
DISSERTATION IN BRIEF

Reasons for Therapy Termination in a University Psychology Clinic



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This study examined the reasons for therapy termination documented by graduate student therapists. The closed case files of individual adult clients who had terminated their therapy experience at a university-based psychology clinic were reviewed. Results indicated that the most frequent reasons for termination documented by graduate student therapists were that clients stopped attending therapy sessions without providing their therapists with notice or reason and that clients reached a satisfactory termination point in their therapy experience. A substantial number of clients terminated therapy because of difficulties unrelated to therapy, seeking services elsewhere, or dissatisfaction with therapy services. Level of depressive symptomatology and the number of sessions attended differed across clients who had different reasons for termination. By addressing such client concerns early in the therapy experience, premature termination may be prevented. © 2002 Wiley Periodicals, Inc. *J Clin Psychol* 58: 1173-1181, 2002.

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The effectiveness of therapy in treating diverse psychological disorders has been established (Barlow, 1996; Lambert & Bergin, 1994). Not only have research studies shown that therapy accounts for outcomes above the effect of common or nonspecific factors, but a large *Consumer Reports* survey has indicated that consumers appear to be satisfied with the mental health services they have received (Klotkin, Daviet, & Gurin, 1996). Despite these findings, the refusal of therapy, or failing to return after the first therapy

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session, has been noted in diverse samples (Garfield, 1994). Rates of refusal vary, with estimates ranging from 13% in a highly educated sample from a private practice (Dubrin & Zastowny, 1988) to 40.8% in a community mental health sample (Pekarik & Wierzbicki, 1986) and 49% at a university counseling center (Phillips & Fagan, 1982, as cited in Garfield, 1994). A meta-analysis examining the rates of premature termination from therapy found a mean rate of 46.86% (Wierzbicki & Pekarik, 1993).

Premature termination from therapy has been of interest for several reasons. First, clients may not have completed the changes for which they entered therapy and may not have experienced a reduction in symptoms (Garfield, 1994). Clients who remain in therapy longer have shown increased social effectiveness (Frank, 1974) and better outcomes (Berman & Norton, 1985). For example, longer treatment (16 weeks vs. 8 weeks) resulted in better outcomes for individuals who were depressed severely (Shapiro et al., 1994). Although less severely distressed clients may show a response to treatment by the sixth session, those with more severe symptomatology may require more sessions in order to benefit from treatment (Beckham, 1989). Secondly, practitioners are concerned with the cost associated with clients who terminate prematurely, given the limited therapeutic services available (Sue, McKinney, & Allen, 1976). Finally, early termination of services may interfere with the interpretability of therapy-outcome research (Beckham, 1992).

Premature termination, however, has been defined inconsistently within the research literature, ranging from discontinuation after the first session (Sue et al., 1976) to discontinuation along multiple time points in therapy (Garfield & Affleck, 1959). Other studies have examined premature termination within the context of different phases of therapy, such as during intake, evaluation, or treatment (Gould, Shaffer, & Kaplan, 1985). This lack of consistency has made it difficult to determine the factors relating to premature termination. For example, Pekarik (1985) found that duration-based classifications of premature termination were not as useful as alternate definitions of premature termination, such as using therapists' judgment of termination status. Furthermore, it is important to examine the reasons clients may have for prematurely terminating therapy so that these issues can be addressed in therapy before termination. In this way, potential reasons for prematurely terminating therapy will not interfere with the achievement of therapy goals.

Although it is unlikely that clients terminate therapy for any one reason (Koran & Costell, 1973), the reasons that clients provide for their termination and the reasons for termination documented by therapists may provide insight into the extraneous barriers and events that affect the therapy process. In the studies that have examined clients' reasons for termination, three main reasons seem to have been provided: Clients may feel that they had improved sufficiently through the therapy experience to terminate (without having met the agreed upon therapy goals), clients may have to deal with some sort of external or environmental constraints, or clients may feel dissatisfied with the services provided (Carter, Turovsky, Sbrocco, Meadows, & Barlow, 1995; Kasoff, Castonguay, Horowitz, Luboski, & Boutsellis, 2000). Dissatisfaction expressed by clients may be with regard to the therapy services provided or with the therapist because of a perceived lack of expertise, competence, or trustworthiness (Kokotovic & Tracey, 1987; McNeill, May, & Lee, 1987). These reasons have been documented for adults (Carter et al., 1995; Kokotovic & Tracey, 1987) and for children (Farley, Peterson, & Spanos, 1975) in group therapy and individual therapy.

The purpose of the present study was to examine the reasons for therapy termination documented by graduate student therapists at a university-based psychology clinic. It was expected that clients frequently would provide reasons extraneous to the therapy experience for their termination rather than discussing termination with their therapists

and coming to a mutual decision that termination was appropriate. In addition, potential differences in the level of depressive symptomatology and in the number of therapy sessions attended were examined across clients with different reasons for termination.

Method

Participants

The files of 407 clients (31.9% men and 68.1% women) who had sought individual adult therapy services at a university-based psychology clinic were examined in an archival case review. Based on demographic information provided in the files, the range of ages of these clients was 17 years to 74 years, with a mean age of 31.92 years ($SD = 9.98$), during their therapy experiences. The majority of clients were White non-Hispanic (84.0%). The remainder of the sample varied in race/ethnicity (3.9% African American, 6.1% Hispanic American, .5% Asian American, .2% Native American, and 1.5% of clients listing other cultural backgrounds or some combination of the aforementioned racial/ethnic backgrounds). Race/ethnicity data were unavailable for 3.7% of the clients.

Each of the cases reviewed for this study were adult clients who had contacted the clinic seeking individual therapy services. Each of these clients had attended an intake session with his/her therapist, which consisted of an introduction to the clinic, a clinical interview assessing the presenting problem(s), and a data collection period during which clients completed a standard assessment battery. Thus, clients in this sample began having therapeutic contact with their therapist and began completing assessment measures within their first visit to the clinic.

Study Site

The university-based psychology clinic providing the client records for this study is located in the psychology department of a southeastern university. Clients who receive services in this clinic are screened for severe psychopathology because the majority of therapists working in the clinic are graduate students at various stages of the clinical psychology doctoral program in the department. Therefore, potential clients who contact the clinic with serious clinical issues, such as suicidal ideation, homicidal ideation, substance use concerns, and/or legal concerns, generally are referred to other agencies in the community following an in-depth telephone intake interview. Clients who then are assigned to a graduate student therapist receive therapy services for a variable number of sessions, determined by the graduate student therapist, his/her supervisor, and the client. All fees for therapy services are determined on a flexible sliding-fee schedule. The majority of graduate student therapists work within a cognitive-behavioral framework, consistent with the major therapeutic orientation of the doctoral psychology program.

Variables of Interest

Reasons for Termination. Case files were reviewed to determine the reasons for therapy termination documented by graduate student therapists. In most cases, the reason for termination was listed as part of the case notes maintained by the therapist assigned to each case or provided in a termination summary composed by the therapist at the end of each client's treatment. Forty-one case files (approximately 10%), however, did not provide a reason for therapy termination due to incomplete case notes or missing termination

summaries in the client files. These case files were excluded from further examination. The remaining 366 case files were used in this study.

In an effort to reduce the numbers of reasons for termination provided across clients into manageable categories, the reasons for termination provided in the 366 case files were recorded and examined for similarity. Based on similarities, one experimenter grouped reasons for termination into 16 cohesive categories. A second experimenter reviewed these reasons for termination for agreement across categories. No discrepancies in the classifications were noted. Based on the conceptual similarities of several of the sixteen categories, six macro-categories of reasons for termination were created. These macro-categories, with their subcategories, are provided in Table 1.

Client Depression. The Beck Depression Inventory (BDI), administered as part of the intake session, was used to assess each client's level of depressive symptomatology. The BDI has acceptable psychometric properties (Beck & Steer, 1987).

Number of Sessions Attended. The case files also were examined to determine the number of sessions clients attended. This information was determined by the number of sessions documented by the therapist in their case notes or by the number of sessions listed on pay-sheet records.

Results

Descriptive Statistics

Clients in this sample were experiencing a moderate range of clinical symptomatology at intake, with a mean score of 17.59 on the BDI ($SD = 10.27$). Most clients (84.4%,

Table 1
Reasons for Termination and Their Frequencies

Categories/Sub-Categories	<i>n</i>	Percent
Client gave no notice or gave no reason	131	35.8
Client stopped attending without notice	114	
Client gave notice but no reason	17	
Mutual agreement/satisfaction	86	23.5
Mutual agreement between therapist and client to terminate	57	
Client satisfied with gains	29	
Client difficulties unrelated to treatment	73	19.9
Client relocated/moved	31	
Client experiencing job constraints	13	
Client experiencing financial hardships	8	
Client experiencing scheduling difficulties	7	
Client experiencing transportation difficulties	5	
Client experiencing relationship difficulties	5	
Client experiencing health-related difficulties	4	
Client sought services elsewhere	42	11.5
Client sought services elsewhere	24	
Client was referred elsewhere	18	
Client dissatisfaction with services	31	8.5
Client felt that progress was not being made	23	
Client was dissatisfied with services or therapist	8	
Therapist terminated therapy	3	.8

$n = 309$) continued therapy for some length of time following the intake. However, 15.6% ($n = 57$) of the clients failed to return for their first therapy session following intake. The mean length of therapy was 12.61 sessions ($SD = 16.73$), ranging from no sessions to 100 sessions following intake.

Reasons for Termination

The frequency of each of the macro-categories of reasons for termination is provided in Table 1. The reason for termination listed most frequently by graduate student therapists was that clients simply stopped attending their therapy sessions without providing notice or a reason for their termination (35.8%). The second largest category was composed of clients who were satisfied with the gains they had made in therapy, either through reaching their therapy goals to the mutual satisfaction of their therapist or who had made sufficient gains to be satisfied (23.5%). The remaining categories documented by graduate student therapists were composed of life difficulties or constraints described by clients that were unrelated to therapy (19.9%), clients seeking services elsewhere (11.5%), client dissatisfaction with therapy (8.5%), and therapist-initiated termination (.8%). As can be seen in Table 1, the frequencies of clients were not evenly distributed across the categories of reasons for termination. Significantly more clients gave no notice or reason for termination, $\chi^2 = 80.33, p < .01$, whereas significantly fewer clients were dissatisfied with therapy, $\chi^2 = 14.75, p < .05$, or experienced therapist-initiated termination, $\chi^2 = 55.15, p < .01$, than would be expected if clients were distributed randomly across categories.

Reasons for Termination and Client Depression

To determine if clients differed in their level of depressive symptomatology across categories, an analysis of variance (ANOVA) was conducted. Scheffe post-hoc analyses then were used to explore the significant findings. Based on these analyses, it was determined that clients differed significantly in their levels of depressive symptomatology, $F(5,335) = 5.85, p < .0001$. In particular, clients who terminated therapy without providing notice or a reason for doing so had endorsed higher levels of depressive symptomatology than clients who had reached a satisfactory termination point ($p < .05$). Clients who sought services elsewhere also had endorsed higher levels of depressive symptomatology than clients who had reached a satisfactory termination point ($p < .05$). The mean scores for depressive symptomatology for each category are reported in rank order from highest level of depressive symptomatology to lowest level of depressive symptomatology in Table 2.

Table 2
Reasons for Termination and Level of Depressive Symptomatology

Categories	Mean	SD
Therapist terminated therapy	29.33	11.68
Client sought services elsewhere	22.61	12.11
Client gave no notice or gave no reason	18.53	9.78
Client difficulties unrelated to treatment	17.74	10.04
Client dissatisfaction with services	16.88	9.26
Mutual agreement/satisfaction	13.46	9.03

Reasons for Termination and Therapy Attendance

To determine if clients with different reasons for termination differed in the number of therapy sessions they attended, an ANOVA was conducted. Scheffe post-hoc analyses then were conducted to explore the significant findings. Based on these analyses, it was determined that clients differed significantly in the number of therapy sessions they attended, $F(5,360) = 12.26, p < .0001$. Post-hoc testing revealed that clients who had experienced therapist-initiated termination had attended significantly more therapy sessions than all other clients (those who had stopped attending therapy sessions without notice or a reason, were satisfied with therapy, experienced difficulties unrelated to therapy, had sought services elsewhere, and were dissatisfied; all $ps < .05$). In addition, clients who had reached a satisfactory termination point attended significantly more sessions than clients who stopped attending therapy sessions without notice or a reason, clients who experienced difficulties unrelated to therapy, and clients who sought services elsewhere (all $ps < .05$). The mean number of therapy sessions for clients in each category are reported in rank order from the greatest number of therapy sessions attended to the fewest number of therapy sessions attended in Table 3.

Discussion

The results of this study suggest that reasons for therapy termination documented by graduate student therapists vary across clients. Approximately one-third of the clients examined in this study terminated their therapy experience without providing notice or a reason for their termination. This result was surprising given the general procedures of the university-based psychology clinic from which the cases were reviewed. In general, therapists telephone and/or send a letter to their clients requesting a formal termination session after clients fail to return to the clinic for their scheduled therapy sessions. Furthermore, clients who terminated therapy in this way tended to do so early in the therapeutic relationship. Although clients are not required to provide a reason for choosing to terminate their therapy experience, such circumstances leave therapists wondering how they could have better assisted their clients in achieving their therapy goals.

The second largest termination category reported by therapists was composed of clients who had reached a mutually satisfactory termination point with their therapists or who were satisfied sufficiently with their therapy gains to terminate. Although clients did not complete a satisfaction measure as part of their therapy experience, the fact that the majority of therapists at the clinic work within a cognitive-behavioral framework suggests that therapy goals are negotiated early in therapy and are the focus of the therapy

Table 3
Reasons for Termination and Number of Therapy Sessions Attended

Categories	Mean	SD
Therapist terminated therapy	53.00	25.24
Mutual agreement/satisfaction	20.95	18.48
Client dissatisfaction with services	12.29	16.05
Client difficulties unrelated to treatment	11.95	15.57
Client sought services elsewhere	10.88	15.96
Client gave no notice or gave no reason	7.21	12.82

experience. In following such a framework, most therapists would use the progress towards such goals as an indication of client readiness to terminate. As such, it is likely that clients who reached such a mutual decision concerning readiness to terminate therapy were relatively satisfied with their therapy experience overall. Such a conclusion is consistent with the report of Klotkin and colleagues (1996) that consumers appear satisfied with their therapy experiences.

According to the therapists' report, the majority of clients in this sample terminated therapy before achieving a satisfactory termination point. Instead, a substantial proportion of clients had experienced difficulties unrelated to therapy, sought services elsewhere, or were dissatisfied with the services they received. These findings are consistent with those of previous researchers who examined clients' reasons for therapy termination (e.g., Carter et al., 1995; Kasoff et al., 2000). With regard to clients' difficulties unrelated to therapy and dissatisfaction with services, therapists from the clinic examined in this study attempted to discuss and rectify these circumstances in many cases. For example, the clinic examined in this study operates on a sliding-fee scale. Therefore, if clients cite financial constraints as their reason for terminating therapy, they may be provided with the possibility of reducing their fee per session so that therapy can continue unabated. In each of the cases with such a financial circumstance in this study, clients instead chose to terminate therapy, even after their reason for termination was addressed. Thus, it appears that there is no easy way for therapists to identify and rectify clients' concerns about therapy and termination without identifying clients' overall life circumstances, readiness to change, and expectations for therapy. These aspects of clients' reasons for termination should be researched further in relation to premature termination.

Clients who terminated therapy without notice or reason and who sought therapy services elsewhere endorsed a higher level of depressive symptomatology than clients who reached a satisfactory termination point. This finding, in part, may be reflective of the general procedure of the clinic in this study to provide graduate student therapists with clients appropriate for their skill level. Therefore, clients with more severe psychopathology generally are referred to other agencies in the community for therapy services. In general, most clinicians do begin assessing the symptomatology of their clients early in the therapeutic relationship, however. In this way, the reduction of such symptoms can be targeted through therapeutic goals and with appropriate therapy interventions.

The number of therapy sessions clients attended also was related to the reasons for therapy termination. Those clients who experienced therapist-initiated termination had attended significantly more therapy sessions than all other clients examined in this study. In addition, clients who reached a satisfactory termination point in their therapy attended significantly more therapy sessions than those who provided no notice or reason for their termination, those who experienced difficulties unrelated to therapy, and those who sought services elsewhere. Therefore, clinicians should consider assessing other characteristics of their clients early in therapy, such as the restraints clients experience while continuing therapy as well as client perceptions and expectations of therapy. This practice may assist in the prevention of premature termination of therapy. In addition, clients should be encouraged to be inquisitive about the therapeutic services they will receive when choosing a particular agency or therapist. In this way, clients can promote their own satisfaction with the services they receive and their own achievement of therapeutic goals. Future research should examine the validity of these mechanisms in preventing premature termination of therapy.

In summary, the findings of this study suggest that the reasons for therapy termination vary across clients, with a substantial number of clients terminating without notice or reason. Although the reasons for termination were collected from the case files of clients

who had terminated therapy rather than the clients themselves, the findings provided in this study are consistent with those of researchers who have investigated clients' reasons for therapy termination directly (e.g., Kasoff et al., 2000). In addition, the level of depressive symptomatology and the number of therapy sessions attended by clients were related to reasons for therapy termination. These findings suggest that therapists need to be attuned to the needs and circumstances of their clients so that a therapeutic relationship can be established in a relatively small number of therapy sessions, possibly preventing premature termination of therapy. Most importantly, because clients can terminate therapy for a variety of reasons within variable time frames, therapists need to focus on promoting change in their clients within a short period of time so that clients can benefit from the amount of therapeutic contact they do receive.

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