

The Relationship Between Length of Treatment and Clinical Diagnosis



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ABSTRACT

Clinicians with a busy schedule or high case load sometimes have problems determining if they will be available to assist new and future clients, based on their current workload. If Social Workers could determine how many therapeutic sessions a client with a specific diagnosis, on average, needs, then a clinician could determine if, and when they will be available for new and future clients. This helps the clients by helping a clinician focus on only a certain amount of clients at one time, and helps the clinician schedule incoming clients without the risk of becoming too overwhelmed with too many clients. While the literature on this subject is minimal, some studies, like one conducted by Asay, Lambert, Gregersen and Goates (2002) do suggest that certain disorders do require a specific number of therapeutic visits with a client in order to make significant progress.

PURPOSE/RATIONALE

The purpose of this study is explore the relationship between clinical diagnosis and number of therapeutic sessions. In addition, through this study, Partnership's referral rate will be investigated.

RESEARCH QUESTIONS

1. Based on an individual's diagnosis, can the number of therapeutic sessions a client has with a clinician be discerned through diagnosis?
2. How often are Partnership Counselling clients referred to other agencies?

DESCRIPTION OF SAMPLING FRAME

Data will be collected on clients, from 50 case files, at the Partnership Counselling Center. Case files will only be considered if the client is age 18 or older.

DESCRIPTION OF METHODS TO SELECT STUDY SAMPLE

A combination of Systematic and Disproportionate Stratified Sampling will be used to collect the data. Systematic Sampling will first be used because it is an easy, yet efficient, way to obtain a sample. Because Systematic Sampling has a high probability of bias, Disproportionate Stratified Sampling will then be used in an attempt to eliminate bias, ensuring that the sample of the various stratus (male, female, Caucasian, African-American, etc.) are close in number. The data collected will be demographic information including age, ethnicity, gender, marital status and income. I will also collect clinical diagnosis information and the number of times a client attended counselling.

STUDY PROCEDURES FOR IMPLEMENTATION AND DATA ANALYSIS STEPS

Relationship between length of treatment and diagnosis:

1. Data will be collected and entered into SPSS.
2. Descriptive statistics will be run to check for data distribution and skewness.
3. A regression analysis will be ran to examine the relationship between the diagnoses and the therapeutic sessions. T-tests will be ran to look for



STUDY PROCEDURES (CONTINUED)

differences (ethnic, marital, age range, etc.) between the groups among a specific diagnosis. Frequencies will be ran to determine range of scores, mean scores, and standard deviations.

Referral Rate:

1. Data will be collected and entered into SPSS.
2. Descriptive statistics will be run to check for data distribution and skewness.
3. Frequencies will be ran to determine range of scores, mean scores, and standard deviations.

DESCRIPTIVES

An analysis of the overall sample (N=50) revealed that 21 African-Americans, 24 Caucasians, 1 Asian, 1 "Other" participated in this study; further, 3 participants did not disclose their ethnicity. Of the overall sample, 18 participants were male and 32 participants were female. The majority of participants were married (62%) while 38 percent were single. Income among sample participants ranged from \$0 to \$90,000 with a mean income of \$16,116 ($SD=\$21,381$). The mean number of sessions recorded for participants was 3.82 ($SD=4.44$) and ranged from one to 23. The most frequently occurring diagnosis among participants was depressed mood, which accounted for 24 percent of the total sample.

RESULTS

A simple linear regression was calculated predicting the relationship between a client's clinical diagnosis and the number of sessions required to meet treatment goals. The regression equation was not significant ($f(1,48)=.054, p > .05$) with an r^2 of .001. Clinical diagnosis cannot be used to predict the number of sessions required to meet treatment goals. One percent of the variance in length of treatment can be differences in diagnosis. Diagnosis is not a significant variable in determining length of treatment.

Four percent ($n=2$) of the entire sample ($N=50$) were referred to other services either inside or outside of the agency.

DISCUSSION

It is difficult to ascertain the number of clinical sessions needed to meet goals because the research was completed through the case files of three different clinicians using their own, possibly different, interventions. Research suggests that some interventions are more reliable than others. Further, only 26% of the sample completed treatment long enough to reach their treatment goals.

IMPLICATIONS FOR PRACTICE

1. Social Workers should learn about and incorporate alternative ways to empower clients to complete therapy goals.
2. Social Workers should research why clients often fail to complete treatment objectives.
3. Social workers should utilize community resources to make appropriate referrals.
4. Because depressed mood was the most frequently occurring diagnosis, Social Workers should research alternative interventions to better assist clients in treatment.
5. Social Workers should not make assumptions that differences between ethnicity, income, gender or marital status impact treatment outcomes as there was no significant difference found between the above groups in terms of completing treatment.