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Assessing Client Change in Individual and Family Counseling

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Assessing Client Change in Individual and Family Counseling

Abstract

Objective: The article presents outcome data from an ongoing nonintrusive method for evaluating counseling services. Applied to one agency's delivery of solution-focused brief therapy, the method is brief and easily integrated into clinical practice. Method: Using two scaling questions (one to measure daily functioning and the other to measure emotional coping), clinicians asked clients in every session to rate on a scale of 0 to 10 their present status on two dimensions. Data were collected by 40 professional counselors providing services to 3,920 cases over a two-year period, averaging three counseling sessions per case. Results: Analyses demonstrated statistically significant findings for both functioning and coping regardless of the number of sessions and client system (i.e., individual, couple/family). Conclusions: The research demonstrates a clinically useful method for assessing counseling services in process, and illustrates the improvements in functioning and coping experienced by clients concurrent within their participation in counseling.

KEY WORDS: family counseling, outcome measurement, self-report data

INTRODUCTION

Individual and family counseling services represent one of the most widely offered interventions in the field of community-based mental health. Though research on such services often have focused on standardized measures of client status or the therapist's view of case outcomes, there is increased interest in assessing the client's perspective on the benefits of counseling. The literature in the field offers a variety of examples of studies focusing on client satisfaction with services, but relatively few examining client self-ratings of change. This observational study examines the experience of a multi-service family and children's agency in developing and using a client self-rating instrument to both monitor client feedback and improve agency services. Using a two-year sample involving over 3,900 counseling cases and session-level data from 8,601 sessions, the research examines the clients' self-reported change in their ability to function and cope with the specific issue that prompted them to seek counseling. The client perspective is compared to case outcomes as identified by the professional counselors who worked with the clients.

The assessment of the effects of counseling services is inherently reliant on indirect measures. The nature of the counseling relationship is such that, much like priest and penitent, the experience of the counseling session is shared only by the counselor and the client(s). Thus, in respect to evaluating the service, the perspectives of the two players involved represent the clearest lines of evidence, though each is shaded by the subjective nature of their own viewpoint. Given the psychological and emotional dimensions of counseling, the client's own belief about the utility and effectiveness of counseling is both unique and informative. The collection of client data has traditionally focused on two areas – client satisfaction with services, and client beliefs about the effectiveness of services.

The client perspective on counseling has been most frequently represented through the use of client satisfaction or feedback surveys in the mental health field (LaSala, 1997; Lebow, 1982; Lebow, 1983; Lebow, 1987; Lehman & Zastowny, 1983; Nguyen, Attkisson, & Stegner, 1983; Sorenson, Kantor, Margolis, & Galano, 1979; Woodward, Santa-Barbara, Levin, & Epstein, 1978). A review of the existing literature reveals a number of criticisms of the use of client satisfaction data (Fischer & Valley, 2000; Gaston & Sabourin, 1992). Despite the limitations of client satisfaction data, it has been acknowledged that an evaluation of counseling services would be incomplete without inclusion of the client perspective (Larsen, Attkisson, Hargreaves, & Nguyen, 1979; Steenbarger & Smith, 1996). Ratings of client satisfaction have been cited as the essential linkage between counseling process and outcomes (Wampold & Poulin, 1992), with such feedback offering a reasonable proximal measure of treatment effect.

Another primary aspect of the client's perspective on counseling is the perception of the effectiveness of the counseling services, often reflected by the clients' view of their own well-being and symptomatology concurrent to the counseling experience. The published studies of this tactic include, most notably, Howard and colleague's work on the dosage model of psychotherapy (Howard, Kopta, Krause, & Orlinsky, 1986; Howard, Lueger, Maling, & Martinovich, 1993; Kopta, Howard, Lowry, & Beutler, 1994). Howard and colleagues have found increasing rates of self-reported patient improvement (53% at 8 sessions; 74% at 26 sessions, 83% at 52 sessions), and have extended the dosage model to examine the effectiveness of counseling in dealing with specific presenting symptoms. Elliott & Wexler (1994) examined the psychometrics of an instrument, the *Session Impacts Scale,* with a sample of depressed clients, and found good internal reliability and construct validity for the scale; though data were collected at the session-level, the focus of this work was not on assessing the impact of

counseling over time. In work by Stiles, Reynolds, Hardy, Rees, et al. (1994), the *Session Impacts Scale* was administered along with another instrument, the *Session Evaluation Questionnaire*, to a sample of 218 counseling clients over an average of eleven sessions. In this case again, the emphasis was not on assessing the effects of counseling but, rather, on investigating the correlation between the instruments and the underlying factors within them.

Although the several studies discussed thus far focused primarily on longer-term psychotherapy, the conception of using a session-by-session client rating of impact also translates to the shorter-term counseling approach. A study by Cummings, Halberg, and Slemon (1994) involved data collection on ten counseling clients using their qualitative self-ratings on the *Important Events Questionnaire (IEQ)* over 8-11 counseling sessions. Based on the data, the authors observed three discernible patterns of self-reported client improvement: consistent change (five cases), interrupted change (four cases), and minimal change (one case). This finding illustrate the existence of underlying patterns of change across an episode of counseling.

The current study's particular contribution is to provide an account of a large-scale field-based research effort on counseling that uses scaled client self-ratings. By reporting data from an ongoing study of the effects of counseling from the client's perspective, the article demonstrates the potential benefits of such an approach. As such, these data provide empirical measures of subjective recovery among clients engaged in a community-based counseling experience.

METHOD

Research Setting

The data presented here were collected through a large non-profit child and

family-serving agency in Atlanta, Georgia (Families First). During the course of the study the agency employed approximately forty professional counseling staff (92% possessing a masters degree in social work) providing counseling services through eight urban and suburban office locations. During the period of this research the counseling staff was majority African-American (71%), 25% were White, and four percent were of other ethnicities. The mean age of the counselors was 34 years of age (s.d.= 7.2), and ranged from 26 to 54 years of age. The number of years of experience as a counselor with the agency ranged considerably; 18% had more than 10 years, 20% had 5-10 years, 11% had 2-5 years, and 51% had less than two years.

The agency employed a brief-service counseling model wherein the counseling was focused on aiding the client in achieving specific short-term objectives (as opposed to longer-term psychotherapy approaches). The agency's service model was based on the counseling model developed by the Brief Family Therapy Center in Milwaukee, Wisconsin, and though is not time-constrained, is solution-focused in its emphasis (de Shazer, Berg, Lipchik, Nunnally, Molnar, & Gingerich, 1986; Homrich & Horne, 2000). de Shazer et al. (1986) note that the key to brief therapy is "utilizing what clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves" (p. 208). The model has been promoted as an approach for successfully addressing a wide range of presenting issues (DeJong & Hopwood, 1996). All agency therapists received training in solution-focused brief therapy and ongoing supervision that reinforced the model. In the sample of counseling cases available for this study, the mean number of completed sessions was three (3.0), and approximately 83% cases received four or fewer sessions of counseling during the episode of counseling under examination. Within this study, an episode of counseling was defined as a number of sessions commencing in the study frame, occurring in succession, and for which data

were available on all consecutive sessions.

In assessing the benefits of counseling services, the agency historically used a periodic client satisfaction survey to collect cross-sectional data from a sample of the client population (Fischer & Valley, 2000). Although these data proved useful, they were unable to address the issue of how clients may have changed over the course of an individual counseling episode. To address this analytic point, new data collection was undertaken beginning in the fall of 1997. In formulating its outcome measurement plan, the agency developed a logic model for counseling services with input from multiple stakeholders. This model identified two principal outcomes for counseling clients, regardless of the particular presenting issue: improved day-to-day functioning and improved emotional coping. Functioning is defined as the client's ability to conduct the routine business of their life (e.g., perform at work, maintain personal schedule of activities), and coping is defined as the client's emotional status in relation to the issue that caused them to seek counseling. The two omnibus outcome dimensions were identified in part because they had general applicability to all cases served through solution-focused counseling.

Participants

For this study, data were compiled on 3,920 counseling cases closed during the two-year period July 1, 1998 to June 30, 2000 (Fischer, 2000). Among these cases, two-thirds involved individual clients (68%) and one-third involved couples or other family groups (32%). All clients received counseling services of one or more sessions in duration, delivered through one of eight community-based locations. At baseline, overall, two-thirds of the counseling cases involved a primary client who was female and, on average, the client was nearly thirty-five years of age. Over two-thirds of the primary clients were in their twenties and thirties. In respect to race, 54% of clients reported their race as White and 38% were African-American, with about

7% of other races (1% missing). The racial distribution of the counseling population matches closely the demographics of the metropolitan area served by the agency shown in the 2000 Census -- 55% White, 32% African-American, 4% Asian, 7% Hispanic, 2% other races (Georgia Institute of Technology, 2001). The sample is over one-third unmarried (35%) and one-third married (36%), with over one-quarter being divorced or separated (27%), and one percent being widowed (1% missing). The mean income in these cases is $26,900 (s.d.=$25,470), with over half of participants having annual household income under $20,000. Couples and families show higher incomes, in part reflecting the presence of additional earners in the household. Overall, one-third of cases dealt with mental and emotional adjustment (34%), 21% with marital relations, 14% with family relationship issues, 11% with family violence problems, 10% parent-child issues, 3% substance abuse, and 7% other issues.

Outcome Measures

Two primary data sources were used in this study. First, an administrative data set provided detailed case record data, including background information and the counselor's ratings of the status of the case at administrative closure. Second, primary data collection procedures were implemented using an instrument called the *Client Rating Of Status (CROS)* form, developed specifically for use in this practice setting, with input from the professional counseling staff [Instrument available from the author]. The instrument collects quantitative session-level self-ratings from clients on day-to-day functioning and emotional coping (0-10 scale on each). The data collection was initiated on a pilot basis with all newly-opened counseling cases beginning in September 1997. After approximately three months of implementation, focus groups were held with counseling staff in all service regions to assess the counselors' views on the instrument and any feedback they had received directly from their clients. This process

identified some concerns about the layout of the instrument itself and the procedures for handling the data collection. Based on the counselor feedback, a number of minor modifications were made to the form and the data collection procedures in early 1998; these changes were all fully implemented prior to the data period covered in this report.

As part of this study, an initial test of the instrument's reliability and internal consistency was conducted on the full sample (N=3,920). The correlation between the two items of the survey (i.e., functioning and coping) was moderately high (r=0.69). The analysis also showed a moderately high correlation (r=0.82) between two randomly selected groups on the ratings of functioning and coping during the first counseling session. Based on the internal consistency, as identified through the reliability analysis, and the instrument's face validity, verified by professional counseling staff in the practice location, results from survey instrument were deemed acceptable for use in assessing client's self-rated functioning and coping.

Procedures

The ratings of client functioning and coping were taken at the beginning of each counseling session, based on the use of the scaling question tactic (de Shazer et al, 1986; Weiner-Davis, de Shazer, & Gingerich, 1987). In this approach, the counselor asked the client to rate his/her current status in regard to two dimensions on a zero-to-ten point scale (couples and families are asked to provide a joint rating of the status of the couple/family system). This information was requested by the counselor and then recorded on the *Client Rating of Status* (CROS) form, which became part of the case record. Counselors were instructed to describe the functioning scale as 'How well are you doing the things you need to do in your day-to-day life? Given the issue the client had come in for, how do they feel they are doing in respect to accomplishing the things they need to (e.g., managing work and family) and want to in his/her

routine activities. To punctuate the endpoints of the scale, counselors were asked to say 'where zero is worst -- you can't function at all, and ten is best -- you are doing all the things you need and want to do in your daily life'." Similarly, counselors were asked to define the coping scale as "How well are you emotionally dealing with the things going on in your life? This attempted to get at the more emotional dimension about how the client feels they are handling the issue that brought them to counseling. To punctuate the endpoints of the scale, counselors were asked to say 'where zero is worst -- you can't cope at all, and ten is best -- you are coping extremely well with the issue/problem that brought you to counseling'."

The client rating elements were transferred from paper forms to a statistical software package (SPSS) for analysis. Client rating data were then merged with background and case record data from the agency's management information system using a unique identifier for matching purposes. The resulting data set contains information on the client system, the presenting issue, the counseling process, and outcomes from the client and counselor perspective.

The analysis of these data was largely observational in nature, but three basic hypotheses did underlie the approach: (1) cohorts with longer episodes of counseling were expected to have lower self-ratings of functioning and coping at baseline (first sessions), reflecting that "worse-off" clients sought longer treatment on average; (2) clients would show improved functioning an coping over the course of treatment (first to last session); and (3) when compared to clinicians' reports as to the case closure status, cases that closed "according to plan" would show the greatest gains in client self-rated functioning and coping.

RESULTS

The analysis of the client self-rating data relies on the examination of trends in ratings from first to last session of counseling. The ratings collected in the first counseling session become the baseline measure for the clients' status at the start of counseling. At the onset, it should be noted that a substantial proportion of cases terminate after a single counseling session (42% of individual cases and 36% of couple/family cases). These cases do not provide trend data given that only a baseline measure of coping and functioning is collected. Though this proportion appears high, it is within the 30-50% range for early dropouts often found in other community-based counseling research **(**Larsen, Nguyen, Green, & Attkisson, 1983).

Individuals

The two-year sample of individual cases that contained data on up to ten counseling sessions was comprised of 2,695 cases. Of these, uninterrupted data were available on 2,586 cases (96%), allowing the examination of trends over a counseling episode. Data are presented here on 2,439 cases in which the client completed up to eight sessions of counseling, due to very low cohort sizes beyond that point (nine or ten sessions). These data are summarized in two ways: (1) the mean percentage change in the measures from first to last session, and (2) the percentage of cases showing improvement from first to last session. Note that each session cohort represents a mutually exclusive group of counseling cases (e.g., clients who completed three sessions are not included in the cohort of clients who completed two sessions).

Table 1 presents the mean ratings for each cohort and the percentage change in ratings for individuals from the first to last session and the results of statistical testing on these differences (paired t-tests). Note that approximately 42% of individual cases were concluded with a single counseling session. Though no trend can be observed for the single-session group, it is

noteworthy that the mean baseline ratings of functioning and coping are not appreciably different from cohorts completing more than one session of counseling. Also, the sample sizes are small for the longest service categories (7-8 sessions), and should be interpreted cautiously.

These data show that individual clients showed statistically significant increases on the functioning scale, ranging from improvements of 9% to 24%, depending on the number of sessions they completed. Individuals with more sessions (5 to 8) generally reported larger gains in functioning from first to last session. Similarly, individuals reported statistically significant gains in emotional coping from first to last session (ranging from 17% to 39%) depending on the number of sessions they completed. Also noteworthy, on average cohorts consistently provided higher ratings on the functioning scale than on they did on the coping scale.

Figure 1 shows graphically the percentage of individual cases by cohort that showed increases in the functioning and coping measures from the first to the last session. This figure shows greater improvement on the coping measure for all cohorts and higher success with client cohorts receiving more sessions of counseling. For example, among the cohort of cases that completed six sessions, 67% showed improvement on the functioning scale and 70% showed improvement on the coping scale. In the aggregate, 55% of individual clients showed an increase on the functioning scale, 30% showed no change, and 15% showed a decline from first to last session. Similarly, 63% of individual clients showed an increase on the coping scale, 25% showed no change, and 12% showed a decline from first to last session. These rates are similar to that found by Lee (1997) in which a success rate of 65% was shown in solution-focused family therapy with an average of 5.5 sessions.

Couples and Families

The subset of couple and family cases that contained data in the first ten counseling

sessions was comprised of 1,225 cases. Of these, uninterrupted data were available on 1,201 cases (98%), allowing the examination of trends over a counseling episode. Data are presented here only on 1,155 cases in which the client completed up to eight sessions of counseling, due to very low cohort sizes beyond that point (nine or ten sessions). The data on couple/family groups are summarized in the same fashion as the data on individual cases.

Table 2 shows the mean ratings for each cohort and the percentage change in ratings for couples and families from the first to last session and the results of statistical testing on these differences (paired t-tests). It should be noted that approximately 36% of couple/family cases were concluded after completing a single counseling session. The couples and families reported statistically significant increases in functioning (range: 5-48%) depending on the number of sessions they completed. The outcome trends are not as consistent as those shown in the sample of individuals who attend multiple counseling sessions. However, couples and families reported increases in emotional coping (range: 13-74%) depending on the number of sessions they completed. As noted above, the sample sizes for the 7-8 session cohorts are relatively small and, thus, should be seen as illustrative. For example, the eight-session cohort showed significantly lower functioning and coping at baseline and dramatic increases by the eighth session (48% increase in functioning; 74% increase in coping). Despite this, the cohort size of 18 cases should give us pause in over-interpreting this change. As with individual clients, couples/families consistently provided higher ratings on the functioning scale than on they did on the coping scale.

Figure 2 shows graphically the percentage of couple/family cases by cohort that showed increases in the functioning and coping measures from the first to the last session. This figure shows greater improvement on the coping measure for all cohorts and higher success with client

cohorts receiving more sessions of counseling. For example, among the cohort of cases that completed six sessions, 56% showed improvement on the functioning scale and 60% showed improvement on the coping scale. In the aggregate, 49% of couples/families showed an increase on the functioning scale, 32% showed no change, and 19% showed a decline from first to last session. Similarly, 59% of couples/families showed an increase on the coping scale, 25% showed no change, and 16% showed a decline from first to last session.

Sub-group Analyses

The available data set of client ratings was initially viewed as an opportunity to look at the relative changes among different types of clients within the counseling caseload (e.g., according to the presenting issue, demographic factors). For example, work by Kopta, Howard, Lowry, and Beutler (1994) examined the effects of counseling on the occurrence of specific symptoms exhibited by psychotherapy clients, and showed differential effects that were deemed clinically useful.

In the present data set, an examination of client change based on client gender and race did show significant differences for individual clients but not for couples and families. For example, individual female clients reported significantly greater change than male clients from first to last session, on both the measure of functioning (27% vs. 20% improvement) and coping (43% vs. 33% improvement). However, it should be noted that female clients reported significantly lower first-session scores on functioning and coping compared to male clients, though there is no difference in the number of sessions completed based on gender. Similarly, individual White clients reported greater change than single African-American clients, on the measure of functioning (29% vs. 19% improvement) and coping (46% vs. 28% improvement). White clients also reported significantly lower first-session scores on functioning and coping

compared to African-American clients. White clients also had a significantly higher number of completed sessions completed, on average (3.1 versus 2.9 sessions). These differences were all statistically significant using paired t-tests (alpha level of .05). When applied to the sample of couples and families, comparisons based on the gender and race of the primary client showed no significant differences. However, the interpretation of the greater impact with females and Whites is unclear at this juncture, given the range of other client and contextual factors involved in counseling experience.

A more targeted analysis based on the presenting issues of clients was limited by the subgroup sample sizes available within particular cells (e.g., individual seeking counseling for a family relationship issue). The single largest subgroup (n=1,190) was individuals dealing with a mental/emotional adjustment issue. The next largest groups are couples dealing with marital relations (n=421), individuals dealing with marital relations (n=386), and individuals dealing with family violence (n=331). Though these subgroups appear large, when distributed according to the number of sessions of counseling completed (one to eight), the numbers underlying each mean session rating drop considerably. Based on these cohort sizes, an analysis of the subgroups was judged to be unwarranted at this time. A preliminary analysis of the single largest subgroup, individual clients dealing with mental/emotional adjustment issues, showed trends and magnitudes of effect very consistent with the overall population of individual cases in the study.

Counselors' Ratings

An additional data source for understanding the outcome of the counseling episodes under study is the case closure information recorded by the clients' therapists. To explore the consistency between the client data and the counselors' ratings, a further analysis was conducted on client's social worker's identification of the reason for termination and comparing these

reasons with the level of improvement in self-rated functioning and in coping. Anecdotally, it had been reported that counselors in the setting of the present study tended to describe those clients who "did not follow through" with counseling as "failed" cases (Fischer & Valley, 2001). It has been suggested in the literature that the labeling of such clients "dropouts" presumes both that an agreement as to the amount of service existed between client and counselor, and that the client has terminated prior to the completion of treatment (Lorber & Satow, 1975).

To examine this, the three largest subgroups of cases in respect to the reason for closure identified by the counselor were compared: (1) client did not follow through, (2) service completed according to plan, and (3) client withdrew request for service. See **Table 3**. The analysis showed that clients who did not follow through according to the Service Plan did equally well as other clients, in regard to gains in functioning and coping. Excluding single-session clients who tend to be seeking information or may be in need of services from another organization, the data show that clients reported substantial progress regardless of the case closing status identified by their counselor at the termination of service.

Regardless of whether an individual client completed the counseling service according to plan, or did not follow through, or withdrew the request for continuation of services, the average percentage gain from first to final counseling session ranged from 22% to 27% for day-to-day functioning and from 39% to 40% for emotional coping. For cases involving couples and families the pattern of results was similar, though not as pronounced. The gains in functioning were 16-19% across the three groups. The gains in coping showed a larger range (22-39%), with the largest gain shown among the couples where service was completed according to plan. Overall, these data suggest that even though counselors may think that additional counseling is merited, the clients themselves have a different view of their own progress, and will terminate

counseling at the point they feel their goals have been reached.

Caveats

The data presented should be interpreted with some caution given a number of underlying issues. First, the instrument used to collect the client self-ratings (CROS) has yet to be validated formally, though a preliminary reliability assessment showed an acceptable level of reliability. Evidence of the effect of question wording and scaling on self-reported measures suggests that this issue should be explored further (Schwarz, 1999). The two-item instrument, though practical in its use, has considerable limitations in regard to its psychometric properties. Although the current study makes use of these data as a way of validating the client perspective and constructing interpretable patterns of change among counseling clients, further validation of the instrument is needed. Second, the interpretation of the trend data is hampered by the low sample sizes for some cohorts groups. Given a larger window of data, sufficient sample sizes would accrue to bolster these analyses. However, given that clients who disengage from counseling after fewer sessions may differ substantially from clients who continue, the mean differences between cohort groupings at the last session may be confounded with other participant factors. More detailed data about clients' presenting problems and their severity would also be useful in the analysis of these trends. Third, the changes in functioning and coping observed between first and last counseling sessions should not be interpreted as being caused by the counseling experience, as this field-based observational study was unable to control for other influences in clients' lives. Further, it is unclear the degree to which clients may report improvements out of a self-desire to improve or a desire to please their counselor. At least one study (LeVois, Nguyen, & Attkisson, 1981) showed ten percent higher client ratings when an instrument was administered orally versus through written administration. All these

issues are topics that require further examination and subsequent study.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK PRACTICE

This study presents the analysis of a large dataset of client self-rating data and offers insights into the broader usefulness of these data for assessing counseling services. In the aggregate, individuals report a 13.2% increase in functioning and a 22.0% increase in coping; couple/family groups report slightly smaller increases of 8.9% in functioning and 17.3% in coping. Overall, clients report statistically significant gains in both functioning and coping across all service cohorts. In general, the analysis of client cohorts based on the number of completed sessions shows a pattern of disengagement from counseling exists for clients concurrent with their attainment of levels of 60-70 percent on the functioning and coping scales.

Regardless of the client system, self-reported gains in coping were larger than gains in functioning - 1.7 times as large for individuals and 1.9 times as large for couple/family groups. Clients consistently rated themselves higher on functioning than on coping throughout their counseling experience. Regardless of the number of counseling sessions, an individual's decision to disengage from counseling appears to coincide with self-ratings in the six to seven point range on both the ten-point functioning and coping scales. This suggests that clients do not seek what might be termed "full" functioning or coping. On average, attainment of some 70% on these scales coincides with termination by the client. Lastly, on the issue of subjective recovery, 40-50% of cases show improvement on functioning and coping by the second session. This increases slowly over time such that by the sixth session, approximately 70% of individual cases and 60% of couple/family cases show improvement on functioning and coping.

All differences from first to last session on functioning and coping were statistically

significant at the .01 alpha level. Though statistically significant, many of the differences are derived in part from the relatively large underlying sample size. The judgment of the clinical or practical significance of these findings is another matter. From a clinical perspective the 10-20% increases in functioning and 20-30% increases in coping reported by clients does appear to be noteworthy. When converted to an effect size metric, most of the cohort differences fall in the .30 to .40 range, which is considered to be of medium size. Lipsey & Wilson (2001) reported that across a wide range of psychological, educational and behavioral treatment studies the median effect size was .47 (s.d=.29).

The findings offered here are consistent with other available prior research showing client-reported improvement over the course of counseling. For example, Howard, Kopta, Krause, & Orlinsky (1986) found that under forty percent of clients in longer-term psychotherapy reported improvement by the second session and 52% improved by the eighth session. Comparatively, the current study of brief therapy show somewhat higher rates of improvement among individual clients (50% improved by the second session; 73% by the eighth session), than couples/families (46% improved by the second session; 91% by the eighth session). The relative differences in findings require further study as they could be explained by differences in treatment model as well as measures and design. Other studies specifically of the brief therapy model have reported success levels of 65-80 percent, though the definition of success has not been clearly defined in the literature (Kiser & Nunnally, 1990; Lee, 1997).

The analysis of the ratings provided by counselors of the case closure status shows that regardless of the counselor's perspective, clients report gains in functioning and coping of similar magnitude. This preliminary finding suggest that clients' subjective view of their own recovery may be a more important factor in the client's decision to discontinue counseling than

the service plan developed with their therapist.

Regardless of how clients pursue counseling (e.g., as individuals, couples, or families), their decision to disengage from counseling appears to not coincide with self-ratings that would reflect maximum levels of functioning and coping. Rather, it appears that for most, attaining a two-thirds level on these measures is sufficient to support a decision to disengage from counseling. Further, data from the counselors' perspective indicate that clients who disengage from counseling prematurely in the counselors' view do equally well in regard to gains in functioning and coping, as clients who complete a planned course of counseling.

Finally, there are three general findings that relate directly to social work practice. First, the study demonstrates that research can be conducted that informs practice during the course of counseling and measures effects over time. In addition, such research can be embedded in program delivery so that it does not disrupt or detract from services, but rather becomes a constructive part of the intervention. Second, the research shows that most clients do show improvement when treated with solution-focused brief counseling. Overall, the ten percent gains in functioning and twenty percent gains in coping appear to be clinically significant and sufficient for clients to make a judgment to disengage from services. Third, the work shows that in cases that are not completed according to the clinical plan, there may be much more improvement than previously believed. This finding is important because counseling professionals should be aware of this outcome, and the limitation of relying on case summary ratings should be noted for further investigation.

Collectively, these data provide an illustration of how client self-report data can be used to assess the benefits of counseling services in a community setting. The value of these data for measuring the outcome of services are in addition to the therapeutic benefit of these ratings for

use in the counseling process, as a source of midcourse feedback to the counselor and as a means of engaging the client in their own treatment.

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TABLE 1 Counseling Cases Involving Individuals: Change in Functioning and Coping from First to Last Session

Number of Sessions	Day-to-day Functioning					Emotional Coping			
	n of cases	Mean Rating 1st Session	Mean Rating Last session	% Chng	Z	Mean Rating 1st Session	Mean Rating Last session	% Chng	Z
1	1,092	6.39	--	--	--	5.76	--	--	--
2	512	6.26	6.85	+9.4	-8.0**	5.45	6.36	+16.7	-11.3**
3	364	6.35	7.15	+12.6	-8.3**	5.49	6.78	+23.5	-11.0**
4	168	6.54	7.33	+12.1	-5.7**	5.80	6.90	+19.1	-6.3**
5	119	6.37	7.66	+20.2	-6.2**	5.58	7.26	+30.1	-7.1**
6	95	6.23	7.48	+20.1	-5.5**	5.76	7.21	+25.2	-5.8**
7	44	5.98	7.43	+24.2	-4.0**	5.27	7.18	+36.2	-4.7**
8	45	6.38	7.80	+22.3	-3.8**	5.30	7.39	+39.4	-4.5**
Total	2,439								

Note: "**" denotes statistical significance of the Z value at the .01 alpha level using the Wilcoxon Signed Ranks test.

TABLE 2 Counseling Cases Involving Couples or Families: Change in Functioning and Coping from First to Last Session

Number of Sessions	Day-to-day Functioning					Emotional Coping				
	n of cases	Mean Rating 1st Session	Mean Rating Last session	% Chng	Z	Mean Rating 1st Session	Mean Rating Last session	% Chng	Z
1	430	6.51	--	--	--	5.69	--	--	--
2	282	6.49	6.80	+4.8	-4.0**	5.68	6.40	+12.7	-6.9**
3	186	6.35	6.91	+8.8	-4.6**	5.57	6.53	+17.2	-6.2**
4	105	6.36	6.87	+8.1	-3.1**	5.74	6.59	+14.8	-4.2**
5	55	6.35	7.20	+13.4	-3.5**	5.49	6.89	+25.5	-4.6**
6	49	6.18	6.98	+13.0	-2.9**	5.77	6.75	+16.9	-2.8**
7	30	6.43	7.27	+13.1	-2.7**	5.66	6.83	+20.7	-3.4**
8	18	5.61	8.28	+47.6	-3.5**	4.56	7.94	+74.1	-3.6**
Total	1,155								

Note: "**" denotes statistical significance of the Z value at the .01 alpha level using the Wilcoxon Signed Ranks test.

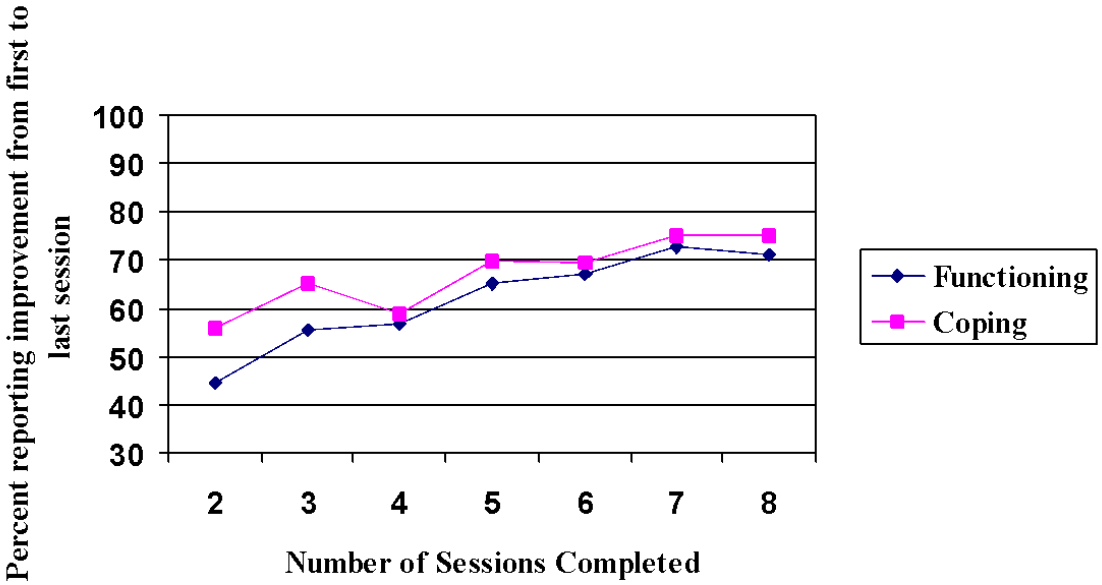
TABLE 3 Change in Functioning and Coping by Counseling Case Closure Reason: Change from First to Last Session

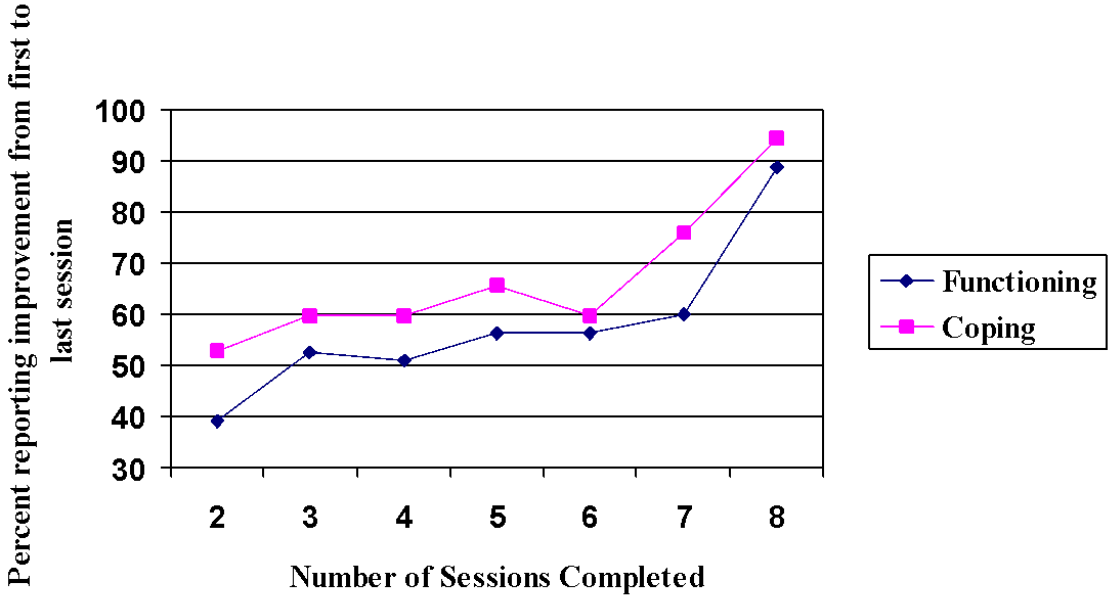
Case Closure Reason by Client Type Individuals	n	Change in Functioning	Change in Coping
Service completed according to plan	525	+22.7%	+40.1%
Client withdrew request for service	135	+21.8%	+40.5%
Client did not follow through	638	+27.5%	+39.0%
Couples/Families	**n**	**Change in Functioning**	**Change in Coping**
Service completed according to plan	210	+19.5%	+39.5%
Client withdrew request for service	74	+16.5%	+22.2%
Client did not follow through	389	+16.5%	+28.8%

Figure Caption Page

Figure 1: Self-reported improvement in functioning and coping for individuals by number of completed counseling sessions

Figure 2: Self-reported improvement in functioning and coping for couples/families by number of completed counseling sessions


Percent reporting improvement from first to last session
100
90
80
70
60
50
40
30
2
3
4
5
6
7
8
Number of Sessions Completed
Functioning
Coping


Percent reporting improvement from first to last session
100
90
80
70
60
50
40
30
2
3
4
5
6
7
8
Number of Sessions Completed
Functioning
Coping