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Why clients stop going to therapy

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Associate professor Rachel Tambling and doctoral candidate Thomas Bischoff, both of UConn's Department of Human Development and Family Studies, recently completed a study that examines why clients terminate their work with therapists. The two will present their study at the National Council on Family Relations Conference in San Diego on

Nov. 7-10.

The data they used was from the Humphrey Clinic for Individual, Couples, and Family Therapy, which was located on the Storrs campus until it closed in August, after more than 30 years of existence.

The two researchers discuss why this research is important and what else they are working on.

Q. Why did you do this paper and what did you learn from it?

RT: It fit into the bigger picture around the research of service utilization issues in counseling. One thing we know is that counseling benefits people for a variety of conditions, everything from weight management and smoking cessation to depression to parenting problems and child behavior. We know that therapy helps people, but very few people who are recommended to therapy actually enter into therapy, and of those who do, about half will drop out before the third session. So therapy is something that can really benefit people, but people are underutilizing these services.

TB: There is a lack of information about this topic, so it needs to be studied. We were able to get the perspective of the therapists, who are actually working with the clients to see what they noticed. Why did the clients disappear – if that's what happened – or why did they finish? Coming to that understanding helps to understand what needs to be done to better engage with clients. Do they need some other motivation to stay and participate, or did they just complete their goals?

Q. Are we living in a time when it is more culturally acceptable to attend therapy?

RT: It's seen more positively now than in previous decades, but we still struggle with other types of stigma and the way we manage mental health in general. We have this picture of what depression and anxiety looks like culturally. If you are depressed, you are sad all the time, you can't get out of bed. We don't think about high-functioning depression. There is more acceptance if things are really awful in your life. But what about if you're at peak performance? We are starting to see that more and more in professional athletics. I would like to see more of an acceptance of counseling and therapy as part of peak performance in life.

TB: One thing I have done in the classes I teach is ask the students, 'If you had to go to therapy, what would be your thoughts?' There is an internal debate that happens. Even though we are doing work that helps reduce the stigma of therapy, people still hesitate because of family concerns, or beliefs that they will be seen as weak or crazy if they attend therapy. They think they should be able to resolve their own issues.

Q. Do people simply think they're too busy to go to therapy?

RT: There is an internalized stigma that therapy is good for other people. Other people should take the time to go to therapy, but I don't need it enough to warrant adjusting my schedule to it.

TB: We make time to see a primary care doctor for medical issues, but therapy doesn't seem to get that kind of priority. People won't miss work or school to attend therapy appointments. It has to be when it's more convenient for them.

Q. How does this paper fit into the overall work you are both doing?

RT: My research is about therapy initiation. How do people choose to enter into therapy and how do they manage that process of early engagement? I am interested in that time right before they enter into therapy and the first one to three sessions. I am interested in client factors associated with the propensity to initiate therapy and the propensity to persist with therapy. I am researching things like motivation to change, expectations of therapy, therapy accessibility, and what are the competitors to therapy.

I am doing a lot of work around motivation to change and understanding that as a construct of how it applies to therapy. We understand it well in smoking cessation and other types of behavior change, but we don't understand so well in therapy, particularly in couples and family therapy.

TB: For my dissertation, I am looking at the therapy initiation process. There's not really a lot research on that, so I want to study how to reach out to potential clients who could come, but aren't coming. Looking at the other side of the coin, how do clients decide in the first place to enter into therapy?

Q. Are therapists getting their message out as to why they are helpful?

RT: We don't know enough about why clients enter into therapy, or why they discontinue therapy. Therapists don't know what they should say, because they don't know enough about client experiences. For too long, our field has focused on academic understanding of therapy, and not what do real clients and real therapists have to say about their therapy experience. In this paper, we really tried to keep it as close as possible to what are people's actual experiences.

Q. Do people get worn out by therapy?

TB: Therapists tell clients at the beginning that they are going to be made to talk about things that are difficult or uncomfortable to express, just like when you go to a doctor, it might hurt when you get checked for a broken arm. They are told up front that it can definitely be intense at moments, but it can be also comfortable and an enjoyable experience.

Provided by University of Connecticut

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