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AN EVALUATION OF NON-DIRECTIVE COUNSELING IN
THE TREATMENT OF DELINQUENTS

by
George D. Watt

THESIS

Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF SCIENCE

in

Psychology

in

THE GRADUATE SCHOOL

of the

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TABLE OF CONTENTS

Purpose	1
Problem	6
Hypothesis	7
Introduction	8
Method	21
Results	29
Summary of the Results	.119
Summary and Conclusions	.130
Bibliography	.134

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George D. Watt

PURPOSE

Counseling is one method of dealing with the many adjustment problems which cause the individual to become a less useful, less efficient member of his social group. By counseling is meant a series of direct contacts with the individual which endeavors to offer him assistance in changing his attitudes and behavior with special reference to personal and social demands. (18, p. 3)

Much information is available to us on the outcomes of counseling in the fields of child guidance, student counseling, social work, mental hygiene, adult counseling, and industrial personnel work, and the importance of counseling has been demonstrated during the last war.

In the field of child guidance, some important studies have been made that indicate the value of such treatment in dealing with children. A study made by Healy and Bronner, from the Judge Baker Guidance Center, and an analysis of a year's work in the Rochester Guidance Center of New York, give detailed outcomes of two of the most important studies. (18,p.4)

In high schools and colleges, we find counseling used as the most frequent method of meeting individual problems. (18, p. 6)

In the field of mental hygiene services for adults, the demands for such services exceeds the services offered. (18, p. 7)

Social workers are now being equipped to give their clients not only the traditional services, including financial aid, but also counseling help.

Until recently, counseling was considered of little value in industrial personnel work. A recent study in personal relations made by Western Electric Company gives promise of changing this view. Along

with other results, this study shows that satisfying social and emotional adjustments among its employees are more important to production than alterations in wages and hours. (18, p. 8)

In the field of juvenile delinquency, however, the success of non-directive psychotherapy has not yet been conclusively demonstrated. What little has been done with institutionalized delinquents in individual counseling has resulted in much indecision as to outcomes. The work of the larger clinics has been largely diagnostic and limited to the formulation of recommendations for treatment. The results of some studies would indicate a failure on the part of individual psychotherapy to be an outstanding method of delinquent treatment. Another study, as related in A. H. Burrow's, "The Problem of Delinquency", shows the average delinquent as possessing certain differentiating characteristics that would seem to be accessible to a non-directive type of psychotherapy, which will be discussed later in the study in more detail.

On the basis of some findings, the practicability of using a non-directive type of psychotherapy with a random selection of delinquents may be challenged by some. In an effort to strengthen our present case, and also to show briefly some of the results of studies and thinking in the field, reference will be made to several such studies and to some implications which seem pertinent to this study.

In presenting a psychological view of the causes of criminal behavior, Thorpe (42) reviewed several recent studies which attempted to determine the fundamental causative factors and set up specific characteristics of persons who are criminals. He states that:

.....because psychiatrists and others found antisocial behavior to be common among persons with disordered personality, it was supposed that the criminal represented a unique type of personality, distinctly different from that of the general population Subsequent investigations have, however, failed to lend support to this theory of the etiology of crime.

Thorpe goes on to summarize a study made by Karpman, who attributes recognized neuroses to a relatively inconspicuous portion of the reactions among criminals, especially of the habitual type. Another study, made by the Psychiatric Clinic of the Court of General Sessions in New York City, has disclosed a similar situation. In reviewing this study, Thorpe states:

.....it was found that only 2.4 percent were mentally defective and 1.5 percent psychotic. The psychoneurotic group constituted but 6.9 percent of the total. Of the 82 percent who were regarded as being relatively normal, 21 percent were characterized as being "adjusted". The remainder, although not seriously abnormal, were classified as being anti-social, aggressive, emotionally unstable, unethical, socially immature, egocentric, shiftless, submissive, nomadic, and chronically alcoholic. The investigators concluded that mental deficiency, psychoneurosis, and psychosis play a relatively minor role in the causation of crime. It is their belief that the 82 percent who comprise the so-called normal group, but who are experiencing serious personality problems, constitute the bulk of the criminal population.

"Similar findings have been reported by Healy and Bronner," according to Thorpe in the same review, "who concluded that 91 percent of a group of juvenile delinquents examined by them gave evidence of being unhappy, discontented, or otherwise emotionally disturbed."

Thorpe (42) sums up his article by stating:

It can be concluded from evidence presented in the above and other studies that the majority of delinquents and criminals are individuals experiencing serious difficulties, only a small minority being afflicted with inner conflicts of a kind likely to lead to outright psychotic or psychoneurotic disorders. It would appear thus that, instead of necessarily being an innately unstable group, they are relatively typical individuals who are in most respects similar to the general population, but who are experiencing more or less severe stress-producing personality problems. This statement is in harmony with the findings

of an extensive review (5) of the personality status of criminals in which it was noted that, although they are not characteristically mentally disordered, offenders are somewhat inferior in certain respects, such as the tendency to worry, retarded social development, and emotional instability. In short, many offenders are not "systematic" criminals who flaunt the mores of a conflicting cultural group without feeling reprehensive; they are, rather, more or less maladjusted, though not outright abnormal, individuals whose occasional criminal acts are merely symptoms of the underlying psychological conflicts with which they are struggling.

In view of the above findings and descriptions of some factors underlying criminal and anti-social behavior, it seems logical enough to make application of a non-directive type of psychotherapy in treating such behavior. Rogers (18, pp. 78, 80) states, in giving a description of types of maladjustments most accessible to a non-directive approach, the following:

It will be seen that . . . some groups tend to be designated as suitable or unsuitable for counseling treatment. . . the incipient psychotic, who is beginning to lose contact with reality, is often unable to take counseling help, . . . Mentally defective individuals are also poor candidates for counseling, . . . Nor is the type of counseling described suitable for the well-adjusted individual who feels no uncomfortable strain in his life adjustment. . . . On the contrary, counseling is a process which is of help primarily to those who are suffering from definite tensions and maladjustments.

In another place Rogers (18, pp. 53, 54) continues:

Counseling can be of help only when there is a certain amount of psychological distress arising out of a condition of disequilibrium. These stresses may be almost entirely psychic in origin, growing out of conflicts of desire. . . . More often these stresses are caused, at least in part, by the elements of the environment coming in conflict with the needs of the individual. . . . The delinquent from a gang neighborhood may have little or no inner conflict over his activities, but stress and tension are created when the community imposes its standards, which are in conflict with his own.

Again Rogers (18, p. 252) states:

Counseling is especially adapted, . . . to the individual who is conflicted, maladjusted, struggling with himself or with

his environment. For the individual who is vocationally confused or educationally maladjusted, or whose personal conflicts are resulting in vocational and educational failure, a client-centered type of counseling has a great deal to offer.

Pierson (17) states that this type of treatment, referring to non-directive counseling, is "for the disturbed student."

Symonds (40) in describing the type of person having problems falling within the scope of the psychologist to deal with says:

The person has mild personality or behavior problems, but his complexes and conflicts do not lead to full-blossomed neuroses. He may show such problems as stuttering, lack of sphincter control, pronounced feelings of inferiority, bad habits such as masturbation, lying, petty stealing. In school he is a problem child and referred for special study. Is distinctly unhappy at times or gives his associates concern. The difficulty is readily cleared by environmental readjustments or simple psychotherapy.

Combs (9) states that, "While non-directive counseling is by no means a panacea for all the ills of counseling, it does have significant contributions to make in dealing with problems of personal, social, and emotional adjustment."

Two factors have been briefly reviewed. (1) Some opinion arising out of research points out fundamental characteristics of the average social offender. (2) Other opinion describes some of the characteristics and maladjustments which seem most accessible to a non-directive counseling approach. It would seem, in view of such expressed opinion and findings, that to assume a non-directive type of psychotherapy to hold some promise in delinquent treatment would be a reasonable supposition.

There are conflicting views and lack of evidence as to the value of non-directive psychotherapy in treating delinquent behavior. It is indicated in some studies that many delinquents are under the influence

of emotional conflicts and stresses that apparently are accessible to psychotherapy and, therefore, would seemingly make good subjects for a study of this nature. It is our purpose in this study to apply non-directive psychotherapy to institutionalized delinquents, and make an evaluation of the outcomes.

PROBLEM

We may specifically ask, in the form of a problem, can individual and social adjustment of institutionalized delinquents be improved to any degree by non-directive counseling; and, if so, will such improvement be reflected in the personality tests and behavior rating scales used in this study?

In order to narrow the terms personal and social adjustment to our purposes in this study, three corollaries to the general hypothesis will be considered and dealt with. (1) We shall assume that the improvement in personal and social adjustment with which we are concerned will be reflected in scores on the California Test of Personality and on the Minnesota Multiphasic Personality Inventory, which are indicative of better personal and social adjustment. (2) We shall assume that certain improvements in personal efficiency, social behavior, and attitudes will be apparent to, and be recorded as anecdotes and as ratings on the Haggerty-Olson-Wickman Behavior Rating Schedules. These recordings and evaluations will be made by school administrators and instructors who deal personally and directly with the individuals included in the study. (3) Certain therapeutic objectives are attained in non-directive counseling. Growth and development of an individual during a series of interviews

are assumed to take place to the extent to which these objectives are attained. Notes taken during each interview, when possible, or immediately following, are assumed to be indicative of the degree to which these objectives are achieved with each subject. We are concerned, then, with only those phases of personal and social adjustment that may be modified by non-directive counseling procedure and which can be measured to some degree by utilizing (1) standardized personality inventories, (2) personal opinion, as recorded on social behavior rating scales, and (3) the observed attainment of the therapeutic objectives.

HYPOTHESIS

It may be stated specifically, then, that non-directive counseling will improve the personal and social adjustments of institutionalized delinquents. Supporting this general hypothesis are the following corollaries: (1) that improved personal and social adjustment will be reflected in the scores of personality tests; (2) that improved personal and social adjustment, and social behavior will be reflected in social behavior rating scales; and, (3) that the therapeutic objectives of non-directive counseling will be attained during the interviews.

To the extent that each corollary is attained, the main hypothesis will be supported. Our method deals with testing the three corollaries to the general hypothesis.

INTRODUCTION

In analyzing the techniques, and describing the aims and process of non-directive counseling, we are presenting only one point of view in the field of psychotherapy. We do not wish to evaluate it, but only describe and make application of its method. Rogers (18, p. 17) feels that it is wiser to work toward clarification in the field of counseling by presenting one viewpoint adequately, rather than to increase the confusion through a hodge-podge of conflicting views.

His method has evolved from over a dozen years of experience and experiment in the field of child-guidance. It has also been influenced by experience in the fields of student counseling and marital guidance, and has drawn freely from the thinking and experience of others in these fields. It is a viewpoint which has been enhanced and clarified by the results of a research program in which many counseling interviews, both single interviews and series of interviews, were electrically recorded on phonograph records for research analysis. From these various sources, definite principles and hypotheses have developed which offer a basis for further advance.

The basic hypothesis of non-directive counseling, as put by Rogers (18, p. 18), is as follows:

Effective counseling consists of a definitely structured, permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation.

In an article appearing seven years later (21), he restates the basic hypothesis of non-directive counseling as follows:

Counseling consists of a definitely structured relationship, highly permissive in nature, in which the client finds an opportunity to explore, freely and without defensiveness, his difficulties and emotionalized attitudes which surround them. As a result of this exploration and catharsis, the client gains an understanding of himself which brings his behavior within the sphere of his conscious control, and enables him to take positive steps in new directions in light of his new orientation. The counselor's role in this process is not to offer a solution to the client's problems, but to assist the client to see himself more clearly in all his negative, positive, and contradictory aspects in order that insight may develop.

All techniques used should aim toward developing this free and permissive relationship, this self-understanding in the counseling relationship, and this tendency toward positive, self-initiated action.

This method stands out in contrast to some of the older types which employ such devices as (1) advice and persuasion, (2) ordering and forbidding, (3) exhortation, (4) suggestion, (5) reassurance and encouragement, and (6) diagnosing and prescribing. All of these approaches to the poorly adjusted individual have two basic assumptions in common. They assume that the counselor is the one most competent to decide what are desirable goals for the individual and by what value the situation is to be judged. A second basic assumption is that, by searching, the counselor can discover techniques which will get the client to the counselor-chosen goal in the most efficient manner. (18, p. 27)

Against these methods of psychotherapy is this newer approach, as described by Rogers (18, pp. 27-31). It represents a fundamentally different viewpoint. It assumes that psychotherapy is not a matter of doing something to the individual, and of inducing him to do something about himself, but a matter of freeing him for normal growth and development; of removing obstacles so that he can again move forward. It

assumes also that most maladjustments are not failures in knowing, but that knowledge becomes ineffective because it is blocked by emotional satisfactions which the individual achieves through his present maladjustments. It attempts to operate directly in the field of emotions and feelings, rather than attempting to achieve emotional reorganization through an intellectual approach. Greater emphasis is placed upon the immediate situation than upon the individual's past. It assumes that the significant emotional patterns of the individual, the ones that are causing disturbances and that need serious consideration, show up just as well in his present adjustment, and even in the counseling hour, as they do in his past history. For therapy, or growth, to take place, past history, as important as it may be for other purposes, is not necessarily important. There is one other important characteristic that contrasts the non-directive approach from the others mentioned. In the directive approach, the individual is assumed to grow and change and make better adjustments after the interview experience. In the newer approach, the therapeutic contact is itself a growth experience. In the newer approach, the therapeutic contact is itself a growth experience. This might be compared to the educational discussion as to whether education is preparation for life, or whether it is life. This type of therapy is not only preparation for change, it is change.

In another writing, Rogers emphasizes three basic differences between directive and non-directive counseling when he states:

(1) The first of three distinctive elements of client-centered therapy. . . is the predictability of the therapeutic process in this approach. We find, both clinically and statistically, that a predictable pattern of therapeutic development takes place.

* * *

It may be said that we now know how to initiate a complex and predictable chain of events which operate effectively in problem situations of the most diverse types.

* * *

Clinically we know that sometimes this process is relatively shallow, involving primarily a fresh reorientation to an immediate problem, and in other instances so deep as to involve a complete reorientation of personality. It is recognizably the same process whether it involves a girl who is unhappy in a dormitory and is able in three interviews to see something of her childishness and dependence, and to take steps in a mature direction, or whether it involves a young man who is on the edge of a schizophrenic break, and who in thirty interviews works out deep insights in relation to a desire for his father's death, and his possessive and incestuous impulses toward his mother, and who not only takes new steps but rebuilds his whole personality in the process. Whether shallow or deep, it is basically the same.

* * *

It is the implication of this predictability which is startling. . . . Hence, we regard this orderly and predictable nature of non-directive therapy as one of its most distinctive and significant points of difference from other approaches. . .

(2) Naturally the question is raised, what is the reason for this predictability in a type of therapeutic procedure in which the therapist serves only a catalytic function? Basically the reason for the predictability of the therapeutic process lies in the discovery - and I use that word intentionally - that within the client reside constructive forces whose strength and uniformity have been either entirely unrecognized or grossly underestimated. It is the clear cut and disciplined reliance by the therapist upon these forces within the client, which seems to account for the orderliness of the therapeutic process, and its consistency from one client to the next.

* * *

The client-centered therapist . . . has learned that the constructive forces in the individual can be trusted, and that the more deeply they are relied upon, the more deeply they are released. He has come to build his procedures upon those hypotheses, which are rapidly becoming established as facts; that the client knows the areas of concern which he is ready to explore; that the client is the best judge as to the most desirable frequency of interviews; that the client can lead the way more efficiently than the therapist into deeper concerns; that the client will protect himself from panic by ceasing to explore an area which is becoming too painful; that the client can and

will uncover all the repressed elements which it is necessary to uncover in order to build a comfortable adjustment; that the client can achieve for himself far truer and more sensitive and accurate insights than can possibly be given to him; that the client is capable of translating these insights into constructive behavior which weighs his own needs and desires realistically against the demands of society; that the client knows when therapy is completed and he is ready to cope with life independently.

* * *

The willingness fully to accept this strength of the client, with all the re-orientation of the therapeutic procedure which implies, is one of the ways in which client-centered therapy differs most sharply from the other therapeutic approaches.

* * *

(3) Unlike other therapies in which the skills of the therapist are to be exercised upon the client, in this approach the skills of the therapist are focused upon creating a psychological atmosphere in which the client can work. If the counselor can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation.

* * *

We have come to recognize that if we can provide understanding of the way the client seems to himself at this moment, he can do the rest. The therapist must lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual, and must concentrate on one purpose only; that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client as he explores step by step into the dangerous areas which he has been denying to consciousness.

* * *

I trust it is evident from this description that this type of relationship can exist only if the counselor is deeply and genuinely able to adopt these attitudes. Client-centered counseling, if it is to be effective, cannot be a trick or a tool. It is not a subtle way of guiding the client while pretending to let him guide himself. To be effective, it must be genuine. It is this sensitive and sincere "client-centeredness" in the therapeutic relationship that I regard as the third characteristic of non-directive therapy which sets it apart from other approaches.

A summary of the characteristics of non-directive counseling (18, pp. 28 - 31) are listed as follows:

- (1) The non-directive method of counseling aims at greater independence and integration of the individual.
- (2) The individual, not the problem, is the focus.
- (3) The aim is not to solve problems, but to aid the individual to grow.
- (4) It does not aim to induce the individual to do something about himself, but is a matter of freeing himself for normal growth and development.
- (5) It is a matter of removing obstacles so that he can solve his own problems and again move forward.
- (6) It places emphasis upon emotional aspects and feelings, rather than upon the intellectual factors.
- (7) It assumes that most maladjustments are not failures in knowing, but that knowledge is ineffective because it is blocked by emotional satisfactions which the individual achieves through his present maladjustments.
- (8) It places greater stress upon the immediate situation than upon the past.
- (9) It assumes that significant emotional patterns show up as well in the present adjustment as in the past.
- (10) That for therapy to take place, a case history is not important.
- (11) It stresses the therapeutic relationship itself as a growth experience.
- (12) It accepts the assumption that the individual changes and grows during the interviews as well as after the interviews are terminated.
- (13) It assumes that the individual learns to understand himself better, learns to make important independent choices, and he learns to relate himself successfully to another adult person.
- (14) It assumes that counseling is not only a preparation for change, but that it is change.

Up to this point we have attempted to present the basic assumptions,

or point of view of non-directive counseling. In order to get a more comprehensive understanding of the non-directive viewpoint, we will turn to the process of therapy. Rogers (18, p. 30) refers to the procedure, (all that usually happens from the beginning of the interviews to the end) as the "therapeutic process". It should be fully recognized that these steps, as presented, do not follow each other as a series of separate and distinct processes, but that there is an overlapping and a gradual merging of one into another. In summarizing Rogers' discussion (18, pp. 30-45) of these characteristic steps in the therapeutic process, the following twelve steps are submitted:

(1) Usually the individual, unable to solve for himself some pertinent problem, comes to the counselor seeking help. He may or may not be exercising his own initiative in this initial step. He may have come at some one else's suggestion, or he may have come independently, as a direct result of his own recognition of a disturbing problem and a desire for assistance in its solution. If the client has been influenced to subject himself to the interviews unwillingly, then the problem of putting on him the responsibility of reaching his own solution may be difficult. If he comes to the counselor as a result of his own choice, having been motivated by a desire for a solution to his own problem, then he will usually accept the responsibility for working out his own solution.

(2) In the initial contact, the counselor usually defines the helping situation. The client is made aware of the fact that upon him and not the counselor rests the responsibility for the solution of the problem. The counselor admits not having the answers, but explains that

the interviews may provide a place where the client, with the counselor's help, can work out satisfactory answers for himself. The client must understand at the outset that it is not the counselor's responsibility to give the answers, but that he must work out his own. By words and actions, the client is made to feel that the counseling hour is his, to take responsibility, and to work out his problems in an attitude that is free from restraint.

(3) The counselor encourages a free expression of feelings on the part of the client in regard to his difficulties. The counselor accepts the expressed feelings of the client and attempts to encourage these feelings by a friendly, permissive attitude. If the counselor succeeds in developing a complete sense of freedom and understanding, the client will usually not hesitate to give expression to his feelings of hostility and concern. The counselor's primary concern at this point is to encourage free expression. The context of these expressions, if not influenced by the counselor, are usually negative, violent, and full of feelings of hostility.

(4) In the fourth phase of the therapeutic process, the counselor accepts, recognizes, and clarifies these negative feelings. His job here is to respond to the feelings expressed, rather than to the intellectual content of the client's statement. Feelings of ambivalence, hostility, and inadequacy are usually expressed at this point. Whatever kinds of feelings are expressed, the counselor must reflect them in a way that the client can come to recognize that he has such feelings and can accept them as part of himself, rather than project them on others, or hide them behind defensive behavior. The counselor simply verbalizes these feelings as accurately as possible, thus allowing

the client to progress from one negative expression to another with as little influence or interference as possible. If the feeling is inaccurately or inadequately interpreted, progress is usually interrupted while the client attempts to make a clearer verbalization of his feelings, which he inevitably does. So, at this point, the counselor's specific duty is to enhance the client's progress by a careful analysis and verbal interpretation of his feelings, not words, as he progresses from one expression to another, in his effort to explore his own feelings.

(5) Following a full expression of all negative feeling, come expressions indicating feelings of a more positive nature. These positive expressions come faintly and with little enthusiasm at first, and usually overlap and are mingled with the negative expressions, which now become less violent in degree. Signs of these positive feelings sometime appear while the negative expressions still seem to be in full force. But eventually the statements and feelings of a negative nature disappear and are replaced by these statements giving expression to positive impulses. The appearance of these positive statements is the most certain and predictable of the whole therapeutic process. The more violent and deep the negative expressions are, if they are recognized and accepted by the counselor, the more certain are forthcoming statements indicating positive feelings. These usually take the form of expressions of accepting the situation, usually unpleasant, as a result of the client's own behavior, of social impulses, and of a desire to be mature.

(6) The positive feelings which are expressed are accepted and

recognized by the counselor the same as the negative ones. No praise or advice in any manner is indicated in responding to these feelings. They are accepted without bias or evaluation. It is this acceptance of both the negative and positive expressions of feeling that give the client the opportunity, perhaps for the first time, to see himself as he actually is. He is given every opportunity to express his negative feelings and he is given no encouragement to over value his positive feelings. It is in this kind of situation that he is able to gain insight and self-understanding.

(7) The gaining of insight and self-understanding is the next step in the therapeutic process. This experience of relating feelings that have previously been inhibited does more than bring about a sense of release. In addition to this, it gives the client a changed perception of himself. Gradually, because of this changed perception, the client comes to re-orient himself and to show by his behavior that he is conscientiously taking this new role. Upon the strength of this assumption, we have assumed, in this study, that the change that takes place in the individual during the therapeutic process can be objectively measured by the use of tests.

(8) The client, in response to this new insight, expresses himself in the direction of making decisions in light of his new orientation. Here the client usually finds himself in a somewhat confused position. He must consider and clarify possible choices, possible courses of action. He experiences some confusion and has a feeling of hopelessness in viewing his new situation. The counselor's function here is to help clarify the different possible choices suggested

by the client, and to recognize and make him fully aware of his fears and hesitations to make independent choices. It is not his function to influence a decision, or to urge a particular course of action, or to offer advice or persuasion in any way.

(9) Following this usual period of indecision, comes positive action. At first these are observed to be reactions of an insignificant nature, but they are highly significant to the client. It is sometimes his first experience of taking the responsibility of making his own decisions, and then independently acting upon them. Once insight is gained, the actions that are taken, and the decisions that are made, are usually suited to the new insight.

(10) After the client has achieved considerable insight and has had some experience at positive behavior and making decisions, the remaining three steps of the therapeutic process are merely indications of further growth. Further insight is developed and a more complete and accurate self-understanding is acquired by the individual, as he gains experience and gets more confidence in himself.

(11) Likewise, more definite and integrated positive action in the light of his new orientation is assumed by the client. There is a lessening degree of fear and anxiety over making independent choices and more confidence is gained in his self-direction.

At this point, too, a new relationship is usually experienced between the client and the counselor. This relationship becomes extremely personal. The client becomes interested and inquisitive about the personal aspects of the counselor, and expresses a friendly and genuine interest in him. Actions and experiences and reflections,

relative to the interviews, are now brought into the open and discussed freely and with little fear or uncertainty. Dependence upon the counselor grows less and a definite strength and independence is observed in the client.

(12) We find in the final step of the therapeutic process a feeling of decreasing need for help and the client's recognition of the fact that the relationship must end. The counselor helps to clarify this feeling, as usual, by accepting the fact that the client is now better able to handle his own affairs and decide his own course of action. There is no attempt on the counselor's part to either get the client to leave, or to prolong the interviews. The contact remains non-directive to the end.

In such a course of events as we have described as the therapeutic process, any attempt to break the process down into isolated steps, as we have done here, should be recognized as being subjective and approximate. On the other hand, it should also be kept in mind that this process is orderly, consistent, and predictable, in its major outlines.

The following is a brief summary of the characteristic steps in the therapeutic process:

- (1) The individual comes for help.
- (2) The counselor defines the helping situation.
- (3) The counselor encourages free expression.
- (4) The counselor accepts, recognizes, and clarifies feelings expressed by the client, usually negative at first.

(5) Expressions of negative feelings are usually followed by expressions indicative of positive feelings.

(6) Counselor accepts, recognizes, and clarifies positive feelings.

(7) The client expresses feelings indicating a better understanding of his problems and gains some insight.

(8) The client, in view of this new insight into his problems, expresses himself in the direction of making decisions in light of his new orientation.

(9) The client expresses himself as having taken some action in the direction of his new decisions.

(10) The client gains further insight.

(11) The client indicates further positive action.

(12) The client indicates by his statements a decreasing need for help toward a better adjustment, and the interviews are terminated.

The therapeutic objectives, as referred to throughout the study, will include the following four major objectives:

(1) Free expression.

(2) Insight.

(3) Decision.

(4) Action.

Evidence of these objectives having been attained during the counseling interviews, will be indicated by responses and statements made by the subjects during the interviews. Evidences of the counselor's technique in the use of the non-directive method may also be evaluated from responses made in the interviews. A sampling of the

counselor's responses are recorded verbatim in the study.

A more complete presentation of non-directive psychotherapy, than described here, is given by Rogers (18), and further discussed by Snyder (35, 36, 37), Bixler (3, 4, 5), Royer (32), and others.

Besides Rogers, Snyder (36), Bixler (4,5), Axline (1), Sargent (33, 34), Muench (16), Combs (8, 9), and others, have claimed excellent results from the use of the non-directive technique in various types of personality disorders.

METHOD

The problem of selecting a group of subjects for the experimental purpose of the study, presented some difficulties. Some individuals who have problems of maladjustment may be less apt to profit from counseling than others. According to Rogers (18, p. 61), a client who is unable to cope with his situation has little chance to improve. He states:

A moment's reflection will reveal the fact that some individuals are so weighted down by unfortunate circumstances or so weakened by personal inadequacies that no reorganization of attitudes will enable them to meet life on a normal basis. Here is a delinquent boy, living in a so-called "delinquent area", where social forces encourage delinquent acts, residing in a home where he is rejected in favor of a younger brother, attending a school which makes no allowance for his retarded mentality, but continually makes him conscious of his failures. No amount of counseling or psychotherapy is likely to be successful in such a case....Even if he could achieve a high degree of insight into his situation, there are few elements of his life over which he could exercise control. This is a case in which environmental treatment must be the primary approach. Counseling can play only a secondary role.

In addition, the client who recognizes a need for help and has a desire to be helped is likely to be more susceptible to successful

counseling than the client who may need assistance just as badly, but fails to recognize the need or display any inclination to be helped. When need for help is felt strongly by an individual, he is more likely to work out his problems more quickly and more successfully than if the desire for help is lacking (18, p. 66).

With the fully independent adult, the opportunity for contacts is not likely to exist unless there is a real desire for assistance. Two studies made at the Smith College School of Social Work confirm this statement (18, p. 72). Investigation of cases in two child-guidance clinics showed that when parents brought their children unwillingly to the clinic, simply because school or court authorities advised them to do so, little treatment progress was likely to be made (18, p. 72).

Likewise, a client needs to be in a state of tension or stress. It is necessary that some sort of conflict or psychological stress exist within the patient before it can be considered that he is in need of psychological counseling (18, p. 63).

Undoubtedly counseling gets off to its most comfortable start when . . . the individual is under stress, eager for help and able to talk about his problems. (18, p. 67).

Another aspect of the problem of who can be most successfully counseled with a non-directive method, is whether the client is independent of family control.

As long as a child is emotionally dependent on his parents, subject to parental control, and living in his own home, counseling of the child alone is very often unsuccessful, and may even increase his difficulties. (18, p. 72)

It is supposed, also, that counseling is likely to be more successful with individuals of certain age levels and certain intelligence levels than with others. Rogers (18, p. 74), in referring to Healy and

Bronner's study states that, ". . . their findings would lead us to consider the individual of low intelligence with some care before deciding upon counseling as the best treatment approach."

The question of age is even more uncertain. The conclusions are to the effect that, although little is known about the influence of age on successful counseling, "careful consideration should be given to this question when the client is beyond the age of fifty." (18, p. 74) The lower age limit presents a similar problem. "Counseling, in which the approach is entirely verbal, would not often be utilized below the age of ten." (18, p. 74)

The highly unstable individual, also, seems to respond less well to counseling. This is true especially when such instability results from a seemingly organic or hereditary condition. Rogers (18, p. 75) admits the looseness of the term stability. He also reviews the controversial evidence of some studies on the outcomes of counseling with supposedly unstable individuals, but he concludes that with some individuals with characteristics indicative of instability, non-directive psychotherapy is likely to be unsuccessful in producing desirable growth.

These tentative criteria for successful counseling have been reviewed because they bear directly upon the problems encountered in making a selection of subjects for counseling in this study. Before considering these problems as they have affected the study, we will set them out in the form of a summary. It would seem that from what has been said, that non-directive counseling, involving a series of contacts with the individual is advisable, providing the following conditions exist (18, pp. 76-77):

- (1) That the individual has a desire to be helped.

(2) That he is, to some degree, suffering from a condition of stress, or tension.

(3) That he possesses some capacity to cope with his situation. That is, that his circumstances are not so unchangeable or adverse that he has no control over them.

(4) That he is reasonably independent of close family control.

(5) That he is free from extreme behavior, indicating a condition of instability of an organic or hereditary nature.

(6) That he possesses adequate intelligence to discuss and understand his problems.

(7) That he is of suitable age. This means old enough to have some independence, and young enough to be able to make some adjustment. In terms of actual age, it may indicate roughly from ten to fifty.

Selection of Subjects. In the task of selecting subjects for the study from a group of institutionalized delinquents, these criteria of success necessarily came under consideration. Two alternatives were apparent. One was undoubtedly the wiser choice if our chief purpose was considered to be successful outcomes in terms of reaching the therapeutic objectives. This would have involved a selection of subjects, if possible, who would meet these criteria of success. The other choice would be to select subjects which would represent a random sample of the entire group. This latter selection would have the advantage of testing the outcomes of non-directive counseling over a wider range of individual personality variation. It may also be more indicative, than the former method of selection, of the proportion of institutionalized delinquents who may be helped by a non-directive psychotherapeutic

treatment.

The method of selection that was actually used did not represent a clear-cut choice of either a group selected on the basis of these criteria, or a group randomly selected from the total enrollment. Some limitations were encountered in selecting the subjects. There were approximately eighty students at the school at the time the study was initiated. It was estimated that three or four months would be required to complete the experimental work. This made it necessary to select subjects whose terms at the institution would not terminate within the required time needed to complete the work. In view of this limitation, it was necessary to make a selection from a group which comprised about one half of the total enrollment. From this latter group, then, twenty two subjects were selected.

Equating Pairs of Subjects. In addition to merely making a selection, the study required that the individuals included in the experimental group, totaling eleven, be equated into pairs with those included in the control group. This pairing was done for the purpose of making a selection of two subjects who would be matched as equally as possible on the basis of their ability to respond successfully to treatment. Rogers (18, pp. 53-77) has stated some tentative criteria upon which is based the advisability of counseling as a possible means of successful treatment in a particular case. These criteria have been listed previously in this study. From the list, it was felt that two are objective enough that they could be used safely in an attempt to equate the subjects. These are age and intelligence. Of the other criteria listed, (1) a desire for help, (2) a degree of tension existing within

the individual, (3) some capacity to cope with life situations, (4) ability to express himself, (5) that the individual is reasonably independent of family control, and (6) that he is free from excessive instabilities, the first five were assumed to be present in all the subjects. In making the selection, the superintendent of the school and his assistant, on the basis of their knowledge of the subjects, attempted to eliminate from the study any student who, in their opinion, might be excessively unstable.

The subjects were equated, then, upon the basis of the two criteria, age and intelligence. In this procedure, we were further limited in the total number from which a selection could be made. Some of the group from which it was possible to choose subjects, could not be matched equally with any other member of the group. This further necessary process of elimination reduced the group finally to a number only a few above the total number required for the study. Thus, it is felt that our experimental and control group, as they were finally selected, constituted a fairly representative cross-section of the entire school membership at that time.

After the final selection of twenty two subjects had been accomplished, who could be matched in pairs of equal, or nearly equal age and intelligence, the next step was to determine which subject of each equated pair would be counseled. In making this selection, a random choice of one from each pair was made. The eleven individuals thus selected made up the experimental group and the remaining eleven made up the control group.

Pre-testing. Preceding the interviews, the California Test of Personality and the Minnesota Multiphasic Personality Inventory were given to each individual in each group. These tests were given to the subjects of each pair as nearly the same time as possible. Results of these tests will be compared with the results obtained from a re-test following the interviews.

Also preceding the interviews, the Haggerty-Olson-Wickman Behavior Rating Schedule was executed with each individual by two persons at the school who, it was felt, were probably most familiar with the subjects being rated. The results of these behavior rating indexes are to be compared with the results of the same schedules executed again, with the same subjects, at the end of the counseling interviews.

Counseling. Following the first administration of the objective tests and the behavior rating schedules, a series of counseling interviews were conducted with each subject included in the experimental group. These contacts proceeded on a non-directive and permissive basis, described in the Introduction of the study. Each subject was interviewed once every week for a period of forty five minutes, except in a few cases where the subject expressed a wish to miss an interview. The number of interviews required to complete each series varied from four, for the shortest series, up to seventeen for the longest series. The average length of each series was about nine interviews. With the exception of two subjects, the termination of each series was completed upon the suggestion of the subject. Rogers (18, p. 220) tells us of the predictableness of this phase of the therapeutic

process. The frequency of the interview contacts, usually left pretty much up to the client, in this case was conducted on a weekly basis. This was necessary because of the limited amount of time available.

In order to determine to what extent the therapeutic objectives were reached with each subject, a set of notes were taken during, or immediately following each interview. Some verbatim statements have been recorded that will be made available and used as an indication of having reached, or of not having reached, these objectives. In addition, the counselor has, as accurately as possible, recorded the outstanding feelings expressed by each subject during each interview.

An attempt was made to achieve the therapeutic objectives with each subject. The number of interviews that have been necessary to fully achieve these objectives, has varied with each individual, and in some cases they were not achieved at all.

End-testing. Upon the termination of each series of contacts, the same objective tests that were administered preceding the interviews were given again in a similar manner. At this time the same tests were again administered to the equated subject of the control group. This procedure is aimed to eliminate the influences of uncontrolled factors. A detailed description of the outcomes and results of the measuring devices used in the study will be recorded in the Results.

RESULTS

It is our purpose in this section to present the results obtained according to the procedures previously described. These findings will include, for the experimental subject of each pair: (1) a developmental record and summary of the series of therapeutic interviews; and for both the experimental and the control members of each pair of subjects there will be reported pre-test and end-test scores on (2) the Minnesota Multiphasic Personality Inventory, (3) the California Test of Personality, and (4) the Haggerty-Olson-Wickman Behavior Rating Schedules. The results for each pair will be presented separately, to be followed by a summary table of data on all eleven pairs together.

It was felt, at the time the measuring instruments used in this test were chosen, that a device was needed that would possibly indicate the supposed change that occurs in an individual during successful psychotherapy. Realizing the difficulty of describing this anticipated change and then selecting a single measuring device that would record accurately such a change, it was decided to use a number of instruments covering a wider range of behavior. It was also recognized that a vast uncertainty and difference of opinion exists regarding the pathology of individuals exhibiting anti-social behavior.

Discussion of the Interviews. The first means used for determining to what extent a change occurred in the individual during a series of non-directive counseling interviews was the therapeutic objectives. From the subjects' statements and expressions of feeling, it may be determined whether or not these objectives have been reached. The

successful attainment of these objectives during the therapeutic process is used by Rogers as criteria for having produced desirable change in the subject.

It was our aim in this study to determine not only if these objectives could be achieved with institutionalized delinquent individuals, but also, in the event they were achieved, to appraise this change by the use of other devices constructed for the purpose of detecting and measuring certain components of personality.

The chart preceding the account of each interview is designed to point out the particular interview in which responses were made, that in the counselor's opinion, would be indicative of the subject having reached a particular objective. In some cases this procedure will be subjective in nature because of no verbatim statements to support such an implication due to the impossibility of taking a complete set of verbatim notes. However, in most instances where many statements were made that would indicate that the subject has gained one of the objectives, the counselor has indicated such in his notes, and in most cases recorded verbatim one or more supporting statements.

It will be noted, in these interview charts, that the four therapeutic objectives, (1) free expression, (2) insight, (3) positive decision in light of the new insight, and (4) action on the new decision, are listed down the left hand side of the chart. The total number of interviews required by the case are listed across the top of the chart. A mark in the square indicates that statements of feeling were made during the interview as numbered, and with the corresponding objective. By the use of this device, it is felt that the reader

may have a more objective and precise view of the "success" or "failure" of a case than could be given in a summarizing statement.

A week before starting the interviews, the counselor called all the subjects together who had been selected and informed them of the plans. The relationship of the interviewing situation was explained and its purposes defined.

They were told that if they had disturbing problems and desired a more satisfactory solution to them, that the counseling situation would give an opportunity to talk and think about the things that may be causing them to feel unhappy. Further, that in such a situation, it had been found that others had sometimes found satisfying answers to their own problems that they had been previously unable to solve by themselves.

This type of explanation to the subject of the counseling relationship will be referred to as "structuring the relationship", rather than to describe it on each occasion during the interviews when it seemed necessary to do so.

After structuring the relationship to the subjects, they were given a choice as to whether they wished to proceed with the counseling or not. The following week all were called together again to give their decision. Each expressed a desire to be included among those who were to be interviewed.

The interview series in the case of the first subject, will be given in more detail than the ones that follow. By presenting one case in detail, it is felt that the reader will be given a chance to observe more closely the therapeutic process and other aspects of the

psychotherapeutic situation.

The subject of the first case presented has read through all the notes taken during the interviews, and from which this account is given, and has approved them as expressing the highlights of his feelings as he expressed them to the counselor. After reading them, he said, "They say just what I have been thinking".

Discussion of the Minnesota Multiphasic Personality Inventory. This test was designed especially to detect and measure the degree of maladjustment existing in an individual in nine categories of described neurotic and psychotic disorders. The authors, Hatheway and McKinley (14), describe it as a psychometric device constructed for the purpose of ultimately providing scores, in a single test, of the major phases of personality. It attempts to measure those abnormalities in persons that clinical workers and counselors have come to know as the most psychologically disabling personality traits.

The test comprises 550 statements, each on a separate card, covering the physical condition, morale, and attitudes of the individual being tested. The personality characteristics now in available form for scoring are hypochondriasis (Hs), depression (D), psychopathic personality (Pd), masculinity-femininity (Mf), paranoia (Pa), psychasthenia (Pt), schizophrenia (Sc), and hypomania (Ma).

In the administration of the test, the subject is asked to sort all the cards into three categories indicated by three guide cards, True, False, and Cannot Say. The number of cards sorted into each group are considered to be either normal or abnormal responses to the statement. The abnormal responses indicate the score of the subject

in any scale, as measured by the key.

The first four scales listed on the profile sheet (which will be duplicated in the discussion of the test) are the question (?) score, the lie (L) score, the K factor (a check on validity), and another validity scale, the F score. The raw question score is the number of items classified as Cannot Say. Large question scores invalidate all the others, although it may, in addition, be indicative of psychasthenic and retarded depression patients. The L score is also a validating score. A high L score does not entirely invalidate other scores, but may indicate that the true values are somewhat higher than actually shown. A high K score may mean the patient was defensive at the time of taking the test, and calls for a modification of some scores in order to secure the true values. The F score serves as a check on the validity of the whole record. When the F score is high, others are likely to be invalid for one of several reasons. A high F score may also follow closely certain abnormal patterns of the profile. It would seem from this account that with certain abnormal patterns, a high F score may be expected. Usually, however, a low F score may be considered a reliable indication that the subject's responses were rational and relatively pertinent.

Hathaway and McKinley (14) present a detailed description of the several categories of personality abnormalities, depression, hysteria, etc.

The pre-test and end-test scores of each pair will be presented on a chart similar to the regular profile chart used on the Recording Sheet. Following the profiles in each case is a brief discussion of

the score implications.

Discussion of the California Test of Personality. The third measuring device used in the study is the California Test of Personality. According to the authors, Clark, Tiegs, and Thorpe (7), "the major purpose of the test is to reveal the extent to which the student is adjusting to the problems and conditions which confront him and is developing a normal, happy, and socially effective personality."

The profile of the test is divided into two major sections. Section 1 indicates how the student thinks and feels about himself. This section is subdivided into six categories including the student's self reliance, his estimate of himself, his sense of personal freedom, his feeling of belonging, his tendencies toward withdrawing, and nervous symptoms. Section 2 is subdivided into six categories composed of social factors. They attempt to show what the student knows about social standards, how apt he is with their use, his freedom from anti-social behavior, and his family, school, and community relationships.

As with the Minnesota Multiphasic Personality Inventory, the pre-test and end-test scores of each pair are presented here in the form of a duplication of the actual test profile.

Discussion of the Haggerty-Olson-Wickman Behavior Rating Schedules.

A fourth means of measuring individual change is the Haggerty-Olson-Wickman Behavior Rating Schedules. In recording pre-test and end-test results of this scale, only raw scores will be used. The schedules were standardized on children representing the normal population and to present results of the subjects used in this study on a percentile scale would place the majority of scores high up in the 90's. It is

felt that raw scores will discriminate the differences in scores on a wider range scale than percentile scores. Although the size of a score does not reveal its significance, it will be indicative of differences in pre-test and end-test results, and this difference is our major concern. The schedules are constructed in such a way that the higher the score the more indicative it is of the presence of numerous and serious problems, while lower scores point to fewer and less serious problems.

The authors use behavior problems "to represent the discrepancy between the capacities of the individual to adjust himself, and the demands of his environment." They define a problem child as "one who manifests one or more behavior problems." The schedules assume that all children are problem children, but in varying degrees (12).

The schedule is divided into five major subdivisions representing problems of various frequencies and degree, as found among a number of school children. In differentiating the nature of the problems under each division, the authors have described them as behavior, intellectual, physical, social, and emotional.

A table will be used with each pair to show the raw score results of the pre-test and end-test scores in each of the five major divisions of the schedules.

Following is the results of the interviews with the experimental subject of pair 1.

RESULTS OF THE INTERVIEW

Table 1. Pair 1. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Free expression	x*	x	x	x	x	x		x	x	x	x	x	x	x		x	x
Insight			x			x			x	x	x	x	x	x			x
Decision										x	x						x
Action										x							x

*An x is placed in the square when statements were made indicating the attainment of an objective.

Interview 1:

The subject talked freely and intelligently during the first interview. He told of his taking some correspondence work from the University of Utah, and of his aspirations when he is released. He displayed some evidence of being under emotional conflict and went deeply into his own feelings. He analyzed quite ably his feelings regarding his being sent here, his reactions to his environment while being here, and his reactions to being released.

He expressed himself to the effect that he had control of his situation and delinquent tendencies, but added that he couldn't be right sure because he had felt the same way twice before and has been returned on each occasion.

He feels that upon release he would like to stay in Salt Lake, but is afraid of the bad influence of the "stigma" and his "former friends". He does not blame them for his "failures", but recognizes his own

weaknesses while in their company.

He says that if he "messes up" again it will mean only one thing: "from one prison to another until shot in the back going over a wall."

The subject further states that he feels he is "obligated to go straight" because he "owes so much to so many people".

Some negative feelings were expressed in declaring a violent hatred of certain persons.

S*: "I think I would have been OK if I hadn't been sent here the first time, but, then, I shouldn't judge a person on a single incident. Let him - how does it go? - who is without sin cast the first stone."

Interview 2:

Subject stated that everything "added up" to about the same as it did the week before.

S: "I've been doing a lot of thinking, but it all adds up to about the same."

He reviewed some of the feelings expressed during the previous interview. He talked about football, wanted to know of the counselor's purpose in talking to him, and talked very little about himself or his problems.

Subject expressed himself freely.

Interview 3:

C: "Well, how does everything look today?"

S: "I'd give ten years of my life to get out of here."

C: "It means that much to you?"

S: "Yes. I've sort of had in mind pretty strong these last few

* S refers to subject, and C denotes counselor.

days springing a take-off."

C: "You mentioned that once before. A little stronger urge this time."

S: "Oh, I'm all mixed up. The more I think, the more mixed up I get."

Subject went from here into a detailed description of his feelings of being afraid of things and being ashamed because he felt others were not concerned over such insignificant problems.

S: "I've sort of been led to believe I'm smarter, I mean have more intelligence - I guess there's a difference - than most people. Because of this I've sort of got into the habit of expecting myself to outshine other people. I don't fear my ability mentally, but when I fail physically it hurts my pride I guess, or my expectations of myself. Then I think and worry about it and the next time a physical test comes up the first thing I think of is failure, and I begin thinking up every excuse available to get out of it. It scares me to death."

The subject continued on in this way for most of the interview.

S: "I think I've been rambling on here and wasting your time. You know, this is the first time I've ever told anyone everything. I mean about being scared and everything. It seems like I've always been running away from things that scare me, things that don't worry other people."

C: "You feel they're such little things that most people wouldn't bother to worry about them."

S: "Yes. Now, take the other night. They brought out the boxing gloves in the gym. Well, I am a good boxer and I love to do it, but

right now I began thinking about everything that was wrong with me that I could use as an excuse to get out of boxing. And I didn't have to box, either, but it scared the hell out of me for a few minutes. And sometimes I lay in bed at night just thinking about things like that and get scared to death. And then the next morning everything looks rosy again. I get mad at myself for it but it doesn't help."

Subject talked freely throughout the interview in this manner. At the end he mentioned again that he felt like he would "just have to take off".

S: "I think I could do it without being caught. I could stay good for awhile to show I was on the level and then come back and they might let me stay out."

Counselor suspected that the subject may be reaching an uncomfortable phase in the therapeutic process and may be immediately concerned about running away as a means of escaping this growth, which was undoubtedly distasteful to him. Feeling also that he may be serious about running away, the counselor pointed out to him that some people in his present position find it difficult to continue the interviews because of coming face to face with disturbing problems that previously have been avoided, and suggested that his sudden desire to "take off" might unconsciously stem from such a source. Subject showed some amazement at this and wished to talk about it further, but the counselor closed the interview.

Interview 4:

Some policy changes were made at the school to which the subject expressed a violent dislike. He returned to expressions of a negative nature.

S: "They have been giving us a going over since last time. They got us going and coming. Took away our own clothing and cut out our smoking. I think there will be a lot of trouble over it."

* * *

S: "If some of the guys don't take off, I'll be surprised. Incidentally, that's a question that I had solved for myself. Remember, last week I told you about it. Well, I had settled it pretty well with myself that I wouldn't consider leaving and messing up for anything, but I'm not so sure about it since this has come up."

C: "You had decided definitely to stick it out here, but now you're not so sure."

S: "It's something - I can't explain it. It's something that just gets hold of you so strong you can't do anything about it. . . It makes you feel like you just have to fight back somehow, and yet there's no way to fight -- there's nothing you can do. Running away is about the only weapon -- the only way there is to get revenge."

C: "You feel you just have to hit back in some way."

S: "Oh, I guess we'd be hitting ourselves worse than anyone else, but you just can't stand the pressure."

Interview 5:

C: "How does it all look today?"

S: "Things are straightening out a little. It doesn't seem quite as tough as it did. At least I know now that we don't know what to expect here any more."

C: "Everything seems quite uncertain."

After an attempt to assure the counselor that he was less disturbed

than before, the subject continued:

S: "You know, I thought at first that I wouldn't say anything about this, but I've told you about everything else so far. I've decided the only thing to do is to get away from this place."

C: "You've pretty definitely decided to take off."

S: "That's the general idea. I'm just not getting any where here. I've reached the peak of good treatment. I mean from here on all the good that's come from being here has already had its effect. From now on I'm going down hill. I've hit the crest of being benefited or helped, and now it's having an opposite effect. I can see that if I stay my time, it might be worse for me than if I hadn't come in the first place. It's difficult to explain, but I feel that I could make a clean go of it on the outs now, where if I stay longer, feeling like I know I will, why I'll surely be headed for the pen. Do you get what I'm trying to say? It's all stated in a mixed -up way."

C: "You feel that for your own welfare, your own good, that you have to get out now."

S: "Yeah, I guess that is it. Yeah, that's just about what I was trying to say."

The subject spent most of the interview explaining why he had decided he must run away.

S: "I had decided that my obligations to some others were so great that I had to make good for their sake. Now it seems that my obligation to myself is more important."

C: "Your obligation to save yourself while you can seems more important now than your obligation to others which, you feel, you would

fulfill by not running away from here."

S: "Yes. And I've been thinking about maybe they would blame you for my going - that is, the fact that you knew about it and didn't say anything. But in case I don't see you any more, I'd like to say to you that I would have probably been gone by now if it hadn't been for talking here. I mean, I've sort of looked forward to coming in here each week."

C: "You're afraid they may blame me for your going, but you don't feel that I am responsible for it."

S: "This is all a result of my own thinking and figuring out on the basis of what I think is best for me. I may be influenced by conditions here and how I feel about it all, but the decision is my own and I wouldn't want anyone else to take the blame for it."

The subject continued to give reasons why he felt he must run away.

S: "It's such a waste - a total waste of time here."

Subject's last remark in this interview: "It might be a mistake. Maybe I've got it all figured wrong, but from where I sit there just isn't another answer."

C: "In case you decide to stay another week, I'll be looking forward to talking to you again."

Interview 6:

The subject at first didn't mention his plans to run away the previous week. He talked some of others who had run away during the week.

S: "The clothes and no smoking might have caused the runaways, but then it may have been an 'any port will do in a storm' reaction;

an excuse to do what they would like to have done anyway. . . I'm getting fed up with it all. I mean this 'cop-and-catch-him' stuff. That one group should always be being chased by another group. It don't make sense. I know we're to blame, but I just can't stand to hear it discussed. I heard two men talking about different methods used for catching criminals. It almost sent me crazy."

The subject expressed quite violent negative responses. These were aimed at (1) the common policeman, and (2) authority, when "it acts on authority alone."

S: "I know I'll have to go. It may not be right away, but I can't stand it here any longer. I'm sort of losing control of myself as far as some authority around here is concerned, and I'm afraid it might have some serious outcomes."

The subject asked to see the notes of previous interviews.

S: "How come I'm so much more all mixed up than other guys?"

C: "You think you are more mixed up than others."

S: "Maybe they just don't show it. Maybe I don't show it to them."

He talked more on this subject and indicated some insight, although he was unable to reach a definite decision.

Getting around to the subject of intelligence, he continued:

S: "Maybe it isn't what you know that counts, but how you use it. The trouble with me is, I've got too many brains, and not enough sense. Maybe I'm just kidding myself. I mean making an issue of all these things I've been talking about. They might not be that important after all. I might just be looking for a loophole to hide in. I wish

I knew the answer. I hadn't thought of it like that before. Tell me this, do you think I play myself up to myself too much? I mean, am I too concerned about myself?"

C: "I'll answer you this way: Suppose I did and told you so. Do you think that would make you any less concerned about yourself?"

S: "No, I guess not."

Subject seemed to get quite a shock of sudden insight at this point. He became exceedingly emotional in his apparently confused condition and seemed to be attempting to mediate his previously expressed feelings with the fact that "maybe I'm just kidding myself." He breathed quite heavily and perspired freely. He sat with his head lowered without making a single response for a period of approximately five minutes. This was the first time he had hesitated in his conversation.

The counselor closed the interview at this point and the subject left with no remarks.

Interview 7:

The subject was locked up for smoking. Counselor talked to him for a few minutes. His responses were all negative.

S: "I would rather wait until next week to talk. I'll be out of here by then."

Interview 8:

The subject had been let out, but was locked up again for the same infraction of rules.

Counselor talked to him for a while, but felt it was not too profitable because of others who could hear what was said.

S: "It seems like they single me out to punish. I haven't done

anything different from the other fellows."

Interview 9:

Subject began this interview with responses indicative of negative feelings. He expressed a dislike for some of the staff members.

During the latter part of the interview, he faced his problems more adequate but with much indecision and probably a little insight.

S: "I can figure things out pretty good for a while. I can figure that it's better for me to stay here and not mess up, even from a selfish angle, than to take off or mess up in some way. But then I get feeling at times that I've just got to mess up in some way. It's the excitement of it, I guess. I guess that's the reason I got here in the first place.

He continued on this subject for awhile, and then:

S: "I guess, though, it all adds up to taking a bird in the hand and giving up a thousand birds in the bush. It's a matter of sacrificing six, eight, or ten months of freedom for one night of fun. It doesn't make much sense, does it? No, it doesn't. I hadn't thought of it quite like that before."

He generalized this idea in several different ways.

S: "But then messing up might be the only thing that gives us guys here any excitement. Defying authority. Yeah, maybe that's where the fun comes from. But I don't know if that's right or not. I'll think about that some more. It doesn't seem right, but it could be. You can have things like that in your system and not know it, can't you? Maybe that's it.

Subject remarked that he would tell how it figured out by next interview.

Interview 10:

Subject talked freely. His conversation was very similar to what it was last week. He showed no further insight, but probed his problems as usual.

Interview 11:

Some insight was apparently gained during this interview. New decision is implied throughout the interview and some action has apparently been taken, as the following expressions indicate.

S: "Part of me wants to make something out of itself. The other part is just a bum. It wants to take it easy and sort of fool around all the time. The weight shifts occasionally on the surface, but underneath I guess the majority of the weight lies on the side of improvement."

* * *

S: "I seem to be integrating my thinking much better than I did before we started talking. Before, I had no direction: I wasn't going any place in my thinking, but now I think I can see the relationship of things more clearly."

* * *

S: "I used to blow up on the least provocation and worry and be afraid of things all the time, but I'm doing better lately. I've got myself considerably more under control, as far as my temper is concerned."

* * *

S: "I'm trying now to map out a college course and gathering my high school credits together to see how they stack up."

These are statements quite typical of the entire interview.

Interview 12:

Today the subject enthusiastically explored himself for the answer to his confusion and anti-social behavior. Last interview he set up and discussed the possibility of selecting a goal, important enough to himself, on which all minor decisions could be made.

S: "This might serve to help me make little decisions in a way that will keep me out of trouble here so that the big goal can be reached in the quickest possible time."

Today he discarded this as the most important answer to his problems, because he said he felt that it couldn't, or wouldn't, be carried out successfully until the more "disturbing things" had been relieved.

He talked further of the possibility of these "worries and conflicting drives" as possibly originating from his having "set up ideals and then trying to stretch reality to meet them." In failing to reconcile the two in his own mind and "being unable to bring them together," he had possibly come to blame and hate certain individuals who may be violating his ideals, and in an unconscious way "seeking revenge in the form of anti-social behavior."

S: "Maybe I place too much emphasis on feeling badly because these ideals are violated and not enough on accepting reality as it is."

Interview 13:

Subject talked about the weather, the other boys at the school, his parents, and other things. He did not approach his own problems until the end of the hour.

S: "You know, something mighty strange is happening to me."

C: "Would you care to tell me about it?"

S: "Well, you know, maybe you've noticed that today is the first time I haven't griped about something or been all mixed up. I'm still sort of mixed up but it seems to be more over what's going on inside of me. I can't think of a thing to say today except maybe that the things - I mean the things I've talked about before and a hundred others - somehow are losing their importance. It all seems not to bother me so much. Everything has worried me so much. I've always been all mixed up.

* * *

S: "I don't mean I've found any solution to it all, it just doesn't seem so all-important."

C: "You mean nothing seems important, sort of a defeatist attitude, or that the emotional tone is sort of letting up some?"

S: "Yes, that seems to be it. I don't feel defeated; it may be just the opposite. Things seem important, maybe just as important as ever, but - it's pretty hard to explain. It's something I can't get hold of, something I'm not sure of myself." (long pause)

C: "Suppose you consider it further during the week and tell me how it looks then."

S: "Yeah, maybe it's just a temporary mood, or maybe if it isn't, it might clear up a little by then. Maybe I can figure it out."

Interview 14:

Similar to the previous interview, the subject talked freely, but did not approach his own problems until the last few minutes of the interview.

S: "I suppose it looks to you like I'm sort of laying down on the

job. I mean by not discussing my own situation like I have before."

C: "What ever you feel like discussing or talking about is more important than what you feel you ought to talk about. Do you mean that you feel obligated to say the things you think I would like to hear?"

S: "No, it isn't that. I've never felt that way. In fact, what I think I want to say - what I was trying to say last week - I think you might like to hear, but I can't seem to get it into words yet, or even tell definitely what it is all about myself."

C: "You are still trying to get hold of it."

S: "I can't seem to understand it all." (pause)

C: "Do you feel that it makes any difference to me what you say? Do you feel that I will pass judgment on the things you finally decide and the decisions that you may make?"

S: "No. I didn't mean to give you that impression. I should know better than that by now, after all that's been talked about. No, it isn't that, but it's just that I hesitate to start talking now because I'd like to figure it out a little more. I'm afraid I'll get so involved when I do try to explain everything that it will be all mixed up and you won't know what it is I'm trying to say."

C: "You want to talk about it but don't feel quite ready to go into a lengthy discussion."

S: "That's about the way it is."

C: "Suppose you look at it for another week, or for that matter, as long as you feel is necessary."

The counselor, on one occasion here, purposely violated a strictly non-directive technique, but he wanted to be sure that the subject was entirely on his own in developing insight and making decisions.

Interview 15:

The subject was locked up when the counselor arrived this week. He had been locked up two days after the previous interview. It was reported that he had made a threatening statement against a smaller boy.

Counselor talked to him for only a short time. His expressions were quite violently negative, and aimed chiefly at the "injustice" of his being punished.

Interview 16:

Subject was still locked up for the same offense. His expressions were of a negative nature and quite similar to those of the preceding interview.

S: I don't know when I will get out of here. I hope before long. I still can't see why I was locked up for threatening that kid. There are a thousand threats made around here every day, but they don't lead to any serious results."

C: "You don't feel your offense should justify being locked up."

S: "Well, maybe it was violating the rules, but why pick me out of fifty others doing the same thing? I told them locking someone up wouldn't change them even if they had broken rules. I could get out now, I guess, if I was to tell them I was sorry and promise not to do it again, or ever break another rule."

C: "You don't feel like promising that?"

S: "Oh, I wouldn't mind promising to try not to. But there's so many rules that you don't know what not to do half the time, and then it would mean back in here again."

These expressions denote the general tone of the interview and are representative of other statements expressed.

Interview 17:

S: "Well, I might gripe today about having been locked up but in the first place I don't feel like it, and in the second place I've already moaned the blues to you twice about it."

C: "I hope you will talk about the things that seem most important to you."

S: "That's just what I'm going to do. After I got it off my chest last time you were here, it seemed like everything began to clear up and I even didn't mind being locked up, because it gave me a real chance to look at the situation and really get hold of how I feel."

* * *

S: "I can't just tell exactly if I've reformed yet, that is, I don't know if I want to be good or not, but I don't feel any more that compulsion to mess up - I mean, it's sort of in my own hands now. I can take it or leave it. The drive to fight back isn't so strong; I can choose one way or the other. I don't just have to do things because there's nothing else I can do about it. . . . Gee, I hope I'm not just saying these things because they sound good, or because that's the way I'd like to have it. No, I don't think I am."

* * *

S: "I've been working at the barns the last couple of days and have had plenty of chance to run away. After threatening to leave and everything, ordinarily I would have just had to mess up some way, but

it just didn't seem like I had to go - that is, I could think about it and then decide either way without feeling forced into it one way or another against what I know to be the best course."

* * *

S: "That's a strange way to have all this talking turn out, isn't it? Who would have guessed the answer to be that? Is it just a compulsion or something to mess up that I didn't have any control over? Have I really got the answer to my difficulties? Did you know that was going to happen? Did you know it would turn out this way? I wish you'd tell me what you know about it all. Do you know why all us guys are here; what makes us act like we do?"

These represent some of the expressions made by this subject in his apparent enthusiasm over the insight he has gained, and in his reaching out for additional insight.

All of these responses are not copied verbatim, but as nearly so as the counselor could recall them immediately following the interview. The counselor regrets having been so occupied during this interview to have failed to record more verbatim responses made by the subject. The counselor felt this to be an important interview, as much insight and some evidence of new decision and action based on this new insight was apparent.

Although the interviews were not terminated at this point, this is the last counseling situation in which the counselor contacted the subject. The following week the subject was released from the institution and allowed to return to his home.

RESULTS OF THE MMPI *

Fig. 1. Pair 1. Pre-test and end-test^{**} profiles of the experimental and control subjects. Key: Experimental subject pre-test — , end-test - - - ; control subject pre-test — , end-test - - - .

The end-test was given to this subject before the interviews were completed, because of the time element. It was administered following the seventeenth interview.

The control subject of this pair left the school unexpectedly and, although efforts were made to contact him, the results of an end-test were not obtained.

The experimental subject has demonstrated some tendency to more normal responses on the end-test scores in the two scales that approach the area of poor adjustment.

* MMPI will be used to designate Minnesota Multiphasic Personality Inventory.

**No end-test was recorded for the control subject in pair 1.

RESULTS OF THE C T P*

Fig. 2. Pair 1. Pre-test and end-test** profiles of the experimental and control subjects. Key: Experimental subject pre-test—, end-test --- ; control subject pre-test—, end-test ---.

In some ways, this is an interesting profile. The low score in withdrawing tendencies, the low scores in social standards and anti-social tendencies, present quite a meaningful contrast to the subject's

* C T P will be used to designate California Test of Personality.

** No end-test was recorded for the control subject in pair 1.

knowledge of social skills.

It will be noted that the subject has shown by test scores to have improved his self adjustment component, but at the same time he has indicated no improvement in social response. His total adjustment has improved on the profile by ten percentile points.

The control subject was not available at the time the end-test was given.

Results of the Haggerty-Olson-Wickman Behavior Rating Schedule.

Collecting data on the Haggerty-Olson Wickman Behavior Rating Schedules was somewhat disappointing. Due to unavoidable circumstances, the execution of the scales on some subjects was delayed to the point where the reliability of results may be questioned. In some instances the schedules were executed promptly, while in other instances the pre-ratings were executed simultaneously with the end-ratings. In the latter cases the best that could be accomplished was an attempt to rate the individual on the basis of his recalled behavior before the interviews began and then to record any noticeable change in the subject observed during the time the interviewing was in progress. This procedure violates the suggested method of scoring as given in the manual of instructions.

It would be impossible, under the circumstances to differentiate between those subjects who were scored prior to and following the interviews (which is suggested as the most reliable procedure) and those in which both scorings were delayed until after the interviews. Rather than to attempt what would amount to a probable inaccurate differentiation of the two described conditions, the results of all H-O-W schedules that were completed are presented exactly as they were scored with no attempt to evaluate the reliability of different scoring procedures.

As originally planned, each subject was to be rated by two individuals who, it was felt, would be able and qualified to make such a rating. But, due to circumstances out of our control, some ratings were never completed and others, as described above, were not accomplished with the recommended objectivity. The ones that were completed are presented, in their appropriate places, following this brief explanation.

RESULTS OF THE H-O-W *

Table 2. Pair 1. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	—	—	—	—
Intellectual	11	11	22	22
Physical	12	12	14	14
Social	26	24	30	30
Emotional	25	15	35	35
Total	74	62	101	101

* The higher scores are indicative of maladjustment.

With scores recorded in four of the five problem categories, the experimental subject was shown to have improved in general behavior indicative of better adjustment, as measured by this instrument. The control subject has been scored to indicate that his general adjustment has remained about the same during the interval between the pre-rating and the end-rating.

Summary, Pair 1. Although the interviews were not completed and there were some reversions to negative responses during the contacts, statements indicative of the attainment of all therapeutic objectives were observed. A comparison of scores on the MMPI, on the CTP, and on the H-O-W are supporting evidence of improved adjustment from the pre-test to the end-test.

All measuring devices used in this case show consistency in recording improvement.

* H-O-W will be used to designate the Haggerty-Olson-Wickman Behavior Rating Schedules.

RESULTS OF THE INTERVIEW

Table 3. Pair 2. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews									
	1	2	3	4	5	6	7	8	9	10
Free expression		x*	x	x	x	x	x	x	x	x
Insight				x	x	x	x	x	x	x
Decision				x	x	x	x	x	x	
Action					x	x	x	x	x	

*An x is placed in the square when statements were made indicating the attainment of an objective.

This subject talked freely during all the interviews but the first. Her expressions during the first two or three interviews were of a violent negative nature. It was during the fourth interview that some expressions indicative of insight were made.

Interview 4:

S: "You know, sometimes lately I think that if I wouldn't do so much talking back, I wouldn't get into so much trouble."

S: "Sometimes I think I've always had too much, and now I still think I should have my own way about everything."

S: "I'm going to try awful hard to do better."

Interview 5:

S: "Yesterday I heard Mrs. _____ answer the phone when my mother called to ask about me, and she told her that I was a hundred percent better. . . . Mrs. _____ told me that I had improved a lot. I don't know where all this change is coming from. It's something I can't

figure out myself, but I know I feel a lot different about things than I did."

The subject is the third of the four girls being interviewed who has expressed amazement and an inability to understand the change taking place in her.

Interview 6:

Mrs. _____ commented on the subject, and the big change that had come in her behavior. Relating an incident that took place in her office the night before, Mrs. _____ stated that Miss _____, a girl that is about ready to leave, had commented on the recent change that had taken place in the subject. In a playful way, the subject said, according to Mrs. _____, "I didn't know that I had changed so much." Miss _____ replied, "You know that you have changed a lot."

Interview 7:

Subject asked to hear the notes of the previous interviews. After the counselor had finished reading them to her, she said:

S: "You know, what those notes say are the things I wanted to say to you today. I've felt all week like I wanted to tell you more about how I feel I've changed."

* * *

S: "I used to feel like, well, what's the use, I've been in so much trouble that a little more won't matter. Everything seems different now. Oh, I might get into trouble again, but I feel a lot changed about it all any way."

C: "How do you feel about coming in next week?"

S: "Well, I'd like to keep talking to you, but I've been thinking maybe it would be better if you used your time talking to some of the

other girls than to keep on with me."

C: "Suppose we say, then, that next time will be the last for you."

Interview 8:

Subject had experienced a disturbing incident with a member of the staff.

S: "I'm glad I didn't talk back. . . . I only said one thing that I shouldn't have said. . . . It surely has left me all upset. . . . What should girls do in a situation like that?"

The counselor believes that her related action to this situation presents some evidence of insight and perhaps more integrated behavior.

Interview 10:

S: "I have a lot of confidence in myself now. That is, I feel that I know how to get along without any help now. These interviews have helped me over some bad places."

RESULTS OF THE MMPI

Fig. 3. Pair 2. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

It will be noted in figure 3 that the experimental subject measured within the normal range on both the pre-test and the end-test. The scores that approached more closely to the abnormal were on the scales of hypochondriasis and psychopathic deviate. The end-test scores indicate a tendency toward more normal responses in these and some other traits.

The control subject, with exceptionally high scores on the F scale and the Pd, Pa, and Sc scales, showed an even more abnormal tendency on two of the last three on the end-test, and no improvement on the other two scales. However, the scores indicate a considerable growth toward more normal responses on the Ma scale.

In this case the test results for the experimental subject indicates some improvement on the scales mentioned, while the control subject

presents no general improvement on the extremely abnormal scores.

Gough's (11) studies show a tendency for the F scale to score high in cases of abnormality on the psychotic end of the profile.

RESULTS OF THE C T P

Fig. 4. Pair 2. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test—, end-test---; control subject pre-test—, end-test---.

The experimental subject has gained a higher percentile rank in social adjustment and an equal rank in personal adjustment on the end-test scores.

The control subject shows a five percentile increase in self adjustment and no increase in social and total adjustment on the end-test.

The two scores indicate an increase in total adjustment in the case of the experimental subject, and no improvement in the control subject.

RESULTS OF THE H-O-W

Table 4. Pair 2. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	110	87	100	72
Intellectual	17	20	15	18
Physical	17	15	17	13
Social	38	24	26	22
Emotional	32	25	22	29
Total	214	171	180	154

* The higher scores are indicative of maladjustment.

The end-test scores of the experimental subject indicate some improvement in behavior and also in social and emotional problems.

The control subject has also been shown to have improved in general behavior during the time the interviews were in progress.

In the opinion of the person making the ratings, some improvement was observed in both subjects between the first and second ratings, with a seventeen point difference of improvement shown in favor of the experimental subject.

Summary, Pair 2. Example statements show all therapeutic objectives to have been reached with the experimental subject in this case. Comparative profiles on the MMPI and on the CTP indicate a greater degree of improvement with the experimental subject than was found with the control subject. The total scores of the H-O-W schedules are also in line with the general results of the other tests.

All four measuring instruments show a consistency in registering generally more improvement in the experimental subject than in the control subject during the interval from the pre-test to the end-test.

RESULTS OF THE INTERVIEW

Table 5. Pair 3. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews						
	1	2	3	4	5	6	7
Free expression	x*	x	x		x	x	x
Insight			x		x	x	x
Decision					x	x	x
Action						x	x

*An x is placed in the square when statements were made indicating the attainment of an objective.

Interview 2:

C: "You have expressed an extreme dissatisfaction with the way you are treated here."

S: "Yes. We all feel that way. It's getting worse. I mean all the new rules and everything."

C: "You feel that things are not improving any?"

S: "No. They're worse all the time."

Interview 3:

Toward end of interview:

S: "I've told you before about how bad the matrons are to us. But sometimes now I believe they are trying to help us."

Interview 4:

The subject expressed a desire to miss this interview.

S: "I feel about the same as I told you last time. I would like to talk to you again next week. I just haven't anything to say. I'm still

thinking about the things we have talked about before, but I'd rather wait another week."

This desire to miss one or two interviews, at this point in the therapeutic process, has been expressed in several cases. On some occasions the subject, after expressing a desire to miss the interview, will spontaneously continue to talk. On other occasions he will leave, expressing a desire to come next time.

Interview 5:

S: "Would you talk to H___?"

C: "Do you think it would help H___ to talk as you have done?"

S: "Yes. She is my best friend and I'd like her to talk to you if you have time."

Interview 6:

Subject brought her friend H___ and asked if she might stay during the interview. She asked if she might hear the notes of the previous interviews.

Addressing the statement to H___:

C: "Had you noticed all this happen to ____ (subject)?"

H___: "She has surely changed a lot. I feel better just talking to her. I would like to come in and talk to you like she has."

Interview 7:

S: "I see everything quite a lot different than I ever did before. I believe I know what to do now."

C: "You feel capable of handling everything by yourself now?"

S: "Yes. At least, I think so. I'd like to try awful hard, because there are a lot of things I want to do now that haven't seemed important to me before."

RESULTS OF THE MMPI

Fig. 5. Pair 3. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The scores of this pair shows the experimental subject as giving more abnormal responses on certain scales than the control subject. On three scales, the F, Pd, and Ma, the experimental subject is shown to have given a comparatively large number of abnormal responses.

The Pd and Ma tendencies seem to be considerably relieved, as indicated by the results of the end-test. The F score is similarly shown to be approaching the normal.

The scores also suggest the control subject to have improved on the Pd and Mf scales.

A general summary would indicate improvement in both subjects on the end-test, with the experimental subject presenting a greater difference of improvement on a comparison of scores.

RESULTS OF THE C T P

Fig. 6. Pair 3. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test—, end-test---; control subject pre-test—, end-test---.

The experimental subject in this case, as indicated by both scores, has improved in both self adjustment and social adjustment.

Scores of the control subject show her to be well adjusted in both tests. She has shown consistently good adjustment in each of the measuring devices used in the study.

RESULTS OF THE H-O-W

Table 6. Pair 3. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	60	73	40	34
Intollectual	15	16	12	13
Physical	10	10	13	11
Social	23	23	21	22
Emotional	22	20	17	16
Total	120	142	103	96

* The higher scores are indicative of maladjustment.

The total score results are indicative of increased behavior problems observed in the experimental subject while the control subject has shown some improvement. In the former, emotional problems are shown to be two points less serious on the end-test. At the same time, general behavior shows some decrement, according to the observer who executed the schedules.

Summary, Pair 3. The interviews were completed and statements were given to confirm the fact that all therapeutic objectives were attained. The general patterns of profiles on the MMPI and on the CTP indicate more improved adjustment from the pre-test to the end-test, with the experimental subject than with the control subject. Results of the H-O-W schedules show the control subject to have gained the better adjustment.

Three of the four measuring instruments are consistent in giving some evidence of more generally improved adjustment with the experimental subject.

RESULTS OF THE INTERVIEW

Table 7. Pair 4. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews						
	1	2	3	4	5	6	7
Free expression	x*	x	x	x	x	x	x
Insight				x	x	x	x
Decision				x			x
Action				x			

*An x is placed in the square when statements were made indicating the attainment of an objective.

Expressions of negative feelings featured the first two interviews.

Interview 1:

S: "It is so bad here, you sometimes feel like running away. They treat us as if we are criminals, and make us do work over and over just to keep us busy."

Following the second interview expressions of positive feelings were given and in the fourth interview some insight was indicated.

Interview 4:

S: "I've decided I want to go with my mother when I get out."

C: "You were undecided where to go."

S: "Yes. I thought I would have a better chance of being good with my father, but I've decided it isn't where you are that makes you good or bad, it's whether you want to be. You could be bad any place if that's what you wanted to be."

S: "It's a new experience for me to make up my own mind about things like that."

C: "You find this new experience of trying to figure out the solutions to your own problems to be an enjoyable one?"

S: "Well, it isn't very easy at times. Sometimes I don't know whether I can or not."

Interview 5:

S: "I've had a bad week. I got in an argument and was given ten demerits. . . . I haven't felt like that for quite awhile."

C: "It was sort of a new experience then?"

S: "Oh, I used to feel mean like that all the time."

Interview 6:

S: " It seems good to be able to think and decide for myself whether I want to really do some things now. I used to sort of do a lot of things kind of either because I felt I had to do it anyhow, no matter how I felt about it."

C: "You are more able to sort of think and decide for yourself what you do and what you don't do, without feeling you just have to do certain things, or may be without ever thinking about them at all."

S: "Yes. I guess this is about the first time I've ever really thought about myself and the way I act. I've always sort of blamed others for what I do, but I guess it might be mostly my own fault."

Interview 7:

The subject talked mostly of her new plans after she is released and suggested that she felt able to get along without coming in again.

RESULTS OF THE MMPI

Fig. 7. Pair 4. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

Both subjects remained generally within the normal range of scores.

It may be noted that on the most extreme scale, the experimental subject, on the end-test score, has given less abnormal responses than on the pre-test.

Contrasted to these results, the control subject gave more abnormal responses in the scales of most extreme deviation on the end-test.

While scores on all scales but two remained within the normal range, the experimental subject tended toward a more normal score on the end-test, with the control subject tending toward a more abnormal score on the same test.

RESULTS OF THE C T P

Fig. 8. Pair 4. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The pre-test scores of the experimental subject are relatively low in self adjustment. Her ninety five percentile score on the end-test indicates marked improvement. Significant improvement is also indicated in the component of social adjustment.

The scores of the control subject denote some decrement in self adjustment and improvement in social adjustment.

Both subjects have better scores in total adjustment on the end-test, with the experimental subject showing a wider difference of improvement.

RESULTS OF THE H-O-W

Table 8. Pair 4. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	32	52	34	44
Intellectual	16	11	13	14
Physical	19	13	10	10
Social	21	22	21	23
Emotional	24	31	17	18
Total	112	129	95	109

* The higher scores are indicative of maladjustment.

The higher scores of the experimental subject's rating on the end-test denotes some increase in maladjustment, in the opinion of the scorer. Behavior problems, especially, are thought by the person rating this subject to have increased either in number or degree during the interview series.

The control subject, likewise, has been shown, according to the scores, to have evidenced some degree of decrement in general behavior during the time the interviews were being conducted. The ratings suggest the greatest decrement to have been observed in behavior problems.

Summary, Pair 4. Supporting statements are indicative of all objectives having been attained during the series of interviews. Both the MMPI and the CTP show, by general pattern, more improvement of adjustment in the experimental subject than was shown in the control subject. The H-O-W schedules present no appreciable difference for

either subject during the experimental interval.

Three measuring instruments are consistent with more improved end-test scores in favor of the experimental subject, with the fourth measuring device giving little score differences in favor of either subject.

RESULTS OF THE INTERVIEW

Table 9. Pair 5. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews						
	1	2	3	4	5	6	7
Free expression	x*	x	x	x	x	x	x
Insight				x	x	x	x
Decision				x	x	x	x
Action							x

*An x is placed in the square when statements were made indicating the attainment of an objective.

Free expression was attained throughout the series of interviews. During the fourth interview some insight was apparent with regard to a problem that had been talked about at some length in previous interviews.

Interview 4:

S: "I have solved - I have figured out the answer to one thing that has bothered me for quite a while. You remember when I asked you what I should do when any one asked me, or made any cracks about being here. Well, I've figured out how to handle that. In the first place it don't worry me as much as it did. Just talking about it and thinking makes it so it don't seem so big as it did."

Interview 5:

S: "I feel bad at times, but it's not as bad as it used to be because I can think, well, tomorrow I'll feel better, and I usually do. I don't feel so bad about being here, either, as I have done. I want to stay here now, I don't want to go to Englewood. That's another

thing that I have worried a lot about."

Interview 7:

S: One thing I can do now is solve my own problems. I always used to ask someone else what to do, but I don't have to any more with most things."

* * *

S: "It doesn't bother me to be here any more. I know it is necessary for me to finish my term here. I'm not afraid of getting out, either. It used to worry me about what people would say. I don't worry about these things like I used to. . . . I have had lots of chances to run away, but I've decided to stay."

RESULTS OF THE MMPI

Fig. 9. Pair 5. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test - - -; control subject pre-test —, end-test - - -.

The scales in which the most abnormal responses were given, by the experimental subject, are the D and Pd on the pre-test. The end-test indicates a decreased number of abnormal responses on the same two scales. All other scores, with the exception of L, which may tend to invalidate all the scales, appear to be well within the range of normal responses.

The control subject has scored within the normal range on all scales in both tests, with one exception. This is the end-test score on the Pd scale. One other score, on the Pt scale, approaches the abnormal area.

It would seem safe to conclude, according to the two scores of both subjects, that the counseled subject has shown some improvement in the abnormally indicated areas, while the control subject, in these same areas, has shown some decrement.

RESULTS OF THE C T P

Fig. 10. Pair 5. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The pre-test and end-test scores of the counseled subject indicate a five percentile decrement in his self adjustment during the two month period while the interviews were being conducted. The pre-test and end-test scores in social adjustment indicate a 10 percentile improvement over the same period of time.

The same scores of the control subject show a 15 percentile increase in self adjustment and a 15 percentile decrease in social adjustment.

The pre-test and end-test scores in total adjustment are the same in the case of the experimental subject and indicate a 5 percentile decrement during the experimental interval for the non-counseled subject.

RESULTS OF THE H-O-W

Table 10. Pair 5. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	--	--	--	--
Intellectual	12	12	27	27
Physical	11	11	15	15
Social	19	12	32	30
Emotional	16	12	35	35
Total	58	47	109	107

* The higher scores are indicative of maladjustment.

Both pre-test and end-test scores indicate the experimental subject to be comparatively well adjusted. The difference of the two scores points to the fact that the observer believed the subject attained even better adjustment during the experimental interval. The control subject, as shown by total scores, was thought to have made little, if any, significantly improved general adjustment.

Summary, Pair 5. Statements were given during the series of therapeutic interviews that gave evidence of the attainment of all the objectives. The CTP was the only measuring instrument that gave no supporting evidence of generally improved adjustment during the experimental process. End-test total scores, both on the MMPI and on the H-O-W schedules, along with the attainment of the therapeutic objectives during the interviews, support the assumption that the experimental subject showed a greater difference of improved general adjustment from the pre-tests to the end-tests.

RESULTS OF THE INTERVIEW

Table 11. Pair 6. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews									
	1	2	3	4	5	6	7	8	9	10
Free expression		x*	x				x	x	x	x
Insight									x	x
Decision									x	x
Action									x	x

*An x is placed in the square when statements were made indicating the attainment of an objective.

A considerable portion of this subject's responses during most of the interviews were of a violently revengeful, negative nature. His expressions indicated an attitude of having been dealt with unjustly, along with the feeling of a need to strike back.

Interview 2:

S: "I'm still getting a dirty deal."

C: "Things haven't seemed to change much."

S: "I got to miss eight shows now; two for stealing pies, two for smacking _____, two for smoking in the school house, and two for sleeping in church."

The subject spent the first several interviews complaining about everything with which he came in contact, including the school, the fellows, the food, the administration, teachers, company commanders, policy, the state boys getting all the breaks, etc.

Interview 3:

C: "You don't feel that things are any better."

S: "Worse. It doesn't get better, it gets worse."

Following the fourth interview, the subject ran away, was found and brought back, and the negative responses continued until the ninth interview.

Interview 9:

S: "I sure can see things a lot different. It happened all at once. I'm satisfied to stay here now. I feel different about the place and all the guys here. I guess it was just me. . . . It makes me feel a little silly to look back on what I've said before."

The following is a quotation from one of the instructors at the school: "_____ (subject) has been a hard boy to handle, but something has helped him lately. He is doing a good job of things now."

RESULTS OF THE MMPI

Fig. 11. Pair 6. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test - - -; control subject pre-test —, end-test - - -.

The pre-test scores of the experimental subject show a large proportion of abnormal responses made on most of the psychotic and psychoneurotic scales. The end-test scores indicate fewer abnormal responses in all but three scales, two of which remain the same. The end-test results show more abnormal responses on the Pa scale than were made on the first test.

On the pre-test, the control subject scored within the normal range of responses on all scales. The second scores indicate more abnormal responses made, especially in the psychotic scales.

With one exception, the end-test scores of the experimental subject recorded improvement, where the results tended to be extreme. The control subject has made fewer normal responses on the psychotic scales in the end-test. On the psychoneurotic end of the profile the second test scores indicate more abnormal responses on the Pd and D scales and normal responses on the Hs scale.

RESULTS OF THE C T P

Fig. 12. Pair 6. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test - - - ; control subject pre-test —, end-test - - -.

The experimental subject's end-scores show a 5 percentile increase in self adjustment and a 5 percentile decrease in social adjustment compared with the pre-test scores. Component c, sense of personal freedom, exhibits the most extreme decrement deviation of any component

listed under self adjustment.

The control subject, by the indication of scores, shows an increase in general adjustment on both the self and social scales.

The total adjustment scores indicate a 5 percentile decrement in the case of the experimental subject and a 30 percentile improvement in the case of the control subject.

RESULTS OF THE H-O-W

Table 12. Pair 6. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	—	—	—	—
Intellectual	25	25	15	15
Physical	13	13	11	11
Social	32	21	18	18
Emotional	23	17	16	16
Total	93	76	60	60

* The higher scores are indicative of maladjustment.

In the four categories of adjustment that were scored by the person making the observation, the total scores are indicative of some general improvement in the experimental subject. The control subject was observed to have made no improved adjustment.

It may be of interest to note that in this rating, as with some others, the changes that are recorded to have occurred, are primarily in the social and emotional phases of adjustment.

Summary. Pair 6. Statements were given during the interviews that were indicative of the subject having attained all the therapeutic objectives. Pre-test and end-test total scores on the MMPI and on the H-O-W supported the interview statements indicating improved general adjustment. Results of the CTP failed to lend supporting evidence to the assumption that the experimental subject showed a greater difference of improved adjustment.

RESULTS OF THE INTERVIEW

Table 13. Pair 7. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews							
	1	2	3	4	5	6	7	8
Free expression								
Insight								
Decision								
Action								

*An x is placed in the square when statements were made indicating the attainment of an objective.

This subject was unique in that he brought no problems to the interviews. He was apparently well adjusted at the institution and in no way during the interviews approached his anti-social behavior problems. No problems of concern to him, if he had any, were discussed or even mentioned during the entire series. Whether this subject had already completed the task of adjustment, or just didn't recognize or wish to discuss his situation, the counselor was unable to determine. At any rate it may be safely concluded that none of the objectives, as outlined, were achieved during the interviews. His expression was free only for short intervals, and almost never in relation to his own problems.

RESULTS OF THE MMPI

Fig. 13. Pair 7. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

All responses in the case of the experimental subject on both tests, are within the normal range, with the exception of those made on the Ma scale in the end-test. In this case the end-test indicates more abnormal responses on the Ma scale than were recorded in the pre-test.

The control subject shows a more normal trend on the D scale and a more abnormal trend on the Pd scale on the end-test than was shown on the first test. The psychotic end of the profile indicates some improvement on all except the Ma scale.

It would seem that the total results indicate some decrement for the experimental subject on the Ma scale in the end-test results. The two scores of the control subject show improvement on the D, Pa, Pt, and Sc scales, and a decrement on the Pd and Ma scales.

RESULTS OF THE C T P

Fig. 14. Pair 7. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The two test scores of the experimental subject represent an increase in better self adjustment of 30 percentile points. Most improvement is indicated in the personality component of self reliance. An even greater improvement, as indicated by total scores, was made in social adjustment.

The control subject received a decrease in percentile scores on the end-test in both self and social adjustment.

The total adjustment end-scores of the experimental subject show a 40 percentile higher score than the pre-test. With the control subject, the corresponding end-score shows a 20 percentile decrease.

RESULTS OF THE H-O-W

Table 14. Pair 7. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	—	—	—	—
Intellectual	14	16	12	14
Physical	10	10	10	11
Social	19	21	18	16
Emotional	21	21	17	17
Total	64	68	57	58

* The higher scores are indicative of maladjustment.

Total scores are consistent in showing very little deviation in either subject. Both subjects are indicated as having slightly increased maladjustments, but the differences of pre-test and end-test scores are not significant in either case.

The person making the observation, in this case, did not score either subject on the behavior scale.

Summary, Pair 7. The CTP was the only measuring instrument that indicated any difference of improvement in the experimental subject. No objectives were attained during the interviews and scores on both the MMPI and the H-O-W schedules are consistent in showing no significant difference of improved adjustment in the experimental subject over the control subject.

RESULTS OF THE INTERVIEW

Table 15. Pair 8. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews								
	1	2	3	4	5	6	7	8	9
Free expression	x*	x	x	x	x	x		x	x
Insight					x	x			
Decision					x	x			
Action					x	x			

*An x is placed in the square when statements were made indicating the attainment of an objective.

This case is somewhat unique in that the subject showed considerable insight during the fifth and sixth interviews, only to regress to negative expressions during the remaining interviews. Complete insight was never gained and the subject terminated the interviews by expressing a desire to discontinue. He freely expressed himself throughout the series and rapport was seemingly good.

Interview 5:

S: "I find myself quite often now stopping and thinking about things before I do something that might get me into trouble."

The following account was expressed by the case worker at the school:

"I had a talk with one of your boys. You've surely done him some good. He told me he had changed his way of thinking and that it had done him a lot of good to come in and talk."

Interview 6:

Subject told of some boys running away the previous night.

S: "I had a chance to go with them, but I thought about it for awhile and then I knew I didn't want to go. If I had done that some of the times before, I might not even be here."

Interview 7:

S: "Something's happened that I don't think I'm going home so soon. Maybe Mr. _____ had something to do with it. I can't get along with him. If I'm not out by February, I'm going to run away. Then I don't care what happens."

Interview 8:

S: "I felt better for awhile, but now I feel just like I used to. They blame me for everything that happens. Like if something's taken, I always get the blame."

* * *

S: "I haven't got any reasons for feeling like that, but I just don't want to stay here any longer."

Interview 9:

S: "I'm going right on messing up as long as I feel this way. It's no use trying to get along as long as they treat you that way."

This feeling of being unjustly treated and of being singled out for punishment seems, in most cases, to decrease in proportion to the amount of insight attained.

RESULTS OF THE MMPI

Fig. 15. Pair 8. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The responses of the experimental subject approached the abnormal area only on the psychotic end of the profile. End-test scores indicate a greater number of normal responses on these scales.

The control subject exhibits some extreme abnormality in some of the psychotic scales on the pre-test. The end-test scores indicate a trend toward more abnormal responses in the psychoneuroses and fewer in the psychoses.

The scores show the experimental subject to have given fewer abnormal responses in the psychoses, while the control subject shows improvement in the psychotic scales and a decrement in some of the psychoneurotic components.

The high F scores, in both cases, are consistent with abnormal tendencies exhibited in the psychotic scales.

RESULTS OF THE C T P

Fig. 16. Pair 8. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

Some improvement is indicated in self adjustment and some decrement in social adjustment with the experimental subject.

In the case of the control subject, the end-test scores show a 5 percentile improvement. In social adjustment the same scores denote considerable decrement.

The total adjustment score remained the same with the experimental subject. The control subject scored some decrement on the end-test.

RESULTS OF THE H-O-W

Table 16. Pair 8. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	—	—	—	—
Intellectual	21	15	21	17
Physical	18	16	15	13
Social	32	35	20	21
Emotional	38	40	27	24
Total	109	106	83	75

* The higher scores are indicative of maladjustment.

Although both of the end-test scores indicate a greater degree of improved adjustment in both subjects, the difference is small in both cases. Scores show the control subject of this pair to have a slight advantage of improvement during the experimental interval.

The person rating in this case gave no scores on behavior problems.

Summary. Pair 8. Although some statements were made during the interviews that would suggest the subject had attained the therapeutic objectives, a regression was made in the final interviews to negative responses. It was felt that the subject could not be assumed to have finally attained the objectives. All measuring instruments supported this contention and all were consistent in showing by total scores that no difference of improved adjustment was evidenced in the experimental subject.

RESULTS OF THE INTERVIEW

Table 17. Pair 9. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews									
	1	2	3	4	5	6	7	8	9	10
Free expression	x*	x	x	x	x	x	x	x	x	x
Insight										
Decision										
Action										

*An x is placed in the square when statements were made indicating the attainment of an objective.

The outcomes of this interview series were different in some respects from the others. The subject expressed himself freely most of the time, but at no time during the series did he indicate by his responses that any insight was gained. During the final four interviews, no reference was made to himself in the form of recognizing his own situation.

His expressions revealed that his major interest was "outsmarting" the staff members "without getting caught". This attitude was carried through to the last interview.

His general attitude of indifference was never threatened or changed.

Interview 10:

S: "I've got a new job now. I like it too. You have more chance to play around."

S: "Maybe I'll think about how to stay out of this place sometime."

After taking some article from his pocket, the subject remarked:

"Look, you're not supposed to have these things. It's against the rules."

The counselor suggested that the interviews be discontinued.

RESULTS OF THE MMPI

Fig. 17. Pair 9. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test — , end-test --- ; control subject pre-test — , end-test --- .

The scores of both the pre-test and end-test are within the normal range, in the case of the experimental subject.

The control subject shows scores indicating abnormality on the Pd and psychotic scales in both tests. The end-test scores denote some decrement on these scales in adjustment, during the time that elapsed while the interviews were in progress.

A normal profile was scored by the experimental subject on both tests. The control subject presents a profile with some decrement on the end-test Pd and psychotic scores.

RESULTS OF THE C T P

Fig. 18. Pair 9. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The experimental subject shows an above average adjustment in both the self and social components on each test. There is little difference in the pre-test and end-test scores.

The control subject rated below average in self adjustment and social adjustment on the pre-test. The end-test scores indicate some

improvement in the two components.

In total adjustment, both subjects are shown by their scores to have made some improvement.

RESULTS OF THE H-O-W

Table 18. Pair 9. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	--	--	--	--
Intellectual	15	15	23	23
Physical	13	13	14	14
Social	26	18	23	23
Emotional	18	14	15	15
Total	72	60	75	75

* The higher scores are indicative of maladjustment.

The total scores indicate that the observer believed the experimental subject made some progress toward better adjustment during the time of counseling. In the case of the control subject, no improvement was shown in the end-test rating.

No rating was made for either subject on the behavior scale.

Summary, Pair 9: No statements were made during the interviews that gave evidence of the attainment of the therapeutic objectives, although the subject expressed himself freely during each interview. Scores on both the MMPI and the CTP, however, indicated a greater difference of improvement in the experimental subject. Total scores on the H-O-W are in line with the other test findings. All test results give evidence in their total scores of some difference of improved adjustment in the experimental subject. These implications are not consistent with the observed statements made during the interviews.

RESULTS OF THE INTERVIEW

Table 19. Pair 10. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews			
	1	2	3	4
Free expression				
Insight				
Decision				
Action				

*An x is placed in the square when statements were made indicating the attainment of an objective.

Rapport was never gained with this subject. His expressions were of a nature that indicated he was suspicious of the counselor's motives. Statements such as, "we are the guinea pigs and you are the experimenter," will indicate the counselor's failure in this case to gain the confidence of the subject.

Other statements similar to the above, made during the fourth interview were, in the counselor's opinion, indicative of the futility of continuing the contacts.

At the counselor's suggestion, the interviews were terminated with no objectives having been reached.

RESULTS OF THE MMPI

Fig. 19. Pair 10. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test — , end-test --- ; control subject pre-test — , end-test --- .

The experimental subject, according to the pre-test scores, has responded quite abnormally on both ends of the profile. The end-test scores show some improvement in responses in every scale where the abnormal responses were most prevalent.

Some improvement is indicated in the control subject's responses on the psychoneurotic end of the scale, while a tendency toward more abnormal responses is shown in the psychoses scales.

It would be difficult to draw a conclusion on the differences of gain or loss with these two subjects, inasmuch as their differences vary widely both in particular scales of improvement and in amount of improvement or decrement indicated.

RESULTS OF THE C T P

Fig. 20. Pair 10. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test —, end-test ---; control subject pre-test —, end-test ---.

The experimental subject, according to the two scores, has made some improvement in self adjustment during the interviews, but shows some decrement during the same period in social adjustment.

The test results of the control subject indicate some decrement in both self adjustment and social adjustment.

The end-score in total adjustment shows no variance with the pre-test results, in the case of the experimental subject. The control subject made lower scores on the end-test, indicating some decrement in self, social, and total adjustment.

RESULTS OF THE H-O-W

Table 20. Pair 10. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	---	---	---	---
Intellectual	15	15	27	27
Physical	11	11	17	17
Social	24	24	26	17
Emotional	17	17	31	25
Total	67	67	101	86

* The higher scores are indicative of maladjustment.

Total scores indicate the experimental subject was not observed to have evidenced any improved adjustment during the experimental interval. On the other hand, the control subject, by the same measure, was observed to have improved in general adjustment.

No scores were given by the person rating the subjects on the behavior scale.

Summary, Pair 10. None of the therapeutic objectives were attained during the interviews. All measuring devices were consistent in their indications, by total pre-test and end-test scores, of no significant differences of improved adjustment in the experimental subject.

RESULTS OF THE INTERVIEW

Table 21. Pair 11. Experimental Subject. Interview Results.

Therapeutic Objectives	Interviews					
	1	2	3	4	5	6
Free expression			x*	x		
Insight						
Decision						
Action						

*An x is placed in the square when statements were made indicating the attainment of an objective.

The counselor wondered if, in this case, the subject had the "will to grow", that Rogers emphasizes as essential to successful non-directive psychotherapy.

Only one problem was approached during the series and it is questionable if progress toward its solution was made.

The interviews were terminated at the subject's suggestion that "everything is all right now, and I don't want to come in any more."

Interview 5:

Counselor talked with the subject again of the purpose of the interviews, and reviewed a few of the problems the other girls had been discussing.

C: "Do you have any problems - anything like these - that you think about sometimes?"

S: "No. I don't have any problems like that."

Interview 6:

C: "You told me about one problem you had, of not being able to get along with the girls."

S: "Oh, yes. But I get along swell with them now."

This statement didn't bear out the obvious facts, and the counselor felt that the interviews were not progressing in a way that would justify continuing them.

RESULTS OF THE MMPI

Fig. 21. Pair 11. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test — , end-test ---; control subject pre-test — , end-test ---.

The two profiles of the experimental subject, in this case, show little consistency. The end-test scores show a tendency toward the abnormal on the Pd scale and an increase in normal responses on the Sc and Ma scales. The latter two are the only scores exceeding the normal range.

The scores of the control subject indicate a general trend toward becoming more abnormal during the time the experiment was in progress.

On the neurotic scales, both subjects made an increased number of abnormal responses on the end-test. On the psychotic end of the profile, the experimental subject gave fewer abnormal responses on the last test.

RESULTS OF THE C T P

Fig. 22. Pair 11. Pre-test and end-test profiles of the experimental and control subjects. Key: Experimental subject pre-test—, end-test---; control subject pre-test—, end-test---.

The test results of the experimental subject indicate considerable improvement in self adjustment during the interview series. Similar results are found to exist in the component of social adjustment.

Scores of the control subject also are representative of improvement in self and social adjustment, but in the latter case, to a lesser

degree.

The total adjustment end-scores of both subjects are considerably higher than pre-test scores, indicating some improvement in both cases.

RESULTS OF THE H-O-W

Table 22. Pair 11. H-O-W Raw Scores.*

Problem	Experimental Subject		Control Subject	
	Pre-test	End-test	Pre-test	End-test
Behavior	118	74	46	30
Intellectual	17	22	14	17
Physical	19	28	18	25
Social	40	38	30	23
Emotional	24	35	22	20
Total	218	197	130	115

* The higher scores are indicative of maladjustment.

The scores of the experimental subject, as recorded by the person executing this schedule, indicate considerable improvement in behavior problems and at the same time considerable decrement in emotional problems. A comparison of total scores indicate a greater difference of improvement in the experimental subject, but this difference is not significant.

Summary, Pair 11. The therapeutic objective, free expression, was attained by the subject during two interviews. No other objectives were reached during the entire series of interviews. The counselor felt that non-directive psychotherapy did not succeed with this subject in view of the fact that no therapeutic objectives were reached satisfactorily. Score results of the MMPI, the CIP, and the H-O-W tests, however, all indicated some improved adjustment in the subject during the experimental period.

SUMMARY OF THE RESULTS

Comparative scores and profiles of the experimental and the control subject of each pair have been shown for each of the testing devices, and summaries of these comparisons have been made. The influence of counseling, as determined by the attainment of the therapeutic objectives and scores on the other three measuring instruments, has been presented with each of the eleven pairs.

In addition to this, it was felt that comparisons of pre-test and end-test results of the total scores of both groups on each of the testing instruments would be useful. It is the purpose of this section to present tables and figures showing these results, along with a statistical analysis of the significance of gains that may be found in the scores of either group.

Following are charts presenting the results of the experimental subjects, as a group, and the control subjects, as a group, on the three objective tests; and a table indicating the success or failure of the experimental group in attaining the therapeutic objectives.

SUMMARY OF THE INTERVIEWS

Table 23 presents a summary view of the success of non-directive psychotherapy with the experimental subjects as determined by the attainment of the therapeutic objectives.

Table 23. The Interview Results with Eleven Experimental Subjects.

Experimental Subject	Therapeutic Objectives			
	Free Expression	Insight	Decision	Action
Pair 1	x*	x	x	x
Pair 2	x	x	x	x
Pair 3	x	x	x	x
Pair 4	x	x	x	x
Pair 5	x	x	x	x
Pair 6	x	x	x	x
Pair 7	—	—	—	—
Pair 8	x	—	—	—
Pair 9	x	—	—	—
Pair 10	x	—	—	—
Pair 11	—	—	—	—

*An x indicates that the therapeutic objective was attained to some degree with the corresponding subject.

It will be noted in Table 23 that, according to statements made during the interviews, six of the eleven subjects attained all the therapeutic objectives. In three cases, one objective was reached and in two cases no objectives were attained by the subjects.

It was not expected that non-directive counseling would be successful with all the subjects, since they did not meet completely Roger's criteria (18, pp. 76-77). In fact, it was one of the purposes of this study, as

previously stated, to determine if the therapeutic objectives, as criterion of success, could be attained with delinquent individuals.

As a further note of significance, more extensive psychotherapy might have been done with some of the six subjects who attained all the therapeutic objectives. As soon as the objectives were reached, the interviews were terminated and no further effort was made to assist the subject to gain deeper insights, which may have been possible if more time had been available.

Since all the objectives were attained by at least six of the subjects, some gains on the tests selected to measure improved personal and social adjustment might, according to the hypothesis, be expected.

SUMMARY OF THE MMPI

In figure 23 are presented pre-test and end-test results, and significance of these results, for the experimental and control groups. In addition, statistical comparisons have been computed for the differences in gains shown by the counseled and the non-counseled subjects.

Fig. 23. Comparative mean profiles of the pre-test and end-test scores of ten experimental and ten control subjects on the MMPI. Key: Experimental group pre-test—, end-test---; control group pre-test—, end-test---.

* t scores at 3.25 and 2.26 are significant at the 1 percent and 5 percent levels, respectively.

The four profiles on this figure represent the mean pre-test and end-test scores of the experimental and control groups on the various scales of the test. Of the validating scales, ?, L, K, and F, only the responses given

on the F scale show a tendency to deviate from normal. As noted previously, Gough's Study (11) indicates a tendency for the F scale to have a higher score with individuals who respond abnormally on the psychotic scales. The psychoneurotic tendencies, represented by the Hs, the D, and the Hy scales, are not shown to exist to any great degree in either group. More abnormal responses were made by all the subjects on the Pd scale than were made on any other scale in the profile. Deviations from normal are apparent, but not of an extreme nature, on the Mf, Pa, and Pt scales. Some average tendency toward a large portion of abnormal responses is evidenced on the Sc and Ma scales. The group of subjects used in the experiment tend to deviate more toward the characteristics of patients diagnosed as psychopathic deviates, schizophrenics, and hypomanics, than of any other type of patient represented on the profile.

For the experimental subjects, the mean gains from the pre-test to the end-test are presented on the first line below figure 23. On each of the nine scales a gain in the direction of less abnormality is indicated. The statistical significance of this gain on each scale is presented in the second and third rows of figures under the profile. It is shown to be significant at the 1 percent level of chance on the Hs, Pt, and Sc scales. End-test gains of the control group are listed in the fourth line, under each of the scales. On six of the nine scales, negative gains are noted. This indicates a decrement rather than improvement in the personality traits represented by these scales, during the time of the experiment. None of the control group gains, however, were statistically significant at the 1 percent or at the 5 percent levels, as shown in the fifth and sixth lines, designated as control t and P,

except on the Pd scale, and that in a negative direction.

Beginning at the line designated as mean difference of gain, the algebraic differences in the gains made by the experimental and control groups are shown. The t ratios for these comparisons indicate that the differences are significant at the 1 percent level on the three scales, Hs, Pd, and Pt. Significance at the 5 percent level is shown on the two scales, Sc and Ma. The four scales, D, Hy, Mf, and Pa, show no significant differences between the gains made by the two groups.

It is on the scales for measuring hypochondriasis, psychopathic deviation, and psychasthenia that the gains made by the counseled subjects exceed significantly (at the 1 percent level) the negative gains made by the non-counseled subjects. This fact is understandable in view of the counselor's observations of the subjects during the interviews.

A variety of physical complaints seemed characteristic of a large portion of the subjects. In several cases this observation was confirmed by hospitalization reports and remarks made by the hospital attendant at the institution. It was observed in two cases that hospitalization rates were reduced considerably during and following the interviews. This observation is somewhat subjective, as no supporting figures were recorded, but it was felt that some symptoms characteristic of the clinically diagnosed hypochondriasis patient were noticeably relieved in some cases.

We may also expect, if any change was recorded, that it would occur on the psychopathic scale. It is found generally that delinquents are described as possessing some of the characteristics commonly ascribed to a psychopathic individual. If a valid assumption has been made in this respect, then the results of the Pd scale may offer some support to such

a hypothetical statement.

Some statements recorded in the last interview of case 1 offer a sample of many statements indicating behavior of a compulsive nature to be characteristic of the experimental subjects. The authors of the test includes compulsive behavior as one characteristic of the psychasthenic patient, in a description of the Pt scale. It was not surprising to the investigator to find significant improvement on the Pt scale in view of the many seemingly compulsive symptoms demonstrated and expressed by the subjects during the interviews.

SUMMARY OF THE C T P

The following figure shows pre-test and end-test profiles and their statistical significance for the experimental and control groups.

Personality Component	Percentile						Experimental group				Control group				Exper. minus control			
	30	40	50	60	70	80	md	σ md	t	P	md	σ md	t	P	md	σ md	t	P
Self adjustment							20.5	8.1	2.54	<.05	6.0	5.67	1.06	>.05	14.5	11.9	1.22	>.05
Social adjustment							16.0	6.66	2.40	<.05	-2.0	10.12	.20	>.05	18.0	10.3	1.75	>.05
Total adjustment							17.5	7.03	2.49	<.05	0.0	7.09	0.00	>.05	17.5	10.0	1.75	>.05

Fig. 24. Comparative mean profiles of the pre-test and end-test scores of ten experimental and ten control subjects on the CTP. Key: experimental subject pre-test—, end-test---; control subject pre-test—, end-test---.

In figure 24, profiles and comparative computations were made on only the three major personality components, self adjustment, social adjustment, and total adjustment. The four profiles represent pre-test and end-test mean percentile scores of the experimental and control subjects. The mean changes from pre-test to end-test for both groups and the significance of these differences are shown. In addition, the differences between the gains made by experimental and control subjects and the statistical significance of these differences are given.

Under the section, experimental group, the mean gains are shown to be 20.5 percentile scores in self adjustment, 16.0 percentile scores in social adjustment, and 17.5 percentile scores in total adjustment. These gains are all significant at the 5 percent level of chance. The mean control gains are shown to be 6, -2, and 0 for self, social, and total adjustments. None of these gains are significant at the 5 percent level. The experimental group shows a difference in gain over the control group of 14.5, 10.3, and 17.5 percentile scores on the components, self, social, and total adjustments. These differences in gain, however, were not statistically significant at the 5 percent level of chance in any component.

SUMMARY OF THE H-O-W

The following table presents pre-test and end-test total scores and changes in score for each subject. In addition, total scores and gains for the experimental and control groups and the significance of these gains are shown. The last column presents the differences in gains made by experimental and control subjects.

Table 24. Comparative Total Raw Scores of Eleven Experimental and Eleven Control Subjects.

Experimental Subject				Control Subject			Differ- ences
Pair	Pre-test	End-test	Gain	Pre-test	End-test	Gain	Gain
1	74	62	12	101	101	0	12
2	214	171	43	180	154	26	17
3	120	142	-22	103	96	7	-29
4	112	129	-17	95	109	-14	- 3
5	58	47	11	109	107	2	9
6	93	76	17	60	60	0	17
7	64	68	- 4	57	58	-1	- 3
8	109	106	3	83	75	8	- 5
9	72	60	12	75	75	0	12
10	67	67	0	101	86	15	-15
11	218	197	21	130	115	15	6
Total	1201	1125	76	1094	1036	58	19
Mean difference			6.9			5.3	1.7
σ_{md}			5.44			3.45	4.33
t			1.27			1.54	.44
P			>.05			>.05	>.05

Neither the gains made by the control group or by the experimental group are found to be significant, even at the 5 percent level. Nor is the algebraic difference in the gains made by the two groups significant.

Total raw scores show the experimental group to have improved slightly more than the control group during the experimental interval. Wide deviations in the scores of some of the experimental subjects reduced the significance of this gain.

As noted previously, the execution of the H-O-W schedules was not accomplished in a manner that conformed to the authors' recommendations of procedure for using the test. In some cases, the subject was not given a pre-rating until after the interviewing was in progress. In other cases, the subject was pre-rated and end-rated several weeks after the interviewing was completed. In view of this lack of conformity to correct procedure by the persons rating the subjects, it is felt that the results as shown here may not be considered to be highly reliable.

SUMMARY AND CONCLUSIONS

It was the purpose of this study to make application of Carl R. Rogers' non-directive method of psychotherapy in the treatment of juvenile delinquents. The study was set up in an effort to determine the value of such a treatment procedure as one method of treating this type of individual.

The hypothesis to be tested was that non-directive psychotherapy would improve the personal and social adjustment of institutionalized delinquents. Supporting this general assumption the following three corollaries were assumed: (1) that improved personal adjustment would be reflected in adjustment inventories, (2) that improved social behavior would be reflected in social behavior rating scales, and (3) that the therapeutic objectives of non-directive counseling would be attained during the series of interviews with each subject. The general hypothesis is supported to the extent that the results support each of the corollaries.

In proceeding toward an experimental test of the hypotheses, testing devices were selected for the purpose of detecting and measuring improvement that may occur in the individual during the counseling process. The means used and described in the study for this purpose are (1) expressions of the subjects, (2) the Minnesota Multiphasic Personality Inventory, (3) the California Test of Personality, (4) the Haggerty-Olson-Wickman Behavior Rating Schedules. Statements made by each subject were presumed to be indicative of better adjustment when they were of such a nature as to imply that the therapeutic objectives had been attained. The three other measuring instruments were administered to the eleven experimental

subjects before, and after the counseling interviews. A comparison of the pre-test and end-test scores, was presumed to indicate the improved adjustment of the subject while the interviewing was in progress. Any improvement that might be measured by this procedure, however, may be thought of as having occurred, not only from the influence of non-directive counseling, but possibly from other sources.

In order to isolate, as far as possible, the influence of counseling, a control group was used. Twenty two subjects were selected originally and equated as nearly as possible into pairs on the basis of age, intelligence, grade placement and previous records. From each pair, one subject was selected, on the basis of chance, to represent the group to be counseled, while the remaining eleven subjects made up the control group.

Statements made by the subjects during the interviews were used to determine whether or not the therapeutic objectives were attained with each subject. Some of these statements and a summary table of each interview series were recorded in the study. The three objective testing devices were administered to the control subject before and after each series of interviews at the same time they were given to the experimental subject. In addition to observing pre-test to end-test gains made by the subjects who were counseled, comparisons with the gains made by the subjects who were not counseled were made. The differences of these gains are presumed to be due to counseling.

On the basis of the data obtained from the interviews and tests, the following conclusions are drawn:

- (1) Six of the eleven experimental subjects attained all the

therapeutic objectives of non-directive counseling, three subjects attained only the first objective, free expression, and the remaining two subjects failed to attain any of the objectives.

(2) The experimental subjects, as a group, made gains on all nine parts of the Minnesota Multiphasic Personality Inventory, but these gains were statistically significant at either the 1 percent or the 5 percent levels only for hypochondriasis, psychasthenia, and schizophrenia.

(3) The control subjects changed their scores from pre-test to end-test on the Minnesota Multiphasic Personality Inventory only slightly. In six instances the changes were negative, on the other three scales they were positive. Only one change, a decrement on the psychopathic deviate scale, was statistically significant, and that only at the 5 percent level of chance.

(4) The algebraic differences in the gains made by the counseled and non-counseled subjects were significantly favorable to the counseled subjects on the scales for measuring hypochondriasis, psychopathic deviate, psychasthenia, schizophrenia, and hypomania. For the first three traits the differences in gain are significant at the 1 percent level and in the last two they are significant at the 5 percent level.

(5) On the California Test of Personality, the experimental subjects, as a group, showed significant gains from pre-test to end-test at the 5 percent level in the major personality components, self-adjustment, social adjustment, and total adjustment.

(6) On the California Test of Personality, the control subjects, as a group, showed gains that were not significant at the 5 percent level in the components of self-adjustment, social adjustment, and total adjustment.

(7) The difference in the gains made on the California Test of Personality by the experimental and control groups were favorable to the experimental group, but not to the extent that the gains were significant at the 5 percent level.

(8) Results on the Haggerty-Olson-Wickman Behavior Rating Schedules show that neither the gains made by the experimental group nor by the control group are significant at the 5 percent level, although some gain was made in favor of experimental group. Nor is the algebraic difference in the gains made by the two groups significant. These results, however, may be open to further experimentation due to a lack of conformity to correct procedure in executing the schedules.

(9) The Minnesota Multiphasic Personality Inventory indicated improved general adjustment in the six subjects who attained all the therapeutic objectives.

(10) If the subjects used in this study represent typical cases, and if the tests are adequate in measuring changes that occur during non-directive psychotherapy, then the data would tend to support the general hypothesis that non-directive counseling does improve the personal and social adjustment of some delinquents. The three corollaries were supported to the extent that (a) the two adjustment inventories showed differences in pre-test to end-test gains favoring the counseled group, although these differences were less significant on the California Test of Personality; and (b) pre-test to end-test gains favored the counseled group on the behavior rating schedules, but the differences of these gains were not significant at the 5 percent level; and (c) six of the eleven subjects that were counseled attained all the the therapeutic objectives of non-directive counseling.

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