

CORE Partnership

The CORE Partnership consists of the CORE Benchmarking/User Network, the CORE System Trust (responsible for the copyright of CORE measures), CORE Information Management Systems Ltd (CORE IMS - responsible for change agency and software support) and associated researchers. This Occasional Paper provides an update to the previously published benchmarks on completion rates (Bewick et al, 2006).

The sample

The majority (70%) of clients were female and the mean age was 38.3 years (SD 12.01). 89% were White/Caucasian.

The average number of clients per site was 1 593 (range was 84 - 8 653).

The majority of clients were seen for short-term therapy, with 75% being seen for 6 sessions or less. The average number of sessions attended was 5.5 (SD = 5.11).

Data on the type of therapy ending (planned vs unplanned) was frequently missing, with an average missing data rate of 29.9% and a range from 0.8% to 84.1%. This rate of missing data is markedly higher than that reported in the original CORE-OM benchmarks and gives some cause for concern about rigorosity of form completion by practitioners. As in the original benchmarks, 2 sets of benchmarks were calculated:

- ◆ Using only data where the practitioner declared a planned or unplanned ending (likely to be an underestimate)
- ◆ Including all clients with missing data in the therapy ending field as unplanned endings (likely to be an overestimate).

Mean unplanned ending rates were calculated for each service. The service-level mean data was then analysed to obtain values for the 25th, 50th and 75th percentiles. These in turn were used to create service-level benchmarks.

Data source

Data were drawn from the updated version of the CORE National Research Database for Primary Care, collected between 1999 and 2008. The data was cleaned to remove clients with basic demographic details missing; aged less than 16 or over 65 years or with a therapy modality other than individual therapy. Clients who were not accepted for therapy or whose assessment date indicated they might still be in therapy were removed from the dataset, yielding a final sample of 55 744 clients, seen by 1033 therapists in 35 services.

Results

Declared rate of unplanned endings

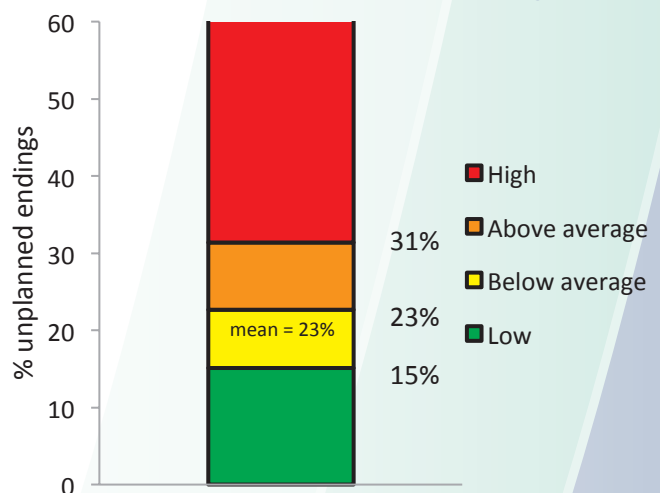


Figure 1: Benchmarks for 'declared' rate of unplanned endings.

The average 'declared rate' of unplanned endings (where the decision to terminate therapy was purely made by the client) was 22.5%. 'Declared rates' ranged from 1.2% to 43.5%. Figure 1 illustrates the benchmarks for declared unplanned endings. The 25th percentile for declared unplanned endings was at 15.1%, which means that services with declared unplanned ending rates below 15.1% could be described as having low rates of unplanned endings. Services with declared unplanned ending rates above 31.4% could be described as having high rates of unplanned endings.

Over half (57.1%) of all declared unplanned endings were reported as being due to loss of contact.

Estimated rate of unplanned endings

As discussed previously, all sites had varying levels of missing data regarding type of therapy ending. It is not possible to know what proportion of these clients had planned or unplanned endings to therapy but making the assumption that all missing data corresponds to an unplanned ending (having excluded those clients who may still be in therapy), allows an estimate of the actual rate of unplanned endings to be obtained. It is important to bear in mind however that, just as the declared rate of unplanned endings is likely to be lower than the actual rate, the estimated rate is likely to be higher. The actual figure lies somewhere between the two but, without rigorous data collection procedures including completion of an End of Therapy form for every client assessed, it is not possible to calculate totally accurate benchmarks for unplanned endings.

The average 'estimated' rate of unplanned endings was 52.4%, implying that over half of all courses of therapy ended with a unilateral decision by the client to stop attending. Rates of 'estimated' unplanned endings ranged from 26.1% to 90.5%.

Services with 'estimated' rates of unplanned endings below 39% have low rates and those with over 63% have high rates of 'estimated' unplanned endings.

There was a low, significant correlation ($r=-.34$; $p=.048$) between the declared rate and the estimated rate of unplanned endings suggesting that in general sites with a low declared rate of unplanned endings also had a low estimated rate of unplanned endings. However, only 10 of the 35 sites fell into the same benchmark category (low, mid, high) using both measures. Furthermore, 6 services moved from 1 extreme of the benchmarks to the other: 5 moving from low declared rates to high estimated rates of unplanned endings and 1 moving from high declared rates to low estimated rates. In all, 11 services had a higher estimated level of unplanned endings than declared unplanned endings (services with high percentages of missing data) and 14 services had lower estimated levels of unplanned endings than declared levels (services with low percentages of missing data).

Stage of client-initiated termination of therapy

Unplanned endings to therapy were more likely in the earlier stages of treatment: with over half of all clients with reported unplanned endings attending less than 3 sessions. There is a transition above 4 sessions, with clients attending 5 or more sessions being more likely to have planned endings to treatment. Table 2 gives detailed analysis of rates of planned/unplanned endings by number of sessions attended, along with cumulative percentages.

Table 1: Descriptive statistics for 'declared' and 'estimated' rates of unplanned ending to therapy

	Declared	Estimated
N clients	14 037	26 958
Mean (sd)	22.5 (11.71)	52.4 (17.9)
Minimum	1.2	26.1
Lower quartile	15.1	38.7
Median	22.7	51.1
Upper quartile	31.4	63.0
Maximum	43.5	90.5

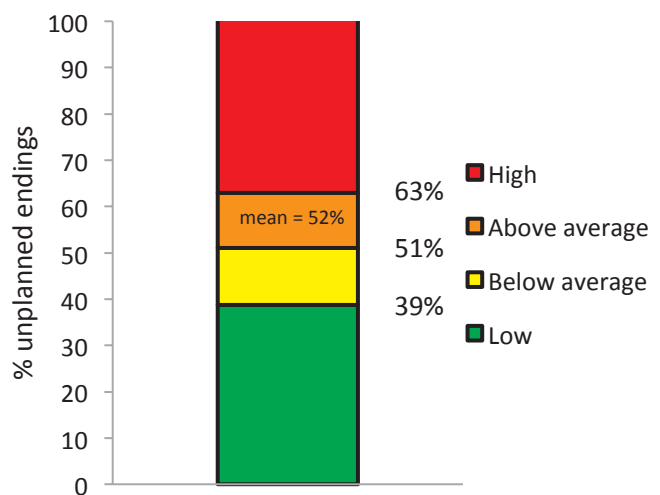


Figure 2: Benchmarks for 'estimated' rate of unplanned endings.

Variables predicting client termination

Analysis to identify potential predictors of client-initiated termination of therapy was conducted on the 'declared' rate of unplanned endings.

Gender: No significant differences in rates of unplanned endings were identified between males (33.2%) and females (32.6%) ($z=1.233$; $p=0.218$). *Age:* the sample was split into younger (16-39) and older (40-65) age groups and there was a highly significant difference between the likelihood of unplanned endings for the two groups ($z=27.52$; $p<.0001$). Younger clients were more likely to terminate therapy than older clients (38.6% vs 26.1%). *Ethnicity:* there was a significant difference between rates of unplanned endings for White British/European (32.3%) and other ethnic groups (37.2%) ($z=4.718$, $p<.0001$). *Waiting time:* the sample was split into two groups based on whether their wait time between referral and first assessment was above or below average (50 days). There was no significant difference in the rate of unplanned endings for the two groups. *Intake CORE-OM score:* clients were split according to whether their intake CORE-OM score was above or below cut-off (10). There were significant differences in rates of unplanned endings for those below (25.4%) and those above (32.2%), $z=8.82$, $p<.0001$.

Table 2: Type of therapy ending by number of sessions attended

Number of sessions attended	Type of therapy ending			
	planned	planned cumulative %	unplanned	unplanned cumulative %
0	0.2%	0.2%	2.7%	2.7%
1	1.6%	1.8%	26.4%	29.1%
2	6.1%	7.9%	22.4%	51.5%
3	8.9%	16.8%	17.2%	68.7%
4	10.9%	27.7%	12.7%	81.4%
5	12.0%	39.7%	7.8%	89.2%
6	26.3%	66.0%	3.8%	93.0%
7	8.6%	74.6%	2.0%	95.0%
8	7.7%	82.3%	1.4%	96.4%
9	3.2%	85.5%	0.8%	97.2%
10	2.8%	88.3%	0.8%	98.0%
11	2.2%	90.5%	0.5%	98.5%
12	4.7%	95.2%	0.2%	98.7%
>12	4.9%	100.1%	1.3%	100%

Reference

Connell, J., Grant, S. & Mullin, T. (2006). Client initiated termination of therapy at NHS primary care counselling services. *Counselling and Psychotherapy Research*, 6 (1), 60-67.

