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The Social History Questionnaire as Related to Length of Stay in Psychotherapy: A Cross-Validation

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The Social History Questionnaire as
Related to Length of Stay in Psychotherapy:
A Cross-validation

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BY
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Abstract

The purpose of the present study was to cross-validate the Terminator-Remainer subscale of the Social History Questionnaire (Jachim, 1972). The subjects were 72 clients from a mental health clinic. Two groups were used in the study ($N = 72$ and $N = 36$). Both groups were divided into Terminators and Remainers.

A point biserial correlation between the score on the Terminator-Remainer subscale and the criterion groups was significant ($N = 72$: $r_{pb} = .24$, $p < .05$; $N = 36$: $r_{pb} = .38$, $p < .05$). Predictive validity was established.

No relationship was found between being a Terminator or a Remainer and sex ($\chi^2 = 0.07$, $N = 72$; $\chi^2 = 0.00$, $N = 36$).

It was concluded that the Terminator-Remainer subscale of the SHQ had been cross-validated.

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

A Cross-validation

Bob Crowley

Eastern Illinois University

Clinical psychotherapy is faced with many problems. One which is ever present is the early attrition rate of people who come for therapy. This is a problem for several reasons. First, it means that the hours spent in therapy have been a waste of time for both the therapist and the client. Second, it means that another potential client has been denied more immediate treatment. Finally, it points out the problem that many mental health clinics must try to solve: how can the therapist encourage a client to continue in therapy when he has indicated that he wants to leave.

Garfield and Kurz (1952) conducted a study on a sample of 560 clients seen at a VA mental hygiene clinic. In that study they found that approximately two-thirds of the clients received less than ten interviews, and approximately 9% received twenty-five or more interviews. This study shows how real the problem actually is. Similar findings have been reported by other researchers (Kurland, 1956; Schaffer and Meyers, 1954). The most significant finding in these studies is that mental health clinics face the real problem of losing half of their clients by the sixth interview.

Vera and Theiberger (1970) reported a study on desertion by psychiatric clients carried out on all first admissions during a two month period in an Argentine hospital. There were 164 patients in their sample. The overall treatment desertion was 41%. They further refined the study into desertion by diagnostic categories. They found the following percentages: psychoneurotics 50%, schizophrenics 33%, alcoholics 43%, epileptics 18%, and other 40%. The main causes of desertion were: unknown (18SS), lack of motivation (13SS), pathology (13SS), inappropriate handling (9SS), and other (15SS). This study adds to the problem presented by the above studies. Not only does it substantiate a high attrition rate, but also it indicates the reasons are many and varied.

A problem arises when the client terminates his therapy before he has been given consent by the therapist. In such an instance the case must be considered a failure. If the mental health clinic finds that about 50% of their case load is prematurely terminating, the worthwhileness of the clinic must be questioned.

A corollary to premature termination is the failure of referrals to make or keep first appointments. Perhaps if more referrals came to mental health clinics, the early attrition rate would be higher. Several studies have been conducted to examine the reasons why people fail to report for their first appointment after a referral. Raynes and Warren (1971) conducted a study to find some distinguishing features of patients failing to attend a psychiatric clinic.

after referral. They defined non-attenders as those who did not attend the clinic at all following a referral phone call. Of 267 referrals, 113 (42.4%) did not attend for their first appointment at the clinic. They found that the patient with the following characteristics was least likely to attend: male, black, and 40 years of age or less. In addition there was also a tendency for clients referred from "extra-hospital" sources to attend more than clients referred from within the hospital.

Kidd and Euphrat (1971) did a similar study. They were attempting to increase the number of first appointments which were kept. They made telephone calls to outpatients who had failed to keep their first appointment. However, this procedure did not increase the number of appointments kept. They did suggest two ways of reducing the number of unkept or broken appointments. First, educate the referral agent, and second, contact a self-referral before the first appointment to resolve misconceptions and anxieties.

It is apparent that mental health clinics do face a real problem in dealing with early terminators from therapy. It is compounded when notice is made of the high percentage of first appointments which are never made or are broken after referral. One way in which mental health clinics can cope with this problem is to employ an instrument which would discriminate between premature terminators and remainers in psychotherapy. If such a device were available it would enable the mental health clinic's staff to be more judicious in the expenditure of their time with clients.

Once it has been determined which clients were potential premature terminators the mental health clinic could schedule that patient accordingly. Early detection also creates an ethical problem. Is it right to consider a patient a failure before therapy has been given a chance? Absolutely not, the therapist must treat all patients with equal competence. Therefore, some effort needs to be made which would change the predicted course of therapy with such a patient.

Due to individual differences it is apparent that not all potential patients for psychotherapy are going to have the same motivation, the same referrals, or the same expectations for therapy. Since this is so, the therapist's initial difficulties in therapy could be lessened if problems in these areas could be located by a screening device. Therefore, it may be possible to recommend some form of treatment other than psychotherapy for a person identified as a potential premature terminator.

Another alternative which could be used as a result of early detection of potential premature termination is some form of pretherapy training. Garcia and Irwin (1962) were concerned about developing a procedure to enable clients to maintain contact with a family agency until the completion of at least three interviews. Their method was to make a telephone call after they received a referral to ask the client to come in. Then they made a contract to have the client return for at least three interviews. They found that this method significantly reduced the number of clients who

prematurely cut off contact with the agency. In another study Truax and Carkhuff (1967) reported that a method of vicarious therapy pretraining showed positive results in therapy. They allowed patients to vicariously experience psychotherapy prior to their own therapy by listening to a tape of "good" therapy. It was hypothesized that this method would give patients a more realistic view of therapy, and, therefore, increase the probability of them continuing in psychotherapy. These findings indicate that the percentage of premature termination in psychotherapy can be reduced if the therapist can pretrain those patients so identified.

To summarize, if mental health clinics had an instrument which could detect patients who were potential premature terminators, it would be a tremendous asset to them. First, it would eliminate many fruitless and wasted hours of psychotherapy which could be scheduled for more amenable patients. Second, it would indicate which patients need special training or education before therapy so that they would receive the most benefit from it. Finally, it would make the mental health clinic a more viable and useful agency in the community.

When planning an instrument to differentiate between terminators and remainers in psychotherapy, it is necessary to review the research on the subject. There have been several studies conducted on variables related to a client's length of stay in therapy. The following studies will be arranged in the following order: social variables, psychological test data, and interaction variables.

Social Variables

Social variables have been shown to influence the length of stay in psychotherapy. One of these variables is social class. Schaffer and Meyers (1954) used Hollingshead's two Factor Index of Social Position to determine the social class of clients. They found that 75% of the clients who received therapy for one week or less were from the lower class. In addition, 74% of the clients who received therapy for more than 25 weeks were from the two highest social class groups. In another study it was hypothesized that 55% of the upper classes remained in psychotherapy after 20 interviews, while only 32% of the lower classes remained (Cole, Branch, & Allison, 1962). Didato (1971) in a more recent study examined the social class variable as it relates to the therapist. He found that the therapist is likely to assume a bias in favor of his own social class and thereby be blocked in his therapeutic efficiency. Consequently, the members of the lower class are left to find for themselves, and hence they have a markedly higher attrition rate.

Errera, McKee, Smith, and Gruber (1967) conducted a study which did not confirm the relationship of social class to length of stay in therapy. They approached the problem a little differently than other researchers. Their clients were divided into short-term and long-term clients. However, any client who had terminated previous to the sixth interview was not included in this study. The other studies on the social class variable had included these, and as indicated in previous studies (Garfield and Kurz, 1952; Kurland, 1956;

Schaffer and Meyers, 1954; Vera and Theiberger, 1970) up to 50% of the clients are prematurely lost before the sixth interview. Consequently, Errera et al. have not adequately represented the problem of social class as a factor in the length of psychotherapy.

A second social variable is education. The amount of education is related to social class, but it can also be measured by itself as a factor in length of psychotherapy. Education would seemingly have a direct effect on the outcome of psychotherapy. One's ability to understand others and to express feelings is to some extent dependent upon length of education. Rubenstein and Lorr (1956) used a sample of male, nonpsychotic outpatients from different VA mental health clinics to determine the effects of intelligence on psychotherapy. They used two groups, Terminators and Remainers. The Terminators were designated as clients who terminated treatment with less than six interviews without the therapist's consent. Remainers were clients who had received more than 25 interviews. Form L of the Revised Stanford Binet and years of education were used to compare the two groups. The results showed that the Remainers were more intelligent and better educated than the Terminators. A similar finding was reported by Sullivan, Miller, and Smelser (1958) in a study on VA clients. They studied a number of variables and found that the amount of education was the most effective measure in separating, Stay and Non-Stay groups. In this study the two groups were obtained by splitting the cases at the median number of interviews, five. It was concluded

that Non-Stayers had less education than Stayers.

McNair, Lorr, and Callahan (1963) have also reported on the influence of education to length of stay in psychotherapy. The number of interviews for the Terminators was set at 16. This produced a 38% termination rate. The results indicated that the length of education did affect the length of time spent in psychotherapy.

From these studies on social variables it may be concluded that social class and education do influence the length of stay in psychotherapy. With social class it is also possible that the therapist himself may be biased towards his own social class.

Psychological Test Data

The development of psychological tests both objective and subjective has occupied workers in the field of psychology since its conception. Research has been conducted on existing psychological instruments to discover if they can detect clients who will be Terminators or Remainers in psychotherapy. Many of these findings cannot be considered conclusive because no follow up on the particular study has been conducted. However, some instruments do show signs of being a valid measure of this tendency.

Imber, Frank, Gliedman, Nash, and Stone (1956) used the sway test to investigate the influence of suggestibility on the length of stay in psychotherapy. Their sample consisted of 57 clients who were given the sway test. They divided the clients into two groups, Swayers and Non-swayers. Their

results showed that of the Swayers 77% remained for four or more interviews, and that of the Non-swayers 54% terminated their therapy by the end of the third interview. It was concluded that Remainers were more suggestible and, therefore, better candidates for psychotherapy than were Terminators.

The Minnesota Multiphasic Personality Inventory (MMPI) has been investigated as a possible indicator of length of stay in psychotherapy. Taulbee (1958) attempted to identify personality variables which would relate to early termination or continuation in psychotherapy. He administered the MMPI to 85 outpatients during the intake interview. The clients were divided into two groups, attriters and continuers. If a client terminated prior to 13 interviews, he was put in the attriters group. If a client remained longer than 13 interviews he was put in the continuers group. The MMPI scales which differentiated the two groups were: Hs, D, Pa, Pt, and Sc. It was concluded that clients who continue their treatment beyond 13 interviews have increased awareness of depression and feelings of inferiority; they have higher levels of anxiety and sensitivity; they are less identified with the cultural norms of their own sex; and they are more phobic than the clients who terminate treatment early. This study indicated some tendencies of the MMPI to reveal possible early terminators; however, it must not be considered a useful clinical measure until it has been cross-validated.

The Sullivan et al. study cited above failed to find any

significance on any of the MMPI scales as related to length of stay in psychotherapy in their Stay and Non-stay groups. In this study the results were cross-validated. Therefore, the MMPI seems to be very weak in differentiating Terminators and Remainers in psychotherapy.

Borghi (1965,1968) reported no substantial relationship between the MMPI and continuation in psychotherapy. Borghi (1965) studied the MMPI as a potential predictor of treatment attrition. He compared 29 clients (Terminators) who had prematurely discontinued psychotherapy after an average of two sessions with 29 clients (Remainers) who had stayed in therapy an average of 36 sessions. Terminators were matched with respect to age, sex and therapist. He found eight MMPI items which significantly differentiated the two groups. From an analysis of the items, Borghi hypothesized that the crucial variable in treatment attrition was in the area of mutual patient-therapist expectation. However, Borghi (1968) failed to identify any significant relationship between the MMPI and continuation in psychotherapy.

Van Atta (1968) used the Edwards Personal Preference Schedule (EPPS) to identify any differences between Stayers and Non-stayers in psychotherapy. He used 10 interviews as the cut-off point in establishing his groups. Four EPPS variables were found which significantly differentiated the two groups. These were Exhibition, Heterosexuality, Order, and Endurance. It was concluded that Stayers have more intense heterosexual needs and are less defensive than Non-Stayers.

Koff (1972) investigated the relationships between field dependency, psychotherapy expectancies, presenting symptoms, defensive style, and length of stay in psychotherapy. She used 50 males and 35 females who had applied for psychotherapy. A pre-therapy battery of tests and questionnaires which yielded 19 measures on the various variables was administered. The results showed that field dependent clients tend to drop out of relatively unstructured "talk" psychotherapy sooner than the more field independent clients.

Studies involving the relationship of the Rorschach to continuation in psychotherapy reveal conflicting findings. Gibby, Stotsky, Miller, and Hiller (1954) and Taulbee (1958) have indicated the Rorschach has potential as an indicator of continuation in psychotherapy. However, Rogers, Knauss, and Hammond (1951) reported no significant results for the Rorschach. As a result the evidence concerning the Rorschach is too weak to lend any credence to its use as an instrument in predicting continuation in psychotherapy.

The studies which have used psychological test data to predict continuation in psychotherapy reveal that a definitive statement about their use cannot be made. Several possible directions for further research have been revealed. Yet, due to too much variance in research design these studies cannot be validly compared. The few studies which did report significance will require further cross-validation before the particular instrument used in the study can be used as a valid clinical instrument to predict continuation in psychotherapy.

Interaction Variables

Some interaction variables have been studied in order to understand their influence on the length of stay in psychotherapy. Koren and Goetzl (1951) investigated the psychodynamics of failure in therapy. They wanted to know why therapy failed for 25% of the clients at a county mental health clinic. Patients terminated or unimproved were considered as failures. Of the clients classed as failures 27% had less than four hours of treatment. The reason found to be most related to success or failure was motivation for treatment. If it was weak or ulterior in purpose, the clients were prone to failure. Resistance was another factor in many cases. Terminators rejected the meaning of their behavior because it was too threatening. Finally, ignorance of the transference or countertransference aspects of the relationship or of the inability to tolerate or to work with these feelings was a contributing factor to failure in therapy.

Similar findings on motivation have been found (McNair, Lorr, & Callahan, 1963). They discovered that the therapist's ratings of the client's motivation for psychotherapy did have a significant relationship to continuation in psychotherapy. Remainers were more highly motivated for psychotherapy than Terminators. On the other hand, Affleck and Garfield (1961) and Siegel and Fink (1962) have reported that there is no significant relationship between client motivation and length of stay in psychotherapy.

Another factor which has been studied which is related to client motivation for psychotherapy is the time spent on the waiting list. Litt (1970) found that early defection from a child psychiatric clinic waiting list was positively related with increasingly "crisis" or "acute" symptomatology. One of the variables he found which significantly differentiated between Defectors and Continuers was elapsed time between the original contact by the client and the intake interview. The Defectors had a longer wait. In a similar study Raynes (1971) made an effort to explore some of the characteristics of those Ss who have minimal clinic contact, and who do not receive treatment. There were 421 Attenders and 274 Non-attenders (those who made an appointment but did not keep it). These Ss were compared on the following variables: age, sex, length of waiting list, and source of referral. It was concluded that the elimination of the waiting list would mainly affect those Ss who have to wait more than 15 days.

These two studies by Litt and Raynes indicate why motivation may be such an ambiguous variable as related to length of stay in psychotherapy. Since so many potential clients never keep their first appointment due to the long waiting list, many of the highly motivated clients are never seen in psychotherapy.

The most investigated interaction variable is the relationship between therapist-client expectations. Heine and Trosman (1960) explored therapist-client expectations as related to continuation in psychotherapy. They used 40

outpatients. A questionnaire was administered which was used to determine the clients attitudes toward psychiatric treatment. Terminators were those patients who had stopped treatment any time within six weeks without the consent of the therapist. Remainers were those clients who remained longer than six weeks. Heine and Trosman found that Terminators approached psychotherapy with a passive cooperation, and that they sought only medical treatment or diagnostic information. While Remainers approached psychotherapy with active collaboration, and they were eager for advise on how to change their behavior. Their conclusion was that Terminators and Remainers approached psychotherapy with different expectations about treatment goals. In addition, they found that Remainers-therapist expectations for therapy were similar; while, Terminators-therapist goals for therapy differed significantly.

Borghi (1965,1968) conducted two studies to determine whether or not client-therapist expectations were a crucial variable in treatment attrition. Borghi (1965) divided his sample into Terminators (clients who prematurely discontinued psychotherapy after an average of two sessions) and Remainers (clients who stayed in therapy for an average of 36 sessions). He used detailed examination of client records and Terminator home interviews to collect his data. He found that Remainers expressed expectations which were generally congruent with those of the therapist while Terminators expressed incongruent expectations. Borghi (1968) reported almost identical

findings. However, in this study his criterion for Terminators and Remainers was different. He divided the groups at eight sessions of therapy. If clients remained for more than eight sessions they were considered Remainers; eight or less sessions constituted the Terminators. He did find the Terminators differed from Remainers in that they tended to expect advice, diagnostic information, and that something should be done about the people around them.

Didato (1971) reported a study in which he found the therapist was a significant variable in the success or failure of therapy. It appeared that therapeutic success was mutually dependent upon the fulfillment of the therapist's expectations of the client and the client's expectations of the therapist. He questioned insight of the client or even his faith in psychotherapy as being a crucial factor in treatment. Instead, Didato felt the crucial factor was the client's capacity to conceptualize his expectations of therapy in a manner more congruent with the therapist's role image of himself.

Although Didato's study is not an empirical one, it summarizes fairly well what the other research on client-therapist expectations have revealed. There does appear to be some relationship between client-therapist expectation and the length of stay in psychotherapy.

Finally, Garcia and Irwin (1962) conducted a study to find out why the early dropout rate at a family service agency was so high. They found that most of the clients who terminated

treatment early used the defense mechanisms of impulsiveness, denial, and projection. They tended to focus on their environmental pressures rather than on personal conflicts or interpersonal relationships. Their conclusions appear to be subjective judgements; however, the findings point to an area for further research.

These studies have revealed some consistent findings as well as some inconsistent findings in the area of variables related to length of stay in psychotherapy. The two areas which show the most consistency are social variables and client-therapist expectations. It would appear that the upper-classes have a greater chance of remaining in therapy long enough to effect some significant change. The expectations of the client and therapist also apparently affect the length of stay in psychotherapy.

Studies on psychological tests and demographic variables are inconsistent in showing any prediction from these variables to length of stay in psychotherapy. There is considerable variation in research design which may account for so many contrasting findings in these areas.

One variable which has not been shown to be a factor in determining the length of stay in psychotherapy is sex. There have been several studies conducted on sex differences as they affect attitudes towards mental health and treatment. The most striking difference between males and females is the relative percentages of each receiving services from mental health and psychiatric facilities. Baldwin (1968) carried

out a study to examine sex differences in new referrals of children and adolescents to psychiatric services in an area with a population over 480,000 during a two year period. His results showed that: (a) male rates were higher than female rates in childhood and remained stable in adolescence; (b) female rates were low in childhood and rose steeply in adolescence; and (c) rates for neurosis increased from age 15, particularly in females. These results point to a trend of higher female representation in mental health facilities in adult life.

In this connection, Satloff and Worberg (1970) compared the data collected from the population consulting the Rochester Medical Center psychiatric emergency service during two identical time spans 10 years apart (1958 and 1968) consisting of 100 consecutive 24 hour periods. They found that more women than men used the service in both years.

Another study examining the same general area found similar results (Rosman, 1970). In her study she used National Health Insurance records to determine the amount of sickness benefits given to 74 male and female patients treated at a department of psychiatry. Records for controls were obtained from the same source and matched for sex, age, and domicile. She found that the average number of sickness benefits day/year was 4.9 times larger for males and 3.4 times larger for females than controls. The higher sickness reporting in men was due to both psychiatric and physical illness. In women only psychiatric illness was significantly higher.

Finally, Landau (1973) conducted research on women and mental illness. She found that women outnumbered men in terms of inpatient and outpatient psychiatric care, and that the difference has been on the increase for the last 30 years. Landau considered this finding to be directly related to the differential sex roles prevalent in our society. It was concluded that while more flexible male and female therapists would greatly assist in reducing the magnitude of the problem, only basic changes in the opportunities and support society gives women for personal development would reduce the ratio to 1:1 situation.

The findings seem to be consistent as relates to the relative number of men to women receiving mental health services. Adult women outnumber the men. The specific reasons for this are not known; however, the traditional female role in society may account for part of it.

Sex differences have also been found in relation to personality variables. Devi (1967) examined sex differences in reaction to frustrating situations. He collected the responses from 110 females and 110 males on a frustration reaction inventory. The results showed that female Ss were aggressive and liked withdrawal behavior more than males. However, aggressive males were found to be more aggressive than aggressive females.

In another study Handal (1969) studied the relationship between subjective life expectancy, death anxiety, and general anxiety in males and females. His Ss were 66 male

and 50 female graduate students. They were asked to fill out a questionnaire about life expectancy, to complete the Zuckerman Affection Adjective Check List of Anxiety and the Death Anxiety Scale. The results showed that females exhibited a significant negative relationship between life expectancy and death anxiety; this was not true for males. The evidence indicated males were more defensive about death.

In another study McDonald (1970) investigated the relationship between anxiety, affiliation, and social isolation between males and females. He found: (a) the strength of preference for affiliation was related to the level of self-reported anxiety for first-born males and later born females only; (b) later-born females who chose affiliation were more anxious than those who chose social isolation. The link between anxiety and affiliation was especially pronounced in first-born males and later-born females.

These studies on personality variables indicate that real differences do exist between males and females. They seem to react differently in stressful situations, and anxiety is caused by different sources in some instances.

A study which bears consideration for the problem of a client's length of stay in psychotherapy concerned client-counselor compatibility and the outcome of counseling (Mendelsohn & Rankin, 1969). They used 115 clients to obtain the perceptions of the relationship and evaluation of the counselor and the usefulness of counseling. The

Fundamental Interpersonal Relations Orientation Behavior (FIRO-B) was the instrument used to obtain the measure of client-counselor compatibility. Their results showed compatibility was a poor predictor for male clients but an excellent one for females. Compatibility in the control need area was related positively to outcome, but in the inclusion and affection needs areas it was related to negative outcomes. This study points out one of the shortcomings of some of the studies on client-therapist expectations (Heine and Trosman, 1960; Borghi, 1965, 1968; Didato, 1971). Namely, are Terminators unduly represented by either sex? According to Mendelsohn and Rankin females could very well constitute a large share of the Terminators due to a lack of compatibility.

Finally, Drake (1953) indicated the importance of sexual differences in establishing criterion groups for scale construction of inventories. He devised a 43 item key to differentiate between males and females on the MMPI. He found that it did indeed differentiate, and that the male-female dichotomy was an important variable in instruments like the MMPI.

These studies on sex differences indicate that males and females do differ. The particular areas of differences are not known. However, evidence is available that females react to stress and feel anxiety under differing situations. In addition, the evidence is overwhelming that more women

than men are being seen at mental health facilities. This doesn't mean men are more mentally healthy; however, it may indicate that in diagnosing mental illness women are more open minded in answering questions and admitting problems. This may in turn affect how sensitive an instrument will be at detecting early Terminators from psychotherapy. An instrument which is sensitive to sex differences may predict more accurately which clients would be prone to end therapy prematurely.

Another problem with any instrument used to predict the length of stay in psychotherapy concerns cross-validation. Several authorities on statistical analysis have commented on the value of cross-validation (Anastasi, 1958; Guilford, 1956; McNemar, 1949; Mosier, 1951).

Cross-validation has been defined as the validation of predictor weights, derived in one sample, by computing the correlation of weighted sample of the predictors with the criterion in new samples (Herzberg, 1968). This technique may be applied to any method of calculating predictor weights.

McNemar (1949) gave criteria for the use of cross-validation. According to him when predictors have been chosen because they show promise for a sample at hand, it then becomes paramount to examine a second sample in order that a more dependable estimate of the predictive worth of the selected variables may be obtained. Cross-validation then becomes necessary when in test construction items are

selected which are used to discriminate between two groups or to show a relationship with a criterion. In such a case chance error is very apt to occur so that the resulting test will yield a deceptively large differentiation between the two groups; or a false high correlation will result with the criterion for the sample upon which item selection was based. Therefore, a need for cross-validation on additional groups or on a second sample exists when a criterion is involved.

In addition, Guilford (1956) commented on the necessity of cross-validation. He reported that where methods were used to achieve good differential weights for items, as in applying multiple-regression principles to derive optimal weights, cross-validation is required. It serves to check on the applicability of the weights in new samples and on the same population.

Anastasi (1958) further emphasized the necessity for cross validation. She pointed out that any validity coefficient computed on the same sample that was used for item selection purposes would capitalize on chance errors within that particular sample and would therefore be spuriously high. Further, a high validity coefficient could result under such circumstances even when the test has no validity at all in predicting the particular criterion.

Mosier (1951) presented five distinct designs which were closely related to cross-validation: (1) cross-validation, weights determined on one sample and their

effectiveness tested on a second, similarly drawn sample; (2) validity-generalization, weights determined on a sample from one population but the effectiveness tested against the same criterion on a sample drawn from a differently defined population; (3) validity extension, same as (2) except that the criteria as well as the population differ; (4) simultaneous validation, item selection or battery weighting on each of two differently drawn samples in order to develop a single battery useful in either population, and (5) replication, determination of weights in a series of samples drawn from the same population with the final weights based on some combination of values in the several samples.

The professional opinion of several people in the area of statistics points to the fact that cross-validation is a necessary procedure when determination of predictor weights is involved. It would be impossible to generalize findings across samples or populations without it.

The findings on variables related to the length of stay in psychotherapy have indicated several potentially fruitful areas of prediction. However, even the most consistent findings, social variables and client-therapist expectations, are clouded by variation in research design. In addition almost all of the studies cited above have not been cross-validated. Therefore, their findings must be viewed as only indications of possible prediction value. In addition it has been found that sex differences exist as far as mental health treatment is concerned. More

women than men avail themselves of the services of the mental health facilities.

The construction of a tool which would be sensitive enough to detect possible Terminators and Remainers would be a useful adjunct to mental health facilities. Best (1971) constructed the Social History Questionnaire (SHQ) on the basis of various demographic, personality, and social interaction variables. Some of these variables have been found in the research to be related to continuation in therapy. The SHQ has been found to significantly discriminate between Terminators and Remainers in psychotherapy (Jachim, 1972).

In Jachim's study an item analysis was carried out on the SHQ to find which items differentiated Terminators and Remainers for psychotherapy. Terminators were considered clients who prematurely ended therapy within four interviews or less. Remainers were clients who continued therapy for eleven interviews or more.

In an effort to obtain a representative sample of Terminators if a client fell into one of the following three categories he was dropped from the final sample: (1) clients who terminated therapy prior to the sixth interview with the consent of the therapist, (2) clients who were still in therapy, (3) clients who left therapy due to circumstances beyond their control, i.e., hospitalization, moving from the area, job transfer, jail terms, etc. A phone interview with the client was conducted to gain the information necessary to make the determination for inclusion in the final sample, 23 Terminators

and 23 Remainders.

The item analysis of the 393 items on the SHQ resulted in 23 items being significant at the .05 level. The Lawshe-Baker Nomograph for testing the significances between two percentages was used. The 23 items were combined into a subscale. Each item was given an equal unit weight of one. The maximum score is 23 and the minimum score is 0. The unit weights were based upon the Remainders' responses to each item.

Norms for the subscale were established by use of percentiles for the original 95 Ss. High scores were characteristic of Remainders while low scores were characteristic of Terminators.

An expectancy table was constructed to facilitate the identification of potential Terminators and Remainders. Cutting scores may be established to determine the chances of a client terminating therapy prematurely. The cutting off score may be moved up or down to coincide with the caseload of a mental health clinic.

The number of interviews was significantly related to the subscale score ($\rho = .50, p < .05$). Twenty clients randomly selected from the initial sample were used in this analysis.

The subscale of 23 items in Jachim's study is near chance level (.05). Therefore, the purpose of the present study is to cross-validate the Terminator-Remainer scale obtained for the SHQ (Jachim, 1972). In addition, sex is to be tested to determine if the SHQ can differentiate Terminators and Remainders according to sex.

Method

Subjects

Subjects in the present study were 72 clients at a small mental health clinic in the Midwest. Included in this group were 28 males and 44 females. There were 18 Remainers and 54 Terminators. The Terminators contained 22 males and 32 females while the Remainers contained 6 males and 12 females. The breakdown of amount of education by criterion groups was: grade school, Terminators 14% and Remainers 11%; high school, Terminators 73% and Remainers 67%; college, Terminators 11% and Remainers 22%; and graduate school, Terminators 2% and Remainers 0%. The breakdown of marital status among the criterion groups was: single, Terminators 15% and Remainers 22%; married, Terminators 83% and Remainers 72%; and divorced, Terminators 2% and Remainers 6%. Approximately 74% of the Terminators and 73% of the Remainers were from the working class. Likewise, 24% of the Terminators and 27% of the Remainers were from the middle class. Finally, 2% of the Terminators and 0% of the Remainers were of the upper class. The mean ages for each group were Terminators 27.8 and Remainers 28.0.

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

therapy due to uncontrollable circumstances, for example, moved from the area, death, hospitalization, etc.

A monthly report from the State was used to evaluate each potential Terminator. This report gives the present disposition of each client as reported by his therapist. The report contains four categories: (1) clinic terminated - with referral, (2) clinic terminated - without referral, (3) client terminated - clinic notified, and (4) client terminated - clinic not notified. In addition, a deactivation key is provided which is completed by each therapist when a case is closed. This key includes the following categories: (1) moved from the area, (2) death, and (3) refused further service. Each therapist also indicates whether the client is improved, unimproved, or not in need of further treatment.

With the use of this file if a client was listed under category (3) or (4), and his deactivation category was listed as (3), he was included in the Terminator group provided he did not fall into either classification (a) or (b) above. The clinic's files were used to check criterion (a) and (b).

Following the check of the files the sample was divided into three groups according to the number of interviews. The range of interviews for the first and last groups constituted the Terminators, six or less interviews, and Remainers, 11 or more interviews. As a means to better differentiate between the two extreme groups, the middle group was excluded from the study. These figures are the ones used in the original study (Jachim, 1972).

Measure

The measure used in the present study was the Social History Questionnaire (SHQ), a 393-item, true or false, paper and pencil, intake inventory (Best, 1971). The SHQ contains 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) Relationship to Mother, (i) Parental Relationships, (j) Vocational, and (k) Treatment.

The SHQ asks questions designed to elicit information about a client's past and present life. It is mainly concerned with biographical data, interpersonal relationships, past history of mental illness, and family adjustment.

In addition, the client must also provide certain identifying information such as name, age, address, etc. The client must also designate to which of the following social classes he belongs: (a) Upper Class, (b) Middle Class, or (c) Working Class.

Procedure

Administration of Social History Questionnaire. The SHQ was administered to each client during his initial contact with the mental health clinic. The completed SHQ's were kept in the client's file at the mental health clinic and are a part of the client's permanent records. The Terminator-Remainer subscale of the SHQ (Jachim, 1972) was used to obtain a score, 0 to 23, for each client in the Terminator

and Remainder groups.

Analysis. A point biserial correlation was calculated between Remainders and Terminators and their scores on the Terminator-Remainer subscale of the SHQ. The significance of the correlation was tested by use of the following formula (Young & Veldman, 1956):

$$t = r_{pb} \sqrt{\frac{N-2}{1-r_{pb}^2}}$$

In the above formula N equals the number of pairs and $N > 10$. The .05 level of significance was sought.

A phi correlation was used to perform an item analysis on the Terminator-Remainer subscale of the SHQ. The .05 level of significance was sought for each item.

A random sample of the clients who received treatment at the mental health clinic was used to calculate a Spearman Rank Order correlation between their score on the Terminator-Remainer subscale and their total number of interviews. The rho obtained in the present study was then compared to the rho obtained by Jachim to test for a difference between correlations.

To test for a difference between males and females on the Terminator-Remainer subscale of the SHQ, a point biserial correlation was calculated. In addition, a chi square was calculated to test for a relationship between Terminators-Remainers and sex. The .05 level of significance was sought.

Results

Subscale

Responses of Terminators and Remainers were compared on the 23 item Terminator-Remainer subscale of the SHQ (Jachim, 1972). A point biserial correlation was used to test the difference between the scores of the Terminators and the Remainers on the subscale.

Two samples were used in the analysis. The first sample had unequal N, 54 Terminators and 18 Remainers. The second sample had equal N, 18 Terminators and 18 Remainers. The results showed a significant difference between the scores of Terminators and Remainers on the subscale ($N = 72$: $r_{pb} = .25$, $p < .05$; $N = 36$: $r_{pb} = .38$, $p < .05$).

Item Analysis

Responses of the Terminators and Remainers were compared on each of the 23 Social History Questionnaire subscale items. The test of significance between answers to each item was calculated by use of a phi correlation. This data is presented in Table 1. The criterion groups showed significant differences for 3 items in each sample. The subscale with the significant items for both samples is presented in Table 2.

Expectancy Table

To obtain a better representation of the scores of the Terminators and Remainers on the subscale, two frequency and percentage distributions were obtained for the criterion groups. The first frequency and percentage distribution for both samples is presented in Table 3. The second percentage

TABLE 1
Significance Levels
From Item Analysis

Item No.	p N = 72	p N = 36	Statement
6	.1	.1	I would much rather be alone than spend time with other people.
12	.5	.02	I like to be boss when I am with other people.
24	.1	.3	I often hold a grudge against people.
44	.5	.5	I have never received treatment for a mental problem before.
53	.05	.3	In the past I received treatment for my mental problems at a mental health clinic.
61	.001	.001	I often worry about my health.
78	.9	.7	There is no one that I can really trust.
80	.5	.9	In the past I received out-patient treatment for my mental problems.
90	.9	.9	I usually like people.
163	.5	.05	I have been depressed for a long long time.
181	.9	.2	I often feel very guilty.
212	.9	.9	I liked school.
221	.5	.3	I did not like school.
229	.9	.9	I am retired at the present time.
233	.5	.5	Most of the time I am satisfied with my marriage.
245	.9	.5	My father neglected me when I was little.
254	.7	.3	No matter what I did it was almost impossible to please my father.
260	.9	.9	I live alone.
272	.5	.7	My father ruled the family when I was little.
305	.02	.2	I went to a physician or mental health clinic for help with my mental problems before I came here.
322	.2	.1	My mother had trouble with mental illness.
324	.5	.9	I was at least 21 years old before I had my first mental problems.
384	.9	.8	My father remarried (if mother died or left the family).

TABLE 2

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.* (N=36)
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.* (N=72)
T	61	I often worry about my health.** (N=36, N=72)
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.* (N=36)
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.* (N=72)
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 < .001

Table 3
Frequency Distribution and Percentage
Distribution of Subscale Scores
for Terminators and Remainders
Groups Combined

Total No. N=36 N=72		Number receiving each score				Test Scores	Per cent receiving each score				Total Per cent N=36 N=72	
		Terminators		Remainers			Terminators		Remainers			
		N=36	N=72	N=36	N=72		N=36	N=72	N=36	N=72		
						23						
						22						
						21						
						20						
						19						
	1		1			18		100			100	
						17						
						16						
						15						
						14						
2	4	1	3	1	1	13	50	75	50	25	100	100
1	1			1	1	12			100	100	100	100
4	6	2	4	2	2	11	50	67	50	33	100	100
2	3	1	2	1	1	10	50	67	50	33	100	100
5	9	1	5	4	4	9	20	55	80	45	100	100
4	10		6	4	4	8		60	100	40	100	100
4	8	1	5	3	3	7	25	62	75	38	100	100
5	10	5	10			6	100	100			100	100
4	4	2	2	2	2	5	50	50	50	50	100	100
2	8	2	8			4	100	100			100	100
1	4	1	4			3	100	100			100	100
2	3	2	3			2	100	100			100	100
	1		1			1		100			100	100
						0						
36	72	18	54	18	18							

and frequency distribution was obtained for $N = 72$ only. The percentage of Terminators and Remainers receiving each score is based on their individual group not the combined groups. This shows a clearer representation of the frequency distributions. This data is presented in Table 4.

Table 4 shows that 52% of the Terminators and 11% of the Remainers have scores of 6 or below on the Terminator-Remainer subscale. The higher scores fail to show a clear differentiation.

An expectancy table was constructed from the information in the frequency and percentage distributions. The expectancies are presented in Table 5 for $N = 72$ and $N = 36$. For clarity a cutting score of 6 may be used. For $N = 72$ 93% of the Terminators and 7% of the Remainers received scores of 6 or below. For $N = 36$ 86% of the Terminators and 14% of the Remainers received scores of 6 or below. Of the scores 7 or above 27% were Terminators and 73% were Remainers. Thus, by use of a cutting score of 6, potential Terminators can be identified with some degree of accuracy.

Number of Interviews

A Spearman Rank Order correlation between the number of interviews and the subscale scores was obtained for a sample of clients ($N = 20$). These clients were randomly selected from the clients at the mental health clinic but did not include clients who had six or less interviews, and who did not meet the criterion for Terminators. The results showed that a client with a high score would be

TABLE 1
Frequency Distribution and Percentage
Distribution of Subscale Scores
for Terminators and Remainders
Based on Seperate Groups

Total No.	Number receiving each score		Test Scores	Per cent receiving each score	
	Terminators	Remainders		Terminators	Remainders
			23		
			22		
			21		
			20		
			19		
1	1		18	2	
			17		
			16		
			15		
			14		
4	3	1	13	6	6
1		1	12		6
6	4	2	11	7	11
3	2	1	10	4	6
9	5	4	9	9	22
10	6	4	8	11	22
8	5	3	7	9	16
10	10		6	18	
4	2	2	5	4	11
8	8		4	15	
4	4		3	7	
3	3		2	6	
1	1		1	2	
			0		
72	54	18		100	100

TABLE 5

Expectancy Table

Total No. N=36 N=72		Number receiving each score				Test Scores	Per cent receiving each score				Total Per cent N=36 N=72	
		Terminators		Remainers			Terminators		Remainers			
		N=36	N=72	N=36	N=72		N=36	N=72	N=36	N=72		
						20-23						
	1		1			16-19		100				100
3	5	1	3	2	2	12-15	33	60	67	40	100	100
19	36	5	22	14	14	7-11	26	61	74	39	100	100
12	26	10	24	2	2	3-6	83	93	17	7	100	100
2	4	2	4			0-3	100	100			100	100
36	72	18	54	18	18							

expected to remain in therapy longer than a client receiving a low score ($\rho = .47$, $p < .05$).

A test for a difference between the Spearman Rank Order correlation in the present study ($\rho = .47$) and that of Jachim ($\rho = .50$) did not show a significant difference between the correlations ($s_{z_r} - s_{z_r} = 0.092$, p NS).

Sex

The Terminators and Remainers were separated into Males and Females. The scores of Males and Females on the Terminator-Remainer subscale were then used to calculate a point biserial correlation. For $N = 72$ the results did not support a difference ($r_{pb} = .19$, p NS). For $N = 36$ the results did show a difference ($r_{pb} = .56$, $p < .001$).

A check on the relationship between Males-Females and Terminators-Remainers was not significant at the .05 level ($N = 72$, $\chi^2 = 0.07$; $N = 36$, $\chi^2 = 0.00$).

Discussion

The results of the present study do cross-validate the Terminator-Remainer subscale of the SHQ. The point biserial correlation indicates the Terminator-Remainer subscale does significantly differentiate between Terminators and Remainers when all 23 items are considered together. Therefore, predictive validity has been established ($r_{pb} = .24$, $p < .05$, $N = 72$; $r_{pb} = .38$, $p < .05$, $N = 36$).

The usefulness of the Terminator-Remainer subscale at predicting potential Terminators is further indicated by the data in the expectancy table. Table 4 supports the findings in Jachim's study concerning cutting scores. If cutting scores of 6 or lower are used with the expectancy table, the chances are high that a client with such a score will be a Terminator.

The correlation between a client's score and the number of sessions ($\rho = .47$, $p < .05$) supports the results of Jachim's study ($\rho = .50$, $p < .05$). A test for a difference between two correlations showed no significant difference in the two studies. This indicates that the Terminator-Remainer subscale can discriminate between clients who will remain in therapy for a few interviews and clients who will remain in therapy for several interviews.

The present study supports the findings of Jachim that amount of education is not related to the length of stay in psychotherapy. This finding and the others mentioned above

show significant similarities between the present study and the study by Jachim. Therefore, the results of the present study do appear to cross-validate the Terminator-Remainer subscale of the SHQ (Jachim, 1972) according to the criterion for cross-validation (Herzberg, 1968).

According to Herzberg a predictor has been cross-validated when a correlation of the predictor with the criterion in a new sample has been computed. In the present study the point biserial correlation between the predictor, Terminator-Remainer subscale, and the criterion, Terminators and Remainers, was significant at the .05 level.

The present study supports previous findings relating continuation in psychotherapy with previous contact with a mental health clinic. Items 53 and 305 which refer to the client having previously attended a mental health facility supports the findings of Garcia and Irwin (1962) and Truax and Carkhuff (1967). Garcia and Irwin reported reduced premature termination with clients who agreed to remain in therapy for at least three interviews, and Truax and Carkhuff reported continuation in psychotherapy was related to pretherapy training. Therefore, previous contact with a mental health clinic would seem to increase the chances of a client being a Remainer.

Due to the unequal size of the initial criterion groups, 54 Terminators and 18 Remainers, a second sample of criterion groups was obtained by randomly selecting 18 Terminators from the original 54 Terminators. The original 18 Remainers were

retained in the second sample. The purpose of the second sample was to control for possible loss of significance due to the large N (DuBois, 1965). The results show that with $N = 36$ a .14 increase in the coefficient; however, the significance level was not increased. Therefore, the equalization of N in the criterion groups had no appreciable effect on the results of the study.

The present study contains discrepancies when compared to the results of previous studies. The discrepancies between the present study and that of Jachim will be discussed first. Whereas the Terminator-Remainer subscale contains 23 items which significantly discriminated between the criterion groups in Jachims's study, the present study reported only three items which were significant at discriminating between Terminators and Remainers by use of a phi correlation ($N = 72$ and $N = 36$).

Three possible reasons contribute to the different results of the item analysis in the two studies. First, since the original study by Jachim used the Lawshe-Baker Nomograph and the present study used the phi correlation to calculate the significance of individual items, some difference in results would be expected. However, it is unlikely that such a large loss of significant items would be due to this factor alone. Second, the original study had the benefit of having the maximum difference between the criterion groups for use in selecting the final scale. When the present study used a new sample, some shrinkage

of the total number of significant items should have been expected. Third, there is a methodological difference between the present study and that of Jachim as concerns the selection of Terminators. The original study contacted all possible Terminators by telephone in order to identify the reason the client gave for terminating therapy. In this way only clients who terminated for reasons of dissatisfaction with their therapy were included in the final sample. The present study did not utilize a personal contact, but instead relied on a monthly report from the State on the disposition on the clinic's clients to classify Terminators. By this method clients listed as "Terminated - clinic not notified" may include clients who left therapy for uncontrollable reasons. In such a case some of the Terminators may have remained in therapy until it was mutually agreed upon by the client and therapist that the therapy should be ended, and they should not have been included as Terminators. These three factors would appear to be responsible for much of the shrinkage of the number of individual items which are significant.

While Jachim reported Remainders may be readily identified by using a cutting score of 8 on the expectancy table, the present study did not support this. No clear differentiation between the criterion groups was detectable at scores of 8 or above in the present study.

When the Spearman Rank Order correlation between client's score and number of sessions for the present study ($\rho = .47$,

$p < .05$) is compared to the results of Jachim ($\rho = .50$, $p < .05$), two factors about the expectancy table need to be considered. First, since both studies report a significant relationship between score on the subscale and the number of sessions (low scores are indicative of a few sessions while high scores are indicative of several sessions), there may indeed be potential Remainders included in the Terminator criterion group. Second, this contamination may account for the inability of the expectancy table to discriminate between Terminators and Remainders at scores of 8 or above. The reason being that the contaminated Terminators may have a high score on the subscale coupled with a low number of interviews.

A third factor contributing to the discrepancy between the expectancy tables is that the philosophy of the mental health clinic at which the clients of the two studies attended therapy has been altered. Jachim's clients attended the clinic when the therapists stressed long term therapy. The clinic has since begun stressing short term therapy (Best, 1974). As a result fewer clients would remain for 11 or more sessions.

Finally, the following differences between Terminators and Remainders reported by Jachim were not supported in the present study. First, Remainders do not appear to have a more critical father than Terminators (Items 245, 254, 272). Second, Remainders did not report more satisfaction with their marriage than Terminators (Item 233). Finally, there

was no difference in the present study between Terminators and Remainers as concerned either having had at least one parent who had some degree of mental illness.

The present study did not support previous findings relating social class to the length of stay in psychotherapy (Shaffer and Meyers, 1954; Cole, Branch, & Allison, 1962; & Didato, 1971). These studies all indicated a high rate of premature termination from psychotherapy in the lower class. The present study shows almost equal representation of Terminators and Remainers in the working class and the middle class. One reason for the conflicting results may be a difference in criterion for the social classes. The other studies used clients classified as upper class. Since the clients in the present study came from a population which contains very few members of the upper class, the results would most likely not support a difference due to social class.

Amount of education as a factor influencing the length of stay in psychotherapy which has been reported by Rubenstein and Lorr (1956), Sullivan, Miller, and Smelser (1958), and McNair, Lorr, and Callahan (1963) does not appear to be a major contributing factor in the present study. Education was broken down into four groups: grade school, high school, college, and graduate school. Terminators and Remainers had similar percentages of clients represented in each category. Further, Items 212 and 221 were not significant indicating that Remainers do not enjoy school any more than do Terminators.

Rubenstein and Lorr and Sullivan et al. used patients from VA hospitals while the present study used patients from a community mental health clinic. This difference in samples may be a contributing factor to the conflicting results.

A validity extension was attempted in this study, but it revealed that sex was not related to being a Terminator or Remainer. The scale showed no difference on how males and females responded to the questions ($N = 72$). For $N = 36$ the scale did show a significant difference between males and females. However, there was no relationship between being a male or female and being a Terminator or Remainer ($\chi^2 = 0.07$, $N = 72$; $\chi^2 = 0.00$, $N = 36$).

The studies reporting a substantially higher case load of females compared to males at mental health clinics (Baldwin, 1968; Satloff and Worberg, 1970; & Rosman, 1970) were supported by the present study. The first sample contained 44 females and 28 males. The second sample contained 23 females and 13 males.

Apparently members of one sex are not inherently related to being either a Terminator or Remainer. Consequently, although males and females tend to respond differently to the Terminator-Remainer subscale ($N = 36$), this difference can be contributed to sex differences not to differences between Terminators and Remainers.

It appears that much of the conflicting results of the present study compared to the study by Jachim can be contributed to the possibility of Remainers being present in the Terminator

criterion group used in the present study. When this is considered, the utility of the Terminator-Remainer subscale appears to be established. In addition, since community mental health clinics could improve their effectiveness by identifying premature Terminators, the ability of the subscale to identify potential Terminators adds to its usefulness.

The predictive validity established in the present study may be a conservative estimate of the true strength of the subscale. To obtain a better estimation of the strength of the Terminator-Remainer subscale at predicting premature Terminators, two suggestions could be undertaken in the future. First, another cross-validation could be performed which would include a personal contact with the Terminators in order to clear up the discrepancies between the original study and the present study. Second, an expansion of the 23 items in the subscale could be attempted in order to increase the effectiveness of the subscale. This could be accomplished by comprising an additional list of items tapping areas already present in the subscale. These items could then be analysed to determine their effectiveness at differentiating Terminators and Remainders.

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