

THERAPIST EFFECTS IN CLIENTS' NONATTENDANCE

'To show or no-show'? Therapist racial/ethnic disparities in clients' nonattendance in therapy

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Abstract

Clients' nonattendance in therapy poses a significant threat to the effective delivery of mental health services at university counseling centers. As such, researchers have investigated processes related to clients' nonattendance in an effort to increase treatment utilization and treatment outcomes. However, there is a paucity of research testing the impact of the therapist on clients' nonattendance patterns. Additionally, it is unknown whether therapists vary in the nonattendance of their racial/ethnic minority (REM) and White clients. Therefore, the present study sought to identify therapist effects in client nonattendance rates, and examine between-therapist disparities in REM and White clients' nonattendance patterns. Data for this study consisted of 275 REM and 341 White clients seen by 21 therapists at a large university counseling center. Results indicated that therapists accounted for 14% of the variability in clients' nonattendance. Additionally, therapist effects in nonattendance due to clients' REM status were identified, suggesting that therapists are a significant source of racial/ethnic disparities in clients' nonattendance. REM clients' nonattendance rates were higher compared to White clients for some therapists, but not others. Clinical implications and future research are discussed.

Keywords: nonattendance, racial/ethnic disparities, therapist effects, no show, University Counseling Center,

**‘To show or no-show’? Therapist racial/ethnic disparities in clients’
nonattendance in therapy**

Clients failing to attend therapy regularly and as scheduled pose a significant threat to the delivery of mental health services (DeFife, Conklin, Smith & Poole, 2010; LaGanga & Lawrence, 2007). Indeed, DeFife, Smith, and Conklin (2013) noted that “missed psychotherapy appointments and eleventh hour cancellations, contribute to financial burdens, reduced scheduling efficiency, and lowered effectiveness of the psychotherapeutic services delivered” (p. 107). Studies have found that irregular treatment attendance and missed appointments are negatively related to clients’ dropout rates and treatment outcomes (Kraft, Puschner, & Kordy, 2006; LaGanga & Lawrence, 2007; Reese, Toland, & Hopkins, 2010). For example, Berrigan and Garfield (1981) found that the number of missed appointments was significantly related to clients prematurely terminating treatment. In another recent study, clients’ no-show rates were negatively related to pre-post changes in their psychological symptoms (Xiao, Hayes, Castonguay, McAleavey, & Locke, 2017). In contrast, regular attendance in short-term treatments was directly related to positive outcomes (Reardon, Cukrowicz, Reeves, & Joiner, 2002). Together, these findings suggest that clients’ inconsistent utilization of therapy, or nonattendance rates, may have notable impacts on the delivery, and ultimately the effectiveness of such services. Given these findings and the increased demand for mental health services at university counseling centers, understanding factors that are related to clients’ nonattendance in treatment is needed.

Fortunately, researchers have sought to understand processes and conditions related to clients’ utilization and engagement in mental health treatments. Holdsworth,

Bowen, Brown, and Howat (2014) reviewed the extant literature on client engagement and found that although client characteristics were marginally related to engagement, therapist factors, such as therapists' interpersonal skills, were positively associated with client engagement. Studies of client engagement have similarly suggested the importance of the therapist (Tyron, 1986; Tyron & Tyron, 1986; Tyron, 1989; Tyron, 2003). Indeed, therapists' instructive style, such as teaching clients about themselves and providing information (Tyron, 1989; Tyron, 2003), and therapist trainees' characteristics such as age, verbal skills, and performance in a clinical diagnosis course (Tyron & Tyron, 1986) have been found to be positively associated with client engagement in initial therapy sessions.

Unfortunately, the conceptualization of engagement has been criticized for its broad and underdeveloped definition in the literature. In turn, this lack of conceptual clarity has caused researchers to utilize varying and inconsistent methods to operationalize engagement (Holdsworth et al., 2014). Therefore, rather than evaluate engagement, the current study focuses on identifying factors affecting clients' nonattendance.

Although the aforementioned studies suggest that therapists may contribute to clients' nonattendance, few studies have empirically examined therapist effects in clients' nonattendance. Within the psychotherapy literature, a sizable body of research has consistently demonstrated the presence of therapist effects in client outcomes, suggesting that some therapists are more effective than others (Wampold & Imel, 2015). Indeed, therapists account for 3% to 7% of the variance in therapy outcomes, suggesting that who is providing treatment is an important factor in treatment outcomes (Baldwin & Imel,

2013). Despite this evidence, few studies have examined therapist effects on additional processes, such as dropout and clients' nonattendance. In fact, only two studies have examined therapist effects in dropout rates (Owen, Imel, Adelson, & Rodolfa, 2012) and nonattendance (Xiao et al., 2017). Regarding clients' nonattendance, Xiao et al. (2017) tested therapist effects in clients' nonattendance throughout treatment, and found that therapists accounted for 45.7% of the total variance in clients' nonattendance rates.

The purpose of the present study is twofold. The first aim of this study was to replicate the findings of Xiao et al. (2017) by testing whether therapists differed in their clients' nonattendance rates. We hypothesized that therapists will account for a significant proportion of variability in clients' nonattendance based on the findings of Xiao et al. (2017) and previous therapist effects studies (Wampold & Imel, 2015). As a second aim, we sought to examine the presence of therapist effects related to clients' racial/ethnic status. Although Xiao et al. (2017) advanced the attendance literature by conducting a rigorous analysis of the role of therapists on clients' nonattendance, as well as testing the effect of nonattendance patterns on treatment outcome, they did not examine if nonattendance rates differed between therapists as a function of clients' REM status. Thus, it is unknown if the nonattendance rates of REM and White clients differ within therapists' caseloads. Therefore, we investigated the therapist as a potential source of racial/ethnic disparities in nonattendance patterns.

Recent advancements in the multicultural psychotherapy literature have provided models to test such questions, resulting in evidence that some therapists are more culturally effective than others (Hayes, McAleavey, Castonguay, & Locke, 2016). Indeed, a number of studies have found that some therapists are equally effective with

their REM and White clients, whereas others are more or less effective with their REM clients compared to their White clients (Hayes, Owens, & Bieschke, 2014; Hayes et al., 2016; Imel, Baldwin, Atkins, Owen, Baardseth, & Wampold, 2011). Hayes et al. (2016) noted “the assumption underlying these studies is that therapists who are more culturally competent will produce better outcomes with REM clients than will less culturally competent therapists” (p. 262). Given these findings, it makes sense that some therapists may be more or less effective at engaging REM clients in treatment, as operationalized by their clients' nonattendance patterns. While evidence suggests that therapists are a significant source of variability in client outcomes due to clients' racial/ethnic status, no study to date has examined the therapist as a source of racial/ethnic disparities in clients' nonattendance. Therefore, we tested therapists as a source of racial/ethnic disparities in their clients' nonattendance. Based on the evidence suggesting that some therapists are more culturally effective than others (Hayes et al., 2016), we hypothesized that therapist effects in nonattendance will be associated with clients' REM status.

Methods

Participants

The sample for this study consisted of clients ($n = 792$) who sought individual counseling from a counseling center at a large Mid-Atlantic university during the course of one academic year. Prior to analyses, this data set was reduced to only include clients' first treatment episode in the case of multiple treatment episodes. Consistent with Minami et al. (2009) and Hayes et al. (2016), a treatment episode was presumed to have ended if 90 days or more had elapsed between sessions. Related to our inherent interest in therapist effects due to clients' racial/ethnic status, only data from therapists who had

seen a minimum of 10 clients (whom at least 5 identified as a REM and five identified as White) were retained. This resulted in a final data set of 616. Of the 616 clients, 62.2% ($n = 383$) identified as female and 37.8% ($n = 233$) identified as male. The mean age for the sample was 23.20 ($SD = 5.09$). The majority of the sample self-identified as White ($n = 341$; 55.4%), followed by Black/African American ($n = 100$; 16.3%), Asian ($n = 95$; 15.5%), Hispanic ($n = 50$; 8.2%), and Multiracial ($n = 30$; 3.9%). Forty-five (7.3%) were first-year students, 87 (14.1%) were sophomores, 126 (20.5%) were juniors, 203 (33%) were seniors, 11 (1.8%) were beyond their fourth year, 138 (22.4%) were graduate students, and four (0.6%) indicated special undergraduate status, and 2 (0.3%) did not report their academic status. Twenty-one therapists treated the 616 clients in the final sample. Therapists consisted of staff psychologist, doctoral interns, and doctoral-level counseling psychology practicum trainees. On average, therapists treated approximately 31 ($SD = 10.72$) clients. Additional therapist demographics and information was unavailable as the archival data set was de-identified and did not contain therapist data.

Measures

Nonattendance. Clients' nonattendance was calculated as the total number of no-shows and cancelations over the course of a treatment episode as indicated in the electronic medical record system. The average nonattendance score was 2.23 ($SD = 2.41$), with a range of 0 – 17, indicating that the average number of no-shows and cancelations across all clients and therapists was 2.23.

Data Analysis Plan

Multilevel models were analyzed to account for the nested nature of our data (i.e., multiple clients nested within therapists). Specifically, we used Hierarchical Linear

Modeling (HLM; Raudenbush, Bryk, Cheong & Congdon, du Toit, 2011) to model non-independent data and estimate therapist effects in clients' nonattendance. Our approach was consistent with previous studies examining therapists' variability in their effectiveness with REM clients (Hayes et al., 2014; Imel et al., 2011; Owen et al., 2012). Two separate models were run to test our hypotheses. Our first hypothesis was tested by including a random effect for therapists at level 2 while controlling for clients' REM status at level 1. Specifically, the model testing hypothesis 1 was:

$$Nonattendance_{ij} = \gamma_{00} + \gamma_{10}*(Client\ REM)_{ij} + u_{0j} + r_{ij}$$

Our second hypothesis was tested with a model including a random component for the slope between client REM and nonattendance at level 2. This random effect at level 2 provides an estimate of therapist variability in nonattendance due to clients' REM status. Specifically, the model testing hypothesis 2 was:

$$Nonattendance_{ij} = \gamma_{00} + \gamma_{10}*(Client\ REM)_{ij} + u_{0j} + u_{1j}*(Client\ REM)_{ij} + r_{ij}$$

Results

Our first hypothesis that therapists would account for a significant proportion of variability in clients' nonattendance, was supported. Specifically, the level-2 variance component was significant ($\chi^2 = 120.52, p < .001$), indicating that therapists accounted for a significant proportion of variability in clients' nonattendance (see Table 1). Specifically, the ICC was 0.14, indicating that therapists accounted for approximately 14% of variability in clients' nonattendance in treatment. Our second hypothesis that therapist effects would be associated with clients' REM status, was also supported. Specifically, the level-2 variance component for the relationship between clients' REM status and nonattendance was significant ($\chi^2 = 36.79, p = .012$; see Table 2). This finding

indicates that some therapists had lower nonattendance rates with their REM clients compared to their White clients, and vice versa.

We selected six therapists to illustrate the differences between therapists in the nonattendance rates of their REM and White clients (see Figure 1). As illustrated in Figure 1, there were disparities in nonattendance for some therapists as a result of clients' REM status. For example, Therapist 1 and Therapist 2 had lower than average nonattendance rates for their White clients compared to their REM clients. However, Therapist 3 and Therapist 4 had almost equivalent, and below average ($M = 2.23$) nonattendance rates for both their REM and White clients. Lastly, Therapist 5 and Therapist 6 had lower than average nonattendance rates for their REM clients compared to their White clients.

Sensitivity Analyses

Inspection of inclusion criteria of previous studies examining therapists' variability in their effectiveness with REM clients reveals meaningful discrepancies. For example, some studies only included clients whose therapists saw at least one White and one REM client (Imel et al., 2011; Owen et al., 2012), whereas other studies include clients of therapists who saw at least two White and two REM clients (Hayes et al., 2014; Owen, Wong, & Rodolfa, 2009), or three White and three REM clients (Hayes et al., 2016). Despite this inconsistent application of inclusion criteria, previous studies have not performed sensitivity analyses to ensure the accuracy and robustness of their findings. Testing the sensitivity of our findings with samples reduced to include clients seen by therapists who saw at least two, three, and four White and REM clients did not change our findings. In other words, our findings that therapists significantly differed in regards

to their clients' nonattendance, and these therapist effects were further related to clients' REM status, were consistent and reliable regardless of the inclusion criteria applied.

Discussion

The purpose of this study was to examine therapists as a source of variability in clients' nonattendance, and test for therapist effects with REM clients. As hypothesized, therapists were a significant source of variability in clients' nonattendance. This finding is consistent with previous research suggesting that some therapists are more effective than others in regard to client outcome (Hayes et al., 2014; Hayes et al, 2016), dropout rates (Owen et al., 2012), and nonattendance patterns (Xiao et al., 2017). In this study, therapists accounted for 14% of the variability in clients' nonattendance rates, which is sizeable given that on average, therapists account for five percent of the variability in clients' outcomes (Wampold & Imel, 2015). However, it should also be noted that 86% of the variability in clients' nonattendance was not accounted for in this study, meaning that in addition to the therapist, other factors contributed to clients' nonattendance rates. Previous research has consistently found that client and extracurricular factors account for the largest amount of variability in treatment process and outcome (Wampold & Imel, 2015). Although statistically, therapists accounted for a significant amount of variability in clients' nonattendance rates, other factors, such as the client, undoubtedly contribute to nonattendance rates in psychotherapy.

Our second finding that therapists varied in regard to the nonattendance rates of their REM clients compared to their White clients, suggests that some therapists might be more culturally effective than others, such that racial/ethnic disparities in clients' nonattendance rates were present for some therapists and not others. This finding

similarly reflects previous research that suggests that therapists significantly differ in their effectiveness with REM clients compared to their White clients (Hates et al., 2016; Hayes et al., 2014; Imel et al., 2011; Owen et al., 2012). Moreover, sensitivity analyses suggested that therapist racial/ethnic disparities were robust and reliable, rather than an artifact of the inclusion criteria applied to our data.

This is one of only two studies to utilize multilevel methods to examine therapists as a source of variability in clients' nonattendance, and the only study to test if these therapist effects were related to clients' REM status, resulting in evidence that racial/ethnic disparities in clients' nonattendance were present for some therapists and not others. These findings suggest that the field should continue to focus on the therapist as an influence on client nonattendance. It is critical for therapists to understand therapeutic processes that may be related to clients' treatment adherence in an effort to reduce clients' nonattendance patterns, especially for racial/ethnic minorities. Unfortunately, we were unable to test factors related to why clients of some therapists had lower nonattendance rates. However, previous research on pantheoretical common factors and premature termination in therapy may be informative for the practice of reducing clients' nonattendance in treatment.

Clinical Implications Related to Clients' Nonattendance

DeFife and Hilsenroth (2011) suggest three processes through which therapists may positively influence their clients' attrition and dropout rates. Specifically, they argue that positive expectancies, role preparation, and collaborative goal formation are three therapeutic processes that have been found to impact clients' treatment adherence and outcome. For example, Defife and Hilsenroth note that clients' expectations for treatment

start even before treatment begins, and that “negative expectations may contribute to whether or not patients remain in treatment after the initial interview” (p. 174). As such, therapists should foster positive expectations for treatment starting in the initial therapy session. The effects of preparing clients for the process of therapy has been studied for the past three decades, resulting in a large body of literature that suggests the benefits of providing information to clients about the therapeutic process and role preparation (Orlinsky, Grawe, & Parks, 1994). Lastly, the importance of establishing a collaborative relationship and goal consensus in the initial counseling session has long been acknowledged as an important process related to treatment adherence and outcome (Tracy, 1977; Tyron, 1989; Defife & Hilsenroth, 2011). As such, role preparation and collaborative goal formation may prove helpful in increasing clients' attendance and treatment adherence. Swift, Greenberg, Whipple, and Kominiak (2012; see also Swift & Greenberg, 2015) offer six strategies for reducing premature terminations in therapy, including providing education about duration and patterns of change, role preparation, incorporating client preferences, strengthening early hope, fostering the therapeutic alliance, and assessing and discussing treatment progress. Whereas these strategies are suggested to reduce premature termination, several may be pertinent to client nonattendance as well. Particularly, strengthening early hope, fostering the therapeutic relationship, and incorporating client preferences may be critical practices to engage throughout treatment. Currently though, it is unknown if these practices would positively influence client nonattendance. Research has suggested that not all premature terminations represent negative outcomes (Simon, Imel, Ludman, & Steinfeld, 2012), similarly, nonattendance may not always represent a negative therapeutic process. In

some instances, nonattendance may represent increased client autonomy, (an expected and hopeful treatment outcome!), and indicate readiness for termination. For college student populations in particular, nonattendance may be a developmental means of separating and individuating from the therapist or therapeutic process. Ultimately, therapists should attempt to reduce clients' nonattendance rates, and engage conversations about the therapeutic process when nonattendance occurs.

With regards to therapist variability in the nonattendance of racial/ethnic diverse clients, Wade and Bernstein (1991) found that African American female clients returned for subsequent counseling appointments at higher rates with therapists who had received a culturally sensitivity training compared to therapists who had not received the training. Additional research suggests the importance of therapists' cultural humility, comfort, and opportunity to psychotherapy process and outcome (Owen et al., 2013). Several studies have found that clients who rate their therapists as being more culturally humble report better treatment outcomes (Hook, Davis, Owen, Worthington, & Utsey, 2013; Owen et al., 2014; Owen, Tao, Drinane, Hook, Davis, & Kune, 2016) and stronger working alliances (Hook et al, 2013). Research has also demonstrated that clients who perceived that their therapist missed cultural opportunities reported worse treatment outcomes (Owen et al., 2016). Based on the findings of Wade and Bernstein (1991) and in accordance with the Multicultural Orientation Framework (MCO; Owen, Tao, Leach, & Rodolfa, 2011), it may be that REM clients' nonattendance may be influenced by therapists' cultural processes, such as humility, comfort, and seeking cultural opportunities. Those therapists who evidenced cultural effectiveness regarding their REM clients' nonattendance, may have engaged cultural processes that increased the adherence

and attendance of their diverse clients. If these factors explain disparities in treatment outcomes, including client nonattendance in the current study, between White and REM clients, the field should continue, increase, and improve its efforts to influence their presence in therapists and their clinical work. Given the increasing severity of presenting concerns of university counseling center clients (Erdur-Baker, Aberson, Barrow, & Draper, 2006) and the need to provide culturally competent treatments to diverse student populations, understanding and removing barriers to students' treatment adherence (i.e., attendance) is vital. Given this is the first study to test the role of the therapist in racial/ethnic disparities in clients' nonattendance in treatment, future research is needed.

Limitations and Future Research

There are several limitations that should be considered in interpreting the findings of this study. First, our sample of therapists was relatively small and data on therapist characteristics and behaviors in the archival dataset were unavailable. The limited data regarding therapist characteristics and behaviors did not allow for further tests of processes and conditions related to clients' nonattendance. Moreover, our findings may not be generalizable beyond university counseling centers at a predominately White institution. Another limitation is the grouping of all REM clients together in the analyses, as there is vast variation between REM clients and their experiences. Lastly, client outcome data was unavailable, therefore we were unable to examine how nonattendance was related to treatment outcome. It should also be noted that this study only tested therapists' cultural effectiveness in regards to clients' race/ethnicity. It may be that some therapists who were ineffective with REM clients in this study, are effective with clients with other diverse and underrepresented identities, such as sexual orientation, gender,

socioeconomic status, and so on. Although our findings are consistent with a large body of research on therapist racial/ethnic disparities, presently it is unknown if therapists' cultural effectiveness is a global construct, or varies as a function of clients' multiple, and intersecting cultural identities. Future research should test if therapists' racial/ethnic competence represents a global cultural competence or not.

The present study is the only known empirical investigation to examine the therapist as a significant source of variability in nonattendance related to clients' REM status. The findings of significant therapist effects in nonattendance provide evidence for the clinical wisdom and assumption that some therapists are more effective in engaging clients to attend treatment regularly and consistently. Future research should focus on the behaviors and characteristics of therapists who are most effective at engaging clients to attend treatment regularly in order to identify therapist factors associated with client nonattendance. Research examining the cultural processes of culturally effective therapists is additionally warranted given our findings of significant therapist racial/ethnic disparities. Understanding therapeutic processes associated with nonattendance, especially of those therapists who are more culturally effective is imperative to inform best practices in culturally sensitive service delivery and training.

Conclusion

As demands for clinical services continue to rise at university counseling centers, the nonattendance of clients is of utmost importance. Indeed, research suggests that irregular attendance may have drastic impacts on the efficiency and effectiveness of the delivery of mental health services. The current study confirms that therapists, indeed are a source of variance in clients' nonattendance, and these therapist effects were associated

with clients' REM status. Therapists should routinely monitor the nonattendance of their White and REM clients and implement evidence based practices, such as enhancing positive expectancies, role preparation, and collaborative goal formation in efforts to reduce the nonattendance of their clients. Moreover, therapists should seek to engage cultural humility, comfort, and opportunities thereby increasing their cultural effectiveness with diverse clients. Future research should continue to investigate the specific behaviors and Multicultural Orientation (MCO; Owen et al., 2011) of therapists who are effective at engaging clients to regularly and consistently attend therapy. These efforts are important to further our understanding of therapist contributions to the nonattendance of diverse clients, and inform the delivery of mental health services and training at University Counseling Centers.

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Table 1

Multilevel Analysis of Therapist Effects in Clients' Nonattendance

	Estimate (SE)	<i>t</i> -ratio	<i>df</i>			<i>p</i> -value
Fixed Effect						
Nonattendance, γ_{00}	2.06 (0.24)	8.72	20			<.001
Client REM, γ_{10}	0.41 (0.24)	1.72	594			.085
	Variance Component SD	ICC	<i>df</i>	χ^2	<i>p</i> -value	
Random Effect						
Nonattendance, u_0	0.79 (0.89)	0.14	20	111.71	<.001	
error, r	5.02 (2.24)					

Table 2

Multilevel Analysis of Therapist Effects in Nonattendance due to Clients' REM Status

	Estimate (SE)	<i>t</i> -ratio	<i>df</i>		<i>p</i> -value
Fixed Effect					
Nonattendance, γ_{00}	2.06 (0.24)	8.70	20		<.001
Client REM, γ_{10}	0.40 (0.24)	1.66	20		.121
	Variance Component (SD)	ICC	<i>df</i>	χ^2	<i>p</i> -value
Random Effect					
Nonattendance, u_0	0.91 (0.95)	0.14	20	77.82	<.001
Client REM slope, u_1	0.56 (0.75)	0.09	20	36.79	.012
error, r	4.89 (2.21)				

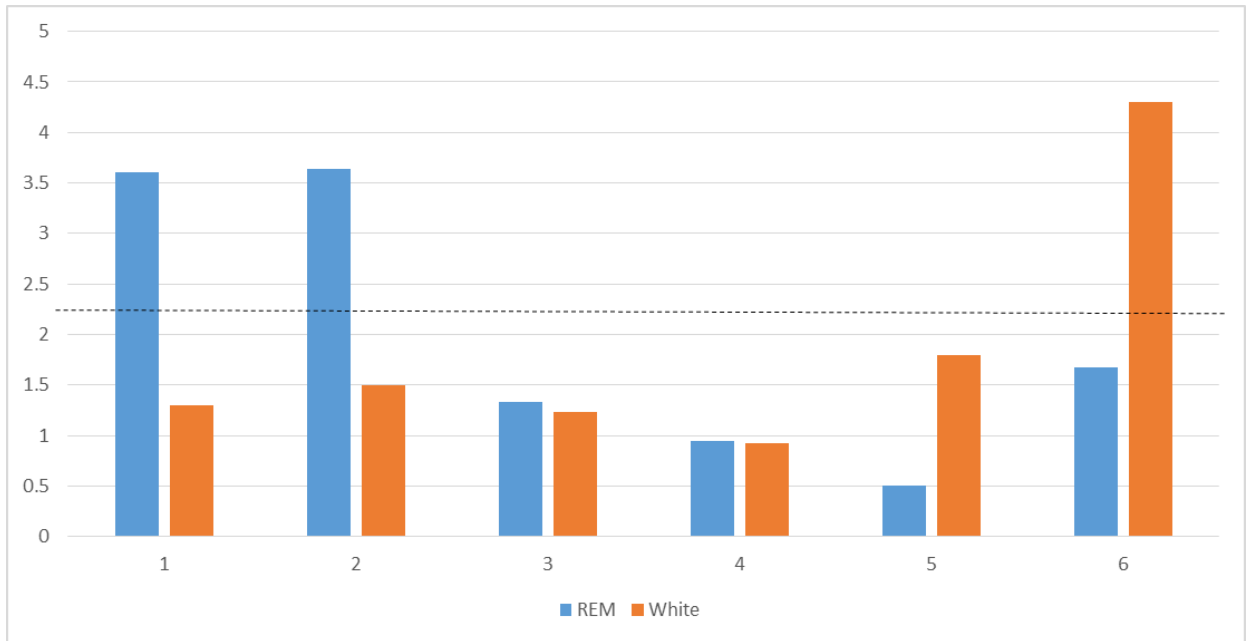


Figure 1. REM and White clients' nonattendance rates for six therapists. The dashed line represents the nonattendance rate across all clients and therapists ($M = 2.23$).