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Outcome Study of a Community Based Training Clinic: Are We Serving Our Clients?

Paper based on a program presented at the 2007 Association for Counselor Education and Supervision Conference, October 11-14, Columbus, Ohio.

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Clinical training of counseling students is the most important aspect of their education (CACREP, 2001). In the clinical phases of counselor education, students meet their first clients, learn to develop counseling relationships, to assess and create treatment plans, as well as carry out these plans to help the client create change in their life. It is surprising therefore, that so little attention has been paid to the study of counseling training clinics. In a search of the counseling literature for information on training clinics, only three documents were found, all dated 2000 or before.

Whiston and Coker (2000) focused on the training of counselors in the clinical setting. This article discussed the need, at the time, to restructure the clinical training program for counselors in training. Several aspects of training are discussed, including increasing technical skills, the ability to develop a counseling relationship, and increasing cognitive complexity. Unfortunately, most of the research examined in Whiston and Coker's article was not based on university training clinics. What might work under research conditions in the lab and in the community with experienced clinicians may be different than how clients interact with counselors in training during their practicum and internships.

The other two articles both described the clinical setting in counselor education programs, discussing such aspects as physical facility, use of the clinic for training, services provided, record keeping, insurance and finances, and evaluation of the clinic (Myers & Smith, 1994; Myers, & Smith, 1995). These interesting articles described the use and function of campus training clinics with an objective of providing a broad overview of training clinics, therefore evaluations of client outcome from the clinics was not examined.

The purpose of this current article is to describe the clientele of one training clinic and examine the outcome of clients served at a Mid-Atlantic mid-sized university training clinic. The clinic serves as a training site for School Psychology master's students as well as counseling students in their practicum. The counseling students enter the practicum during the last year of their training and have live supervisors on site at all times when seeing clients. Considering that very little research has been done on the client population

who visit training clinics, one important aspect of this article is to describe the client population. Additionally, since nearly two thirds of the clients seen in counseling training clinics are from the community (Myers & Smith, 1995), it would seem that training clinics also serve as community mental health clinics. As a community clinic, an important aspect of management is to determine if the client population is being served; however, no client satisfaction surveys were distributed to clients during their examinations.

Methods

During the spring and summer of 2007, 455 client files were examined in an archival case review. This comprised all files for a period of 5 years at the training clinic. Children were the most common client, ranging in age from 2-19 (N = 250, 55%), with 14 being the modal age. Adult clients ranged from 20-68 years (N = 193, 45%). The vast majority of clients seen were Caucasian (N = 386, 85%) and 13% reported as African American. The remaining 2% identified as Hispanic or other. Fifty percent of clients were male and 50% were female. The study site of the clinic is in a small community about ten miles from the university. The clinic also is located two blocks from a middle school in this small community.

Clients presented with a wide variety of issues. The most common presenting problems are reported in Table 1.

Table 1: Presenting Problems Frequency and Percentage

Presenting issue	Frequency	Percentage
Depression		24%
Behavioral disorders		17%
Anger		13%
Testing		13%
Family/Kids		9%
Anxiety		8%
Other		5%
Sexual abuse of child		4%
Tutoring		3%
ADHD		2%
Parenting		2%

Many of the presenting issues were listed as multiple reasons, only the first presenting issue is represented in the table. For example, people who reported with a primary concern of depression also reported feeling anxious.

Clients were referred by a variety of sources with school, friends, and doctor/hospital being the most common referral sources. The average number of sessions

was 10, with 13 and 10 being the mode. The most frequent number of sessions was one (N = 59, 20%); three sessions (N = 37, 12%); two sessions (N =36, 12%); and four sessions (N = 27, 11%). The number of sessions ranged from one to 25. Less than 10% of clients were seen for more than four sessions.

Several reasons for low number of sessions were given including client did not return (N = 375, 74%), services completed/client decision (N = 71, 16.1%), and unknown (N = 30, 6.8%). Clients who never showed for the intake accounted for another five clients (1.1%). This low attendance rate may have impacted the reported outcome of treatment since a full 85% (N = 376) of client outcome was unknown. Only 9% indicated a successful resolution to treatment (N = 40) and another 5.7% were referred (N = 25).

Discussion

This study was focused on describing the client population at a mid-sized university training clinic in the Mid-Atlantic and the client outcome of those receiving services. The findings from this study indicate several areas where changes could be implemented in the counselor education program. The outcome of treatment could be improved by teaching counselors in training to do assessment of the client after each session. A simple one to ten assessment from the client would indicate if he/she perceives and improvement after each session, for example a counselor could ask the client “On a scale of one to ten, where one is low and ten is high, how would you rate your mood now as compared to when you came in?”

Premature termination from a university counseling center is fairly common with rates of termination immediately after intake around 20%-25% (Mennicke, Lent & Burgoyne, 1988) and 47% (Wierzbicki & Bekarik, as cited in Renk & Dinger, 2002). Many other clients end therapy after only a few post intake sessions. Premature termination in general outpatient centers is around 30%-60% (Corning & Malofeeva, 2004; Mennicke et al., 1988). Clients terminate therapy prematurely for a variety of reasons (Renk & Dinger, 2002) and a follow up call to clients not returning to determine reasons for termination would be helpful. Attendance could be improved by providing pre-service training to the client. One example of pre-service training includes videotape viewing by the client to help them understand the counseling process and alleviate unrealistic expectations of counseling involvement (Mennicke et al., 1988).

Conclusion

The purpose of all outcome research is to provide feedback on programs to increase their effectiveness and to clarify pertinent information at a given point in time. This current study provides much feedback to help increase effectiveness in this particular training clinic, and also may be useful in other training sites. An assessment instrument that is easy to administer, such as the Beck Depression Inventory (given during the intake) allows for assessment of symptom reduction in the most common presenting issue. Providing pre-service training to potential clients will increase client motivation, decrease unrealistic expectations, and allow for more thorough presentation

of important ethical issues such as confidentiality. Counselors in training also could be taught to assess change at the end of each session, allowing both the clinician and the client to observe change and effectiveness of treatment. Finally, follow-up calls made when clients fail to show for appointments to determine the reason for premature termination could provide valuable information that would allow for further evaluation and change in the program.

References

Corning, A. F., Malofeeva, E. V. (2004). The application of survival analysis to the study of psychotherapy termination. *Journal of Counseling Psychology, 5* (3), 354-367.

Mennicke, S. A., Lent, R. W., & Burgoyne, K. L. (1988). Premature termination from university counseling centers: A review. *Journal of Counseling and Development, 66*, 458-465.

Myers, J. E., & Smith A. W. (1994). On-campus clinical training in counselor education. *Counselor Education & Supervision, 94*(33), 249-262.

Myers, J. E., & Smith, A. W. (1995). A national survey of on-campus clinical training in counselor education. *Counselor Education & Supervision, 35*(1), 70-82.

Renk, K., & Dinger, T. M. (2002). Reasons for therapy termination in a university psychology clinic. *Journal of Clinical Psychology*, *58*(9), 1173-1181.

Whiston, S. C., & Coker, K. J. (2000). Reconstructing clinical training: Implications from research. *Counselor Education & Supervision, 39*(4), 228-254.