Many clients drop out of therapy prematurely. Swift (et al., 2012) outlines some of the reasons why clients drop out:

- They have unrealistic expectations about therapy
- They find it difficult to continue due to external factors i.e., child care, transportation, or cost
- They feel highly anxious about openly discussing their feelings, impulses, and experiences

While some reasons for client drop out are beyond your control, there are things you can do to reduce the frequency of premature termination in your work with clients. The most important factor for retaining clients is building and maintaining a positive therapeutic rapport. In addition to a strong therapeutic relationship, the techniques described below can help prevent the problem of the “vanishing client.”

Troubleshoot potential barriers to treatment
You can minimize client dropout by discussing potential concerns with the client by phone, prior to the first session. Troubleshoot potential barriers to treatment so fees, child care, and transportation do not get in the way of the client’s continued therapy. For example, ask: “Is there anything that would make it difficult for you to attend sessions, like how you’re going to get to my office, who is going to watch your kids, and how much the sessions will cost?”

Educate clients about therapy
Manage expectations by helping clients understand that therapy is not a quick fix. Explain your role, general timeframes, and what is going to happen in therapy so clients have a clear understanding before they walk through your door. Provide additional information about the therapeutic process by giving clients a handout in the first session. This handout should address commonly asked questions such as:

1. What is psychotherapy, and what is your therapy approach?
2. What is the role of the therapist and of the client during treatment?
3. What usually happens during a typical session?
4. How long will therapy last?

The handout should be easy to read and understand. Avoid clinical jargon.

I work predominantly with children and their families, so I first meet with parents without the child to engage them, collect background information, and to prepare them for bringing their child to therapy. In this initial parent session, I give them a handout that outlines how they can prepare their child for the first session. This handout also includes tips on how they can support their child’s therapy. (You can get this handout on my website. Go to www.lianalowenstein.com click on the tab: “Articles for Professionals” then scroll down and click on “Bringing Your Child to Therapy: Tips for Parents.”)

I have also developed numerous tip sheets for parents on a variety of topics such as anxiety, divorce, bereavement, and sexual abuse (for further info see Lowenstein, 2006a; 2006b; 2013; 2016).

**Ascertain the client’s goals**
In the first session, explore the client’s goals by asking, “What would need to happen in therapy for you to feel like it was worthwhile?” Then collaborate to develop S.M.A.R.T goals:

- S: Specific
- M: Measurable
- A: Attainable
- R: Relevant
- T: Time bound

For instance, if the client states: “I hope therapy can help me handle my anger better so I don’t blow up at everyone” then an appropriately worded goal would be: I will learn, practice, and implement a deep breathing technique to self-calm when I feel angry. You can then discuss with the client roughly how many sessions it might take for this goal to be achieved. Discussing goals at the outset of therapy will help to motivate the client to return.

**Initiate discussion of the client’s potential for dropping out**
Clients may drop out of therapy when the content becomes more challenging. You can pre-empt this by bringing it up at the outset of therapy. For example, you can say, “There may be times when you are reluctant to attend therapy. This might be because you don’t want to face difficult issues. Many clients feel this way. However, the effectiveness of therapy depends on being able to tolerate short-term painful emotions. Therefore, my advice is to ignore this reluctance and come to sessions anyway! We can then discuss ways you can get the support you need.”
Explore the reasons underlying the client’s resistance
If the client is anxious to talk about difficult issues, it is important to assess the underlying cause. For instance, the client may not feel safe enough with you, or the resistance may be reflective of the client’s need to avoid painful emotions. To assess the cause of the client’s resistance, ask exploratory questions such as:

1. “What are you worried might happen if you tell me?”
2. “How might you feel if you talk about it?”
3. “How do you think I might react if you tell me?”
4. “What can I do to make it easier for you to tell me?”

Some clients find it easier to communicate through writing rather than through direct discussion. Therefore, creating a form for the client to complete with the above questions may make it easier for the client to reveal the source of his/her resistance.

Depending on what the client says, some helpful responses include:

- **Normalizing:** Lots of people feel embarrassed talking about it
- **Empathizing:** I know it’s really hard to talk about it
- **Reassuring:** My clients usually feel better after they talk about it
- **Empowering:** You get to choose when you feel ready to talk about it
- **Postulating the worst:** What’s the worst that could happen if you talk to me about it?

Asking these questions and responding in an appropriate way will not only normalize the client’s feelings, but will help keep the client engaged in therapy.

Obtain regular feedback
Regularly ask clients how they feel about the therapy. Since many clients dropout after the first or second session, it’s important to get client feedback after each session. You can develop a form for them to fill out with questions such as: On a scale of 1-10 (10 being most helpful), how would you rate today’s session? What was most helpful about today’s session? Is there anything that could make your therapeutic experience better?

Praise the client’s progress
Regularly highlight the client’s therapeutic gains through labelled praise. This means making statements that target the specific improvements that the client has made i.e., “When you first came to see me it was hard for you to express your sadness about your mom’s death. Today you were able to cry and to begin talking about how much you miss her. That’s great progress!” It can also be helpful to facilitate self-praise by asking, “What’s a change you have made that you feel especially proud of?”

Client dropout can be disheartening, whether you are a beginning therapist or a seasoned practitioner. While some dropouts are inevitable, the simple techniques outlined above can minimize premature termination and help your clinical practice thrive!

References


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