# Revealing counselling

## Things counselling agencies should know about their services

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**Abstract**

**An updated evaluation of the counselling provided by a Christchurch counselling agency was carried out during the years 2010–2014. The information gained was then combined with two other sources of similar data, one from an earlier review of the same agency and the second from an additional agency. Data from the three sources provided a sample of over 5,500 clients who had completed their counselling. The counselling spanned nine years and involved some 65 counsellors. Results showed that counselling was overwhelmingly brief (90% of clients had fewer than 10 sessions) and pointed to ways in which the agencies could cut their costs and improve their services by looking further into the reasons for cancellations and possible ways of reducing them, planning for and implementing brief counselling, and instituting clinical reviews for lengthy counselling. The need for further research of this sort was emphasised.**

**Keywords:** Counselling agency, evaluation, brief counselling, service provision data, clinical review

In a previous article, I discussed the need for all counsellors, and counselling agencies in particular, to demonstrate the effectiveness of their counselling (Manthei, 2015). Quite simply, as the cost of counselling rises, third-party funders are requiring recipients of their grants to demonstrate how counselling is being delivered and how it has improved the lives of clients. Along with this "pressure to prove," gathering and analysing service-provision data would aid agencies in conducting self-reviews and internal policy setting. Coupling actual data on the provision of services with evidence of counselling effectiveness would result in agencies being able to write more successful funding applications.

In this report, two agencies' processes of self-examination are illustrated. The methods employed were simple, straightforward, and within the means of any counselling agency that keeps records on all new clients and completed counselling relationships. The value of doing so was evident not only in revealing how the counselling services and procedures were being implemented, but also in providing the agencies with detailed and in-depth information with which to re-evaluate their offerings, and reconfirm policies or create new policy directions. In addition, because the data set was so large (over 5,500 closed counselling cases), the results should be informative and useful to all counselling providers in New Zealand.

## Data sources

This report analyses aggregated data from three sources. Sources 1 and 2 were the same agency, with data from two separate reviews. Whenever relevant data were available, a third, smaller data set from a second agency was added. This enabled, even in a limited way, some comparisons to be made across two agencies.

Source 1:  The source of this data was a large, walk-in counselling agency that advertises its services as "affordable." The 50+ counsellors who worked at the agency during the time periods covered by Sources 1 and 2 represented a wide range of philosophies, approaches, and levels of experience. The clients were also diverse in terms of gender, age, income level, type of presenting problem, and employment status. A subset of 957 clients whose counselling was completed in 2009 was taken from a 2010 survey of 3,312 new counselling clients seen in the years 2006–2009 (Manthei, 2012).

Source 2:  The agency was the same as the one in Source 1, but the data were generated from a recently updated survey of 3,967 new counselling clients seen in the years 2010–2014, and a subsample of 4,504 whose counselling was completed during those five years. The subsample is larger than the number of new counselling clients because it includes clients whose counselling began in 2009 but finished in a later year.

Source 3:  The source of this data was a much smaller walk-in counselling agency similar in profile to the larger agency: the 11 counsellors represented a wide range of philosophies, approaches, and levels of experience, and the clientele was also diverse in terms of gender, age, income level, type of presenting problem, and employment status. A small number of clients (n=121) completed counselling over a 10-month period spanning 2013–2014.

Because the data contained only information on the number of sessions for each client, they could therefore only be used in a few analyses. This is indicated in the report.

These three sources provided information on the counselling undertaken with a total of 5,582 closed counselling cases. At least 65 different counsellors were involved in providing the counselling services, which spanned six years, from 2009 through 2014. The size of this data set is rare in reported research in both New Zealand and abroad, which makes the results all the more compelling.

Details on the Source 1 data and how they were compiled were provided in Manthei (2012). The data from Source 3 were taken from notes prepared for a Board of Directors meeting in 2014. Although data from this source are comparatively limited, they were included because they enable occasional comparisons with Sources 1 and 2 and involved an additional 11 counsellors in generating the counselling figures.

Source 2 data were collected in 2015 when I was invited to review that agency's counselling services once again. Because five years had elapsed and there had been key staff changes, it was an opportune time for another review, this time surveying client counselling records for the years 2010–2014. The formal aims of the current review were to:

1. update previous information in relation to the agency's goals and aims;
2. highlight areas of strengths and weaknesses in the agency's provision of counselling services.

To accomplish these aims, an evaluation of available client demographic data and closed counselling cases for the years 2010 through 2014 was undertaken. By agreement with the agency management, a protocol for protecting clients' identities was developed and implemented when accessing and handling client records and extracting case data. Data collection and analysis were conducted during the months of July through September, 2015.

Two categories of data were used: (i) the agency's official summary of all new clients seen during the years 2010–2014, and (ii) all completed counselling cases recorded as "closed" during those five years. The latter records were manually searched to extract the following: client gender, the client's counsellor, number of sessions completed, number of sessions cancelled or missed (cancellations by either the client or counsellor were combined; they were not differentiated), and the fee paid by the client. Client and counsellor identities were code-protected so that the anonymity of individuals would be preserved. All the data were then entered into a database and analysed.

Apart from a general description of the Source 1 and 2 clients in Table 1, this report focuses mainly on data related to the second aim, a description of the counselling provided to clients.

**Limitations of the data and this report**

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

1. The content and analyses reported for Source 2 data are based on official, agency-generated client records. Unlike the Source 1 data, no interviews of counsellors, administration staff, clients, or referral agencies were undertaken to supplement the Source 2 case-file information. Because the basic client demographics for the 2010–2014 period were so strikingly similar to those identified in the 2006–2009 analyses (reported in Manthei, 2012; Manthei & Duthie, 2003a, 2003b), there was no reason to report similar comparisons and descriptions again. Also, because the Source 2 data confirmed that the agency was continuing to fulfil its original aims, it was decided instead to focus on aspects of how counselling was conducted and funded during the five years in question, 2010–2014.

2. Source 1 and 2 numbers of clients for individual years did not always match yearly totals obtained when searching closed cases manually. Although I am not able to account fully for these discrepancies, I do not consider that the differences invalidate the trends identified. For example, there were 50 cases for which the counsellor was not identified. Thirteen cases had no fee recorded, raising the question as to whether no fee was charged or the amount charged had merely been omitted. However, the combined number of cases is so large that any record-keeping omissions, incomplete or misfiled records, transcribing errors, or other mistakes will have had minimal influence on the trends identified.

3. The findings are also limited to some extent by the quality of records that were available in the Source 2 review period. When searching closed-client files, it became obvious that information was sometimes missing or inconsistently recorded, and/or the forms were only partially completed. Again, due to the large number of aggregated cases across the three sources, these occasional errors and omissions should not materially affect the findings. Nevertheless, the trends and findings discussed in this report should be treated as *indicative*, and not *definitive*. As long as this caution is observed, the results can still be useful for reflection, discussion, and service-provision planning.

4. Finally, the total dataset does not include evidence of counselling effectiveness.

Neither of the two agencies involved had yet implemented a system of assessing counselling outcome, therefore there is no way of knowing how successful the counselling delivered was in meeting the clients' needs. However, included in the Source 1 review covering 957 clients (Manthei, 2012) was a more detailed analysis of 31 pairs of clients and their counsellors that showed that these clients were very positive about every aspect of their counselling experience. In addition, (i) most of the clients' self-ratings of how they were coping before and after receiving counselling, and their counsellors' ratings, indicated that clients had improved significantly from first session to last; (ii) most clients were satisfied with the number of sessions they received and how their counselling terminated; and (iii) this improvement was maintained for several months following counselling. Thus, there is at least some reason to expect that the counselling delivered to Source 2 clients during the 2010–2014 period would be similarly effective. No such indicative data exist among the Source 3 data from the second agency.

### Description of clients

The intake data on all new clients in Source 1 (2006–2009) and Source 2 (2010–2014) were combined (n=7,275) in order to generate the information in Table 1. The percentages would be representative of the closed-case clients from the two groups (n=5,411) reported in this analysis. Similar information given by the 121 clients from Source 3 (the second agency) was not available and therefore is not reflected in this table.

### Description of counsellors

A total of 65 counsellors were involved in delivering the counselling services to the clients in the three sources included in this summary. Source 1 and 2 counsellors totalled 54 different individuals and Source 3 involved another 11. Summary data on Source 2 counsellors (n=48) can be seen in Table 2. Similar details were not available for the other two sets of data. However, from the table it can be seen that there was considerable variety among the 48 counsellors from Source 2. The table does not include 50 counselling cases where the counsellor's identity was not recorded in the case file; thus the number of cases on which the information is based is 4,454, not 4,504.

The figures in this table are affected by (a) the huge difference in the number of cases seen by each counsellor (a range of 1–471), and (b) an exceptionally high number of sessions for a few clients. The wide range of average-number-of-sessions (1–36) is partially explained by the fact that only eight counsellors averaged more than

**Table 1:** Breakdown of new client intake information for the years 2006–2009 and 2010–2014

| Characteristics of 7,257 New Clients | Percentage | |
|---|---|---|
| Gender: | Male | 37% |
| | Female | 63% |
| Age group: | < 20 | 9% |
| | 20 to 29 | 29% |
| | 30 to 39 | 21% |
| | 40 to 49 | 19% |
| | 50 or more | 21% |
| Ethnic group: | European | 82% |
| | Māori | 5% |
| | Asian | 2% |
| | Pacific Islander | 1% |
| | Other | 9% |
| Type of counselling: | Individual | 92% |
| | Couple | 7% |
| | Family | 1% |
| Reason(s) for seeking counselling: | Personality disorder | 1% |
| | Anger/abuse | 9% |
| | Personal growth | 13% |
| | Depression | 20% |
| | Anxiety | 15% |
| | Relationships/family | 25% |
| | Grief | 10% |
| | Spiritual direction | <1% |
| | Supervision | <1% |
| | Other | 6% |

10 sessions per client. Five of these eight counsellors saw fewer than five clients in total, and all eight saw a total of only 80, which was 2% of the 4,454 clients who contributed to the information in this table. It is also notable that 25 of the 48 counsellors had a lower average-sessions-per-client than the overall average of 6.1. Overall, most counsellors delivered brief counselling to most clients (see Figure 1).

In order to determine the professional competencies of the 48 counsellors who counselled the Source 2 clients, the self-descriptions that appeared in the agency's annual brochures[1] for the years 2010 through 2014 were used to compile a list of their

**Table 2.** Average and range of number of sessions, cancellations, fee, and number of clients seen for Source 2 counsellors (n=48)

| | Average Number of Sessions | Average Number of Cancellations | Average Fee Asked of Clients | Average Number of Clients Seen | Number of Clients with >20 Sessions | Percentage of Clients with >20 Sessions |
|---|---|---|---|---|---|---|
| | 6.1 | 1.5 | $53 | 93 | 209 | 4.7% |
| Range | 1–260 | 0–35 | $0–110 | 1–471 | | |
| Range of averages | 1–36 | 1–6.8 | $21–71 | | | |

training, therapeutic interests, and areas of expertise. Although a similar exercise could not be done for Source 1 and Source 3 counsellors, it is reasonable to assume that there would have been at least as much variety among the additional 15–20 counsellors involved in these two datasets. Table 3 shows in descending order from most-often to least-often mentioned theoretical approaches, interests and areas of expertise, and type of clients worked with by counsellors in the Source 2 dataset.

The data indicate that:

- A total of 14 specific theoretical approaches were mentioned as being modalities a counsellor had been trained in, used, or could "offer" to clients;
- Counsellors were "interested in" or were competent to help clients manage more effectively 29 problems or conditions;
- Counsellors were interested in working with 12 different types of clients;
- Counselling at this agency could be offered in three languages: English, Japanese and Chinese.

Assuming that the counsellors actually did have the expertise to match their stated interests, the list illustrates that the counsellors represented a wide variety of approaches, problems that could be dealt with, and types of clients with whom they could work. It is clear that the counsellors could not be categorised as practising only one or two therapeutic approaches, areas of interest and expertise or types of clients.

### Findings

#### Sessions per client

These data included the records for Source 1 clients, year 2009, for whom such information was available, and Source 2 clients for the years 2010–2014. The number

**Table 3.** Rank from most-mentioned to least-mentioned theoretical approaches, interests and areas of expertise, and type of clients worked with by counsellors in the Source 2 dataset

| Rank | Theoretical Approaches | Rank | Interests and Areas of Expertise | Rank | Types of Clients Worked With |
|---|---|---|---|---|---|
| 1 | Solution-focused | 1 | Grief | 1= | Adults |
| 2 | Person-centred | 2 | Loss | 1= | Individuals |
| 3 | Gestalt | 3 | Personal growth | 2 | Couples |
| 4 | Narrative | 4 | Relationships | 3= | Families |
| 5= | Cognitive behavioural | 5 | Depression | 3= | Youth |
| 5= | Pastoral care | 6= | Stress | 4= | Careers |
| 6 | ACT | 6= | Adoptions | 4= | Over 50s |
| 7= | Motivational Interviewing | 6= | Men's issues | 4= | Over 60s |
| 7= | Breath work | 6= | Sense of power | 5= | Supervision |
| 7= | Existential | 6= | Domestic violence | 5= | Bicultural families |
| 7= | Brief therapy | 7= | Abuse | 5= | Single parents |
| 7= | Interactive drawing | 7= | Anxiety | 5= | New immigrants |
| 7= | Transactional analysis | 7= | Spirituality | | |
| 7= | Psychodynamic | 7= | Youth mentoring | | |
| | | 7= | Workplace support | | |
| | | 7= | Sexuality | | |
| | | 7= | Sex therapy | | |
| | | 7= | Compulsive eating | | |
| | | 7= | Happiness | | |
| | | 7= | Disability | | |
| | | 7= | Chronic illness | | |
| | | 7= | Child protection | | |
| | | 7= | Impact of early childhood | | |
| | | 7= | Baby bereavement | | |
| | | 7= | Pregnancy | | |
| | | 7= | Attachment disorders | | |
| | | 7= | Mental illness | | |
| | | 7= | Suicide | | |
| | | 7= | Infertility | | |

**Table 4.** Range and average number of counselling sessions for Source 1, 2, and 3 datasets

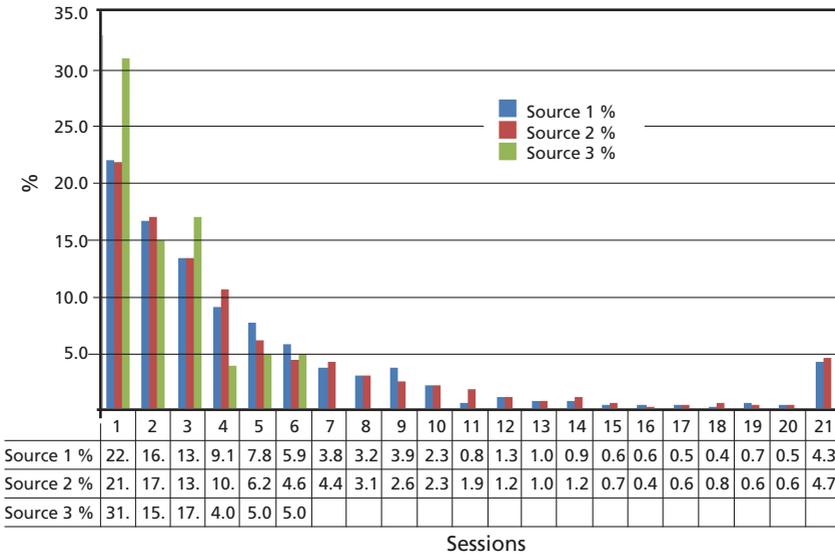|  | Source 1 (2009) (N=957) | Source 2 (2010–2014) (N=4,713) | Source 3 (10 months during 2013–2014) (N=121) |
|---|---|---|---|
| Range of number of sessions | 1–149 | 1–260 | 1–37 |
| Average number of sessions | 7.8 | 6.1 | 5.8 |
| Number (percentage) of outliers (received >20 sessions) | 41 (4.3%) | 209 (4.7%) | |
| Average number of sessions (minus outliers) | 4.8 | 4.5 | |
| Average number of sessions for outliers | 39.8 | 39.8 | |

of sessions was obtained for each client whose counselling was completed in a particular calendar year. To this information was added similar information for the 121 clients from Source 3. The results are summarised in Table 4 and show that there is considerable similarity in the average number of sessions across all three sources.

Source 1 and 2 clients who had attended more than 20 counselling sessions (only 4.5% of 5,461 clients) were designated data "outliers," or "fringeliers" (Osborne & Overbay, 2004)[2] and were removed from the calculation of average number of sessions to minimise the disproportionate influence these numbers of sessions had on the analysis. When these cases were removed, the averages for the two sources dropped to 4.8 and 4.5, respectively, which more accurately reflect the typical length of counselling. By way of contrast, the average numbers of sessions for Source 1 and 2 clients who attended more than 20 sessions were 39.8 and 39.2, respectively. For Source 3 clients, 28 (23% of the total) had seven or more sessions; some of these clients would have been classified as outliers (more than 20 sessions).

Figure 1 compares the percentages of clients attending a given number of sessions across all three datasets. The similarity among the three datasets is again striking.

Taken together, the results in Table 4 and Figure 1 overwhelmingly indicate that the typical course of counselling for over 5,500 clients (or "dose," as it is sometimes referred to in the literature; see, for example, Lueger et al., 2001) was what could only be called brief. In the literature, 10 or fewer sessions is usually considered to be brief, time-

**Figure 1:** Percentage of clients receiving 1 to 21+ counselling sessions by data source



| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Source 1 % | 22. | 16. | 13. | 9.1 | 7.8 | 5.9 | 3.8 | 3.2 | 3.9 | 2.3 | 0.8 | 1.3 | 1.0 | 0.9 | 0.6 | 0.6 | 0.5 | 0.4 | 0.7 | 0.5 | 4.3 |
| Source 2 % | 21. | 17. | 13. | 10. | 6.2 | 4.6 | 4.4 | 3.1 | 2.6 | 2.3 | 1.9 | 1.2 | 1.0 | 1.2 | 0.7 | 0.4 | 0.6 | 0.8 | 0.6 | 0.6 | 4.7 |
| Source 3 % | 31. | 15. | 17. | 4.0 | 5.0 | 5.0 | | | | | | | | | | | | | | | |

Sessions

limited therapy (Draper, Jennings, Baron, Erdur, & Shankar, 2002). The percentage of clients who attended fewer than 11 sessions in Sources 1 and 2 was 88% and 86%, respectively. If the number of sessions is further reduced to fewer than seven sessions, the percentage of clients in Sources 1, 2 and 3 was 75%, 74% and 77%, respectively.

Figure 1 shows that the modal number of sessions across all three sources was one, and for Source 1 and 2 data the next highest number of sessions was two, then three, and so on. Although the data are not as perfectly consistent for Source 3 clients, the general shape of the distribution is still very similar to those of the two larger datasets.

Since these results are derived from over 5,500 clients and span nine years, they cannot be easily discounted as just a random finding. The implications for counsellors, counselling agencies, and both basic and ongoing counsellor education courses must be considered. For example:

- because such a very large proportion of counselling is "brief," counsellors should be trained in and be able to implement the principles of brief counselling whatever their preferred theoretical approach;
- employing an approach that assumes counselling will be lengthy and that the resolution of problems will necessarily be complicated and drawn-out not only ignores the compelling data, but may also represent unprofessional, and possibly unethical, practice;

- for agencies and their counsellors to automatically presume that counselling will be lengthy can result in excessive financial shortfalls for the agency and expenses for clients.

While these findings may at first seem surprising, the predominance of brief counselling is not new in the literature. In fact, the great proportion of counselling has been found to be brief (fewer than 10 sessions) no matter what theoretical approach was being applied, and that was true whether the counsellors expected and planned for briefer counselling interventions or not (Bloom, 1992; Draper et al., 2002; Gallagher, 2010; Lambert, Okiishi, Finch, & Johnson, 1998; Reimer & Chatwin, 2006). According to Budman and Gurman (1988, p. 7), "Virtually every major review of the efficacy of various individual therapies…has been an unacknowledged review of time-unlimited brief therapy." In a similar vein, Steenbarger (1992, p. 413) reported that "an interesting problem facing a reviewer of the literature [on brief counselling] is determining which investigations do *not* pertain to brief work." A logical extension of these arguments must be to suggest that counsellors and agencies should *expect* counselling relationships to be short (say, fewer than six sessions) and *plan* for it.

Clients themselves generally expect about 10 or fewer sessions of counselling and, unlike many counsellors, believe that change can occur over a short time period (Garfield, 1989). They expect it to be relatively short rather than lengthy, and shorter than their counsellors have done in a number of early studies (Eckert, 1993; Garfield, 1994; Klein, Stone, Hicks, & Pritchard, 2003; Lambert & Cattani-Thompson, 1996; Mueller & Pekarik, 2000; Pekarik & Wierzbicki, 1986).

As in this study, counselling as short as one session has been found to be common (Barrett, Lapsley, & Agee, 2012; Manthei, 2012; Talmon, 1990). It can also be successful (Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Talmon, 1990; Pekarik, 1992; Silverman & Beech, 1979) over a range of client problems (Budman, Hoyt, & Griedman, 1992; Manthei & Nourse, 2012; Slive, McElheran, & Lawson, 2008; Steenbarger, 1992). Since the modal number of sessions across many therapy forms and theoretical schools is one, and most one-session clients report being satisfied with the outcome (Manthei, 1996; Manthei, 2012; Miller et al., 2006; Pekarik, 1992; Silverman & Beech, 1979), "the challenge created by the common phenomenon of a single session is to learn how to be aware of it, plan for it, and maximize its unusual potential" (Talmon, 1990, p. 17).

Of additional interest is the recent research on thousands of cases in multiple treatment settings that has demonstrated there are similar rates of improvement irrespective of the number of sessions that clients attend (Baldwin, Berkeljon, Atkins,

Olsen, & Nielsen, 2009; Barkham et al., 2006; Stiles, Barkham, Connell, & Mellor-Clark, 2008; Stiles, Barkham, & Wheeler, 2015). These findings pose a clear challenge to the accepted dose-response effect reported for many years in the literature (see, for example, Howard, Kopta, Krause, & Orlinsky, 1986). This effect held that improvement in counselling was more rapid in the early sessions (usually said to be up to eight) and then more gradual in successive sessions (Seligman, 1995; Steenbarger, 1994). Although this recent research has important implications for the data in this study, the problem remains that comprehensive counselling effectiveness data are not available from the three data sources.

### The cost of providing counselling

### The cost of "lost" sessions

In the Source 1 data, the total number of client "no shows" and late cancellations was 24% of the total number of scheduled sessions. Thus, the potential loss of agency income for 2009 from this source could be $91,525 based on the 2009 average fee that clients paid ($38.98). However, a more realistic and more conservative way of estimating lost income would be to calculate income loss on a percentage of all "lost" sessions, say 50%. This is because a proportion of these sessions would have been cancelled early enough for the agency to fill the appointment with another paying client. In this more conservative scenario, the potential loss would have been $45,763, which would still be of concern to any counselling agency.

Information about similarly "lost" sessions for Source 2 was collected, but the records were not always clear regarding how many cancellations occurred, who initiated them, whether another counselling session was scheduled in its place, and whether the client had been invoiced for cancelling too late ("too late" usually means within 24–48 hours of the scheduled appointment). Therefore, the following figures are an approximation. In 2010–2014 there were 6,345 cancellations, with a range across all counsellors of 0–35 per client. Based on the average fee of $51.34 paid by clients in 2014 (which was considerably higher than the 2009 average fee paid), the potential loss of income could have been as high as $325,752 for the five-year period, or an average loss of $65,150 per year. However, calculating the cost to the agency by using the more conservative 50% of "lost" sessions, the loss would have totalled $162,876 for the five years, or an average of $32,575 per year. While these losses represent a significant improvement on the 2009 figures, it would still be income most agencies could ill-afford to forego.

**Table 5.** Cancellations in relation to number of sessions for sample of Source 2 clients

| No of Sessions (ascending) | Cancellations | No of Sessions | Cancellations | No of Sessions | Cancellations |
|---|---|---|---|---|---|
| 2 | 4 | 9 | 7 | 19 | 8 |
| 3 | 5 | 9 | 9 | 20 | 11 |
| 3 | 10 | 9 | 10 | 23 | 13 |
| 4 | 4 | 10 | 7 | 23 | 26 |
| 4 | 5 | 11 | 6 | 25 | 17 |
| 4 | 8 | 11 | 8 | 25 | 18 |
| 5 | 4 | 12 | 11 | 27 | 14 |
| 5 | 5 | 12 | 15 | 30 | 33 |
| 5 | 10 | 13 | 10 | 35 | 17 |
| 5 | 11 | 14 | 11 | 37 | 18 |
| 6 | 5 | 14 | 13 | 38 | 22 |
| 6 | 6 | 16 | 12 | 40 | 19 |
| 6 | 12 | 17 | 10 | 44 | 20 |
| 7 | 7 | 18 | 13 | 53 | 25 |
| 7 | 8 | 18 | 14 | | |
| 8 | 8 | 18 | 15 | | |

Another way of illustrating the potential cost of lost sessions to the agency is to look at counselling cases that had high numbers of cancellations in relation to actual counselling sessions. Selected examples are shown in Table 5; they do not represent the full extent of the problem. There were many similar cases that could have been included. Although deciding how many cancellations is too many is subjective, the data in Table 5 suggest that when the number of cancellations equals or exceeds the number of counselling sessions delivered, the case should be reviewed, perhaps at the counsellor's next clinical or administrative supervision. The purpose of such a review would be to prevent agencies from committing disproportionate or inefficient services to any individual client without clear evidence of progress or a rationale for providing additional counselling. For example, there could be an agreed "trigger" number of sessions that would signal when cancellations seem inordinately high, such as when they are equal to or exceed the number of counselling sessions (e.g., 5 sessions and

10 cancellations, 9 and 10, 12 and 15, 23 and 26, 30 and 33). The "trigger" number would signal that the case must then be reviewed in a general clinical review meeting.

Over time, this sort of analysis and review could reveal any problematic counsellor/client situations and the results could be used to develop more constructive policies and procedures. A policy of this sort could be made known to all potential and actual clients at the beginning of counselling. However, whether such a review system was implemented or not, agencies need to address ways of reducing cancellations overall, including the possibility of placing a limit on the number of times missed sessions for individual clients are rescheduled. Although there may well be exceptional circumstances affecting some clients' cancellations, surely there is little to be gained therapeutically for clients who have an excessive number of cancellations, or for an agency to continue automatically rescheduling missed sessions, many of which would, in all likelihood, be cancelled as well.

*Cost related to number of sessions*

Looking at Source 2 data, and using the agency's estimated 2014 cost of $72.22 to deliver one session of counselling and an average of $51.34 collected from clients for each session of counselling, the agency had a deficit of $21 for every counselling session it provided. This gap in funding must be made up from other sources, and finding this extra money is one of the greatest ongoing challenges faced by many agencies.

Applying these figures to the number of Source 2 closed cases, and assuming that 50% of cancellations were not able to be filled with another paying client, the cost per client to the agency for various numbers of sessions delivered was estimated (see Table 6). From these calculations it is clear that the cost per client becomes increasingly unsustainable and unjustifiable to the agency as the number of missed sessions rises.

The figures in Table 6 pose the question why unusually high numbers of sessions were thought to be necessary? Although there may be compelling reasons for counselling to involve a high number of sessions for some clients, it nevertheless seems sensible from an agency's point of view to review lengthy counselling at regular intervals before offering clients additional sessions. For example, from the data in Table 6, what evidence was there, after 25 sessions with a single client, that another 25 were needed? Or after 50 sessions? Or after 100 sessions? Could there be a "trigger" number of sessions that invokes a review of progress that requires both therapeutic evidence and financial consideration before providing additional counselling? Based on the Source 2 data in Table 4 and Figure 1, such a trigger could reasonably be set at 10, or more liberally,

**Table 6.** Number of sessions and the cost of counselling for Source 2 clients

|  | No. of Clients | % of Total | Cost per Client | Total $ Spent | % of Money Spent |
|---|---|---|---|---|---|
|  | 4,504 | 100 | $173 | $811,761 | 100% |
| <20 sessions | 4,270 | 95% | $135 | $234,492 | 29% (on 95% of clients) |
| >19 sessions | 234 | 5% | $1002 | $577,269 | 71% (on 5% of clients) |
| 1–5 sessions | 3,122 | 69% | $150 |  |  |
| 6–10 sessions | 772 | 17% | $166 |  |  |
| 11–20 sessions | 401 | 9% | $408 |  |  |
| 21–40 sessions | 159 | 4% | $732 |  |  |
| 41–80 sessions | 35 | 1% | $1883 |  |  |
| 81–150 sessions | 12 | .3% | $4026 |  |  |
| 151–260 sessions | 4 | .08% | $9569 |  |  |

15 sessions, and a further review repeated every five sessions after that. Using 10 sessions as a trigger would involve reviewing 23% of clients, since 77% of all clients attended fewer than 11 sessions. Using 15 as a trigger would involve reviewing only 4% of cases since only 4% engaged in more than 15 sessions. Realistically, decisions about discontinuing or extending counselling cannot be made without the agency having some accurate assessment of the counselling progress being made, which is another compelling reason why agencies should evaluate counselling outcomes for all clients (see point four in "Limitations of the Data" above, and Manthei, 2015).

*Client fees*

In the Source 2 data, the fee a client was asked to pay was based on a sliding scale. The actual fee was decided in a discussion between counsellor and client and took into consideration the client's income and/or ability to pay. Table 7 indicates that the modal amount charged was $51–60 (n=843, or 23% of all clients), with $21–30 being the second mode (n=789, or 22%). Since one counselling session cost the agency about $72 to provide, the table shows that 24% of all clients paid for the counselling they received in full. At the other end of the scale, 28% of clients paid less than $31, or less than half of the cost of providing them with one counselling session. It should be noted that the number of clients in the table excludes the 583 clients for whom no

**Table 7.** Frequency of the fee charged for Source 2 clients

| Fee | $0–10 | $11–20 | $21–30 | $31–40 | $41–50 | $51–60 | $61–70 | $71–80 | $81–90 | $91–100 | $101–110 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| N= | 32 | 168 | 79 | 336 | 353 | 848 | 239 | 215 | 239 | 371 | 48 |
| % | 1 | 5 | 22 | 9 | 10 | 23 | 7 | 6 | 7 | 10 | 1 |

fee was recorded and the 280 EQC-funded clients who were excluded because they were fully paid for by outside funders. Thus, the calculations were based on a sample of 3,641. Similar figures could be generated by other agencies when considering applications to funding sources, their clients' needs, and the agency's commitment to providing affordable counselling

There were four other correlational relationships involving fees paid by clients: fees related to number of sessions, client gender, the type of counselling received, and the number of cancellations and no-shows.

*Fee paid and number of sessions*
The fee that clients paid correlated negatively with the number of sessions delivered. In other words, the higher the fee charged, the fewer the sessions delivered. This relationship is shown in Figure 2. Why this might be so is not known, but it seems plausible that if clients were expecting their counselling to be of relatively short duration, they might commit themselves to a higher fee. Indeed, it has been shown that clients generally expect about 10 sessions of counselling or fewer, and they expect the counselling process to be relatively short (Eckert, 1993; Garfield, 1994; Klein et al., 2003; Lambert & Cattani-Thompson, 1996; Mueller & Pekarik, 2000; Pekarik & Wierzbicki, 1986). However, more recent research by Clark and Kimberley (2014) showed that the fee a client paid was related to neither outcome nor attendance, and Renk, Dinger, and Bjugstad (2000) found that the fee paid did not predict counselling duration. In light of this research, the relationship found in this data needs to be further examined in future research.

*Fee and client gender*
The average fees for individual male and female clients were $52.89 and $50.54, respectively. The fact that males tended to pay a higher fee than females might reflect the fact that a disparity persists between males and females in terms of income levels and earnings (figures from the Ministry for Women website show that in 2015,

**Figure 2:** Average fee paid by number of counselling sessions for Source 2 clients



Ave no. of sessions per group (blue) and ave fees per group (red)
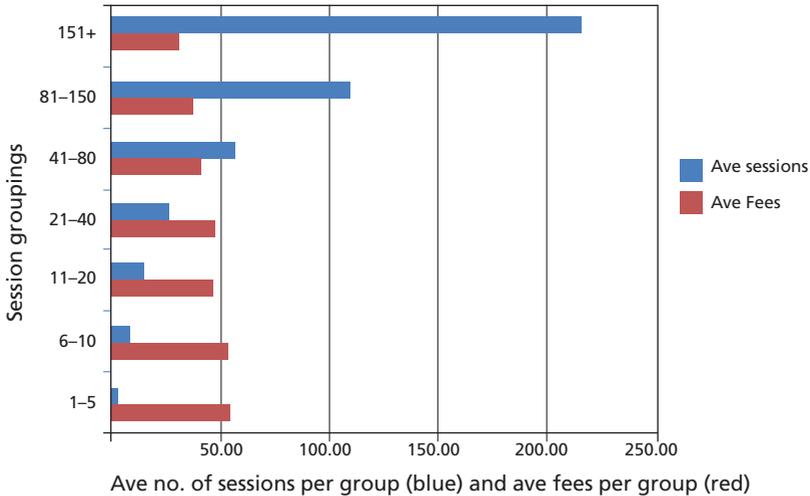
women's hourly earnings were 11.8% lower than men's). This disparity can be greater for married women who earn less after the arrival of children (Miller & Bui, 2016). It might also reflect a desire on the part of the predominantly female counsellors in this study to negotiate lower fees for female clients they sympathise with as family care-givers.

*Fee and type of counselling received*
Clients receiving couples or family counselling paid a higher fee than clients receiving individual counselling ($66.81 and $51.70, respectively). This differential could reflect an agency policy that asks a larger contribution for family and couples work to compensate for the greater complexity and intensity involved (that is, having to deal with multiple clients simultaneously).

*Fee and number of cancellations*
Predictably with such a large sample, the fee charged was negatively correlated with the number of cancellations ($r=-.14$; $p<.0001$). That is, clients paying a higher fee tended to miss fewer sessions. Although this correlation has limited value on its own, it was supported by the data in Table 8 which shows that as the average fee asked of clients decreased across the three approaches, the average number of cancellations increased.

**Table 8.** Three groups of Source 2 counsellors compared

|  | SF/Narr/Brief (n=17) | All Others (26) | Gestalt/Psychother (6) | All Cases |
|---|---|---|---|---|
| No. of clients | 1,767 | 2,521 | 167 | 4,504 |
| Ave no. of sessions | 5.4 | 6.4 | 9.4 | 6.1 |
| Ave cancels | 1.3 | 1.5 | 2.7 | 1.5 |
| Ave fee paid | $55 | $52 | $50 | $53 |
| Session range | 1–125 | 1–260 | 1–91 | 1–260 |
| Cancels range | 0–22 | 0–35 | 0–25 | 1–35 |
| % receiving 20 or more sessions | 4% | 5% | 13% | 4% |

This conflicts with the finding of Clark and Kimberley (2014) that the fee paid was unrelated to attendance. While it might seem reasonable to assume that those who pay more for counselling would be more committed to making the most of it, including attending sessions more consistently, this is another finding that needs to be researched further.

*Comparing counsellors on the basis of modality*

To explore the idea that counsellors' work with their clients would vary with their preferred theoretical approach, Source 2 counsellors who described themselves in the yearly staff brochure as Solution-Focused/Narrative/Brief (the first two approaches are considered to be brief approaches to counselling) were compared with two other groups of counsellors: those who cited training in Gestalt/Psychotherapy (considered to be more lengthy), and those who named any other approach (which was predominantly Person-Centred). The 50 cases for which the counsellor's identity was unknown were left out of this analysis. The results are summarised in Table 8.

The data indicated that counsellors who were trained as, or expressed an interest in, brief counselling approaches had, on average, briefer interactions with clients, although all three groups were still found to be providing comparatively brief counselling of fewer than 10 sessions. This is in line with findings in Bloom (1992), Draper et al. (2002), Gallagher (2010), Lambert et al. (1998), and Reimer and Chatwin

**Figure 3:** Counselling approach and number of sessions, length of counselling, and number of cancellations for Source 2 clients
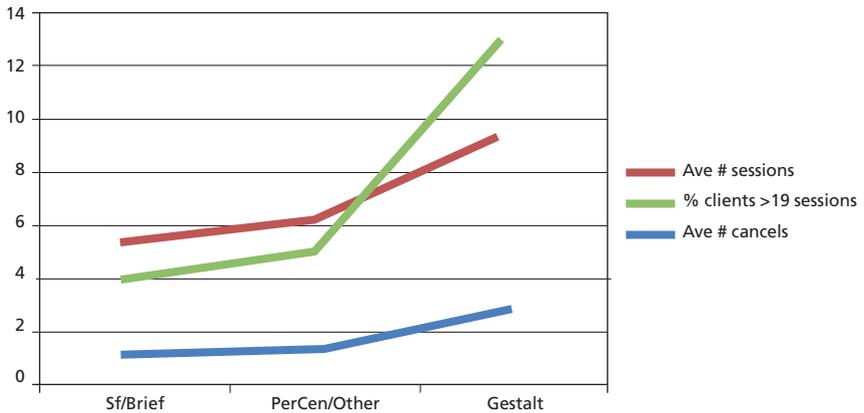


(2006). They also had clients who had fewer cancellations and the lowest proportion of clients who received more than 19 sessions. These relationships are shown in graphic form in Figure 3. From this data it is clear that there were substantial differences in practice based on counsellors' preferred approaches.

These differences did not seem to be due to any selection or matching process operating when new clients were paired with counsellors. The agency's usual intake procedure was that clients would be asked if they preferred a particular counsellor, a choice that would presumably be based on information the clients had gathered about the agency beforehand and/or the self-descriptions and photos of all counsellors in the agency's annual brochure. If clients did not express a preference, they would be assigned to a counsellor who was available to meet them on the day and time requested, or waitlisted if that was necessary. As a result, how clients were assigned to counsellors could not be used to account for the differences in Table 8. Instead, other factors, such the counsellor's training, beliefs about the counselling process, and actual counselling practices must be considered.

**Discussion and implications**

Perhaps the most significant finding in this study was the large proportion of clients who were in counselling for fewer than five sessions (65%) or fewer than 10 sessions (90%). Research shows that brief counselling is not for everyone, with anywhere from about

10% (Manthei, 2012) to 20–30% of clients (Hoyt, 1998; Lambert & Cattani-Thompson, 1996) attending 10 or more sessions. Nevertheless, on the basis of this study's sizable sample, brief counselling appears to be the norm in New Zealand, as it is in the international literature. Based on this evidence, brief approaches to counselling should not be thought of as just another modality in the counsellor's repertoire. Rather, client patterns of counselling attendance should make the notion of conceptually planned brief counselling a compelling and logical approach-of-choice (Budman & Gurman, 1983; Steenbarger, 1992), and encourage counsellors to "'think brief' and to integrate brief therapy into an established style of clinical practice" (Budman & Gurman, 1983, p. 278). Since counselling tends to be brief no matter what approach is used, counsellor training courses should consider making the values, attitudes, and techniques of "working briefly" a central part of the curriculum. One could almost say that if you're not counselling briefly, your clients may be missing your boat.

The number of sessions typically delivered to clients could be reduced if counsellors would replace the notion of "counselling to the point of a cure" with the aim of helping clients to cope more effectively with their difficulties. The goal would be to help get clients "back on track" and able to cope sufficiently well even though aspects of their challenging circumstances might still remain. Another term for this concept is the notion of "good enough" (Barkham et al., 2006; Stiles et al., 2015), or how much counselling is thought to be sufficient for the moment as determined "from the perspective of participants when balanced against costs and alternatives" (Stiles et al., 2015, p. 121). In this approach the counsellor relinquishes the role of being an expert in the lives of their clients in preference to being an expert facilitator of the process of client self-healing (Bohart & Tallman, 1999).

However, it is erroneous to think that once clients have successfully completed their counselling, they will never need it again. It is more useful to think of clients as seeking counselling intermittently throughout their life cycle. Thus, the idea of terminating counselling shifts to the view that "we are finishing for now, but you may come in for more sessions as needed" (Budman, 1990; Cummings, 1990; Eckert, 1993; Manthei, 2007).

Other implications suggested by the findings in this study included exploring ways of reducing the financial cost of "lost" counselling sessions, how fees are negotiated with clients, the appropriate mix of counselling expertise among an agency's counselling staff, and the utility of instituting regular clinical reviews to justify (or limit) lengthy counselling. Unlike the finding that, overall, counselling was largely brief in duration,

these additional matters for consideration may be more agency-specific and related to a particular agency's policies, client populations and staffing profiles. Therefore, by systematically recording and analysing this information from its own client records, any agency could construct its own profile of its current practices and then use that information to implement new policies to achieve cost savings and improve counselling services.

If other agencies would publish similar data from their own records, the profession as a whole would benefit as an increasingly reliable, composite picture of how counselling services are being delivered across New Zealand emerged. Even though the large sample size in this study makes the results compelling, additional research, whether confirmatory or contradictory, would add detail as well as depth to the picture and be of benefit to the entire profession. It is this sort of information that agencies urgently need in this time of funding cuts and increased competition for limited resources. Placing this service delivery information alongside evidence of counselling effectiveness would help the profession to assert its rightful place among other mainstream mental health services.

## Notes

1. Each year a brochure of current counsellors is published by the agency. The information contains a colour photo and a brief self-description from each counsellor. The brochures are distributed to prospective clients, referring agencies and the general public.
2. "An outlier is generally considered to be a data point that is far outside the norm for a variable or population…'outlier' [is used] to refer to any single data point of dubious origin or disproportionate influence." (Osborne & Overbay, 2004, p. 1).

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