

1972

The Social History Questionnaire as Related to Length of Stay in Psychotherapy

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The Social History Questionnaire as
Related to Length of Stay in Psychotherapy
(TITLE)

BY

David P. Jachim

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1972

YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
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Acknowledgements

I would like to express my sincere gratitude to my wife Ann and to my parents who offered me their unfailing support and confidence. I would also like to thank Dr. Harold Coe and Dr. Shirley Moore for their time and effort as members of my thesis committee. Finally, I would like to give my deep appreciation to Dr. Randall H. Best whose aid and counsel were invaluable to me in this endeavor.

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THE SOCIAL HISTORY QUESTIONNAIRE AS
RELATED TO LENGTH OF STAY IN PSYCHOTHERAPY

BY

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B. A. in Psychology, Knox College, 1971

ABSTRACT OF A THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts in Psychology at the Graduate School
of Eastern Illinois University

CHARLESTON, ILLINOIS

1972

Abstract

A serious problem encountered in clinical practice concerns the large proportion of clients who begin therapy but for various reasons terminate treatment after only a few interviews and without the consent of the therapist. Representative studies by Kurland (1956), Haddock and Mensch (1957), and Rosenthal and Frank (1958) have emphasized the severity of this problem by indicating that most mental health clinics face the possibility of losing half of their therapy clients prematurely.

This problem necessitates some objective means for identifying potential terminators and remainers prior to their entering therapy. Such a technique would permit a more efficient utilization of clinical services and a more economic delegation of time and costs for the client himself.

A number of client variables have been found to consistently differentiate between terminators and remainers (Bergin and Garfield, 1971). These variables have been incorporated in the Social History Questionnaire (SHQ), a paper and pencil intake inventory (Best, 1971).

The present study was designed to construct a Terminator-Remainer scale using those items of the SHQ that best differentiated between the Terminators and Remainers.

Ss were 95 outpatients who had completed the SHQ. Ss were divided into two groups, Terminators and Remainers, according

to their duration of stay in psychotherapy. The two groups were then compared in terms of their responses to the SHQ. Of 393 SHQ items, 23 were found to differentiate between the two groups. These 23 items were then combined into a subscale and norms for the entire sample were established.

THE SOCIAL HISTORY QUESTIONNAIRE AS
RELATED TO LENGTH OF STAY IN PSYCHOTHERAPY

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A formidable problem encountered in clinical practice concerns the number of clients who start psychotherapy but for various reasons terminate treatment after only a few interviews. Such terminators, dropouts, or discontinuers constitute a significant proportion of those who enter psychotherapy. This proportion is sizable enough to cause those in the field of mental health a great deal of concern as to the practice and effectiveness of psychotherapy with these types of clients.

The nature of the problem is highlighted by such representative studies as that conducted by Garfield and Kurz (1952). They found that the median length of treatment, for a sample of 560 patients seen at a VA mental hygiene clinic, fell between six and seven interviews. In their study approximately two-thirds of the clients received less than 10 interviews whereas only about 9% came for 25 interviews or more. Other investigators (Kurland, 1956; Rosenthal and Frank, 1958; Schaffer and Meyers, 1954) obtained similar results in a wide variety of mental health clinics.

In those studies that included actual therapy clients,

the median number of interviews was between five and six (Kurland, 1956; Rosenthal and Frank, 1958; Schaffer and Meyers, 1954). These studies show the high attrition rate of clients in psychotherapy. A number of mental health clinics, therefore, face the possible dilemma of losing almost half of their therapy clients by approximately the sixth interview.

One other report emphasizing the problem is that offered by the National Center for Health Statistics (1966). In this report, which consisted of a nation-wide survey, it was discovered that a total of 979,000 Americans consulted psychiatrists during the twelve month period between July 1963 and June 1964. The average number of interviews per person was 4.7. This figure clearly approximates the findings mentioned previously.

Thus, the data show that most clinic clients are done with therapy after only a few interviews. In most of the clinics studied, this kind of pattern was considered a problem rather than the result of planned or deliberate psychotherapy. Clients often failed to return to or continue with their therapy schedule. Failure to return to therapy or for appointments was not done with the advice or consent of the therapist or counselor. Instead, a large number of clients prematurely terminated their therapeutic contact by themselves.

Haddock and Mensch (1957) give an example of this rather large proportion of premature terminators. In their study length of treatment was investigated in three different settings,

two student health services and one VA mental hygiene clinic. Similar findings were obtained in all three settings. Approximately two-thirds of the clients had fewer than five hours of therapeutic contact while only one in 20 clients had more than 20 hours of contact. Moreover, a third of the students and over 50% of the veterans terminated their own treatment without the agreement of the therapist. It seems reasonable to conclude that premature and/or unplanned termination from therapy is a phenomenon that consistently occurs in a wide variety of settings.

It follows that mental health clinics need a method that can be used to identify potential terminators and remainers (those who stay in therapy) prior to their entering psychotherapy. Such a technique could be employed during the initial intake interview and could be analyzed in terms of those characteristics that best differentiate between potential terminators and remainers. By the early identification of terminators and remainers the therapist can better predict which clients will drop out of therapy prematurely. The therapist could then adjust his techniques of therapy to better suit these different individuals. Thus, the therapist might be able to stop premature termination and increase the chances of therapeutic success.

The implications for such a method are many. One implication is that a more careful screening of clients could take place before clients are assigned for psychotherapy. Since there is a scarcity of therapists and a huge demand for therapeutic services, premature terminations from therapy can be

viewed as a waste of professional efforts and manpower. However, equipped with a method for identifying potential terminators, therapists and clinics would be more effective. They could provide psychotherapy only for clients who could profit from this approach. Some other type of treatment could be provided for clients less suitable for psychotherapy.

Another implication for the early identification of potential terminators might be that more of these clients would be able to benefit from pretherapy training. Hoehn-Soric et al. (1964) reported that clients who were trained to have appropriate expectations about certain aspects of psychotherapy attended more interviews than those clients who were not trained. These investigators used a "Role Induction Interview" to modify clients' expectations of psychotherapy. They reported that their experimental group far surpassed their control group in attendance at therapy interviews. Similarly, Truax and Carkhuff (1967) have reported positive results in therapy by way of "vicarious therapy pretraining." This technique consisted of a tape recording of "good" therapy behavior which allowed clients to vicariously experience psychotherapy prior to their own therapy. This experience may give clients a more realistic view of therapy and thus increase the chances of their continuing. Considering the findings mentioned above it would seem reasonable to assume that the preparation of potential terminators would also have a positive impact on their attendance and progress in therapy.

A method to identify potential terminators would also allow an intensive investigation of those characteristics peculiar to terminators as a group. By attending to these specific client variables a therapist can better modify any conventional psychotherapy to better meet the needs of potential terminators in therapy.

Finally, with an objective means of differentiating between potential terminator and remainder groups, the therapist could make a more accurate approximation of the time needed for individual therapy. This would permit a more efficient delegation of time, resources, and costs for both the clinic and the individual client himself.

In constructing a tool which could be used to identify terminators from remainers, one must refer to the research. There is a reasonable amount of research available showing significant relationships between certain client variables and length of therapy. This research can be arranged in three basic groups: social class and actuarial variables, psychological test data, and other variables.

Social Class

In the past there has been considerable interest in the relationship between social class and duration of stay in therapy. Studies using Hollingshead's Two Factor Index of Social Position have reported a definite relationship between length of stay and social class index. In one study

conducted in a public outpatient clinic, 75% of those patients seen over periods of one week or less were from the lower class, while at the same time nearly 74% of those seen for more than 25 weeks were from the highest two social class groups (Schaffer and Meyers, 1954). In another study, only about 30% of those veterans in the lower class received 20 or more psychotherapy sessions as compared to 60% of those in the middle and upper groups (Winder and Hersko, 1955). In the Winder and Hersko study the relationship between social class and length of treatment was found significant at the .05 level.

Further evidence for the relationship between social class and length of treatment has been offered by Imber et al. (1955). In their study of an outpatient sample Imber and his associates discovered that, even when applying pressure to residents to retain patients in therapy, 56% of the upper classes remained past 20 interviews while only 29% of the lower groups survived. In a later study, involving a similar sample but a different design, Cole et al. (1962) obtained almost identical results. Cole et al. purported that past 20 interviews 55% of the upper classes remained whereas only 32% of the lower classes did so. While a statistical analysis was not conducted in this study it is interesting to note that the findings approximate those of more stringent studies. The fact that Cole and his associates did not utilize an involved experimental design in achieving their results may also suggest that the relationship between social class and length of treatment

is a straightforward and obvious one.

In contrast to the data previously mentioned Errera et al. (1967) found that the relationship between social class and length of treatment did not reach statistical significance. However, there are several differences in method that may account for this. Errera and his colleagues utilized a clinic outpatient population similar to those in other studies but the criterion for establishing short term and long term groups was appreciably different. In the Errera et al. study the comparison of short term and long term groups of patients differed from previous studies in that the researchers included only those patients who survived the initial stage of clinic contact, (between five and six weeks), during which there is a very high rate of dropout. Thus, there was no distinction between two extreme groups allowing for a middle group overlap to affect the the statistical analysis.

Social class is generally believed to be composed of a number of smaller components, including education. The educational level of an individual influences his social position. Educational level often determines the limits of an individual's verbal facility, sophistication about psychotherapy, income, and other variables. Social class then is determined, at least in part, by the amount of education that an individual has obtained. For this reason a number of investigators have studied the relationship of education to the length of stay in psychotherapy.

In regard to a specific variable such as education the findings are slightly less consistent but still significant. Rubenstein and Lorr (1956) conducted a study using a sample of male, nonpsychotic outpatients from nine different VA mental hygiene clinics throughout the country. Their sample was divided into two extreme groups, Remainers (26 or more visits) and Terminators (terminating treatment at five or less visits without the therapist's consent). The two groups were compared in terms of intelligence as measured by the vocabulary test from Form L of the Revised Stanford Binet and years of education. Significant differences were found between Terminators and Remainers beyond the .05 level. It was concluded that Remainers tend to be more intelligent and better educated than Terminators. Similarly, Rosenthal and Frank (1958) reported differences in education between Stay and Non-Stay groups in another outpatient sample at the .01 level of significance. Only slightly more than 33% of patients with a zero to eighth grade education had six or more sessions in contrast to approximately 66% of patients with nine or more years of education.

Additional studies bearing evidence for a relationship between education and length of treatment have been cited in the research literature. For example, Sullivan et al. (1958), investigated a number of demographic and psychological measures of a veteran outpatient sample and discovered that years of education was the most effective single variable

differentiating Stay and Non-Stay groups. Stay and Non-Stay groups were obtained by splitting the cases at the median number of interviews (five). Statistical analysis then revealed a significant difference in education between the two groups at the .001 level. Results indicated that Non-Stayers had received fewer years of education than Stayers.

In the same vein Bailey et al. (1959) studied the relationship between normative data and length of stay in treatment. In that study length of stay was divided into four categories: two months or less, three to six months, seven to eleven months, and twelve or more months. Significant positive relationships were obtained between length of stay in psychotherapy and number of years of schooling (Chi square 32.19, $p < .01$). Although Bailey et al. constructed categories for length of stay in a different manner their results reflected the difference between extreme groups reported in previous studies.

In another investigation McNair et al. (1963) made a stringent test of the hypothesis that education is related to length of treatment by setting a more rigorous criteria for establishing Terminator and Remainer groups. The length of treatment for Terminators was set at 16 weeks instead of the usual six weeks found in other studies. This brought the termination rate down to 38% as compared to about 50% in previous investigations. However, even with this kind of adjustment years of schooling significantly discriminated

the two groups of patients at the .01 level of significance.

Only one study failed to find a significant difference in education between Terminators and Remainers (Affleck and Garfield, 1961). In the Affleck and Garfield study patients were dichotomized at the median of interviews (seven). Results of the study did not yield a relationship between years of schooling and treatment duration. However, part of this disagreement may have been the result of differences of the sample used as well as the type of screening utilized in selecting patients for psychotherapy in previous studies.

Besides education the most studied actuarial variables examined in relation to duration of stay have been age, sex, and diagnosis (Hiler, 1959; Lorr and McNair, 1964; Rubenstein and Lorr, 1956). However, these variables have not been found to be significant in regard to continuation in psychotherapy. It can be stated in summary then that there is a likely relationship of social class and education to length of treatment with little correlation between length of stay and age, sex, and diagnosis.

Psychological Test Data

Psychologists have demonstrated considerable interest in attempting to find psychological test variables that predict continuation in psychotherapy. A variety of investigations using many different tests and methods have been conducted. The results of these investigations, while not always

consistent or reliable, do indicate some potential for assessing the matter of continuation by way of conventional psychological measurements.

One test, the Michigan Sentence Completion Test, was investigated by Hiler (1959) as a possible predictor of continuation in therapy. The study by Hiler was conducted in a VA clinic and used extreme groups of patients for comparisons. Patients who terminated within five sessions were considered to have terminated prematurely and were compared with patients who remained in treatment for 20 or more sessions. A set of special personality dimensions was established using an initial sample of 25 clients. This provided a scoring system for completion items which was then applied to a second sample of 70 clients. Statistical analysis revealed that, out of 100 sentence completion items, 15 items discriminated between the criterion groups beyond the .05 level of confidence.

Thus, using the devised scoring system on the data gleaned from his study, Hiler postulated four significant differences between Remainers and Terminators. Remainers tended to be less evasive than Terminators, with a willingness to reveal personal feelings and confidential material. Remainers were preoccupied with feelings of inferiority and their own social inadequacies whereas Terminators were not. Remainers had stronger needs for achievement, success, and status than Terminators. Finally, Remainers showed greater psychological

sophistication and exhibited more insight into psychological causation than did Terminators.

Although Hiler claimed to have found characteristic differences between Terminators and Remainers no replication studies were conducted to confirm his contentions. Until replication studies are conducted Hiler's findings must be viewed as tentative.

In another study, Imber, Frank, Gliedman, Nash and Stone (1956) investigated the relationship of suggestibility, as measured by the sway test, to the length of stay in psychotherapy. In the Imber et al. study a sample of 57 patients were given the sway test with no initial establishment of criterion groups. It was reported that patients who remained in psychotherapy beyond the third interview tended to sway while those who terminated before that point tended not to sway. In all, 77% of the swayers remained for four or more interviews whereas 54% of the non-swayers ended treatment before the fourth interview. Imber and his colleagues concluded that Remainers were more suggestible, and hence more amenable to psychotherapy, than were Terminators.

In the Imber et al. study it was found that social class, as measured by Warner's Index of Status Characteristics, was relatively independent of suggestibility. This finding gives the results greater import since a non-suggestible client would be expected to terminate therapy regardless of his social

class. However, this expectation can only be viewed as suggestive in light of the differences in samples and methodology in the Imber et al. study.

Other investigators have explored the relationship between the Minnesota Multiphasic Personality Inventory (MMPI) and length of psychotherapy. Taulbee (1958) for example, used the MMPI to identify those personality variables related to the premature termination of, or continuation in, individual psychotherapy.

In the Taulbee study a sample of 85 clinic outpatients were administered the MMPI during the initial intake interview. The sample was later divided into two groups according to the criteria proposed by Cartwright (1955). Accordingly, patients who terminated treatment prior to the 13th interview were referred to as "attriters" and patients who remained for more than 13 interviews were referred to as "continuers."

The results of the Taulbee study showed that the continuers had higher scores than attriters on several symptom scales (Hs, D, Pa, Pt, and Sc) of the MMPI. With the exception of the Hs scale, these differences were all significant at the .05 level or beyond. Taulbee concluded that those who remain in treatment longer have an increased awareness of depression, feelings of inferiority, higher levels of anxiety and sensitivity, less identification with cultural norms of their own sex, and are more phobic than those who prematurely terminate treatment. Although these prognostic signs might differentiate

continuers from attriters, Taulbee himself warned that his results had not been cross-validated and should thus be used cautiously.

Another study (Sullivan, Miller, and Smelser, 1958) showed that the relationship of the MMPI scales to treatment length was even more questionable. Sullivan and his associates divided their sample of VA patients into Stay and Non-Stay groups by dichotomizing at a median of nine interviews. Sullivan et al. used a precise experimental design in which the results obtained with one sample were cross-validated using another sample. Differences between Stay and Non-Stay groups were not significant on any of the MMPI scales.

Borghi (1968) found no relationship between the MMPI and continuation in psychotherapy. In the Borghi study of clinic outpatients, Terminators were arbitrarily defined as those patients who had prematurely terminated psychotherapy after zero to eight sessions. No mention was given as to how Remainers were defined. An analysis of variance between the Terminator and Remainer groups involving the 14 traditional MMPI scales yielded no significant differences. In fact, even Taulbee's scoring index failed to discriminate between the two groups on the MMPI.

The reports given by Taulbee (1958), Sullivan et al. (1958), and Borghi (1968) point to the need for cross-validation and emphasize sample differences in studies of this type. In view of the methodological differences between most of the investigations.

of continuation in psychotherapy it is not surprising that the findings are inconsistent. Thus, until more conclusive findings are obtained, any positive relationships between tests and continuation should be considered as tentative.

Strickland and Crowne (1963) used the Marlowe and Crowne Social Desirability scale to study the relationship between need for approval and length of stay in psychotherapy. Their sample of outpatients at a public mental health clinic was screened for only those who had terminated therapy without the therapist's advice. There was no Remainer group. Data analysis revealed that approval-dependent patients terminated much earlier than those less approval-motivated. The investigators concluded that, as a consequence of their need to maintain and defend approval needs, Terminators were likely to avoid the threats associated with personal disclosure by breaking off therapeutic contact.

Van Atta (1968) found additional differences between Stayers and Non-Stayers on the Edwards Personal Preference Schedule (EPPS). In the Van Atta study the outpatient sample was arbitrarily divided at 10 interviews to obtain criterion groups. Stayers and Non-Stayers were then compared in terms of responses on the EPPS. Four EPPS variables, Exhibition, Heterosexuality, Order, and Endurance, differed significantly ($p < .05$) between the two groups. Van Atta concluded that Stayers have more intense heterosexual needs and are less defensive than Non-Stayers.

Finally, a series of investigations by Lorr and his colleagues bears mention. In an initial study Rubenstein and Lorr (1956) examined the relationship of tests to continuation in psychotherapy. The tests included a shortened version of the Taylor Manifest anxiety Scale, a 20-item F scale, a Behavior Disturbance Scale, a 15-item Vocabulary Scale, and a brief self-rating scale. The sample consisted of VA patients. Those patients that were seen for five visits or less constituted the Terminator group and those seen for 26 visits or more were designated as the Remainer group. A double cross-validation procedure was used and significant differences ($p < .05$) were found between the two groups. Accordingly, it was concluded that Remainers were less nomadic, less impulsive, less rigid in personal attitudes and more self-dissatisfied than Terminators.

Following this study, Lorr, Katz, and Rubenstein (1958) applied the same test battery to yet another sample of VA patients. Two extreme criterion groups were established along the same lines as that in the Rubenstein and Lorr study (five visits or less and 26 visits or more). Results were cross-validated using an additional second sample. Lorr et al. reported additional differences between Terminators and Remainers. Remainers were more anxious, more willing to explore personal problems, more persistent and dependable, and less likely to have a history of antisocial acts than Terminators. Although these differences were predicted by Lorr and his

associates, none of them reached the .05 level of significance.

The Lorr et al. study mentioned above was cross-validated in another large VA patient sample with somewhat comparable results (McNair, Lorr, and Callahan, 1963). The same test battery was used, being referred to as the Terminator-Remainer (TR) battery. However, different criteria were used in selecting Terminators and Remainers. Terminators were operationally defined as patients who refused or stopped therapy in less than 16 weeks and Remainers as those who attended therapy sessions for more than 16 weeks. In addition to previous findings it was reported that Remainers were more retiring in interpersonal relationships than Terminators.

It should be emphasized that Lorr and his associates replicated their findings several times and eventually obtained fairly consistent results. While these latter studies do reflect some methodological differences they do deserve merit considering the nature of the problem.

The Rorschach's relationship to continuation in psychotherapy has also been explored by several investigators. Although positive results have been reported (Gibby, Stotsky, Miller, and Hiler, 1953, 1954; Kotkov and Meadow, 1953; Taulbee, 1958) a number of researchers have also obtained negative or inconsistent results (Auld and Eron, 1953; Rogers, Knauss, and Hammond, 1951). Although positive results of studies using the Rorschach are interesting, the lack of consistent evidence prevents any definite statement regarding the

relationship of Rorschach variables to continuation.

The representative studies presented above give a clear picture of the difficulties involved in attempts to relate psychological test data to therapeutic contact. Inconsistencies and methodological inadequacies preclude any final conclusions. Studies have utilized different samples, criteria have varied, and methods of appraisal have not been consistent. Moreover, the lack of a consistent method for defining terminator and remainder groups reflects a fundamental problem in these studies. While investigations in this area have been impressive, such variation makes reliable or clear-cut generalizations difficult at this time.

Other Variables

A few other client variables have been studied in terms of their relationship to continuation in psychotherapy. The client's expectations concerning therapy is one of these variables that has received considerable attention in the research literature. One study, by Heine and Trosman (1960), investigated the initial expectations of the doctor-patient interaction as a factor in continuance in psychotherapy. In the Heine and Trosman study a sample of 46 outpatients were given a questionnaire, constructed by the authors, to tap attitudes toward psychiatric treatment. The outpatient sample was arbitrarily divided at six weeks to establish criterion groups. Thus, those patients who had stopped

treatment at any time within six weeks were considered Terminators, and those who continued in treatment beyond six weeks were considered Remainers. Significant differences at the .05 level were found between the two groups on two categories of responses to the questionnaire. Accordingly, Terminators tended to emphasize passive cooperation as a way of approaching psychotherapy. Also, Terminators sought only medicinal treatment or diagnostic information. On the other hand, Remainers emphasized active collaboration on their part in approaching therapy. In the same vein, Remainers sought advice or help in changing their own behavior. Thus Heine and Trosman concluded that Terminators and Remainers approached therapy with significantly different expectations regarding the means of reaching their goal in treatment and their aim or purpose in seeking treatment.

Another interesting finding reported by Heine and Trosman was that the expectations of the Remainers were congruent with those of their therapists. In contrast, the expectations of the Terminators were markedly different from the expectations of their therapists. This result is suggestive of a relationship between the mutuality of expectations and continuation in psychotherapy.

Similar findings were obtained by Overall and Aronson (1962). In their study of a sample of 40 lower class patients was given a questionnaire to measure expectations about therapy.

Results indicated that patients were prone to terminate therapy prematurely when they had inaccurate expectations of their therapist's role. These early terminators expected medical as well as psychiatric treatment. They also expected the therapist to assume an active, supportive role.

In another study Garfield and Wolpin (1963) evaluated the attitudes of 70 outpatients who were referred for psychiatric care. The patients were given a questionnaire designed to measure expectations about psychotherapy. The questionnaire consisted of 60 multiple-choice items and twelve other questions including sentence completion and alternative types. A chi-square analysis was then conducted to see if the distribution of responses for each item differed from a chance distribution. The chi square values for all but five items were found significant at the .05 level. Garfield and Wolpin concluded that patients generally viewed psychotherapy as the treatment of their own choice (88%) and most of them saw emotional factors as playing an important part in their difficulties. The majority of patients also felt that understanding one's own problems was necessary for improvement in psychotherapy. Therefore, the group as a whole expressed some positive attitudes toward therapy.

However, Garfield and Wolpin also found some expectations that were incongruent with those held by the therapists. Over a third of the patients thought that therapy sessions would last only 30 minutes or less, 75% expected some positive

change by the fifth session, and 70% expected treatment to last no longer than 10 sessions. While these expectations differed from those of the therapists they do appear to approximate the length of treatment reported by the majority of studies and by most clinics. Thus, it seems likely that the congruency of expectations between therapist and patient may be an important determinant of continuation in psychotherapy.

In one other study of expectations, Borghi (1968) conducted home interviews with Terminators (eight sessions or less) and Remainers (eight sessions or more). Borghi found that the expectations of the Terminators were incongruent with those held by their therapists while the expectations of the Remainers were congruent with their therapists' expectations. Terminators tended to expect advice, diagnostic information, and that "something be done" about the people around them. Unfortunately, no quantitative measures of patient-therapist expectations were used in this portion of the Borghi study. Instead, Borghi relied entirely upon home interviews. In spite of its methodological limitations this study is suggestive of a relationship between client expectancies and treatment duration.

Hiler (1959) investigated the relationship between initial complaints and continuation in psychotherapy. In the Hiler study a sample of 216 VA outpatients was divided into two extreme criterion groups. Patients who terminated within five sessions without the recommendation of the therapist, or some

extenuating circumstances, were considered to have terminated prematurely; those who remained 20 sessions or more were considered as remaining in treatment. Initial interview records of both groups were obtained and the complaints of all patients were collected and tabulated. Chi square analysis was then used to analyze the differences between Terminators and Remainers. It was found that Remainers more frequently complained of being troubled by: obsessions ($p=.01$), phobias ($p=.02$), depression ($p=.05$), poor concentration ($p=.02$), and anxiety ($p=.05$). In contrast, Terminators more often reported getting into trouble because of "acting out" behavior ($p=.05$), and were more troubled by such symptoms as ideas of reference, irrational suspicions, and other paranoid tendencies ($p=.05$). It is also interesting to note that Terminators more often complained only of somatic symptoms while Remainers complained only of psychological symptoms or of a combination of psychological and somatic symptoms ($p=.01$). Thus, Hiler concluded that characteristic differences did exist between Terminators and Remainers at least in terms of initial complaints.

Finally, several studies have investigated the relationship of patient motivation to length of stay in psychotherapy. However, the findings in this area are inconsistent. In the study by McNair et al. (1963), discussed earlier, therapists' ratings of patients' motivation for psychotherapy were found to be related to continuation in therapy. Remainers were found to be more highly motivated for psychotherapy than

Terminators. In contrast to the McNair et al. study, other investigations have found no significant relationship of therapist ratings of motivation to continuation in psychotherapy (Affleck and Garfield, 1961; Garfield, Affleck, and Muffley, 1963; Siegel and Fink, 1962). Therefore, in light of the inconsistent findings, a relationship between patient motivation and continuation can only be viewed as suggestive.

A review of the studies which have attempted to investigate the relationship of certain client variables to length of stay in psychotherapy has revealed a number of interesting results. While past investigations have shown some methodological deficiencies the consistent findings regarding a number of client variables are too marked to be ignored. Of all the variables investigated, those pertaining to social class such as education, etc. appear to have the most reliable and supportive evidence. Particularly consistent are those findings concerning the relationship of client expectations to continuation in psychotherapy.

Although the findings concerning other personality variables such as anxiety level, defensiveness, ego strength, dependency, motivation, and others are not entirely consistent, they are too suggestive and their implications too noteworthy to be discredited. What would seem significant about such variables is that they are likely to be psychological implications of the social position of the client; his learned behaviors, roles, attitudes, and traits. Such implications could

very possibly effect the manner in which the client approaches psychotherapy, his view of it, and his functioning in it. They may, in fact, determine whether he will remain in psychotherapy or terminate treatment prematurely.

Relevant to the construction of a tool that could be used to initially identify terminators and remainers is a consideration of those client variables that have been reported to consistently differentiate between the two groups. In using these variables to construct such a tool one would expect to obtain a reasonably effective technique for distinguishing potential terminators from remainers.

Particularly useful for the construction of this tool is the Social History Questionnaire (Best, 1971). Items of the Social History Questionnaire were especially constructed on the basis of those significant client variables found in the research to be related to continuation in psychotherapy, as well as on the basis of other significant personality characteristics.

The purpose of the present study was to construct a Terminator-Remainer scale using those items of the Social History Questionnaire that best differentiated the two criterion groups. With such a scale an objective means for identifying potential terminators and remainers was accomplished.

Method

Subjects

The initial sample for the present study consisted of 95 clients accepted for psychotherapy during the period between September, 1971 and July, 1972 at a small mental health clinic in the Midwest. The clinic maintained a staff of between 10 and 12 people. The sample included 43 male and 52 female clients with a mean age of 30.2 years. The average number of years of education for the clients used in the sample was approximately 12.3 years. Approximately 82% of the clients were married, 10% were single, and 8% were divorced. Also, approximately 56% of the clients in the sample were of the working class while 44% were of the middle class.

A final sample, taken from the larger initial group, consisted of 60 clients, including 29 males and 31 females. Using this final sample two criterion groups were established which consisted of 23 Terminators and 23 Remainers.

Each criterion group consisted of 10 males and 13 females. Terminators had an average education of 12.6 years while Remainers had an average education of 12.3 years. Approximately 95% of the Terminators and 91% of the Remainers were married. Likewise, 5% of the Terminators and 9% of the Remainers were single. Finally, approximately 68% of the Terminators and 48% of the Remainers were of the working class. Conversely,

32% of the Terminators and 52% of the Remainders were of the middle class.

Measure

The measure used was the Social History Questionnaire (SHQ), a 393-item, forced choice, pencil and paper, intake inventory (Best, 1971). The SHQ includes the following scales: (a) 3 Validity scales, (b) Emotional Disturbances, (c) Thought Disturbances, (d) Behavioral Disturbances, (e) Psychosomatic Disturbances, (f) Marital Problems, (g) Interpersonal Relations, (h) Childhood, (i) Education, (j) Relationship to Father, (k) Relationship to Mother, (l) Parental Relationships, (m) Vocational, and (n) Treatment.

The items of the SHQ include elements primarily of a demographic, biographic, and symptomatic nature designed to elicit information concerning the extent of certain behaviors and events in the client's past and present life. The items ask questions concerning client symptoms, interpersonal relations, present attitudes and expectations, general personality characteristics, and childhood and other biographical information.

In addition to the questions in the questionnaire proper, the client is required to give certain identifying information such as name, address, age, etc. The client is also required to designate which one of the following social classes he belongs to: (a) Upper Class, (b) Middle Class, or (c) Working Class.

Procedure

Administration of Social History Questionnaire. All 95 clients in the initial sample had completed the SHQ at some time during their initial contact with the clinic. In each case the SHQ was self-administered with no required time limit for completion. The completed questionnaires were kept in the clinic file for each client.

Final sample. Throughout the interval spanned by the research, almost every client was admitted to psychotherapy which usually consisted of weekly therapeutic interviews. The majority of clients were given neurotic or character disorder diagnoses. The diagnoses were made in staff meetings by qualified personnel on the basis of intake interviews and, occasionally, psychological test data. The therapists included a psychiatrist, several psychologists, and social workers. The actual type of individual psychotherapy offered to the clients varied according to the needs of each particular individual.

For the purpose of this study those clients who met the following qualifications were excluded from the initial sample: (a) clients who terminated therapy prior to six interviews from the initiation of therapy with the mutual consent of the therapist, (b) clients still in therapy having had six or less interviews, and (c) clients who terminated therapy

for such reasons as hospitalization, moving from the area, job transfer, jail terms, etc. Qualifications such as these made it possible to obtain a more clear-cut (representative) sample of actual terminators and remainers.

In order to determine which clients terminated therapy for purely realistic reasons or because of uncontrollable circumstances every client who terminated therapy prior to the sixth interview was interviewed by telephone. The interview in each case was conducted in the following manner:

"I am calling from the Coles County Mental Health Clinic. I am getting in touch with people who are no longer coming to the clinic to find out whether or not their treatment here was helpful. Now, the last time you were here was in _____, is that right? Was treatment helpful to you? Why did you decide to stop coming? Have you had any contact with the clinic since you left? Have you gone anywhere else for help with your problems? If you feel you need help please remember that we will be available. Thank you for your cooperation."

Each interview was recorded on paper and included the client's reasons for terminating therapy. Following the telephone interviews 60 clients remained in the sample, including 29 males and 31 females. This sample was then divided into thirds based upon the total number of clients in the sample. The clients were distributed according to the number of interviews. The range of interviews for the first and last thirds were used to determine which clients were Terminators and Remainers, respectively.

In order to improve the differentiation between the two extreme thirds the middle third was not used in the present analysis. Thus, clients who terminated psychotherapy prematurely within four interviews or less were designated Terminators and clients who remained in psychotherapy for eleven interviews or more were designated Remainers.

Item selection. The responses to items on the SHQ's completed by the Terminators and Remainers were transferred to IBM scoring sheets. Responses to items were tabulated by the Model 50 IBM computer. The computer calculated the proportion of responses on each item for both groups. Differences between proportions for Terminators and Remainers were then examined for each item. Finally, those items on the SHQ that differentiated between the two groups at the .05 level of significance or beyond were selected.

Subscale. Those items that differentiated between the two groups at or beyond the .05 level of significance were combined with unit weights into a subscale. SHQ answer sheets for the total sample were then scored using the subscale scoring template.

Norms for the subscale. Norms for the subscale were established by computing the frequency of scores for all subjects in the initial sample. Hence, a high score typified

a Remainer while a low score typified a Terminator.

Expectancy table. In order to make the high and low scores more indicative of Terminators and Remainers an expectancy table was constructed. The table was constructed and then a cutting score was established for the entire sample. Thus, approximately 10% of the Terminators and 90% of the Remainers fell above the cutting score. Likewise, approximately 90% of the Terminators and 10% of the Remainers fell below the cutting score.

The expectancy table was constructed to facilitate a more accurate prediction of the length of stay in psychotherapy. Therefore, a future client receiving a score below the established cutting score would be expected nine times out of ten to terminate therapy prematurely. In contrast, the chances of a client terminating therapy who achieved a score above the cutting point would be expected to only one out of ten.

The expectancy table was also constructed so that the cutting score could be changed to suit the needs of any particular therapist or clinic. For instance, a cutting score might be chosen above which approximately 20% of the Terminators and 80% of the Remainers fall. Thus, in terms of time and case loads, clinics could utilize their services more effectively.

Analysis. The statistics chosen for item analysis were taken from Guilford (1956). The statistics were used in testing the significance of a difference between uncorrelated proportions. The following formula was utilized and the .05 level of significance was sought:

$$\bar{z} = \frac{P_1 - P_2}{\sqrt{\bar{p}_e \bar{q}_e \left(\frac{N_1 + N_2}{N_1 N_2} \right)}}$$

where \bar{p}_e is the weighted mean of two sample proportions and where $\bar{q}_e = 1 - \bar{p}_e$.

Those items found to differentiate the two criterion groups at the .05 level of significance were included in the subscale.

Because of the many items a large number of tests of significance between proportions was required. In order to facilitate such work the Lawshe-Baker Nomograph (Downie and Heath, 1959) for testing the significance of the differences between two percentages was used. The Lawshe-Baker Nomograph takes the \bar{z} formula presented above into account. The Nomograph, therefore, made possible a more immediate determination of whether or not each item was significant, and at what level.

Results

Item Analysis

Responses of Terminators and Remainers were compared on each of the 393 Social History Questionnaire items. The test of significance between proportions for each item was made through the use of a \bar{z} ratio. Differences for 23 items were significant at the .05 level with the differences for 2 of these items significant at the .01 level. These items are presented in Table 1.

Insert Table 1 about here

The 23 items were combined to make a subscale with a total of 23 unit weights with each item having a unit weight of one. The 23 unit weights represent scoring weights for the subscale. Hence, the maximum possible score is 23 while the minimum possible score is 0. Every unit weight was based upon the Remainers' response to each item. A scoring key for the 23 items in the subscale is also presented in Table 1.

Norms for the Subscale

Norms for the subscale were established by computing a frequency distribution for the scores of 95 clients on the subscale. Percentiles were obtained by calculating the cumulative frequencies of the scores for the 95 clients.

Norms for the subscale are presented in Table 2.

Insert Table 2 about here

Subscale scores for the total sample ranged from 1 to 18. Approximately 50% of the clients received a score of 7 or less and approximately 50% of the clients received a score of 8 or more.

Scores for Terminators ranged from 1 to 8 while scores for Remainers ranged from 2 to 18. A few Remainers received a relatively low score. However, approximately 83% of the Remainers received a score of 7 or more while approximately 96% of the Terminators received a score of 6 or less. Hence, a high score is more characteristic of a Remainer and a low score more typical of a Terminator.

Expectancy Table

To obtain a more unified representation of the scores for Terminators and Remainers a computation of a frequency distribution of subscale scores and a distribution of percentages for the two criterion groups was made. This data is presented in Table 3.

Insert Table 3 about here

The data in Table 3 indicate that a larger proportion

of Terminators obtain relatively low scores. On the other hand, a larger proportion of Remainers receive relatively high scores.

Utilizing the data in Table 3 an expectancy table was constructed. The expectancy table is presented in Table 4.

 Insert Table 4 about here

Cutting scores were established by using the expectancy table. It was found that 9% of the Terminators and 91% of the Remainers received a score of 8 or above. Likewise, 92% of the Terminators and 8% of the Remainers received a score of 3 or below. Thus, 8 and 3 were chosen as cutting scores for the subscale.

The expectancy table is designed to facilitate the identification of potential Terminators and Remainers. Cutting scores are established in order to estimate the chances of a client terminating therapy prematurely. Thus, a client receiving a score of 3 or less is likely to be a Terminator and a client receiving a score of 8 or more is likely to be a Remainer.

Number of Interviews

A Spearman Rank Order correlation (Table 5) between the number of interviews and subscale scores was obtained for a small sample of clients. Twenty clients were randomly selected

 Insert Table 5 about here

from the initial sample of 95 clients. The correlation between the number of interviews for these subjects and their subscale scores is .50 ($p < .05$).

Discussion

The differences between Terminators and Remainers as indicated in their responses to the 23 subscale items seem to be consistent with some of the findings of earlier investigations. For instance, several studies (Bailey et al., 1959; Cole et al., 1962; Rosenthal and Frank, 1958; Van Atta, 1968) show that Remainers seem to have more psychological treatment and contact with mental health clinics. In the present study this is indicated by the fact that Remainers gave more "True" responses to Items 44, 53, 80, and 305 than did Terminators. The content of these items suggests that Remainers tend to have a longer history of psychological problems and are perhaps more persistent in seeking psychological assistance than Terminators.

Another characteristic of Remainers that appears consistent with earlier research is their admission to feelings of guilt, depression, and concern for health (Hiler, 1959; Taulbee, 1958). These characteristics are suggested by the "True" responses of the Remainers to Items 61, 163, and 181. Terminators gave "False" responses to these items, perhaps suggesting that they do not have these feelings or that they do not admit to them.

Remainers also appear to be more solitary and retiring in their interpersonal relationships than Terminators. This is suggested by the Remainers' "True" responses to Items 6 and 260. These differences are also congruent with the findings

of previous research (McNair et al., 1963).

Some differences between Terminators and Remainers in this study have not been reported in prior research. It appears that Remainers tend to have more positive feelings toward their educational experience than Terminators (Items 212, 221). Also, Remainers appear to have had a dominant and critical father while Terminators did not (Items 245, 254, 272). Finally, Remainers tend to be more satisfied with their marriage than Terminators (Item 322) while Terminators most often had at least one parent (mother) who had some degree of mental illness.

One difference between the two groups seems to be inconsistent with the findings of previous research. For example, it appears that Remainers are more suspicious of others (Item 78) than are Terminators. This finding differs from that in another study by Taulbee (1958). This inconsistency may be the result of differences between the present study and Taulbee's investigation in client samples, methods for defining criterion groups, and in the tools utilized for measuring differences between Terminators and Remainers. Considering these differences it is not surprising that the finding reported by Taulbee was not confirmed in the present study.

For the most part, the demographic characteristics that Terminators and Remainers exhibited were similar. Likewise, the proportions of married and single clients in each criterion group were very similar. In addition, the average years of education was almost identical for Terminators (12.6) and

Remainers (12.3). The significant difference that other studies (Bailey et al., 1959; McNair et al., 1963; Rosenthal and Frank, 1958; Sullivan et al., 1958) report between Terminators and Remainers in years of education was not found in the present study.

Earlier investigations (Cole et al., 1962; Imber et al., 1955; Schaffer and Meyers, 1954) have been consistent in reporting that Terminators are usually of the lower class while Remainers are usually of the middle or upper social classes. This difference was confirmed in the present study. A larger proportion of Terminators (68%) were from the working class than Remainers (48%). Conversely, a larger proportion of Remainers (52%) were from the middle class than Terminators (32%). While these differences do not reach statistical significance they do reflect a consistent social class difference between Terminators and Remainers.

Perhaps what gives greater import to the results of the present study is the fact that several methodological improvements have been made. For instance, a clear differentiation between the Terminator and Remainer groups was obtained by dividing the sample into thirds and excluding the middle group from the analysis. By using the two extreme thirds the chances of a statistical overlap were reduced. This procedure was an improvement over the arbitrary methods used in a number of earlier studies (Borghini, 1968; Heine and Trosman, 1960; Van Atta, 1968)

It is interesting to note that while this procedure was

used for establishing the criterion groups the number of interviews for Terminators was found to be four or less. This figure closely approximates the number of interviews for Terminators in other studies (Garfield and Kurz, 1952; Kurland, 1956; Rosenthal and Frank, 1958). Therefore, in using a systematic method a representative Terminator group, in terms of length of stay in psychotherapy, was obtained in the present study.

Furthermore, a precise identification of the two criterion groups was attained by way of personal contact with the therapy clients and their therapists. A more representative sample of Terminators was acquired by excluding clients who terminated within six interviews with the consent of their therapists and clients who terminated for realistic reasons or for uncontrollable circumstances.

The severe problem of early termination by a large proportion of clients is represented in the present study as well as in other investigations in this area. However, the Terminator-Remainer scale lends itself to the solution of this problem. Care was taken in the construction of the scale to include only those items of the Social History Questionnaire that differentiated the two criterion groups at or beyond the .05 level of significance. Moreover, the scores derived from the scale discriminated between the criterion groups to a reasonable extent. A significantly larger proportion of Remainders received relatively high scores whereas a larger proportion of Terminators received relatively low scores. Hence, these

scores, as they are employed in the expectancy table, could be used in the future to identify potential Terminators and potential Remainers with a certain amount of accuracy.

The expectancy table, representing a probable relationship between scores and Terminator and Remainer groups, adds to the practical implications of the scale itself. With the expectancy table therapists and clinics could make a more accurate estimation of the probability of a client either remaining in psychotherapy or of terminating treatment prematurely. The practicality offered by the expectancy table is considerable. Cutting scores for the table can be adjusted to meet the demands of time and case loads for individual therapists and clinics. Thus, psychological services in general may be more effectively delegated and the needs of the individual client could be immediately met.

Finally, added value of the Terminator-Remainer scale and expectancy table is suggested by the correlation (.50) between scale scores and number of interviews. This correlation may be suggestive of a relationship between the score a client receives and the amount of time he will spend in psychotherapy. Therefore, scale scores in the future might be used for predictive purposes in determining the length of treatment needed for a potential client.

The Terminator-Remainer scale offers a potential method for identifying clients who are likely to remain in psychotherapy for either a short or long period of time. In addition,

it provides a means of recognizing those potential clients who would be amenable to pretherapy training and would thus increase the probability of their remaining in psychotherapy and of achieving positive mental health. Finally, use of the scale would allow for a more economic delegation of costs, resources, and time for those involved in the field of mental health and for the client himself.

Limitations

Although the present study contains several methodological improvements certain factors that could have effected the results must be considered.

The sample used in the present study included both males and females. No comparison was made between the responses of males and females to the 23 items of the subscale. It is possible that there was a difference between males and females in their responses. Therefore, a further inspection of both sexes in their responses to the subscale items is needed to determine the effect of this potential difference upon the validity of the subscale.

Another factor which must be considered is the element of chance involved in the selection of subscale items. Since there is some probability that these 23 items could have occurred by chance ($p < .05$) they should not be used in clinical practice until cross-validated. With a total of 393 Social

History Questionnaire items a number of the subscale items could have been selected by chance.

Finally, the present study did not include a cross-validation of subscale items. A cross-validation could not be spared due to the small number of clients available. Therefore, the actual item and predictive validity of the subscale remains to be established in future research.

Suggestions for Further Research

There is considerable heuristic value in the Terminator-Remainer scale. One obvious need is for cross-validation. The validity of the scale and the predictive capacity of the expectancy table should be tested in future studies.

The scale and the expectancy table could possibly be used with other client samples in a variety of settings. Hospitals and mental health clinics may be ideal environments in which to appraise the effectiveness of these tools for outpatient samples. In any case, additional research using the scale and the expectancy table is essential in order to more accurately determine their value.

Another possibility for research is in the development of the item statements in the subscale. The item statements might be made more socially desirable. They could be phrased in such a way as to more precisely measure those variables that have been consistently found to differentiate between Terminators and Remainers such as social class. In addition,

factor analysis could be conducted using the scale items.

Other items could also be especially designed to measure the client variables found to be related to continuation in psychotherapy. These items could then be added to the present 23 items and thus would give strength to the scale.

Finally, the Terminator-Remainer scale could be used in combination with other tests and measures that have been reported to measure differences between Terminators and Remainers. A test battery then might be developed as an effective tool in estimating a potential client's ability to enter and profit from a psychotherapeutic relationship.

With the current trend toward the development of mental health programs and the increase in the number of people seeking psychological services it seems likely that therapists and clinics will continue to face huge increases in case loads. In order to meet this increase in public demand mental health clinics and hospitals will have to utilize their therapists, time, expenses, and resources in the most efficient manner possible.

Potential clients will need to be assigned to a type of psychotherapy suitable to their needs and to the urgency of their problems. This necessity will require the early identification of those potential clients who are likely to terminate psychotherapy and those potential clients who are more apt to remain in treatment. The Terminator-Remainer scale is offered as the first step in this important process.

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TABLE 1
Social History Questionnaire Items
Differentiating Criterion Groups

Key	Item No.	Statement
T	6	I would much rather be alone than spend time with other people.*
F	12	I like to be boss when I am with other people.*
T	24	I often hold a grudge against people.*
F	44	I have never received treatment for a mental problem before.*
T	53	In the past I received treatment for my mental problems at a mental health clinic.*
T	61	I often worry about my health.*
T	78	There is no one that I can really trust.*
T	80	In the past I received out-patient treatment for my mental problems.*
F	90	I usually like people.*
T	163	I have been depressed for a long long time.*
T	181	I often feel very guilty.*
F	212	I liked school.*
T	221	I did not like school.*
T	229	I am retired at the present time.*
T	233	Most of the time I am satisfied with my marriage.*
T	245	My father neglected me when I was little.*
T	254	No matter what I did it was almost impossible to please my father.*
T	260	I live alone.*
T	272	My father ruled the family when I was little.**
T	305	I went to a physician or mental health clinic for help with my mental problems before I came here.*
F	322	My mother had trouble with mental illness.*
T	324	I was at least 21 years old before I had my first mental problems.**
T	384	My father remarried (if mother died or left the family).*

*p<.05

**p<.01

TABLE 2

Norms for Initial Sample

Test Scores	f	cf	Percentile
23	0	95	100
22	0	95	100
21	0	95	100
20	0	95	100
19	0	95	100
18	1	95	100
17	1	94	99
16	0	93	98
15	2	93	98
14	4	91	96
13	3	87	92
12	5	84	88
11	12	79	83
10	5	67	71
9	7	62	65
8	8	55	58
7	7	47	49
6	12	40	42
5	7	28	29
4	7	21	22
3	8	14	15
2	4	6	6
1	2	2	2

N = 95

TABLE 3
 Frequency Distribution and Percentage
 Distribution of Subscale Scores
 for Terminators and Remainders

Total No.	Number receiving each score		Test Scores	Per cent receiving each score		Total Per cent
	Terminators	Remainders		Terminators	Remainders	
			23			
			22			
			21			
			20			
			19			
1		1	18		100	100
1		1	17		100	100
			16			
1		1	15		100	100
2		2	14		100	100
1		1	13		100	100
2		2	12		100	100
3		3	11		100	100
2		2	10		100	100
2		2	9		100	100
4	1	3	8	25	75	100
1		1	7		100	100
6	5	1	6	83	17	100
3	2	1	5	67	33	100
5	4	1	4	80	20	100
8	8		3	100		100
3	2	1	2	67	33	100
1	1		1	100		100
			0			
46	23	23				

TABLE 4

Expectancy Table

Total No.	Number receiving each score		Test Scores	Per cent receiving each score		Total Per cent
	Terminators	Remainers		Terminators	Remainers	
0			20-23			
2		2	16-19		100	100
6		6	12-15		100	100
11	1	10	8-11	9	91	100
15	11	4	4-7	73	27	100
12	11	1	0-3	92	8	100
46	23	23				

TABLE 5

Rank Order Correlation for Number
of Interviews and Subscale Scores

Client	No. of Interviews	Test Score	R ₁	R ₂	D	D ²
1	23	14	1	2.5	1.5	2.25
2	21	10	2	6.5	4.5	20.25
3	13	2	3	19	16	256
4	12	17	4	1	3	9
5	11	9	5.5	8.5	3	9
6	11	12	5.5	4	1.5	2.25
7	10	8	7	10.5	3.5	12.25
8	9	8	8	10.5	2.5	6.25
9	7	11	9	5	4	16
10	5	10	10.5	6.5	4	16
11	5	4	10.5	15	4.5	20.25
12	4	3	12.5	17	4.5	20.25
13	4	14	12.5	2.5	10	100
14	3	5	14	14	0	0
15	2	1	15.5	20	4.5	20.25
16	2	3	15.5	17	1.5	2.25
17	1	6	18.5	13	5.5	30.25
18	1	3	18.5	17	1.5	2.25
19	1	7	18.5	12	6.5	42.25
20	1	9	18.5	8.5	10	100

 $\Sigma = 687.00$

rho = .50

t = 2.45

p < .05

S O C I A L H I S T O R Y Q U E S T I O N N A I R E

This questionnaire contains a number of different statements. Read each statement and decide whether it is TRUE or FALSE for you.

Mark your answers on the special answer sheet you have. If a statement is true for you then put an X in the correct box under the T. If a statement is false for you, or if you do not agree with a statement then put an X in the correct box under the F. If a statement does not apply to you or if you are uncertain about it then do not mark the answer sheet for that statement.

Be sure the number on the answer sheet is the same as the number for the statement you answer. Make your marks dark so they are easy to see.

Answer every statement as correctly as you can. Try to give some answer to each statement.

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Randall H Best, Charleston, Ill. 61920

SOCIAL HISTORY QUESTIONNAIRE

1. My mental problems began very recently.
2. I have never been in trouble because of my behavior.
3. I like taking the responsibility for getting things done.
4. I cannot seem to get interested in anything.
5. I have threatened to kill someone.
6. I would much rather be alone than spend time with other people.
7. I often have strange ideas that do not make much sense to me.
8. I believe I know what my mental problems are and how they began.
9. I am very eager to please other people.
10. My mental problems have troubled me for a long long time.
11. I have been in trouble because of the bad things I have done.
12. I like to be the boss when I am with other people.
13. I get irritable whenever people make me do anything.
14. I sometimes buy things that could be used to kill people.
15. I am often disappointed by the things other people do.
16. I often believe things that are not true.
17. I do not know how my mental problems started.
18. I want other people to take care of me.
19. This is my first serious mental disturbance.
20. I have never been arrested.
21. I expect people to do whatever I tell them to.
22. Sometimes I get so angry that I almost lose control of myself.
23. I have seriously planned to kill someone.
24. I often hold a grudge against people.
25. Sometimes I see things that are not really there.
26. There is very little that I can do about my problems.
27. I usually believe anything anyone tells me.

28. I had my first nervous breakdown after I was 25 years old.
29. I have been arrested several times.
30. I usually make a good impression on other people.
31. I have been in trouble at least once for getting into fights with people.
32. I tried to kill someone before.
33. I am often jealous of other people.
34. I sometimes hear voices talking when no one is there.
35. Most of my problems are caused by bad luck.
36. I am a very cooperative person.
37. Something bad happened to me and I have had a mental problem ever since.
38. I am not satisfied with my sex life.
39. Most of the time I act more important than I really am.
40. Most of the time I do not feel any emotion.
41. My husband (or wife) does not give me enough love and affection.
42. I have no close friends.
43. I have very few physical problems.
44. I have never received treatment for a mental problem before.
45. I let my friends tell me what to do too often.
46. I feel very little tension or anxiety.
47. I have been in trouble because of sex.
48. I expect everyone to admire me.
49. Sometimes my emotions are just the opposite of what they should be.
50. I often feel very lonely even when my husband (or wife) is with me.
51. I usually go out of my way to avoid people.
52. My health has been poor during the past six months.
53. In the past I received treatment for my mental problems at a mental health clinic.

54. I always agree with people.
55. I often feel tense and nervous.
56. I often have thoughts about sex that make me uncomfortable.
57. I have as much self-confidence as most people.
58. I always control my emotions and never lose my temper or get excited.
59. Sex is a problem in my marriage.
60. People are always making trouble for me.
61. I often worry about my health.
62. In the past I was a patient in a mental hospital.
63. I am a friendly person.
64. Lately I have been so scared and nervous that I could hardly stand it.
65. Sometimes I am sexually attracted to others of my own sex.
66. I am very proud and self-satisfied.
67. My emotions often change without warning.
68. My husband (or wife) and I argue almost all the time.
69. I believe other people are trying to hurt me in some way.
70. I often have trouble eating.
71. In the past I have been hospitalized on the psychiatric ward of a general hospital.
72. Most people like me.
73. I am tense and nervous almost all the time.
74. I have been involved in sex acts with others of my own sex.
75. Other people think I am conceited.
76. I often feel very happy and gay but then suddenly become very sad and depressed.
77. My husband (or wife) often criticizes me.
78. There is no one that I can really trust.
79. I often have stomach aches.

80. In the past I received private out-patient treatment for my mental problems.
81. I have many (more than ten) close friends.
82. Sometimes I get so nervous that I am unable to do things that I want to do.
83. I am a "social" drinker.
84. Most of the time I am not concerned about other people.
85. It is very hard for me to keep my emotions under control.
86. My husband (or wife) is very selfish.
87. I am easily embarrassed.
88. I have had problems with ulcers.
89. In the past I received individual psychotherapy.
90. I usually like people.
91. I often have sudden attacks of anxiety and severe tension.
92. Although I am not an alcoholic I could easily become one.
93. I tend to be a very selfish person.
94. Sometimes I lose all control of my emotions.
95. My husband (or wife) is very jealous.
96. It has always been hard for me to talk to people.
97. I have had problems with asthma.
98. In the past I have been in group therapy.
99. I am an affectionate person.
100. My problems with tension and anxiety began very recently.
101. I have a definite problem with alcohol.
102. I am a rather cold and unfeeling person.
103. Even though I know there is nothing to fear I am still afraid of one or two things.
104. My husband (or wife) is dishonest and cannot be trusted.
105. I am a very shy person.

106. Sometimes I have trouble breathing.
107. In the past I have been in family therapy with all (or most) of the members of my family.
108. I love everyone.
109. I have been tense and nervous for a long long time.
110. I am an alcoholic.
111. I am very strict with people whenever it is necessary.
112. I am afraid of many things even though I know there is no logical reason to be afraid.
113. My husband (or wife) has been unfaithful to me.
114. I often feel that I am just no good.
115. I often have trouble with back-aches.
116. In the past I received marriage counseling.
117. I am usually a considerate person.
118. I often feel very sad and depressed.
119. I have taken drugs but only as prescribed by a doctor.
120. I am impatient with other people when they make mistakes.
121. I often worry about things that are not really important.
122. My husband (or wife) is lazy and does not work hard enough.
123. I am almost always ashamed of myself.
124. I have trouble with rheumatism.
125. In the past I have taken medicine for my mental problems.
126. I almost always forgive people when they make mistakes.
127. Most of the time I feel sad, unhappy, and gloomy.
128. Taking drugs could become a problem for me if I am not careful.
129. I am often cruel and unkind with people.
130. It is almost impossible for me to stop my constant worrying.
131. Money is a big problem in my marriage.

132. I usually do whatever other people want me to do.
133. I have trouble with arthritis.
134. In the past I received shock treatments.
135. I usually try to comfort everyone.
136. I have many crying spells.
137. I have (or had) a problem with drugs.
138. I often criticize other people.
139. Sometimes I have to do certain things (like wash my hands) or else I get more and more nervous.
140. Drinking is a big problem in my marriage.
141. I am a mild-mannered peaceful person.
142. I am allergic to many different things.
143. I am satisfied with the treatment I received for my mental problems in the past.
144. I enjoy helping other people.
145. Whenever I am depressed I also feel tense and anxious.
146. I am addicted to drugs and will do anything to get them.
147. I am often angry with others and I let them know about it.
148. Sometimes it is hard for me to remember things.
149. My husband (or wife) makes me very nervous.
150. I almost always do what people want even when I really don't want to.
151. My skin is sensitive and I often break out in hives.
152. I believe the treatment here will help me with my mental problems.
153. I am too generous where other people are concerned.
154. I have had problems with depression for less than one year.
155. I often feel that life is not worth living.
156. I have been in trouble more than once for getting into fights with people.
157. I am often confused by the things that are happening around me.

158. My inlaws and I do not get along very well together.
159. I respect authority very much.
160. I have problems with high blood pressure.
161. I would like to have individual psychotherapy.
162. I often sacrifice myself for other people.
163. I have been depressed for a long long time.
164. I have attempted suicide even though I did not wish to kill myself.
165. People do things that make me angry enough to kill or seriously injure them.
166. Sometimes I do not know what day, month, or year it is.
167. It is very difficult for me to raise my children.
168. I am a dependent person who wants to be led by other people.
169. I have trouble with headaches.
170. I would like to be in group psychotherapy.
171. None of my brothers or sisters are married.
172. I do not believe I should be punished for anything I did in the past.
173. I have made at least one serious suicide attempt in the past.
174. I do not like it when other people boss me and tell me what to do.
175. Sometimes I do not know where I am even though I have been there before.
176. I spend less than the average amount of time raising my children.
177. I do so many things to get people to take care of me that they usually think of me as a clinging vine.
178. I often feel tired and listless.
179. I would like to have marriage counseling.
180. Not even half of my brothers and sisters are married.
181. I often feel very guilty.
182. If I ever tried to kill myself I would leave a suicide note.

183. I often complain about the way people treat me.
184. Sometimes I do not know who I am or what my name is.
185. I take more than the average interest in raising my children.
186. I believe I have a mental problem that cannot be cured.
187. I often feel so tired that it is almost impossible for me to do anything.
188. I would like to take medicine for my mental problems.
189. Less than two of my brothers and sisters are still living.
190. I feel very guilty about some of the things I have done.
191. I have been unconscious for some time after a suicide attempt.
192. I rebel against doing almost anything that people want me to do.
193. I lost something very important to me within the last six months.
194. I pay less than average attention to raising my children.
195. I have at least one close friend.
196. Sometimes I have so much energy that I cannot rest but just have to keep going.
197. I would like to be hospitalized for my mental problems.
198. Less than four of my brothers and sisters are still living.
199. My childhood was happier than most.
200. My father was almost always kind and loving with me.
201. My parents often received money from a welfare agency or from charity.
202. I am employed at the present time.
203. I started school when I was about 6 years old.
204. My mother was almost always kind and loving with me.
205. My mother was a housewife during most of the time I was growing up.
206. I have about the same amount of energy that I always had.
207. When I was little I had few friends.

208. My childhood was very unhappy.
209. When I was little my father watched me almost all the time so I would not get into trouble.
210. My father had a steady job during most of his life.
211. I work part time now.
212. I liked school.
213. When I was little my mother watched me almost all the time so I would not get into trouble.
214. My mother worked outside the home when I was little.
215. Sometimes it is hard for me to do anything because I move so slowly.
216. Few people liked me when I was little.
217. I believe my mental problems began when I was a child.
218. My father usually let me do anything I wanted to do.
219. My father was often out of work when I was growing up.
220. I am unemployed at the present time.
221. I did not like school.
222. My mother usually let me do anything I wanted to do.
223. I always listened to my mother and did what she told me to do.
224. I think of myself as being in the "working class" of people.
225. I was very shy as a child.
226. When I was born my parents were pleased that I was a girl (or boy).
227. My father was too strict with me when I was growing up.
228. My father only has a grade school education.
229. I am retired at the present time.
230. In school I liked English and history.
231. My mother was too strict with me when I was growing up.
232. My mother only has a grade school education.

233. Most of the time I am satisfied with my marriage.
234. I was afraid of many things when I was little.
235. When I was a child my family was very large.
236. My father ignored me most of the time when I was little.
237. My father graduated from high school.
238. I have been steadily employed for a long time.
239. In school I liked math and science.
240. My mother ignored me most of the time when I was little.
241. My mother graduated from high school.
242. My husband (or wife) is the boss in our family.
243. When I was little I often refused to obey my parents.
244. I always got along well with my brothers and sisters when I was little.
245. My father neglected me when I was little.
246. My father graduated from college.
247. I never had any trouble holding a job.
248. In school I made good grades (mostly A's and B's).
249. My mother neglected me when I was little.
250. My mother graduated from college.
251. I live in or near the downtown section of my city.
252. I often had temper tantrums when I was little.
253. I have one or more brothers.
254. No matter what I did it was almost impossible for me to please my father.
255. My father continued going to school after he graduated from college.
256. I enjoy my work.
257. In school I only made average grades (mostly C's).
258. No matter what I did it was almost impossible for me to please my mother.

259. I lost someone very close to me during the last six months.
260. I live alone.
261. When I was a child I was so active and restless that I often got in trouble.
262. I have at least one sister.
263. My father almost never listened to anything I had to say.
264. My father was a heavy drinker.
265. I believe I would like working as a common laborer.
266. In school I made poor grades (mostly D's and F's).
267. My mother almost never listened to anything I had to say.
268. My mother was a heavy drinker.
269. I would return to the same place to live after being discharged from a mental hospital.
270. I had trouble with nightmares and bad dreams when I was little.
271. I was the oldest child in my family.
272. My father ruled the family when I was little.
273. My father often took drugs.
274. Semi-skilled work (such as practical nursing, meat cutting, or driving a taxi) is something I would like to do.
275. I failed at least one grade in school.
276. My mother ruled the family when I was little.
277. My mother often took drugs.
278. I have lived in the same place for more than one year.
279. When I was little I had trouble with bedwetting.
280. I was the middle child in my family.
281. My father almost always punished me whenever I was bad.
282. My father was unfaithful to my mother.
283. Skilled work (such as mechanics, carpentry, weaving, etc.) is something I would like to do.

284. I often skipped school.
285. My mother almost always punished me when I was bad.
286. My mother was unfaithful to my father.
287. I believe that people do not want me around anymore.
288. I cried a lot more than most children do when I was little.
289. I was the youngest child in my family.
290. I never knew whether my father would punish me or just ignore the bad things that I did.
291. My father had trouble with the law when I was little.
292. I would like to be a white collar worker (such as an office worker, bookkeeper, secretary, etc.).
293. I missed many days of school because I was too sick to attend.
294. I never knew whether my mother would punish me or just ignore the bad things that I did.
295. My mother had trouble with the law when I was little.
296. I often feel annoyed and resentful toward my mother.
297. I was often cruel to animals when I was little.
298. I am an only child.
299. My father was cruel and brutal to me when I was little.
300. My father was usually in good health when I was little.
301. I would like to be a professional (such as a doctor, lawyer, or school teacher).
302. I was expelled from school at least once.
303. My mother was cruel and brutal to me when I was little.
304. My mother was usually in good health when I was little.
305. I went to a physician or mental health clinic for help with my mental problems before I came here.
306. When I was little I often set fires just for the "fun" of it.
307. I had no unusual childhood illness when I was little.

308. My father usually punished me too much when I was bad.
309. My father had much trouble with his health when I was little.
310. I believe I would enjoy dangerous work.
311. In school I often got into trouble with the teachers.
312. My mother usually punished me too much when I was bad.
313. My mother had much trouble with her health when I was little.
314. I would like to be a daredevil and do all kinds of dangerous things.
315. I attend church at least once a month.
316. I had no unusual accidents or injuries when I was little.
317. Even when I was bad my father almost never punished me.
318. My father had trouble with mental illness.
319. People expect more of me now than they did before.
320. I often had fights with other children in school.
321. Even when I was bad my mother almost never punished me.
322. My mother had trouble with mental illness.
323. It is very difficult for me to talk to other people about myself.
324. I was at least 21 years old before I had my first mental problems.
325. When I was young my family often moved from one place to another.
326. My father usually punished me by giving me a spanking.
327. My father died before I was ten years old.
328. People expect less of me now than they did before.
329. In school I had few friends.
330. My mother usually punished me by giving me a spanking.
331. My mother died before I was 10 years old.
332. I get along well with the other members of my family.
333. I did not have to wait very long before getting an appointment here.
334. My parents were divorced when I was a child.

335. My father usually punished me by scolding or by giving me a "lecture."
336. My father is still living.
337. I enjoy doing things at home such as watching T. V., gardening, or making minor repairs.
338. I have very little education.
339. My mother usually punished me by scolding or by giving me a "lecture."
340. My mother is still living.
341. I pay close attention to things other people say when I am in a group.
342. I almost always do the things that other people tell me to do.
343. During my childhood I was separated from one or both parents for several months.
344. Although my father often threatened to punish me he almost never did anything.
345. My parents were usually very warm and loving with each other.
346. I enjoy doing things outside the home such as going to parties, movies, sporting events, etc.
347. I have only been hospitalized once or twice for physical illness.
348. Although my mother often threatened to punish me she almost never did anything.
349. My parents were divorced when I was young.
350. My family and I do many enjoyable things together.
351. I have a good job in either the "trades," "skilled work," or "professions."
352. I did not live with my parents when I was a child.
353. I love my father.
354. My mother and father were almost always very pleasant to everyone.
355. I like to spend my free time in social activities.
356. I have never been treated for a head injury.
357. I love my mother.

358. I lived with my mother during most of the time I was growing up.
359. I believe most other people like me.
360. I have very few crying spells.
361. My mother died before I was 10 years old.
362. I respect my father.
363. My parents argued much of the time while I was growing up.
364. I like to spend my free time either playing or watching sporting events.
365. I am a good person.
366. I respect my mother.
367. My mother remarried (if father died or left the family).
368. I get along well with the other people in a group.
396. I usually "jump" whenever I hear a sudden loud noise.
370. My father died before I was 10 years old.
371. I have no particular feelings of any kind toward my father.
372. My parents sometimes hit each other when they were angry.
373. I like to spend my free time by myself.
374. I believe people with mental problems should be hospitalized.
375. I have no particular feelings of any kind toward my mother.
376. I lived with my father during most of the time I was growing up.
377. I am very cooperative when I am in a group of other people.
378. It is very difficult for me to get interested in doing odd-jobs around the house.
379. I dislike my father.
380. Sometimes my parents were separated when I was little.
381. I believe that whenever something happens it is for the best.

382. It was my own decision to get help for my mental problems.
383. I dislike my mother.
384. My father remarried (if mother died or left the family).
385. I get nervous and uncomfortable whenever I am in a group of strangers.
386. It is often hard for me to dress myself.
387. I always felt closer to my father than to my mother.
388. I was separated from one or both of my parents during childhood.
389. I am very proud of the many things I have accomplished in the past.
390. I do not want treatment for my mental problems to take very long.
391. I always felt closer to my mother than to my father.
392. There are many things wrong with my mind.
393. I like to know what I am going to talk about before I get into a group discussion.