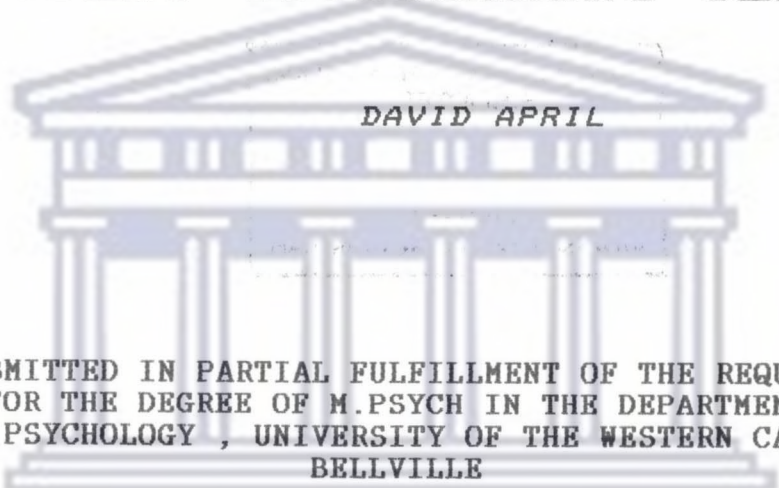


**AN INVESTIGATION INTO  
PREMATURE TERMINATION OF  
COUNSELLING AT A UNIVERSITY  
STUDENT COUNSELLING CENTRE**



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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
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## ABSTRACT

This study investigated premature termination of counselling at a University Counselling Centre. Twenty (20) premature terminators reported on their experience of counselling by completing a mailed questionnaire containing open- and close-ended items. Six hypotheses were advanced. The following results were obtained: Premature termination is not the result of a negative experience of counselling by the client: nor is premature termination the manifestation of a failed interpersonal relationship between the client and the counsellor; clients who terminate prematurely are likely to seek counselling again at a later stage in their lives; premature terminators will be likely to refer someone for counselling; and premature terminators did not consider their participation in the study as violating counselor-client confidentiality. Limited support was established for the hypothesis that premature terminators will consider their expectation of counselling as not having been met. Methodological limitations of the study and contextual features of the research setting that may have impacted on the termination behaviour are discussed.

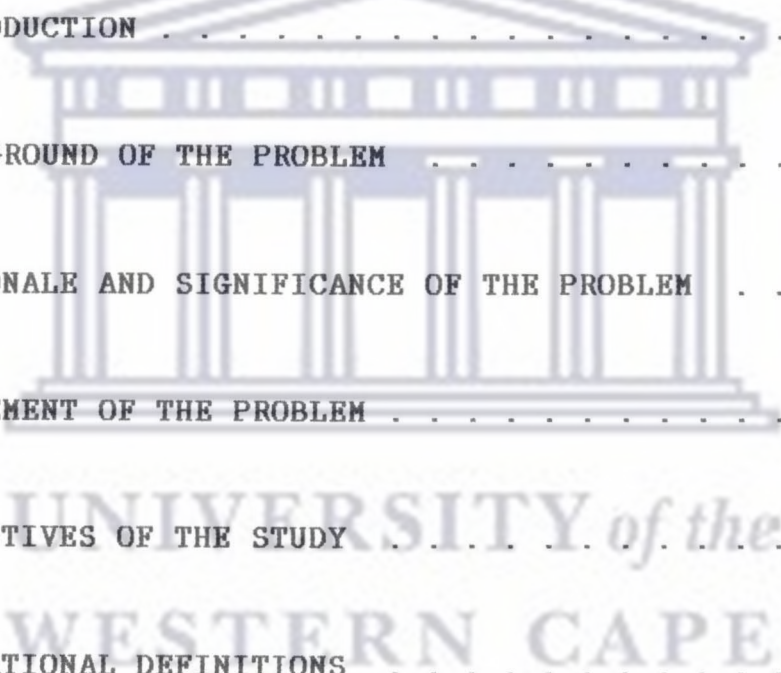
DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is his own original work.



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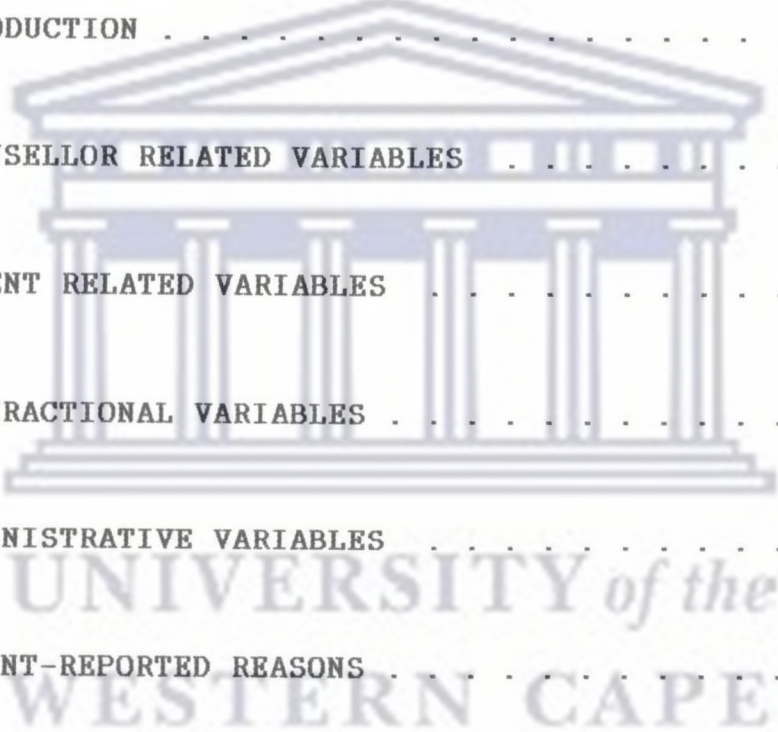
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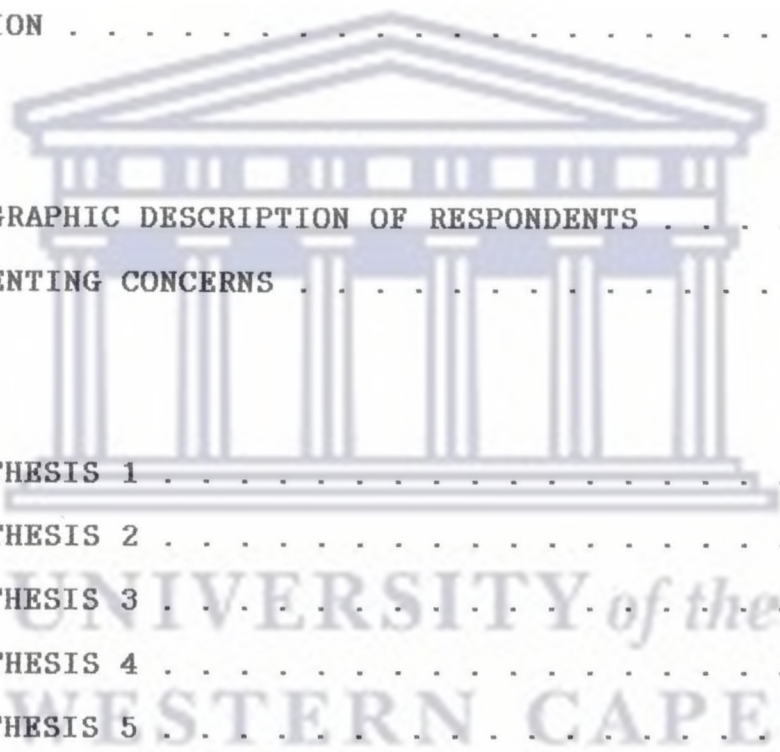
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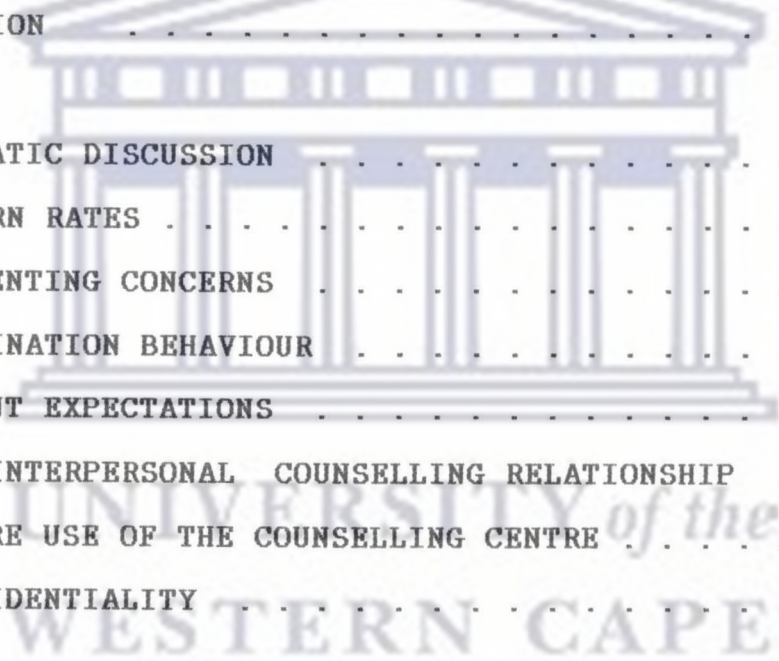
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## CHAPTER 1

### 1.1 INTRODUCTION

The negative impact of premature termination of psychological services and the utilization of scarce resources is a cause for concern. As psychologists we commit ourselves to optimum service delivery. Betz and Schulman (1979 p.543) described premature termination as "a major barrier to the effective delivery of counselling services". Premature termination is therefore commonly viewed as a breakdown of this helping process and represents a drain on valuable and limited resources such as time and money. Professional skills are under-utilised while waiting-list clients are denied earlier access to these services.

The sense that premature termination of counselling represented a phenomenon worthy of investigation was confirmed when feedback was received from fellow counsellors, masters practicum students and staff members of the Centre for Student Counselling (CSC). Counsellors experienced a sense of demoralisation when clients terminated prematurely - a phenomenon also reported by Duehn and Proctor (1981). Upon enquiry each counsellor posited a possible explanation for the premature termination. A commonly held view was that many clients seek counselling when the concerns in their lives have reached crisis proportions and after cathartic offloading

they stop attending further sessions - ostensibly due to feelings of relief. Another view offered was that the premature termination could be a function of client resistance to therapy. These explanations were however mere impressions by the counsellors and hence speculative. An investigation of this phenomenon was therefore considered necessary.

## 1.2 BACKGROUND OF THE PROBLEM

The researcher considered it important to investigate the phenomenon and the assumptions underlying it within the context of psychological service rendered to a Black student clientele at a Black South African university. It is important to qualify this context as most published research on the utilisation of psychological services by Black students have been conducted on White American campuses where such students constitute a minority group within the dominant culture (Marx & Gelso, 1987; Tomlinson & Cope, 1988 ; Hardin, Subich, & Holvey, 1988).

A number of issues have been researched indicating that the minority position of these students influence their utilisation of counselling services. Black students, especially Black males, tend to underutilize counselling services aimed at promoting psychological and emotional wellbeing (Winer, Pasca, Dinello & Weingarten, 1974 ; Tomlinson & Cope, 1988) and display a negative attitude towards the counselling service (Westbrook and Smith, 1976).

Different rates of premature terminations have also been recorded depending on the composition of the clientele within a particular context. Using a general student sample, Krauskopf, Baumgardner & Mandracchia (1981) reported a 19% premature termination rate, Betz and Schulman (1979) reported a 24% premature termination rate and Epperson (1981) a 25% premature termination rate. This contrasts with a study conducted by Sue, Mckinney, Allen and Hall (1974) with "minority" students reporting a 50% termination rate. While a number of confounding variables may make a direct comparison between these studies undesirable, the potential significance of the academic context of the student and their social backgrounds in relation to their utilisation of counselling services is worth noting.

The issue of exactly what constitutes a relevant and appropriate psychological service for Black South Africans has been widely debated in psychological journals over the past decade (Anonymous, 1986; Dawes, 1986; Nell, 1990; Cooper, Nicholas, Seedat and Statman, 1990). These debates have however not been translated into extensive research into the actual experience of counseling or psychotherapy by Black clients. While not the focus of this study, it will attempt to illuminate this area by focusing on a section of this population ie. Black university students and their utilization of a psychological service.

### 1.3 RATIONALE AND SIGNIFICANCE OF THE PROBLEM

Premature termination is generally regarded as a negative therapeutic outcome as it carries the implication that the counsellor considers the therapeutic process as not having run its full course and that it is therefore incomplete. This view has been contested by researchers who conducted follow-up studies with clients who drop out of therapy and found that the termination is not necessarily experienced as a negative treatment outcome (Acosta, 1980; Pekarik, 1983 ). It may indicate that the client considers the problem as having been solved , or that substantial symptomatic relief has been obtained or effective support systems developed outside of the therapeutic relationship (Lemkau, Bryant, & Brickman - cited in Mennicke et al. (1988).

The majority of studies undertaken have attempted to identify variables that correlate significantly with premature termination. Few studies focused on the client's perception of premature termination. These studies, though limited, do indicate however that many student clients who drop out of therapy remain in need of assistance. Christensen, Birk and Sedlacek (1977) conducted a follow-up study with waiting-list clients who failed to show up for their first session after an initial intake interview and found that 29% reported resolving their presenting problem while 50% sought help elsewhere. Robbins, Mullison, Boggs, Riedesel and Jacobson (1985) followed-up 47 students who were registered for a

career workshop but who did not attend and found that only 17% reported that their goals were met.

These studies have a major limitation in that the clients concerned had very minimal or no contact with actual counselling. In order to address this issue research should take into account how dropouts fare after varying lengths of counselling.

Acosta (1980) raised the further criticism that there are virtually no data available where clients state in their own words the reason(s) for terminating therapy. Pekarik (1983) posits a possible reason for this as relating to the difficulty of contacting clients who have rejected services.

The notion that premature termination is by implication a negative therapeutic outcome also tends to discount the possible significance of their client's engagements and interactions (intra- and inter-personal) outside of the therapeutic session. The client who presents for a weekly or twice weekly session spends only a fraction of his time in the session. The significance of this encounter should be seen in relation to the rest of his life as but one significant influencing factor. The existence and/or restoration of support structures outside of the therapeutic relationship is therefore an important factor to consider in developing an understanding of premature termination.

Enquiring about the clients subjective adjustment or degree of improvement should provide a more nuanced understanding of the clients termination - from the perspective of the client - rather than viewing the counselling session as the only arena where psychological distress and adjustment are mediated and the counselling providers as the only frame of reference for judging its effectiveness.

The overwhelming body of research on premature termination has been confined to White American campuses or have focused on "minority" students on such campuses. The generalisability of such research findings to Black South African students has not been established.

The main focus of the study was to elicit from clients their self-stated reasons for premature termination of counselling. The study further attempted to provide the research centre with a description of premature terminators' experience of counselling and attitudes towards counselling and the Counselling Centre. The insights derived from such an investigation could serve to contribute to the theory and practice of counselling and increase the capacity of the Centre for Student Counselling to service its clients more effectively.

#### 1.4 STATEMENT OF THE PROBLEM

The aim of this study is to investigate the phenomenon of premature termination of counselling at a university counselling centre by asking clients who prematurely and unilaterally terminated counselling to report on the reason for terminating as well as gather information on their subjective experience of and attitudes towards counselling and the counselling centre.

#### 1.5 OBJECTIVES OF THE STUDY

It is hypothesised that with regard to students seeking or engaged in a counselling relationship that :

- 1.5.1 Premature termination is the result of a negative experience of counselling by the client.
- 1.5.2 Premature terminators will consider their expectations of counselling as not having been met.
- 1.5.3 Premature termination is a manifestation of a failed interpersonal relationship between the client and counsellor.
- 1.5.4 Clients who terminate prematurely are unlikely to seek counselling again at a later stage in their lives.
- 1.5.5 Clients who terminate prematurely will be unlikely to refer someone for counselling.

#### 1.6 OPERATIONAL DEFINITIONS

##### 1.6.1 Premature Termination (PT)

Different definitions of premature termination have been advanced in various studies. The lack of an explicit definition is cited as a major source of criticism of such



studies (Baekeland and Lundwall, 1975). The definitions generally differ with respect to the stage in counselling at which clients fail to return for scheduled sessions. Betz and Schulman (1979) and Krauskopf et al. (1981) considered clients who failed to return for the first session following intake while Hardin, Subich and Holvey (1988) considered clients who failed to return for a second scheduled session as having terminated prematurely. Epperson (1981) considered clients who failed to return for the first and/or second session following intake as premature terminators. The broadest definition was adopted by Kokotovic and Tracey (1987) and Radolfa , Rapaport and Lee (1983) who considered any failure to return for a scheduled session following intake as premature termination.

In this study premature termination will be defined in line with the broadest definition outlined above, ie. all clients who fail to return for any scheduled session following an initial or number of counselling sessions . The advantages of utilising such a definition are firstly, there is no available accurate data on the termination rate of counselling at the Centre under investigation and will therefore target the widest spectrum of clients who terminate prematurely. Secondly, it may serve to provide descriptive data on the stage of counselling at which clients terminated. Thirdly, such a definition embraces only those clients who have attended at least one counselling session thereby excluding

"no show" clients ie. clients who made an appointment but who did not present for any counselling session.

Subjects in this study will be referred to as premature terminators (PT's). Terms used synonymously with premature terminators include: treatment dropouts, self-terminators and unilateral terminators.

#### 1.6.2 Early premature terminators

The term early premature terminators (EPT's) typically refers to those clients who terminate therapy within the first few sessions of therapy.

#### 1.6.3 Scheduled counselling session

Any counselling session for which an appointment was made in the official appointment schedule of the Centre.

### 1.7 THE RESEARCH CONTEXT

This study was conducted at the Centre for Student Counselling (CSC) which is located on the main campus of a large historically Black, South African university. Counsellors are also involved in training psychology interns, teaching and research (Campus Guide, 1992). Given the range of services offered by the Centre, it can be classified as a Macrocentre (Stone & Archer, 1990). The chief function of the CSC is that of providing a free counselling service to all registered students and staff members.

Typical presenting concerns guiding the initial entry into counselling are indicated on the Centre's standard intake form (Problems Checklist). Other services offered by the Centre, include: An annual Orientation Programme focusing on new first year students and their introduction to the university . A Graduate Recruitment Programme aimed at preparing and placing final year students while an Outreach Programme to high schools is headed by the School Liaison Unit. The Centre also conducts various specialised workshops and programmes upon request from campus and community based organisations.

The Centre is headed by a director with 6 full-time counsellors (of whom one was on sabbatical) and two administrative staff members. Two intern psychologists (masters students) were based at the Centre 3 days per week and one Social Work final year student completed an internship. Two groups of three psychology masters students in the first year of their programme completed a weekly practicum at the Centre. The Centre also employed student assistants as part of a work-study programme who performed various administrative duties. For the purpose of the study the clients of the five full-time counsellors and two intern psychologists were considered as potential subjects.

During 1991 a total of 502 clients (44% males and 56% females) presented for counselling. The majority of these clients

(67.7%) were either first year or second year students. With regard to the severity of concerns, between 37% and 51% of clients indicated that their problems affected their functioning considerably or severely in the areas of academic performance, social life and personal life (CSC Annual Report, 1991). The average attendance was about 1.3 sessions per client (personal communication with the Director, June 1992) with 1628 appointments that were kept during 1991.

The Centre operates on an appointment system. Clients can either make a telephonic or personal appointment and would be seen by a counsellor to whom they are randomly assigned either on the same day or the next available session - a waiting period normally not longer than a week. Each client completes a Problems Checklist at the reception and presents this to the counsellor at the initial session. In the event of a client requesting a specific counsellor or a specific preference the request is normally granted where possible.

## 2. SUMMARY

In Chapter 1 the traditional view of premature termination as a negative therapeutic outcome was stated as a perspective adopted mainly by the counsellors - hence the focus of this study to investigate the clients' perspective of this phenomenon. Such a perspective is also deemed important in the light of the unambiguous outcomes of studies aimed at identifying the variables associated with premature termination

and the lack of research focusing on client-stated reasons for terminating counselling. Hypotheses were advanced which would be tested by the data generated. An operational definition of premature termination and related concepts were offered and the chapter concluded with a description of the physical context within which the study was undertaken.

A review of relevant literature is provided in Chapter 2. The research procedure and pilot study outcomes are described in Chapter 3. The results of the main intervention is detailed in Chapter 4 and discussed in Chapter 5.

The logo of the University of the Western Cape, featuring a stylized classical building with a pediment and columns.

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## CHAPTER 2

## LITERATURE REVIEW

## 2.1 INTRODUCTION

In a major review of the literature on premature termination at university counselling centres by Mennicke, Lent and Burgoyne (1988) variables were classified in the following categories: counsellor variables, client variables, counsellor-client interaction variables and administrative or clinic variables. This framework is a useful one and will form the broad framework for the literature review in this chapter. In framing the literature focus for this study it is instructive to note three limitations of past research related to premature termination (Epperson, 1981).

- (1) The majority of research focused on client variables.
- (2) Studies employ different criteria to define premature termination.
- (3) The majority of research was conducted in community health centres, psychiatric hospitals or outpatient clinics.

While all these levels of critique are to be considered in the framing of this study, it is particularly the third point above that will be critical in focusing the literature review for this study ie. targeting research based at university counselling centres. Studies at institutions other than universities will be less detailed in the review as there

are significant differences between the populations and procedures of institutions such as community health centres and psychiatric hospitals on the one hand and university counselling centres on the other hand. Some of these difference would relate to the demographics of the clientele, nature and duration of treatment and the status of service user - client, in-patient or out-patient. Hillerbrand (1988) found that many measures traditionally associated with psychiatric patients and low socio-economic status ( such as premature termination, number of sessions and cancellations, rating of psychopathology and level of counsellor training) were not related to a university counselling centre's clients.

The review will also highlight studies focusing on clients' reasons for terminating counselling - the main focus of the present study.

## 2.2 COUNSELLOR RELATED VARIABLES

### 2.2.1 Counsellor sex

This variable is easily operationalised and has been investigated in a number of studies . Betz and Schulmann (1979) investigated the relationship between client and counsellor gender and premature termination and concluded that clients of both sexes were significantly less likely to return for counselling sessions when initially interviewed by a male intake counsellor. Clients referred by male intake counsellors

to other male counsellors were significantly less likely to return than were clients seen by and/or referred to female counsellors. A number of studies replicated the Betz & Schulman (1979) study with mixed results. Rodolfa Rapaport and Lee (1983) found no significance between these variables while Epperson (1981) and Epperson Busway and Warman (1983 p. 354) recorded a reversal of the earlier findings, stating empathically : " The primary result of the analyses was clearly the persistent main effect of the gender of the counsellor on return rates or, conversely, rates of premature termination, regardless of the sessions examined, the experience of the counselors, the gender of the clients, the concerns of the clients, or the severity of the concerns. Male counselors consistently had higher return rates than female counselors."

Martin, McNair and Hight (1988) state that such mixed results suggest that the effect of the sex of the intake counsellor on early premature rates is more a function of the particular personnel employed at a counselling centre than merely the sex of the intake counsellor . This perspective is shared by Mennicke, Burgoyne and Lent (1988) who posits that the sole focusing on gender contains an implicit biological bias to



observed differences whereas these difference may reside in unique ecological and historical factors.

### 2.2.2 Counsellor level of experience

A common sense view of this variable would dictate the following dictum: the greater the experience level of the counsellor the greater the ability to be effective and hence, the lower the rate of premature termination. This view has however not been borne out consistently in research (Betz & Schulman, 1979; Rodolfa et al., 1983). Possible reasons accounting for such outcomes are located in the way in which counsellor experience is operationalised eg. in terms of academic status and qualifications, number of years in role as counsellor, nature and scope of training. It is also difficult to generalise the findings of a particular study given the peculiar staff profiles and administrative arrangements at different centres vis. a vis. case assignment eg. centres may assign cases in line with predetermined experience levels of counsellors.

A finding that alluded to the "common sense" view stated earlier was reflected in a study (Rodolfa et al. 1983) where clients assigned to practicum students, who formed part of the counsellor core, returned at a lower rate than the clients who were seen by regular staff members. In attempting to explain this phenomenon, the researchers advanced two possibilities . The one being that given their lower level of experience, the

clients may have considered the service to be unsatisfactory. This view was however not supported in the general findings of this study as no significant relation was established between experience level of the counsellor and premature termination. The second hypothesis advanced is one that could be more instructive for the purposes of the present study, namely that clients may have resolved their problems satisfactorily prior to the first session (given the fact that clients assigned to practicum students presented with less severe problems and pathology). While the relation between this variable and PT is still inconclusive (Epperson, 1981) the significance of the hypothesis advanced lies therein that clients are considered to utilise sources other than counselling centres to address particular concerns affecting their lives.

## 2.3 CLIENT RELATED VARIABLES

### 2.3.1 Gender

The majority of studies that examined client sex as predictor of premature termination found a non-significant relationship. (Betz & Schulman, 1979; Epperson, 1981; Krauskopf *et al.*, 1981; Rodolfa *et al.*, 1983; Pedersen, Naidoo, Pfaller, Hutchinson, 1993).

### 2.3.2 Socio-economic status (SES)

Pedersen *et al.* (1993) investigated a range of client demographic variables (client age, educational status, marital

status) and found it to be not related to the rate of premature termination - an outcome that is supported by Hillerbrand (1988).

Investigations into client race have been confounded by SES. While studies have shown greater attrition rates among minority students, (Sue and Sue, 1977; Acosta, 1980) middle class and upper class Blacks were less likely to terminate than working class Blacks (Gibbs, 1975 - cited in Mennicke *et al.*, 1988). Clients with lower income were also more likely to drop out of treatment (Pedersen *et al.*, 1993). The client's financial status should however not be interpreted in isolation but should in the least be appraised in relation to the fee structure of the respective centres.

### 2.3.3 Client expectancies

Hardin, Subich and Holvey (1988) examined the relation between expectancies for counselling and premature termination by comparing the responses of clients to the Expectations About Counselling Questionnaire (EAC). No difference in expectations were established between premature terminators and continuers. All clients expected to assume a high degree of responsibility for the counselling process, openness with the counsellor, they appeared motivated and had similar expectations about the counsellor's characteristics. In an earlier study a curvilinear relationship was reported between these variables (Horensten and Houston, 1975).

Given the inconsistent outcomes of demographic variables and the difficulty to isolate the effect of confounding variables in interpreting these outcomes, researchers shifted the focus to process variables underscored by the interactional nature of the counselling process.

## 2.4 INTERACTIONAL VARIABLES

### 2.4.1 Presenting problems

This variable has been operationalised as the ability of the counsellor to adequately recognise the presenting problem or establish sufficient agreement with the client on what the problem is. The variable "agreement on presenting problem" is informed by cognitive theory (Beck, 1976) as the counsellor and client must first reach agreement on the problem to be the focus of therapy before the actual counselling can begin. The outcomes in different studies on this variable has been inconsistent. Kokotovic and Tracey (1987) and Epperson (1981) found no relation between agreement on presenting problem and premature termination while Krauskopf *et al.* (1981) and Epperson *et al.* (1983) found a lower dropout rate when there was agreement on the nature of the presenting problem.

A possible reason for the different outcomes reported by these studies is the way in which the variable has been operationalised as each of the studies adopted a different approach to rating and comparing counsellor and client agreement.

Clients are also more likely to self-terminate after an initial contact with the counselling centre if their presenting problem was not adequately recognised by the counsellor (Bushway and Warman, 1983). Problem recognition can be described as the agreement between the client's stated reason(s) for seeking counselling - obtained before the first interview - and the post-interview categorisation of the problem by the counsellor. This study also yielded an anomaly with counsellor trainees reporting a higher dropout rate than the more experienced counsellors where problem recognition was high, but the rates were reversed where the problem recognition was low. This led to the speculation that trainee counsellors enter counselling more cautiously - allowing more time for rapport building rather than being more task oriented (like the more experienced counsellors) and that their clients will tolerate a lower agreement given the developing of sufficient rapport.

#### 2.4.2 Social influence

The counsellor variables of expertness, trustworthiness and attractiveness are predicated on the Strong (1968) model of counselling as representing an interpersonal influencing process. According to this model the degree of counsellor influence on the client is in direct relation to the client perceiving the counsellor as expert, trustworthy and attractive with similarity also having a significant influence

on attractiveness. McNeil, May and Lee (1987) reported that clients who dropped out (range of 0-17 sessions) rated their counsellor lower on these variables than those clients who continued till mutual termination.

Most of the related studies have yielded less favourable outcomes. Martin, McNair and Hight (1988) found no support for the hypothesis that early premature terminators terminate because they perceive their counsellors to be unattractive, inexperienced or untrustworthy. Further, there was no difference between early premature terminators and continuers with regard to these social influence variables.

These variables appear to be mediated by clients overall satisfaction with the counselling service (Kokotovic and Tracey, 1987) and predicted satisfaction with the intake interview but not return rates following intake (Zamotsky, Corrigan and Eggert, 1981)

#### 2.4.3 Working alliance

Bordin (1974) advanced the notion that unilateral termination may be one consequence of a failure by the counsellor to establish a good working alliance with the client. A strong working alliance is characterised by a strong emotional bond within the dyad and agreement on the counselling tasks and goals. It should ideally develop early on in therapy (Gelso

and Carter, 1985) and would already be established by the third session (Horvart and Greenberg, 1989). It is important to view working alliance as a developmental process in counselling given the outcomes of studies where working alliance was assessed at different points in therapy. Tryon and Cane (1993) assessed it after three sessions and found a significant relationship while Kokotovic and Tracey (1990), assessed it after one session and found no relation between the counsellors' rating of working alliance and termination type.

#### 2.4.4 Topic determination

Topic determination is described as "the proportion of topic initiations that are subsequently followed" (Tracey, 1986 p.784). It is underpinned by the theoretical assumption that the establishment of a working alliance is a first task of therapy. a significant relationship was established between topic determination and premature termination (Tracey, 1986; Duehn and Proctor, 1977). Deciding what topics are discussed and who discusses it are significant in the early phase of therapy where much negotiation occurs. Premature terminator dyads typically display problems agreeing on appropriate topics. (Tracey, 1986)

#### 2.5 ADMINISTRATIVE VARIABLES

These variables are related to the nature of the administrative functioning of the counselling centre or clinic and its correlation with premature termination. The following

are specific variables that have been investigated in this regard.

#### 2.5.1 Counselling delays

This refers to the period that the client has to wait for counselling following an initial intake interview or initial contact with the counselling centre. It is considered a useful variable to investigate as waiting lists are common in university counselling centres (Clack, Stone and Thurman, 1984) and an attrition rate of 25% (clients who do not continue with post intake interviews) have been recorded by Epperson (1981) and Mennicke, Lent and Burgoyne (1988). May (1990) cites a number of studies indicating significant correlations between delays and higher termination rates (Wolkon, 1972; Tolkins, Hersch and Dalen, 1980; Rock, 1982, Rodolfa *et al*, 1983) the counselling process (Schiller, 1976; Shueman, Gelso, Mendis, Hunt and Stevenson, 1980) and less successful counselling outcomes (Orlinsky and Howard, 1978).

Freund, Russel and Sweitzer (1991) conducted research in a community counselling setting and found that the length of time between intake and initial counselling session was not related to attrition rates or to the clients' self-report reasons for not returning for counselling following an intake interview. This was consistent with the outcome of the study



conducted by Anderson, Hogg and Magoon (1987) at a university counselling centre involving 1 688 participants. They found no statistical significance between time spent on a waiting list and the attrition rate of continuers and premature terminators.

The Radolfa et al. (1983) study had a different outcome, finding that clients who terminated prematurely had a significantly greater period in days between intake and assignment and also had longer intake interviews compared to returning clients.

#### 2.5.2 Semester recess

The operation of university-based counselling centres is influenced by the broader academic programme in which they operate. The influence of university holidays on the counselling process generally and on premature termination specifically has been highlighted in research.

Kane and Tryon (1988) conducted a retrospective study with clients who attended at least two sessions prior to the recess and who were expected to return for counselling when the university re-opened. They found that the number of sessions attended, the number of no shows and keeping the final appointment in December predicted whether or not clients returned in January. These factors seem to reflect a lower commitment to counselling.

Hynan (1990) found that early and late terminators did not differ significantly on hiatus in sessions as reason for terminating therapy.

### 2.5.3 Assignment variations

This variable relates to the placement of the client for the post-intake interviews ie. whether the client is seen by the same counsellor who conducted the intake interview or whether he/she is referred to another counsellor. Krauskopf *et al.* (1981) found that clients returned significantly more for counselling sessions when referred to someone other than the intake counsellor - an outcome opposite to that of Betz and Schulman (1979).

### 2.5.4 Therapy pretraining

Mennicke *et al.* (1988 p.457) describes the goal of therapy pretraining "to educate the client about the counselling process or to enhance his or her expectations". Lowe, Horne and Taylor (1983) found a lower first session termination rate among clients who were socialised into therapy ie. pretrained, as opposed to clients who did not receive pretraining. In a study undertaken at the University of the Western Cape, Van Schoor and Whittaker (1986) questioned the readiness of clients with regard to counselling and concluded that many students are not "counselling sophisticated" thereby indicating the need to socialize clients to the institution of counselling.

Heilbrun (1972) indicated the need to differentiate between individual differences when it comes to assessing clients' pattern of counselling service utilization. Clients considered "low" on counselling readiness displayed higher return rates following intake when they received pretraining - an outcome supported by Cartwright, Lloyd and Wicklund, 1980 (cited in Mennicke *et al.* 1988). Clients who had prior contact with the counselling centre were less likely to terminate prematurely (Pedersen *et al.* 1993) which indicate a form of socialization to the counselling process in support of the assumptions underlying pretraining.

## 2.6 CLIENT-REPORTED REASONS

Given the unsatisfactory and unequivocal outcomes yielded by the variables such as administrative, client and counsellor characteristics, a shift in focus was suggested by researchers as outlined below and echoed in the sentiment "virtually no data are available which tells us in the patients' own words why they left the treatment" (Acosta, 1980).

Acosta (1980) conducted a study with low-income Mexican-American, Black-American and Anglo-American patients at a psychiatric out-patients clinic. Clients who did not return for therapy within the first six sessions were considered premature terminators. Clients' stated reasons for termination yielded the highest frequencies for the following

categories : negative attitude towards the therapist (24%) and therapy of no benefit (19%) - which is congruent with the traditional view of premature termination as a negative therapy outcome; in contrast to this, 18% of the respondents indicated self-perceived improvement as reason for terminating and 19% cited environmental constraints eg. unable to get off from work, financial and transportation difficulties as reason.

These findings challenged the notion of regarding all premature terminations as treatment failures. Further disconfirmation of this notion was offered by Pekarik (1983) who found in his study of 46 dropouts that the majority (39%) declared "no further need for services" as their reason for terminating while a minority (17%) indicated "dislike of services " as their reason. The category "environmental constraints" (35%) was also significant and consistent with the earlier study.

Hynan (1990) investigated the reasons for terminating treatment among early terminators (five or fewer sessions) and late terminators (six or more sessions). He conceptualised the reasons for terminating as representing motivation in which conscious volition plays a major role. The study confirmed the hypothesis that early terminators would be expected to indicate situational constraints and discomfort with services more often than late terminators as the main reasons for terminating. The hypothesis that early

terminators would end therapy more frequently than late terminators due to change not attributed to treatment was however not supported. Volitional elements (clients view that they have no need for further sessions, and forgetting appointments) were also evidenced in the responses gained by Martin et al. (1988).

#### 7. RELEVANCE AND APPROPRIATENESS OF COUNSELLING SERVICE

The question can be asked whether premature termination is a function of what happens in therapy sessions or whether it is also influenced by the clients perception of psychological services as being a relevant and appropriate route for addressing his/her mental health needs. This question assumes a greater significance when one considers the debates that have been raised over the past decade concerning the issue of relevance of psychological services.

Much of the debate has centred around exactly what constitutes "relevance". A spectrum of views have been expressed ranging from describing it as a major challenge for psychology to debunking it as mythology (Nell, 1990).

Retief (1989) attempts to explain the different views on relevance as a function of the different views held about the nature of the social sciences. He distinguishes between a critical approach that has as its theoretical point of departure theories sensitive to the social context of knowledge that focuses on social and contextual causes of

psychologically relevant phenomena; and a conventionally scientific approach that could be likened to a social engineering approach which aims at modifying those factors that have a negative effect on peoples' lives. Despite these differences it could be argued that both orientations do attempt to promote change. There is however a difference in the level at which these approaches attempt change. The former approach attempts changes to the broader socio-political context in which psychology operates rather than merely adapting psychological intervention in service of the dominant socio-political order.

Nell (1990) advances three levels of criticism against a critical approach view of relevance viz.

- (1) It disempowers psychologists who then believe that their interventions are out of tune with Africa (hence irrelevant) or harmful to the people it serves.
- (2) There is an absence of an adequate set of operational definitions of relevance and a coherent research agenda for an indigenous psychology.
- (3) The quest for relevance is an impossible task as the relevance agenda rests on a fundamental misunderstanding of psychology and human nature.

A consistent criticism of mainstream psychological practice in SA is its Euro-centric focus - a focus which evidently denies the African experience of what should constitute a mental

health programme. According to Fugelseng, 1982 (cited in Kriegler, 1993) the African advances a molar rather than an analytical and relational rather than intrapsychic explanation or world view of mental health and illness. Psychology has been described as a Germanic discipline (Holdstock, 1991) and Euramerican (Jahoda, 1973).

The implication is that mainstream psychology has developed in a context different to the experience of most Black South Africans hence the issue of its relevance or appropriateness. The practice of psychology therefore cannot be divorced from the social context in which it functions. The Carnegie investigation in 1927 into the poor White issue is a testimony to this fact as it represented psychologists of the day with a significant moment to demonstrate the value and relevance of psychological approaches and methodologies. The outcome of the investigation was a major upliftment of the poor White at the expense of the Black South African whose socio-political and mental status was further subjugated (Cooper *et al.* 1991).

The influence of this on the present generation of psychological service users can merely be speculated. In a study conducted at the University of the Western Cape Centre for Student Counseling the researchers ascribe the under-utilization of counsellor expertise as possibly due to

"counselling unsophisticated" clients (Van Schoor & Whittaker, 1988) which in turn is possibly a legacy of an inferior and very often non-existent school guidance programme (Chuenyane, 1990). Kriegler (1993) alludes to the need for a process of socialization where people who have hitherto been denied access or exposure to psychological services need to be socialized into the "culture" of psychology or "therapeutic culture" (Manganyi, 1991). The practical implications of this theme will be examined in the context of the pretraining variable discussed in the literature review.

Mennicke, Lent and Burgoyne (1988) contend that premature termination is not a unitary phenomenon as premature terminators differ along a number of variables, one of which is the timing of termination with reference to the stage of therapy at which termination occurs. In order to locate the termination type it is useful to outline a phase-model of the counselling process.

## 2.8 PHASES OF THE COUNSELLING PROCESS

When adopting a longitudinal view of the therapeutic relationship ie. between counsellor and client, three phases can be identified, namely a beginning, middle and terminal phase - each phase having its distinctive features and tasks. Wolberg (1977) highlights the following features of the different stages.



### 2.8.1 The Beginning phase

The principal aim in this phase is to establish a working relationship with the client which will be critical for maximum therapeutic progress. Therapeutic tasks that has to be attended to in this stage is the establishing and or developing a level of motivation in the client that will ensure client-cooperation , clarifying and removing client misconceptions about therapy, convincing the client that the counsellor understands his problem and that he is capable of helping him and the tentative defining, together with the client, of therapeutic goals.

### 2.8.2 The Middle phase

This phase follows on the establishing and consolidation of the working relationship. This is indicated by the client assuming a more active role in working on the problem. In this phase behavioural excesses and deficits are more closely identified as well as the external and internal reinforcers that feed and maintain the problem. The focus of therapy is identified and refined in this stage. The exact nature and extent of the therapeutic intervention will be influenced broadly by the therapeutic orientation of the therapist and more specifically by the identified nature of the therapy offered ie. whether it will be supportive, re-educative or reconstructive.

In supportive therapy the therapist aims at identifying

environmental factors contributing to the client's problem with the view to assume a greater sense of mastery of these external factors and the internal responding to it.

Re-educative therapy engages in a greater exploration of the client's more conscious interpersonal reactions towards individuals and situations that maintains the distortions in his life. Reconstructive therapy focuses more heavily on the uncovering of unconscious conflicts and the ways in which it manifests symbolically with the view to reconstructing the personality of the client.

### 2.8.3 The terminal phase

This phase is generally perceived as the stage in treatment where the goals set during the beginning stage or the course of therapy are evaluated and a mutual termination is contracted between counsellor and client. It is particularly in the psychoanalytic writing that this stage is highlighted (Mahler, 1972; Rank, 1924- cited in Kupers, 1988) - both as a function of the comparatively longer duration of this treatment approach and the focusing on unconscious processes. It was at a late point in his career that Sigmund Freud articulated the importance of this stage for working through issues between therapist and client lest a "free house" of unresolved issues be created within the client (cited in Kupers, 1988).

Premature termination typically occurs during the early stages

of therapeutic engagement - within the first six sessions and often by the first or second session (Baekeland and Lundwall, 1975). These terminations therefore typically occur during the beginning phase of therapy. The assumption can therefore be advanced that the therapeutic tasks highlighted for this phase would not have been fully accomplished. Most research on premature termination have therefore focused on identifying and testing a range of variables that may be considered to explain the phenomenon of premature termination.

#### 9. SUMMARY

This chapter provided an overview of the variables that have been the focus of premature termination studies. These studies show that premature terminators do not constitute a homogeneous group of service users (Martin et al. 1988) but their termination pattern indicate the interplay of positive and negative attitudes and of personal and impersonal causes (Acosta, 1980). A contextual overview of the location of psychology and counselling practice was offered in relation to the relevance debate. The chapter concluded with a discussion on the stages of the counselling process with the view to locating premature termination within this process.

It is on the basis of this review that the researcher opted to use the client as a primary reference to report on his/her subjective experience of counselling and termination as the most viable route to uncovering the phenomenon of premature termination.

## CHAPTER 3

## PROCEDURES

## 1.1. INTRODUCTION

In framing this study, the researcher envisaged an investigation aimed at uncovering descriptive data from the clients' frame of reference. Manheim (cited in Mouton & Marais, 1990) classified sources of data in the social sciences into two categories:

1. Human behaviour and human characteristics.
2. Products of human behaviour and of human characteristics.

The focus of this research study was that of investigating aspects of human behavior and human characteristics in relation to the phenomenon of interest ie. premature termination. Two methods proposed by Manheim (1977) for such investigation is verbal behaviour (including written responses to questions posed by the researcher) and observable behaviour. While the preferred mode of inquiry was personalised interviews (telephonic and face to face), this had to be abandoned, for reasons explained later in this chapter. A questionnaire format was adopted as primary data gathering instrument to access respondents' description of their termination behaviour. This format is consistent with studies with a descriptive research goal (Mouton & Marais, 1990).

Open-ended questions allowed for respondents to express their experiences and evaluations in their own words. The close-ended questions included in the questionnaire yielded data which was utilised to quantify the trends emerging from the responses to the open-ended items and for hypothesis testing.

The ethical considerations that guided the research and the unfolding of the research intervention will now be detailed.

#### 1.2. ETHICAL STATEMENT

In conducting the research, the researcher was guided by the following ethical norms as set out in the APA Ethical Principle 9: Research With Human Participants (APA, 1982) :

1. The researcher will observe stringent safeguards to protect the rights of human participants.
2. Participation will be gained through informed consent.
3. Participation in the study will be voluntary and the participant has the right to decline participation or withdraw from the study at any point .
4. Information obtained about a participant during the course of the study is confidential unless otherwise agreed upon in advance.
5. The anonymity of the participant will be respected.

## 2. PILOT STUDY : PHASE I

### 2.1 RATIONALE

A pilot study was considered a viable and necessary initial research intervention for the following reasons:

1. There is a lack of studies relating to premature termination at South African university counselling centres (based on feedback from six university-based Counselling Centres) and an absence of related data at the Counselling Centre where this research was undertaken.
2. The viability of the proposed methods of engaging the participants (telephonic interviews and structured personal interviews) had to be tested.
3. The extent to which stigmatization of the counselling service impacts on students' utilisation of the Counselling Centre is a matter that requires elucidation. In an earlier research study conducted at the same Centre as the research reported here, the users of the service are referred to as not being "counselling sophisticated" - ascribed to an ineffective school counselling system which resulted in counselling being viewed with skepticism (Van Schoor and Whittaker, 1988). Examining premature termination could yield a refining of the broad assumption that clients may show high refusal of the counselling service due to an underlying negative (stigmatised) view of the service offered.

## 2.2 SAMPLING

Clients' attendance data and telephone numbers were accessed from the official Appointments Book of the Centre. A list was compiled and updated on a weekly basis of all clients who failed to return for a scheduled counselling session during the second university term following an initial session or series of sessions. Given the lack of data on the rate of premature termination at the Centre, the total population of clients identified as premature terminators for the duration of the second term were considered as subjects for the study.

## 2.3 INSTRUMENTS

### 2.3.1 Telephonic interview

For the purposes of the telephonic interview a pre-set introductory patter was utilised (Appendix A). The main purpose of the interview was to determine the reason(s) why respondents terminated counselling .

### 2.3.2 Personal interviews

It was envisaged that semi-structured personal interviews would be conducted with a sample of the telephonic respondents. These interviews would seek to elaborate on the themes highlighted in the telephonic interview by exploring deeper levels of meaning and clarifying those concerns emerging from the earlier data gathering process. The semi-structured face to face nature of the interview would allow the interviewer to explore certain responses in greater detail.

#### 2.4 INTERVENTION

Sixteen (16) premature terminators were identified of whom 10 (62%) offered a contactable telephone number to the receptionist as recorded in the official Appointments Register of the Centre. Telephonic contact was made over a eight week period at least two weeks after the non-attendance for an arranged counselling session. Contact was typically attempted during the day (office hours) and early evening. The study was introduced, their participation secured and interviewed about the reason(s) for terminating counselling.

#### 2.5 RESULTS OF THE PILOT STUDY

A total number of 35 calls were made. This represents an average of 3.5 calls per subject. Only 6 successful contacts were made with subjects, the failed contacts were mainly due to the unavailability of subjects.

Reasons given for terminating counselling were:

- "I got the advice I needed" - 2 reponses
- "I felt stupid for having come" - 1 response
- "I did not have time to continue" - 2 responses

One respondent was not prepared to discuss her reason for terminating as she considered it as a matter between herself and the counsellor whom she saw.

Of the subjects, 7 (44%), were residents in the student hostels. Great difficulty was experienced in getting subjects to respond to calls on the public telephone system in the



student residences (contact was typically attempted between 14h00 - 18h00). Two respondents volunteered for a personal interview but failed to show as arranged. No further contact was attempted.

## 2.6 DISCUSSION

Two reasons for the poor response rate are evident. Firstly, just more than half of the subjects identified offered a contactable telephone number. This reduced the sample considerably. Secondly, it was difficult to establish contact with those subjects who offered a telephone number. The most common reason for this difficulty was the unavailability of the subject when called. It is not clear whether the failure to secure contact at subsequent attempts was due to a reluctance on the part of the subject to respond to a counsellor calling from the Counselling Centre or whether the subject was genuinely unavailable. The one respondent who refused to be interviewed did raise the concern of confidentiality as a limitation to this mode of intervention.

While the subjects located in the student residences were considered a convenient sub-sample, this did not prove to materialise given the poor contact rate. This may be as a result of poor timing of the calls (the researcher subsequently learnt that the best time to call was after supper) and the difficulty to locate subjects via the public telephone system within the residences.

The telephonic agreement by two respondents to a interview for which they did not present themselves also indicated a discrepancy - the reasons of which can only be speculated. It is likely that their telephonic agreement was aimed more at offering a counsellor-pleasing response rather than a real commitment to the research study.

Given the poor outcome of the telephonic contacts and the failure to secure personal interviews, a procedural shift was adopted where a questionnaire (appendix B) would replace the telephonic interview as a primary source of data gathering. The questionnaire was a modification of the format intended for the structured personal interview.

### 3. PILOT STUDY : PHASE II

#### 3.1 THE QUESTIONNAIRE

The questionnaire developed for this purpose can, for descriptive purposes, be divided into three sections:

Section 1 (items 1 to 5) yielded biographical data on the client eg. age, sex, course, year of study, faculty affiliation.

Section 2 (items 6 to 10) dealt with descriptive data with reference to the client's contact with the Counselling Centre ie. method of booking of first appointment, number of sessions attended, nature and severity rating of presenting concerns.

Section 3 (items 11 to 15) dealt with clients' experience of counselling in relation to premature termination (eg. reason/s for premature termination, current status of the presenting problem/s, experience of and attitude towards the counselling service).

### 3.2 INTERVENTION

Sixteen (16) questionnaires were posted at least two weeks after non-attendance of the last counselling appointment to clients identified as premature terminators - (4 males and 12 females).

### 3.3 RESULTS

Four questionnaires were returned completed (2 returns by post and 2 by hand) representing a return rate of 25%.

#### 3.3.1 Description of respondents

The respondents were all female (average age 23 years). Three respondents were first year students and one a post-graduate student. Average number of sessions attended was 1,3 sessions. All the respondents booked their appointments personally - one being a referral from a Student Health doctor.

#### 3.3.2 Presenting concerns

Presenting concerns were described as personal and/or social. One client failed to provide a description of the presenting concern as it was considered "too personal". The Severity of

Concern responses ranged from Moderate (1), Considerable (1) to Severe (2).

### 3.3.3 Reason for termination.

The range of reasons offered by respondents for not continuing with the counselling sessions can be summarised viz. :

- \* Client related variables
  - Priority of "faculty needs" which did not allow client sufficient time to return for sessions.
  - Termination of studies (due to pregnancy and lack of financial support)
- \* Counsellor-client interaction variable
  - Clients' subjective assessment that sufficient progress were made and that there was no need to continue with sessions.
- \* Administrative variable
  - Unavailability of the counsellor during the "free time" of the respondent and the unwillingness of the client to see another counsellor.

### 3.3.4 Current status of the presenting concern

This was gauged by the statement "Do you still have the concern(s) that prompted you to contact the Centre?" to which 3 respondents replied "no" and 1 replied "yes".

### 3.3.5 Satisfaction with the Counselling Service

All responses reflected the Counselling experience as having been a positive one. Respondents felt the service was satisfactory and all the respondents expressed a willingness to make use of the Centre in future.

### 3.4 DISCUSSION

The fact that only female students responded to the questionnaire, all of whom booked their first appointment personally, may reflect a gender bias with regard to the willingness of premature terminators to respond to a questionnaire of this kind. The average number of sessions attended was consistent with the general rate of the Centre ie. 1.3 sessions per client.

The range of reasons cited for not continuing with counselling was also consistent with variables cited in the review study by Mennicke *et al* (1988). There was however a notable absence of responses indicating termination due to a negative experience of counselling ie. negative counsellor-related variables. Of interest was the response:

"I felt much better after my second consultation with the psychologist" and "I did not return, as talking about the same problem with the same person is like putting salt in a healed wound" which indicate that the client terminated upon the experience of symptomatic relief and did not see any need for continuing with counselling.

Methodological considerations arising from the pilot studies and how it informed the main study are described below.

**Problem:** Incomplete attendance record or unavailability of some clients' data such as a contactable telephone number from Centre's Appointments Book

**Action :** Researcher requested that all clients complete the standard Client Data card of the Centre in duplicate. One card was retained in the Centre's central records and the second card was forwarded to the researcher. This also eased accessibility to client data by the researcher.

**Problem:** Difficulty in establishing the termination status of clients as the Appointments Book did not always reflect accurately on the attendance or non-attendance of a client for a specific session.

**Action:** The researcher liaised with the respective counsellors to verify the termination status of clients.

**Problem:** None of the respondents presented for a personal interview.

**Action:** Personal interviews were not considered for the main study.

**Problem:** At least one counsellor and one respondent held the view that the study constitute a breach of the counsellor-client confidentiality.

**Action:** Clients' view on the question of confidentiality were elicited by the inclusion of item 20 in the questionnaire for the main study.

Problem : Clients' poor response rates .

Action: Given the limited accessibility to clients via telephonic means, a questionnaire would be utilised as the main data gathering instrument. The 25% return rate could be improved by adopting measures reducing the cost of responding (Armstrong & Lusk, 1987 - cited in Weathers, P.L., Furlong, M.J., and Solorzano, D., 1993) and increasing follow-up contact (Heberlein & Baumgartner, 1978; Fox-Crask & Kim, 1988 - cited in Weathers *et al.* 1993).

#### 4. MAIN STUDY

This was conducted during the second semester . Subjects were identified from the official records of the Counselling Centre and considered premature terminators in line with the definition as set out earlier. A revised questionnaire was forwarded to each subject with a covering letter explaining the purpose of the study and requesting the voluntary participation of the subject. A stamped, self-addressed envelope was included for returning the completed questionnaire to the Counselling Centre. Forty eight (48) questionnaires were posted during the semester. None of the material was coded to identify the source of the respondent.

#### 4.1 RESEARCH HYPOTHESES

It is hypothesised that with regard to students seeking or engaged in the a counselling relationship that :

- i. Premature termination is the result of a negative experience of counselling by the client.
- ii. Premature terminators will consider their expectations of counselling as not having been met.
- iii. Premature termination is a manifestation of a failed interpersonal relationship between the client and counsellor.
- iv. Clients who terminate prematurely are unlikely to seek counselling again at a later stage in their lives.
- v. Clients who terminate prematurely will be unlikely to refer someone for counselling.
- vi. Respondents will consider their participation in the study to violate the counsellor-client confidentiality.

#### 4.2 INSTRUMENTS

Given the methodological shift as described above, the main instrument was a semi-structured questionnaire (Appendix C) which allowed for responses to closed as well as open-ended questions. While it had the same structure as the earlier questionnaire, it was an extension of the one used in the pilot study incorporating items that would allow for testing of the hypotheses outlined above.



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#### 4.4 SAMPLING

All the clients who terminated counselling prematurely during the second semester were considered as subjects for the study. Fifty nine (59) clients were recorded as premature terminators for this period of whom forty eight (48) were used as a sample - as they had provided contactable addresses.

#### 4.4 ANALYSIS OF DATA

Clients' evaluative responses of their subjective experience of counselling and their reasons for terminating counselling constituted the main focus of data analysis. Regularities in terms of words, themes, or concepts were identified in order to develop categories for establishing trends within the data (Mostyn, 1985). Biographical data obtained enabled the developing of a descriptive profile of premature terminators. Descriptive statistics were also developed from the responses to close-ended items in the questionnaire such as stage of therapy at which termination occurred, attendance frequencies and evaluations of counselling characteristics.

#### 5. SUMMARY

A pilot study was undertaken which informed a procedural shift from telephonic and personal interviews to a semi-structured questionnaire as data-gathering instrument in the main study. Six hypotheses were advanced which would be tested against the data obtained from the questionnaire. Reporting of the results follows in the next chapter.

## CHAPTER 4

## RESULTS

## INTRODUCTION

This chapter reports in two sections on the results obtained in the main study. The first section provides data on questionnaire return rates, a demographic description of the respondents and the presenting concerns. The second section provides both qualitative and statistical reporting. Each hypothesis is stated with thematic reporting derived from the data gathered. Verbatim responses are also included illustratively.

## SECTION 1

## 1.1 DEMOGRAPHIC DESCRIPTION OF RESPONDENTS

[The information contained in this section was gained from responses to items 1-10 of the questionnaire]

A total of 20 questionnaires were returned representing a 42% return rate (3 of these questionnaires were returned after a follow-up letter from the researcher).

75% (16) of their respondents were female and 25% (4) were male with ages ranging from 18yrs-32yrs (mean 23.5yrs) of whom 50% (10) were in their first year of study, 40%(8) were in their third year and 5% (1) each in second and post-third year. The respondents were represented in only three of the eight faculties located on the campus. The majority, 55%, were located in the Arts faculty, 25% in the Economics and Management faculty and 20% in the Law faculty.

The majority of respondents, 19 (95%), booked their initial counselling appointment in person and only 1 (5%) made a telephonic booking. Attendance for counselling sessions ranged between one and twelve sessions representing a total attendance of 70 sessions - averaging 3.6 sessions per respondent. One respondent did not indicate the number of sessions attended.

## 1.2 PRESENTING CONCERNS

Presenting concerns were indicated as personal (17), academic (11) and social (5). [Respondents could indicate more than one category.] Close to 50% of these concerns were rated as having a severe impact on the respondents' daily functioning. A description of the concerns are summarised in table 1.

TABLE 1 PRESENTING CONCERNS

DESCRIPTION OF CONCERNS	NO.OF RESPONSES
interpersonal relationship problems	10
stress	3
financial difficulties	3
needing career information	2
needing course related information	2
difficulty with academic work	2
bereavement	1
depression	1
pregnancy	1

## SECTION 2

This section examines each hypothesis under investigation. Each hypothesis is stated and analysed against the data that informs that specific hypothesis.

## 2.1 HYPOTHESIS 1

*Premature termination is the result of a negative experience of counselling by the client.*

This hypothesis was tested by the responses to items 12, 13.1 and 14 in the questionnaire.

## 2.1.1 Item 12

Clients' reasons for **NOT** attending the last counselling session that was scheduled.

Responses to this item yielded the following thematic categories (in descending order of frequency)

TABLE 2 REASONS FOR TERMINATION

CATEGORY	NO. OF RESPONSES
Counselling not needed anymore	7
Academic demands	6
Extraneous factors	4
Client dissonance/discomfort	2
Ineffective Counsellor	1
Confidentiality concerns	1
Counselling session too short	1

total : 22

The categories "Client dissonance", "Ineffective counsellor" and "Confidentiality concerns" (total: 4 responses) were the only categories which tended to show clear support for the hypothesis i.e. that premature termination was as a result of a negative experience of counselling by the client.

In the first category both responses indicate that the client discontinued counselling as it produced cognitive/emotional dissonance as highlighted in the following responses:

" I found it hard to cope with the idea of talking a lot about this (problem) as it made matters worse thinking about it too much. It was aggravating matters. I decided to stay away and ignore the matter and keep myself busy with other things that keep time passing."

" All the introspection stuff made me realize I was more messed up than I thought I am. I say things that I don't want to acknowledge."

Only one response referred specifically to the counsellor's mode of engaging therapy as reason for the premature termination.

" I felt that I was not getting any advice/guidance from the counsellor. She wanted me to think for myself and create my own style of solving my problems. I felt that I was not getting any guidance in doing this either."

A fourth respondent's termination of counselling was not as a direct result of what happened in the counselling session. The response cited below however do indicate that an extra-therapy event, not unrelated to the counselling milieu, shaped the respondent's action to terminate prematurely.

" I heard from other students on campus that counsellors share the information of clients with students on campus. (Students who are counsellors do this). So I decided not to go again."

The category "Counselling session too short" yielded a single response which indicate that while the client did experience the session as positive as s/he was able to open up to the counsellor, the session ended before the main concern could be raised .

The other categories representing 77% (17) of the total responses yielded responses that does not confirm the hypothesis.

The highest scoring category "Counselling not needed anymore" yield responses, illustrated below, which indicate that the respondents had made sufficient progress concerning the problem for which they sought counselling and did not feel the need to continue with counselling :

" My problem was halfway sorted out. I also came to realise what my problem was and how I could tackle it. Therefore I felt there was no more need for me to attend the last session."

" I did not need counselling at that time anymore. I Intended to return again if I felt that I needed to continue."

" I got the relief I expected because what I mostly needed was to get someone to whom I could open up my heart and get a point of view about my feelings."

The response " My family visited and it made me feel happy " indicated the harnessing of additional support structures by the client as reason for terminating counselling.

The category "Academic demands" yielded responses indicating that respondents' exam/test preparations did not allow time for attending counselling sessions, while transport problems was the most notable response under "Extraneous factors".

#### 2.1.2 Item 14 stated :

Of what benefit was the session(s) you attended ?

The assumption underlying using this item to test the hypothesis above, is that the relative frequency of stated benefits (therapeutic gains) versus nil benefits will give an indication as to clients' valuation of their experience of counselling.

The responses to this item can be quantified in the following table.

TABLE 3 BENEFIT OF COUNSELLING

Counselling was of no benefit	4 responses
Counselling was of benefit	16 responses

Of the respondents 16 (80%) offered qualitative responses (highlighted below) indicating that they benefitted from the counselling sessions, while 4 (20%) stated no benefit was gained from the sessions.

Illustration and thematic ordering of responses describing the benefits derived from counselling sessions.

THEMATIC CATEGORY	RESPONSE ILLUSTRATION
Gained relief	" I felt much lighter and relieved after I spoke during the sessions."
	" The session made me put things into words and that made my head less full. Therefore, I was less confused and depressed."
Being able to talk to someone	" Talking made me realize what I was feeling was okay"
	" I spoke of things that I never mentioned to another person."
Enhanced problem solving/ coping skills	" It helped me with my first step of going back to classes"
	" Since my problems were identified and somehow solved, I have made some progress in my academic work."
	" Now I can cope with the problems and they are not much of a burden to me."
Heightened self-appraisal	" At least it got me to look at the positive things in my situation and my personal strenghts."
	" At least, the counsellor listened to me very well in so much that my self-esteem was boosted and I got relief."
	" The sessions were of use in a sense that I am more open and honest with myself. They have



enabled me to grow or rather develop. To understand that I am a better person."

" It helped me to be more self-confident, to maintain a social relationship with people."

This outcome confirms that for the majority of premature terminators their encounter of counselling was not a negative experience - which suggests a rejection of the hypothesis.

#### Item 13.1

Responses to item 13.1 are also utilised to further elucidate this hypothesis testing . This item stated:

If your answer is "NO" (ie. if the respondent does not have the presenting problem anymore) what was most helpful in overcoming the problem ?

The assumption underlying using this item in hypothesis testing would be to establish the extent to which the respondent cites counselling-based interventions as having helped to resolve the presenting problem.

#### Result:

A total of 10 responses were recorded and were classified under three categories. The category "Talking to a counsellor" yielded the highest number of responses (6) followed by "Client decisions to tackle the problem" (3 responses) and "Social support" (1 response) .

The greatest single factor in the problem resolution for these respondents was their interaction with a counsellor. Responses in this category included the following:

" The way we tackled the problem, his (the counsellor's) questions and his understanding helped me a lot."

" My weakness was identified by the counsellor and I worked hard to improve on that."

" Talking about the experience because it was new to me."

Responses in the category "Client decision to tackle problem" included:

" I faced the problem and I decided to do what's going to be right for me in the situation I encountered."

and

" I decided to budget the money sent to me every month, use it efficiently and stick to the budget."

Combining the results obtained from the responses to items 12,14 and 13.1 it is clear that these responses offers unambiguous evidence that the clients related positively to their experience of counselling. Their act of premature termination can not be ascribed to them having encountered counselling as a negative experience. The hypothesis that clients terminated counselling due to their experience of counselling as a negative experience has to be rejected.

## 2.2 HYPOTHESIS 2

*Premature terminators consider their expectation(s) of counselling as not having been met.*

The main single indicator for testing this hypothesis is the response to item 11.2 which required a yes/no response to the question :

Were these expectations met ?

(This item followed on item 11.1 which required a qualitative response to the question : What did you expect to gain from counselling)

TABLE 4 EXPECTATIONS OF COUNSELLING

Yes	12 responses
No	7 responses

1 unusable response

Of the respondents 12 (63%) expressed the opinion that their expectations of counselling were met and 7 (37%) responded that the expectations they had of counselling were unmet.

This outcome does suggest limited support for the hypothesis.

### 2.3 HYPOTHESIS 3

*Premature termination is a manifestation of a failed interpersonal relationship between the client and counsellor.*

This hypothesis was tested by a combination of items (item 16, 17, 15 and 13.2) each of which probed client experiences of the counsellor and the clients evaluation of the counsellor on a range of characteristics.

#### 2.3.1 Item 16

Do you think the counsellor understood your problem?

This item examined the respondents rating (a yes/no response) of the counsellor's ability to reflect an understanding of their presenting problem.

TABLE 5 COUNSELLOR UNDERSTANDING

Yes	17 responses
No	3 responses

Of the respondents 17 (95%) expressed the opinion that the counsellor understood the problem they presented with and 3 (15%) felt that the counsellor did not understand their problem.

#### 2.3.2 Item 17

This item tested another feature of the interpersonal relationship between the client and counsellor - namely counsellor interest in the client.

Do you think the counsellor was interested in you as a person ?

TABLE 6 COUNSELLOR INTEREST

Yes	13 responses
No	6 responses

1 unusable response

Of the respondents 13 (63%) expressed the opinion that they felt the counsellor took an interest in them as a person while 6 (30%) felt that interest was not shown them by the counsellor.

### 2.3.3 Item 15.2

This item invited qualitative response to the statement

What did you NOT like about the counsellor?

Responses to this item could provide further elucidation on the respondents assessment of the interpersonal relationship as it obtained in counselling.

Only 6 responses were offered which indicated dissatisfaction with an aspect of the counsellor. These responses yielded the variables Inactive counsellor (2 responses), Lack of counsellor interest (2 responses) and counsellor eye contact (2 responses).

The majority of responses (14) were either nil responses (6) or statements reflecting total satisfaction with the counsellor (8 responses).

A fourth response item, stated below, was used as further test of this hypothesis as it could yield qualitative responses on the nature of the interpersonal relationship which characterised the counselling encounter.

### 2.3.4 Item 13.2

If your answer is "YES"(ie. client still had the problem presented in counselling) why did you not continue with counselling?

Only one (1) of the nine (9) responses offered reflected on a poor interpersonal relationship that impacted on the respondent's termination of counselling. The response, stated below, cites the youthfulness of the counsellor as compounding factor:

As a psychology student I have a bad reputation - that of becoming aware of counselling skills and being judgemental of the counsellor and not value young counsellors.

The high positive rating of the variables - counsellor understanding and counsellor interest (items 16 and 17 respectively) shows good evidence for rejecting the hypothesis. This outcome is further supported by the limited negative reporting on the counsellor as reflected in items 13.2 and 15.2 above.

#### 2.4 HYPOTHESIS 4

*Clients who terminate prematurely are unlikely to seek counselling again at a later stage in their lives.*

This hypothesis was tested by the responses to item 18 in the questionnaire as stated below.

Would you make use of the Counselling Centre in future?

TABLE 7 FUTURE USE OF COUNSELLING CENTRE

Yes	19 responses
No	0 responses
	1 unusable response

Of the respondents 19 (95%) indicated that they would be prepared to make use of the Counselling Centre in future. No negative responses were recorded.

Given the unanimous affirmative response on this item, the hypothesis is rejected.

#### 2.5 HYPOTHESIS 5

*Clients who terminate prematurely will be less likely to refer a friend for counselling.*

This hypothesis was tested by the responses to item 19 in the questionnaire as stated below.

Would you recommend a friend to the Counselling Centre?

TABLE 8 RECOMMENDATION FOR COUNSELLING

Yes	19 responses
No	1 response

Of the respondents 19 (95%) indicated that they would refer a friend to the Counselling Centre with 1 (5%) responded negatively to the statement.

On the basis of the overwhelming affirmative response to this item, the hypothesis is rejected.

## 2.6 HYPOTHESIS 6

*Clients who terminate prematurely will consider participating in this study a violation of counsellor-client confidentiality.*

This hypothesis was tested on the responses to item 20 of the questionnaire as stated below.

Do you consider filling out this questionnaire as breaking the confidentiality between yourself and the counsellor whom you saw ?

TABLE 9 CONFIDENTIALITY

Yes	5 responses
No	15 responses

Fifteen (75%) of the respondents did not agree with the statement that their participation in the study violated the confidentiality of the counselling sessions while five (25%) of the respondents agreed with the statement.

On the basis of the responses this hypothesis is rejected as representing a minority view.

## 3. SUMMARY

The study yielded a 42% questionnaire return rate, 75% of the respondents being female, with an average attendance of 3.6 sessions per respondent. The greatest single concern listed was interpersonal relationship problems. It is clear that there is no single variable that accounts for respondents' termination behaviour - as a variety of reasons were offered for their termination. Terminators reported deriving more benefits from their counselling sessions than negative outcomes. The general

trend emerging is that premature termination was not as a result of a negative experience of counselling. Respondents reported partial fulfillment of their expectations about counselling. The majority reported elements of a good interpersonal relationships having been established with the counsellor, with a clear willingness to attend future counselling sessions and to refer a friend to the Counselling Centre. Participation in the study was generally not considered a violation of the client-counsellor confidentiality.

A discussion of these findings follows in the next chapter.

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## CHAPTER 5

## DISCUSSION

## INTRODUCTION

The findings outlined in the earlier chapter are discussed thematically. This is followed by an assessment of the limitations and significance of the study and implications for the Counselling Centre.

## 1. THEMATIC DISCUSSION

## 1.1 RETURN RATES

The most common data gathering techniques in premature termination studies, apart from utilising archival data, are telephonic interviews (May, 1990; Acosta 1980) and closed or open-ended questionnaires (Marx and Gelso, 1987; Pekarik, 1983) as part or total means of data gathering. Few of the studies utilising mailed questionnaires report on the actual return rates. In two such studies, Hynan (1990), reported a 51% return rate and Kokotovic & Tracey (1987) a 42% return rate. Weathers, Furlong & Solorzano (1990) analysed 40 published studies that used mail survey procedures and found that usable return rates reported ranged from 27% - 91.7%. The 42% return rate recorded in the present study, is therefore in line with that reported in the literature.



The procedural arrangement of including a self-addressed prepaid envelope and a covering letter motivating the value of the research and importance of client feedback bears out the findings that higher return rates can be obtained by reducing the time and cost involved in completing and returning the questionnaires (Armstrong and Lusk, 1987 - cited in Weathers et al. 1990) and securing the clients perception of the importance of the research (Heberlein and Baumgartner, 1987 - cited in Weathers et al. 1990). The responses to the follow-up letter ( 3 questionnaire returns) also underscores the value of follow-up contacts in improving the overall response rate.

## 1.2 PRESENTING CONCERNS

While the clients' descriptions of their presenting concerns cannot be equated with a counsellors' conceptualization or diagnoses, it can be noted that the range of presenting concerns cited by respondents showed a relative absence of marked psychological disorders. Stress (3), depression (1) and bereavement (1) accounted for only 20% of all concerns with 10 (40%) of the concerns classified as interpersonal/relationship problems. The remaining concerns were either related to clients' financial difficulties or the need for information or support relating to their courses.

### 1.3 TERMINATION BEHAVIOUR

The main focus of the study was to gain the clients' self-stated reasons for terminating counselling in order to contest the notion that termination represented a therapeutic failure. In an earlier study (Pekarik, 1983) 39% of the respondents cited "no further need for counselling services" as reason for terminating. A similar reason for terminating accounted for 23% of the total responses in a study conducted by Hynan (1990) while 18% of the respondents ascribed their termination to self-perceived improvement in the study by Acosta (1980). In the present study 32% of respondents reported similarly with a further 27% citing academic demands as reason for terminating counselling. Only 18% of the responses indicated a negative experience of counselling as reason for terminating.

Of the respondents, 80% considered counselling as having been of benefit to them. The value of counselling for the client was that it provided symptomatic relief as s/he had someone to talk to, the acquisition of problem solving or coping skills and a heightened self-appraisal. It appears that most premature terminators placed a high premium on being able to talk about their problem as 60% cited "talking to a counsellor" as having been the most helpful factor in them overcoming their problem.

The average attendance of 3.5 sessions and the fact that 75% of clients attended between one and six sessions, is consistent with the finding that termination occurs typically within the first six session of the counselling engagement (Baekeland and Lundwall, 1975).

#### 1.4 CLIENT EXPECTATIONS

The majority of expectations cited by respondents can be considered short-term expectations (the need for advice with personal, financial and course-related problems, problem identification, the need for support and symptom relief) with a limited emphasis on medium to long-term expectations (the gaining of self-awareness, skills acquisition). The majority of respondents (63%) reported their expectations as having been met. This outcome tends to suggest a correlation between the short term focus of clients' expectations and termination following a limited therapeutic engagement. The following responses:

"They (the sessions) were sort of torturing and kept the pain ongoing" and "Me doing a lot of talking - because I was not expecting that situation" indicate that these clients did hold a different expectation of counselling than what they encountered. It can be argued that their unmet expectation of counselling as a short term engagement with an active/directive counsellor, contributed to their termination.

Assuming that premature terminators pose a sub-population of service users who may likely be dissatisfied with the service, the positive rating of their counselling experience by most respondents suggests that the service provided by the Counselling Centre can be considered as relevant and appropriate to the needs of its broader clientele.

#### 1.5 THE INTERPERSONAL COUNSELLING RELATIONSHIP

Most premature terminators reported positively on their experience of the counsellor. They considered the counsellor to have understood their problem and as having taken an interest in them as persons.

#### 1.6 FUTURE USE OF THE COUNSELLING CENTRE

The emerging notion that clients' premature termination does not indicate a failed therapeutic encounter is further supported by the responses (95% affirmative) to the items testing their attitude on future use of and recommending a friend to the Counselling Centre. This outcome is supported by the findings of Acosta (1980) where, in response to the item "Do you think psychotherapy and counselling could be very helpful for anyone who is feeling emotionally disturbed", a positive response was offered by the Mexican-American premature terminators (100%), Anglo-Americans (94%) and Black-Americans (84%). A positive attitude was also recorded on the respondents' attitude towards therapy for themselves.

### 1.7 CONFIDENTIALITY

Counsellors pledge confidentiality, as an ethical principle, when they meet with their clients. The need to test clients' perception of confidentiality was prompted by one counsellor's concern that the study may violate the client-counsellor confidentiality. The fact that 75% of the respondents felt that the study did not violate this confidentiality should encourage further research in the sensitive area of counsellor effectiveness.

### 2. SIGNIFICANCE OF THE STUDY

The following observations, arising from the researcher's engagement in a particular counselling setting, are aimed at highlighting certain issues that may inform the practise of counselling in this setting.

- \* The Counselling Centre operates on a booking system where clients' first contact entails making an appointment to see a counsellor. In the greater number of cases the appointment will be for a future date as counsellors' diaries are normally filled at the start of a particular day. In this study it was found that the number of "no show" clients ie. clients who do not present for their first interview (a total of 130 defaulted sessions), was more than double the number of premature terminators ( a minimum of 59 defaulted sessions).

It can be argued that the present administrative procedure at the Centre acts as a filtration system - where "no shows" may represent those with less severe concerns which may have been resolved before the appointment date. Such a notion while speculative, is supported by May (1990) who did a study with waiting list clients who did not respond to a follow-up letter offering counselling. One third of the respondents stated that they no longer felt the need for counselling because their problem had been resolved. This is an area that lends itself to future research.

It may be instructive for the Centre to consider an arrangement where "walk-in" clients could be offered an intake interview on their first contact with the Centre or at least complete the intake form. This may ease the client's entry into counselling - especially where the decision to make an appointment is accompanied by uncertainty or hesitation to enter counselling. The suggestion that prospective clients complete an intake form (Problems Checklist) upon their first contact will not require much restructuring of the administrative arrangement of the Centre, but it will have the added advantage of securing descriptive data on potential "no shows".

- \* The researcher found it a tedious procedure to establish the termination status of clients and also to identify the "no show" clients. This arose from the lack of a reliable record

base showing the individual client's sessional utilisation of the Counselling Centre. A computer based client databank can greatly improve the accessibility to such information. Counsellors can also use this database to update their records with regard to their caseloads and the termination status of clients.

\* Counselling pretraining has been suggested as a means of initiating new users of the counselling service (Philips and De Palma, 1983 - cited in Mennicke *et al.* 1988) . It is the researcher's contention that an aspect of such training could be for counsellors to formalise the therapy contracting procedures with their clients. This can include procedures for intended cancellation of arranged sessions and termination (mutual or unilateral). Such an arrangement would counter the present practice where clients fail to present for sessions or terminate without informing the Centre of their intention.

\* Respondents have, in a limited way, raised an administrative / organisational feature impacting on their subjective sense of privacy which may in turn have impacted on their utilization of the service offered. It was reported that the physical setting of the reception area, allows for little privacy or freedom from scrutiny as many students use the Centre as a passageway to the adjoining departments housed in the same building. This sense of being exposed was often felt more acutely when the client had to move to the reception to book a

follow-up appointment after an emotional session. The employment of student-assistants in the Centre, as part of the work-study programme, was also cited as compromising the client's sense of privacy.

- \* Given the profile of the premature terminators with regard to the relatively moderate severity levels, short term expectations and preference for more directive/ active counselling, it would appear that the preferred "curative" model for the Counselling Centre would be in line with that suggested by Gelso, Birk, Utz and Silver (1977) namely, a combination of short-term emotional - social counselling, vocational-academic counselling and some long term psychotherapy.

### 3. LIMITATIONS OF THE STUDY

- \* Administrative factors imposed a limitation on the researcher's ability to access the maximum number of respondents for the study. The final sample excluded ten premature terminators due to the unavailability of a contactable address. This factor, together with the final return rate, limited the generalisability of the outcome of the study to the total population of premature terminators.
- \* The difficulty experienced in securing personal interviews (also reported by Martin, McNair, and Hight, 1988) posed a methodological limitation to the study. While the open-



ended nature of the questionnaire did encourage qualitative responding, it is the researchers's contention that face to face interviews with a sample of these respondents could have further identified certain nuances within the data.

- \* While it was not a focus of the study, the absence of information on how counsellors contracted with clients presents as a shortcoming in the research design. The researcher held the view that the process of premature termination has as underlying assumption the notion that there was a clear arrangement/agreement between counsellor and client on the intended course and duration of the therapeutic engagement. This assumption was however not tested in the study.

#### 4. CONCLUSION

The outcome of this study suggests that for most respondents the act of termination was a deliberate action following the partial or complete fulfilment of their presenting counselling needs. The general outcome of this study is consistent with the findings in similar studies of treatment dropouts (Pekarik, 1983; Acosta, 1980) where only a minority of clients stated their dropping out as a due to a dislike of the counselling services. Premature terminators can be considered as not representing a homogeneous group of treatment failures (Pekarik, 1983; Martin *et al.* 1988) and that a diversity of

reasons accounts for their terminating counselling. The "prematurity" of the termination is therefore more a function of the counsellors' understanding of the counselling process and the course that it ideally should follow, rather than the clients' subjective sense of "incomplete therapy". Given the outcome of this study, the term "unilateral-termination" may be considered more apt conceptually, denoting a purposeful, deliberate action on the part of the client to terminate therapy rather than loading the client's action with the negative, judgemental baggage traditionally associated with the term "premature termination", a viewpoint also advanced by Tryon and Kane (1993).

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UNIVERSITY *of the*  
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# APPENDIX A



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SCRIPT FOR TELEPHONIC INTERVIEW

"Good Afternoon, my name is David April and I am a student counsellor at UWC. Do you have a few minutes to speak to me?"

[If response is "No" then I will establish the reason and negotiate a suitable arrangement]

"I am phoning you in connection with my research on how student clients evaluate the service offered by the Centre for Student Counselling. The study focuses specifically on why clients fail to return for follow-up counselling sessions.

As you are a client who attended the Centre and stopped coming I consider you as a valuable source of information to aid the research. The information that I hope to obtain will enable me to assess the service offered by the Center in order to make it most effective and useful.

Can you tell me the reason why you stopped attending counselling sessions?

[Record the responses]

I also plan to conduct interviews with some of the clients who did not continue with their counselling sessions. Are you prepared to offer me an interview of about 30 minutes at a time and place convenient to you?"

[If "No" check the reason for response]

[If "Yes" proceed to make arrangements with regard to time and place]

"Thank you so much for your time and participation.  
Goodbye."

# APPENDIX B

The logo of the University of the Western Cape, featuring a classical building facade with six columns and a pediment.

UNIVERSITY *of the*  
WESTERN CAPE

UTILIZATION OF COUNSELLING SERVICE QUESTIONNAIRE

**Please do not enter your name on the questionnaire.**

Complete the questionnaire by responding in the spaces provided or by making a cross (  ) at the appropriate option.

1. Age .....
2. Sex :  Male  Female
3. Course (eg. B.A., BSc.) .....
4. Year of study :  I  II  III  OTHER
5. Faculty at university :  
 Arts  Science  Com.& H  Law  Educ  Theol  Dent
6. How did you book your first appointment ?  
 Personally  Telephonically
7. Counselling sessions attended:  
 Number of sessions attended .....
8. Please indicate which concerns or problems prompted you to contact the Counselling Centre  
 academic concerns  
 social concerns  
 personal concerns
9. Briefly describe the concern(s) that prompted you to attend the Counselling Centre.  
 .....  
 .....  
 WESTERN CAPE
10. To what extent did your concerns affect your functioning in terms of :

	Not at all	A little	Mode- rately	Consi- derably	Se- verely
Academic performance					
Social life					
Personal life					

11. Please give the reason(s) for not attending the counselling session that was scheduled.

.....  
.....  
.....  
.....  
.....  
.....

12. Do you still have the concern(s) that prompted you to contact the Centre ?

Yes

No

13. If "yes", what will prevent you from seeking help again ?

.....  
.....  
.....

14. How could our service to you have improved ?

.....  
.....  
.....

15. Would you make use of the Student Counselling Centre in future?

Yes

No

Thank you for completing the form. Please forward it to the Student Counselling Centre.

# APPENDIX C



UNIVERSITY *of the*  
WESTERN CAPE

UTILIZATION OF COUNSELLING SERVICE QUESTIONNAIRE

**Please do not enter your name on the questionnaire.**

Complete the questionnaire by responding in the spaces provided or by making a cross (  ) at the appropriate option.

1. Age .....
2. Sex :  Male  Female
3. Course (eg. B.A., BSc.) .....
4. Year of study :  I  II  III  OTHER
5. Faculty at university :  
 Arts  Science  Com.& H  Law  Educ  Theol  Dent
6. How did you book your first appointment ?  
 Personally  Telephonically

7. Counselling sessions attended:  
 Number of sessions attended .....

8. Please indicate which concerns or problems prompted you to contact the Counselling Centre  
 academic concerns  
 social concerns  
 personal concerns

9. Briefly describe the concern(s) that prompted you to attend the Counselling Centre.  
 .....  
 WESTERN CAPE  
 .....

10. To what extent did your concerns affect your functioning in terms of :

	Not at all	A little	Mode- rately	Consi- derably	Se- verely
Academic performance					
Social life					
Personal life					

11.1 What did you expect to gain from the counselling sessions?

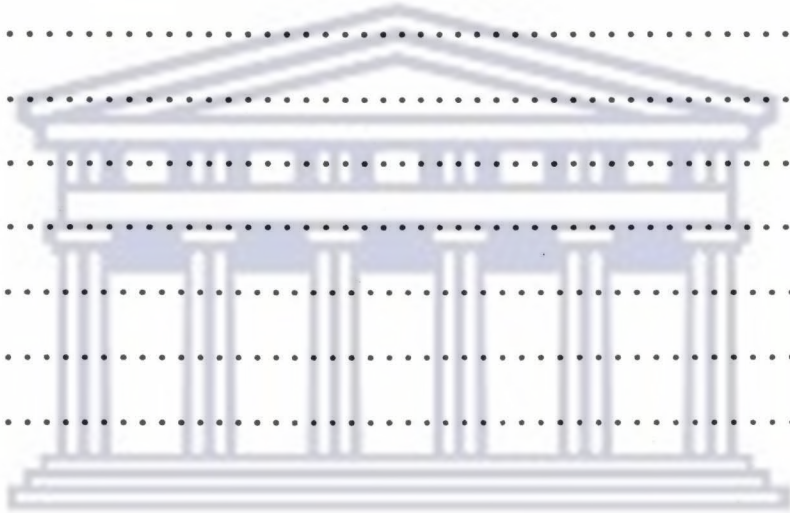
.....  
.....  
.....

11.2 Were these expectations met ?

 Yes No

12. Please give the reason(s) for NOT attending the last counselling session that was scheduled.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



13. Do you still have the problem that prompted you to attend the Counselling Centre initially ?

 Yes No

13.1 If your answer is "No" what was most helpful in overcoming the problem ?

.....  
.....

13.2 If Your answer is "Yes" why did you not continue with the counselling sessions ?

.....  
.....



14. Of what benefit was the session(s) you attended ?

.....  
.....

15. What did you NOT like about :

15.1 The counselling session(s) ?

.....  
.....

15.2 The counsellor ?

.....  
.....

15.3 The Counselling Centre ?

.....  
.....

16. Do you think the counsellor understood your problem?

Yes  No

17. Do you think the counsellor was interested in you as a person ?

Yes  No

18. Would you make use of the Counselling Centre in future ?

Yes  No

19. Would you recommend a friend to the Counselling Centre ?

Yes  No

20. Do you consider filling out this questionnaire as breaking the confidentiality between yourself and the counsellor whom you saw ?

Yes  No

\*\*\* Thank you for completing the questionnaire. Please place it in the self-addressed stamped envelope and forward it to the Centre for Student Counselling.

# APPENDIX D



UNIVERSITY *of the*  
WESTERN CAPE

Student Counselling Centre  
UWC

Dear

I am a counsellor at the Centre for Student Counselling at UWC conducting research into the reasons why student clients fail to return for arranged counselling sessions. The outcomes of the research can guide the Centre in improving its service delivery to student clients. As a person who made contact with our service, you are a valued source of information to this end.

I hereby request you to become part of this study by sharing your views and experience with reference to your early termination of counselling. This can be done by you completing the accompanying questionnaire and posting it using the prepaid envelope enclosed or by handing the completed form in to the secretary, Ashleen Adriaanse, at the Student Counselling Centre.

I thank you in anticipation for your interest, effort and time offered to complete the questionnaire. Your contribution will advance the challenge facing us of providing an appropriate, relevant and accessible service to our student clients.

Yours sincerely

.....  
David April

\*PS. The study will only report on the trends emerging from the findings and no names or personal identification will be disclosed.

# APPENDIX E



UNIVERSITY *of the*  
WESTERN CAPE

CENTRE FOR STUDENT COUNSELLING  
UWC

DEAR

A few weeks ago I posted you a questionnaire concerning my research study on premature termination of counselling at the Centre.

If you returned your questionnaire I hereby thank you for making the study possible. If for any reason you did not return the questionnaire, I will greatly appreciate it if you can do so as all responses are valuable in determining the outcome of this study.

Best wishes.

Yours sincerely



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.....  
David April