Does the Gender of Initial Contact Affect Premature Termination of Therapy?

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Introduction

Gender plays an obvious role in the therapeutic process. The gender piece can be examined from a client stance or that of a therapist stance. There has been descriptive research conducted on gender differences as it relates to marriage and family therapy (Werner-Wilson, et al, 1999). However, there are few studies available examining the role that gender plays in the initial contact at the beginning of therapy and what impact that has on the outcome of therapy.

In this study, the authors are interested in determining if there is any link or relationship between the gender of the person that makes the initial contact for couples or family therapy and how many sessions are attended. The interest for this study developed for two reasons. First, there is a lack of research on gender, initial contact, and length of sessions completed. Second, the authors are inclined to believe that if men make the initial contact, more sessions will be attended than if men make the first contact. This assumption arises from thinking that men will then feel more invested in the therapy process, and thus attend more sessions.

The purpose of this exploratory study is to examine if families or couples in which the male member of the family makes the initial contact to set up the first appointment will complete more therapy sessions than families or couples in which a female member makes the initial contact.

Literature Review

The authors were unable to find research pertaining to the gender of the client making initial contact to arrange therapy. There is some literature having to do with premature termination. Clients who prematurely terminate are found to have poor alliances with therapists than completers, and their therapists display less warmth and friendliness than that exhibited to therapy completers (Chisholm, 1998). Taller (2001) finds that clients who pay for therapy are twice as likely to terminate after one session as clients who do not. Premature termination has been associated with the therapist's age, specialty, agency, degree, and the age of clients (Christensen, 2002).

In a study of children's premature termination of therapy (Venable & Thompson, 1998), characteristics of the caretakers were found to affect the termination of children's therapy. If the caretaker presents with high levels of intrapunitive hostility (self-criticism and delusional guilt) or depression, this is likely to positively affect the premature termination or completion of therapy for the child. The research disclosed that engaging the caretakers in family therapy is found to positively affect the rate of completion of therapy for the child (Venable & Thompson).

A study by Mohl, Martinez, Ticknor, and Appleby (1989) states the refusal of therapy is more likely to occur if the client has a family with little psychiatric history, overly elaborates the nature and intensity of their problems, has less of a history of alcohol abuse, is offered long-term individual therapy, or has a short wait for a screening appointment. They found that factors such as age, gender, diagnoses, severity, income, and education were not significant to therapy refusal.

Research Statement

There have been studies of gender differences in marriage and family therapy, but the authors have found no studies that examined the difference between the gender of the clients at initial contact and how many therapy sessions they attend. The authors were interested in examining if families or couples in which the male member of the family makes the initial contact to set up the first appoint will complete more therapy sessions than families or couples in which a female member makes the initial contact. The authors' hypothesis is that there will be a significant gender difference in the number of sessions attended. We believe that this research may pave the way for future research to look at what this difference is and what may be done on a personal and societal level to close the gender gap around initiating and completing therapy sessions.

Methodology

Sample

The sample utilized for this study were clients seen to therapy at the Clinical Services Center, which is a university based clinic located on the UW-Stout campus. The therapists at the clinic are second year Marriage and Family Therapy graduate students.

The clients' case files used were cases that closed in the year 2000. Every file from that year was included in the sample. The year 2000 was picked arbitrarily. The sample used in this study was one of convenience, as the files were available and it was a cost effective sampling strategy. To ensure confidentiality, no identifying data from the sample files was collected.

Data Collection Procedures

As mentioned above, the files that closed in 2000 at the Clinical Services Center were included in the sample. The data collected from the file included the gender of the person that made the initial contact to the Clinical Services Center. This information was determined by

examining the gender of the person identified on the intake form. Next, data was collected on each file regarding the modality of therapy; that is, whether individual, couple, or family. This was determined by examining the payment sheet(s) located in the closed file, which indicated the modality of each session. If more then one modality was indicated on the payment sheet, the modality that was utilized the most was the one recorded. Finally, the last piece of data collected from the closed files was the number of sessions that were attended. This information could be found by examining the closing summary, where there is a space for total number of sessions or by counting the numbered progress notes completed for each therapy session.

The data collected was recorded on a data sheet that had three columns: one for modality, one for gender, and one for the number of sessions attended.

Data Analysis

The SPSS statistics program was utilized to analyze the data collected. The first attempt that was made to analyze the data yielded results that were not relevant to the research question. Due to these findings, only data from the modality of either couples or families was considered. The files that fit into the individual modality were removed from the sample.

The data entered in the SPSS was that of gender, either male or female, and the number of sessions attended for therapy. A Pearson Correlation Coefficient was done between the gender and number of sessions attended variables. Also, an independent sample t-test was done; which gave provided information regarding the mean and standard deviation with regards to the data entered.

The Pearson Correlation Coefficient was utilized as one of the data analysis methods so that the relationship could be examined between the two quantitative sets of scores, namely gender and number of sessions. The authors were interested in determining if there was a relationship between those two variables.

The t-test was utilized to determine if there was a true difference between the means of the two groups in this study or if the difference was created merely by chance error. The t-test will help determine whether to reject the null hypothesis and thus accept the hypothesis for this study.

Results

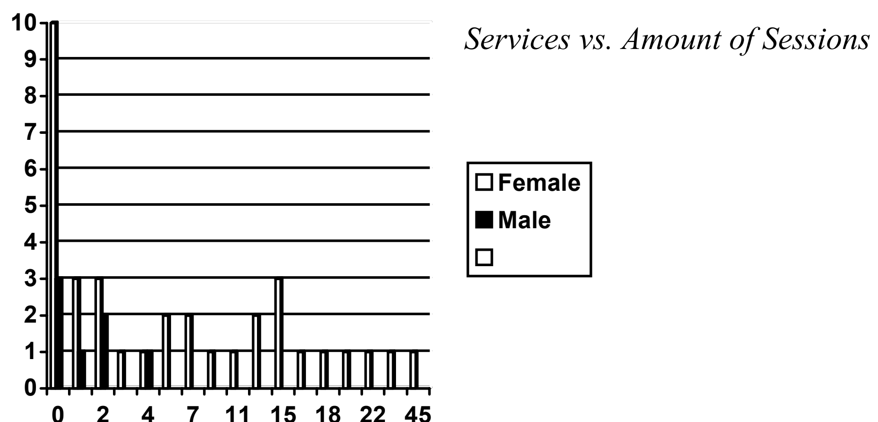
The Pearson's Correlation Coefficient was run utilizing the SPSS statistics program. The results of this analysis were not relevant to our study. The independent t-test was also run with the SPSS statistics program. As seen in Table 1, the mean value when women initiated first contact was 7.9429 sessions attended when n=35. The mean value when men initiated first contact was 1.2857 sessions attended when n=7.

Table 1: Group Statistics

	GENDER	N	Mean	Std. Deviation	Std. Error Mean
Number of Sessions	FEMALE	35	7.9429	9.92307	1.67730
	MALE	7	1.2857	1.49603	.56544

Figure 1 shows that when men initiated first contact, the couples/families did not attend more then four sessions. When women initiated first contact, the couples/families attended a range from 0-45 sessions, with a median of four. Interestingly, almost a third of cases where women initiated contact and almost half of the cases where men initiated contact never followed up with any sessions at all.

Figure 1: Initiated Services vs. Amount of Sessions Attended



The independent t-test provides findings when equal variances are not assumed. As seen in Table 2, when equal variances are not assumed, there is a significant difference between the mean values at a p-value of .001 confidence level. When the equal variances are assumed, there is not a significant difference between the mean values. Upon examining the standard deviations and noticing that they are larger values then the means, the authors interpreted this to mean that the variances are not equal under a normal curve. The authors conclude that there is a significant difference between the means.

Table 2: Independent Samples Test

		t-test for Equality of Means			
			df	Sig.(2-tailed)	Mean Difference
Number of sessions	Equal variances assumed	754	0	.067	6.6571
	Equal variances not assumed	761	9.291	.001	6.6571

Given the results of this study, the authors' hypothesis is not supported. The findings actually challenge our initial thinking around this subject area; which will be discussed in the following sections.

Reliability and Validity

When looking at the validity of this research, one may contemplate whether or not the year 2000 is representative of other years. Perhaps this year may be different than others and the data from the year 2000 is skewed. In the year 2000 the authors acquired a very small number of males making the initial contact call. If there were a larger number of males making the initial

contact call, the data may have shown different results. This concern could be addressed in future studies by comparing the results from this year to the results from other years.

The purpose of this study was to determine if there was a link between the gender of the person making the initial contact for therapy and the number of sessions completed. That the results of this study are significant at the .001 level, indicates that when the woman makes the first contact for therapy, couples and families complete significantly more sessions.

Factors that could have affected the validity of this study were: incorrect collection/entry of the data, choice of statistical test, and interpretation of the results. The authors believe that none of these factors negatively influenced the results.

Ethical Concerns

The authors are unaware of any ethical concerns for this research that have not already been covered. When clients come to the Clinical Services Center, they sign a consent form that states that their general information may be used for research purposes. Each one of the clients whose information was used in this research agreed and signed the consent form. Also, the information that we used for this research did not identify any specific individual.

Strengths and Limitations of the study

There are two major strengths of this research study. One of the strengths of this study was that almost all of the case files that were closed in the year 2000 were used in the research. Only four of the files were thrown out because of the ambiguity of which gender initially made the contact call with the clinic. We also look at a year's length of case files and examined each file that was closed in the year of 2000. This year's caseload totaled a high number of cases (n=94).

Another strength of this study is that it examines an area that has not been previously studied. This study has opened the door to a new way of looking at the relationship of gender and therapy and asks questions that when answered may yield important information for therapists.

There are also limitations to this study. There was little research for the authors to build upon as a foundation for the study. Specifically, there is little, if any, research that speaks specifically to gender differences and the number of sessions that are completed in therapy. Also, when collecting data from files, the finding that some clients had attended individual and couple sessions and/or individual and family sessions required decisions to be made regarding how to count these files. In these instances the authors chose to record which type of session the participants attended most often. This also was a university clinic that had breaks in therapy that are not common for other clinics (holiday and semester breaks), and there also are changes in therapists during semester breaks and after graduation. This may attribute to people ending session earlier than they might if they had continuity in their therapists or sessions.

Clinical Implications

This study initially looked at gender and initial therapy contact and their interrelationship in completing more therapy sessions. The authors hypothesized that with a male making the initial contact, more therapy sessions would be completed. This hypothesis was not supported, however, this research has raised many unanswered questions.

The findings of this research indicate that when females make the initial contact, couples and families are much more likely to complete sessions than when males make the first contact. What is the rationale behind these findings? Perhaps when males decide that they must take action and seek help from outsiders the family/couple is in too much distress for them to benefit from therapy. Possibly, females have more power in their families and in family relationships than do males. Also, females may have more investment in maintaining help from others outside of the

family, whereas males tend to view seeking help from outsiders as a weakness. It may also challenge men's ability to be a "man in control" if they are not able to control their children and have to go to therapy. If this is so, how can we as therapists, help males to feel more comfortable in being involved in therapy?

The findings also show that females are much more likely to make the initial contact call to engage in therapy. This may be because females feel as though they are more responsible for saving relationships. Further research may wish to explore the source of this pressure. Perhaps women are less satisfied and men more satisfied with their relationships, therefore women would be more apt to make the initial call because they are seeking change in the relationship.

The authors believe this study has opened a new area of research on gender and therapy. The hope is that others will follow in evaluating what these differences are, and why they exist, so therapists may be better able to understand these substantial differences between the genders.

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