

**EARLY PREMATURE TERMINATION FROM A UNIVERSITY COUNSELING CENTER:
A QUALITATIVE RESEARCH STUDY**

by

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ABSTRACT

A significant percentage of clients entering counseling or psychotherapy unilaterally discontinue after the first or second session. In the clinical and research literature these former clients are referred to as "early premature terminators" (EPTs) and are often presumed to be treatment failures. While considerable research has been performed regarding EPTs, very few studies have actually contacted this difficult-to-reach population.

A group of former clients from The University of Utah Counseling Center (UCC) who met EPT criteria participated in this study. A semistructured interview was employed to examine the participants' perceptions of various aspects of their termination. Interviews were transcribed and analyzed for themes using a qualitative verbal data analysis process called the Constant Comparison Method. Emergent themes from the data concerned participants' perceptions and evaluations of UCC and their overall counseling experience, including perceptions of their counselor. Additional themes from the data included factors related to early termination and the processes associated with ending counseling.

Most participants reported generally favorable counseling experiences and indicated they made progress and felt a diminished need to continue counseling. Some identified personality variables they believed were also associated with ending counseling when and how they did. The researcher incorporated these major themes into a data-based

grounded theory of early termination. This theory holds that people who meet EPT criteria may actually perceive greater early progress in counseling (with an attendant sense of diminished counseling need) relative to the perceived "costs" of counseling than do clients who persist in counseling for a longer period. The findings and conclusions of the study, as distilled in the grounded theory, provide a new and different data-generated conceptual framework to guide and shape subsequent inquiry and practice in this area.

TABLE OF CONTENTS

	Page
ABSTRACT	iv
ACKNOWLEDGMENTS	x
Chapter	
I. LITERATURE REVIEW AND STATEMENT OF THE PROBLEM	1
Introduction	1
Rationale	4
Client-Related Rationale	4
Counselor-Related Rationale	5
Agency-Related Rationale	6
Research-Related Rationale	6
Review of Relevant Literature	7
Scope and Nature of the Literature	7
Client variables	7
Counselor variables	13
Client-counselor interaction variables	14
Agency and administrative variables	15
Environmental variables	16
Integration and Inferences	16
Implications and Applications	17
Statement of the Problem	21
II. METHODOLOGY	22
Introduction	22
Participant Inclusion Criteria and Sampling	22
Participant Inclusion Criteria	22
Participant Sampling	24
Procedures	25
Participant Identification	25
Contacting Potential Participants	26
Recruitment letter	26
Telephone contact	27
Data Collection: Interviewing	28
Preinterview	29
Body of the interview	30
Closing the interview	33
Data Recording and Analyses	34
Data recording	34
Data analyses	36

Chapter	Page
Establishing Trustworthiness	42
Truth Value	43
Member checks	43
Prolonged engagement	45
Peer debriefing	46
Applicability	46
Thick description	47
Consistency	47
Audit trail	47
Reflective "Log and Journal"	49
 III. RESULTS	 51
Introduction	51
"Thick Description"	52
The University of Utah	52
The UCC	55
UCC facilities	56
UCC staff	56
UCC individual counseling clientele	57
UCC services	59
UCC procedures	59
The Participants	61
Age, gender, and marital status	62
University affiliation	62
Presenting problem	62
Previous counseling history	64
Referral/mode of entry	64
Counseling duration	65
Time elapsed from last session	65
Responders versus nonresponders	65
Perceptions and Evaluations of UCC	68
Overall UCC Perceptions	68
Perceptions of Agency Variables	69
Scheduling/Access	69
Fees	71
Twelve Sessions	72
Physical Environment	72
Support Staff	72
Parking	72
Perceptions of Counselor	73
Competent	73
Comfortable/Open	73
Other Counselor Characteristics	73
Factors in Early Termination	74
Successes	75
Made Progress/No Need	75
Different Perspective/Awareness	75
Other Specific Positive Outcomes	76
Things Fixed Themselves	77

Chapter	Page
Participant Personality Characteristics	78
Little Finality Expected	78
Pragmatic	78
Disclosure Discomfort	78
Independent/Authority Concerns	79
Procrastination	80
Contextual Factors	80
Not a Success	81
Covered Ground	81
Termination Processes	82
Ending Processes	82
Open Ended/Time Passed	82
Subsequent Counselor Contact	83
Sought Other Resources	84
Ambivalence/Unfinished	84
Second Thoughts/Unfinished	85
Guilt Feelings	86
Individual Case Summaries	87
Participant 1	87
Participant 2	88
Participant 3	89
Participant 4	90
Participant 5	91
Participant 6	91
Participant 7	92
Participant 8	93
Participant 9	94
Participant 10	94
 IV. GROUNDED THEORY AND DISCUSSION	 96
Introduction	96
Grounded Theory	96
Multiple realities	96
Internal versus external factors	98
Made Progress/No Need	99
Potentially increased "costs"	101
Threshold theory of early termination	102
Discussion	105
Early Terminators as Dissatisfied Clients	106
Early Terminators as Treatment Failures	107
Implications of the Study	110
Implications for Research	111
Qualitative research	111
Quantitative research	113
Implications for Practice	113
Implications for Policy	116
Limitations of the Study	116
Small Sample Size	117
Responders versus Nonresponders	117

Chapter	Page
Single Data Collection Mode	117
Contextual Interview Factors	118
Timing of the Study	118
Researcher Bias	119
 Appendices	
A. RECRUITMENT LETTER	120
B. INFORMED CONSENT FORM	123
C. MEMBER CHECK SUMMARY FORM	125
D. SAMPLE LOG AND JOURNAL PAGE	130
REFERENCES	132

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CHAPTER I

LITERATURE REVIEW AND STATEMENT OF THE PROBLEM

Introduction

Applied psychologists have long recognized that a significant number of clients complete the intake session only to discontinue counseling or psychotherapy in its earliest phase. Some of these clients fail to return for their first postintake appointment, while many others self-terminate after a single counseling session.

Over the last several years, such clients have been the subject of a body of research and have received various labels in the literature, including "dropouts" (Baekeland & Lundwall, 1975) and "treatment dropouts" (Morrow, Del Gaudio, & Carpenter, 1977). More recently, the "dropout" terminology has largely given way to "premature terminators" (e.g., Mennicke, Lent, & Burgoyne, 1988) and "early premature terminators" (EPTs) (e.g., Martin, McNair, & Hight, 1988).

The lack of commonly accepted terminology in this area has led to confusion, as documented in journal articles (e.g., Morrow et al., 1977). Accordingly, a few comments about terminology and definitions are in order.

EPTs are a subset of the larger population of psychotherapy terminators. As currently used in the literature, "terminator" simply denotes a client who has ended psychotherapy. A "premature terminator," when defined, is usually described as a client who ceases

psychotherapy before the therapist believes the treatment is complete (e.g., Mennicke et al., 1988). "EPTs," the focus population of this research proposal, are a subset of premature terminators who unilaterally discontinue counseling after one or two sessions (Epperson, 1981; Epperson, Bushway, & Warman, 1983; Martin et al., 1988).

Thus, EPTs are distinguished from premature terminators in that the former do not discuss the termination and tend to terminate earlier in therapy, after the first or second session. Despite this technical distinction, EPTs are often referred to in the literature as simply premature terminators, premature dropouts, or just dropouts. In the present discussion, reference is made to early terminators and EPTs. The dropout terminology is avoided because of its pejorative connotation.

The terms "counseling" and "psychotherapy" are used interchangeably in this chapter. Also synonymous, for present purposes, are "counselor," "psychotherapist," and "therapist," reflecting the mixed use of counseling and therapy terminology in the literature. Counseling terminology was preferred for interaction with participants and potential participants, however. Accordingly, counseling nomenclature prevails in subsequent chapters.

To summarize, the concept of early premature termination, as used most often in the current literature, contains the following elements:

1. A client seeks psychological services by scheduling and completing an intake interview.
2. There is an understanding that the client will return for counseling, psychotherapy, or perhaps further assessment.

3. The client terminates before the second postintake session. (The client either may not attend the first postintake session, or may attend the first postintake session but not subsequent sessions.)
4. The client's decision to terminate is unilateral, i.e., it is not discussed with the therapist.
5. The client does not recontact the agency for a specified period of time. A 1-month period is used in several studies.

Regardless of the chosen nomenclature, researchers report that people discontinue treatment at the outset of therapy with great frequency. Specific rates vary somewhat with the definition of early termination employed, but most researchers' figures are within the often cited 20% to 57% range reported by Baekeland and Lundwall (1975) in their comprehensive review of general psychiatric outpatient clinics, i.e., 20% to 57% of intakes did not persist in treatment beyond the first session. In fact, one prominent researcher concluded that terminating at the beginning of therapy may actually be the norm among community mental health outpatients (Pekarik, 1983a).

The present study focuses specifically on EPTs in a university counseling center. The incidence of early termination does not vary considerably across outpatient settings (i.e., university counseling centers, community mental health clinics, and outpatient hospital settings). For example, the EPT figures most often cited for university counseling centers are 19% to 33% of intakes, with most figures being in the upper end of that range (Epperson et al., 1983; Schiller, 1976). Neither has the incidence of early termination varied consid-

erably over time; one figure reported in the early literature placed the frequency at 33% for outpatient psychotherapy intakes (Brandt, 1964). Not only is early termination a high frequency phenomenon, but it appears to be robust across settings and across time.

Rationale

The early undiscussed termination of psychotherapy constitutes a serious problem for all involved in the provision of psychological services. Pekarik (1985) noted:

The extremely high proportion of outpatients who drop out of treatment presents one of the greatest single obstacles to the effective delivery of mental health services, creating fiscal, administrative, clinical, and personnel problems. In spite of this, relatively little is done to address the dropout problem at most clinics. (p. 114)

The several costs of early premature termination are sequentially discussed as costs that affect clients, therapists, agencies, and researchers.

Client-Related Rationale

Many authors and researchers postulate that clients who unilaterally discontinue psychotherapy represent treatment failures (e.g., Cross & Warren, 1984; Epperson et al., 1983; Greenspan & Kulish, 1985; Gunzburger, Henggeler, & Watson, 1985; Hoffman, 1985; Pekarik, 1983a; Schiller, 1976). The supposition is that such clients experience greater psychological distress than do continuing clients. However, a smaller number of writers and researchers have questioned this assumption (Garfield, 1978; Silverman & Beech, 1979; Stahler & Eisenman, 1987). The controversy regarding the psychological adjust-

ment of premature terminators is discussed more fully in the review of literature section. However, for present purposes, suffice it to say that some evidence suggests EPTs may experience psychological distress associated with their termination style. Minimally, it seems likely that EPTs may feel uncomfortable about not following through with their recent commitment to therapy.

Counselor-Related Rationale

Relatively little has been written on the possible effects of premature termination on the counselor, although the topic has been raised in the literature. Martin and Schurtman (1985) hypothesized that the dearth of literature in this area may reflect therapists' denial of their own "termination anxiety" (p. 92). Farber's (1983) research on psychotherapists' perceptions of stressful client behavior found:

A relatively high degree of stress was engendered by premature termination of therapy, . . . suggesting that therapists are not simply detached observers of the psychotherapeutic process and are not likely to consider their patients as replaceable parts. (p. 697)

It seems likely that the therapist's morale is adversely affected when, on the average, one-quarter to one-third of intakes completed do not continue in therapy past the first postintake session. (This is perhaps especially true of beginning therapists who are generally unaware of the incidence of early termination.) This lowered morale may not only effect the attitude with which subsequent intake clients are approached, but may be a factor in therapist "burnout" and staff turnover rates (Pekarik, 1985).

Agency-Related Rationale

Early premature termination exacts real costs from agencies providing psychological services. Pekarik (1985) noted that the large majority of EPTs terminate by not showing up for a scheduled appointment, accounting for a large proportion of "no-shows." No-shows are not billed at many agencies, and fees are often not collected when they are billed. This results in lost revenue and wasted clerical time and effort. Perhaps more importantly, the unused therapy hour is not available to other clients waiting for services. Waiting lists become longer than necessary, which may in turn increase early terminations (Christensen, Birk, & Sedlacek, 1977). In short, the overall cost effectiveness of therapy is reduced.

Research-Related Rationale

In addition to client, therapist, and agency costs associated with early termination, psychotherapy researchers have noted recently that attrition due to early termination can seriously threaten the validity of psychotherapy research results (Mennicke et al., 1988; Stahler & Eisenman, 1987).

Considering the frequency of early termination, the potential tangible and intangible costs to clients, counselors, agencies, and researchers are sobering. All involved in the delivery and evaluation of services are affected.

Review of Relevant Literature

Scope and Nature of the Literature

Locating relevant literature was greatly aided by a comprehensive CD-ROM search of the Psychlit and Eric data bases from 1974 to 1988. A manual search of these data bases was conducted for articles published from January to May of 1989. However, the purpose of this discussion is not to cite and summarize this body of premature termination literature. Such an effort was undertaken in the monumental review by Baekeland and Lundwall (1975), who cited 362 studies addressing the "dropout phenomenon" among various inpatient and outpatient treatment groups (and many studies have appeared since). In a similar manner neither is the purpose of this review to systematically discuss all articles on early termination from university counseling centers; such a review has recently been written (Mennicke et al., 1988). Rather, this discussion is an attempt to present and integrate the more important findings from this literature, emphasizing implications for the present study.

The majority of research efforts in this area has been quantitative studies, although a handful of articles report the use of one or more qualitative procedures. Manipulation of demographic variables producing descriptive or correlational results is most common, with very few quasiexperimental or true experimental designs reported. Investigations addressing client variables, counselor variables, client-counselor interaction variables, agency variables, and environmental variables have been published and are reviewed here.

Client variables. Client variables associated with early

termination have been studied with more frequency than any other category of variables. These factors include demographic variables, personality variables, attitudinal variables, and client traits. Following discussion of these variables, the controversial issue of EPTs psychological adjustment is addressed.

As mentioned, manipulation of demographic variables such as age, gender, socioeconomic status, education, race, and culture has abounded, presumably because such variables are easily operationalized and are readily available in client files. There has been some support for the Baekeland and Lundwall (1975) conclusion that early attrition rates are associated with youth (Greenspan & Kulish, 1985; Miller, 1983). Although age often reaches statistical significance as a correlate of premature termination, it accounted for only 4% of the variance in a recent multiple regression study (Jenkins, Fuqua, & Blum, 1986), and is confounded with other variables (Baekeland & Lundwall, 1975). Indeed, other researchers have failed to replicate an association between age and premature termination (e.g., Hoffman, 1985).

There has been some support for Baekeland and Lundwall's (1975) conclusion that premature terminators represent lower socioeconomic status and racial/cultural minorities (Berrigan & Garfield, 1981; Garfield, 1986; Miller, 1983). Pertaining to university counseling centers, international students fail to attend second appointments at a higher rate than do U.S. students (Anderson & Myer, 1985). Although client gender has received much attention, no consistent difference in early termination rates between males and females has been found, even when studied in interaction with therapist gender (Betz & Shullman,

1979; Epperson, 1981; Krauskopf, Baumgardner, & Mandracchia, 1981; Mennicke et al., 1988; Rodolfa, Rapaport, & Lee, 1983).

Demographic variables other than minority status and possibly age have not proved helpful in producing an EPT profile. Accordingly, a number of researchers has called for an end to demographic research in this area and has encouraged exploration of other avenues (e.g., Hardin, Subich, & Holvey, 1988; Jenkins et al., 1986; Kokotovic & Tracey, 1987).

Several client personality variables have been studied in connection with early termination or short counseling duration in university counseling centers (Mennicke et al., 1988). Client personality factors such as low self-esteem (Robbins, Mullison, Boggs, Riedesel, & Jacobson, 1985), low anxiety (Jenkins et al., 1986), and high tolerance for ambiguity (Hielbrun, 1982) have been related to short duration in some types of psychological treatments. These studies, while promising, were apparently not part of programmatic research and await confirmation.

Client attitudinal factors include client satisfaction with intake and client expectancies of psychotherapy, areas which have received a great amount of research attention over the years. Studies attempting to link client satisfaction with early premature termination are decidedly mixed. For example, McNeill, May, and Lee (1987) and Kokotovic and Tracey (1987) found that satisfaction measures discriminated EPTs from non-EPTs. Others, however, have produced contradictory findings (Gunz-burger et al., 1985; Silverman & Beech, 1979; Zamostny, Corrigan, & Eggert, 1981).

For example, Silverman and Beech (1979) produced one of the few pieces of research which actually contacted EPTs. Silverman and Beech conducted telephone surveys of EPTs to assess satisfaction with services received. Their thought-provoking research article is titled "Are Dropouts, Dropouts?," and their findings are intriguing: 70% of respondents reported satisfaction with treatment. An amazing 79% reported that the problem for which they sought help had improved. When asked to list all sources contributing to their betterment, most of those reporting improvement cited their brief interaction with the mental health clinic (49%), help from family and friends (46%), and change in life situations (38%), e.g., finding employment, moving, divorce, etc. The relationship between client satisfaction and early premature termination is far from clear.

Unfortunately, the quantitative research regarding the role of client expectations is no less equivocal. Clients who approach psychotherapy with lower expectations are more likely to terminate prematurely, according to the work of Gunzburger and colleagues (Gunzburger et al., 1985). Similarly, Jenkins et al. (1986) found that clients' preintake estimate of therapy duration helped predict early premature termination in their multiple regression formula, although it accounted for only 2.5% of the variance. However, no such relationship was found in the two most recent studies addressing premature termination and expectations (Hardin et al., 1988; Martin et al., 1988).

Client trait variables include factors such as diagnosis, presenting problem, and interpersonal style. One interesting finding is that clients who report very low or very high initial levels of

distress are more likely to discontinue treatment prematurely than clients reporting moderate levels (Baekeland & Lundwall, 1975; Hoffman, 1985; Trepka, 1986).

Regarding specific diagnoses, subsequent research has not further illuminated Baekeland and Lundwall's (1975) conclusion that "the relationship between anxiety, depression, and dropping out of treatment is apparently not a simple one" (p. 756). One finding regarding depression was reported by Greenspan and Kulish (1985): Clients presenting with acute, reactive depression are more likely to become EPTs than clients presenting with other depressive syndromes. There is also some evidence to suggest that clients displaying antisocial or sociopathic behavior are more likely to terminate prematurely (Baekeland & Lundwall, 1975). Generally, however, other specific diagnoses do not seem predictive of early termination.

A client trait almost certainly associated with early premature termination is social isolation and lack of affiliation. For example, every study (19 out of 19) that investigated social isolation in the broadly focused Baekeland and Lundwall review found nonaffiliation to be associated with early termination from various forms of treatment (Baekeland & Lundwall, 1975). More recent support for this variable comes from Miller (1983), who has reported that early terminators rarely belong to groups or organizations. Presumably, their difficulty forming close interpersonal ties prevents such clients from doing the same with the therapist.

A final client variable deserving mention is the question of the early terminator's psychological adjustment. This subject has proven

one of the most interesting and controversial issues in the early termination literature.

As mentioned earlier, there has been a generally accepted notion that EPTs represent treatment failures. The assumption is that EPTs left therapy because they perceived their experience as inadequate or ineffective. This sentiment has been documented by Garfield (1978), who observed:

Early or premature termination on the part of the client is frequently viewed as a failure in psychotherapy, even though there has been practically no systematic research evaluating the outcome of therapy in such cases. (p. 367)

Since Garfield's 1978 observation, several researchers have sought to document the psychological adjustment of premature terminators (Greenspan & Kulish, 1985; Gunzburger et al., 1985; Hoffman, 1985; Pekarik, 1983a). Of these research projects, the only study to actually contact EPTs for follow-up adjustment data was conducted by Pekarik (1983a). By means of a telephone survey, he compared "appropriate" premature terminators (who discussed their termination) with EPTs (who by definition do not discuss termination) on pre-to-post-Brief Symptom Inventory (BSI) scores. Pekarik concluded that, compared to appropriate premature terminators, the EPTs had a "strikingly poor outcome, with 31% worse at follow-up than at intake" (p. 506).

A handful of writers and researchers has questioned the commonly held belief that EPTs are poorly adjusted treatment failures. Ironically, a follow-up study by Pekarik (1983b) showed that a subset of EPTs actually showed improvement on their pre-to-post-BSI scores. Premature terminators and EPTs who cited "no need for services" (39%) and "environmental constraints" (35%) as reasons for not returning

showed improved BSI scores, while those reporting "dislike of services" (26%) had deflated posttermination BSI scores.

In another study assessing psychological adjustment, Stahler and Eisenman (1987) used the Symptom Checklist 90-Revised and therapist ratings. They concluded that "psychotherapy dropouts may actually function better to some extent than nondropouts" and that "one or two sessions may be helpful to many patients who seek treatment during acute crises" (Stahler & Eisenman, 1987, p. 199).

As with several other client factors reviewed in this section, it appears that the early terminator's psychological adjustment is not a simple issue. At the very least, a number of research findings challenges the prevailing notion that EPTs are more poorly adjusted than non-EPTs. The diversity of findings in this area supports the conclusion that EPTs are not a homogeneous group with a single, standard profile (Jenkins et al., 1986; Mennicke et al., 1988; Pekarik, 1983b; Trepka, 1986).

Counselor variables. Next to investigating client variables, the second most common focus of premature termination research is counselor or therapist variables (Fiester, 1977). Among the many findings reported, relevant variables to be discussed here include therapist experience, social influence factors, and provision of facilitative conditions.

At an intuitive level, it seems plausible that therapists with more experience should have higher return rates, and some research supports this hypothesis. For example, Rodolfa et al. (1983) found that less experienced therapists had higher early termination rates.

However, others found therapist experience to be unrelated to attrition (Betz & Shullman, 1979; Krauskopf et al., 1981). A possible contributing factor to these inconsistent findings is that experience is often confounded with other variables, such as age (Mennicke et al., 1988).

Social influence factors include the therapist's perceived expertness, attractiveness, and trustworthiness--variables long postulated to affect psychotherapy process and outcome. Zamostny and colleagues found that while social influence factors were associated with client satisfaction with the intake interview, they were not predictive of returning for a subsequent interview (Zamostny et al., 1981). Kokotovic and Tracey (1987) found that perceived expertness and trustworthiness were related to return after intake, although satisfaction with the intake seemed to be the key mediator of attrition. Regarding early termination, it appears that social influence factors are primarily useful as they relate to client satisfaction.

Facilitative conditions include Truax and Carkhuff's (1967) now classic factors: empathy, warmth, and genuineness. Again, research findings do not support a conclusion that seems intuitively plausible. Gunzburger and colleagues' findings indicate these factors are not necessarily related to premature termination. In fact, no such relationship was found in their study (Gunzburger et al., 1985).

Client-counselor interaction variables. Receiving considerable research attention recently are client and counselor variables which may, in interaction, affect the process of therapy (Mennicke et al., 1988). Among the most salient of these variables reported in the literature are problem agreement and discrepant expectations.

Two studies have documented that therapist-client agreement regarding the nature of the presenting problem is associated with client return after intake (Epperson et al., 1983; Krauskopf et al., 1981). However, one recent study (Kokotovic & Tracey, 1987) found no such relationship. In a related vein, Tracey (1986) studied "topic determination," the degree to which topics initiated by one therapy participant are continued or interrupted by the other. Lower levels of topic determination (indicating less harmonious communication) were associated with greater client attrition.

At least one published study has focused on the possibility that therapists' and clients' discrepant treatment expectations contribute to early termination. Specifically, Pekarik (1985) found clients tend to hope and expect that treatment will be relatively short, while therapists expect a longer duration.

Agency and administrative variables. The salient agency and administrative factors reported in the literature concern intake systems and waiting lists. Wise and Rinn (1983) found that a greater number of clients returned for the third therapy session if they were seen by the same therapist for the intake and therapy sessions, compared to clients who met with different therapists for intake and for therapy. Regarding waiting lists, most anecdotal and research data suggest that longer waiting lists are associated with higher early termination rates (Archer, 1984; Kokotovic & Tracey, 1987; Pekarik, 1985; Schiller, 1976). However, one large scale ($N = 1,688$) university counseling center study found no association between length of time on the waiting list and failure to attend the first postintake session

(Anderson, Hogg, & Magoon, 1987).

Environmental variables. In the single study devoted to exploring environmental factors and early termination, Cross and Warren (1984) found no significant differences between EPTs and continuers on the dimensions of life adjustment and current life stressors. However, EPTs were less likely to report having others (parents, siblings, friends) to whom they could turn for support. This supports Baekeland and Lundwall's (1975) conclusion that EPTs tend to be socially isolated.

Integration and Inferences

Reviewers faced with integrating these various research findings have had difficulty drawing meaningful conclusions about EPTs as a group (Baekeland & Lundwall, 1975; Mennicke et al., 1988). This is due, in part, to the equivocal nature of some of the results. Research knowledge that has accrued concerning EPTs is based largely on categorical client variable correlates of premature termination, rather than casual factors.

For example, the literature shows EPTs are overrepresented by cultural minorities and tend to be more socially isolated. They may present with any variety of psychological problems, but as a group are overrepresented by individuals reporting very low or very high levels of pathology, especially acute reactive depressions and sociopathy. Finally, EPTs may expect shorter term therapy than does their therapist.

What has not been known about the EPT and the decision to terminate is much more significant. From the current literature, it is

unclear how satisfied the EPT is with services received, and how this satisfaction relates to termination. Also unclear are the EPTs' expectations about therapy, and how confirmation or disconfirmation of these expectations influences the termination decision. Controversy surrounds the psychological adjustment of the EPT. Is the EPT a treatment failure? As Silverman and Beech (1979) queried, "Are dropouts, dropouts?" (p. 236). The importance of EPTs' perceptions and evaluations of the therapist is not clearly understood. Neither has the termination decision-making process of the EPT been explored.

Implications and Applications

In short, what has not been known about the EPT is embodied in the following questions: How did the early premature terminator perceive and evaluate psychotherapy, and how are those perceptions and evaluations related to the termination? That is, after seeking and initiating counseling or psychotherapy, what was it about the EPT's experience that led him or her to self-terminate at the onset of therapy, and how was that termination decision made?

Some of the research reviewed above attempted to answer specific slices of this broad, encompassing question. For example, studies focusing on clients' satisfaction, expectancies, psychological adjustment, and perception of the therapist all tap an aspect of the client's experience at the time of therapy. However, as documented above, results from these studies are often contradictory and do not lead to a more clear understanding of the phenomenon. This may be due to the lack of a unified, undergirding theory guiding research in this area. "An integrative conceptual framework might provide a more

illuminating approach to the attrition problem" (Mennicke et al., 1988, p. 463).

Several researchers have postulated why their efforts have not led to more meaningful results. One of the most often cited obstacles to early termination research is approaching EPTs as a homogeneous group when, in fact, they appear to be heterogeneous in a number of ways (Mennicke et al., 1988; Pekarik, 1983b; Trepka, 1986). Mennicke and her colleagues suggest that early premature termination researchers have been operating under a "uniformity myth" that "may be constricting research on client factors in attrition and adding conceptual confusion" to the area (Mennicke et al., 1988, p. 461).

In a related vein, early termination research has often been approached as a univariate or bivariate phenomenon, when in reality the complexity of the event suggests multiple causalities. For example, as Levinson and colleagues discussed conclusions from their study of private practice EPTs, they noted ". . . a vivid profile of the dropout patient could not be obtained because of the variability in subjects and the overlap and multidetermination of causes" (Levinson, McMurray, Podell, & Weiner, 1978, p. 829).

Finally, many studies in this area have used client file data, presumably because it is easily operationalized and readily available. As Mennicke and her colleagues pointed out, however, ". . . ease of operationalization is not a sufficient criterion for choosing research variables" (Mennicke et al., 1988, p. 463).

In contrast, very few studies on early premature termination have actually contacted EPTs after their termination to gather data. Four

studies used phone interviews to gain information from EPTs (Martin et al., 1988; Pekarik, 1983a, 1983b; Silverman & Beech, 1979). These studies primarily used closed-ended response formats of the type: "Which of the following five categories most closely matches your experience?" As mentioned, Pekarik also had the BSI administered verbally over the phone (Pekarik 1983a, 1983b).

Nowhere in the literature is there evidence that a researcher has ever actually met with EPTs after their termination experience to collect information. Two studies have suggested interviewing EPTs as part of a qualitative study (Gunzburger et al., 1985; Jenkins et al., 1986), although no one has reported doing so. In their discussion section, Gunzburger et al. noted that:

. . . between-groups comparisons may not detect causative factors because each factor may only apply to a minority of premature terminators. Structured interviews with premature terminators would probably provide the most pertinent information. . . . (p. 460)

The most direct statement about the value of qualitative post-termination interviews with EPTs comes from the discussion section of Jenkins and colleagues' multiple regression study. They asserted:

A second recommendation would be to use different methodological approaches. As an example, posttermination interviews of clients and therapists might provide an understanding of duration of treatment that cannot be achieved through more traditional quantitative methods as used in the current study. Asking may just be rewarded with a meaningful answer. The qualitative approach also alleviates the need to achieve precision in indirect measurement, a limitation in this and similar studies. The nature of counseling and therapy is very individualistic and the use of aggregate data analysis does not adequately cover this process. Studies with N_s of 1 may hold the most promise. (Jenkins et al., 1986, p. 472)

Accordingly, a qualitative research study was designed to better

understand the phenomenon of early premature termination from university counseling centers. The specific paradigm chosen was Lincoln and Guba's (1985) naturalistic inquiry, which is fully discussed in Chapter II.

It is essential that a research paradigm fit the focus of study. Regarding the present study, a deliberate explicit choice to use naturalistic inquiry was made for a number of reasons, most of which have been alluded to above and briefly are summarized here. All direct references to naturalistic inquiry are attributed to Lincoln and Guba (1985).

First, there is general consensus that EPTs are not a homogeneous group, but rather are heterogeneous in many respects. In addition, the psychotherapeutic process is highly phenomenological and individualistic. Naturalistic inquiry answers these needs in that "deep" verbal information from individuals is the object of naturalistic data collection. Aggregate data, in the traditional sense, are not used.

Second, the complexity of early premature termination suggests a multiplicity of overlapping cause-and-effect interrelationships not likely to be uncovered by more traditional, linear research paradigms. An underlying tenet of naturalistic inquiry is that realities are multiple and constructed, allowing for "mutual simultaneous shaping" of events.

Third, the phenomenon of early premature termination from therapy is laden with value issues for the client, the therapist, and the agency. In contrast to the desired objectivity of traditional paradigms, naturalistic inquiry posits that inquiry is inherently value

bound, and therefore encourages awareness, acknowledgment, and exploration of inquiry-related values.

Finally, it has been noted in the literature that early premature termination research lacks an undergirding, conceptual framework to guide subsequent investigations. One of the necessary consequences of naturalistic inquiry is "grounded theory." For present purposes, grounded theory is defined as theory that follows from data, rather than preceding them (as in conventional research); it is an empirically derived holistic model that describes and explains a system. A grounded theory could be used as a conventional theory in subsequent studies.

Statement of the Problem

Early termination may be a significant obstacle to the efficient delivery of psychological services. EPTs, who initiate therapy only to unilaterally terminate before the second postintake session, are an enigma to psychologists despite the considerable research attention given them over the years. While research has documented a few reliable correlates of early premature termination, process-oriented studies addressing influential aspects of the EPTs' experience have generally produced equivocal results. Such results have not led to a more clear understanding of the phenomenon. Some researchers have noted that qualitative approaches would more appropriately address the unique nature of EPTs and their termination from therapy, while providing a grounded or data-based theory of the phenomenon to guide future investigations. Accordingly, a qualitative study of EPTs and their termination experience was undertaken to address these issues.

CHAPTER II

METHODOLOGY

Introduction

Consistent with the tenets of naturalistic inquiry, only basic aspects of this study were predetermined, and then only in a tentative manner. Because grounded theory is data derived, it was essential that emerging data be allowed to shape theory as the study progressed. Making a priori methodological specifications general and tentative allowed the design to be responsive to the data. The specific design was therefore partially emergent within the methodological framework determined by the researcher.

It is this emergent design within its methodological framework that is described and justified in this chapter. Methodological components discussed include procedures used for identifying and sampling participants, contacting participants and gathering data, analyzing these data, and ensuring trustworthiness in the study.

Participant Inclusion Criteria and Sampling

Participant Inclusion Criteria

The focus of the study was early premature termination from counseling or psychotherapy at a university counseling center. Accordingly, potential participants were former clients at The University of Utah Counseling Center (UCC) who met EPT criteria as specified in the current literature. As delineated in the preceding

chapter, the criteria applied were:

1. The client sought psychological services by scheduling and completing an intake interview.
2. There was an understanding that the client would return for counseling, psychotherapy, or perhaps further assessment.
3. The client terminated before the second postintake session. (The client either may not have attended the first postintake session, or may have attended the first postintake session but not subsequent sessions.)
4. The client's termination decision was unilateral, i.e., it was not discussed with the therapist.
5. The client did not recontact the agency for a specified period of time. Consistent with several studies in the literature, a 1-month period was used.

Additional selection criteria specific to the methodology of this investigation included:

6. Clients who met the above criteria but who were seen in therapy by the primary researcher (who was a psychology intern and then a senior staff member at the agency) were omitted.
7. Clients who met the above criteria but who were seen by master's level student therapists completing practicum requirements were omitted.
8. No more than two clients from any single therapist were included in the study.

The last criterion prevented the possibility of studying the early termination phenomenon among the clients of a small number of therapists.

Participant Sampling

A primary object of sampling, in the traditional sense, is to ensure generalizability across populations. Because generalizability is not a goal of naturalistic research, traditional population sampling is not a procedure that finds application in naturalistic studies. Rather, naturalistic researchers practice "purposeful sampling" (Lincoln & Guba, 1985, p. 234), also called "theoretical sampling" (Glaser & Strauss, 1967, p. 109). The purposeful sample is drawn from the population in two phases. Lincoln and Guba described the process:

While initially, any element is as good as any other, as the inquiry progresses and the problem becomes more finely tuned, successive sample elements may be selected in increasingly relevant ways. Each successive element is chosen so as to complement the earlier units, in accord with the need to extend, test, or fill in earlier information. As the more salient aspects of the situation are identified and inquiry focuses more sharply on these, sample elements are chosen more and more to be in line with these aspects and less and less simply to be different from earlier elements. (p. 234)

Accordingly, sampling in this study was indiscriminate initially. As the study progressed, no apparent participant characteristics appeared to be more significant than others. Therefore, the only restriction that was applied as participant recruitment proceeded was that not more than two participants from any particular therapist were included in the study (criterion 8 above). Indeed, the 10 participants who were eventually interviewed for the study originated from the caseloads of eight different therapists.

In contrast to most conventional inquiries, naturalistic sampling can be terminated after a relatively small number of participants has been selected. Lincoln and Guba (1985) noted:

It is usual to find that a dozen or so interviews, if properly selected, will exhaust most available information; to include as many as twenty will surely reach well-beyond the point of redundancy. (p. 235)

Consistent with this paradigm, sampling came to an end as new information became increasingly scarce. As the study progressed, new information became more difficult to access; it became clear that the total pool of available relevant information was limited. Applying Lincoln and Guba's (1985) guidelines, the point of "redundancy" (p. 219) or saturation for this project was reached after interviewing 9 participants. At this point, no useful new information was gleaned from interviewing, i.e., by the ninth interview virtually all important information fit into previously established, well-documented categories. However, an additional participant was subsequently interviewed to verify that redundancy had indeed been reached, bringing the total number of participants to 10.

Procedures

Participant Identification

After formal Institutional Review Board and agency approval, the above criteria were given to the UCC support staff overseeing file termination. This support staff person periodically produced a listing of clients who met the selection criteria. Included on the list was the name of the potential participant and a code number that anonymously reflected the person's therapist. The name of the therapist was

purposely omitted to protect the anonymity of the researcher's UCC colleagues and to eliminate the potential threat for clients of having confidential information "leak" back to their former therapist. However, the name of the therapist was known to the support staff who identified the participant pool, so the final group of participants did not include more than two potential participants from any particular therapist.

Contacting Potential Participants

When former UCC clients were identified as above, they were mailed a letter giving information about the project and soliciting participation.

Recruitment letter. Printed on UCC letterhead, and with the signature of the UCC Director, the initial letter (see Appendix A) indicated the following: UCC services were being assessed by a graduate student researcher in the Department of Educational Psychology who was also a UCC staff member. Of special interest were clients who had a brief exposure to counseling. Involvement in the study consisted of: (a) an interview concerning their UCC experience and (b) a follow-up phone contact at a later date to assess the accuracy of the results. Interviews were scheduled at a convenient location on campus, although not UCC. In appreciation for their time and effort, participants who completed the interview received \$10. Participants' confidentiality was respected, and participation in no way jeopardized current or future UCC involvement.

The initial letter included an addressed, stamped, printed postcard that had the participant's code number written in one corner.

The potential participant could indicate interest in the study and agree to be contacted by checking the appropriate response box on the postcard. There was also a response box that indicated noninterest; most people who were not interested, however, simply failed to return the postcard.

A total of 47 recruitment letters was sent out between December 1989 and March 1990. Ten of the 47 individuals contacted agreed to be interviewed, a participation rate of over 21.3%. The participation rate was notably higher for letters sent during the first several weeks of the quarter, when nearly one in three letters resulted in an interview. Letters sent out in the weeks preceding final examinations resulted in relatively few responses, however, bringing down the average response rate to the figure cited above. This lower response rate at the end of the quarter was due presumably to students preparing for final examinations.

Telephone contact. When an affirmative postcard was received by the support staff, the participant's name, phone number, and address were given to the researcher. Within a few days of receiving this information, the researcher phoned the potential participant to give information about the study, answer any questions, and assess interest in participating.

During this phone conversation, each potential participant indicated that he or she was willing to enter the study. During the remainder of the call, participants were educated regarding informed consent and its application in this study, including the procedures for protecting confidentiality. Participants were then given an appoint-

ment time at their convenience and were given directions to the interview meeting place.

Data Collection: Interviewing

All interviews were held in a small, comfortable interviewing room located on The University of Utah campus in the Department of Educational Psychology. Each person who sent in an affirmative postcard followed through with their appointment and was interviewed for the study. Most interviews lasted 40 to 45 minutes, although the researcher had allotted up to 1 hour for each interview.

The interviewing procedures employed best fit the "depth interview" as described by Massarik (1981). A depth interview is characterized as:

. . . an intensive process on the part of the interviewer to explore thoroughly--more deeply than in the typical rapport interview--the views and dynamics of the interviewee. (Massarik, 1981, p. 203)

While the focus in a depth interview is clearly on the interviewee, he or she may at times ask questions of the interviewer to explore intent, seek clarification, and otherwise actively participate.

Used in a dovetailing fashion with Massarik's depth interview were Dexter's (1970) guidelines for the "elite interview." An elite interview is an interview that: (a) attempts to ascertain the interviewee's definition of the situation, (b) encourages the interviewee to structure the account of the situation, and (c) allows the interviewee to introduce ideas about what is relevant, rather than relying solely on the interviewer's notions of relevance (Dexter, 1970). Such an interview is best described as semistructured.

Lincoln and Guba (1985) recommended the above interviewing techniques of Massarik (1981) and Dexter (1970) as being consistent with naturalistic interviewing and data collection. With these general comments in mind, successive phases of the interviewing method employed in this study are described.

Preinterview. From the initial contact, attention was given to creating a comfortable, nonstressful environment, encouraging rapport, and facilitating the development of trust. Participants were thanked for coming and oriented to the interview setting and procedure.

An Informed Consent Form (see Appendix B) was given to and discussed with each participant. As suggested by Lincoln and Guba (1985), the following elements were included on the consent form:

1. Intent to maintain confidentiality and anonymity
2. Measures to be taken to prevent raw or processed data from being linked to a specific informant
3. Participation voluntary
4. Reservation by the participant of the right to withdraw from the study at any time without penalty and the right to have all personal data returned
5. Specification of the steps that a participant should take should he or she decide to withdraw (Lincoln & Guba, 1985).

Three additional informed consent elements were included for the present study:

1. Acknowledgement that participation in the study in no way jeopardized current or future UCC services
2. Permission to audiotape the interview, with information

about the confidentiality of the recording

3. Permission to be confidentially and anonymously quoted in the final report.

Each participant readily signed and dated the Informed Consent Form after reading the document and having it explained to them. (Some participants even expressed appreciation for the clarity and straightforwardness of the form.) The researcher then signed and dated the form as a witness.

Following a suggestion by Lincoln and Guba (1985), a separate "sign-off" was used for permission to be anonymously quoted in the final report, allowing participants the option of participating in the study without being quoted. However, all participants agreed to be quoted without apparent reservation.

Body of the interview. Several questions that were proposed before the study began were used in each interview. In accordance with the methodological principles of naturalistic inquiry, however, elements of the interview were free to vary and emerge as the study progressed.

Some questions that had been anticipated as relevant before the study were judged unproductive and dropped after three or four interviews. Based on tentative results from early interviews, some questions were added to subsequent interviews. In addition, participants were invited and encouraged to introduce topics and ideas that they believed were relevant. The result was a series of 10 rather similar interviews, although each contained modifications and variations, making no two exactly the same.

Each decision to add or drop a question was made by the primary researcher and was documented and justified in the researcher's project Log and Journal. (A description of the Log and Journal follows.)

Given the emergent nature of the interviews, the following methodological description of the interviewing process was based on elements that were either: (a) fairly consistent across interviews or (b) elements that grew in relevance and importance as interviewing progressed.

Consistent with Spradley's (1979) suggestion, each interview was begun with one or two broad questions that allowed the interviewee to "warm up" and practice talking with the interviewer in a relaxed manner. These "warm-up" questions were:

Perhaps you could begin by telling me a little about yourself, such as your age and your connection to the University.

How was it that you first learned about the Counseling Center?

Generally, how do you feel about the Counseling Center now?

Another group of questions concerned how the interviewee's perceptions and evaluations at the time of therapy may have been associated with the termination decision. These questions included:

What did you think of your counselor? Did you think that he or she understood your problems?

Was counseling about like you expected it to be? How was it similar to what you expected? How was it not similar?

Did you and your counselor talk about how long you might be in counseling? How long did you think you might be in counseling?

Would you call your counseling experience successful? Why, or why not?

What do you think you got from counseling? Did you find it helpful?

Another group of questions addressed the participants' actual termination decision making process with queries such as:

What do you think led to not returning for more sessions?

Did part of you want to go back for more sessions, or did you feel pretty much finished?

What might have made a difference as far as your decision to end when you did?

Thinking back on it now, do you remember coming to a decision that you wouldn't be returning? How did you decide?

A final class of questions was generated from preceding interview responses, i.e., as each interview was transcribed and then analyzed, one or two questions addressing participant-initiated topics were often added to subsequent interviews. The addition of each question was recorded in a Log and Journal entry noting the question's origin and rationale. Adding participant-initiated topic questions made it possible to ascertain whether emerging categories were shared or idiosyncratic. The content of these specific themes is discussed in the Results section. To understand the methodology, however, an example is in order.

For example, the third participant to be interviewed indicated that the client fee for counseling significantly affected his termination decision. Subsequent participants were accordingly asked something like:

At least 1 participant so far has mentioned that client fees were an issue. Do you think your fee was a factor in your decision to end counseling when you did?

Questions addressing participant-initiated topics were always placed at the end of the interview, giving the participant an opportunity to first bring up the area spontaneously. Several such questions were in place by the end of the study. However, most of these questions required and usually received only a "yes" or "no" response.

In conducting the interviews, considerable latitude was exercised in the follow-up of particular responses that were unclear or were judged interesting or highly relevant. Such a follow-up was accomplished with leads such as, "I'd like to hear more about that," or, "Help me understand what that was like for you at the time."

Closing the interview. Among the most important parts of a naturalistic interview is making an initial "member check." Member checks are fully discussed later in this chapter in regard to trustworthiness of the study. For the present, however, a member check may be thought of as a summary statement given to the participant to help assure the information's accuracy.

The first systematic member check came at the end of each interview when the researcher made a summary statement using the following general format:

What do you think were the most important things we talked about? So the major things that we've talked about today are X, Y, and Z. Would you agree? Would you say that Y has special significance for you? Is there anything you would like to add or change at this point?

Before leaving the interview, the participant was again thanked and given \$10 cash upon signing a payment receipt. A reminder was given that a phone call would be received in several weeks to verify the accuracy of the study's results and conclusions.

Finally, during the interviews, 2 participants indicated a desire to return to UCC. These participants were encouraged to follow up with their wishes and were offered the researcher's assistance in making the necessary arrangements. However, both participants indicated being most comfortable personally making those arrangements with their former counselors.

Data Recording and Analyses

Data recording. Naturalistic researchers contend that interview data can be recorded in several ways. Most common are tape recordings and session notes that are "fleshed out" and detailed immediately after the interview. Lincoln and Guba (1985) acknowledged the technical superiority of tape recording, although they ultimately advised against taping because of potential "participant mistrust" (p. 272). Considerable personal experience prior to undertaking the study has shown, however, that the vast majority of people are not opposed to being audiotaped when approached straightforwardly and when told the purpose of taping.

Each interview for the current study was audiotaped to aid data analysis and enhance the study's credibility and integrity. A faithful transcription of each interview was made from the tape recording. All transcribing was performed by the researcher with the aid of a transcribing machine and a personal computer word processing program.

While the decision to have the researcher act as both interviewer and transcriber was primarily economic, there were some unforeseen benefits. Difficult-to-hear words or phrases were sometimes decipherable only because the transcriber was present at the interview and

could therefore remember or better re-create what was said. More importantly, transcription required listening intently to each interview several times over to process the data. Each interview required 5 to 6 hours to transcribe and resulted in 6 to 9 pages of single-spaced word processing, enhancing the interviewer's familiarity with the data and with his own interviewing style.

After experimenting with different transcript formats, a decision was made to run the interview dialogue continuously on single-spaced pages with a blank line preceding a new question or major change of topic. Because the dialogue was transcribed continuously, a method was needed to distinguish the researcher's words from the participant's. Consequently, UPPER-CASE letters were used for typing participant comments, while the researcher's questions and comments were presented in LOWER-CASE. This procedure made it possible to preserve the interactive nature of the interviews and identify each person's contributions.

Because transcripts were to be literally cut into scores of "meaning units" (as described below), a procedure was needed to identify the exact source (which interview and where in that interview) of any given statement once it was removed from its transcript. This task was accomplished with a word-processing, line-numbering feature. As an interview was transcribed on the word processor, each line was automatically numbered consecutively in the left-hand margin. Each new transcript began with the next consecutive number ending the previous transcript. (For example, the first transcript ran from line 001 to line 490; the second transcript began with line 491, and so on.)

When each transcript was completed, its beginning and ending line numbers were entered in a file for easy access. As transcripts were cut up for analysis, one or more line numbers accompanied every meaning unit, making exact identification possible. A new copy of each transcript was printed to replace the cut-up version so that any verbal unit could readily be reviewed in its original context.

Another advantage of using a word-processing program to transcribe the interviews was the ability to search transcripts for key words. The researcher was able to locate specific relevant words or phrases that could be remembered but not located by memory by using the word-processing search feature.

Data analyses. Naturalistic data analysis procedures tend to be inductive, generative, and subjective (Lincoln & Guba, 1985). Such analyses are inductive because they begin not with theories or hypotheses, but with the data themselves, from which theoretical categories emerge. Naturalistic analyses are generative (as opposed to verifiatory). As has been mentioned, the goal of inquiry is the generation, not verification or refutation, of theory. Finally, naturalistic analyses are subjective, in that:

The goal is to reconstruct the categories used by the subjects to conceptualize their own experiences and world view. This contrasts with the objective approach, which applies conceptual categories and explanatory relationships, readily visible to external observers, to the analysis of unique populations. (Goetz & LeCompte, 1981, p. 54)

With these dimensions of naturalistic data analysis in mind, the primary mode of data analysis was an augmented version of Glaser and Strauss' (1967) "Constant Comparative Method" (hereafter CCM), which was developed for deriving, or grounding, theory from verbal data.

Spradley's (1979) "domain analysis" augmented the initial phase of CCM as explained below.

CCM is performed in four steps or stages. It should be noted, however, that these phases overlap considerably and were often in effect simultaneously as the study progressed.

The first stage involved comparing incidents applicable to each category. The initial task of analysis was breaking down the transcripts, one at a time, into segments called "meaning units." The essential element of a meaning unit is that it comprises a single, definable "chunk of meaning" (Marshall, 1981, p. 396). Meaning units were identified by the researcher by studying a transcript with scissors in hand. Starting at the beginning, cuts were made isolating single units each time a new meaning was introduced. This process was repeated until the entire transcript was cut into units. Most meaning units were a sentence or two long, although they ranged in length from a few words to a paragraph. Key words of each unit were highlighted with a colored marker serving as a shorthand for that unit. Especially small units were pasted to larger strips of paper to prevent their loss. The process was somewhat tedious and required at least 2 hours per transcript. Speed and confidence increased with experience.

CCM derives its name from the fact that while sorting or coding each unit into a category, that unit is compared with all previous incidents coded in the same category. Glaser and Strauss (1967) explained that "this constant comparison of the incidents very soon starts to generate theoretical properties of the category" (p. 106).

Accordingly, meaning units were initially sorted into developing

categories on a "looks-right" or "feels-right" basis. However, Lincoln and Guba's (1985) contention that this process is not so simple as Glaser and Strauss imply is well-founded. Spradley's (1979) domain analysis strategies were helpful at this point, especially the guidelines for recognizing various kinds of semantic relationships among units.

Sorting the transcript from the first interview resulted in nearly 20 potential categories. Meaning units belonging to a particular emerging category were kept in a single legal-sized envelope.

The second stage concerned integrating categories and their properties. Sorting was mentally taxing work that continually forced the refinement and definition of categories. Early in the process, sorting conflicts periodically arose and categories sometimes seemed confusing. The researcher then followed Glaser and Strauss' (1967) admonition to "stop sorting and write a memo on your ideas" (p. 107). These memos, often only a few words in length, served to make category properties explicit and enabled the researcher to hypothesize about that category's developing inclusion rules. Through a series of revisions, these tentative rules began to replace the tacit "look-alike" and "feel-alike" judgments on which the category was initially based.

Category integration began as CCM was performed with subsequent transcripts. With each additional transcript some categories became more coherent and well-defined. Other categories waned or were absorbed by related categories. Categories that became increasingly well-integrated were tentatively named, using the participants' own

words when possible (e.g., "No Need/Made Progress," "Authority Issues"). Tentative category names were written in pencil on the back of the envelope. These tentative names were sometimes modified to reflect changes in the emerging category.

The purposeful simultaneous collection and analysis of data also facilitated category integration. As mentioned, specific developing themes were either augmented or were confirmed as idiosyncratic by strategic questioning in subsequent interviews.

The practice of writing Log and Journal entries also significantly aided the definition and integration of categories in this phase of the analysis. Specifically, on two or three occasions it became apparent while writing these entries that several categories were actually subcategories of a single uniting theme. Recognizing structural shifts involving subcategories dramatically reduced the number of categories (in one case from approximately 20 to 8), while enhancing category integration as the study progressed.

Meaning units of such subcategories were placed in small envelopes; the small envelopes were in turn stored in the larger legal-sized category envelope. For example, the category envelope "Agency Variables" contained smaller subcategory envelopes called "Fees," "Twelve Sessions," "Physical Environment," "Access/Scheduling," "Support Staff," and "Parking."

During this phase of the analysis, a procedure was implemented to track the distribution of meaning units across participants within categories. As CCM was completed with each transcript, a tally of the number of meaning units from that participant was made on each

subcategory or category envelope. These tallies enabled the researcher to ascertain at a glance whether the category was largely idiosyncratic or whether it reflected data given by several participants.

The task of the third stage was to delimit the theory. Lincoln and Guba (1985) reported that as the analysis continues:

. . . delimiting begins to occur at the level of the theory or construction, because fewer and fewer modifications will be required as more and more data are processed. (p. 343)

In initial project analyses, all meaning units had equal potential relevance, making category inclusion and exclusion decisions relatively difficult judgment calls. As CCM progressed, however, fewer modifications were needed as categories became more fully integrated and cohesive; category inclusion decisions became increasingly clear-cut. This process of category integration and differentiation is what is meant by "delimiting the theory."

All major categories of the study had emerged and were fairly well-integrated by the 8th interview, i.e., the major categories started to become "saturated." Indeed, the 9th interview provided no new relevant information. Data collection and, consequently, data analyses ceased after CCM was performed with the transcript of the 10th interview.

The fourth and final stage of data analysis involved writing the theory. Lincoln and Guba (1985) proposed that the optimal method of reporting a naturalistic study is a comprehensive case study written at the end of the project. This case study comprises several elements, one of which is the grounded theory. Such a comprehensive case study is represented by this dissertation. Using Lincoln and Guba's

guidelines, the following elements were included in the case study:

1. An explication of the problem that is the focus for the study is given. In the present study, such an explication has been written and summarized as the "Statement of the Problem" in Chapter I.
2. A description of the context or setting in which the inquiry took place is included, containing a thorough description of site processes relevant to the problem. This description should be at such a level that a reader would almost have a sense of *deja vu* at experiencing the setting for the first time. This is called "thick description," and is essential for applicability, as discussed in the trustworthiness section. The thick description for this study precedes the results in Chapter III.
3. A presentation and discussion of the outcomes of the study is presented. These sections can be thought of as "the lessons to be learned from the study." The outcomes of this study are discussed in Chapter III, including a content-oriented accounting of the data analyses and the resulting categories. The integration of these various categories into a grounded theory begins Chapter IV, and a discussion of the implications of these results then follows.

Other elements of the final case report address issues of trustworthiness, which are addressed below.

The bulk of data analyses performed was naturalistic procedures used to process verbal interview data as described above. However, a

few quantitative analyses was employed to compare demographic characteristics of those who responded to the recruitment letter to those who did not respond to determine whether the two groups systematically differed.

A t test was conducted to compare the difference between the mean ages of responders versus nonresponders. The researcher had also planned to use the chi-square statistic to determine potential categorical differences (e.g., gender, marital status, ethnic background, previous counseling experience) between the groups. However, the small final sample size (N = 10) and the dichotomous nature of several categorical variables (which render only a single degree of freedom) made use of the chi-square statistic inappropriate for this study. Instead, the relative frequencies (in percentages) of these variables are presented in Chapter III and compared for the two groups.

Establishing Trustworthiness

This section focuses on validity issues. Underlying axiomatic differences between naturalistic and traditional science have necessitated development of conceptual and practical parallels of traditional validity-related issues. Accordingly, naturalistic researchers have postulated that "trustworthiness" is appropriately suited to the naturalistic paradigm. This section describes trustworthiness in its several aspects, and describes the procedural safeguards that were used to ensure trustworthiness in this study.

Three aspects of trustworthiness are addressed: "truth value," "applicability," and "consistency." These concepts are the naturalistic counterparts of internal validity, external validity, and relia-

bility, respectively (Lincoln & Guba, 1985).

Truth Value

A fundamental tenet of naturalistic research is that reality is not a single, tangible, fragmentable entity. Rather, realities are posited to be multiple, constructed, and holistic. Accordingly, to demonstrate truth value (the conceptual counterpart to internal validity):

The naturalist must show that he or she has represented those multiple constructions adequately, that is, the reconstructions that have been arrived at via the inquiry are credible to the constructors of the original multiple realities. The operational word is credible. (Lincoln & Guba, 1985, p. 296)

Several procedural safeguards were used to ensure truth value in this study. As mentioned previously, tape recording the interviews made possible word-for-word transcriptions of the interviews. The faithfulness of these transcriptions to the interviews significantly enhanced credibility of the study as the researcher was not dependent on hastily-written notes or memory in constructing meaning units for data analysis. Other procedures used to enhance trustworthiness included member checks, prolonged engagement, and peer debriefing.

Member checks. The member check is the procedure whereby data, analytic categories, interpretations, and conclusions are tested with members of the group from whom the data originated. It gives participants an opportunity to correct errors, volunteer additional information, and assess the overall adequacy of the data.

Both formal and informal member checks were on-going in this study. Frequent, informal member checks were made during each

interview, i.e., at several junctures during each interview the researcher summarized responses to clarify and verify information. A systematic member check recapitulating the main points of the discussion concluded each interview.

A more formal, comprehensive member check was undertaken near the end of the study. Once the interviewing was essentially complete, the researcher began to compile study results for the member check. This process had begun long before with the concurrent collection and analysis of interview data. At this point, however, a Member Check Summary Form (see Appendix C) was created which placed major themes and subthemes in a broad, inclusive conceptual framework. The framework, which subsequently served as an outline for Chapter III, was conceptualized en route to preparing for the member check.

The Member Check Summary Form was arranged on several pages so as to allow ample space to take notes during and immediately following the member check phone call. An area on the form was provided to note the participant number and date of the call. Theme and subtheme summaries were then arranged in outline form. Some of these summaries included characteristic or especially illustrative participant quotes which could be shared with participants.

Between 1 and 2 months after the interview, every participant was called on the telephone and asked if this would be a good time to review the results. If so, the researcher briefly overviewed the conceptual framework which would be shared with them. The researcher then summarized the themes and subthemes as organized on the Member Check Summary Form, pausing periodically to invite comments and note

responses. A new copy of the form was used to make notes of each participant's responses.

At the end of the phone call the researcher summarized the content of the conversation and asked if the summary was accurate. Participants were also asked if there was anything else they would like to add, change, or modify. Member-check calls for this study lasted approximately 15 minutes each. This was sufficient time to summarize the information and invite responses without seeming too time-consuming or laborious. Before ending the call, the researcher again thanked participants for their involvement in the study. Information was given so that the participants could contact the researcher if they had any other comments or questions.

Prolonged engagement. Credibility is enhanced when the researcher has been involved with a site sufficiently long enough to detect and consider distortions that might otherwise creep into the data. Also important is prolonged contact with the participants themselves.

Concerning the present study, the primary researcher was involved with counseling at UCC for approximately 3 years before undertaking the study, affording considerable understanding of the agency and its staff, clientele, and procedures.

While the primary contact with each participant was a 45-minute interview, it may be considered "prolonged" in the relative sense that no one else has apparently ever previously met with this population for any period of time. Participant contact may also be considered prolonged in the sense that, as 1 participant pointed out, the interview about the counseling experience was about as long as the

counseling experience itself.

Prolonged participant contact was also achieved by carrying out the final member check several weeks after the interviews. This several week period facilitated participants' consideration of their responses and allowed ample time for thoughts and memories to assimilate and consolidate before giving additional feedback.

Peer debriefing. Peer debriefing is a process of:

. . . exposing oneself to a disinterested peer in a manner paralleling an analytic session for the purpose of exploring aspects of the inquiry which might otherwise remain only implicit in the inquirer's mind. (Lincoln & Guba, 1985, p. 308)

A debriefer explores the researcher's biases, tests working hypotheses, and provides the researcher support.

A peer met regularly with the researcher for debriefing as the study progressed. The peer was ideally suited to the role of debriefer, being a fellow doctoral student who was also performing qualitative dissertation research and who also worked at UCC. Serving as each other's peer debriefers was a mutually advantageous and personally rewarding experience. Biweekly meetings facilitated familiarizing ourselves with each other's studies, sharing techniques and strategies, giving alternate viewpoints and suggestions, and appraising each other's work. Debriefing sessions were also a time to vent frustrations and share the inevitable misgivings that arise in studies of this magnitude.

Applicability

Analogous to external validity of conventional science, applicability concerns the "transferability" of results from one setting

to another. Once working hypotheses or theories are abstracted from an inquiry, transferability of those findings depends entirely on the degree of similarity between the sending and receiving contexts. The responsibility of the researcher is to provide sufficiently rich contextual information to make possible such a comparison. The responsibility of the receiver is to use this information to determine how applicable others' results are to his or her setting.

Thick description. Procedurally, the process that makes transferability possible is "thick description" of the study's context. As described by Lincoln and Guba (1985), the level of this thick description should be sufficient to allow a reader to recognize the setting and its functions upon first contact with the setting. Chapter III begins with relevant, thick description of The University of Utah and various UCC aspects.

Consistency

Consistency is the naturalistic parallel of conventional reliability. The hallmarks of reliability are stability, predictability, and replicability--concepts contrary to the naturalistic view that realities are multiple, constructed, and ephemeral. Naturalists offer the concept of "dependability" as an appropriate counterpart. Dependability addresses factors associated with observed changes, considering factors of instability inherent to any process and factors related to design-induced change. Procedurally, the specific methods used to improve consistency in this study were the audit trail and reflexive journaling.

Audit trail. Copious research records make possible an audit of

both the processes and outcomes of this research project. The audit trail therefore consists of various records maintained during the inquiry. Several categories of records were kept as part of the audit trail:

1. The raw data, which consisted of tape recordings and the transcripts produced from these recordings, were part of the audit trail.
2. Data reduction and analysis products, primarily consisting of the meaning units were included.
3. Data reconstruction and synthesis products, including the overall structure among emerging categories as represented in the envelope system described above, became part of the audit trail.
4. Process-oriented methodological notes were also included. These notes concerned procedural details of the study, ranging from noting phone contacts and appointments with participants to recording practical techniques for processing and analyzing data. Also included were decision rules for emerging categories and the justification for adding questions to or dropping questions from the interview. These methodological components were initially noted in a separate log. However, in the early stages of the study a decision was made to combine the methodological log notes and the researcher's journal, as described below.
5. Finally, as the conclusive report of the study, this final dissertation draft becomes part of the audit trail.

Reflexive "Log and Journal." A combined Log and Journal was kept by the primary researcher as an additional method of enhancing the trustworthiness of the study (see Appendix D for a representative page taken from the Log and Journal). Keeping the methodological Log with the Journal made it possible for the researcher to note the development of methodology and personally react to it in the same document. The Journal component of the Log and Journal was a diary of sorts in which the researcher made reflexive notes about self in relation to the project. Accordingly, near-daily notes were made regarding the researcher's project-related thoughts, attitudes, reactions, motivations, and stressors.

The Log and Journal was maintained as a word processing computer file. Accordingly, entries were made with relative ease. As each research work session began, the computer terminal was turned on, encouraging frequent and timely entries. Work sessions were usually ended by summarizing the day's work and exploring the researcher's attendant thoughts and reactions in an entry.

As mentioned earlier, writing Log and Journal entries served to clarify and distill the researcher's thoughts on several occasions, especially during the early phases of data analysis when emerging categories were sometimes ambiguous and ill-defined. The Log and Journal also became a primary expressive outlet for the researcher and grew to more than 35 typewritten, single-spaced pages by the project's completion.

The Log and Journal documented not only the methods and outcomes of the study, but described the personal thoughts and feelings that

guided the researcher's decision making as well. As such, the document enhances not only the consistency of the project, but all other aspects of trustworthiness as well.

CHAPTER III

RESULTS

Introduction

Personally interviewing participants who met EPT criteria for the study was unique in its capacity to gather rich, detailed verbal data. These data primarily describe who these participants were, how they perceived and evaluated their brief experience at the UCC, factors associated with their early termination, and their perceptions about the termination process.

The data are presented in the form of themes or categories. (The two terms are used synonymously.) Some of these themes or categories are comprised of subthemes. Themes and subthemes were named in the participants' own words when possible, and the names are capitalized in this discussion (e.g., Made Progress/No Need is the name of a particular subtheme).

Each theme and subtheme is fully described, usually including the participants' own descriptive quotes. Themes and subthemes that were not sufficiently frequent and/or not sufficiently conclusive to reach category status, but which were nonetheless central to at least one person's experience, are also noted. The themes and subthemes are presented according to the conceptual framework induced from the data by the researcher in preparation for the formal member check. This conceptual framework is presented in outline form to facilitate the

reader's understanding of the overall organization of themes and subthemes (see Table 1).

After presenting these themes and subthemes, brief case study sketches are provided summarizing how various reported perceptions, factors, and processes came together for individual participants. The case summaries, which close the chapter, facilitate the reader's sense of how the reported shared and idiosyncratic themes combined within individuals.

Preliminary to presenting these data, however, it is essential to provide a backdrop of contextual information against which the data may be viewed, making it possible for those who receive this report to assess the degree to which its results may or may not be applicable or transferable to another setting. Naturalists refer to this contextual information used to determine transferability as "thick description" (Lincoln & Guba, 1985, p. 359).

"Thick Description"

A thorough characterization of those aspects of The University of Utah and UCC that are relevant to the study comprise the "thick description." Also included is descriptive information about the participants themselves as provided in the interviews.

The University of Utah

The University of Utah is located in the foothills of the Wasatch Mountains overlooking Salt Lake City, the center of a Western urban area approaching a population of 500,000. The campus covers more than 1,500 acres which comprise the State Arboretum. The University of Utah

Table 1

Conceptual Results Framework

- I. Client Thick Description Information
 - A. Demographic Participant Characteristics
 - 1. Age, gender, marital status
 - 2. University affiliation
 - 3. Presenting problem
 - 4. Previous counseling history
 - 5. Referral/mode of entry
 - 6. Counseling duration
 - 7. Time elapsed from last session

- II. Perceptions and Evaluations of UCC Experience
 - A. Overall UCC perceptions
 - B. Perceptions of agency variables
 - 1. Scheduling/Access
 - 2. Fees
 - 3. (Twelve Sessions)
 - 4. (Physical Environment)
 - 5. (Support Staff)
 - 6. (Parking)
 - C. Perceptions of the Counselor
 - 1. Competent
 - 2. Comfortable/Open
 - 3. Other Counselor Characteristics

- III. Factors in Early Termination
 - A. Successes
 - 1. Made Progress/No Need
 - 2. Different Perspective/Awareness
 - 3. Other Specific Results
 - 4. (Things Fixed Themselves)
 - B. Participant Personality Characteristics
 - 1. (Little Finality Expected)
 - 2. (Pragmatic)
 - 3. (Disclosure Inequity)
 - 4. (Authority Concerns/Independent)
 - 5. (Procrastination)
 - C. Contextual Factors
 - D. (Not a Success)
 - E. (Covered Ground)

Table 1 (Continued)

IV. Termination Processes

A. Ending Process

1. Open Ended/Time Passed
2. (Subsequent Counselor Contact)
3. (Sought Other Resources)

B. Ambivalence/Unfinished

1. Second Thoughts/Unfinished
 2. (Guilt Feelings)
-

Note. Minor themes and subthemes are depicted by parentheses in this outline.

is the state's largest public institution with 23,600 students and more than 3,400 regular and auxiliary faculty (University Public Relations Office, 1989). Although students hail from every state and approximately 80 foreign countries, 78% of the student body are native Utahans (Institutional Research Budget and Resource Planning Office, 1989). The University of Utah is located minutes away from world famous ski facilities.

The University of Utah offers 63 undergraduate majors. With 90 graduate subjects offered, the University is considered a major research institution in scientific and artistic fields alike, and ranks consistently among the top 25 U.S. colleges and universities in funded research. University resources include a Medical School and a major teaching and research hospital.

Students at The University of Utah tend to be somewhat older than traditional university or college students. The average age of undergraduates is 24.9 years, while graduate students average 31.3 years of age (Institutional Research Budget and Resource Planning Office, 1989). Being older, a majority (more than 90%) of students commute to school rather than live on campus.

The UCC

In 1950, a counseling center was founded on campus. In 1972, three independent campus mental health agencies, the Marriage Counseling Bureau, the Mental Health Unit of the Student Health Service, and the Counseling Center, were consolidated into UCC to provide a cost-effective and multidisciplinary approach to the delivery of mental health services to the academic community (Office of the Dean, 1987).

While UCC is the principle agency providing counseling services on campus, there are other offices that provide students specialized advising/counseling including Academic Advising, the Women's Resource Center, Ethnic Student Affairs, and Disabled Student Services.

UCC facilities. The University of Utah opened a new Student Services Building in 1985, bringing together various student service agencies. UCC occupies approximately two-thirds of the fourth floor and one-third of the third floor of this spacious modern structure. The reception area consists of a large fourth floor room divided down the middle with several sizable plants; the space is currently shared with Academic Advising reception. UCC's reception area includes a front desk and a waiting area. Most people entering the UCC for the first time are impressed with its spaciousness and comfortable surroundings.

Each clinical senior staff member and intern has their own office on the fourth floor in which to see clients and carry out duties. Third floor UCC space is comprised of group rooms and practicum student counseling offices, all of which are video equipped via a central taping and observation room.

UCC staff. As mentioned, the UCC staff is a theoretically diverse, interdisciplinary group including senior staff psychologists and psychology interns, senior staff social workers and social work interns, a senior staff psychiatrist and a resident psychiatrist, and a marriage and family therapist. Clients of social work interns or psychology practicum students, both typically in their second year of graduate training, were omitted from the study. Neither were the

individual clients of psychiatrists eligible, since UCC psychiatrists do not typically perform routine psychotherapy intakes.

During the time most participants were in counseling, UCC staff included 12 therapists (combined full-time equivalency [FTE] = 10.0) whose professional background was counseling or clinical psychology. These psychology professionals varied considerably in their level of experience: 4 were licensed PhD psychologists, 1 was an unlicensed PhD, 2 were postinternship but predoctoral, and 5 were predoctoral interns.

Four UCC staff therapists (FTE = 3.25) were professionally trained social workers. Each of these 4 therapists had from 10 to 20 years of experience at the time of the study, 2 as PhD-level licensed clinical social workers (LCSWs) and 2 as master's level LCSWs.

One UCC staff therapist (FTE = .75) was a licensed PhD marriage and family therapist, with several years' experience, who saw several individual clients in addition to seeing couples and families. Support staff at the agency included 1 administrative assistant, 2 administrative secretaries, 2 receptionists, 1 billing clerk, 2 testing secretaries, 4 testing assistants, and 2 work/study students.

UCC individual counseling clientele. Although several therapeutic and developmental services are offered at UCC, in keeping with the focus of the study the clientele described here were recipients of individual counseling. The following clientele information was found in the most recent University Counseling Center (1988) Annual Report for which complete figures were available.

In a recent 1-year period, UCC provided individual counseling

services to a total of 905 clients. Approximately 89% of these clients were students; the remaining 11% identified themselves as University of Utah faculty or staff. Consistent with the older University of Utah population mentioned above, the mean UCC client age for students was 26.6 (median age = 25.0). The mean UCC client age for faculty and staff was 34.6 (median age = 34.0).

UCC client ethnicity tends to reflect a relatively ethnically homogeneous university community: 80% of the clients identified themselves as Caucasian Americans, 2.4% as Hispanic Americans, 1.8% as foreign students, and 1.7% as Asian Americans. Black Americans and Native Americans each accounted for less than 1% of UCC clients. The remaining 12.5% did not specify ethnicity.

Approximately three-fourths of UCC clients indicated they were either self-referred (38%) or were referred by a friend (21%), relative (9%), or faculty member (6%). The other one-fourth indicated they were referred by any of several University of Utah agencies and offices serving students.

While no statistical information is available regarding the frequency of particular client presenting problems, the researcher's experience at the agency suggests that a wide range of mental health concerns are addressed in individual counseling. Among the most common foci of UCC individual counseling are depressive disorders, anxiety disorders, personality disorders, and various developmental concerns including relationship problems, divorce issues, sexual orientation issues, dysfunctional family of origin issues, and career development concerns. Many other psychological and psychiatric disorders (e.g.,

substance abuse, eating disorders, sexual dysfunctions, psychotic disorders, grief reactions) are treated at UCC, but those formerly listed are more frequent.

UCC services. Although the focus of the present study is early termination from individual counseling, mentioning other UCC services will help describe and define the agency as a whole. In addition to individual counseling, UCC offers counseling in couple, family, and group formats. Workshops addressing stress management, test anxiety, couples communication, and career development are regularly offered. Undergraduate educational psychology classes in interpersonal relationships, communication skills, behavioral self-control, career and life planning, learning skills and study systems, and effective reading are taught by UCC staff. Consultation and outreach services are provided to several departments and agencies on campus.

A range of psychological and academic tests and inventories is available through the UCC-operated Testing Center. The study skills and reading classes noted above, and other study enhancement resources, are available through the UCC-administered Learning Center. The UCC is also a training agency and devotes a significant portion of its time and energy to training social work and psychology students and interns, as well as psychiatry residents.

UCC procedures. The agency is open all year and closes only for official University of Utah holidays; therefore, the agency is open during "break" weeks between academic quarters. Hours are from 8:00 a.m. until 5:00 p.m. weekdays, with the exception of Tuesdays when the agency remains open until 7:00 p.m. to increase service availability to

working students. Counselors determine their own schedules and decide when they will be available to clients within the agency hours. A walk-in emergency counseling service is offered during agency hours.

Regarding the service delivery protocol, UCC adopted a "no-wait-list" policy in 1986 which was in effect at the time of the study. Under this service delivery system, each clinical staff contracts with the agency to provide a certain number of counseling hours each week. A number of these counseling hours is used to perform intakes; the exact number varies somewhat with service demand, but the goal of the system is to provide intakes without requiring the new client to wait more than approximately 1 week for the initial appointment.

During intake, the counselor assesses the situation and makes an appropriate agency or community referral. Eligible intake clients who request and are appropriate for individual counseling are normally referred to UCC and usually enter the caseload of the counselor who conducted the intake.

Counselors continue to conduct intakes regardless of the size of their current caseload. Once clients have entered the system, they do not normally have a "standing" or regular weekly appointment. Rather, counseling hours not used for intakes are available by appointment on a "first come, first served" basis. Subsequently, most clients cannot be seen weekly. Depending on the fluctuating service demand, clients may wait from 1 to 3 weeks for their next appointment. Exceptions are, of course, made for clients experiencing emergencies or crises or for clients who are otherwise clinically at risk.

A brief therapy model was adopted by the agency in 1987 limiting

counseling to 12 sessions per calendar year. The model was adopted to help alleviate growing stress on the system as service delivery demands increased. While the intent was to limit clients to 12 sessions per year, flexibility within the model allows interns to make exceptions for longer term training cases. Senior staff therapists also have some discretion to occasionally carry a client for a discrete number of sessions past the 12-session limit.

Full-time University students and University faculty or staff who hold .75 FTE or greater positions are UCC service eligible. The agency assesses a fee for services. The fee is negotiated by the intake counselor with the client and is based on a sliding scale and the client's ability to pay. The general fee formula is \$1 for every \$1,000 of annual income per session. For example, if a student made \$8,000 the previous year, the recommended fee would be \$8 per session. The minimum student fee is \$3 per session; \$3 per session is also the modal fee for students. Clients may either pay fees each time they come in or be billed. Payments may be stretched over time without penalty. All appointments are made by the receptionists in a master appointment book at the front desk.

The Participants

The participants are fully characterized in this portion of the thick description. Such a description allows the receiver of this report to judge the degree to which the results may be transferred to the receiver's setting. The discussion includes the participants' age, University affiliation, presenting problem, previous counseling history, mode of referral, counseling duration, and time elapsed from

the last session to the interview. Finally, a comparison between participants to those who did not respond to the recruitment letter is made on the above dimensions.

Age, gender, and marital status. Participants included 5 men and 5 women who ranged in age from 19 to 43. The arithmetic mean age was 28.9 years, while the mode was 25 (2 participants), and the median age was 26. This relatively older group is consistent with age norms at The University of Utah as described above. The 5 participants who identified themselves primarily as students were younger than other participants, with a mean age of 22.0. Those who said they were students and staff, or were staff, averaged 35.8 years of age. Men averaged 28.8 years of age, and women were essentially the same with a mean age of 29.0. Four participants indicated they were married, 1 was in a committed live-in relationship, 1 was separated and currently divorcing, and the remaining 4 were single.

University affiliation. Participants were a mix of University students and staff workers. As mentioned, 5 identified themselves as students (all undergraduates). Two participants indicated they both attended school and held a staff position on campus. Of these 2, both females, 1 was returning to school to finish an undergraduate degree and the other was pursuing a master's degree; both identified more heavily with their student role and are classified as students hereafter. Three participants were full-time University staff members; 1 worked in Student Services, 1 at The University of Utah Medical Center, and the other at The University of Utah Computer Center.

Presenting problem. Although not specifically asked to do so,

most participants identified one or more specific issues or problems that led them to seek UCC individual counseling. The major presenting problem theme that emerged concerned interpersonal issues. In these cases, participants usually described various emotional sequelae of relationship problems. These relationship issues included separation adjustment, marital problems, boyfriend or girlfriend problems, problems with children, and problems with a boss.

The following quotations are characteristic of participant statements about their presenting relationship issues. With these quotes and all that follow, each statement in a grouping was made by a different participant unless otherwise indicated:

The reason for visiting this particular time: I have a problem with my daughter, and so I went to them for my own benefit.

At the time I was having some problems in a relationship with my husband.

I was having problems with my boyfriend at the time--that's what it was all about. . . . And it wasn't just that I wished things with my boyfriend were different. It was also like my job, my boss--but at the time, [my boyfriend] was mainly why I went there.

A second presenting problem theme that emerged concerned feelings of depression. This theme is illustrated with the following quotation:

I went in for, I was feeling a little depressed and what not, and lonely . . . and just became stressed. And I felt . . . kind of depressed, and that kind of cycle, lonely and depressed. Then it starts to eat at your self-confidence. You start to wonder, "Is something wrong with me?" "Is there something else I should be doing?"

Presenting problems named by 3 participants were lack of academic motivation and/or career development issues, as depicted in the two quotes below:

What I went to the Counseling Center for was to take the Strong-Campbell Interest Test.

It really disturbed me [that I didn't have a career direction]. And so I was trying to figure out what I should switch my major to now . . . and that's why I came to the Counseling Center.

Finally, a significant subset of participants (3) indicated that the issues that led them to seek counseling were very difficult and pressing matters in their lives. Some expressed a sense of urgency, as below:

This has been a very, very difficult issue for me. It's a concept that I have not entertained in my life, not been able to understand . . . and so it was a very difficult issue for me to grasp.

I was recommended a counselor by my friend. I kind of went there feeling very desperate at the time.

Previous counseling history. Half of the 10 participants indicated they had been engaged in individual counseling before approaching UCC on the occasion that led to their involvement in the study. Duration of their prior therapy ranged from a single session to approximately 1 year. Participants with prior counseling indicated both positive and negative previous counseling experiences:

I saw a counselor, oh, I imagine about 9 or 10 years ago to deal with stress--and from that perspective felt a precondition, if you like, to be satisfied with that process. I had been in counseling for two months after the accident. That one was also a matter of I quit going, but that was because I didn't like the counselor.

The other 5 participants indicated that their initial experience with counseling was the UCC session(s) that led to joining the study.

Referral/mode of entry. Half of the 10 participants had been referred to a specific UCC counselor by name. Most often, these referrals were made by co-workers or friends who had a favorable

impression of the particular counselor, as indicated by the following:

When I have a problem, I talk to my boss and he referred me by name. And so the gentleman that I saw, I was perhaps predisposed to . . . be comfortable with. Qualifications had been spoken to me.

The remaining 5 participants had no name referral and simply contacted the agency and asked to be seen by a counselor. Three of the 10 participants chose to walk in rather than call to set up an initial appointment. When asked if she called UCC initially, 1 participant said:

No, I just left right there and walked right over! I was sitting right above it having coffee with the individual [who referred me] and I just said, "Well, there's no time like the present!"

Counseling duration. As mentioned earlier, participants in the study unilaterally self-terminated either after the intake session or after the first postintake counseling session. Of the 10 participants, 6 did not return following the intake, i.e., 4 attended one postintake session. Completed postintake sessions followed the intake by from 1 to 3 weeks.

Time elapsed from last session. The time elapsed from the date of the last session to the date of the interview varied from 63 days (approximately 2 months) to 195 days (approximately 6 1/2 months). The average period between the last session and interview was 146 days, or just under 5 months.

Responders versus nonresponders. An effort was made to ascertain whether those who responded to the recruitment letter systematically differed on demographic variables from those who did not respond. Although it was possible to compare the difference between mean ages

for the groups using a t test, the chi-square statistic was not appropriate for comparing the groups on categorical data. Chi-squares could not be used due to the small sample size (N = 10) and the dichotomous nature of the variables. (Dichotomous variables render only a single degree of freedom.) Nevertheless, quantitative information about responders versus nonresponders is provided in the form of relative percentages.

Nonresponders (N = 37) averaged 27.5 years of age, while responders (N = 10) were, on the average, slightly older at 28.9. However, a t test assessing the differences between means for the groups confirmed that the groups did not vary significantly in age (t = .46; a t of 1.68 was needed for significance at the p = .05 level with 45 degrees of freedom).

The remaining demographic characteristics of nonresponders and responders were compared by noting the relative frequencies of the two groups across several variables. These frequencies, also expressed in percentages, are summarized in Table 2.

Compared to nonresponders, male responders were slightly over-represented in the sample. Counselor gender was essentially the same for the two groups. Regarding marital status, it appears that while single responders were representatively sampled, married people were somewhat overrepresented and divorced individuals were underrepresented. Comparing University status (student or staff/faculty), a somewhat higher percentage of staff agreed to participate than might be expected.

Table 2

Demographic Characteristics of Nonresponders and Responders

	Nonresponders (<u>N</u> = 37)		Responders (<u>N</u> = 10)	
	Number	Percent	Number	Percent
Participant gender				
Male	13	35.1	5	50.0
Female	24	64.9	5	50.0
Counselor gender				
Male	11	29.7	3	30.0
Female	26	70.3	7	70.0
Marital status				
Single	22	59.9	5	50.0
Married	6	16.2	4	40.0
Separated	1	2.7	1	10.0
Divorced	8	21.6	0	0.0
University status				
Student	34	91.9	7	70.0
Staff	3	8.1	3	30.0
Ethnic background ^a				
Caucasian American	28	77.8	8	80.0
Ethnic minority	8	22.2	2	20.0
Referral mode ^a				
Self-referred	20	55.6	5	50.0
Other referred	16	44.4	5	50.0
Prior counseling ^b				
Yes	19	54.3	6	60.0
No	16	45.7	4	40.0

^aThe data reflect 1 missing data case from nonresponders.

^bThe data reflect 2 missing cases from nonresponders.

Ethnicity between the groups was compared by identifying individuals as either Caucasian-American or ethnic minority. Ethnic minority responders were adequately represented relative to non-responders. Similarly, mode of referral was dichotomized as self-referred and other-referred; responder and nonresponder groups showed little difference in this area. Finally, the incidence of previous counseling experience appears to be comparable between the two groups.

Perceptions and Evaluations of UCC

Participant information about UCC perceptions and evaluations comprised three categories: Overall UCC Perspective, Perceptions of Counselor, and Specific Agency Variables.

Overall UCC Perceptions

Meaning units in this category were usually elicited with an open-ended question near the beginning of the interview:

Perhaps you start by telling me your general impressions of the Counseling Center. What do you think of the Counseling Center now?

Nearly every participant contributed two or more meaning units to the theme.

The tone of these comments was universally positive. Several participants emphasized that there were no real negative elements in their overall UCC perception, as demonstrated in the following quotations:

The perspective of the Counseling Center is still positive.

As far as the way it was run, it seemed very easy-going and nonthreatening. . . . I didn't feel like I was going into a place that was intimidating. You could go in, fill out the forms, talk to a counselor, and feel okay about it.

I guess one thing I wanted to say is that I'm glad the resource was there, that the Counseling Center exists and provides the services because I would have been even more out of touch with how to get started if not for that. And I really feel its presence was a valuable influence on me, even though I didn't take a lot of advantage of it.

I think it was probably better than I thought it would be, more relaxing. It was actually quite likable.

None of the participants verbalized particularly negative perceptions of the agency as a whole, even when directly invited to do so.

Perceptions of Agency Variables

As participants continued to speak about their UCC experience, more specific topics arose which were collectively best characterized as specific agency variables. Two of the subthemes included under this heading, Scheduling/Access and Fees, are comprised of comments from nearly every participant. The other four subthemes in this category each resulted from information given by only two or three participants. These latter subthemes included Twelve Sessions, Support Staff, Physical Environment, and Parking.

Scheduling/Access. Each participant talked about his or her experience accessing UCC services by scheduling the initial appointment. Some also scheduled and attended one subsequent session. Individuals described vastly different experiences ranging from having no problem scheduling to being simply unable to schedule or even make contact with the assigned counselor during a crisis period.

Six of the 10 participants indicated that they were able to

schedule an intake in a convenient and timely manner and had no concerns about accessing counseling:

It wasn't real difficult to get an appointment, as I recall.

It took a little bit. . . . I think it was about 4 days.

It really wasn't [difficult]. I think I got in within the week, and I only made the one visit, but I got the impression that [counseling] was available.

Her hours were kind of irregular. And she was willing to schedule me way in advance, if I wanted to, with a time that was convenient. So I thought that was fine.

Three participants reported they had relatively little trouble scheduling an intake, but had significant difficulty arranging a follow-up appointment. These participants most often indicated that more counseling hours and more varied appointment times were needed:

I know the counseling service at that time was pretty much just 8:00 to 5:00, and I was able to go at 4:30. But had I wanted to continue on . . . some evening appointments may have been a little more convenient. Or early morning appointments before work or something.

The one problem that kind of got to me was that the particular counselor I had--I worked full-time and the only time I could get together was in the early morning of a certain day . . . and then I only had a half-hour or so, depending. . . . And so that bothered me. . . . That would be the one thing I would feel: I wish they had more varied and flexible hours.

One participant indicated that his difficulty accessing UCC services was the primary reason for discontinuing counseling when he did. After having difficulty scheduling the initial appointment, he was apparently in a crisis state the week after the intake and was unable to talk with the counselor by phone despite "four or five" attempts and despite leaving messages where he could be reached. He

continued:

I know I called repeatedly over several days in order to make a contact . . . and then when I would get on the schedule for an appointment it would typically be two weeks or more. I was willing to . . . keep making these appointments that were spread out. But then to find that I was in a really difficult situation and . . . would try to get through and continually not be able to get through was troubling. I felt that the structure was somehow not able to respond.

This participant subsequently arranged counseling services in the community.

Fees. Each participant commented on his or her perception and evaluation of UCC fees. As mentioned above, the initial intake session is free of charge. During that intake session, however, a fee for each subsequent session is normally negotiated.

The majority of participants (8 of the 10) indicated they believed the fees for services were reasonable and affordable, as reflected by the following quotations:

The fee scale was . . . very reasonable.

What I thought was interesting is that it was based on what you could pay. . . . It was affordable, especially considering I went in there and thought it would be like around \$15 or \$20 just on a straight-shot fee instead of being adjusted to the person. So, that felt really good.

I like the pay-as-you-go arrangement. I think that's a positive influence because it helps people to be clear and gets them into the program.

One participant who had come to UCC for career interest testing indicated she did not value personal counseling sufficiently to pay for it, but agreed that her assessed \$6 fee would be reasonable for the test interpretation.

Finally, 1 participant saw the fee as one of several factors that led to discontinuing counseling. When asked about these factors he

said:

Maybe the monetary [factor], a little bit. Even though it's not a lot, we still live at the poverty level. Every little bit counts.

Twelve Sessions. This was a relatively minor subtheme. More than half of the 10 participants did not seem to know about or remember the 12-session limitation. Those who commented generally reported some mild discomfort about the notion of restricting sessions but did not report strong feelings about it.

Physical Environment. The 4 participants who mentioned the physical facilities all indicated their approval of the surroundings:

As far as the setting--very nice--you know, the new building.

I think it's good that they have a lot of plants in the lobby. . . . I think that the comfort of the physical location is important--that people go there and feel that it's a good place to be.

Support Staff. Four comments, all positive, were made regarding the agency's support staff. For example:

I liked it when I got there--I said I had an appointment with so-and-so, and [the receptionists] said, "Oh, she's great!". That made me feel really good. I thought they were friendly. They were comfortable.

Parking. One participant who worked at the Medical Center indicated that an inability to find nearby parking would have been an hindrance to continuing counseling. Another participant concurred during the member check, adding:

A session is an hour, but the meters are only 36 minutes. That's just stupid!

Perceptions of Counselor

Each participant was invited to share his or her perception of the counselor seen. The researcher's initial question in this area usually was very broad:

What did you think of your counselor? Did you think that he or she understood your issues?

The responses that followed generated meaning units fell into subthemes of Competent, Comfortable/Open, and Other Counselor Characteristics as documented by the following remarks:

Competent.

[When asked for impressions of his counselor:] Competent, capable.

So, I had a really good experience. I would highly recommend her to anybody else.

This person was just willing to talk about what was going to happen, or what may be happening--so far as, "If we tape record I'll let you know"--that kind of thing. So I thought that was really nice.

Comfortable/Open.

He seemed really open.

She was very personable. I guess I felt like I could kind of become her friend, and we could go off and have coffee and we could talk for hours.

The person that I had was generally very amiable, open and that kind of thing--made me feel comfortable.

Other Counselor Characteristics. Most participants mentioned other perceived counselor characteristics that did not fit the above categories. Again, these comments were nearly unanimously positive. A sampling of the adjectives used to describe counselors gives a flavor of these perceptions: "caring," "receptive," "neutral," "responsive," "focused," "enjoyable," "concerned," and "a very, very balanced

and . . . older individual."

One participant mentioned that her counselor seemed hesitant or unsure. On further questioning, however, it became clear that the participant, who had come in to take a Strong-Campbell Interest Inventory, believed that UCC and Academic Advising were the same agency. The participant expressed disappointment that the counselor could not directly answer specific questions about requirements for various academic majors. However, this participant concluded by saying:

But for what I need her for--to interpret the test--I'm confident she'll be fine.

Factors in Early Termination

Three major themes emerged regarding factors associated with people unilaterally discontinuing counseling after one or two sessions. The interview probes that elicited some of this information were:

Would you call your counseling experience a success?
Why, or why not?

What do you think you got from counseling? Did you find it helpful?

What do you think led to not returning for more sessions?

While these probes were used with several participants, much of the information reported here was offered spontaneously before these questions were asked.

The three major categories that emerged (Successes, Participant Personality Characteristics, and Contextual Factors) are each well-developed and contain several subcategories. In addition to these major themes, a small number of termination factor comments was made

that cannot be considered themes due to their infrequency and their meager collective content. However, brief mention is made of these areas, i.e., Not Really a Success and Covered Ground.

Successes

This was a robust category containing remarks from each participant. Most participants contributed six or more meaning units to the category, which is comprised of three major subcategories and one minor subcategory, i.e., Made Progress/No Need, Different Perspective/Awareness, Other Specific Targeted Process or Outcome, and Things Fixed Themselves (minor subcategory).

Made Progress/No Need. This was a significant subcategory with most of the participants indicating that a contributing factor to their termination was that they had made progress and perceived less need for counseling during their limited counseling exposure:

My questions were answered, we [participant and a family member] were dealing with the issue and working on that issue, and so that was enough.

Things were going well, and that's probably the reason I stopped going back.

[Regarding her presenting relationship issues:] It was kind of like, well, I'm doing good and he's doing good--we're talking. So, it was kind of like I didn't feel like I had to go back.

I don't see a need to go back. There isn't a need in my view to rediscuss. I'd say that would not occur. I think, at this point, the problem is being resolved. . . . I think if that's not the case, then I'd certainly be going back to understand why.

Different Perspective/Awareness. Several participants expressed the perception that part of what was helpful about counseling was gaining the counselor's perspective of their situation. Most indicated

that gaining this perspective increased their self-awareness, and that this awareness became an end result of counseling.

It helped me look at things in a different perspective and kind of see . . . more of how I really felt. I mean, just how to get an overall picture of what was really going on.

I terminated because . . . [the counselor] did give me insight, and I found that really useful. And it still is.

I got someone's unbiased point of view. . . . It helped me look at the problem, helped me figure out where I needed to change--you can only get so much from friends. It was the fact that it was a point of view, but it didn't belong to anybody who I would constantly be under the influence of. It wouldn't be like, "You have to do this," it would be like "This is what could be helpful," and it was.

Other Specific Positive Outcomes. Nearly every participant indicated that as a result of counseling he or she had, at some level, attained one or more specific positive results not fitting the above categories. These results were as varied as the participants themselves, as the ensuing examples demonstrate.

One participant presenting with difficulty adjusting to his academic load said of his brief counseling experience:

That was last quarter, and I didn't do it early enough to salvage the quarter. But some of the things that were said helped me think about what I was going to do this quarter.

Another participant reported learning a stress reduction skill and expediting the process of securing appropriate services off campus:

She [the counselor] did recognize that stress was a major problem and did teach me a stress resolution technique--sort of meditation--which I've found helpful and useful. . . . I'm quite pleased with where I am now and I feel that maybe the process of figuring out where to start has been accelerated.

A University staff member who participated in the study indicated that the help received regarding a personal relationship carried over into a work situation:

Talking to [my counselor] helped me realize that I need to be more expressive of how I feel. . . . And it wasn't just that I wished things with my relationship were different--it was also like my job, my boss. . . . I was having a hard time approaching my boss. As it turned out, I kind of kept some of those things in mind, and in the process I worked it out! . . . I told her how I felt. And, once I sat down and talked to her, she was very appreciative of that. . . . The hard thing for me was getting up the nerve to approach somebody. And I think talking to the counselor has helped me keep that in mind, that it's okay to express yourself.

Other outcomes identified are self-explanatory, as evidenced by the two quotes ending the description of this subtheme:

And I went there, and, actually, I felt great pressure relieved from just sitting there and talking to somebody who, you, know, they don't have any commitments to me or anything. So, I really enjoyed that aspect of it for myself.

[When asked "What did you get from counseling?"] Probably the first word is validation. I think I more or less knew what the issues were and what I needed to do, and having this other adult person telling me, "Yeah, you're kind of right and this is what you need to do" was a little bit of support, validation. . . . At the time, having this person validate that something was going on, and identifying some ways to kind of help solve that was a very good experience for 60 minutes--it was very well worth it.

Things Fixed Themselves. This was a minor subcategory with a total of four meaning units, three from one participant and one from another, reflecting a belief that improvement was somehow serendipitous:

The reason I stopped going back to counseling was not that there was a problem there or with the counselor or that I didn't feel I was getting adequate treatment. . . . But actually it was because the problem I was going in for seemed to correct itself. . . . Things fixed themselves and I don't know whether to give myself credit, or the environment, or

both. Or to the Counseling Center, myself and the environment.

Participant Personality Characteristics

The second major theme under the Factors in Early Termination heading is a collection of five largely idiosyncratic but salient participant characteristics associated with discontinuing counseling. These five participant qualities (each considered a subtheme) concern intraindividual, personality type characteristics. It is interesting that the primary contributor to four of these five themes was a male.

Little Finality Expected. Comprised of six meaning units from 2 participants, this subcategory is indicative of a low need for or anticipation of finality:

I don't need the "final answer." . . . There's no need for total closure. There's no issue in my life that has to be definitively ended. And this one is a human issue, and so it's very complex in my view anyway. So if I don't have an answer, I don't have an answer. It's not something that keeps me awake at night.

Pragmatic. One participant contributed 10 of the 12 meaning units of this subtheme, an example of a largely idiosyncratic area that had high salience for an individual. Regarding his relatively short duration in counseling, he explained his viewpoint in part as follows:

I'm a very pragmatic individual. I look at it like, "Yeah, we can fix it or we can't. Yes you can or no you can't." Get some information and make a choice and live with it and move on--that's really how I address even these issues.

Disclosure Discomfort. This subtheme comprises an instance of a purely idiosyncratic termination factor: One participant contributed all five meaning units. After mentioning he felt apprehensive about returning for a second session, he described the nature of that

apprehension as:

[It was] just about letting someone else know about me, but I didn't know anything about her. [Researcher proposes that this disclosure discrepancy was uncomfortable.] Yeah, when I started thinking about it. [Researcher asks if this was a factor in not returning.] I think that was a big part of it. Just by going in and telling them what's on your mind and how you feel, and they kind of guide you along but they don't really say "Yeah, I feel that way too," or "No I don't feel that way."

It should be noted that this participant reported approving of and feeling "comfortable" with his counselor. He subsequently maintained that more counselor disclosure would compromise the professional nature of the interaction, and concluded that if he decided to return to counseling he would need to sacrifice this discomfort for potential therapeutic gains. Each subsequent participant who was asked about this factor's applicability denied it was part of his or her experience.

Independent/Authority Concerns. One participant contributed 9 of the 13 meaning units comprising this subtheme. What resulted was one of the more interesting, unique subthemes addressing a perceived need to do things on one's own, apart from authority figures. This participant explained:

I just got to a point where I was starting to think about stuff and decided that I needed to think about it on my own more than having to talk to someone about it--which, at a point, becomes a problem in itself, talking to somebody about a problem, either on a weekly basis or anything like that.

Later in the interview, the same participant continued:

I'm really hesitant of any authority. . . . I have a need that I have to defy authority. So, that's been one of the problems that I had to identify. [Researcher asks if this pertains to his decision to not return to counseling and if he's thought about that reasoning before.] Yeah I do, and yes, I have [thought about it]. It's partly that I wanted to

solve it on my own and part of it I didn't want to be under anybody's influence directly.

It should be noted that while this participant also enthusiastically endorsed his counselor, he reported he felt "nervous" when he thought about returning.

Procrastination. One participant indicated she simply put off returning:

You know, the thing of not going back was just a matter of me not doing it. It's not a matter of me making a decision, "Well, I'm not going to do this," but primarily it's just procrastination.

This participant added that her procrastination was partly fueled by her desire to avoid "painful" issues.

Contextual Factors

A total of nine meaning units from 5 participants is included in this section. The shared theme is that various contextual or environmental situations (e.g., illness, schedules, insurance contingencies) affected the process of not returning:

And I got mono about the same time, with totally a lack of energy to do anything about it.

I had planned to [take the interest inventory] right then, right after [the intake appointment]. But the woman who was doing the tests wasn't going to be back for half an hour, and I didn't have time to wait. And then, that was right before [Christmas] break, and then break happened. And then it was the first of the quarter. So, it's just a matter of time.

It was just [my husband's] insurance. They have some kind of employee referral [system] that, in order to get into the system, they do it that way. And I guess we didn't even think to ask if the Counseling Center was on their list. They just gave us a place in Ogden because he is based there.

It is interesting that 1 woman reported that her counselor was scheduled to take vacation for the 2 weeks following the intake. The participant actively denied that this absence affected her not returning, however.

Not a Success

The relative infrequency of meaning units in this area and the one that follows prohibits the richness which characterizes true, documentable categories. These two areas are briefly reported here, however, because their contents are highly relevant to the purposes of the study. They are also presented in the interest of completeness and to represent the relative balance (or lack thereof) among categories.

Being a relatively minor area, 2 participants combined for a total of only three meaning units, indicating that while they thought counseling was helpful, they did not consider it "successful":

I wouldn't say successful in that it doesn't bother me anymore.

Covered Ground

Finally, 3 participants together contributed four meaning units portraying a belief that more counseling would have been redundant:

And after the . . . last visit I felt, "You know, we've covered this ground before--I don't see a lot more . . . additional information that I wasn't getting before."

And then I went in that day [second appointment] and felt good about it, but . . . I didn't really think that anything more would be covered, as far as bring up new points of view. And it seemed at that point that we were going to just start working over what we had.

Termination Processes

This final results section addresses the various processes that participants associated with discontinuing counseling. The foci of the study included not only the participants' evaluation and perception of their counseling experience and the factors related to termination, but also the processes (and there are several) associated with not returning. The two major categories that comprised this section were named Ending Processes and Ambivalence/Unfinished.

Ending Processes

This category consists of one major subcategory and two minor subcategories that address aspects of the process of discontinuing counseling. The interview questions used to elicit this information were:

Thinking back on it now, do you remember coming to a decision that you wouldn't be returning? How did you decide?

Although these questions were used with most participants, several meaning units in this area originated spontaneously in other parts of the interview.

The major subcategory was named Open Ended/Time Passed; the minor subcategories were named Subsequent Counselor Contact and Sought Other Resources.

Open Ended/Time Passed. All 10 participants contributed one or more meaning units to this grouping making this process element ubiquitous among these respondents. The common theme was that continuation of counseling was sometimes left unspecified or open-ended with the counselor and that only after a period of time had passed did

participants realize they had not followed up with a subsequent session:

I don't know if there was an exact time line put to anything we were going to do.

I don't think we had discussed [making a follow-up appointment]. I think she just said, "Make another appointment if you feel you need to."

I had one more appointment which I totally lost track of. We had a problem [at work] and it was, I guess, the only appointment that I had scheduled in the afternoon--I normally had these in the morning--and I just realized that time had passed, afterwards.

After the last [appointment] I thought, "Well, I'll come back maybe in two weeks." And then, I just, things just got busy and two weeks were gone and I never did. It wasn't like I really made a decision not to return. I think that time just elapsed, and then it was like "Oh, wow, I haven't gone in a [long time]." Yeah, that was how it happened.

Subsequent Counselor Contact. This small but very interesting subtheme concerns participants' thoughts and reactions to being contacted by their former counselor after counseling had discontinued. Three respondents reported hearing from their counselors after not returning. Two were contacted by phone, and 1 was sent a letter:

I didn't feel like [calling the counselor afterwards] was something that person was expecting. Although I did get some sort of correspondence from this person, oh, two months after that [indicating], "I remembered our visit and I hope that things have worked out. If they haven't, feel free to contact me," that kind of thing. And I was impressed with that. It wasn't anything like, "What happened?" or "Call me!" It was more like, "I still exist if you need someone," and I liked that approach.

All 3 participants who were contacted indicated it was a positive experience.

Two participants discussed not calling their former counselor to say they would not return:

I didn't feel a responsibility to call the good guy up and say, "Thanks a lot." No, I did not see that issue there. And so, it was simply a matter of convenience.

I didn't [call him]. I don't know. I felt like he would--he probably wouldn't have--but I felt like he would want me or try to get me to keep coming in, which I didn't want to do.

Finally, 1 participant reported she frequently sees her former counselor on campus:

There are so many times that I have [run into her on campus] and thought, "I've got to go back and see her," you know. I really liked talking to her and have just not . . . went and done that.

Sought Other Resources. Resources in addition to the UCC were sought by 2 participants in the study. The participant who reported the most difficulty accessing UCC services, as noted above, explained:

But then I did make contact and got into a program with another counselor that I had known for some time. . . . She's in private practice. . . . So, I wound up getting what I needed from other sources, essentially, because it was less than available here.

The other person who sought and secured alternate resources was the participant mentioned above with the insurance coverage, requiring a referral from within the system of approved providers.

Ambivalence/Unfinished

The second and final theme under the Termination Processes heading was named Ambivalence/Unfinished. The primary question used to invite sharing of this information was, "Did part of you want to go back for more sessions, or did you feel pretty much finished?" Again, this question was used with most participants. However, several meaning units in this category originated spontaneously in other parts of the interview.

The major subtheme composing this category was called Second Thoughts/Unfinished. The minor subtheme was named Guilt Feelings.

Second Thoughts/Unfinished. Participants frequently and clearly acknowledged a distinct and often poignant sense of ambivalence associated with not returning to counseling. Ironically, the 17 meaning units (contributed by 9 of the 10 participants) that constitute this subtheme make it the best documented subtheme outside of the Successes category.

Several participants mentioned they partly wanted to return, and would likely feel comfortable doing so, but have not done so:

I just found that I didn't go back, not that I haven't thought many a time that that's what I should do.

There were times later in the year that I felt it would be nice to talk to somebody about different things, about my job.

But there have been times when I think, "Well, maybe I should go see the counselor and talk to her and see what she says." And, [long pause] I haven't done anything. [Researcher asks if she would feel free to do so.] Yeah, I think I would.

One participant disclosed that part of his expressed ambivalence about returning concerned wanting more of a friendship with the counselor than a client-counselor relationship:

I liked his personality, and so I wanted to keep going back to him, but I didn't feel like I could. And I didn't think I could start a friendship or anything. . . . So, I wanted to go back, a little bit. But it was more the fact that this person was somebody that would be worthwhile to know as a friend, rather than keep going back for counseling. I didn't think that was possible, so I didn't try.

Likewise, several participants expressed a belief that while they had made progress (as documented in the Successes subthemes), their improvement did not fully address the concerns that led them to seek

counseling:

I had a couple more meetings scheduled, and there were still some things he could have helped me with.

I don't think that by any stretch of the imagination that I'm out of the woods. . . . I'm trying to learn to take my power back [from my soon to be ex-husband] and that's not an easy thing to learn how to do. You really don't know all the tools to do it, you just take one step at a time.

Yes [I could picture going back]. Like I said, there was no problem there. And, actually, I guess--to be completely honest--I was hoping to make another appointment there. . . . I'd like to understand what's happened, if there is a way to understand it. Because things are starting to slide back to where I'm feeling a little lonely again and you start to wonder, "What's going on?"

(It should be noted that the participants making the latter two comments were offered assistance in arranging subsequent counseling if they would like. Both thanked the researcher and indicated that they would feel most comfortable and would prefer personally making those arrangements with their former counselor.)

Finally, 1 participant seeking career counseling essentially did not see herself as having terminated, even though she had not been to UCC in several months. Rather, she saw herself in the middle of her process to take an interest inventory and have the results interpreted to her.

Guilt Feelings. Another relatively minor but intriguing subtheme concerned the expression, in retrospect, of guilty or bad feelings associated with discontinuing:

But at the same time I kind of felt bad. I kind of had this little guilt feeling like, "Maybe you should be going, maybe you should make the time." But I don't feel guilty anymore. Like I said, we never talked about "How do you end it?" so I kind of felt like I never ended it, and I didn't know if that was "kosher" or not.

Later in the interview, the same participant revisited this theme:

I think there was part of me this summer that was kind of like, I guess I kind of felt guilty and like if I went back she could say, "Well, why are you coming back in here? It's been four weeks!" or "I haven't seen you in five months!" But I think that's just an excuse, because I don't think that would be a problem at all. I could just go in and say, "Look, this is what's happened. This is why I didn't go to see you. Here I am. Can I talk to you?" I think I'd feel okay [about doing that].

Another participant described his feelings as follows:

I wanted to talk with her and kind of put some closure on it, so I felt bad that I had missed that opportunity. But, oh well.

Individual Case Summaries

The categories and subcategories presented above summarily represent the participants' counseling perceptions, evaluations, reactions, and termination processes. An effort was made to portray the degree to which various themes were common among participants or were specific to individuals. However, such a description cannot impart a sense of how these various elements came together within individuals.

For this purpose, the chapter is concluded with brief case summary synopses, despite the fact that the content will be somewhat redundant. The summaries are presented in the order in which participants were interviewed.

Participant 1

The first participant to be interviewed for the study was a married male in his early 40s who was a staff member in the Student

Services area. He had had a positive experience with short-term counseling several years previously. This man was given the name of a UCC counselor by a coworker and initially sought services addressing family-related issues.

This participant reported that his perceptions and evaluations of UCC and its operations were all positive. He indicated his counselor was competent, caring, responsive and focused.

He attributed his discontinuation primarily to his perception that he made significant progress and saw no need to return. He also indicated he is a pragmatic individual who appreciates "getting to the answer." Perhaps ironically, he also disclosed that he is not a person with a need for definitive answers in life. He believed further counseling would have been redundant and accordingly expressed no ambivalence about not returning. He did indicate, however, an openness to returning in the future if needed. He reportedly did not feel an obligation to call his counselor to inform him of his choice to not continue.

Participant 2

The second participant was a 25-year-old married male undergraduate student. He was the only participant who did not disclose a presenting concern during the interview, although he mentioned that he was self-referred and that this UCC visit was his initial exposure to counseling.

This participant indicated that his perceptions of the agency were generally positive and that he felt comfortable with his counselor because "she was just so receptive." While acknowledging that the fees

for counseling were minimal, he indicated that any fee would be difficult in his financial situation "at the poverty level."

In addition to the fee, another contributing factor associated with discontinuing for this participant was that he made some limited progress by gaining a valuable, different perspective on his issues from his counselor. The factor associated most strongly with his termination, however, was his perceived discomfort at the inequality of the counseling relationship: He expressed feeling uneasy about disclosing more to the counselor than the counselor disclosed to him. Finally, he reported some ambivalence about ending and said part of him would have liked to continue.

Participant 3

The third person to be interviewed was a 20-year-old single male undergraduate student. He was self-referred to UCC to address motivation problems which clearly affected his academic performance. He had some counseling experience as a teenager.

This participant indicated that his perceptions of UCC services, procedures, and policies were favorable. He specifically mentioned he found scheduling easy and fees very reasonable, lower than he had expected. He said he was so at ease with his counselor that he could have pictured pursuing a noncounseling friendship.

This participant indicated that not continuing counseling was due, in part, to having made some academic progress, which he attributed to insight gained from contact with the counselor. The more salient factor, however, was the participant's self-described need for independence from "authority" figures, even though he reportedly felt

very connected with his counselor. He said he was concerned that more counseling would have been redundant, but also reported mixed feelings about not returning: "There were still some things he could have helped me with."

Participant 4

The first female to be interviewed, this participant was a 27-year-old medical technician in a committed relationship. She had not previously been in counseling when a friend recommended a particular UCC counselor to help her with some significant relationship issues. She expressed unequivocal approval of the agency in its various aspects, and indicated her counselor was open and comfortable and that she "really enjoyed talking to her a lot."

While she cited several factors related to discontinuing, this woman primarily mentioned several specific favorable outcomes of her brief counseling experience, including feeling "great pressure" relieved by talking with someone and learning to express herself more directly with others. This latter skill reportedly transferred into her work setting.

This participant was later phoned by her counselor, an appreciated gesture that she said came at an unusually busy period in her life. More so than any other, Participant 4 expressed feeling guilty initially about her termination style but denied that she is bothered by that guilt now.

Participant 5

This married male was a computer programmer on campus in his mid-30s with previous counseling experience. An acquaintance recommended a specific UCC counselor when the participant expressed a desire to work on several related issues stemming from his experiences in a "dysfunctional" family of origin.

Several of his perceptions of the agency were favorable, and he saw his counselor as competent and understanding. However, he reported being frustrated by his inability to access services in a timely manner. His frustration became acute when he found himself in a crisis situation and "the structure was somehow not able to respond."

Perceived lack of accessibility during a crisis and the 12-session limitation were the primary factors related to this participant not returning. Knowing he needed help, he subsequently sought services in the community and was involved in counseling with a private practitioner before his second scheduled UCC appointment transpired. Still, he believed there was some value to his single UCC session as it helped him define his issues. He claimed he harbored no resentment toward UCC but was worried for others in similar situations who had fewer resources and treatment options than he.

Participant 6

This 25-year-old single undergraduate senior female came to UCC for career counseling and was specifically interested in completing a career interest inventory. She reported no previous counseling experience and was self-referred.

Her UCC perceptions and evaluations were generally positive, with

two possible exceptions: (a) She reported that her assessed \$6 fee was reasonable for a test interpretation session, but that she did not value counseling sufficiently to pay this fee for a counseling session; and (b) she found her counselor to be comfortable but somewhat unsure of herself. As detailed above, this participant believed that UCC and Academic Advising were the same agency and expected her counselor to have detailed knowledge of specific academic major requirements.

It is interesting that this participant did not see herself as having terminated. Rather, despite her absence of several months, she simply had not yet returned to complete the inventory and have the results interpreted to her.

Participant 7

This single male of Asian descent was a senior at The University of Utah in his early 20s who lived in the dorms. He reported initiating counseling twice as a teenager (each time for a single session) and was self-referred to UCC to alleviate feelings of loneliness and depression.

His UCC impressions were favorable, with the exception that he believed more available counseling hours were needed and at more varied times. While he scheduled an intake with little difficulty, he reportedly had trouble making follow-up appointments. He described his own counselor as professional, yet approachable, and said he felt comfortable.

In addition to his scheduling problems, this man indicated that he experienced considerable improvement in his social life about the time he began counseling. He explained that this progress allayed his

loneliness and dramatically improved his mood, reducing his perceived need to return. He concluded that perhaps "things fixed themselves."

However, more clearly than any other participant, this person conveyed the sense that previous progress had deteriorated, confirming his misgiving that not continuing counseling at that time may have been unwise. He indicated that he planned to resume counseling and felt free to return to UCC.

Participant 8

This 34-year-old married female was both employed by The University of Utah and enrolled in a master's program when she was referred to UCC by a coworker for marital issues. This was her initial experience with counseling.

Like most participants, her evaluations of UCC were overwhelmingly positive. She reported having confidence in her counselor and the services provided. The clarity and fairness of fee assessment was reportedly impressive to her. She did mention a concern regarding availability of counseling hours, although she said she was able to schedule an intake within a reasonable period of time. She believed lack of accessible parking could be a deterrent to some.

A contextual factor, insurance coverage, was the predominant reason associated with discontinuing. She explained that her husband's insurance required a referral from within that system to reimburse for counseling, and they subsequently arranged agreeable services with another provider. She maintained, however, that her UCC exposure was valuable as it validated her feelings and perceptions and motivated her to follow through with her subsequent counseling.

Participant 9

This 40-year-old separated woman had recently returned to school after several years' absence to complete an undergraduate degree. She also held a part-time job on campus. This woman was referred to UCC by a friend who recommended she seek help for depressive feelings and for pending divorce and custody-related issues.

This participant felt particularly positive toward her counselor, describing her as a "very, very balanced . . . older individual" whom she saw as competent and likeable. The participant's reported impressions of agency variables were favorable as well. In fact, she reported that had she returned she would have adjusted her recommended fee amount upward to more accurately reflect her appraisal of services.

The initial session reportedly left this participant feeling relieved and validated in her perceptions of her situation. She indicated receiving some perspectives and feedback from her counselor that were a starting place for her own development. The primary reason she cited for not returning was "procrastination" fueled by a reluctance to face her painful issues. She reported frequently seeing her counselor around campus and thought many times about returning, and believed she would do so in the near future.

Participant 10

The final participant interviewed was also the youngest, a 19-year-old single female of Asian descent with junior status attending The University of Utah on a scholarship. She worked on campus approximately 10 hours a week as a research assistant. She had been to UCC more than a year ago for a satisfactory 3-month course of personal

counseling, and more recently qualified for the study when she came once to initiate career counseling.

Like the other participants, this young woman was approving of UCC and its services and had positive perceptions of her intake counselor as well. Even though her income was limited to her part-time minimum wage work, she found the minimum fee "low" and affordable.

More so than most participants, this woman exemplified the terminator who made substantial progress and had less need to return. Her counselor had referred her to the UCC Career Workshop and scheduled a follow-up appointment several weeks away. After missing the workshop deadline, she arranged to assist a doctoral student with research in a field which interested her. This work exposure gave her the necessary information and confidence to declare a major. She subsequently forgot the follow-up appointment, was called by the counselor, and intended to reschedule but did not. She reported she was pleased and comfortable with her career choice.

CHAPTER IV

GROUNDING THEORY AND DISCUSSION

Introduction

A primary purpose of this investigation was to construct a grounded or data-derived theory of early premature termination to better understand the phenomenon and guide subsequent inquiry. The present chapter begins with such a theory, grounded in the reported data of this study. The subsequent discussion addresses the meaning and significance of this theory and its generative data before considering various implications for research and practice. Finally, study limitations are addressed.

Grounded Theory

Four interactive data-generated theoretical elements combine to form this grounded theory of early termination. Each component is presented and tied to the data from which it originated. Although the presentation is necessarily linear, the elements described are mutually interactive and simultaneously affect each other. These four elements aggregate in a culminating theory called the threshold theory of early termination.

Multiple realities. Qualitative interview data clearly disconfirmed the assumption that there are one or two EPT profiles "out there" ready to be identified if only the right measure of the right variable(s) could be identified. Rather, the remarkable degree of

variability among participants in this study suggests that early termination, like counseling itself, is a highly individualistic experience.

While some common themes emerged from the data, a review of the 10 case summaries concluding Chapter III verifies that no 2 participants' perceptions, evaluations, or termination processes were essentially the same. Not surprisingly, these results are consistent with a central axiom of naturalistic inquiry that holds that realities are multiple and constructed.

Results from this study support the Mennicke et al. (1988) suggestion that most researchers in this area may be operating under a "uniformity myth" which "may be constricting research on client factors in attrition and adding conceptual confusion to the area" (p. 461). In fact, results from this study lead one to doubt whether even a discrete number of EPT profiles exist. Rather, there were strong and consistent indications that individuals perceive and create their own realities.

Individualistic realities are evidenced in the quantity and quality of themes and subthemes that were essentially idiosyncratic. These elements were often a primary termination factor for an individual, yet other participants not only failed to mention the factor but denied it was part of their experience when specifically asked.

An example of a documentable individual reality comes from the participant who expressed a prohibitive discomfort with what the researcher later dubbed "disclosure inequity": disclosing oneself to a counselor about whom relatively little is known. Although it was a central factor in this individual's process, no one else endorsed the

possibility that disclosure inequity was even a part of their experience. Similar termination-related idiosyncracies were observed with participants who perceived themselves as "pragmatic," as "having a need to defy authority," or as having "no need for a final answer."

As if to further compound the complexity of the phenomenon, terminators do not necessarily associate their termination with only one or two factors. In fact, most participants in this study described their experience as multifaceted and identified several interrelated elements leading to their termination experience. Neither do terminators necessarily attribute similar meanings to their experience.

The idea that individuals construct their own termination realities has significant theoretical implications. For present purposes, the most important implication is that any theory of the phenomenon must occur at a level of generality that allows (or even encourages) individual variation within the theory or individual variation from the theory. To restrict this level of theoretical generality is to risk falling back into the "uniformity myth" against which these data effectively argue.

Internal versus external factors. Closely associated with the multiple realities element is the observation that participants' perceptions, evaluations, and termination processes were more often associated with internal than external factors. The perceived factors associated with discontinuing counseling were normally self-imposed or self-assessed factors, as opposed to factors externally imposed on the individual.

For example, as reviewed in Chapter I, a considerable body of

research exists exploring counselor variables in early termination. However, comments across the 10 EPTs in this study consistently indicated that their termination processes had little to do with counselor perceptions or evaluations, which were nearly unanimously positive. Rather, participants repeatedly and spontaneously pointed to individual internal processes when relating their termination stories:

[My termination] had nothing to do with the services, not at all. No, I would highly recommend it . . . I would definitely. As a matter of fact, I have! . . . I don't think that it had anything to do with the service, per se, or the individual [counselor]. I think it happened to be a lot more with me.

Another individual explained:

Basically, the reason I stopped going back to counseling was not because there was a problem there, or with the counselor, or that I didn't feel I was getting adequate treatment. . . . Actually it was because the problem I was going in for [improved].

The most notable exception to this general rule was a perceived difficulty of scheduling appointments, especially return appointments, on the part of some participants. Difficulty accessing UCC was a primary termination consideration for 1 participant and an influencing factor for 3 others who expressed a desire for more available counseling hours, meaning that 40% of the participants expressed at least some difficulty accessing UCC services. Otherwise, internal factors generally prevailed.

Made Progress/No Need. Perhaps the most salient, commonly shared self-assessed termination factor was the perception of having made progress in one or two counseling sessions and simultaneously experiencing a decreased sense of need to return. While making gains and sensing a diminished need for counseling are seemingly two different

concepts, the CCM data analysis confirmed that they are integrally related and functionally represent a single category.

Because the ideas of progress and decreased need initially appeared as if they were separate concepts, the researcher originally sorted the applicable meaning units into two groupings. As analyses continued, however, a large percentage of meaning units (which by definition contain or reflect only a single idea) could be "double sorted" or sorted both ways, leading to the conclusion that the category was conceptually unified.

The commonality of the theme indicates that the reported perception of making progress with one's issues in one or two counseling sessions was widespread. In fact, such gains were unanimously reported among this sample: Each participant was able and willing to verbalize one or more specific ways in which his or her counseling experience was beneficial. The perceived magnitude of the progress varied, as did progress duration. However, the reported belief that progress was made was shared by all.

Because the sense of reduced need consistently accompanied perceived progress, most (if not all) participants reported experiencing somewhat less urgency to be engaged in counseling after the first or second session. The possible exception to this general rule is the participant who had difficulty accessing UCC services and who accordingly sought services elsewhere. However, even this participant expressed some degree of relief from learning a stress management technique in the UCC session.

Other results pertinent to perceiving decreased need were found

among the personality characteristics cited by participants as relevant to their termination decision. Specifically, recall the individual participants who identified themselves either as "pragmatic," as "having little need for resolution," or as "independent." Each of these participants was essentially saying, in his or her own way, "Because of my unique personal characteristics, I had less need to continue in counseling than most people who do not share these traits."

The collective experience of sensing a diminished need for counseling challenges the assumption that EPTs are treatment failures. In fact, data from this study may challenge the conceptual validity of early premature termination itself. A full presentation of these issues is reserved for the Discussion section, however.

Potentially increased "costs." While the perception of progress and decreased counseling need was essentially unanimous among EPTs, the notion that the perceived "costs" (broadly defined) of counseling may increase during the first or second session is admittedly much more variable.

Included in the present definition of "costs" are tangible and intangible expenses associated with continuing counseling. Tangible elements include the physical effort, time, and fee for counseling; intangible costs are intrapersonal factors involving perceived psychological or emotional risk (e.g., becoming dependent, uncomfortable, vulnerable, embarrassed, frustrated, or afraid to confront the feared or unknown).

It is assumed that at least some degree of cost is always associated with counseling: Minimally, the client must appear at the

agency, interact with the counselor, and pay a fee. Aside from these assumed minimal costs, 6 participants gave no indication that continuing counseling would have been associated with substantially increased costs.

Four of the 10 participants, however, did mention their belief that returning for more sessions would have been costly to them. The specific costs for these 4 individuals were largely idiosyncratic and were incorporated into the Results chapter. These specific costs included disclosure discomfort, discomfort with authority figures, frustration accessing services, and reexperiencing painful issues (closely associated with the participant's "procrastination"). Although the perception of increased costs is more variable than the perception of making progress and diminished counseling need, the level of such sensed costs is an integral element of the theory.

Threshold theory of early termination. The threshold theory incorporates the four interactive data-based elements just presented to provide a different way of thinking about and understanding early termination. While acknowledging the considerable variability in individual counseling termination experiences, the following framework is proposed as a theory of early termination.

The presenting problems cited by people entering counseling reflect their perceived need for services. (In fact, as mentioned earlier, a number of participants expressed their particular needs as pressing.) However, perhaps the most consistent perception of EPTs is that, in one or two sessions, they make progress and experience an attendant diminished need for counseling. This is largely an internal-

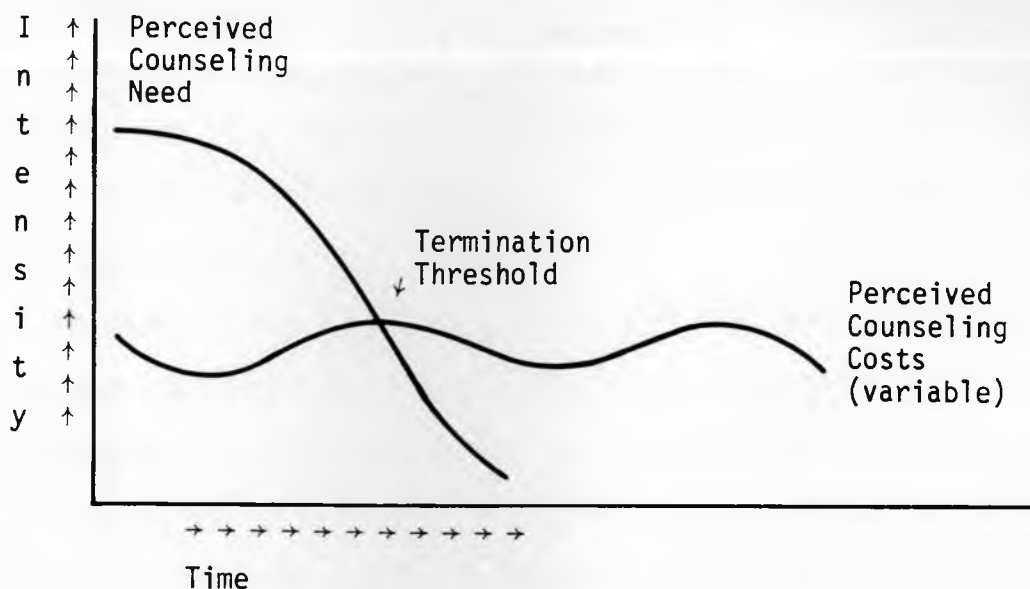
ized process which may not be discernable to the counselor.

While the terminator's perceived need for counseling is dropping, the costs associated with counseling are usually relatively consistent or may be rising. To continue with counseling a client must make some expenditure of time, energy, and resources. Sometimes, however, the perceived costs of counseling rise significantly during the initial intake or first follow-up appointment. The factors associated with rising counseling costs tend to be internal and idiosyncratic factors which may not be known to the counselor.

The threshold concept is based on the observation that despite the variable level of perceived counseling costs, the level of perceived counseling need consistently falls in people who terminate counseling early. The theoretical point at which an individual's perceived decreasing need intersects the individual's perceived cost may be thought of as a threshold which, when crossed, signals termination. This idea is depicted graphically in the Figure.

It is proposed that people who terminate early in the counseling process likely perceive greater initial progress than other clients who persist in counseling for longer periods of time. EPTs may also associate greater costs with therapy, although the perception of greater costs is weaker and less consistent in the data than is perceiving making progress and sensing diminished need.

Proposing that EPTs actually perceived greater progress in the earliest stage of counseling than those who persist is somewhat counterintuitive. Common intuition suggests that people who did not return made little counseling headway. However, two quotes, each made



Graphic representation of threshold theory.

spontaneously by different participants, lend credence to this proposal from the EPT's point of view; that is, in addition to the elements comprising the threshold concept being grounded in data, the following verbal data illustrate the theory more directly.

One participant had been discussing the progress he had made in counseling when the researcher asked what might have made a difference in his decision to end when he did. He responded:

I think if I hadn't seen resolutions, I would have kept going. I saw that the situations could end if I worked on them enough and if I had enough viewpoints to work on them. That's why I felt I had somewhere to start working on my problem.

The researcher then reflected that, ironically, had he not seen progress he might have kept going. He replied:

Yeah, which probably would have been necessary, to keep going at that point.

Similarly, another participant was verbally contemplating whether or not he would call his two counseling sessions "successful." He concluded that had he not seen improvement while in counseling, then he could have called his counseling successful in the sense that he would have "kept going in."

Finally, the recognition of intersecting or conflicting counseling needs and counseling costs was evident in at least a few participants. For example, during the course of one interview, the researcher asked the participant who expressed disclosure inequity discomfort if he wished the counselor would have been more self-revealing. The respondent reasoned that no, a self-revealing counselor would compromise professionalism and objectivity. The participant concluded:

So, I think that if I were to go back, that [feeling of discomfort] would be something that I would have to sacrifice. I'd have to weigh it [the feeling of discomfort versus the help that I would get].

Discussion

The findings and conclusions of this study provide a conceptual framework of early termination, which, in some ways, differs significantly from what researchers and clinicians often presume or believe they know about the phenomenon. The present discussion alternately challenges and supports various current early termination assumptions and findings. The specific issues to be addressed are related to the commonly held perceptions that EPTs are dissatisfied with treatment and that they represent treatment failures.

Early Terminators as Dissatisfied Clients

As discussed in the preceding literature review, a common belief held by psychological researchers and clinicians is that EPTs must be somehow dissatisfied with services received during their one or two sessions. Most therapists, in the absence of information, are likely to speculate about possible reasons a client may have not returned. Student therapists and others early in their counseling careers are especially prone to such conjecture: (a) "Maybe the client didn't think really I understood her issues; (b) I wonder if the client was turned off by my personality or my age; (c) maybe the client was disappointed that I'm an intern; (d) perhaps I should have spent more time exploring this or that issue; or (e) maybe the client was offended when I set the fee." The list of speculations could extend indefinitely.

While these are all possible factors associated with not returning, the findings from this study suggest that, on the whole, people who came to a university counseling center once or twice were pleased. They nearly unanimously reported favorable impressions of their counselor, the agency, agency procedures, and their overall counseling experience.

These findings strongly support results from Silverman and Beech (1979). In one of the few studies to actually contact early discontinuers, Silverman and Beach conducted telephone surveys assessing satisfaction of services received and found that 70% of their participants reported satisfaction with treatment and 79% reported that the problem for which they had sought help had improved.

Furthermore, the factors that were associated with discontinuing

were usually self-assessed, internally imposed variables rather than counselor or agency characteristics external to the client. Without deemphasizing the need for quality counseling services, this information may be of some comfort to those conscientious therapists (especially those early in their training) who assume an undue share of responsibility for clients who self-terminate at the outset of counseling.

Early Terminators as Treatment Failures

Another pervasive notion among counseling and psychotherapy researchers and clinicians is that clients who receive one or two counseling sessions and then unilaterally terminate represent treatment failures. As discussed in the literature review, the generally accepted notion is that EPTs left counseling because they perceived their experience as inadequate or ineffective. Garfield (1978) observed:

. . . early or premature termination on the part of the client is frequently viewed as a failure in psychotherapy, even though there has been practically no systematic research evaluating the outcome of therapy in such cases. (p. 367)

The present study challenges the assumption that clients who discontinue counseling or psychotherapy are treatment failures. In fact, the data and conclusions presented here indicate that EPTs may actually perceive themselves as making more early gains than do clients who persist in counseling for a longer period of time.

These conclusions challenge findings from one of the few earlier studies to actually contact EPTs (Pekarik, 1983a). After having the Brief Symptom Inventory (BSI) administered over the phone, Pekarik

compared scores of "appropriate" early terminators (who discussed their termination with their counselor) with EPTs (who by definition did not discuss termination). He concluded that EPTs have a "strikingly poor outcome, with 31% worse at follow-up than at intake" (Pekarik, 1983a, p. 506). This finding contradicts the perception of the EPTs in this study that they generally made significant progress.

Perhaps ironically, data from this study support a follow-up study conducted by Pekarik (1983b), which showed that a subset of EPTs actually improved on pre-to-post-BSI scores. Specifically, EPTs who cited the predetermined categories "no need for services" (39%) and "environmental constraints" (35%) as reasons for not returning showed improved BSI scores. Pekarik's results are consistent with the present conclusion that EPTs who cited a diminished need for services made therapeutic progress.

Data from this study also strongly support conclusions of Stahler and Eisenman (1987) who used the Symptom Checklist 90-Revised and therapist ratings to assess psychological adjustment. In their study, Stahler and Eisenman concluded that "psychotherapy dropouts may actually function better to some extent than nondropouts" and that "one or two sessions may be helpful to many patients who seek treatment during acute crises" (Stahler & Eisenman, 1987, p. 199). These results are consistent with the present findings that EPTs may actually make more progress early on than non-EPTs and that EPTs generally find their brief counseling experience helpful.

Findings such as these lead one to question whether the label "EPT" is an appropriate appellation. Use of the word "early" seems

congruous with the phenomenon as ending occurs early in the counseling process. However, "premature" is clearly pejorative and, in the absence of client information, is based on a counselor assumption that little or no progress was made. Even the word "termination" is potentially suspect; as mentioned earlier, 1 participant in this study did not see herself as having terminated. By her way of thinking, she had simply not yet returned.

During the course of this project, the researcher's own thoughts and language shifted from "EPTs" to "early terminators," "nonreturners," "discontinuers," or the simple (but wordy) "people who did not return after a session or two." Compared to "EPT," the phrase "early discontinuer" seems less pejorative and more descriptive.

Regarding psychological adjustment, it should be noted and remembered that in addition to citing progress made, most participants shared a sense that they had second thoughts about ending counseling when and how they did. This sense of ambivalence was consistently tied to a realization that although progress was achieved, it was often less than complete. A number of participants expressed the idea that their personal or psychological growth cycles in phases, and that their counseling session or sessions represented one such phase.

In addition, a relatively small but significant subset of participants indicated that they experienced awkward or "bad" or "guilty" feelings associated with their termination style and noted that they did not resolve what they had begun with the counselor. One participant in particular expressed concern that her counselor may have worried about her and her failure to return.

It is also relevant that by the conclusion of the study 5 of the 47 individuals who received a recruitment letter were once again in UCC counseling. (The support staff who originally identified potential participants reported this information to the researcher in the course of collecting file data at the conclusion of the study to compare responders and nonresponders. Because the support staff person scanned the files, the researcher remained blind to the identity of non-responders and was also blind to the identity of participants who reentered counseling.) Three of these 5 returners were among the 37 who did not respond, while the other 2 were among the 10 who were interviewed. Nearly every participant had expressed a willingness to return to counseling if needed in the future, and 2 of the 10 apparently made that choice within 1 to 2 months of being interviewed.

Some researchers or clinicians may argue that a sense of ambivalence and incompleteness is synonymous with treatment failure. However, to label this population as treatment failures, even when they seek additional services, would be to deny them their perception that meaningful progress resulted from their counseling effort, however brief. It would also discount the perception that early counseling discontinuation may be associated with accelerated early gains. While most participants were reluctant to conclude their counseling was completely successful, they were more reticent to indicate that it was not helpful or that it was a failure in any meaningful sense.

Implications of the Study

The findings and conclusions of this study provide a conceptual framework of early termination which differs at times from prevailing

conceptions. Accordingly, it is important to outline the implications of these findings for further research and for practice.

Implications for Research

Before proposing specific ideas for future qualitative and quantitative research projects, a general point is in order. Results of this study suggest that, at least in university counseling centers comparable to the one described in this study, future early termination research should be focused more closely on variables that are internal to the client rather than external factors. While high quality personnel, facilities, and services are imperative for effective counseling, participants repeatedly stated that their termination decision had much more to do with their internal processes such as sensing decreased need or identifying an influential personality characteristic.

More attention should be focused on internal variables, as well as exploring and identifying internal variables which may be somewhat unique to the individual. For example, despite several years of counseling experience, the researcher would have never anticipated some of the more unique, largely idiosyncratic results that accrued from this study. Even though such factors may be individualistic, they will likely fall into a relatively small number of categories, as mentioned below.

Qualitative research. The present qualitative inquiry points to several subsequent qualitative studies that could, along with quantitative efforts, become a program of research. Certainly, the complexity and lack of homogeneity in early termination invite more qualitative

work in this area.

Qualitative inquiry is suited to further exploration and identification of the individualistic factors alluded to above. The present study offers a few categories these variables are likely to fall into: (a) factors related to the client's perception of quick, early progress; (b) factors associated with sensing decreased need; and (c) factors connected to increased perceived intrapersonal costs of counseling. One or more studies could specifically address these areas to add support or modify the undergirding elements of the threshold theory.

Having identified the importance of internal client processes, one interesting and potentially fruitful direction of study would be to incorporate the internal perceptions and processes of the counselor. Do counselors perceive and agree with some of the termination processes identified in this study? Do counselors have a sense as to which clients will discontinue early and which ones will persist? If so, what are the bases for these perceptions, and how are they formed? Do clients and counselors tend to hold similar perceptions of early termination, or do they systematically differ?

With the proper informed consent of all involved, this latter question could be addressed by designing a naturalistic study of early terminators and their former counselors. Separate interviews would produce tentative, interactive results. These results could then be member checked with both parties, perhaps even in a collective meeting with the researcher where both participants could process their collective experience and in a hopeful manner arrive at a shared

understanding.

Quantitative research. A necessary result of naturalistic inquiry is grounded theory. The purpose of grounded theory is to offer a conceptual framework to guide subsequent thinking and research in the field. A qualitatively derived grounded theory may lead to hypotheses for traditional, empirical quantitative research.

Concerning the grounded theory produced by this study, one possible research direction would be to develop and verify a measure or measures that would tap (or even highly correlate with) the categorical variables mentioned above: (a) factors related to client perceptions of quick, early progress; (b) factors associated with sensing decreased need; and (c) factors connected to increased perceived intrapersonal costs of counseling. Such measures or their correlates may even exist and may only need to be applied to the area of early termination. The potential difficulty with this approach is, of course, finding or creating measures broad enough to capture the inherent complexity and individual variability of the phenomenon.

Implications for Practice

The findings and conclusions of the study suggest several important practice implications. As a clinician, the researcher's primary interest in early termination grew from having approximately one-fourth of the clients who completed an intake discontinue counseling early. Little was known about what it meant when people did not return or how to address the issues. The following recommendations are based on the results of this study.

Concerning the intake session, counselors who are (for whatever

reason) invested in assessing the client's likelihood of persisting are well-advised to explore the client's perceived levels of counseling need and of counseling costs (broadly defined). Are the client's perceived needs transitory or enduring? Is the client a "quick starter" who makes initial progress quickly? Does the client portray personality characteristics consistent with perceived low need for services (e.g., need for independence)? Can the client verbally identify and weigh these needs and costs relative to each other and anticipate their influence on the counseling process?

It should not be assumed that the recommended purpose of the intake assessment process described above is necessarily to produce counseling persisters. To use the above assessment in order to retain clients is to fall into the assumption that more is necessarily better, potentially devaluing the nature and degree of progress which people often report from a few sessions. Rather, the purpose of the questions would be to help clients identify and make explicit how long they might perceive counseling to be helpful to them.

By making the termination decision more explicit, some clients may be able to avoid the awkward or guilty feelings associated with simply not returning. There also is some evidence that early terminators who process their decision with the counselors fare better than those who do not (Pekarik, 1983a). This process could be helpful at any point in therapy but especially pertains to initial sessions, since the likelihood of discontinuing them is relatively high.

Other implications for practice pertain to counselor morale. Farber (1983) proposed that early terminators are a significant source

of stress for counselors. Martin and Schurtman (1985) agreed and indicated that early termination may adversely affect counselor morale and even create counselor "termination anxiety" (p. 92). Students and therapists-in-training would seem especially prone to such anxiousness.

Some good news from this study is that participants nearly unanimously liked and valued their counselors. Most felt well-understood, and all believed the counselor valued them and treated them with respect during their brief interaction. More than 1 participant indicated feeling so connected with the counselor that they would have liked to pursue a friendship. Virtually all expressed a willingness to return to their counselor if need be. These findings are a far cry from the assumption that people fail to return because they evaluated the counselor in negative ways.

Another piece of good news for counselors is the fact that every participant identified one or more positive aspects associated with counseling and could verbalize ways in which the counseling had been helpful. Participants consistently iterated that counseling had been of some value. Again, this contradicts the commonly held assumption that nonreturners were not helped.

Another important piece of information for counselors is that early terminators usually feel ambivalent about ending and feel less than complete about their counseling interaction. Of the 10 participants, 3 were contacted by their former counselor after discontinuing. All 3 said it was an appreciated gesture that let them know that help was still available. The participant who received a note in the mail especially liked that approach since it conveyed the message

without putting her "on the spot." The 2 who were telephoned, however, did not express a negative reaction, either.

Implications for Policy

The policy implications for this study may seem obvious but warrant brief mention here. First, a counseling center is responsible to provide and maintain an environment conducive to counseling or therapy. The fact that no participant in this study harbored ill feelings against UCC, and nearly all had very favorable impressions, suggests that the agency is providing such an environment.

A primary policy implication would be to continue to attract and retain the high quality of clinical staff associated with the outcomes of this study: Clients consistently praised the excellence of the staff and largely attributed their discontinuing to internal variables rather than external (counselor or agency) variables.

The only other substantive policy-related suggestion drawn from the study is to address the scheduling and access to service issues that figured prominently in 1 participant's termination and was a factor for 3 others. While most clients had little difficulty scheduling an intake appointment, some reported difficulty arranging follow-up sessions, and reported that more available counseling hours would have been beneficial.

Limitations of the Study

As with any research project, the present study has a number of limitations and potential limitations that are presented here.

Small Sample Size

Some readers would express concern with the relatively small number ($N = 10$) of participants which made up the sample for this study. Given the complexity inherent to this research area, it is possible (if not likely) that additional unique and idiosyncratic termination factors would have been uncovered had more participants been interviewed. Constructed realities truly are multiple, and interviewing more participants may have more fully demonstrated this naturalistic axiom.

Responders versus Nonresponders

Another potential weakness of the study is that a selection bias was present among those who responded to the recruitment letter. An ethical concern for the privacy and confidentiality of nonresponders precluded contacting them after the letter was received. Accordingly, it is not known why they did not choose to respond. One possibility is that the people who had the most favorable counseling experiences were the ones to respond to the recruitment letter. Another possibility is that those who agreed to participate were those to whom the \$10 payment was more attractive. While group comparisons showed that responders were similar to nonresponders in some respects, the nonresponders' reasons for not participating remain unknown.

Single Data Collection Mode

Lincoln and Guba (1985) recommend that data be collected by various modes such as observation, examination of records and documents, and interviewing. The present study relied solely on interview

data, however. Confidentiality concerns and participant selection procedures prevented gathering observation data from the counseling sessions of clients who might later meet EPT criteria. Similarly, gathering data by reviewing participants' client files would have compromised the anonymity of counselors who were the researcher's colleagues. Still, the fact that only interview data were available is a limitation of this study.

Contextual Interview Factors

It is possible that several contextual factors specific to the interview process biased the participants' responses. While no one complained about the tape-recording procedure, it is possible that recording made participants uncomfortable or otherwise affected their responses. Participants knew that the researcher was a clinical staff member at UCC, and this knowledge may have reduced the likelihood of sharing negative or critical information. Similarly, a social desirability response bias could have affected responses.

Timing of the Study

Most of the interviews were conducted in January 1990, i.e., all of the participants had entered counseling within the previous 6 months (late Summer or Fall Quarters). Had interviews been conducted later in the year, respondents entering counseling during Winter or Spring Quarters would have more likely been interviewed. UCC's service demands tend to peak each year during Winter Quarter, from January through March. Because of fluctuating service demands, it is possible (if not probable) that participants in this study accessed counseling

services more easily than their Winter Quarter intake counterparts.

Researcher Bias

Finally, the beliefs and values of the investigator affected the study at every choice point. While acknowledging such bias is advocated in naturalistic inquiry, it must also be acknowledged that variations on the interpretive themes presented here might have been emphasized by another researcher. Everyone perceives and ultimately constructs one's day-to-day meanings and realities, and the researcher is no exception.

Copious objective and subjective documentation permit (and even welcomes) scrutiny of this project's investigative process. It should be noted, however, that the meanings derived and presented are ultimately the researcher's, for which he takes full responsibility. The thoughtful reader will consider and evaluate the project from within the context of the naturalistic paradigm that continually guided it from beginning to end.

APPENDIX A

RECRUITMENT LETTER

December 15, 1989

Ms. Jane Doe
123 Anywhere Street
Salt Lake City, UT 84000

Dear Ms. Doe,

As Director of the University Counseling Center, I would like to inform you of a study which may interest you. Here are the answers to some questions you probably have at this point.

What is the study about?

We want to talk to people like you who were in counseling briefly, for one or two sessions. We are interested in your impressions and reactions to the counseling. We also want to know your suggestions about how services could be improved.

What would be involved?

Participation is voluntary. If you choose to participate, you will:

1. Meet with an interviewer to discuss your experience at the Counseling Center. This meeting will last an hour or less, and will be scheduled at your convenience on campus but not at the Counseling Center
2. Talk with the interviewer again several weeks later, in person or by phone, about the accuracy of the conclusions drawn in the study.

What's in it for me, as a participant?

If you choose to participate, you will receive:

1. \$10 cash at the conclusion of the interview
2. The opportunity to contribute unique, valuable, and helpful research information about counseling.

What else should I know?

1. If you participate, any information you give will be confidential. Your identity will be known only to the interviewer. The identity of your counselor will not be known to the interviewer. Your name will not be linked to any information you provide. Rather, a code number will be assigned.
2. Whether you decide to participate or not, your decision will in no way affect your eligibility for Counseling Center services, now or in the future.

3. If you participate, you may withdraw at any time without penalty.

How do I participate?

While this study is endorsed by the Counseling Center, it is being carried out by Glade Ellingson, a graduate student in the Department of Educational Psychology. He will conduct the interviews and summarize the results for his dissertation research.

Please check the appropriate line on the enclosed postcard indicating your interest in the study, and drop the postcard in a mailbox in the next few days. To assure your anonymity, you have been assigned a code number. If you indicate an interest to be involved in the study, I will give your name to Mr. Ellingson and he will call you to provide additional information and schedule an interview.

Thank you for considering this important project.

Sincerely,

Weston Morrill, PhD
Director, University Counseling
Center

APPENDIX B

INFORMED CONSENT FORM

APPENDIX C

MEMBER CHECK SUMMARY FORM

Participant #: _____

Date: _____

(Note: Minor or largely idiosyncratic themes or subthemes are noted in parentheses.)

I. Thick Description Information

A. Client Characteristics ("Static")

1. Age
2. University affiliation
3. Referral/mode of entry
4. Presenting problem
5. Previous counseling Hx
6. (Insurance Issues)

II. Perceptions and Evaluations of CC Experience

A. Overall Counseling Center Perceptions

Overall impressions quite positive:

- * "I don't have any negative feelings about it."
- * "Generally positive."
- * "Serves the purposes that I see it serving . . . and provides services."

B. Counselor Characteristics

1. Competence:

Most indicated a sense that their counselor was competent:

- * ". . . seemed professional, seemed willing to work. . . ."
- * "Competent, capable, credible."
- * "I'd recommend him/her to someone else."

2. Comfortable/Open:

Majority indicated a good comfort level:

- * "It was very natural and flowing, so I thought that was nice."
- * "I felt a lot more relaxed with this person. . . ."
- * "She was very personable."
- * "He just let it be relaxed."

3. Other Counselor Characteristics, including:

- * "Caring."
- * "I felt a response to my focus."
- * "He had a concern for the problem."
- * "Someone I could come to trust."
- * "She was just so receptive and able to relate."

C. Agency Variables

1. Fees: -

Most thought fees were reasonable (with two exceptions):

- * "What I thought was interesting was that it was based on what you could pay."

2. Scheduling/Access:
Most people indicated being able to get in, although some indicated significant trouble or delays scheduling follow-up appointments:
 - * "It wasn't real difficult to get an appointment."
 - * "I wished they had more varied and flexible hours."
 - * "It was not as accessible as I felt I needed in [crisis] situations. . . ."
3. (12 Sessions):
Many unaware of session limitation, some concern on the part of those who knew, but not a significant factor.
4. (Physical Environment):
Two people mentioned the pleasant surroundings.
5. (Support Staff):
Three mentioned cheerful or helpful support staff.
6. (Parking):
One thought parking was an influence in not coming back.

III. Factors in Early Termination

- A. Successes (largest factors theme)
 1. Made Progress/No Need:
Most indicated having made progress which decreased their perceived need to return:
 - * "At this time I'd say . . . I don't see a need to go back. There isn't a need in my view to re-discuss. I'd say that would not occur. I think, at this point, the problem is being resolved. We're working on it, we're making progress."
 - * "It was kind of like, well, I'm doing good, he's [partner] doing good, we're talking. So, it was kind of like, I didn't feel like I had to go back."
 2. Different Perspective/Awareness:
Most indicated part of the value of their session(s) was gaining a different, objective perspective.
 3. Other Specific Targeted Processes or Outcomes:
These included feeling pressure relieved, feeling validated, becoming more motivated, becoming more expressive, learning a stress reduction technique.
 4. (Things Fixed Themselves):
Two Ps attributed progress to unknown causes, coincidence, or serendipity.
- B. Client Characteristics: Dynamic
These were relatively idiosyncratic participant related variables related to early termination.
 1. (High Complexity/Little Finality Expected):
Mainly two Ps indicating "no need for total closure" and [they] "didn't expect for her to solve it that day."

2. (Pragmatic):
Ten units from one P indicating that he is a pragmatic person with no need to go on about things at length, rather to get to an answer.
 3. (Disclosure inequity):
Four units from one P (disconfirmed by four others) that he felt uncomfortable with the inequity of disclosure (and power?) in the counseling relationship.
 4. (Authority Issues/Independence):
12 units (8 from one P) indicating that he considers himself to "have a need . . . to defy authority."
Others mentioned needing/wanting to make progress "on my own."
 5. (Sought other Resources):
Two Ps contributed 6 units reflecting the fact that they chose to pursue other resources. One did so out of frustration with UCC service delivery restrictions, the other because it was advantageous for insurance purposes.
- C. (Not a Success)
Doesn't qualify as a category: Two Ps combined for three units, two of which indicated that while they wouldn't call counseling a "success," it was helpful.
- D. (Covered Ground)
Three Ps combined for four units indicating they had the sense they would only talk about previously covered ground if they returned.

IV. Termination Process

- A. Ending Process
1. Open-Ended/Time Passed:
This was the largest most consistent subtheme with each P adding one or two units, mostly to the effect that the follow-up appointment was left open-ended or unspecified, and/or that a subsequent appointment was lost track of and realized only in retrospect.
 2. Contextual Factors:
This subtheme consists of not returning for a variety of idiosyncratic factors: insurance coverage favored another agency, location favored another agency, work schedule conflicted, wanted to wait until school started and things better by then.
 3. (Intrapersonal Factors):
Small but important: Avoidance, procrastination, and nervousness about returning played a part.
 4. (Counselor Contact):
Again, small but interesting: two Ps were contacted by the counselor, at least three others thought of contacting counselor but decided not to.

APPENDIX D

SAMPLE LOG AND JOURNAL PAGE

- 1/15/90 (Monday) I transcribed another interview, #4, today--again, it took between five and six hours. Each one is a lot of work. And I've only started the formal analysis on the first one--I'm feeling a little "burned out" with transcripts, at the moment, and with word processing. Questions to add: time constraints, esp. regarding getting time off work; referral to a specific counselor vs. no referral, would you feel that you could/would reschedule?
- 1/16/90 (Tuesday) Met with Cindy again today as part of our bi-weekly "peer debriefing" sessions. Spent about 90 minutes talking about procedural and content related issues regarding each of our studies--Cindy brought in a transcript of hers, and I brought one of mine, and found it useful to literally compare notes regarding similar processes. A decision I made resulting from our meeting was to do constant-comparison method on transcripts I have, before transcribing more. Will meet again in two weeks.
- 1/17/90 (Wednesday) Rearranged my Wednesday schedule to have the morning free, since I am at UCC late Wednesday evening. Spent part of the morning doing constant comparative method (hereafter CCM) with T #1. Originally was likely too exclusionary--nearly every unit was its own category--was able to go back and see/feel some likeness among several, still ended up with well over a dozen categories. I'm confident some will "fade," will receive few, if any, further additions, and will represent idiosyncratic variables. Others I'm confident will grow, based on the interviews I've completed thus far.
- A methodological note: I decided long legal-sized envelopes would be the best way to keep units in the same category together. I make a notation in the corner of the envelope what the category is mostly about, using Ps' words when possible, e.g., "reason for visiting."
- Was able to reach P #7 to schedule an appointment for 1/22/90, 4:00. Called P #6 to remind and confirm tomorrow's interview time, 1:30.

REFERENCES

- Anderson, T., Hogg, J., & Magoon, T. (1987). Length of time on a waiting list and attrition after intake. Journal of Counseling Psychology, 34(1), 93-95.
- Anderson, T., & Myer, T. (1985). Presenting problems, counselor contacts, and "no-shows": International and American college students. Journal of College Student Personnel, 26(6), 500-503.
- Archer, J. (1984). Waiting list dropouts in a university counseling center. Professional Psychology, 15(3), 388-395.
- Baekeland, F., & Lundwall, L. (1975). Dropping out of treatment: A critical review. Psychological Bulletin, 82(5), 738-783.
- Berrigan, L., & Garfield, S. (1981). Relationship of missed psychotherapy appointments to premature termination and social class. British Journal of Clinical Psychology, 20(4), 239-242.
- Betz, N., & Shullman, S. (1979). Factors related to client return after intake. Journal of Counseling Psychology, 26, 542-545.
- Brandt, L. (1964). Rejection of psychotherapy. Archives of General Psychology, 10, 310-313.
- Christensen, K., Birk, J., & Sedlacek, W. (1977). A follow-up of clients placed on a counseling center waiting list. Journal of College Student Personnel, 18(4), 308-311.
- Cross, D., & Warren, C. (1984). Environmental factors associated with continuers and terminators in adult out-patient psychotherapy. British Journal of Medical Psychology, 57, 363-369.
- Dexter, L. (1970). Elite and specialized interviewing. Evanston, IL: Northwestern University Press.
- Epperson, D. (1981). Counselor gender and early premature terminations from counseling: A replication and extension. Journal of Counseling Psychology, 28(4), 349-356.
- Epperson, D., Bushway, D., & Warman, R. (1983). Client self-terminations after one counseling session: Effects of problem definition, counselor gender, and counselor experience. Journal of Counseling Psychology, 30(3), 307-315.
- Farber, B. (1983). Psychotherapists' perceptions of stressful patient behaviors. Professional Psychology: Research and Practice, 14(5), 697-705.
- Fiester, A. (1977). Clients' perceptions of therapists with high attrition rates. Journal of Consulting and Clinical Psychology, 45(5), 954-955.

- Garfield, S. (1978). Research on client variables in psychotherapy. In S. Garfield & A. Bergin (Eds.), Handbook of psychotherapy and behavior change (2nd ed.) (pp. 191-232). New York: John Wiley.
- Garfield, S. (1986). Research on client variables in psychotherapy. In S. Garfield & A. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.) (pp. 213-232). New York: John Wiley.
- Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine.
- Goetz, J., & LeCompte, M. (1981). Ethnographic research and the problem of data reduction. Anthropology and Education Quarterly, 12, 51-70.
- Greenspan, M., & Kulish, N. (1985). Factors in premature termination in long-term psychotherapy. Psychotherapy, 22(1), 75-82.
- Gunzburger, D., Henggeler, S., & Watson, S. (1985). Factors related to premature termination of counseling relationships. Journal of College Student Personnel, 26(5), 456-460.
- Hardin, S., Subich, L., & Holvey, J. (1988). Expectancies for counseling in relation to premature termination. Journal of Counseling Psychology, 35(1), 37-40.
- Heilbrun, A. (1982). Tolerance for ambiguity in female clients: A further test of the catharsis model for predicting early counseling dropout. Journal of Counseling Psychology, 29(6), 567-571.
- Hoffman, J. (1985). Client factors related to premature termination of psychotherapy. Psychotherapy, 22(1), 83-85.
- Institutional Research Budget & Resource Planning Office, University of Utah. (1989). Statistical summary, 1988-89. Salt Lake City, UT: Author.
- Jenkins, S., Fuqua, D., & Blum, C. (1986). Factors related to duration of counseling in a university counseling center. Psychological Reports, 58, 467-472.
- Kokotovic, A., & Tracey, T. (1987). Premature termination at a university counseling center. Journal of Counseling Psychology, 34(1), 80-82.
- Krauskopf, C., Baumgardner, A., & Mandracchia. (1981). Return rate following intake revisited. Journal of Counseling Psychology, 28, 519-521.

- Levinson, P., McMurray, L., Podell, P., & Weiner, H. (1978). Causes for the premature interruption of psychotherapy by private practice patients. American Journal of Psychiatry, 135(7), 826-830.
- Lincoln, Y., & Guba, E. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage Press.
- Marshall, J. (1981). Making sense as a personal process. In P. Reason & J. Rowan (Eds.), Human inquiry: A sourcebook of new paradigm research (pp. 117-125). New York: John Wiley.
- Martin, A., McNair, D., & Hight, W. (1988). Contributing factors to early premature termination at a college counseling center. Journal of Counseling and Development, 66, 233-236.
- Martin, E., & Schurtman, R. (1985). Termination anxiety as it affects the therapist. Psychotherapy, 22(1), 92-96.
- Massarik, F. (1981). The interviewing process re-examined. In P. Reason & J. Rowan (Eds.), Human inquiry (pp. 201-206). New York: Wiley & Sons.
- McNeill, B., May, R., & Lee, V. (1987). Perceptions of counselor source characteristics by premature and successful terminators. Journal of Counseling Psychology, 34(1), 86-89.
- Mennicke, S., Lent, R., & Burgoyne, K. (1988). Premature termination from university counseling centers: A review. Journal of Counseling and Development, 66, 458-465.
- Miller, M. (1983). The invisible client. Personnel and Guidance Journal, 62(1), 30-33.
- Morrow, G., Del Gaudio, A., & Carpenter, P. (1977). The dropout and the terminator: A methodological note on definitions. Journal of Clinical Psychology, 33(3), 867-869.
- Office of the Dean, Student Affairs and Services, University of Utah. (1987). Student affairs sourcebook. Salt Lake City, UT: Author.
- Pekarik, G. (1983a). Follow-up adjustment of outpatient dropouts. American Journal of Orthopsychiatry, 53(3), 501-511.
- Pekarik, G. (1983b). Improvement in clients who have given different reasons for dropping out of treatment. Journal of Clinical Psychology, 39(6), 909-913.
- Pekarik, G. (1985). Coping with dropouts. Professional psychology: Research and practice, 16(1), 114-123.

- Robbins, S., Mullison, D., Boggs, K., Riedesel, B., & Jacobson, B. (1985). Attrition behavior before career development workshops. Journal of Counseling Psychology, 32, 232-238.
- Rodolfa, E., Rapaport, R., & Lee, V. (1983). Variables related to premature terminations in a university counseling service. Journal of Counseling Psychology, 30(1), 87-90.
- Schiller, L. (1976). A comparative study of the differences between client continuers and dropouts at two university counseling centers. Journal of Counseling Psychology, 23(2), 99-102.
- Silverman, W., & Beech, R. (1979). Are dropouts, dropouts? Journal of Community Psychology, 7, 236-242.
- Spradley, J. (1979). The ethnographic interview. New York: Holt, Rinehart & Winston.
- Stahler, G., & Eisenman, R. (1987). Psychotherapy dropouts: Do they have poor psychological adjustment? Bulletin of the Psychonomic Society, 25(3), 198-200.
- Tracey, T. (1986). Interactional correlates of premature termination. Journal of Consulting and Clinical Psychology, 54, 784-788.
- Trepka, C. (1986). Attrition from an outpatient clinic. British Journal of Medical Psychology, 59(2), 181-186.
- Truax, C., & Carkuff, R. (1967). Toward effective counseling and psychotherapy. Chicago: Aldine.
- University Public Relations Office, University of Utah. (1989). University of Utah bulletin. Salt Lake City, UT: Author.
- University Counseling Center. (1988). University of Utah Counseling Center annual report, 1987-88. Salt Lake City, UT: Author.
- Wise, M., & Rinn, R. (1983). Premature client termination from psychotherapy as a function of continuity of care. Journal of Psychiatric Treatment and Evaluation, 5(1), 63-65.
- Zamostny, K., Corrigan, J., & Eggert, M. (1981). Replication and extension of social influence processes in counseling: A field study. Journal of Counseling Psychology, 28, 481-489.