, 25, 570-575.

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