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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

DIFFERENCES IN TREATMENT UTILIZATION  
BETWEEN FEE PAYING AND NON-FEE  
PAYING CLIENTS IN A COUNSELING  
TRAINING CLINIC

A Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy

Katherine E. Sammons

College of Education and Behavior Sciences  
Department of Applied Psychology and Counselor Education

May, 2019

This Dissertation by: Katherine E. Sammons

Entitled: *Differences In Treatment Utilization Between Fee Paying And Non-Fee Paying Clients In A Counseling Training Clinic*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Education and Behavioral Sciences in the Department of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision.

Accepted by the Doctoral Committee

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Date of Dissertation Defense March 26<sup>th</sup>, 2019

Accepted by the Graduate School

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## ABSTRACT

Sammons, Katherine E. *Differences in treatment utilization between fee paying and non-fee paying clients in a counseling training clinic*. Published Doctor of Counselor Education and Supervision dissertation, University of Northern Colorado, 2019.

Freud's writings and cognitive dissonance theories assume that paying a fee for mental health services is necessary for client motivation to progress through treatment; however, empirical study has failed to support this assertion. Regular client utilization (as measured by total number of sessions, number of cancellations, and persistence through a planned termination session) is correlated with improved client treatment outcome and is essential for providing counselors-in-training with the opportunity to practice and demonstrate counseling skills. Prior literature illustrates that counseling training clinics may experience premature termination at a greater rate than other outpatient settings due to two primary issues: (a) counselor competence; and (b) uninformed fee policies. Very little counseling-specific research exists to guide counselor educators in setting fee policies that promote regular client treatment utilization. Further study was needed to provide counselor educators with information to make evidenced-based practice decisions regarding fee payment in counseling training clinics.

This study examined whether fee paying and non-fee paying clients differed in measures of treatment utilization when controlling for counselor competence. Records of 269 fee paying and non-fee paying clients of the training clinic were examined for the number of sessions attended, the number of cancellations, and persistence through a termination session. The final scores of counselors-in-training who served the selected

clients were entered into the model to control for counselor competence. A MANCOVA was run to determine whether differences exist between fee paying and non-fee paying clients in the number of cancellations and the overall number of sessions when controlling for counselor competence. Violations of the independence of errors assumption prevented a determination regarding the null hypothesis. A logistic regression was run to determine if the amount of payment predicts attendance at a termination session when controlling for counselor competence. Fee payment was found to have a significant relationship with attendance at a termination session however, the underpowered nature of the Logistic Regression and the effect size indicate that the findings should be interpreted with extreme caution. The implications of this study include the importance of consistent record keeping and accounting for the complex nature of the relationship of fee payment in treatment utilization in future study. Development and standardized use of instruments with known psychometric properties for the evaluation of counselors in training is also discussed as a needed development in the field of Counselor Education and Supervision for the facilitation of research into the relationship of fee payment and treatment utilization in training clinics.

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## CHAPTER I

### INTRODUCTION

Counseling training clinics are specialized centers on university campuses with a dual mission of instructing counselors in training (CITs) and providing competent counseling services to community members or students. A steady stream of clients helps to ensure ample opportunities for CITs to improve their skills while also allowing Counselor Educators to observe CITs, provide supervision and instruction, and remove students unsuited to the counseling profession when necessary. Counseling sessions completed in training clinic sessions serve as the foundation of a CIT's clinical experience and help to socialize them into the profession; therefore, a training clinic must furnish CITs with clients who demonstrate reliable treatment utilization in order to be successful.

The term "treatment utilization" refers to the characteristics of clients' engagement with the counseling process (Demuth & Karnis, 1980). In a training clinic setting, treatment utilization is important for both the success of the client and the counselor education program. For clients, consistent treatment utilization is correlated with improved treatment outcomes (Swift & Greenberg, 2015). For counselor education programs, regular client treatment utilization provides a circumstance to monitor a CIT's skill development and theoretical application, thus ensuring a CIT's fitness to progress to internship. Inconsistent treatment utilization (i.e., cancellations, attending few overall sessions, failure to persist through termination session) has the potential to disrupt the

development of a CIT's skill and a program's ability to ensure a standard of CIT preparedness for internship and post-graduate practice.

Freud's writings (1913/1976) and cognitive dissonance theorists would suggest that fee payment has the potential to affect the way clients use treatment in counseling training clinics. For example, Freud (1913/1976) and Davids (1964) say that payment of some sort is required to motivate the client to progress through treatment. By requiring clients to pay for services, clinicians hope that clients will be motivated to utilize treatment consistently (i.e., cancel less, attend more sessions, and complete treatment through termination). However, there is mixed support for this assertion in the literature (Bishop & Eppolito, 1992; Herron & Sitowski, 1986; Orlinsky & Howard, 1986). Further, the relationship between fee payment and treatment utilization has not been substantively explored in the setting of training clinics (Aubry, Hunsley, Josephson & Vito, 2000; Clark & Kimberly, 2014).

Exploring the relationship between fee payment and treatment utilization in counseling training clinics presents additional challenges as Counselor Educators often manipulate fee payment policy to facilitate regular client treatment utilization (Staples, Skeeters, Taylor, & Raches, 2011). A search of the literature reveals no documented best practices for setting fee policy. Existing research provides mixed support for the practice of leveraging fee in an effort to improve treatment utilization (Bishop & Eppolito, 1992; Herron & Sitowski, 1986; Orlinsky & Howard, 1986). The relationship between fee payment and client treatment utilization in training clinics is particularly unclear.

Given the importance of treatment utilization in university training clinics, Counselor Educators need to take a research-informed approach to setting fee policy. The

special circumstances of counseling training clinics are such that counselor competence may influence reduced treatment utilization. This study was an early step toward understanding that relationship of fee payment and treatment utilization in a counseling training clinic setting and builds on existing literature from related mental health fields such as psychiatry, psychology, and social work.

### **Importance of Consistent Treatment Utilization for Clients**

Treatment utilization manifests in readily observable behaviors such as cancellations, low number of sessions, and failure to persist through planned termination sessions. Many authors have found correlations between increased numbers of sessions and improved treatment outcomes such as symptom relief for clients (Howard, Kopta, Krause & Orlinsky 1986; Howard, Cornille, Lyons, Vessey, Leuger & Saunders, 1996; Shandish, Matt, Navarro & Phillips., 2000). Twelve to fourteen sessions appears to be the minimum number of sessions correlated with improved results (Lambert, Hansen & Finch, 2013). The regular spacing of sessions has also been linked with improved client outcome (Reardon, Cukrowicz, Reeves & Joiner, 2002). Cancellations reduce both the overall number of sessions and the regular spacing of those sessions provided.

Planned termination or completing the course of the treatment is an indication that a client has utilized treatment to its natural or prescribed end. Failure to attend a planned termination implies a loss of potential treatment that was expected or available. Typical rates of premature termination may vary from 20% to 47% of clients (Swift & Greenberg, 2015). Client-initiated premature termination often happens early in the relationship (Ogrodniczuk, Joyce & Piper., 2005). Generally, clients who terminate prematurely report lower satisfaction and less symptom reduction than clients who complete treatment

(Swift & Greenberg, 2015). In some cases, individuals who terminate prematurely may experience a worsening of psychological symptoms (Swift & Greenberg, 2015).

### **Importance of Consistent Treatment Utilization for Counselor Training Clinics**

From a training perspective, consistent client treatment utilization is also important to Counselor Educators, as clients must attend sessions in order for CITs to amass the experience and hours necessary to prepare for internship. Counseling training clinics serve as proving grounds where CITs practice theory application and experience first encounters with clients. Inconsistent session attendance hampers this process by reducing the number of available CIT client interactions. As stated above, training clinics experience premature termination at a greater rate than outpatient settings (Swift & Greenberg, 2015). In addition to negatively affecting clients, CITs are deprived of the opportunity to practice skills and demonstrate improvement when clients terminate early. Premature termination may also cause a CIT to experience a crisis of confidence.

Supervised practica in training clinics provide the opportunity for assessment of CIT skill application and completion of required direct service hours with clients. Therefore, cancelled sessions or premature termination may also result in the inability of a CIT to complete direct service hours over the course of a semester. Counsel for the Accreditation of Counseling and Related Educational Programs (CACREP) has established requirements for direct service at both the master's and doctoral level. Direct service is defined as "Supervised use of counseling, consultation, or related professional skills with actual clients..." (Counsel for the Accreditation of Counseling and Related Educational Programs [CACREP], 2015, p.40). CACREP requires master's-level CITs to engage in a minimum of 40 hours of direct service in a supervised practicum before

progressing to internship (CACREP, 2015). When clients in training clinics cancel session or terminate counseling prematurely, it affects the ability of CITs to complete the required 40 hours and progress in their program.

### **Historical Discussion and Theoretical Foundations of Fee Payment**

In Western American culture, it is a widely-acknowledged expectation that a professional should receive payment for services rendered. It is rare, however, for the professional to claim that the act of payment renders the client more likely to benefit from the service. Despite a lack of research to support the claim that payment is beneficial to treatment (Bishop & Eppolito, 1992; Clark & Kimberly, 2014; Herron & Sitowski, 1986; Orlinsky & Howard, 1986; Taller, 2000), it remains a common belief in theory and throughout the field of psychology (Clark & Sims, 2014; Taller, 2000). The roots of the belief that fee payment is beneficial to the therapeutic process stem from Freud's discussion of fee payment in his writings. and the theoretical application cognitive dissonance theory to fee payment.

#### **Freud**

In his writings, Freud discussed his belief that the payment of a substantial fee would motivate a client to progress through therapy (Freud, 1913/1976). The fee had to be set proportionally to each client's income so that its payment would require sacrifice on the part of the client (Freud, 1913/1976). This sacrifice would facilitate the emergence of transference and prevent complications resulting from feelings of indebtedness on the part of the client (Freud, 1913/1976). Analysts have adhered to the importance of fee payment for decades. To this end, several works discussing the process of assessing fees

and maintaining adherence to fee policies have been published (Chodoff, 1964; Shultz, 1988; Sommers, 1999; Tudor, 1998; Tulipan, 1983; Weissberg, 1989).

### **Cognitive Dissonance**

Dauids's (1964) application of Festinger's (1957) cognitive dissonance theory upholds the necessity of fee payment. Leon Festinger (1957) believed that human beings strive for consistency. Discrepancies, Festinger posited, could exist between a client's thoughts, values, beliefs, or actions. When clients become aware of discrepancies within themselves, an uncomfortable tension could be perceived. Festinger named this tension "dissonance" (Festinger, 1957). Dissonance is perceived as unpleasant, so individuals will try to adjust their thoughts, values, beliefs or actions to regain a sense of internal consistency (Festinger, 1957). Festinger termed this state of internal consistency "consonance" (1957). The pursuit of consonance is a guiding principle in social psychology and may be used as a theoretical justification for many counseling interventions that highlight inconsistencies in a client's thoughts, beliefs, actions and experiences.

Dauids (1964) applied Festinger's (1957) cognitive dissonance theory to the idea of fee payment. He stated that the amount a client pays for therapy must affect their valuing of the services (Dauids, 1964). Thus, if a client is assessed a substantial fee, she is likely to value the treatment more. Conversely, a client who does not pay much for a session would be less likely to value the therapy provided. Should dissonance be created between the client's experience of therapy and their valuing of the treatment, the client will either adjust their behavior or their valuing to regain consistency (Dauids, 1964). For example, a client who has not found much value in therapy yet has paid a substantial fee



may either cease treatment or improve her assessment of her treatment. Essentially, paying more would cause the client to view the treatment as a more valuable experience. Vice versa, a client who pays a small fee, yet is experiencing great value from therapy, may assume that the treatment is not very good (Davids, 1964). A client may also become aware of dissonance related to paying for treatment in which she is not progressing and may, thus, experience motivation to improve. Davids's (1964) presentation of Festinger's (1957) theory appears to support payment of higher fees. Though published more than 50 years ago, it remains the one of the strongest theoretical supports for the value of paying significant fees.

### **Conflicting Empirical Findings on Relationship of Fee and Treatment Utilization**

Despite theoretical support for the importance of paying a fee (Davids, 1964; Freud, 1913/1976; Menninger, 1958), empirical research has failed to consistently prove a relationship between fee payment and measures of treatment utilization (Herron & Sitowski, 1986; Shipton & Spain, 1981). Older research suggests that payment of a fee is correlated with an increased number of sessions (Carpenter & Range, 1983; Goodman, 1960; Wood, 1982). However, others have failed to find any significant relationship (Renk, Dinger & Bjugstad, 2000), or the relationship disappeared when other factors were controlled (Clark & Kimberly, 2014; Demuth & Karnis, 1980; Pope Geller, & Wilkenson, 1975). Though clients may report that payment of fees caused them to terminate treatment prematurely (Aubry et al., 2000), differences in payment have not been found to be significant predictors of premature termination in professional mental health settings (Aubry et al., 2000; Demuth & Karnis, 1980; Greenspan & Kulish, 1985).

Although primary analysis indicates difference in treatment utilization based on payment, further scrutiny may change the interpretation of results. Of the researchers who initially found differences in client treatment utilization, some reported that the effect was negated after other factors, such as age, race, or diagnosis of the client were accounted for (Clark & Kimberly, 2014; Demuth & Karnis, 1980; Pope et al., 1975). Others, who initially found differences in attendance based on whether or not a fee was assessed, saw the effect diminish once clients returned after a first session (Goodman, 1960; Wood, 1982).

### **Limited Counseling-Specific Research**

Of the limited empirical research addressing fee payment, virtually all study has focused on the provision of services by other mental health professionals such as psychiatrists, psychologists, and social workers. Perhaps this scarcity of literature is because counseling is a relatively new profession. Virginia was the first state to license professional counselors (LPCs) in 1976 and it took until 2009 for all 50 of the United States to recognize counselors by separate licensure (Shallcross, 2009). As a result, most research addressing fee payment was conducted before those with counseling degrees or Licensed Professional Counselors were consistently recognized as separate mental health providers (e.g., Goodman, 1960; Herron & Sitowski, 1986; Herrell, 1993; Yoken & Berman, 1984). This review of literature found only three studies (Thompson, Graham, Brockberg, Chin & Jones, 2017; Clark & Kimberly, 2014; Lampropoulos, Schneider & Spengler, 2009) in which fee payment was examined predominantly counseling context. The first, by Lampropoulos, et al. (2009), determined that a four-predictor model (client age, income, perceived client difficulty, and Global Assessment of Functioning (GAF)

scale) was useful in predicting client termination. However, this study did not include client payment for sessions in its model (Lampropoulos et al., 2009). This four-predictor model was only useful in predicting premature termination for clients who persisted after the first session and did not differentiate between master's and doctoral-level CITs. The second study, by Clark and Kimberly (2014), found that when the age and race of clients in a marriage and family counseling training clinic were controlled for, the amount of fees paid did not predict the total number of sessions clients attended or their treatment outcome.

These studies demonstrate that multiple factors may be involved in the prediction of treatment utilization. Neither study addresses the relationship of fee payment in a generalist university counseling training clinic or factors, such as counselor competence, that may present in a training-specific context. The absence of site-specific literature for counseling training clinics creates difficulty in determining research-supported predictors of treatment-utilization. It is possible that other factors, ones that are not as pronounced in outpatient settings, may be influencing treatment utilization in counseling training clinics.

### **Potential Explanation of Counselor Competence as Factor in Client Treatment Utilization**

Some authors believe that counselor competence may influence client treatment utilization as, even within similar settings, CITs experience greater rates of premature termination than those who have completed training (Swift & Greenberg, 2015). Across studies examining client-reported reasons for premature termination, Swift and Greenberg (2015) found that 22-46.7% of the clients reported dissatisfaction with the therapist or the treatment as the reason for termination. The rate of reported

dissatisfaction suggests that counselors less competent in building therapeutic relationships may inadvertently influence clients to terminate prematurely.

Competence, however, is a difficult concept to quantify. Generally, many believe competence must include the acquisition of skills and knowledge that enable a counselor to ethically build therapeutic relationships with clients (Norcross & Wampold, 2011; Sommers-Flanagan, 2015). Training clinics provide a context for the acquisition and assessment of counselor competence. Completion of practicum is designed to provide a means of assessing competence and ensure a base level of competence has been attained by CITs before progression to internship. Some CITs demonstrate this base level of competence while others demonstrate more advanced skill. This variation in competence in training contexts, rather than an assumed base level of competence ensured by licensure in outpatient settings, may influence the ways clients utilize treatment in training clinic settings.

### **Statement of the Problem**

The writings of Freud (Freud, 1913/1976) and the theory of cognitive dissonance (Davids, 1964) suggest that charging clients a fee increases a client's motivation to engage in and value treatment. However, these assumptions have not been adequately tested (Shipton & Spain, 1981). Most of the existing studies regarding treatment utilization and fee payment have examined other mental health providers and may not generalize to counseling training clinics (Clark & Kimberly, 2014). Counselor education programs have a responsibility to provide clients for CITs to facilitate the opportunity to practice and improve clinical skill. Regular client treatment utilization in training clinics is necessary to provide CITs the opportunity to practice. Therefore, counseling-specific

research is needed to determine whether charging fees is related to client treatment utilization in counseling training clinics.

### **Purpose Statement**

The purpose of this study was to determine if there is a relationship between fee one-time, per semester fee payment and treatment utilization in a counselor education training clinic when controlling for counselor competence. This study examined fee payment and treatment utilization in a CACREP-accredited program's counseling training clinic with the goal of taking an initial step toward informing fee payment policies and practices. The study of this training clinic can inform other counseling training clinics by examining whether differences actually exist in services utilization between fee paying and non-fee paying clients.

### **Setting**

In this clinic, master's-level CITs provide services to community members and students at a university in the Mountain Region. This training clinic was a reasonable starting point for this line of research because, like many other counseling clinics, there is an expectation of fee payment. However, fees are often waived in an effort to provide services to clients who cannot afford them or to ensure there are enough clients for CITs to gain adequate experience. This clinic does not accept third-party payment at this time.

The payment approach in this clinic is to charge clients a one-time per semester fee of \$60.00 to receive counseling services from master's students. One-time, per semester fee payment means that clients must pay a lump sum for access to services for semester; however, after the initial fee is paid the fee does not increase based on the number of sessions a client utilizes. Fees may be reduced or waived at the discretion of

intake staff or at the discretion of clinic supervisors and multiple payments over time can be arranged. The clinic will not refuse services due to a client's inability to pay and provides a fee schedule in the clinic manual to aid in adjusting fees. This clinic attempts to require fees whenever possible. Fees are collected by cash or credit card by the CITs.

### **Research Questions**

- Q1 Are there differences in the total number of attended sessions and the number of cancellations between paying and non-paying clients when controlling for counselor competence?
- Q2 Does the amount paid for services predict attendance at a planned termination session when controlling for counselor competence?

### **Significance and Rationale for This Study**

This study is significant as Counselor Educators must attempt to set fee policy that secures regular client treatment utilization and appeals to clients who may be unable to afford traditional services all while modeling evidence-based practices. Clinic directors must balance the needs of clients with the need to provide counselors in training with a sufficient number of clients (Staples et al. 2011). The number of sessions attended, regular spacing of those sessions, and persistence through a planned termination session have all been linked with improved client outcome (Howard et al., 1986; Howard et al., 1996; Lambert et al., 2001; Reardon et al., 2002; Swift & Greenberg, 2015). Often, the topic of motivating clients to utilize treatment is a justification for charging clients fees for service, rather than allowing clients to pursue treatment without charge (Clark & Sims, 2014). The expectation being that clients will benefit from increased motivation and CITs will benefit by more regular treatment utilization of their clients.

The cost of services has been shown to influence decisions regarding whether to engage in treatment and whether to recommend treatment providers to others (Lowe,

Howard, & Dawson, 1986; Trautt & Bloom, 1982). Counseling training clinics traditionally serve a population that is unable to afford private services (Aubry et al., 2000; Staples et al., 2011). Researchers have failed to adequately test the relationship of fee payment and treatment utilization in such a setting (Aubry et al., 2000; Bishop & Eppolito, 1992; Herron & Sitowski, 1986; Orlinsky & Howard, 1986) and most of the research is dated (Clark & Sims, 2014). It is therefore possible that policies requiring fee payment in counseling training clinics may not influence client treatment utilization in the way that has been hoped. In fact, it is possible that requiring the payment of a fee may have the unintended negative consequence of limiting the ability of training clinics to recruit clients and provide CITs with the clinical experience needed to progress to internship.

The rationale for this study was based on the assumption that, as counselor educators who mentor counselors in training to become scientist-practitioners, it is incumbent on us to model evidence-based practices in all matters. Counselors must use research to inform decisions relating to treatment. This includes financial policy. Training clinics present unique circumstances, such as the presence of counselors in training or one-time fee payment, to which findings from outpatient study of fee payment may not generalize. In order to model evidence based practices for CITs, counselor educators need research to inform them in setting fee policy for their training clinics.

A search of the literature produced only one discussion of practices for psychology clinics to implement and supervise a sliding-scale fee (Thompson et al., 2017). The search of the literature included the Ebsco Host, PsychInfo, and Medical databases. Search terms included: counseling, psychotherapy, fees, payment, training

clinics, and fee for service. The researcher also consulted with two librarians at the University of Northern Colorado specializing in the areas of Psychology and Human Services. The literature has not adequately tested the relationship between fee payment and treatment utilization (Bishop & Eppolito, 1992; Herron & Sitowski, 1986; Orlinsky & Howard, 1986) in a counseling context (Clark & Kimberly, 2014). Counselor Educators are tasked with setting fee policy that both meets ethical guidelines and the practical considerations of producing clients for CITs. An understanding of the relationship between fee payment and treatment utilization is necessary to inform Counselor Educators in setting fee policy in counseling training clinics. The present study examined whether differences in treatment utilization exist between fee paying and non-fee paying clients in a counseling training clinic that utilizes one-time per semester fee payment.

### **Definition of Terms**

**Counselor:** While the American Counseling Association (ACA, 2014) and APA (2010) ethical guidelines both refer to counseling, neither of these guidelines provide a definition of a counselor. The ACA 20/20 delegation defined counseling as “A professional relationship that empowers diverse individuals families and groups, to accomplish mental health, wellness, education, and career goals” (American Counseling Association [ACA], 2014). CACREP (2015) defines a professional counselor as an individual who has completed a master’s degree in counselor education from a program that meets CACREP standards. Further, CACREP (2015) states professional counselors remain active in the field and seek appropriate certifications and licensure. For the purposes of this study, the term



“counselor” referred to individuals who have completed graduate training at the master’s level, have been trained in counselor identity, and provided the service of counseling in a professional setting.

***Counselor-in-training (CIT):*** This term refers to graduate students who are training to be counselors by receiving instruction and practicing skills related to the counseling profession (ACA, 2014). For this study, counseling psychology doctoral students enrolled in Practicum I were referred to as counselors in training.

***Fee:*** Discussion of fee in the literature reviewed for this study was consistently related to the payment of money received by counselor or agency for counseling services. For this study, fee will refer to whether clients paid any amount for counseling services.

***Fee paying clients:*** In the current study, fee paying clients were defined as clients that had paid any monetary amount in exchange for counseling sessions.

***Non-fee paying clients:*** In the current study, non-fee paying clients were defined as clients who did not pay any fee for counseling (Goodman, 1960; Lorand & Console, 1958).

***Practicum:*** “a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship” (CACREP, 2015, p.43).

***Practicum Students:*** This term refers to all students enrolled in a counseling practicum.

***Service or Treatment Utilization:*** Service and treatment utilization have been used interchangeably to describe characteristics of how clients use and interact with

treatment. Treatment utilization often may be measured by the volume of services such as the number of appointments or length of time treatment occurred (Demuth & Karnis, 1980). In this study, measures of treatment utilization included number of sessions attended by the client, the number of client cancellations, and attendance at a termination session.

**Supervisor:** Generally, this term refers to the licensed clinician who oversees the clinical work of the trainee (Aubry et al., 2000). The *American Counseling Association's Code of Ethics* (2014) defines supervision as:

a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s) (ACA, 2014, p.20)

**Termination:** Typically used in literature to refer to the end of a counseling relationship. According to the American Counseling Association's Code of Ethics (2014), appropriate termination occurs when clients no longer need assistance or clients are unlikely to benefit or could be harmed from further services (A.11.c. p.6). For the purposes of this study, termination was a session that was scheduled in advance of the final session to be the final meeting between the CIT and their client.

***Training Clinic:*** This term generally refers to a clinical setting in which services are provided by trainees under the supervision of more experienced clinicians (Aubry et al., 2000). This may take many forms. Supervision may be provided by experienced clinicians with a background in counseling or a related field (i.e., psychology, social work, couples and family therapy, etc.) For the purposes of this study, this term referred to a clinical setting in which students provide the majority of counseling services and receive supervision.

### **Organization of the Study**

This proposed study was presented in three chapters. Chapter One introduced the importance of client treatment utilization in counseling training clinics, emphasized the necessity of providing service to clients and providing CITs with opportunity for direct service, and generally reviewed existing literature regarding fee payment and client treatment utilization. The purpose and rationale for this study were presented and the chapter concluded with presentation of the proposed research questions and definitions of terms used throughout this study. Chapter Two expands the review of literature regarding fee payment and client treatment utilization. Empirical support for treatment utilization relating to client outcome was discussed in depth and the relationship of counselor competence to treatment utilization was expanded. Theoretical underpinnings of belief in the motivating factor of fee payment were presented and discussed in detail. Chapter Three presented the proposed methodology for this study, including the proposed sample, sampling methods, instruments, and proposed data collection procedures. This chapter also described the proposed data analysis to examine the research questions.



## CHAPTER II

### LITERATURE REVIEW

As discussed in the previous chapter, differences in treatment utilization behaviors of fee paying and non-fee paying clients in counseling training clinics remains largely unstudied. This lack of study leaves counselor educators without information to inform fee setting practices in training clinics. Regular treatment utilization is highly correlated with improved treatment outcomes (Swift & Greenberg, 2015). Training clinics also rely on regular attendance and persistence of clients to provide a setting where CITs may obtain and demonstrate competence in basic counseling skills before progressing to internship.

The previous chapter introduced the purpose and scope of the proposed study. This chapter reviewed the pertinent literature related to fee payment and client treatment utilization in training clinics and how this information has informed the design of this study. Specifically, this chapter reviewed support for consistent client treatment utilization, theoretical foundations for fee payment, and empirical support for the payment of fees.

#### **Importance of Consistent Treatment Utilization for Clients**

Regular treatment utilization such as regular attendance and persistence through termination are shown to be important factors in client treatment outcome (Greenspan & Kulish, 1985). Improving client treatment utilization may therefore improve the likelihood a client will benefit from counseling services. Treatment utilization is difficult

to quantify. In practice, treatment utilization requires effortful engagement in treatment and concerted effort toward treatment goals. Such subjective behaviors are, by nature, difficult to consistently and reliably measure. For this reason, measures such as regular session attendance, the absence of cancellations, and persistence through termination often serve as proxy measures for the more nuanced construct of treatment utilization (Swift & Greenberg, 2015). These measures are correlated with improved treatment outcomes for clients (Greenspan & Kulish, 1985; Swift & Greenberg, 2015) and therefore clinic fee policy is often constructed in a way intended to foster these behaviors (Clark & Kimberly, 2014). For this reason, the number of overall sessions, number of cancellations and persistence through a termination session, were the selected measures of treatment utilization for this study.

Session attendance is necessary to the counseling process. Scholars have found persistence through planned termination to be correlated with improved treatment outcome (Knox et al., 2011; Swift & Greenberg, 2015) and, conversely, premature termination has been found to be negatively correlated with improved client outcome. Though the ideal number of sessions for a client may vary, the general consensus of the literature is a minimum of 12-14 sessions as a minimum for clinical improvement in outpatient settings (Lambert, 2013). The regular spacing of sessions is also important to the successful progression of therapy (Reardon et al., 2002). Cancellations interfere with the regular spacing and may reduce the overall number of sessions available. It is, then, especially important to consider cancellations in a training clinic setting where the number of available sessions may be limited by the length of the academic term.

Though clients may drop out of treatment for various reasons, most client dropout occurs at the beginning of a therapeutic relationship (Swift & Greenberg, 2015). Researchers estimate that approximately 32% of clients will not return for a second session (Barrett, Chua, Crits-Cristoph, Gibbons, & Thompson 2008). Clients who terminate treatment prematurely report less satisfaction with their treatment (Bjork, Bjork, Clinton, Sholberg & Norring, 2009; Knox, Adrians, Everson, Hess, Hill, & Crook-Lyon, 2011; Kokotovic & Tracey, 1987; Swift & Greenberg, 2015). Clients who prematurely terminate more frequently report a lack of perceived benefit (Knox et al., 2011; Swift & Greenberg, 2015) and experience less symptom reduction (Bjork et al., 2009; Cahill et al., 2003; Lampropoulos et al., 2009; Pekarik, 1983).

### **Importance of Consistent Treatment Utilization for Counseling Training Clinics**

Consistent client treatment utilization is necessary in counseling clinics to provide CITs the opportunity to develop clinical skill and demonstrate competency. Many counseling programs utilize training clinics to facilitate an observed practicum that allows CITs the opportunity for their sessions to be viewed in real time and evaluated. Other programs may use training clinics as a facility in which CIT's may meet with clients and have sessions recorded for evaluation at a later date.

Should a program rely on a training clinic to meet CACREP direct service hour requirements, regular treatment utilization of clients attending that clinic is essential to provide CITs the opportunity to progress. Clients must attend sessions to provide CITs the opportunity to practice developing counseling skills and for Counselor Educators to assess them. CACREP requires 40 hours of direct service before masters students may progress toward internship (CACREP, 2015). CACREP (2015) requires the "Supervised

use of counseling, consultation, or related professional skills with actual clients” for sessions to count towards direct service requirements (p. 40). Counselor Educators must observe CIT’s practice with real clients to determine whether they meet the standard to progress toward internship.

### **Historical Framework and Theoretical Foundations for Fee Payment**

The primary argument for a fee improving treatment utilization has its roots in the writings of Freud (1913/1976) and Cognitive Dissonance theory (Herron & Sitowski, 1986; Shipton & Spain, 1981; Taller, 2000). Suppositions of both theories support the idea that payment of a substantial fee is necessary for the progression of treatment. Though scholars have failed to adequately test and support the constructs of these theories (Herron & Sitowski, 1986; Shipton & Spain, 1981), counseling clinics have cited client motivation as a factor in their fee policy (Hurst, Davidschofer & Arp, 1974; Taller, 2000).

#### **Freud’s Writings**

Historical assumptions regarding the necessity of payment to ensure proper treatment utilization have roots in Freud’s writings (1913/1976). At the turn of the 20<sup>th</sup> century, Sigmund Freud revolutionized the field of mental health with his ideas about the personality and the unconscious (Gibson & Mitchell, 2003). His work was so influential that major concepts from his work are generally accepted as fact across theories today (Gay, 1989). Freud (1913/1976) believed the charging of a significant fee served the dual purpose of both motivating the client to progress through treatment and facilitated necessary transference. Without a fee, he reported client feelings of indebtedness, which in turn prevented their full engagement in treatment. With rare exception, he believed that



a fee was necessary to avoid resistance and progress through treatment in a timely fashion (Freud, 1913/1976).

Freud (1913/1976) believed that a fee must be set sufficiently high so that its payment must require sacrifice on the part of the client. This sacrifice would facilitate the emergence of transference necessary to bring therapeutic issues to the forefront.

Transference can be described as situations when, in the context of a therapeutic relationship, a client re-experiences feelings associated with relationships from her past or childhood, and repeat the interactional patterns she has used to deal with these emotions (Gay, 1989). Inherently, transference interactions in analysis would likely produce feelings of guilt, anger, and entitlement towards the therapist (Kreuger, 1991; Newman, 2012; Orgel, 2012). The client's reactions to the therapist may give them insight into how the client interacts with the world and advocates for others to meet their needs (Newman, 2012; Pasternack, 1988). Indeed, Freud (1913/1976) believed this projection of negative feelings onto the therapist was necessary to bring client struggles to the surface. Without the payment of a fee, client feelings of indebtedness or guilt may inhibit natural transference interactions and prevent a client from fully utilizing their treatment. The fee, in essence, secured the integrity of the relationship as a professional one and allowed the client to fully engage in their treatment.

Freud (1913/1976) believed the second function of the fee was to provide adequate motivation for the client to progress through treatment. Care was taken to ensure that the fee represented a significant sacrifice to the client and the pain of this sacrifice would motivate clients to both engage in treatment and progress towards a more

rapid conclusion (Freud, 1913/1976). Essentially, the fee amount was designed so a client would feel the loss of it and wish to stop paying it as soon as possible.

A client could not avoid the payment of their fee by cancelling a session or making sessions less frequent. Freud (1913/1976) believed in the concept of “leasing by the hour” and would not allow a client to forego paying for services in the event of a cancelled session (Freud, 1913/1976, p. 366). Most clients were scheduled to meet with Freud for at least an hour every day except Sunday (Freud, 1913/1976). He believed foregoing analysis even for brief periods hindered progress of treatments. Only non-severe cases or clients well-established in treatment were permitted to meet three days per week (Freud, 1913/1976). The fee policy was designed to both motivate clients to progress through treatment and ensure the pain of sacrificial payment could not be avoided by avoiding regular treatment utilization.

Freud (1913/1976) conceded that in some circumstances, maintaining a strict adherence to fee structure was not advisable and could even prove damaging to a client. Occasionally, excellent results could be obtained when no fee was charged at all. However, he generally believed beneficial results to be the exception and often found a lack of fee payment to increase resistance to treatment (Freud, 1913/1976). Freud confessed he was unable to find a solution to the dilemma of how to serve clients who were unable to afford psychoanalysis (Freud, 1913/1976).

The payment structure described by Freud was different than that of the training clinic in this study. The training clinic typically utilizes a one-time per semester payment that allows a client access to counseling services for the duration of an academic semester

however, multiple payments over time are allowed. It is unclear if Freud's assumptions about payment would generalize to a training clinic with this fee structure.

The assumption that payment is necessary to motivate clients to utilize treatment is generally attributed to this theory and the theory of cognitive dissonance (Clark & Sims, 2014).

Historically, the stance that the fee is essential to treatment is important. Freud helped to popularize the provision of mental health to mainstream clients (Gay, 1989). Freud's clients could afford to pay for services and, in insisting on payment, Freud established an expectation that if a client was capable of payment, it should be expected and was even necessary for a client to fully engage in treatment.

The importance of strict adherence to fee policy was further emphasized by followers of Freud, most notably Karl Menninger. Menninger (1958) was a follower of Freud and author of *The Human Mind*, which helped to introduce psychoanalysis to the United States (Wallerstein, 2007). He also founded the Menninger Foundation, which trained a significant proportion (1 of every 8) of American Psychoanalysts in 1949 (Wallerstein, 2007). In his book *Theory of Psychoanalytic Technique* (1958), Menninger expanded the discussion of fee payment by further exploring the sacrificial nature of the fee, that is, the importance that the fee represent a significant financial investment on the part of the client. Menninger advocated for direct discussion of money matters between therapist and client, believing that such forthrightness would "relieve" the patient by modeling defiance of "the general hypocrisy regarding money" (Menninger, 1958, p.3). He believed the fee presents an opportunity for the therapist to model appropriate boundaries and acknowledge the financial benefit gained from the client. This open

acknowledgement of payment benefits the client by providing a role model in the analyst. The analyst is someone who openly acknowledges and accepts the role of money in the relationship, thereby preventing a client from indulging in fantasies of favoritism from the therapist that could interfere with appropriate progression through treatment.

Several analysts have presented frameworks and typologies meant to assist a clinician in categorizing the type of transference reaction experienced by the client and provide insight into the deeper clinical/symbolic meanings of interactions with the fee (Bishop & Eppolito, 1992; Kreuger, 1991; Sommers, 1999). Most frequently, these frameworks equate money with feces and anal stage conflicts surrounding control and the need to feel special. The majority of modern psychoanalytic frameworks espouse adherence to a strict fee structure except in extreme situations and serve to steel clinicians to the inevitable challenges to this policy.

In conclusion, endorsement for the necessity of fee payment for adequate treatment utilization stems directly from the work of Freud (1913/1976) and his followers. This necessity rests in the supposition that a significant fee that requires sacrifice on the part of the client is necessary for appropriate motivation to progress through treatment and facilitates the necessary transference reactions that provide insight into client functioning (Freud, 1913/1976). Followers of Freud, including Karl Menninger (1958), developed frameworks for fee policy designed to facilitate transference by strict adherence to charging fees. The use of fees to ensure adequate motivation to progress through and utilize treatment began with Freud's writings, and along with Cognitive Dissonance Theory, continues to serve as the foundation of theoretical justification for the necessity of fee payment.

The suppositions of Freud regarding the relationship of paying a fee with proper treatment utilization is based on an assumption that continued treatment would necessitate continued sacrifice through payment for sessions. This study focused on a counseling training clinic that utilized a one-payment per semester fee structure. Freud's assumptions regarding the motivating property of fee payment may or may not generalize to such a setting.

### **Cognitive Dissonance**

Anthony Davids's (1964) application of Festinger's (1957) Cognitive Dissonance Theory provides the theoretical justification for the necessity of fee payment. Davids (1964) posited that when adequate payment is required for services, a client who does not find value in services will either cease services or raise their opinion of those services. That is, clients will change their beliefs or their treatment utilization behaviors in order to resolve the dissonance created from paying a treatment fee.

Leon Festinger presented his theory of Cognitive Dissonance in 1957. He believed that human beings strive for consistency in their beliefs and actions. When people engage in behavior that is contrary to their beliefs, an inconsistency develops (Festinger, 1957, p.3). When individuals become aware of inconsistencies between their beliefs and behavior they try to resolve them (Festinger, 1957). Initially, Festinger believed a person will try to rationalize their behavior in a way that allows them to maintain consistency (1957). For example, if a person believes it is important to go to the gym every day and yet fails to make time for it, she may rationalize that she does not have enough time to go on that given day and tell herself she will go to the gym for twice as long tomorrow to make up for it. In such circumstances, the rationalization allows the

client to maintain both the belief and the behavior. In certain circumstances, it is impossible to rationalize a behavior in a way that is consistent with a belief. In those circumstances, an individual will begin to experience an uncomfortable psychological state called “dissonance” (Festinger, 1957, p. 2). When experiencing dissonance, people will actively avoid situations that will make the inconsistency more pronounced and increase dissonance (Festinger, 1957). Dissonance is unpleasant, and an individual will actively try to resolve it by changing the belief or the behavior so they may achieve “consonance,” a state of consistency between beliefs and actions (Festinger, 1957). For example, the individual who does not make time for the gym may change her behavior and attend regularly, or she may change her belief that going to the gym every day is important. Festinger (1957) considered dissonance a motivating factor as it prompted behaviors specifically focused toward resolving dissonance and returning to a state of consonance.

When Davids applied Festinger’s (1957) cognitive dissonance theory to psychotherapy in 1964, he proposed that a client’s personal assessment of the value of counseling will vary according to the amount of the fee assessed. If an individual believes counseling to be of great personal value, the assessment of a low fee will not match the individual’s attribution of worth of the session. This mismatch creates dissonance in the mind of the client and the resulting anxiety will cause the client to lower the value of the counseling service in her estimation and thereby relieve any anxiety caused by the discrepancy. Conversely, should an individual perceive counseling as having little value, the assessment of a significant fee will either cause the individual to end service or re-estimate the value of counseling at a higher level. In the latter scenario, continued

payment of a significant fee provides a client motivation to value and make use of the therapy for which she is sacrificing to avoid creating greater dissonance.

Similar to studies using psychoanalysis, studies using the cognitive dissonance theory posit that a fee is useful if the amount is significant to the client who pays it. According to Davids, a low or nominal fee may cause a client to decrease their estimation of the value of services to match the amount she pays for them (1964). A client who does not value services would not put as much effort into treatment or may cease attending altogether.

In conclusion, Anthony Davids's (1964) application of Festinger's (1957) cognitive dissonance theory supports the necessity of fee payment for adequate treatment utilization. Davids asserts that fees for psychotherapy must be set sufficiently high to cause clients who do not value treatment to experience cognitive dissonance resulting in the valuing of services. If the fee is not set sufficiently high, clients who value their treatment may experience dissonance that lowers the value of therapy in their estimation, resulting in poor treatment utilization.

In this study the one-payment per semester structure of the counseling training clinic had the potential to motivate a client who had already paid for sessions. A client who has paid the one payment required for the semester does not have the option to regain payment or cease payment to resolve dissonance. It is also possible that the relatively low cost of the semester payment (\$60) is not sufficiently high to cause a client to value treatment. If payment required is not high enough, a client may question the quality or worth of the experience.

### **Conflicting Empirical Findings**

Existing literature regarding differences in treatment utilization between paying and non-paying clients is inconsistent and conflicting. In the past, researchers have found differences in treatment utilization (Goodman, 1960; Koren & Joyce, 1953; Lorand & Console, 1958; Stanton, 1976; Wood, 1982), while others have determined no difference or minimal effect when controlling for other variables (Carpenter & Range, 1983; Demuth & Karnis, 1980; Pope et al., 1975). Reviews of the literature have concluded that psychoanalytic and cognitive dissonance theories regarding fees have not been adequately tested (Herron & Sitowski, 1986; Shipton & Spain, 1981). There have been no recent studies examining this issue. The lack of thorough study regarding fee payment is especially apparent in training clinics, which may utilize varying fee structures (Aubry et al., 2000; Taller, 2000).

Early research regarding fee payment was primarily conducted by psychoanalysts and focused primarily on whether differences existed between paying and non-paying groups. Authors presented case studies to illustrate various ways client's behavior surrounding the payment of fees illuminated struggles and transference issues within treatment (Koren & Joyce, 1953; Lorand & Console, 1958). Initial observations appeared to mirror the predictions of Freud (1913/1976) and Davids (1964) about how integral the fee is for facilitating the progression of treatment (Koren & Joyce, 1953). Authors discussed the importance of observing how clients may try to utilize the fee to try to manipulate the therapist by withholding payment (Koren & Joyce, 1953). Knowledge that an analyst was not being paid for services could affect a client's perception of quality of services and the valuing of analysis (Lorand & Console, 1958).



Authors agreed that an absence of fee payment would prolong the treatment process (Koren & Joyce 1953; Lorand & Console, 1958). However, some believed these differences in treatment utilization to be minor and surmountable, as clients would eventually express negative attitudes and resulting analysis would begin to mirror that of paid private practice settings (Lorand & Console, 1958). It is notable, however, that prior studies were based on personal observation and utilized anecdotal data from clinical observation.

By the early 1960s, other fields such as social work had begun to examine whether differences in treatment utilization existed between fee paying and non-fee paying clients. One of the largest of these studies was conducted by Nathaniel Goodman (1960), a social worker who believed the fee functioned as a “sensitive selection device” to determine those who are wanting and able to be involved in counseling (p. 49). Examining the files of 1,029 clients of a family consultation service, he found that clients who were assigned a fee were less likely to initiate services after a paid intake interview (Goodman, 1960, p. 49). However, once services began, fee paying clients were more likely than non-paying clients to engage in services beyond four sessions (Goodman, 1960).

Continued study examining differences in session attendance between paying and non-fee paying clients yielded more conflicting findings. Clients may be more likely to initially engage in free or lower cost sessions (Lowe et al., 1986; Taller, 2000; Trautt and Bloom, 1982). After the initial session, some researchers have found clients who are assessed to pay the full fee less likely to return for a second session (Goodman, 1960; Taller, 2000), while others have found fee paying clients more likely to persist after the

first session (Wood, 1982). Similarly, some have found no difference in attendance after intake for clients who pay reduced fees yet do not receive free services (Renk et al., 2000; Taller, 2000; Wood, 1982).

Clients' self-reported perceptions of how the fee influences treatment utilization are also inconsistent with empirical findings. It is possible that a client's perception of services is negatively affected by the fee payment (Lorand & Console, 1958; Lowe et al., 1986). However, the absence of a fee may improve a client's perception of the therapist as warm and caring (Yoken & Berman, 1984). Clients may report the fee as an influential factor in deciding whether to terminate services (Aubry et al., 2000; Manthei, 1995). However, even when clients report a belief that the fee influenced termination, they may not differ significantly in treatment utilization from those who were not charged (Aubry et al., 2000).

Those who have looked at fee payment and measures of treatment success beyond the field of counseling have reached varied conclusions. This may be because researchers vary in how they choose to measure success in treatment, so direct comparison is difficult. In a 1976 study on weight loss, Stanton found clients who paid a fee lost significantly more weight than those who did not. Taller (2000) found no relationship between fee payment and treatment effectiveness as measured by post-treatment Global Assessment of Functioning scores or successful smoking cessation. In the mental health field, Yoken and Berman (1984) reported non-fee paying clients reported lower symptom distress after attending a therapy session. In a further review of literature, Clark and Sims (2014) found limited support for the belief that fee payment positively affected therapy outcome or attendance.

It should be noted that the majority of study regarding differences in treatment utilization and outcomes between fee paying and non-fee paying clients occurred before the mid 1980s. Study in this topic largely ceased as the rise of the third-party payer (insurance) model changed the nature of client payment. Most of the research on fee payment has been conducted in outpatient settings. As a result, after the mid 1980s most study has included third-party payers in the investigation of payment. Of the researchers who attempted to incorporate third-party payment into their study of differences, some authors found that those who paid scaled fees, rather than having the fee covered by a third-party such as Medicaid, attended significantly more sessions (Carpenter & Range, 1983), while others found no difference in the median number of sessions attended (Wood, 1982; Yoken & Berman, 1987). However, similar to general findings, those with third-party coverage were more likely to attend a second session (Wood, 1982). Researchers began to conceptualize third-party coverage in terms of real cost to clients, referring to the amount that a client would be expected to contribute to payment (Lowe et al., 1986; Wood, 1982).

Overall, quantitative studies have varied in their constructs and findings. On initial examination, many appear to support the conclusion that those who do not pay for treatment or pay a reduced fee will attend fewer sessions (Carpenter & Range, 1983; Demuth & Karnis, 1980; Goodman, 1960; Pope et al., 1975; Stanton, 1976; Wood, 1982). However, when other factors are controlled for, the effect may decrease or disappear altogether (Carpenter & Range, 1983; Demuth & Karnis, 1980; Pope et al., 1975; Wood, 1982;). Factors such as client income/socio-economic status (SES), sex, diagnosis, and educational attainment may obscure the differences between fee paying and non-fee

paying client's differences in treatment utilization (Demuth & Karnis, 1980; Greenspan & Kulish, 1985; Pope et al. 1975). It is evident that further, more current research is needed to clarify these effects.

### **Client Characteristics**

Several early authors argued that the assessment of a fee is a measure of SES, and differences in treatment utilization are attributable to the difference in a client's ability to take advantage of services, rather than the effect of charging a fee (Goodman, 1960; Pope et al., 1975). Authors have found that individuals who pay a full fee may be more likely to return for a second session (Goodman, 1960; Wood, 1982) or less likely (Taller, 2000). Clients who are from a lower social class may experience disparities in access to mental health services and outcomes from it (Thompson et al., 2017). The fee may function as a selection device for individuals who have the resources to engage in long-term treatment (Goodman, 1960). In practice, clients who are unable to afford services are the ones offered reduced fees (Aubry et al., 2000). Other variables such as insurance coverage confound the examination of fees, as individuals who are able to afford third-party coverage may be assessed a full fee, while individuals who do not have the financial resources to afford coverage receive services at a reduced cost (Aubry et al., 2000; Carpenter & Range, 1983; Wood, 1982), further confounding fee payment and SES. Measures of SES are not consistent predictors of treatment utilization, with meta-analysis failing to find SES (Wierzbicki & Pekarik, 1993) education, or marital status as significant predictors of treatment utilization (Swift & Greenberg, 2015; Swift & Greenberg, 2012; Wierzbicki & Pekarik, 1993). Other authors have found disparities in outcomes based on self-perceived SES (Thompson et al., 2017). Without an experimental

design, it is not practical or possible to separate the constructs of fee payment and SES. Whether differences in treatment utilization exist between fee paying and non-fee paying groups must first be explored, and, if differences are found, then exploration regarding the contributions of SES may be appropriate. However, it should be noted that the inconsistent contribution of measures of SES and the frequent lack of income information found in client files during the pilot study (Appendix A), informed the decision to forego measures of SES in the model of this study.

Client age, race and gender are also inconsistent predictors of treatment utilization. Multiple meta-analyses have found non significant or inconclusive findings related to race and gender and treatment utilization in outpatient settings (Swift & Greenberg, 2012; Wierzbicki & Pekarik, 1993). Some researchers have concluded that age is a significant predictor of premature termination (Lampropoulos et al., 2009; Swift & Greenberg, 2012). However, others have come to the opposite conclusion (Wierzbicki & Pekarik, 1993). Although these issues are important, the inconclusive nature of the relationship of age, race, and gender to treatment utilization has the potential to greatly weaken the power of the analysis. For this reason, client age, race and gender are only addressed as descriptors of sample demographics in this study and were not included in the statistical model.

Clinical variables such as diagnosis may additionally account for variance in service utilization (Demuth & Karnis, 1980; Pope et al., 1975; Swift & Greenberg, 2012). However, diagnosis and the ability to pay for services may also be highly correlated (Demuth & Karnis, 1980; Pope et al., 1975). Training clinics must assure that beginning counselors in training (CITs) do not function outside of their competency (CACREP,

2015). This requirement provided some measure of uniformity regarding the severity of client diagnoses for this study.

### **Limited Counseling-Specific Research**

The majority of the research regarding fee payment and treatment utilization has been conducted by related, yet separate, fields from counseling. Up until the late 1990s, counseling was not established as a legally recognized profession in many states. Though counseling has existed in various forms since Frank Parson's establishment of vocational guidance, counselors did not receive licensure in all 50 states until 2009 (Bergman, 2013). As counseling is a relatively young profession, the existing literature primarily examines the effect of payment in situations with analysts, psychologists, social workers, or students/trainees of these professions.

Counseling-specific research is necessary to understand the ways in which the profession mirrors or diverges from other mental health fields. This is especially true in regard to this particular issue, as fee payment may affect the work of other mental health professionals in a distinct manner (Trautt & Bloom, 1982). This review of the literature identified only two counseling-specific studies: Clark and Kimberly (2014) and Lampropoulos et al. (2009).

Clark and Kimberly (2014) conducted a file review of 1,125 client files from a master's-level Commission on Accreditation for Marriage and Family Therapy Education-accredited marriage and family counseling training clinic in order to determine the relationship of fee payment to session attendance and therapeutic outcome. The authors found a mean number of 3.9 sessions at the training clinic. The authors did not find any statistically significant relationship between average number of sessions and

gender, type of therapy (individual or family), and marital status (Clark & Kimberly, 2014). The authors did find statistically significant ( $p < .001$ ) differences between ethnic groups regarding mean number of sessions (Clark & Kimberly, 2014). The average number of sessions for each ethnic group category ranged from 7.3 sessions to 4.0 sessions (Clark & Kimberly, 2014). Clients who selected “other” maintained the highest average number of sessions followed by Caucasian, Hispanic, African-American, and Asian American clients, respectively (Clark & Kimberly, 2014). Utilizing a hierarchical regression, the authors concluded that when controlling for age and race, fees do not impact the number of sessions attended. Utilizing Brief Symptom Inventory scores after first, sixth, and twelfth sessions, no significant relationship was found between the annual income or age of the client and subscales of the BSI. Number of sessions attended or success in therapy is not impacted by fee payment (Clark & Kimberly, 2014).

Lampropoulos et al. (2009) examined 380 files from a counseling and psychology training clinic where half of the CITs were master’s-level counseling students in a CACREP- accredited counseling program and the other half were doctoral students in an APA-accredited counseling psychology doctoral program. Utilizing multinomial logistic regression, the authors determined that the factors of client age, GAF score, income, and perceived client difficulty were the most useful in predicting premature client termination (Lampropoulos et al., 2009). Though these factors were identified as the most useful, the resulting predictive model did not identify dropouts at a rate greater than chance (Lampropoulos et al., 2009). As a result, the authors do not recommend use of the model for prediction of which clients are more likely to prematurely terminate (Lampropoulos et al., 2009).

These three studies represent the only counseling-specific research found in this search of the literature; however, there are characteristics of the research that may not apply to a general counseling program. Though both studies include the examination of counseling in a training context, neither study is purely representative of a general counseling program. Couples and family counseling is a specialized area of the counseling profession (Commission on Accreditation for Marriage and Family Therapy Education, 2014). It is uncertain whether the findings of the Clark and Kimberly (2014) study would apply to a more general counseling program, such as one with CACREP-accreditation and multiple tracks (e.g., clinical counseling or school counseling). The Clark and Kimberly (2014) study did not examine whether counselor competence interacted with client treatment utilization or counseling outcome. The clinic in the Lampropoulos et al. (2009) study included master's-level CITs from several clinical tracks (i.e., mental health, community, school, and vocational rehabilitation), it did not differentiate between master's-level CITs and doctoral-level CITs who were trained in the American Psychological Association (APA)-accredited counseling psychology program. Neither fee payment nor client competence was considered a potential variable in the Lampropoulos et al. (2009) predictive model of client dropout. Given these issues, the proposed study will examine whether clients differ in treatment utilization behaviors in a counseling training clinic when controlling for counselor competence.

### **Potential Explanation of Counselor Competence as a Factor in Treatment Utilization**

It is clear that the competence of a CIT in a counseling training clinic likely affects the treatment utilization behaviors of their assigned clients. Practicum is the first opportunity for master's-level CITs to gain experience in developing a therapeutic



alliance. Dissatisfaction with a therapist is frequently cited in the literature as a factor in premature termination (Acosta, 1980; Bjork et al., 2009; Knox et al., 2011; Pekarik, 1992). Training clinics experience a greater premature termination rate than other outpatient settings with more experienced providers (Swift & Greenberg, 2012, 2015). The higher termination rate is likely due in part to the level of competence of the CIT providing services (Swift & Greenberg, 2015).

Practicum is designed to allow CITs the opportunity to practice and demonstrate basic counseling skills before progressing to internship (CACREP, 2015). CITs enter the practicum setting with varying levels of experience and natural ability to build a helping relationship. Over time, it is expected that CITs will improve in these skills. However, counselor competence may influence a client's experience of therapy and willingness to utilize treatment.

Kokotovic and Tracey (1987) found that client satisfaction was the best predictor of premature termination at one university counseling clinic. When clients are dissatisfied with their therapists, it makes logical sense that they would terminate prematurely (Acosta, 1980; Bjork et al., 2009; Knox et al., 2011; Pekarik, 1992). CITs are expected to increase in competence as they gain experience and training. In a case review of 407 client files at a university-based psychology training clinic, Renk et al. (2000) found therapist experience, as measured by years in the training program, to be the best predictor of therapy duration.

Whether fees are charged for the services of CITs may affect a CIT's level of perceived competence. Scholars have reported that trainees perceive themselves as less effective when no fees are charged (Koren & Joyce, 1953; Shultz, 1988). Therapist

competence and interaction with fee payment may manifest itself in different ways (Shultz, 1988). For example, Mayer and Norton (1981) found that therapists who had not completed graduate training were more likely to have delinquent accounts than those who had. To clarify these interactions, this study examined counselor competence as a potential factor in treatment utilization.

### **Summary**

Consistent treatment utilization is correlated with improved client treatment outcomes (Swift & Greenberg, 2015). Specific measures of treatment utilization such as the overall number of sessions (Howard et al., 1986, 1996; Lambert et al., 2001; Lambert, 2013; Reardon et al., 2002), the number of cancellations (Reardon et al., 2002; Swift & Greenberg, 2015), and persistence through a termination session (Bjork et al., 2009; Knox et al., 2011; Kokotovic & Tracey, 1987; Swift & Greenberg, 2015) are consistently linked to improved client treatment outcomes. Fee policy is often set with the assumption that charging fees will encourage these treatment utilization behaviors (Clark & Sims, 2014).

Historical support for the necessity of fee payment to encourage consistent treatment utilization is primarily rooted in the writings of Freud (1913/1976) and the theory of cognitive dissonance theories. The Freud and cognitive dissonance theory have not been adequately tested (Aubry et al., 2000; Taller, 2000; Herron & Sitowski, 1986; Shipton & Spain, 1981). Existing studies have yielded conflicting results regarding the relationship of fee payment and treatment utilization. The lack of empirical support for the necessity of fee payment is especially pronounced in counseling-specific contexts.

Counseling programs may choose to utilize training clinics to observe CITs and provide a venue for CIT skill acquisition. There is little research to guide counselor educators in making evidence-based practice decisions regarding fee policy in these settings, with the goal of setting a fee policy that will encourage consistent treatment utilization. Training clinics experience a greater premature termination rate than other outpatient settings with more experienced practitioners (Swift & Greenberg, 2012, 2015). Counselor competence is a possible explanation for the difference in treatment utilization (Swift & Greenberg, 2015) and should be accounted for in the examination of clinic fee policies.

## CHAPTER III

### METHODOLOGY

Chapter One introduced the theoretical framework, statement of the problem, and rationale for this study. Chapter Two contained a comprehensive review of the relevant literature informing the proposed study. This third chapter outlined the design and methodology of the proposed study, including: a description of the clinic where data will be collected, sampling strategy procedures, the analytic strategies for each research question, and the limitations of the study. An initial pilot study was conducted and informed the design of this proposal. A description of the pilot study can be found in Appendix A. Decisions that are directly informed by the pilot study are referenced throughout the chapter.

#### **Research Design**

This proposed correlational study was designed to ascertain the relationship between fee payment and client treatment utilization in a counseling training clinic (Remler & Van Ryzin, 2011). This research design does not imply causality, but instead leverages administrative archival data to determine whether differences in treatment utilization exist between paying and non-paying clients in one counseling training clinic. The Writings of Freud (1913/1976) and Cognitive Dissonance theories provided the basis for theoretical assumption that differences exist between these groups. Fee policies in training clinics are often based on the assumption that fee payment will encourage regular client treatment utilization (Staples et al., 2011). However, the scarcity of existing

counseling-specific research does not provide adequate guidance as to whether these differences in utilization behaviors actually exist between groups in a counseling context. It was necessary to first understand whether fee paying clients differ in treatment utilization. This information helped inform future clinic fee policy and lay the groundwork for future studies establishing a potential causal relationship.

### **Description of Training Clinic**

The training clinic for this proposed study was located in the Mountain region of the United States. The clinic houses master's degree programs in clinical mental health counseling, school counseling, and marriage, couples and family counseling accredited by the Counsel for the Accreditation of Counseling and Related Educational Programs (CACREP). The clinic was also home to Doctoral programs in Counselor Education, Counseling Psychology, and School Psychology. Masters level CIT's, and doctoral students in Counselor Education and Supervision and Counseling Psychology and School Psychology practice in this clinic. This clinic served students who attend the University as well as community members in the surrounding county. The clinic offers many services including individual counseling and assessment services. Individuals may use multiple services provided by the clinic. The training clinic offered counseling services during the fall, spring, and summer semesters. Only the client's first interaction with the clinic was used for this study.

In accordance with state laws, the University training clinic maintains client records for a minimum of seven years. The training clinic also requires intake paperwork for all clients, containing demographic information and an informed consent allowing client files to be used for research purposes. If a client is under the age of 18 and able to

understand assent, both verbal assent from the client and written informed consent from a parent or guardian are required before services begin. All clients or their guardians have granted consent for their files to be used for research purposes. The course of interest in the current study was the initial practicum course for master's level CITs, referred to throughout this document as "Practicum I". The course description for this first practicum is as follows:

Students will receive supervised experience in counseling, including use of audio and video tapes, client and supervisor feedback, and seminar. This course must be taken at the site of admission. S/U graded. Repeatable, maximum of 10 credits. (Graduate Catalog, University Masked).

The Practicum I course students provide individual counseling services and the course is the first time that faculty observe CIT's interaction with clients

Masters students who take this practicum, have completed required coursework in diagnosis and treatment planning, theories of counseling, life-span developmental psychology and either orientation to clinical counseling or foundations of school counseling. Master's-level CITs are enrolled in Individual Practicum I for one semester. Students who enter the Counseling Psychology doctoral program with a bachelor's degree also participate in Individual Practicum I.

Counseling psychology doctoral students may also enroll in this course.

Counseling Psychology requires students to complete prerequisites before enrolling in Individual Practicum I. According to the University Catalog, these prerequisites include courses in: diagnosis and treatment planning, theories of counseling, foundations of school counseling, lifespan developmental psychology, a co-requisite of legal and ethical

issues of counseling and psychology and consent of the coordinator. Students enrolling in Individual Practicum I have similar preparation to masters counseling students in these areas and were therefore, included in this study.

Practicum I may be taught by full time faculty or adjunct faculty from the Counselor Education and Supervision or the Counseling Psychology programs. CACREP (2015) standards require that practicum supervisors for entry-level programs possess relevant experience, professional credentials and training and experience in counseling supervision. All full time and adjunct faculty assigned to supervise Individual Practicum I meet these qualifications. Practica supervised by faculty from either Counselor Education and Supervision or the Counseling Psychology programs were included in this study as both program faculty meet criteria set forth by CACREP (2015).

Master's practicum students were assigned clients after an initial phone intake. The phone intake is designed to screen out clients who may need emergency assistance or who present with problems that may be outside of the competence of a master's-level CIT. A client may choose to continue services beyond that semester and be reassigned to another counselor each semester and pay another once-per-semester fee. Should a client choose to continue services beyond the academic year, the client may be reassigned to a new counselor.

### **Data Sources**

There are two data sources for this proposed study: client files and CIT student files. Together, these data sources contain information necessary to determine whether differences exist in treatment utilization between fee paying and non-fee paying clients in this counseling training clinic. The client files contain information regarding the duration

of treatment, any cancellations, persistence through a termination session, payment information and client demographic data. Client files are electronic and stored on the clinic's Titanium electronic files system. Paper files for services provided more than three years ago, are stored in file cabinets on the premise of the university. The CIT student files contain data necessary to control for counselor competence in the proposed analysis. CIT student files are paper-based and housed in the office of the department that runs the clinic. The procedures for linking files and protecting the confidentiality of client and counselor data are discussed in the subsequent section.

### **Procedures**

The procedure for this study was informed by review of applicable literature, a pilot study (Appendix A) and Data Security Policy for Research Projects recommended procedures at the University of Northern Colorado. Procedures were designed to meet standards for release when using Personally Identifiable Information. Design of these procedures were also constructed to comply with the Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act requirements.

The sample for the proposed study consisted of 371 clients served in the practicum however, once client files that did not have corresponding CIT averaged final scores, the remaining sample consisted of 269 client files. The number of client files needed for the study is based on a power analysis, which is described on page 59.

Each client was identified through the Clinic's Titanium electronic files system. Electronic files are stored in alphabetical order in the long-term memory of the Titanium electronic file system. A random number generator was used to select a number that determined a starting place for data collection. The same random number generator was



used to select a number between 1 and 10. Beginning at the randomly selected starting place, every selected number (generated number between 1 and 10) file that met inclusion criteria was included for analysis. This sampling strategy included files from years 2012-2017.

### **Inclusion Criteria**

Data were collected from client files from the on-campus Master's Practicum I in individual therapy). Only files with an informed consent indicated as present within the file were included in this study. Informed consent for this clinic includes a consent for research purposes. Only client files for a client's first experience with the training clinic were included. Clients of the Master's Practicum I on the satellite campuses of the University were excluded. Clients in the satellite campus are recruited as volunteers by master's practicum students and receive services free of charge. Files from satellite campuses were removed from the study.

### **Data Collection**

As discussed earlier in this chapter, two data sources were used for this study. The first data source was client records of the counseling training clinic. The second source, was the student files of the counselors in training who provide services to the selected clients.

**Client files.** Information regarding demographic data, treatment utilization, and the name of the CIT who provided services was collected from electronic client files stored on clinic's Titanium electronic files system. Only the client's first experience with the clinic was used for data collection to prevent the possible effect of previous experiences in the counseling training clinic on a client's treatment utilization. The first

experience should be evident from the home page of the client record. Information gathered from client files was recorded in an excel spreadsheet data file.

***Demographic data.*** Demographic information collected for this full study will include: age of client, race of client, sex/gender of client, and the name of the CIT who provided services to the client. The pilot study (Appendix A) revealed a change in clinic intake forms from self-reported sex to self-reported gender. For this reason, sex and gender, although separate constructs, were reported together.

***Treatment utilization.*** Quantitative measures of how clients utilize treatment in regards to the above research questions were collected from client files. The majority of information were available from the termination summary report and the client contact payment tab. In an effort to account for potential changes in client situation and payment status over time for clients who attended the clinic for multiple semesters, only information from a client's first experience with the clinic were included in this study.

***Payment status.*** Whether a client paid for services or did not pay for services were indicated on the client contact form. Clients pay a once-per-semester fee of \$60. This payment may be made at the beginning of sessions, or spread out throughout the semester. This payment entitles them to individual counseling services from a masters level CIT for the duration of one semester. If a client paid any amount of money for services, the client was classified as a paying client. If the client paid for services, the amount was indicated on the data collection form (Appendix B). If the client did not pay for services, the amount paid was entered as \$0. Differences in payment structures (e.g. once per semester, payment plan etc.) were not noted in this study.

***Total number of sessions attended.*** This information was available from the termination summary record in the electronic file. Though clients may attend sessions for multiple semesters, only the client's first interaction with the clinic was recorded for this study. Thus, the total number of sessions attended was calculated on a semester basis.

***Number of cancellations.*** This category included the combined number of prearranged and unscheduled cancellations. This information should be available from the home page of the client record.

***Termination sessions.*** Whether a client attended a termination session was recorded on the termination summary record.

***Counselor in training name.*** The name of the CIT who provided services to clients was recorded on the informed consent form and any subsequent notes. The name of the CIT was deleted from the data file and replaced with the CIT's final score.

***Counselor in training student files.*** Information regarding CITs' final evaluation scores was collected from the student files of CITs who provided the services listed in the client files selected from the clinic. The final evaluation indicated whether the CIT was enrolled in a master's or doctoral-level practicum. Only CITs enrolled in master's-level practicum was included in this study. CIT's final score replaced the CIT name in the data file. At no time was the CIT name and final score recorded together.

***Counselor in training averaged final score.*** The final score of CITs who provided services to clients was collected as a measure of counselor competence. All Practicum I students were assessed at final on 33 competencies. Each CIT was given a grade from N ("Insufficient data") to 5 ("Competence is well developed, and trainee can function independently with little or no supervision required"; Appendix C). The final

evaluation included assessment for 15 basic therapeutic skills. These included: initiating sessions, non-verbal attending, conveying accurate empathy and warmth, paraphrasing, reflecting feelings, clarification, use of probes/questions, summarizing, appropriate self-disclosure, immediacy, confrontation, interpretation, information gathering, concreteness, and ending sessions smoothly. In this proposed study, final scores in these 15 categories were averaged to produce a number between one and 5. The average-final score was recorded on an Excel spreadsheet and replaced the CIT name. No CIT name was recorded with their final score as the final score replaced the counselor name in the data file. The deidentified data were saved in a password protected encrypted file on the UNC only accessible One Drive of the researcher.

**Files with Missing Data or Data Sources.** When information was missing from client files, efforts were made to determine treatment utilization behaviors by examining the file. Whether a client paid for a session should be indicated on the contact information page of the client file under the “payment due” tab. If it is not evident whether a client paid for services, an examination of the informed consent form should indicate whether a client was expected to pay for services. If there is no indication that payment was received, the client was classified as non-fee paying.

The electronic termination summary record in the client file indicated the number of sessions attended. If that number is not included in the termination report, a review of the main page of the client record should include notes for all sessions. The number of sessions attended was determined by counting the number of session notes in the client file. Any cancellations were listed on the main page of the client record. Should the form not be included in the file, a brief review of the file may give an indication if there were

any cancellations. The number of sessions attended, if not indicated on the file, will be determined by counting the number of session notes in the electronic client file. If attendance at a termination session is not evident, a brief review of the final note should give an indication if it was a planned termination session. If the note does not identify the session as a planned termination session, the client will be categorized as not having attended a termination session. If, after examination of the file, any measure of treatment utilization cannot be reasonably determined, the file was excluded from the study. This resulted in two client files being excluded from the analysis.

CIT final scores are kept in CIT student files. If final evaluations are missing from the CIT files or a CIT file cannot be found, the associated client file was excluded from the study. The number of client files and CIT student files with missing data excluded from the study was reported with the results of the study.

**Linking Data Sources.** The name of the CIT associated with the client file was evident on the home page of the client record and on case notes for all clients of the clinic. Data source one (client data) and data source two (CIT data) are linked by the procedure of replacing the CIT name with their evaluation score from the second data source (i.e., student file). At no time were the CIT name and their final score be stored together.

### **Data Handling Procedures**

Several precautions were taken to protect personally identifiable information. Client information was anonymized as a result of not collecting information that could link the data back to an original client file (Privacy Technical Assistance Center, 2013). The HIPAA Privacy Rule (2002) allows for disclosure of de-identified data for research

purposes. University of Northern Colorado Data Security Policy for Research Projects classifies de-identified data as a “Level 1” and not subject to specific University Requirements for the protection of information (Behunin, 2014).

Client data were transported in a sealed, opaque manila envelope to a locked cabinet in the office of the Research Advisor. All data were collected on the attached data collection form (Appendix B). Information from data collection forms was entered into a password protected Excel file stored on the researcher’s UNC accessible only One Drive. De-identified CIT average final scores was entered into the Excel file stored on the researcher’s UNC accessible only One Drive.

### **Analytic Strategy and Research Questions**

Descriptive analysis was used to determine the characteristics of the sample and if the assumptions for the analytic strategies have been met. Two research questions pertaining to session attendance and persistence through termination fulfilled the purpose of the study: to determine whether differences exist between paying and non-paying clients in a counselor training clinic when controlling for counselor competence.

### **Descriptive Analysis**

The researcher determined characteristics of the sample. The number of clients and CIT final scores utilized were documented. The reported age range of clients, as well as the reported sex/gender and race/ethnicity frequencies were documented. The range of total sessions attended, number of cancellations, and final scores of CITs were examined and documented. The researcher examined descriptive statistics such as frequencies, means, standard deviations, skew, and kurtosis. Underestimates associated with positive kurtosis and underestimates of variance associated with negative kurtosis are eliminated

with sample sizes over 200 (Tabachnick & Fidell). Significance of kurtosis for smaller samples is traditionally evaluated at an alpha level of .01 or .001 (Tabachnick & Fidell, 2016). These analyses will help determine the characteristics of the sample and ensure assumptions of MANCOVA have been met. MANCOVA is relatively robust when the sample size includes at least 20 data points in each cell and there are more data points in each cell than dependent variables (Tabachnick & Fidell, 2016). Outliers will be checked by examining histograms of the scatter plot of standardized residuals. Assumptions of normality will be examined by examining distributions for skewness (Tabachnick & Fidell, 2016) and using the Kolmogorov-Smirnov test. A significance value greater than .05 on the Kolmogorov-Smirnov test would indicate normality (Pallant, 2013). Violations of linear relationships between dependent variables and covariates were detected by examination of the scatter plot of standardized residuals. Tests of Homogeneity were accomplished by running preliminary custom MANCOVA and examining Box's test of equality of covariance of matrices and the interaction effect of the independent variable (payment) and the covariate (CIT averaged-final score). Bivariate correlations of .70 or greater will indicate potential multicollinearity (Tabachnick & Fidell, 2016). Frequencies of client race/ethnicity and sex/gender will be reported. To protect personally identifiable information cells will be combined with others until no cell based on one or two cases exist (Privacy Technical Assistance Center, 2013). No student-level data will be released. The range, average, and median age of clients will be reported, as will the range, average and median CIT averaged-final score.

### Research Question One

- Q1 Are there differences in the total number of attended sessions and the number of cancellations between paying and non-paying clients when controlling for counselor competence?

The examination of research question one requires a Multivariate Analysis of Covariance (MANCOVA). The use of MANCOVA as opposed to utilizing multiple separate ANCOVAs decreases the risk of Type 1 error (Pallant, 2013). MANCOVA allows for the accounting of counselor competence as measured by averaged-final score in this model.

A MANCOVA was run with an alpha of  $\alpha=.05$  to examine the first research question. Payment status was examined as a fixed effect. Counselor-in-training averaged-final score was entered as a covariate effect. The number of sessions attended and cancellations were entered as the dependent variables. Depending of the findings of Box's test of equality of covariance matrices, either Wilk's lambda was used to determine significance of relationships (Tabachnick & Fidell, 2016). If Box's M test is significant ( $p<.001$ ), Plaii's criterion was used if Box's M test is significant. For the full study, an *a priori* simulation based power analysis indicated a survey sample size of 320 client files would be necessary to run a MANCOVA for research question one regarding number of sessions attended and the number of cancellations of paying and non-fee paying groups ( $\alpha=.05$  and  $.02$  effect size). A priori simulation based analysis was conducted using R software accounting for the addition of a covariate in the logistic regression model. Though 320 client files are not required for the MANCOVA specifically, it was determined that the same sample should be used to examine research question one and research question two.



If the MANCOVA had not determined significant differences between groups of paying and non-paying clients when controlling for counselor competence, the researcher would have accepted a null hypothesis for the research question. Should the MANCOVA have determined significant differences between groups, the researcher would have examined Roy-Bargman Stepdown F-tests for comparison of stepdown Fs with Univariate Fs (Tabachnick & Fidell, 2016).

### **Research Question Two**

Q2 Does the amount paid for services predict attendance at a planned termination session when controlling for counselor competence?

Multivariate analysis is not recommended when the dependent variable is categorical (Glass & Hopkins, 1996; Pallant, 2013). To examine this research question, a logistic regression was run. Logistic regression allows for a combination of continuous and discrete independent variables to predict group membership (Tabachnick & Fidell, 2016). Payment and counselor averaged-final scores was entered as continuous independent variables. Attendance at a termination session was examined as the categorical dependent variable. An *a priori* simulation-based power analysis indicated a sample size of 320 clients would be required to run a logistic regression to address research question two regarding termination sessions and prediction of payment status ( $\alpha=.05$  and  $.02$  effect size). Counselor averaged-final score is included in this analysis to correct for non-independence in observations. It will not be possible to reliably estimate the effect of the averaged-final score with the available sample. The researcher examined the coefficients table produced by requesting collinearity diagnostics to determine whether multicollinearity of variables were present (Pallant, 2013). The researcher also checked for the presence of outliers by examining residuals.

### **Limitations**

Perhaps the most notable limitation of this study was that it will only examine data from one counseling training clinic. Without a representative sample of training clinics, the findings cannot be generalized to counseling training clinics on other campuses. Additionally, this study was limited to identifying differences in mean measures of treatment utilization between paying and non-paying groups while controlling for counselor competence. Thus, causation about any differences cannot be inferred, as this study did not utilize an experimental design. Furthermore, the counselor final measure is not a validated measure. Though the counselor educators in the training clinic have been trained in rating CITs, inter-rater reliability measures are not available, and therefore, cannot be guaranteed. The averaged- final score for basic therapeutic skills also presents a restriction of range from 1-5. CIT's may receive scores along the 1-5 continuum, such as a 3.5 but units smaller than .5 point were not used. The counselor averaged-final score was the best measure of competence available to this clinic. Should differences be found, further research would be necessary to determine the origin of the variations and establish generalizability to other clinics.

An additional limitation to the proposed study is that several clients may be served by the same CIT. The analysis had the potential to overrepresent an individual CIT for this reason. This overrepresentation will increase with the number of selected clients served by the same CIT.

This study was also limited to the type of data collected by this particular counseling training clinic. All client demographic data are self-reported on the intake form. Self-reported data have limited criterion validity (Remler & Van Ryzin, 2011), and

it is not possible to check the intake paperwork for accuracy. The pilot study also demonstrated that it is not feasible to account for some additional factors, such as the client's socio-economic status or symptom severity at intake. Some clients are offered extra credit in classes to attend sessions or may have other arrangements that are not documented. This data are not routinely collected from all clients in this clinic, and thus, could not be accounted for in this study. Finally, the training clinic typically charges one fee for a semester of counseling services; though there was the option to spread this payment throughout the semester. This payment structure is not consistent with theoretical assumptions of Freud and cognitive dissonance theories that assume continued payment for services is a factor in motivation. The dichotomous payment data used in the MANCOVA does not allow for analysis of the relationship of amount of payment to treatment utilization.

### **Conclusion**

Further empirical research regarding the issue of fee payment could benefit CITs, clients, and the counseling profession as a whole. This chapter described the design and methodology for the proposed study. Descriptions of data sources, procedures, sampling strategy, and data handling procedures were discussed. This chapter also presented analytic strategies for each research question. In Chapter Four, the statistical and practical results of the described analytic strategies for each research question were reported.

## CHAPTER IV

### RESULTS

The purpose of this study was to examine whether fee paying and non-fee paying clients differ in measures treatment utilization in a counseling training clinic when controlling for counselor competence. Data collection was completed through examination of electronic client files to collect demographic treatment utilization information. Counselor in training averaged final scores were collected from student files.

#### Data Sources

Archival data drawn from 372 client files was the data set for this study. Eligible files met the following criteria: clients received individual counseling services through an on-campus masters' level counseling practicum, clients completed an informed consent indicating they were over the age of 18, and file contained CITs' final practicum evaluation. Of the 372 initial files, 103 were removed from analysis due to a variety of reasons: the most common reasons were missing documentation for CITs' final practicum score and files that could not be found for CITs named in existing records.

Table 1

#### *Missing Data*

Characteristics of Missing Data	# of CIT files Removed	Resulting # of Client Files Removed
Missing CIT Averaged Final Score	22	42
CIT File Could Not Be Found	37	61

The data set submitted for analysis contained 269 usable files. Of this group, 187 files were clients who self-identified as female and 80 who self-identified as male. Two did not report sex or reported sex as “other.” Clients in the data set had ages ranging from 18 to 61 with a median age of 20. The mean age of clients was 25.81. Self-reported race/ethnicity of clients was 66.3% white Caucasian, 11.1% Hispanic or Latino, 7.7% multiracial, 2.6% African American, 1.9% other, with 10.4% not reporting. The following descriptive statistic and frequency table (Table 2) presents the characteristics of the sample drawn from usable files.

Table 2

*Client Demographic Information*

<b>Variable</b>	<b>Description</b>	<b>Number</b>	<b>Percent</b>
Age	M= 20 SD= 11.2		
Sex/Gender	Female	187	69.3
	Male	80	29.6
Ethnicity	Caucasian	179	66.3
	Hispanic	30	11.1
	Multiracial	21	7.7
	African American	7	2.6
	Other	5	1.9
	Non Reporting	28	10.4

**Counselor in Training Averaged Final  
Evaluation Scores**

Final scores, drawn from 15 categories on CITs’ final practicum evaluation, were averaged to create a single evaluation score. Scores were retrieved from CITs’ student files. No clients’ names were associated with CITs’ final evaluation. Data were collected and confirmed, then CITs’ names were deleted from the Excel file and replaced by a number associated with the averaged final score. The final evaluation scores ranged from *N* indicating *Insufficient Data* to 5 indicating *Competence is Well Developed*, meaning

that CITs can function independently with “little to no supervision required” on 15 core therapeutic skills. The researcher averaged the final scores across the 15 categories to arrive at an averaged final score between  $N$  and 5. In cases where an  $N$  was assigned, the core skill was not calculated in the averaged final evaluation score for that CIT. Averaged final score replaced the CIT name in the excel spreadsheet.

The averaged final scores of counselors in training were collected. The score was calculated by averaging the final score CITs earned in 15 categories of Basic Therapeutic Skills. The range of averaged final scores was 2.35-5.0. The mean averaged final score was a 3.66. The median averaged final score was 3.63 with a standard deviation of .60.

### **Testing of Hypotheses**

The research questions that framed this study are presented and the statistical analysis and results for these research questions are explained. Data related to research questions are represented in text, data tables, and appendices. Chapter Five presents the discussion of results, implications, and recommendations for the field.

#### **MANCOVA Procedures**

- Q1 Are there differences in the total number of attended sessions and the number of cancellations between paying and nonpaying clients when controlling for counselor competence?

This research question was designed to assess whether fee paying clients differ from non-fee paying clients differ in measures of treatment utilization; specifically, whether fee paying clients attend more sessions overall or cancel with less frequency. This research question was examined through a MANCOVA. Fee payment status was entered as a categorical independent variable (1,0). CIT averaged final score was entered

as a continuous co-variate. The overall number of sessions attended and the number of cancellations were entered as continuous dependent variables.

Assumptions of the MANCOVA were tested. Cases with missing data were not included in this analysis ( $n=1$ ). The researcher screened for outliers and by examination of histogram and plots. The Kolmogorov-Smirnov test was significant for all variables, indicating that the data does not meet the assumption of normality at  $\alpha = .05$ . Scatter plots for all variables in the MANCOVA were examined. The examination indicated that the dependent variables, number of sessions attended, and number of cancellations were positively skewed. Tabachnick & Fidell (2016) recommend a square root transformation in cases where the distribution differs moderately from what would normally be expected. The square root transformation was successful in reducing the skewed nature of the distributions.

To determine linearity between dependent variables and covariates, the matrix scatter plots for counselor competence, number of sessions attended, and number of cancellations were examined.

Testing homogeneity variance-covariance and homogeneity of regression slopes was accomplished by running a custom MANCOVA to test these assumptions. A preliminary MANCOVA was constructed with payment as fixed effect and the number of sessions attended and number of cancellations as dependent variables. Counselor competence, as measured by the averaged final evaluation score, was entered as a covariate. The preliminary MANCOVA included payment and counselor competence as separate variables as well as interactions between payment status and counselor competence. Box's Test of Equality of Covariance matrices reported a non-significant

finding ( $p \geq .001$ ). This resulted in the use Wilks' Lambda to determine significance of the MANCOVA. The interaction of payment and counselor competence was not significant at  $\alpha=.05$  indicating a non-significant interaction effect. Levene's Test of Equality of Error Variances produced a significant ( $p=.031$ ) result for number of sessions attended. This significance indicates an increased risk of Type 1 error (Tabachnick & Fidell, 2016).

### MANCOVA Results

The possible range of sessions attended was 1-14 sessions. Only client's first interaction with the clinic was counted to prevent repeat data. The number of cancellations ranged from 0-6. Table 2 presents the mean and standard deviation for the number of sessions attended, number of cancellations, and the CITs averaged final score for fee paying and non-fee paying clients.

Table 3

*Mean and Standard Deviation for Number of Sessions, Number of Cancellations for Fee Paying and Non-Fee Paying Clients*

	Sessions		Cancellations	
	M	SD	M	SD
Fee Paying	2.56	.653	.979	.728
Non-Fee Paying	1.98	.726	.907	.679

Box's Test was not significant ( $p=.473$ ) indicating the data met assumptions for homogeneity of variance. Wilks' Lambda (Table 4) was used to interpret the effect of fee payment on the number of sessions attended and the number of client cancellations when controlling for counselor competence. The effect of fee payment was significant at  $\alpha=.05$  ( $F(23.174)=.000, p \leq .05$ ). This indicates that after adjusting for counselor competence, there was significant difference in the number of cancellations and the overall number of



sessions attended by fee paying and non-fee paying groups. Therefore, the null hypothesis would typically not be rejected. However, examination of the standard residuals displayed a strong linear pattern indicating a violation of the independence of errors assumption (Tabachnick & Fidell, 2016). MANCOVA is not robust to a violation of this assumption and renders the analysis less reliable (Glass & Hopkins, 1996). Transformations may be attempted to address this issue; however, the dependent variables had already undergone a square root transformation. A log transformation would inflate the data as a natural log cannot be taken from a value of 0 in cancellations. It was determined that the Box-Cox transformation would render the results uninterpretable. As such, no determination was made regarding the null hypothesis.

Table 4

*Wilks' Lambda, F Ratio, Degrees of Freedom, and Level of Significance for CIT Score, Fee Payment and CIT Score and Fee Payment Interaction*

	CIT Score	Fee Payment	CIT Score* Fee Payment
Wilk's Lambda	.949	.851	.820
F Value	7.17	23.174	29.102
Df	(2)	(2)	(2)
Pr>F	.001*	.000*	.000*

### **Logistic Regression**

Q2 Does the amount paid for services predict attendance at a termination session when controlling for counselor competence?

This research question was addressed through a binomial sequential logistic regression (Tabachnick & Fidell, 2016). Counselor competence as measured by averaged final score was entered as a predictor covariate and amount of payment was entered as the variable of interest. Attendance at a termination session (1,0) was entered as the categorical dependent variable.

Parameter estimates and standard errors were examined to determine whether multicollinearity assumptions had been violated (Tabachnick & Fidell, 2016). In the absence of high standard error and parameter estimates, it was determined that assumptions had been met. Examination of residual plots indicated the absence of univariate outliers.

To test the assumption of linearity in the Logit, the Box-Tidwell approach was conducted (Tabachnick & Fidell, 2016). Interactions between continuous predictors and the natural logs of the continuous predictors was calculated in SPSS. Interaction terms were not significant ( $\alpha=.05$ ) indicating no violation of linearity of the logit (Tabachnick and Fidell, 2016).

### **Logistic Regression Results**

The logistic regression was underpowered as it only contained 269 of the necessary 320 client files indicated by the a priori analysis. So few cases increases the odds of Type II error. The logistic regression initial block correctly predicted 58.4% of cases without inclusion of the control variables (see Table 5). The addition of CITs' averaged final evaluation score decreased the ability of the model to predict attendance at a termination session ( $p \geq .05$ ).

Table 5

*Classification Table*

	Observed Attendance at Termination Session	Predicted Attendance at Termination Session		% Correct
		NO	YES	
Step 0	NO	0	112	.0
	YES	0	157	100.0
Overall Percentage				58.4

Hosmer-Lemeshow Test for Chi-square significance was insignificant, indicating that the data fit the model well (see Table 6).

Table 6

*Hosmer and Lemeshow Test*

Step	Chi-Square	df	Sig.
1	8.769	8	.362

The addition of payment into the model resulted in a significant reduction in the ability of the model to predict attendance at a termination session (Sig.  $\geq$  or  $\leq$  .05) (see Table 7). Inclusion of the payment variable resulted in the model correctly predicting attendance at a termination session (57.2% of the cases) (see Table 10).

Table 7

*Block 2 Omnibus Test of Model Coefficients*

	Chi-square	df	Sig.
Step 1	14.638	3	.002
Block	14.638	3	.002
Model	14.638	3	.002

Table 8

*Model Summary*

Step	-2 log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	355.243	.037	.050

Table 9

*Block 1 Classification Table*

	Observed Attendance at Termination Session	Predicted Attendance at Termination Session		% Correct
		NO	YES	
Step 1	NO	29	83	25.9
	YES	23	125	79.6
Overall Percentage				57.2

Examination of the logistic regression co-efficient indicated a positive relationship ( $\beta 1.012$ ) between fee payment and attendance at a termination session. This indicated that the more a client pays for a session, the more likely they are to attend a termination session. Each \$1 increase in payment increases the odds a client will attend a termination session by a factor of 1.2%. This relationship was significant at  $\alpha=.05$  after accounting for CITs' averaged final evaluation score.

Table 10

*Variables in the Equation*

		B	S.E.	Wald	df	Sig.	Exp ( B )	95% CI for Exp ( B )	
								Lower	Upper
Step 1	CIT Score	.448	.216	4.318	1	.038*	1.565	1.026	2.387
	Payment	.012	.006	4.357	1	.037*	1.012	1.01	1.023
	Constant	-1.494	.793	3.551	1	.060	.224		

This chapter reported the results of the study. Data entry and how missing data were dealt with were discussed. Research questions were reviewed and results of the analysis were described. Chapter Five will discuss the results of this study in relation to research presented in Chapter One.

## CHAPTER V

### DISCUSSION

Findings, implications, recommendations, and limitations related to the current study are presented and are focused on opportunities in the areas of research, clinical practice, and counselor education. Results are discussed in the context of the stated research question and relevant literature in the field of Counselor Education.

#### **Research Question One**

- Q1 Are there differences in the total number of attended sessions and the number of cancellations between paying and non-paying clients when controlling for counselor competence?

The current study found that there were significant differences ( $p \geq .001$ ) in the number of sessions attended between fee paying and non-paying clients when controlling for counselor competence. However, this finding should be examined with extreme caution as the data violated the assumptions of MANCOVA in multiple ways. Levene's test for equality of error variances indicated that the data violated the assumption of homogeneity of variance (Tabachnick & Fidell, 2016). MANCOVA is somewhat robust to variations of this assumption with a sufficiently large sample size. However, this violation increases the likelihood of Type 1 error (Tabachnick & Fidell, 2016). Further, examination of the standard residuals revealed that the data violate the assumption of independence of observation. Nonindependence of errors has a serious effect on both the power and significance of the MANCOVA (Glass & Hopkins, 1996). MANCOVA is not robust to violations of this assumption and, therefore, no determination regarding the null

hypothesis can be made with confidence, and the findings should be interpreted with skepticism (Tabachnick & Fidell, 2016).

The strong pattern found in the standard residuals of the MANCOVA may indicate that the model was not complete enough to be a good fit for the data. Confounding or contributing variables may structure the data in such a way that exclusion of those variables may result in an unintentional violation of the independence of errors assumption. Many researchers (Clark & Kimberly, 2014; Demuth & Karnis, 1980; Pope et al., 1975) have found initial differences in the treatment utilization of fee paying and non-paying clients, only to have those differences diminish or disappear when controlling for other factors. It is possible that factors were not included in this model that co-occur with fee paying and non-fee paying status and influence differences in treatment utilization. Observation in a live setting may present confounding variables. Possible explanations for missing factors may include the working alliance, individual counselor, and supervisor characteristics and are discussed in the implications for future research section.

### **Research Question Two**

Q2 Does the amount paid for services predict attendance at a termination session when controlling for counselor competence?

The logistic regression indicated that inclusion of the independent variables of averaged counselor final score and amount of fee paid rendered the logistic regression less predictive of attendance at a termination session than the initial model that assumed attendance at termination. The initial block accurately predicted the attendance at termination status of 58.4% of clients as that was the percentage of clients who attended a termination session. Once the averaged counselor final evaluation score and amount paid

for session were included, the model accurately predicted only 57.2% of the client's attendance at a termination session. The amount paid for a session showed a significant relationship with attendance at a termination session when controlling for counselor competence ( $p \leq .05$ ). The model determined that for each \$1 paid, a client was 1.012 times more likely to attend a termination session ( $\text{Exp}(\beta) = 1.012$ ).

The model accurately predicted 79.6% of clients who attended a termination session; however, it only predicted 25.9% of clients who did not attend a termination session. This indicates that the model may be biased in its prediction of attendance at termination, which may be due in part to more participants attending termination than not in the sample.

On the surface, the finding of significance of the model and a predictive relationship between payment amount and attendance at a termination session, when controlling for counselor competence, appears straightforward. However, the model is underpowered, analyzing only 269 of the required 320 client files necessary for a fully powered analysis. An underpowered analysis increases the risk of Type II error (Glass & Hopkins, 1996). If a relationship is found in an underpowered study, the magnitude of that relationship is likely inaccurate (Gelman & Carlin, 2014). This type of error is referred to as Type M error. In this study, the confidence intervals ( $\text{CI} = 1.001, 1.023$ ) indicate that the small relationship detected between fee payment and attendance at a termination session when controlling for counselor competence may not be robust. Essentially, the finding of significance in this model may rest on one or two highly leveraged data points that, if dropped from the analysis, could render the model non-significant.

I exhausted all available client files to which I had access. With the approval of my advisor, I attempted to increase the total sample size by contacting other Counsel for the Accreditation of Counseling and Related Educational Programs (CACREP) accredited master's programs to secure additional archival data. I was unsuccessful due to a lack of response and the various forms of CIT final evaluations across institutions. Thus, the finding of a predictive relationship between the amount of fee paid for session and attendance at a termination session when controlling for counselor competence must be viewed with extreme caution.

### **Implications for Practice**

Given the known limitations found in the analysis, the practice implications of this study are narrow. The statistical analysis indicated that the results provide an incomplete picture of the relationship of fee payment with treatment utilization behaviors. However, the ways in which the data and analysis fell short of answering the research questions provide important implications for future practice and research.

### **Electronic Files and Data Integrity**

Data collection for this study was hampered by the exclusion of numerous client files due to incomplete and absent records. Specifically, client files lacked documentation of payment, payment expectations, and the institutional copy of the informed consent. Interestingly, despite the use of an electronic system of record keeping, more data were absent from electronic client files than paper files. The use of electronic files in counseling has become the standard in the field (Lustgarten, 2015), and perhaps some omissions were due to incomplete or inconsistent training or supervisor monitoring. Counselor educators are tasked with providing CITs with instruction regarding "record



keeping, third party reimbursement, and other practice and management issues” (CACREP, 2015, 5c2m). The keeping of records is required by the American Counseling Association’s (ACA) ethical code as is discussion of the role of technology (ACA, 2014). Therefore, training, modeling, and supervision related to the maintenance of accurate and complete records is imperative for counselor educators in the preparation of their CITs.

That some practitioners experience difficulty in maintaining data integrity of electronic files is well documented in counseling and other fields (Cottone & Tarvydas, 2016). Supervisors who struggle with record keeping may experience difficulty ensuring the accurate records of their supervisees. Standardizing checkout procedures for practicum records may assist counselor educators in certifying that all essential documentation is present in each record.

Beyond modeling legal and ethical practice for CITs, the maintenance of complete records is essential for the best interest of clients. Complete and accurate records facilitate increased quality of care should a client transition to a new counselor or mental health provider. Examination of an existing record can provide a counselor with increased insight into the origin and history of a client’s presenting problem. This saves time and money while limiting how much a client must retell information. In the event that documentation of services is required, accurate records allow counselors to confidently report dates of service and topics covered. Without complete records, clients may experience tangible harm of wasted time, money, and inability to verify services in which they have participated.

Incomplete records provide a liability to the institution that provided services. CACREP routinely audits files as part of accreditation visits. Incomplete files may result

in increased difficulty achieving or renewing accredited status. In training clinics that accept health insurance, failure to meet Health Insurance Portability and Accountability Act (HIPAA) documentation standards may result in remedial actions. Utilization reviews finding HIPAA non-compliance files may require clinics to abide by resolution agreements and potentially, pay civil penalties (U.S. Department of Health and Human Services, 2017). The maintenance of complete and accurate records helps to safeguard institutions from these types of negative outcomes.

### **Counselor in Training Student Files**

CIT student files had a significant degree of missing data, which led to their file being excluded from this study. Specifically, the absence of a CIT's final evaluation score and the absence or unavailability of a CIT's student records resulted in the removal of client files from the study. Coordination with the university registrar to confirm CITs' name changes resulted in the inclusion of approximately 10 additional files. This indicated that name changes over the course of the program were not a major contributor of missing data for this study. However, it is a consideration for accurate record keeping in training programs.

It is possible that clients were removed from the analysis in a non-random way due to the record keeping patterns of particular supervisors. This could create an unintended supervisor effect resulting in the inclusion and exclusion of records based on who supervised the practicum rather than a CIT's performance or fee payment. Student records are the responsibility of the institution and are audited by accrediting bodies. As such, preventative measures such as training in standardized record keeping procedures, including pre-termination file checklists and procedures to track student

name changes would ensure accurate records, assist counselor educators in identifying missing information from student files in a more consistent and timely fashion, model professional accountability, and reduce risk management for clients and the institution.

### **Implications for Pedagogy**

Though this study was not designed to be generalizable across all training clinics, it provides important implications for pedagogy and ethics around the counseling discipline's expectation for compensation. The findings of this study imply that the relationship of fee payment and treatment utilization behaviors is not necessarily simple. Though the null hypotheses cannot be rejected from the logistic regression due to being underpowered, the fact that inclusion of the independent variables of counselor final score and amount of fee lessened the predictive capacity of the model indicates that, should a predictive relationship exist, it would be small. The violation of the independence of observations assumption in the MANCOVA analysis suggests that other variables may structure or mediate the relationship of fee payment and treatment utilization in this training clinic.

This interpretation of the relationship of fee payment and treatment utilization is more complicated than the explanations offered by Freud (1913/1976) or cognitive dissonance theory (Davids, 1964). A sacrificial fee as described by Freud (1913/1976) would motivate a client to progress through treatment more rapidly in order to limit the length of time she would have to sacrifice financially to facilitate counseling. According to Davids (1964), the charging of a significant fee would cause a client to value a session more and, therefore, engage in more sessions and cancel less frequently. Both would suggest the persistence of a client through termination either by hastening it or by valuing

the process. Neither of these explanations account for the absence of relationship between fee payment and the number of cancellations or the mediating variables suggested by the structured standard residuals of the MANCOVA. Further, the minimal potential contribution of fee amount to the prediction of persistence through termination runs counter to both theories.

A topic as complex as fee payment requires focused time and attention to teaching. However, the discussion of fee payment often elicits feelings of unease, which may result in relative neglect of the topic in training programs (Cottone & Tarvydas, 2016). This is perhaps evidenced by the removal of any mention of fee and replacement with more general wording regarding “third party reimbursement and other practice and management issues” in the 2016 CACREP Standards (5.c.2.1). Rather than removing the specific requirement to prepare CITs to manage fees and their role in practice, specific competencies should be developed. Discussions surrounding intuitive assumptions about valuing what one pays for and how the counseling field justifies paid and pro bono work are essential to adequate preparation for practice (Newman, 2012). Currently, many counselors prefer to outsource fee payment, relegating it to office staff or electronic systems (Mayer & Norton, 1981). This diminishes fee payment to an administrative detail rather than the fruitful topic of exploration some authors have found it to be (Newman, 2012).

In order to adequately teach the nuance and complex nature of fee payment and records management, counselor educators must become comfortable with the topic. Supervisees rise to the functioning level of their supervisors (Horvath, Greenberg, Taft, Murphy & Musser, 2004) and evidence should guide training. Therefore, counselor

educators must obtain proficiency both in the known complexities of fee payment and how to navigate it in a clinical setting.

### **Implications for Practice**

This study implied that the existing assumption of a relationship between fee payment and measures of treatment utilization may not be accurate in all training clinics. The data is incomplete, specifically, the findings of the MANCOVA indicate that important factors may be missing from a model that only accounts for the competence of a CIT at their final practicum evaluation and whether a client paid for sessions. Several researchers have found that once additional factors were accounted for, the initial relationship of fee payment with measures of treatment utilization were no longer significant (Thompson et al., 2017; Carpenter & Range, 1983; Demuth & Karnis, 1980; Pope et al., 1975; Wood, 1982). No clinic should assume that fee payment is a significant factor in the treatment utilization of their clients.

Though the findings of this study are incomplete and cannot be generalized to all training clinics, it can be assumed that the illumination of a more complex relationship between fee payment and treatment utilization behaviors in the clinic included in this study renders a similarly complex relationship possible in other clinics and contexts. Therefore, a straightforward relationship between fee payment and treatment utilization cannot be assumed. Rather, the nature of the relationship must be examined in each context, including training clinics.

Counseling training clinics may wish to complete their own research determining the relationship of fee payment to treatment utilization behaviors of their clients. Increased treatment utilization is often cited as a reason for charging fees in training

clinics (Staples et al., 2011). Therefore, to ensure evidence-based practice, this relationship should be evaluated in context. Should findings not support the assertion that fees increase treatment utilization in the individual training clinic, the purpose of the fee may need to be re-evaluated. Examination of the relationship of fee payment and treatment utilization should inform policy decisions. Whether to charge clients for session, how much to charge them, and whether to charge clients differential amounts should all be informed by research as they can raise unique ethical implications.

### **Implications for Ethics and Disciplinary Expectations for Compensation**

The implication of the possibility of a more complicated relationship between fee payment and treatment utilization unearths several potential ethical implications. All counselors are ethically required to promote empirically and scientifically founded techniques and procedures (ACA, 2014; F.7.h). The findings of this study indicate that models which only take counselor competence and fee payment into account may be missing important factors and that the predictive relationship between fee amount and persistence through termination may be very small if not nonexistent. Without the ability to assume a simple relationship between fee payment and treatment utilization and without site specific study, a clinic's ethical justification for relying on the assumption that fee payment is valuable for clients' treatment utilization behaviors may encounter an impasse.

Counseling training clinics traditionally serve a population that is unable to afford private services (Aubry et al., 2000; Staples et al., 2011). Training clinics utilize varying fee structures such as sliding scales to accommodate these clients, often charging less than the market value for services (Aubry et al., 2000; Taller, 2000). The assumption is

that charging some amount will encourage treatment utilization and, therefore, benefit the client.

The ACA code of ethics requires that counselors refrain from discriminating against clients based on socioeconomic status (ACA, 2014; C.5). Some professionals argue that the charging of differential fees (e.g., a sliding scale or waiving of the fee) for the same service amounts to discrimination of individuals of greater socioeconomic status (Cottone & Tarvydas, 2016). This argument may be especially salient when a large proportion of clients who attend a training clinic may find any charge for services burdensome. Freud (1913/1976) would argue that a fee must be large enough to justify a substantial sacrifice on the part of the client to sufficiently motivate them to progress through treatment. However, when any fee may be viewed as burdensome and the relationship between the amount charged and perseverance through treatment in question, it becomes difficult to justify a specific amount for services. Counselor educators at the doctoral level must understand evidence-based counseling practices (CACREP, 2015; 6.B.1.d.) However, when little evidence or guidance exists regarding the setting or collection of fees, market forces and counselor comfort may dictate one's practice.

There is nothing inherently unethical about charging any amount for one's services. The ethical implication of basing prices on financial truths rather than psychological theory rests in the justification of that fee to clients. Freud (1913/1976), who believed in the necessity of a sacrificial fee, conceded that the primary purpose of the fee was to provide a living to the therapist. Modeling of transparency about the professional nature of the relationship, Freud (1913/1976) believed, would assist in the therapeutic relationship. Adequate informed consent requires the discussion of fees and

billing arrangements (ACA, 2014; A.2.b) however, practitioners at all levels of experience appear to struggle with open dialogue about fees, even among peers (Shipton & Spain, 1981). Should counseling training clinics base fee policy on the financial necessity rather than a therapeutic advantage, it is essential that counselors be transparent about the fees true purpose.

### **Directions for Future Research**

#### **Need for Data Measures and Standardized Record Keeping**

The absence of standardized record procedure and measures for student assessment present significant obstacles to the integration of multiple clinics for longitudinal research of fee payment and treatment utilization. In order to practice evidence-based decision making, we must facilitate multi-training clinic research to inform our practice. This includes a need for standardized record keeping procedures for CIT practicum and internship evaluations.

In order to accurately research counseling training clinics, data measures are necessary to ensure the methods used to assess CITs possess sound psychometric properties such as construct validity, inter-rater reliability, and quasi-interval scales. Counselors are expected to be cautious of instruments without sufficient empirical data to support them (ACA, 2014; E.9.b). Instrument design and validation of counselor in training assessments is necessary not only to ensure fair and equitable assessment of CITs, but also to aid in the research of counseling training methods and constructs. Standardized use of validated assessments across training clinics in coordination with



standardized record keeping procedures would assist in maintaining dependable student evaluations and multi-institutional research designs.

Standard record keeping procedures for both client and student files would ensure the consistent presence of data across training clinics. Uniform documentation regarding measures of client treatment utilization and outcomes would allow for a larger sampling frame for future studies involving client's use of treatment. Systematic use of validated measures of CIT competence and proficiency in practicum would promote research that focuses on or controls for variance in CIT attainment during training.

Development and implementation of standard record keeping procedures and evaluations would enable direct comparison between clinics and allow for research design utilizing statistical methods that control for nested or clustered data, such as Hierarchical Linear Modeling (HLM). Such research design could isolate and control for factors such as site or supervisor effect that have the potential to violate assumption of independence of observations such as ANOVA designs. Perhaps most importantly, standard record keeping and evaluation procedures would allow for random sampling of CACREP accredited training programs as a whole, which may provide data that could be generalized across contexts.

### **Possible Explanations for Findings**

Factors such as individual characteristics of the CIT or the quality of the therapeutic alliance may possess a stronger or additional relationship to the treatment utilization behaviors of clients in training clinics. Client satisfaction with their counselor is known to be negatively correlated with premature termination (Swift & Greenberg, 2015). Individual characteristics and goodness of fit between the counselor and client

may play a larger or additional role than the skills assessed by the averaged counselor final score.

The quality of the therapeutic working alliance has proven a reliable predictor for therapeutic outcomes (Horvath et al., 2004). The measure utilized in this study is based on the work of Carkhuff's (1969) interpersonal helper responsive dimensions that may or may not accurately assess the working alliance of the counselor-client dyad. Horvath et al. (2004) has noted the conceptual ambiguity in the therapeutic alliance and the need for further debate to define the construct. It is possible that how counselor characteristics specifically relate to the working alliance may not have been accounted for in this model.

Supervisor characteristics are another possible explanation for the findings of this study. Trainees tend to rise to the level of their teachers (Horvath et al., 2004). Thus, the skill of the clinical supervisor may have clustered the data in a way that was not accounted for by the models. Exploration of these areas, and development and validation of instruments measuring these constructs, would help account for counselor competence in future studies.

## **Limitations**

### **Design**

The non-experimental nature of this study's design limits the conclusions that can be drawn from this analysis. This study was not designed to determine causality between fee payment and treatment utilization. Therefore, only examination of the relationship of fee payment to measures of treatment utilization were potentially possible.

This study included data from one counseling training clinic. This is not a representative sample of counseling training clinics as a whole, and, therefore, findings

cannot be generalized across all training clinics. Further, methods of assessment and data collection are not standardized across training clinics. As a result, assumptions and findings of this study may not be directly comparable to studies at other sites.

### **Measures**

All demographic data is self-reported by clients. Self-report data has limited criterion validity (Remler & Van Ryzin, 2011) and cannot be checked for accuracy. Information regarding additional variables such as symptom severity at intake and client socioeconomic status are not routinely collected by the training clinic and, therefore, could not be accounted for in this study. Additionally, some courses offer extra credit for students to attend three sessions. However, documentation of this arrangement or others may not be noted in the client record and, thus, cannot be accounted for in this study.

Quantification of treatment utilization behaviors presents a limited view of treatment use as a whole. Though easy to quantify, the number of sessions, cancellations, and attendance at a termination session do not illustrate the subjective elements related to client success in treatment. Factors such as the working alliance between counselor and client (Horvath et al., 2004) or client motivation for change cannot be assessed using these measures and may render an incomplete picture of how clients interacted with treatment.

Finally, the CIT's averaged final evaluation score is based on an unvalidated measure based on Carkhuff's (1969) paradigm. Neither interrater reliability nor construct validity have been established for this measure. As the only documented record of CIT competence during practicum, however, this measure was utilized for this study.

Validated instruments would make a study more powerful (Tabachnick & Fidell, 2016) and an empirically supported instrument would provide more credibility to the study.

### **Violations of Assumptions**

**Logistic regression.** The logistic regression analysis in this study was underpowered. Conclusions findings of the logistic regression must be viewed with extreme caution due to the study being underpowered by 59 client files. When a study is underpowered, there is an increased risk of Type II error (Glass & Hopkins, 1996). Though the logistic regression indicated that the inclusion of CIT's averaged final evaluation score and the amount of fee payment was significant, the lack of a sufficient sample means the findings are likely inaccurate (Gelman & Carlin, 2014).

Initial collection of electronic client files did not render enough data to answer the research questions so the sample frame was extended to include paper files encompassing the full 5 years of client and CIT documentation maintained by the training clinic. The inclusion of all files in the sample meant that though the logistic regression analysis was underpowered, there were no more data points to obtain within the parameters of this study.

A significant proportion of the client data had to be removed due to incomplete student documentation. Specifically, the absence of a final evaluation in student files resulted in the majority of exclusions from this study. This data were likely not removed at random and may have contributed to the violation of the independence of errors assumption that prevented reliable examination of the research question in the MANCOVA analysis.

**MANCOVA.** The data violated the assumptions of MANCOVA in two ways: violation of the homogeneity of variance and violation of the independence of errors assumptions. An attempt to address the violation of homogeneity of variance resulted in a square root transformation for the dependent variables of number of session and number of cancellations. This transformation was successful in reducing the degree of violation of this assumption though, the number of sessions attended still indicated significance in the Hosmer-Lemeshow test ( $p \geq .05$ ).

The violation of independence of errors assumption was evidenced in the scatter plot of standard residuals. A clear linear pattern was evident indicating the violation of this assumption (Tabachnick & Fidell, 2016). A likely explanation for this is that some important mediating factor or factors were not included in the analysis and was therefore structuring the standard residuals. MANCOVA is not resilient to a violation of this assumption (Tabachnick & Fidell, 2016), and recommendations to address this issue tend to be preventative in nature and focused on the study design. For this reason, the findings of the MANCOVA should be viewed with extreme caution.

### **Conclusion**

The works of Freud (1913/1976) and cognitive dissonance theory (Festinger, 1957; Davids, 1964) emphasize the importance of charging a fee to encourage proper treatment utilization by clients. The majority of empirical research on the relationship of fee payment to treatment utilization was done before the 1980s, yields conflicting findings, and does not focus on counseling training clinics (Aubry et al., 2000). Despite limited research, many training clinics still function on the assumption that fee payment encourages regular treatment utilization (Staples et al., 2011). Additionally, few studies

account for the competence of the counselor when determining the relationship of fee payment and treatment utilization. This study examined the relationship of fee payment and treatment utilization in a counseling training clinic when controlling for counselor competence.

This study focused on the relationship of fee payment to treatment utilization by examining whether fee payment was related to measures of treatment utilization. The number of sessions, number of client cancellations, and attendance at a termination session were examined as quantifiable measures of client treatment utilization. Averaged CIT final score in practicum was utilized as a measure of counselor competence. A MANCOVA was performed to determine whether fee paying and non-fee paying clients differed in the average number of sessions attended and average number of client cancellations while controlling for counselor competence. A logistic regression was conducted to examine whether the amount of fee paid for session was predictive of attendance at a termination session when controlling for counselor competence.

The results of the study indicated that the data violated the independence of observations assumption for MANCOVA (Tabachnick & Fidell, 2016). As such, no determination regarding the accepting or rejecting of the null hypotheses could be completed. However, the structured nature of the standard residuals indicated that the MANCOVA model was incomplete as some other factor was structuring the errors.

Data collection resulted in a logistic regression that was 59 data points short of the required sample size indicated by the a priori analysis. As such, the risk of Type II error was inflated (Tabachnick & Fidell, 2016), and no determination regarding the null hypothesis could be completed. However, inclusion of the independent variables resulted

in a model that was less predictive than the initial model with no predictors. Thus, it can be assumed that if a predictive relationship exists between the amount of fee paid for session and attendance at a termination session, when controlling for counselor competence, that relationship is small.

The implications of this study are intended to facilitate counselor educators in exploring the relationship of fee payment and measures of treatment utilization when controlling for counseling competence. Directions for future research were presented focusing on the need for standardized assessment and record keeping across CACREP accredited training clinics. This study was limited in ways that curtail its generalizability and direct interpretation of its findings. Research that informs and promotes comfort with fee policy has been virtually neglected in our field and training clinics for decades. The need for cross-clinic research of these issues is pressing and filled with potential implications for practice and pedagogy.

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APPENDIX A  
PILOT STUDY DESCRIPTION

### Description of Pilot Study

A pilot study was conducted in the spring of 2013 as part of a statistics course (SRM700). The purpose of the pilot study was to determine whether data collection procedures were appropriate for larger study. The researcher administered surveys regarding attitudes towards fee payment to counseling masters students enrolled in that semester's practicum at the [University name blinded]. A student employee collected treatment utilization data from 10 client files in the training clinic.

Data collected from client files included demographic information such as the age, race, marital status, number of people in client household, income, and gender of the client. Treatment utilization measures regarding the year services were provided, total number of sessions attended, number of sessions cancelled, number of no-shows and whether a client attended a termination session were also recorded. The student-employee utilized a random number generator to obtain a starting point and collected information from the first 10 files that met inclusion criteria.

Examination of the data provided insight into what information was routinely collected from the training clinic. Information regarding age, race, and marital status of the client was present in every file. Income information was missing from most of the selected files. It also became apparent that during the last 7 years, the clinic had stopped switched from asking clients to self-report sex and to start reporting gender. As a result, only demographic information of age, race and gender/sex was included in the data collection form for the present study.

The pilot also highlighted difficulty with the procedure of utilizing a student employee to collect data. Missing data left the student employee with questions regarding

how to document client files and when to exclude them. It was determined after the proposal that it would be more efficient for the researcher to personally collect client data to avoid confusion.

CIT attitudes towards fee payment proved beyond the scope of the larger study of this proposal. During the pilot study, it became evident that drawing conclusions about CIT attitudes towards fee payment was a separate research question that could not clearly connect with the data found in the clinic. Clients of CIT's currently enrolled in practicum would have open files without complete data for the semester. Therefore, the clients that could be assessed for treatment utilization were not the clients of the CIT's who were given the survey. It was therefore determined, that the future study would not include survey information regarding CIT attitudes towards payment.

The pilot study completed in 2013 provided useful information that contributed to the design of the present study. Procedures to engage student employees in the collection of clinic data were abandoned in favor of the researcher collecting client data in person. The data collection form in the present study designed to collect information that is regularly reported in the training clinic and excludes demographic measures for which missing data were prevalent. Finally, the scope of the research was reduced to exclude CIT attitudes towards fee payment and only include treatment utilization.

APPENDIX B  
DATA COLLECTION SHEET

This is an illustration of the data that was collected from client files and entered into a data file. No physical data collection sheets were used in this study.

Data collection sheet	
Client record #	_____
CIT Name	_____
Did Client pay a fee for services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Amount paid for services:	_____ (indicate per/ session, semester etc.)
Year service provided:	_____
Age of client:	_____
Race of client (if indicated):	_____
Gender of client:	_____
# of sessions attended:	_____
# Session Cancelled:	_____
# of No-Shows:	_____
Did client attend termination session?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

APPENDIX C  
COUNSELOR FINAL EVALUATION FORM

## Counselor Final Evaluation

The scores of items a-o from Basic the Therapeutic Skills category will be averaged to provide the averaged-final score used in this study.

### Practicum Evaluation Form

Name of Trainee and Program of Study: \_\_\_\_\_ Date: \_\_\_\_\_

Practicum Site: Psychological Services Clinic \_\_\_\_\_ Practicum course: APCE \_\_\_\_\_

Supervisor: \_\_\_\_\_ Faculty Supervisor's License: \_\_\_\_\_

Evaluation criteria being applied (circle): Beginning (typically 612, 618) or Advanced practicum (typically 702, 712)	
<b>Directions:</b> Evaluations should be based on current level of progress and competence in the practicum. Circle the number that best describes the trainee's competence as given in the descriptions below. Rate each category independently.	
-1-	Student is in need of further training and/or requires additional growth, maturation, and change in order to be effective in the various skill areas; trainee should not be allowed to function independently.
-2-	Competence is below average but, with further supervision and experience, is expected to develop satisfactorily; independent functioning is not recommended and close supervision is required.
-3-	Competence is at least at the minimal level necessary for functioning with moderate supervision required.
-4-	Competence is above average; trainee can function independently with periodic supervision.
-5-	Competence is well developed and trainee can function independently with little or no supervision required.
-N-	Insufficient data to rate at this time.

### BASIC COMPETENCIES

MIDTERM	1. <u>Basic Therapeutic Skills</u>	FINAL
N 1 2 3 4 5	a. Initiating sessions	N 1 2 3 4 5
N 1 2 3 4 5	b. Non-verbal attending (voice, body posture, proximity & content congruent)	N 1 2 3 4 5
N 1 2 3 4 5	c. Conveying accurate empathy and warmth	N 1 2 3 4 5
N 1 2 3 4 5	d. Paraphrasing	N 1 2 3 4 5
N 1 2 3 4 5	e. Reflecting feelings	N 1 2 3 4 5
N 1 2 3 4 5	f. Clarification	N 1 2 3 4 5
N 1 2 3 4 5	g. Use of Probes/Questions	N 1 2 3 4 5
N 1 2 3 4 5	h. Summarizing	N 1 2 3 4 5
N 1 2 3 4 5	i. Appropriate self-disclosure	N 1 2 3 4 5
N 1 2 3 4 5	j. Immediacy	N 1 2 3 4 5
N 1 2 3 4 5	k. Confrontation	N 1 2 3 4 5
N 1 2 3 4 5	l. Interpretation	N 1 2 3 4 5
N 1 2 3 4 5	m. Information gathering	N 1 2 3 4 5
N 1 2 3 4 5	n. Concreteness	N 1 2 3 4 5
N 1 2 3 4 5	o. Ending sessions smoothly	N 1 2 3 4 5
N 1 2 3 4 5	<b>2. Consultation Skills</b> - worked effectively with significant others (family members, teachers, relevant professionals) to meet client needs.	N 1 2 3 4 5
N 1 2 3 4 5	<b>3. Intervention Skills</b> - showed flexibility in using a variety of appropriate strategies to help clients work toward goals.	N 1 2 3 4 5
N 1 2 3 4 5	<b>4. Oral Communication Skills</b> - communicates effectively (direct, clear, appropriately) with clients, supervisors, and peers.	N 1 2 3 4 5
N 1 2 3 4 5	<b>5. Knowledge Base</b> - demonstrated good understanding of theories and research in psychology, development, counseling, assessment, and psychopathology	N 1 2 3 4 5
N 1 2 3 4 5	<b>6. Case Conceptualization Skills</b> - Can conceptualize clients concerns from within a coherent and empirically supported theoretical/ treatment model	N 1 2 3 4 5
N 1 2 3 4 5	Average Score for Basic Clinical Skills	N 1 2 3 4 5
MIDTERM	ADVANCED CLINICAL SKILLS	FINAL
N 1 2 3 4 5	<b>1. Assessment Skills</b> - demonstrated appropriate knowledge and use of assessment instruments; was able to appropriately interpret and discuss test results with clients and	N 1 2 3 4 5



APPENDIX D

ARTICLE

Differences in Treatment Utilization Between Fee Paying and Non-Fee Paying  
Clients in a Counseling Training Clinic

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### Abstract

This study examined the relationship of fee payment with measures of treatment utilization while controlling for counselor-in-training (CIT) competence in a CACREP accredited counseling clinic. Measures of treatment utilization (number of sessions attended, number of client cancellations, attendance at a termination session) were collected from client files at a university training. The averaged final score of CITs who provided services to clients were collected from their student files as a measure of counselor competence. A MANOVA was conducted to examine the research question: Are there differences in the total number of attended sessions and the number of cancellations between paying and non-paying clients when controlling for counselor competence? A Logistic Regression was completed to examine the second research question: Does the amount paid for services predict attendance at a planned termination session when controlling for counselor competence? Violations of the independence of observations assumptions resulted in no determination being made in the MANCOVA analysis. The Logistic Regression was underpowered and though it detected a significant relationship between the amount of fee paid and attendance at a termination session, the small effect size in a noisy sample require the finding to be viewed with extreme caution. Implications of the findings are discussed and directions for future research are suggested.

**Differences in Treatment Utilization Between  
Fee Paying and Non-Fee Paying  
Clients in a Counseling  
Training Clinic**

Counseling training clinics have a vested interest in facilitating regular client utilization. Not only are improved client outcomes correlated with consistent treatment utilization (Swift & Greenberg, 2015), regular client treatment utilization also facilitates Counselor-in-training development by providing an opportunity to hone skills and receive supervision of practice. To this end, many training clinics cite the belief that charging a fee will motivate a client to better utilize their treatment (Staples, Skeeters, Taylor & Raches, 2011). Though this belief has some basis in the writings of Freud (1913/1976) and Cognitive Dissonance Theory (Davids, 1964), findings exploring the relationship of fee and treatment utilization have yielded mixed results (cite) and study of the relationship in training programs has been limited (Aubry, Hunsley, Josephson & Vito., 2000; Clark & Sims, 2014). Training clinics are unique in that clients may experience CIT's with varied levels of competence that may influence how clients utilize their treatment. The purpose of this study was to determine if there is a relationship between one-time, per semester fee payment and treatment utilization in a counselor education training clinic when controlling for counselor competence.

Many clinicians hold the belief that charging clients for sessions is beneficial for the client (Aubry et al., 2000; Staples et al., 2011). This belief likely stems from the early writings of Sigmund Freud (1913/1976) in which he discusses the importance of a fee

large enough to necessitate sacrifice on the part of the client. The sacrifice is intended to motivate the client to progress through treatment and thus, end the required obligation.

An alternative theoretical justification for belief in the benefit of fee payment is Davids (1964) application of Festinger's (1957) theory of cognitive dissonance to payment for services. Davids (1964) proposed that an individual's valuing of psychotherapy is related to how much an individual is charged for that service. In essence, a client who does not find much value in psychotherapy, yet pays a significant fee, will experience cognitive dissonance. This dissonance will cause a client to either cease participation in treatment or, increase their estimation of psychotherapy. Conversely, clients who value psychotherapy yet, are charged nothing or a minimal amount, experience dissonance as well which may cause them to devalue the service.

Both Freud's (1913/1976) and Davids's (1964) work provide theoretical support for fee payment however, empirical research on the topic has provided mixed results (Bishop & Eppolito, 1992; Herron & Sitowski, 1986; Orlinsky & Howard, Kopta, Krause & Orlinsky, 1986). Some authors who initially found differences based on fee payment have seen effect of fee payment diminish or disappear when additional factors are accounted for (Clark & Kimberly, 2014; Demuth & Karnis, 1980; Pope, Geller, & Wilkenson, 1975; Goodman, 1960; Wood, 1982). Further complicating matters, very little research on fee payment is counseling specific and most research has taken place in non-training settings which may not generalize to training specific contexts (Clark & Kimberly, 2014).

Training clinics provide a unique environment where the importance of treatment utilization is twofold; both to improve client outcomes and to provide CITs sufficient

experience to improve skills and receive supervision before internship. Increased numbers of sessions not only facilitate CITs' learning how to progress through a working relationship, the number of sessions have been correlated with increased client symptom relief (Howard et al., 1986; Howard et al., 1996; Shandish et al., 2000). Regular spacing of sessions, correlated with improved client outcomes, is disrupted by client cancellations. Failing to persist in treatment to a planned termination session is correlated with less client symptom reduction and lower client satisfaction. Additionally, premature termination deprives CITs of the opportunity to experience termination (Swift & Greenberg, 2015).

CITs exhibit varied levels of competence which have the potential to interact with treatment utilization. Client satisfaction is correlated with premature termination and training clinics experience greater levels of premature termination than other contexts (Swift & Greenberg, 2015). Training clinics may justify their fee practices on a belief that charging will improve treatment utilization. However, in order to understand the relationship of fee payment and treatment utilization in counseling training clinics, it may be necessary to account for the competence of the CIT providing services.

This study will examine the relationship of fee payment and treatment utilization in a counseling training clinic while controlling for counselor competency by evaluating the following research questions:

- Q1 Are there differences in the total number of attended sessions and the number of cancellations between paying and non-paying clients when controlling for counselor competence?
- Q2 Does the amount paid for services predict attendance at a planned termination session when controlling for counselor competence?

## Method

### Setting

The setting for this study was a CACREP accredited university in the mountain region of the United States. The fee policy of the clinic is to charge a once per semester fee of \$60 for a semester of counseling with a masters' level CIT. However, fees may be reduced or waived entirely at the discretion of intake staff or clinic supervisor. When fees are collected at this clinic, CITs are responsible for the collection. This clinic serves both university students and the community at large. Both CACREP and APA accredited programs function within this clinic.

### Measures

**Client demographic and treatment utilization data.** Demographic Data regarding client age, race, and sex were gathered from client files. Whether a client paid for services and the amount paid were also collected. The name of the CIT who provided services to the client was initially collected.

**Counselor in training averaged final evaluation score.** The averaged final score of CITs who provided services to clients was collected as a measure of counselor competence from the CIT's student record. All CITs were assessed at the end of their first practicum on 33 competencies based on Carkhuff's (1969) interpersonal helper responsive dimensions. Each CIT was assigned a grade from N ("Insufficient data") to 5 ("Competence is well developed, and trainee can function independently with little or no supervision required"; Appendix C). The final evaluation included assessment for 15 basic therapeutic skills. These included: initiating sessions, non-verbal attending,

conveying accurate empathy and warmth, paraphrasing, reflecting feelings, clarification, use of probes/questions, summarizing, appropriate self-disclosure, immediacy, confrontation, interpretation, information gathering, concreteness, and ending sessions smoothly. The CIT's final scores in these 15 categories were averaged to produce a number between one and 5.

### **Procedures**

Client demographic and treatment utilization information was gathered by chart review. In this clinic, client files were stored on the clinic's Titanium electronic files system. Files older than three years were stored as traditional paper files in the long term storage of the clinic. Data were collected from all electronic and paper files for clients that received services in the last five years. Client data were entered into a password protected spreadsheet on a university only accessible one drive.

After client demographic and treatment utilization data collection was complete, the CIT averaged final evaluation score was determined by examining the CIT's student file. After a CIT's averaged final evaluation score was calculated, CIT name collected from the client file was deleted and replaced by their averaged final evaluation score. This prevented any record from existing that linked the CIT to their educational information.

### **Results**

#### **Sample**

Data were collected from 372 client files. Only clients who received individual counseling services from masters counseling students in the last five years were included. To be eligible for inclusion files included a completed an informed consent indicating



clients were over the age of 18 at the time of services and data were only collected from a client's first interaction with the counseling clinic.

Of the 372 initial files, 103 were removed from analysis due to a variety of reasons: missing documentation for student's final practicum score and records of counselors-in-training whose files could not be found.

The data set submitted for analysis contained 269 usable files. Of this group, 187 files were clients who self-identified as female and 80 who self-identified as male. Two clients did not report sex or reported sex as "other". Clients in the data set had ages ranging from 18 to 61 with a median age of 20. The mean age of clients was 25.81. Self-reported race/ethnicity of clients was 66.3% white Caucasian, 11.1% Hispanic or Latino, 7.7% multiracial, 2.6% African American, 1.9% other and 10.4% who did not report.

### **Counselor in Training Averaged Final Evaluation Scores**

The averaged final scores of counselors in training were collected. The score was calculated by averaging the final score CITs earned in 15 categories of Basic Therapeutic Skills on the counselor in training final evaluation. The range of averaged final scores was 2.35-5.0. The mean averaged final score was a 3.66. The median averaged final score was 3.63 with a standard deviation of .60. In cases where an N was assigned, the core skill was not calculated in the averaged final evaluation score for that counselor-in-training

**Q1: Are there differences in the total number of attended sessions and the number of cancellations between paying and nonpaying clients when controlling for counselor competence?**

This research question was examined through a MANCOVA. Fee payment status was entered as a categorical independent variable (1,0). Counselor-in-training averaged

final score was entered as a continuous co-variate. The overall number of sessions attended and the number of cancellations were entered as continuous dependent variables.

Assumptions of the MANCOVA were tested. The researcher screened for outliers and by examination of histogram and plots. The Kolmogorov-Smirnov test was significant for all variables, indicating that the data does not meet the assumption of normality at  $\alpha = .05$ . Scatter plots for all variables in the MANCOVA were examined. The examination indicated that the dependent variables, number of sessions attended and number of cancellations, were positively skewed. Tabachnick and Fidell (2016) recommend a square root transformation in cases where the distribution differs moderately from what would normally be expected. The square root transformation was successful in reducing the skewed nature of the distributions.

To determine linearity between dependent variables and covariates, the matrix scatter plots for counselor competence, number of sessions attended and number of cancellations were examined. Testing homogeneity variance-covariance and homogeneity of regression slopes was accomplished by running a custom MANCOVA to test these assumptions. A preliminary MANCOVA was constructed with payment as fixed effect and the number of sessions attended and number of cancellations as dependent variables. Counselor competence, as measured by the averaged final evaluation score, was entered as a covariate. The preliminary MANCOVA included payment and counselor competence as separate variables as well as interactions between payment status and counselor competence. Box's Test of Equality of Covariance matrices reported a non-significant finding ( $p \geq .001$ ). This resulted in the use Wilks' Lambda to determine significance of the MANCOVA. The interaction of payment and counselor competence

was not significant at  $\alpha=.05$  indicating non significant of interaction effect. Levene's test of Equality of Error Variances produced a significant ( $p=.031$ ) result for number of sessions attended. This significance indicates an increased risk of Type 1 error (Tabachnick & Fidell, 2016).

**MANCOVA results.** The possible range of sessions attended was 1-14 sessions. The number of cancellations ranged from 0-6. Table 1 presents the mean and standard deviation for the number of sessions attended, number of cancellations, and the CITs averaged final score for fee paying and non-fee paying clients.

Table 1

*Mean and Standard Deviation for Number of Sessions, Number of Cancellations for Fee Paying and Non-Fee Paying Clients*

Categories	Sessions		Cancellations	
	M	SD	M	SD
Fee Paying	2.56	.653	.979	.728
Non-Fee Paying	1.98	.726	.907	.679

Box's Test was not significant ( $p=.473$ ) indicating the data met assumptions for homogeneity of variance. Wilks Lambda (Table 2) was used to interpret the effect of fee payment on the number of sessions attended and the number of client cancellations, when controlling for counselor competence. The effect of fee payment was significant at  $\alpha=.05$  ( $F(23.174)=.000, p\leq.05$ ). This indicates, that after adjusting for counselor competence, there was significant difference in the number of cancellations and the overall number of sessions attended by fee paying and non-fee paying groups. Therefore, the null hypothesis would typically not be rejected. However, examination of the standard residuals displayed a strong linear pattern indicating a violation of the independence of errors assumption (Tabachnick & Fidell, 2016). MANCOVA is not robust to a violation

of this assumption and renders the analysis less reliable (Glass & Hopkins, 1996).

Transformations may be attempted to address this issue however, the dependent variables had already undergone a square root transformation. A log transformation would inflate the data as a natural log can not be taken from a value of 0 in cancellations. It was determined that the Box-Cox transformation would render the results uninterpretable. As such, no determination was made regarding the null hypothesis.

Table 2

*Wilks' Lambda, F Ratio, Degrees of Freedom, and Level of Significance for CIT Score, Fee Payment and CIT Score and Fee Payment Interaction.*

Values	CIT Score	Fee Payment	CIT Score* Fee Payment
Wilk's Lamnda	.949	.851	.820
F Value	7.17	23.174	29.102
Df	(2)	(2)	(2)
Pr>F	.001*	.000*	.000*

**Q2: Does the amount paid for services predict attendance at a termination session when controlling for counselor competence?**

This research question was addressed through a binomial sequential logistic regression (Tabachnick & Fidell, 2016). Counselor competence as measured by averaged final score was entered as a predictor covariate and amount of payment was entered as the variable of interest. Attendance at a termination session (1,0) was entered as the categorical dependent variable.

Parameter estimates and standard errors were examined to determine whether multicollinearity assumptions had been violated (Tabachnick & Fidell, 2016). In the absence of high standard error and parameter estimates, it was determined that assumptions had been met. Examination of residual plots indicted the absence of univariate outliers.

To test the assumption of linearity in the Logit, the Box-Tidwell approach was conducted (Tabachnick & Fidell, 2016). Interactions between continuous predictors and the natural logs of the continuous predictors was calculated in SPSS. Interaction terms were not significant  $\alpha=.05$  indicating no violation of linearity of the logit (Tabachnick and Fidell, 2016).

**Logistic regression results.** The logistic regression was underpowered as it only contained 269 of the necessary 320 client files indicated by the a priori analysis. So few cases increases the odds of Type II error. The logistic regression initial block correctly predicted 58.4% of cases without inclusion of the control variables, see Table 3. The addition of CITs' averaged final evaluation score decreased the ability of the model to predict attendance at a termination session ( $p \geq .05$ ).

Table 3

*Classification Table*

Observed Attendance at Termination Session			Predicted Attendance at Termination Session		%Correct
	NO	YES	NO	YES	
Step 0	NO	0	112	.0	
	YES	0	157	100.0	
Overall Percentage					58.4

Hosmer-Lemeshow test Chi-square significance was insignificant indicating that the data fit the model well. The addition of payment into the model resulted in a significant reduction in the ability of the model to predict attendance at a termination session ( $\text{Sig.} \geq$  or  $\leq .05$ ), see Table 6. Inclusion of the payment variable resulted in the model correctly predicting attendance at a termination session 57.2% of the cases, see Table 6.

Table 4

*Block 2 Omnibus test of model coefficients*

	Chi-square	df	Sig.
Step 1	14.638	3	.002
Block	14.638	3	.002
Model	14.638	3	.002

Table 5

*Model Summary*

Step	-2 log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	355.243	.037	.050

Table 6

*Block 1 Classification Table*

	Observed Attendance at Termination Session	Predicted Attendance at Termination Session		
		NO	YES	% Correct
Step 1	NO	29	83	25.9
	YES	23	125	79.6
Overall Percentage				57.2

Examination of the logistic regression co-efficient indicated a positive relationship ( $\beta 1.012$ ) between fee payment and attendance at a termination session. This indicated that the more a client pays for session, the more likely they are to attend a termination session. For each \$1 increase in payment, increases the odds a client will attend a termination session by a factor of 1.2%. This relationship was significant at  $\alpha=.05$  after accounting for CITs' averaged final evaluation score.

Table 7

<i>Variables in the Equation</i>		B	S.E.	Wald	df	Sig.	Exp ( B )	95% CI for Exp( B )	
								Lower	Upper
Step 1	CIT Score	.448	.216	4.318	1	.038*	1.565	1.026	2.387
	Payment	.012	.006	4.357	1	.037*	1.012	1.01	1.023
	Constant	-1.494	.793	3.551	1	.060	.224		

### Discussion

The violation of assumptions of MANCOVA demonstrated that factors beyond the fee-paying status of clients and the competence of their counselors in training are necessary for explaining the relationship between fee-payment and treatment utilization. Though the analysis found a significant relationship between fee payment and the number of overall sessions, violations of the independence of errors demonstrate that no determination can be made regarding the null hypothesis. This finding is consistent with those of (cite) who initially found differences in treatment utilization between fee paying and non-paying clients diminish or disappear when controlling for other factors. Though underpowered, the logistic regression found that inclusion of counselor competence and fee payment status rendered a model significantly predictive of attendance at a termination session. For every dollar paid, clients were 1.012 times more likely to attend a termination session. However, underpowered studies resulting in significant findings often exaggerate the magnitude of the effect, known as Type M error (Gelman & Carlin, 2014). Such a small effect in a noisy sample indicate this finding should be viewed with extreme caution.

Individuals who seek services at training clinics are often less able to afford services through traditional means (Aubry et al., 2000), as such, practical limitations on the amount that can be feasibly charged limit the potential effectiveness of payment as a means of encouraging treatment utilization. This consideration, in conjunction with potential legal ramifications of charging differential rates for the same service (Cottone & Tarvydas, 2016) may encourage counseling training clinics to reevaluate the rationale of their fee policy should they rely on the assumption of fee payment encouraging regular treatment utilization.

### **Limitations**

This study utilized a single clinic design and is not generalizable to counseling training clinics as a whole. Causation cannot be inferred by this design. Violation of MANCOVA assumptions and underpowered nature of the logistic regression limit the interpretability and generalizability of the findings. The measure of averaged counselor evaluation score has not been validated and inter-rater reliability cannot be guaranteed. Though it was the best measure of counselor competence available to the clinic, it presents a restricted range of N-5. The measure is also not standardized across clinics resulting in an inability to include additional training clinics in an effort to increase sample size.

### **Implications for Future Research**

The findings of this study imply that other factors are important for inclusion in models that examine the relationship of fee payment and measures of treatment utilization. Future research examining additional factors that may exert influence over



treatment utilization in conjunction with payment status are important in understanding this important relationship.

Cross-institutional research is necessary to provide generalizable findings to training clinics as a whole. This could be aided by the research and development of standardized record keeping and assessment practices across CACREP accredited programs. A larger sampling frame would accommodate research designs that could account for the nested nature of the data such as Hierarchical Linear Modeling.

### **Implications for Future Researchers**

Future researchers who conduct research in training clinics may find it beneficial to plan for a substantial amount of missing data. It is not known if this amount of missing data is typically in counseling training clinics and thus, researchers may be well served in designing studies likely to provide a much larger sampling frame than necessary.

Conducting research in settings with the potential to control for several potential mediating variables may help to reduce noise in the data. Ensuring the data includes many different supervisors may help control for potential supervisor effects. Controlling for models of payment (e.g. per semester, per session, insurance copay) may be useful as could accounting for the timing within a semester a client begins services.

Models designed to account for nested data, such as Hierarchical Linear Modeling, may be especially useful for this purpose.

Future researchers may wish to explore additional means of accounting for counselor in training characteristics. Assessments with known psychometric properties would be useful. Measures of counselor in training characteristics beyond those of skill attainment may also render more accurate models.

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APPENDIX E  
INSTITUTIONAL REVIEW BOARD  
APPROVAL LETTERS



*Institutional Review Board*

**DATE:** December 14, 2017

**TO:** Katherine Sammons, MA  
**FROM:** University of Northern Colorado (UNCO) IRB

**PROJECT TITLE:** [1160907-1] DIFFERENCES IN TREATMENT UTILIZATION BETWEEN FEE PAYING AND NON-FEE PAYING CLIENTS IN A COUNSELING TRAINING CLINIC

**SUBMISSION TYPE:** New Project

**ACTION:** APPROVAL/VERIFICATION OF EXEMPT STATUS

**DECISION DATE:** December 14, 2017

**EXPIRATION DATE:** December 14, 2021

Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.



*Institutional Review Board*

**DATE:** March 27, 2018

**TO:** Katherine Sammons, MA  
**FROM:** University of Northern Colorado (UNCO) IRB

**PROJECT TITLE:** [1160967-2] DIFFERENCES IN TREATMENT UTILIZATION BETWEEN FEE PAYING AND NON-FEE PAYING CLIENTS IN A COUNSELING TRAINING CLINIC

**SUBMISSION TYPE:** Amendment/Modification

**ACTION:** APPROVAL/VERIFICATION OF EXEMPT STATUS

**DECISION DATE:** March 28, 2018

**EXPIRATION DATE:** December 14, 2021

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.



*Institutional Review Board*

**DATE:** June 13, 2018

**TO:** Katherine Sammons, MA

**FROM:** University of Northern Colorado (UNCO) IRB

**PROJECT TITLE:** [1180967-3] DIFFERENCES IN TREATMENT UTILIZATION BETWEEN FEE PAYING AND NON-FEE PAYING CLIENTS IN A COUNSELING TRAINING CLINIC

**SUBMISSION TYPE:** Amendment/Modification

**ACTION:** APPROVAL/VERIFICATION OF EXEMPT STATUS

**DECISION DATE:** June 13, 2018

**EXPIRATION DATE:** December 14, 2021

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

The change of faculty advisor to Dr. Linda Black has been verified/approved.

Thank you for filing this amendment with UNCO IRB.

Best wishes with your research.

Sincerely,

**Dr. Megan Stollino, UNC IRB Co-Chair**

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.





DATE: April 17, 2019

TO: Katherine Sammons, MA  
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1160967-4] DIFFERENCES IN TREATMENT UTILIZATION BETWEEN FEE PAYING AND NON-FEE PAYING CLIENTS IN A COUNSELING TRAINING CLINIC

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: April 17, 2019

EXPIRATION DATE: December 14, 2021

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

**Katherine -**

**Thank you for providing a clear description of the amendment/modifications for this study protocol. These are approved and you may proceed with your research accordingly.**

**Best wishes with this continued work on this research.**

**Sincerely,**

**Dr. Megan Stellino, UNC IRB Co-Chair**

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or [nicole.morse@unco.edu](mailto:nicole.morse@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.