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A portrait of counselling

A comparison of private practice with agencies

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Abstract

In order to compare what happens in counselling agencies with what takes place in private practice, an evaluation of counselling records provided by a counsellor in private practice was carried out for the years 2012–2017. The information gained from 762 closed counselling cases was analysed, summarised, and then compared with similar data taken from over 5,500 clients in a Christchurch agency during the years 2010–2014. Results showed that the counselling in this particular private practice was briefer (99% of clients had fewer than ten sessions vs 90% in agencies); more clients were male (46% vs 37%, respectively) and Māori (18% vs 5%, respectively); and counselling involved, on average, fewer sessions (3.1 vs 4.6, respectively). Although the data revealed ways in which what happened in this one private practice was similar to what happened in a large agency, they also indicated the need for further research of this sort. For the counsellor involved, the analysis provided detailed information with which to re-evaluate his work. Finally, the results indicated the need for counsellors and counsellor educators to acknowledge the general brevity of counselling relationships and, consequently, the goal for all counsellors to be prepared for and competent to deliver brief counselling to the majority of their clients.

Keywords: Counselling records, private practice, agencies, brief counselling, research, measuring outcomes

Surprisingly, there is little detailed information available in the international literature about the work done with clients by counsellors in private practice (Mueller & Pekarik, 2000; Paton, 1999) and almost none published from New Zealand (Paton, 1999). Therefore, it is largely guesswork trying to describe such work and how it might compare with similar counselling in agencies. Even the existing literature can be

contradictory, with Mueller and Pekarik (2000) claiming that there were similarities in the work done in the two settings, while Hudson-Allez (2000) asserted, mostly without supporting data, that there were substantial differences between the work done by counsellors working in primary care settings (e.g., hospitals, medical settings) and in private practice. This situation highlights the need for research to reveal actual and important similarities and differences.

Much of the existing literature provides descriptions of those working in private practice, but very little information about their clients and the work done with them: see, for example, articles describing the work done by psychologists (Pelling, 2007; Stone & Yan, 1997); counsellors (Paton, 1999; Schofield, 2008); psychotherapists (Herron, 2002; Schofield, 2008); and social workers (Lord & Iudice, 2012). There are, however, useful articles on a range of specific topics, such as setting up in private counselling practice, managing such a practice, the effects of managed care on the work of private practitioners, and diversifying one's services as a private practitioner (e.g., Herron, 2002; Neuer Colburn; 2013). In addition, there is a wealth of literature on working in private practice generally, much of which can be accessed via Harrington's (2013) introduction to, and the entire contents of, the *Journal of Mental Health*'s special edition on Contemporary Issues in Private Practice (2013).

In order to at least begin delineating the actual work done by private practitioners in New Zealand, this report examines the closed cases of one counsellor in private practice in order to construct a profile of his work. The method employed was simple, straightforward, and within the means of any counsellor who keeps records on all new clients and completed counselling relationships. The value of doing this was evident, not only in revealing how counselling was being implemented, but also in providing the counsellor involved with detailed information with which to re-evaluate those offerings and reconfirm procedures or create new ones for future work. In addition, because the data set was reasonably large (over 700 closed counselling cases), the results should be informative and useful to all private practitioners in New Zealand.

Method

Sample

Counsellor

The male counsellor approached me about reviewing his closed client files after hearing my conference presentation on the findings of a similar investigation done at a counselling agency (see Manthei, 2016). He was curious about how his work would

compare. I accepted his offer, and over the next several months we finalised the procedural and ethical details that would allow me to search his files to extract the data necessary for this study.

The counsellor, a Pākehā male with 13 years' experience in private practice, works in a sole-practice setting in a mid-sized North Island city. He advertises his practice as delivering counselling, professional supervision, workplace programmes, and cognitive strategies. His qualifications include a postgraduate degree in counselling, membership of the New Zealand Association of Counsellors (MNZAC), and experience as a Registered Special Needs Advisor with the New Zealand Teacher Registration Board. He described his preferred modalities as Cognitive Behavioural Therapy (CBT), Rational Emotive Behavioural Therapy (REBT), Mindfulness, and Appreciative Inquiry.

Clients

The initial data set comprised all of the counsellor's closed cases from 2012 through March 2017. However, only those cases that involved actual counselling (individuals, couples, or families) were included in the analysis. Cases involving professional supervision, health and safety work, and consultation services to local businesses were excluded. A total of 864 closed counselling cases were searched, from which 43 cases involving professional supervision of other counsellors and therapists were subtracted. From the remaining 821 cases another 59 case files which indicated that no counselling had ever been delivered (usually because the client did not attend) were also excluded. Thus, 762 cases involving at least one counselling session were included in the analysis.

Because individual cases comprised such a large proportion of the total (92%), no attempt was made to analyse each type of case separately (individuals, couples, families, groups). This proportion of individual cases is the same as the percentage found in Manthei (2016) (see Table 1). A summary of client demographics for this sample can also be seen in Table 1, along with comparisons with Paton's (1999) study of counsellors in private practice and summaries of two agencies' work: a large walk-in agency (Manthei, 2016), and a specialist agency that worked with the elderly (Manthei & Nourse, 2012).

Procedure

A protocol for protecting clients' identities was developed and implemented when accessing data from client records. To protect the privacy of clients and the counsellor's practice, the counsellor consulted with the Privacy Commissioner then drew up a job protocol that functioned much like a work contract. This included several protections

Table 1. Comparison of client demographic and counselling data with that from three other New Zealand studies

	Present study	**Paton, 1999***	**Manthei, 2016****	**Manthei and Nourse, 2012*****
Setting	Private practice	Survey of 258 private practitioners	Large agency	Small agency
Number of cases	762	No data	5,461	635
Gender:				
Males	46%	30%	37%	23%
Females	54%	70%	63%	77%
Ethnicity:				
European/NZ	77%	85%	82%	95%
Māori	18%	13%	5%	2%
Other	5%	—	12%	3%
Age (most common range)	40–49 yrs	30–39 yrs	20–29 yrs	70–79 yrs
Type of counselling:				
Individual:	92%	80%	92%	No data
Other (includes couples, family and group):	8%	20%	92%	
Ave. number of sessions	3.1	No data	4.6	4.3
Range of sessions	1–25	No data	1–260	Not available
% of clients with >20 sessions	0.1%	No data	4.7%	Not available
Missed sessions as % of all scheduled sessions #	23%	No data	24%	17%
Returning clients	5%	No data	No data	5%

* Paton, I. (1999). The nature and experience of private practice counselling in New Zealand. *New Zealand Journal of Counselling, 20*(1), 1–23.

** Manthei, R. (2016). Revealing counselling: Things counselling agencies should know about their services. *New Zealand Journal of Counselling, 36*(1), 47–60.

*** Manthei, R., & Nourse, R. (2012). Evaluation of a counselling service for the elderly. *New Zealand Journal of Counselling, 32*(2), 29–53.

\# Missed sessions includes all cancellations and "no shows", whether or not another appointment was arranged.

for both the counsellor and his clients, including the statement that all data collected would consist solely of non-identifying information that would be written up only in aggregated form. The counsellor also had the right to scrutinise and approve all written reports prior to their publication or dissemination. Thus, as the analysis proceeded and this report was written, the results were shown to the counsellor as a means of checking accuracy and obtaining his reactions and explanations. Where appropriate and informative, his comments have been included in the discussion section.

The data collection took place over a three-day period in late March 2017. All closed counselling cases for the years 2012 through mid-March 2017 were hand-searched in order to extract demographic and descriptive information about the clients and their counselling. Specifically recorded were: client gender, age, ethnicity; number of sessions completed; number of sessions cancelled or missed; whether the counselling involved an individual, couple, or family format; and whether the client was externally funded or self-funded (called "private"). Detailed case notes of individuals were neither read nor summarised. Consistent information on presenting problems was not readily available without reading individual case notes; thus, this information has not been included in the analysis. The data in Table 1 sets out both a summary of client demographics and the data related to the counselling they received.

Limitations of the data

It is important at the outset to identify the limitations in the data.

1. The data and analyses reported are based solely on existing client records of one counsellor. Although the counsellor was consulted a few times to verify and explain some information in the case files, no formal or systematic interviews of clients were undertaken to supplement the case-file information.
2. From a research perspective, information was sometimes not available or was recorded in varying formats. In some cases, it had not been necessary for the counsellor to use consistent data-gathering formats. It is therefore important to stress that client files were constructed and maintained not for the purposes of research, but to suit the needs of one counsellor's practice, and for the latter purpose they were very good. Due to the large number of aggregated cases across the years under study (762), any mistakes or omissions should not invalidate the findings. They do, however, point to the need to treat these results as *indicative* and not *definitive* findings about counselling in private practice. As long as this caution is observed, the results can still be useful for reflection and discussion, and should serve

as an inducement for others to conduct similar investigations of their own private practices.

3. Finally, the dataset does not include evidence of counselling effectiveness. Therefore, there is no objective way of knowing how successful the counselling delivered was in meeting the clients' needs. Although there are reasons to assume that this counsellor's work was effective (e.g., a continuing stream of repeat referrals from businesses, Employee Assistance Programme (EAP), private clients, etc., as reflected in the consistency in the number of closed cases across the years under study; a solid reputation in the community as an effective counsellor; and a small, but consistent, number of return private clients for further/additional counselling), the lack of outcome evidence is a strong reason for counsellors in private practice—as well as in agencies—to initiate procedures for collecting such data. This is an imperative and will be discussed further in the 'Discussion and implications' section.

Findings

The data included the records for all closed counselling clients for the years 2012 to mid March 2017 and three closed cases from 2011.

Client demographics

There are several findings of note in Table 1.

1. Compared with information from three other New Zealand agency studies, the counsellor saw a higher proportion of males (46%). This proportion is also higher than that typically reported in overseas research: for example, 39% reported by Swartz, Wagner, Swanson and Burns (1998); 31% reported by Stiles, Barham and Wheeler (2015), and the general estimate of about one-third males for most counselling settings given by Winerman (2005).
2. The counsellor also saw a higher proportion of Māori clients (18%) compared with the other three New Zealand studies. One reason for the higher number of Māori clients might be the location of the practice in a mid-sized North Island city where the population of Māori might be greater than in the South Island location covered by two of the other studies. Paton's (1999) 13%, a figure closer to this study's 18%, was derived from a national survey of counsellors and would have included a high proportion of North Island-based private practitioners. Nevertheless, the overall tendency to see far more European clients is similar to what has been reported in the US, where White clients have been the predominant users of mental health services

(e.g., Doblian & Rivers, 2008; Lord & Iudice, 2012), and the UK, where Stiles et al. (2015) reported that 12.6% of clients were non-White.

3. The most common age grouping of clients was 40–49 years, with an average age of 42 years. This age range is older than those reported by Paton (1999) and Manthei (2016). Overseas, Swartz et al. (1998) reported 25–44 as the most frequently seen age group, while Stiles et al. (2015) reported an average client age of 38.6 years. Client age will vary, of course, especially if a specific part of the population is being targeted, as in Manthei and Nourse's (2012) article on counselling the elderly. That was not the case, however, in this private practice.
4. The greatest proportion of clients were seen as individuals (92%). This figure is the same as that reported by Manthei (2016), but considerably higher than the 80% reported by Paton (1999).

Counselling trends

The data in Table 1 also indicate several notable findings about the counselling received by clients.

1. The average number of sessions received by all 762 clients was 3.1. This is exceedingly brief, especially given the definitions of brief used in the US. According to Levenson and Davidovitz (2000), brief therapy is "… defined as therapy that is designed and planned to be limited in duration and/or focus (usually completed in 10 to 20 sessions)" (p. 336), and less conservatively, by Draper, Jennings, Baron, Erdur and Shankar (2002), who referred to brief therapy as fewer than 10 sessions. Research in the US by Mueller and Pekarik (2000) reported that for 230 clients in private practice, the average number of sessions was 10.3, and in the UK, Stiles et al. (2015) reported an average of 8.3 sessions for 26,430 clients seen by 1,450 different therapists. In fact, all of these estimates are considerably in excess of those reported by Manthei (2012, 2016) for some 5,500 agency clients—4.8 and 4.6, respectively—and the 4.5 for the 635 elderly clients reported by Manthei and Nourse (2012).
2. A more detailed display of session averages for males and females is shown in Table 2 and Figure 1. Not surprisingly, the counsellor saw fewer males than females. However, male clients were seen for slightly more sessions than females (an average of 3.2 vs 3.0), although this difference is small and may not be indicative of a consistent trend among private counsellors. Also evident is that 99.9% of all 762 private practice clients were seen for fewer than 15 sessions. This indicates that the range of sessions across all clients is relatively narrow, especially when compared with the range of 1–260 sessions reported by Manthei (2016) in Table 1.

Table 2 shows that 70% of clients were seen for fewer than four sessions, and 90% for fewer than six sessions. This compares with 51% of clients being seen for fewer than four sessions and 68% for fewer than six sessions in Manthei's (2016) counselling agency study. By comparison, in the US, Mueller and Pekarik (2000) reported that 73% of 230 private practice clients received fewer than 13 sessions, whereas in the UK the modal number of sessions was six, and 13% and 34% of clients were seen for fewer than four and six sessions, respectively (Stiles et al., 2015). In overseas literature, this lengthier therapeutic engagement was assumed to be the norm by Hudson-Allez (2000) who stated that counsellors in private practice saw clients for as long as they chose, which could even be for months or years. The present data provide no support for that assumption.

What is particularly striking about these data is that they show, overwhelmingly, that in both counselling sites, private and agency, counselling was brief. In this current study of one counsellor's private practice, this was particularly so. This trend is evident in Table 2, where the modal number of sessions, i.e., the number of sessions received most often, is two in the present study. For agency clients the mode is one. This

Figure 1: Percentage of male and female clients receiving 1 to 8 counselling sessions

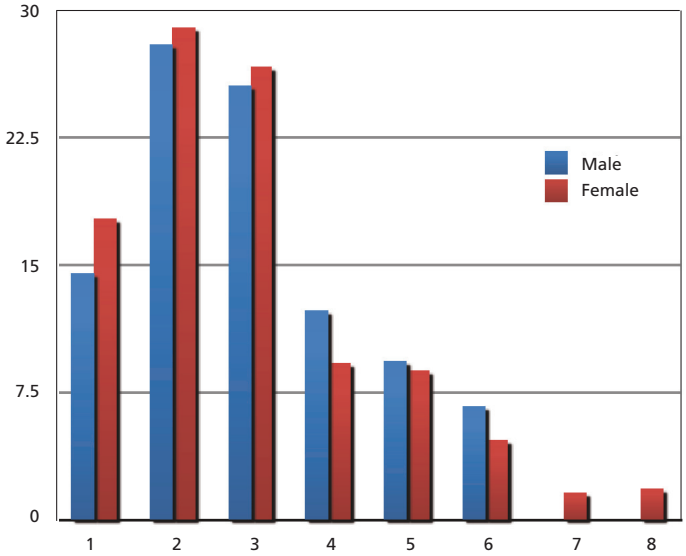

Table 2. Average number of sessions for males, females, and all actual cases

# Sessions	Males # N=324 X=3.24	Males %	Females # N=379 X=2.97	Females %	Counselling cases N=762 X=3.1	% of cases
1	41	14.5	67	17.7	121	15.9
2	91	28	110	29	217	28.4
3	83	25.6	101	26.6	198	26
4	40	12.3	35	9.2	83	10.9
5	30	9.3	33	8.7	67	8.8
6	20	6.7	18	4.7	44	5.8
7	1	<1	6	1.6	9	1.2
8	5	1.5	7	1.8	13	1.7
9	1	<1			1	<1
10	1	<1			1	<1
11	1	<1	1	<1	3	<1
12						
13	2	<1			2	<1
14	1	<1			1	<1
15			1	<1	1	<1
16						
17						
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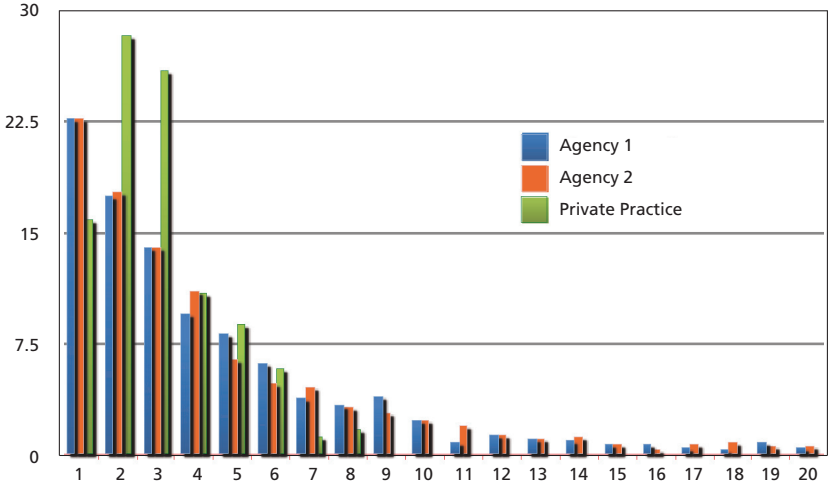
22						
23						
24						
25	1	<1			1	<1

Figure 2: Percentage of clients receiving 1 to 20 counselling sessions



comparison is also clearly shown in Figure 2, where the highest percentage of clients in agencies received one session, and in the present study the highest percentage of clients received two sessions.

1. The proportion of externally funded clients was 84%, which is seemingly high, especially when compared with Paton's (1999) finding that 77% of New Zealand counsellors surveyed earned more than 50% of their income from external funders (see Table 3). In comparison, the counsellor's private clients included a higher proportion of males (52% vs 47%) who were on average six years younger (36.2 years vs 42.6 years) and were seen for fewer sessions (3.0 vs 3.2) than were his externally funded clients.
2. Manthei (2016) identified the cost of "lost sessions" in agency work, that is, the loss of income from those clients who failed to show for a scheduled session or cancelled a session too late for it to be filled with another client. In the current study, 23% of all scheduled sessions were recorded as "missed" (see Table 1), a situation that seems to pose problems for all counsellors and agencies. This figure was not too different from the 24% in Manthei (2016) or the 17% recorded in Manthei and Nourse (2012). In financial terms, this number of missed sessions represents a sizeable loss of income to private practitioners and/or an administrative

Table 3. Private versus externally funded clients

	Private clients (n = 107; 15%)	Externally funded clients (n = 596; 85%)
Gender:		
Males	52%	45%
Females	48%	55%
Ave. age	36.2 yrs	42.6 yrs
Ave. # sessions	3.0	3.2

inconvenience in trying to adjust appointment schedules or fill vacancies at short notice. Similar overseas data could not be found, apart from the assertion by Hudson-Allez (2000) that "no show" clients in private practice were rare. No data were presented, however, to support this assertion.

Discussion and implications

When referring to the literature, it is difficult to account for the differences between the clientele and counselling trends in this study of one counsellor's private practice and what has been shown to occur in agency settings. For example, the fact that this particular counsellor saw a higher proportion of males and Māori clients than has been reported overseas and in New Zealand (Manthei, 2016) remains largely unexplained.

However, when the findings were shared with the counsellor, he was able to offer explanations and insights that might help to explain these and other results. For example, in relation to the higher proportion of male clients, he said:

> Some clients tell me they do seek me out because I am male. Male clients often tell me they have tried female counsellors and say that the style did not suit them. A lot of clients both male and female tell me that they like 'logical' CBT and mindfulness strategies and tools that I frequently share with clients. I am aware that the so called logical approach does appeal to a lot of my male clients. They like to have tools that they can take away and work with in their own time.

These comments suggest that information about how he works is spreading among the community. As a result, he is probably regarded as a counsellor whose straightforward, logical approach to counselling is particularly attractive to males.

While he expressed surprise about the relatively high number of Māori clients he sees, he also explained that "even though I initially present as a white middle-class male, I have worked, lived and been immersed for years at a time amongst other cultures and some of my Māori clients tell me that they can sense my spirit of inclusiveness."

He thought that how potential Māori clients saw him was an important factor in his relatively high number of Māori clients: "I am aware I have had a significant amount of word of mouth referrals amongst my Māori clients."

The high proportion of individual counselling done matches the findings of the agency study (Manthei, 2016), but it was higher than the 80% reported among the private practitioners surveyed by Paton (1999). While this may just be an idiosyncratic finding related to this particular private practitioner, the counsellor himself felt that his couples work may have been underreported:

> I have found over time that I am most effective with couples counselling when [seeing] participants individually for the first one or two sessions, then come together for the middle and final sessions. This method and my record keeping may have disguised my couples counselling and made it appear on paper as individual counselling.

The high number of externally funded clients (85%) consisted of 10% more males than females, and on average they were seen for fewer sessions than his private clients. These data probably reflect again the counsellor's good reputation in the community and, consequently, the high number of referrals from agencies like EAP services, the Accident Compensation Corporation (ACC), the local District Health Board (DHB), Work and Income New Zealand (WINZ), and others. It may also reflect the reality that in the opinion of this counsellor some of his clients would not be able to access counselling without third-party funding: "It is very obvious [to me] at times that EAP clients would not come to counselling if they had to pay their own cash." Finally, since most EAP and ACC counselling stems from job-related behaviour and efforts to ensure employability, males may be more willing, or pressured, to engage in counselling.

A reliance on externally funded clients can have its risks (Herron, 2002). These include other-imposed restraints on how a counsellor works, such as certain outcomes, practices and approaches that may be required by a client's external case manager, including the total number of sessions allowed (or paid for). Outside demands may also force the delivery of counselling into a business model where initiatives such as

creative marketing, adding services not requiring extensive retraining, subcontracting, partnering with related services and offering inducements such as lunchtime talks (Neuer Colburn, 2013) could lead to more pressured and stressful work conditions for counsellors and/or clients. The counsellor in this study is already aware of this pressure and deals with it by consciously reducing costs by not hiring counselling rooms, structuring his work to suit his schedule and abilities, and filling his working days with a variety of types of counselling sessions and other kinds of consultative work. He thinks that this variety both protects the practice and keeps him fresh by providing relief from the stress of daily, repetitive, intensive counselling relationships.

Lost and rescheduled sessions were a problem for this counsellor, just as they were in the agency described in Manthei (2016). One of the ways this counsellor managed this problem was to diversify his practice (for examples see Neuer Colburn, 2013), and therefore his income sources. Some of these initiatives involved training others in areas such as health and safety, providing consultation and needs assessment services for local businesses and organisations, part-time school counselling, Victim Support, trauma debriefing, and providing clinical supervision to other counsellors and health providers.

All other comparisons aside, the most remarkable finding of this study was the brevity of the counselling relationship. The counsellor in this study expressed surprise about his average of 3.1 sessions per client: "Partly because I remember … the returning clients more easily. I have been thinking about what the average would be if the single session clients were removed and we averaged those clients that engaged with ongoing therapy. My intuitive guess would be four to five sessions." However, when this analysis was done, the average number of sessions was still only 3.5.

When the sessions-per-client data from this study (an average of 3.1 sessions for 762 clients) are added to Manthei's (2016) agency-based data (an average of 4.6 sessions for 5,891 clients) and Manthei and Nourse's (2012) data on 534 elderly clients (an average of 4.3 sessions), the resulting data from over 7,100 clients present strong evidence that counselling is typically brief, whatever the setting in which it is conducted. Therefore, while at this point it appears that most counselling in New Zealand, across all settings, could involve fewer than six or seven sessions, considerable further research is needed to investigate this possibility.

The counsellor in the current study thought that the low average number of sessions with his clients was related to several factors, which included: (a) a clear, sequential way of working ("I am focused on delivering skills, tools and strategies", "a

method of LISTEN—EXPLORE—DELIVER TOOL OR STRATEGY—DEBRIEF AND CONSOLIDATE—CELEBRATE"); (b) a client population having a low average income ("a lot of clients would struggle to repeatedly pay for $90 counselling sessions"), and/or (c) the high number of referrals from agencies like ACC and EAP who put limits on the number of sessions clients are allowed. For example, EAP contracts "counsellors to operate within the initial three session allocation and only apply for the standard extension of a further three sessions if really needed"—a request that this counsellor says has rarely been refused.

The counsellor is also flexible in his work and aware that not all clients need or want a goal-focused, strategy-oriented approach. Thus, with some clients he consciously "switches out of this mode of delivery especially for some clients presenting with profound issues. With these clients a much slower and gentle beginning approach is very obviously needed." However, until this investigation has been replicated several times, it is impossible to say whether what has been observed is a general trend in private practice or a result specific to one counsellor, working in one geographical setting and perhaps working in a way that attracts a particular client demographic.

The limited number of sessions allowed by funding agencies may also help to explain the brevity of counselling with such clients. However, this counsellor is also consciously brief with his private clients:

> I may move faster with my delivery for private clients that are handing over their own cash … I do feel for some private clients when I am aware that they are on lower incomes. I tend to go over time with private clients [thus reducing the overall number of sessions needed?]. This may or may not be a wise strategy???

The notion of counselling being essentially brief, but probably not as brief as found in this study, is not new in the literature. For example, Levenson and Davidovitz (2000) reported that 716 psychologists working in private practice and agencies spent on average about half of their time doing brief therapy even though half of those doing it said they had no training in it. Working briefly in counselling has previously been found to be independent of theoretical approach, whether it was planned for and/or expected, and to be as effective as lengthier counselling (see the discussion of these matters in Manthei, 2016, pp. 57–58; 65–66).

The repeated finding that counselling is essentially brief cannot be ignored by counsellor educators, helping agencies, outside funders or counsellors themselves. It needs to be taken seriously and researched more extensively. As a next step, it is

imperative for the profession to, first, carry out replications of this research in multiple agencies and private practices nationwide, and second, to undertake solid outcome research to investigate the effectiveness of counselling in all its forms, whether brief or lengthy.

Until the results of those studies are available, however, counsellor educators should ensure that the curriculum includes the teaching of the values, attitudes, procedures, and techniques of "working briefly" with clients (see Manthei, 2016). There is no reason to wait for the findings of additional research to be published. As reported by Levenson and Davidovitz (2000), those who have training in brief counselling will be more likely to use it and have a positive attitude towards it. This positive orientation towards working briefly will fit more closely with clients who generally anticipate and attend fewer sessions than counsellors expect them to (Mueller & Pekarik, 2000). After all, research has found that the best predictor of the actual number of sessions attended is the client's expectation of how long successful counselling might take (Mueller & Pekarik, 2000).

In New Zealand, it is important that other counselling agencies and counsellors working in private practice publish similar data from their own records, but it is even more urgent to carry out counselling outcome research. These studies do not need to be large-scale, expensive projects. Rather, they can involve numerous smaller, local, counsellor-initiated studies, as suggested by Evans (2008) and Manthei (2004). If brief counselling is the norm, but is not very effective, then that needs to be known and shared. However, if the opposite holds, and brief counselling is found to be pervasive *and* effective, that finding would have immediate implications for the teaching of and practice of counselling. In short, the profession as a whole would benefit from a more composite picture of how counselling services are being delivered in various settings across New Zealand. Publishing such data could motivate others, as it did the counsellor in this study who, after having considered these findings and their implications for his future work, pledged to "monitor and observe myself more around this going forward … Over time I will definitely apply an outcomes data-gathering device."

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