1951

Parents' Reasons for Premature Termination of Contacts in a Child Guidance Center

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PARENTS' REASONS FOR PREMATURE TERMINATION OF CONTACTS IN A CHILD GUIDANCE CENTER

by

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A Thesis Submitted to the Faculty of the Graduate School of Loyola University in Partial Fulfillment of the Requirements for the Degree of Master of Arts

June

1951

LIFE

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TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
II.	RELATED LITERATURE	13
III.	FACT-FINDING PROCEDURE	17
IV.	ANALYSIS OF DATA	27
V.	SUMMARY AND CONCLUSION	52
BIBLIOGRAPHY		56
APPENDIX		57

CHAPTER I

INTRODUCTION

One of the most important factors of successful child guidance is the role of parental cooperation. It is a factor that must be present from the initial contact with the clinic and remain a potent force throughout the treatment program, if successful child guidance is to be the end-product.[1]

Every child guidance center is confronted with the lack of parental cooperation which frequently appears in the form of a premature termination of the clinic contact. Such a break may take place at any time during the guidance program. It is the purpose of this study to discover the reasons for this withdrawal from treatment at a particular phase of the guidance program.

Many persons consider a child guidance program as consisting of a "diagnostic" phase and a "therapeutic" phase. These are not to be considered as two distinct and separate phases. In other words, the initial interview or history, and

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1 Clinic, as used in this paper, connotes an agency which may be medical or non-medical in function. Clinic and guidance center are used interchangeably.

other contacts which lead to the completion of the testing of the child, are not to be considered exclusively as "diagnostic" processes of the guidance program, followed by the "therapeutic" phase. They exist one with another, in fact, it can be stated that the "therapeutic" phase actually begins when the parents realize they have a problem and decide to seek aid. They have taken a step toward objectivity when they view the problem and arrive at the conclusion that they are unable through their own methods and abilities to find an adequate solution to their problem.

Thus, with a realization of needing aid, they contact the guidance center and arrange for an appointment. This appointment, in the more or less typical guidance center, is one where the parents tell their story to a staff member, either a psychologist or social worker.

In many cases as the parents tell their story they may come to grasp the importance of numerous factors which figure greatly in a child's adjustment to his environment. They may possibly become aware of an error in their disciplining methods, or of being over protective.

Some parents arrive for this appointment with a keen sense of embarrassment. They feel they have failed as parents when they are unable to rear one child properly, remembering their grandparents who, apparently without difficulty, reared

six or eight children. While waiting for their appointment time to arrive they cannot but notice other parents who are at the guidance center for the same reason as they: to seek assistance. This somewhat relieves the tension that has been mounting on the way to the center and while waiting for the appointment.

Actually, this contact, in all probability, will be the first instance the parents have encountered where someone will give their full and undivided attention to a recitation of their difficulties, without unnecessary interruption and patent advice. It is a new and unique situation; a situation the parents find extremely satisfying. They have come to the guidance center fearful of the visit, but leave with the warm assurance of promised assistance. They have lost some of their pent-up emotion through this recitation of their difficulties and approach the problem at home with a brighter outlook.

In most cases this experience gives some feeling of release to the parents and they possibly may derive some therapeutic value from these clinic contacts before any planned therapy is undertaken.

In some child guidance centers there is a waiting period after this initial visit, before the parents receive an appointment to bring the child to the clinic.[2]

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2 Case-handling procedure differs in each guidance center. It should be understood that the procedures mentioned in this paper are typical of many guidance centers, but not all.

Before appointment time the psychologist assigned to the case has reviewed the information obtained on the initial visit to learn as much as possible about the problem and the child. Knowledge of the child and the problem is helpful to the psychologist in approaching the child and establishing rapport.

A visit to a child guidance center is sometimes as new a situation, and possibly as tense, for the child as it was for the parents. The psychologist may need to calm and reassure the child. Good rapport is being established which is a vital part of the therapeutic relationship. Once the child has accepted the situation, he is taken to a private room where the testing will be done.

This is a further step in the "diagnostic" phase of the guidance program. The first test given to the child is usually an individual intelligence test to determine the intellectual level. When working with children who are in school the psychologist may next administer a battery of achievement tests in the basic school subjects to determine the grade level on which the child is working. From a survey of the test scores the psychologist can quickly discover evidence of poor achievement which possibly may be an important factor in the difficulty at home.

In the presence of a severe behavior disturbance, the psychologist may deem it advisable to explore the situation with

one of the various projective techniques especially designed to discover the deeper personality involvements of children.

The testing session while purportedly diagnostic may be of therapeutic value. This relationship between the psychologist and child may bring about a decrease of the behavior manifestations in the home situation. While the child is being tested the parents may, through counseling from another member of the staff, lose some of their undesirable attitudes and be able to achieve a better understanding of the problem and how to cope with it. In some instances, parents will converse with other parents in the waiting room and discover that their child's problem is not so unique after all.

Although the vital role played by the clinical experience of the psychologist has not been previously mentioned, the writer does not intend to create the illusion that test results alone are the most important factors in successful child guidance. One could never state that knowledge of test results alone would lead to the solution of a problem. The clinical acumen of the psychologist in being able to integrate the separate and unique features in each client relationship, in order to reach a valid diagnosis and plan proper therapy, remains the deciding factor in successful psychological guidance.

Nevertheless, the test results are helpful. They indicate the child's position in relation to other children of

the same age; but since each child has a unique personality, these tests tell not a little about the particular individual, yet rarely by themselves show how to effect a solution to his problem.

Regardless of the past experience of the psychologist, however extensive it may be, very little progress can be made in seeking an adequate solution to the child's problem without the fullest cooperation of the parents. It is not possible to regard this factor of child guidance too highly. The reasons the parents may have for withdrawing their cooperation at some time during the contact may be many.

Naturally, if the parents have been sent to the clinic by the school principal or a member of the court, or have come because some friend was sure they needed help, they may not have realized a need for assistance and consequently lack the disposition or attitude necessary to profit from the clinic relationship. In this case, there is greater threat that the clinic contact will be terminated prematurely. Wholehearted parental cooperation may thus be actually lacking even though the parents come to the guidance center for an initial interview and bring the child in for testing.

In some cases the parents realize a need for guidance and seek aid at the guidance center, but they have a belief that the clinical worker is a first rate magician. They do not

realize that successful treatment of the child's problem will depend in great measure upon their own efforts and cooperation. Once they have given their information about the child, the clinic is expected to suggest a magical formula designed to dispel the problem overnight. This attitude may be due to the popular literature, radio programs, and the movies which create that impression of psychological guidance.

In other cases, parents who achieve partial insight without courage and generosity are likely to end the clinic relationship. When they realize that their own efforts and cooperation are necessary to alter the child's attitude or their methods of handling specific home situations, continuity of clinic contact is seriously threatened.

We must also consider the transitory type of behavior when discussing the reasons for termination of clinic contacts. This type of behavior appears in children at certain ages and varies in the degree of disturbance at different intervals. During the period when the behavior symptoms reach a high frequency the parents may contact the center, feeling the need of aid. While they are waiting for an appointment to bring the child to the guidance center the symptoms may subside as the child passes this particular phase in his development. The parents may then reject the subsequent appointment. If the child manifests this type of behavior over a longer period there may

be times when the symptom will become very frequent and annoying, and at other times unnoticeable. If, perchance, the parents are called for an appointment during the "down" swing of this behavior symptom, they may terminate the contact without an adequate explanation of what is happening.

Undoubtedly there are those parents who prematurely terminate the clinic contact with valid reason. Illness, or some other unexpected occurrence, may arise making it impossible for the parents to continue the appointments. Some clinics are confronted with the problem of clients who come from a great distance and who must depend upon some other agency to provide transportation. Termination in such cases is not to be considered in the same category with the reasons of those parents who terminate the contact through lack of cooperation.

The Loyola Child Guidance Center is confronted with a certain percentage of premature terminations at a particular phase of the guidance program. These terminations occur between the completion of testing and the subsequent appointment at which time the parents are presented with a written report of the Center's findings.

At the Loyola Center, when the fact-finding phase of the guidance program has been completed, the psychologist integrates the information collected on the particular case and then prepares written reports of the Center's findings.

These reports are written by an experienced psychologist who has a thorough knowledge of the child and his parents. They are accurate "pen-pictures" of the child as he is now and as he should be.

There are two written reports. One is prepared in technical language for the school and other social agencies. Another report, non-technical in nature, is written for the parents.

This report written for the parents discloses the most significant findings of the contacts the Loyola Center has had with the child. It presents the measures whereby the child will be able to make the most of his potentialities and the means whereby he can be helped to overcome his limitations. Very often this report is the starting point for therapy with the parents.

When the parents' report is ready for presentation, the parents are given an appointment to come in and receive it. This appointment is with the Director of the Loyola Center. Upon arriving at the Center for this appointment, the parents are permitted to read the report before being seen by the Director, where a thorough discussion and necessary explanations of the report's contents will be made.

Some parents are not aware of the hours of preparation necessary to complete this report, nor realize its foremost and most valuable function; that of assisting the parents in doing

their part in helping the child to adjust. These parents are prone to read the report when they receive it, possibly again on the way home, and then place it with the other family papers collected for posterity.

This is not the purpose of this report. During the visit when they receive the report, the parents are strongly cautioned against forming this false attitude. The parents are advised that the report does not serve its intended purpose if read once and forgotten, but that it can become an important instrument in alleviating the problem situation once its value is realized.

The foremost and most valuable use of the report is to express the unfulfilled basic needs of the child as the source of the behavior difficulty.

This function can be illustrated by citing a few simple examples:

> A child of pre-school age may have become a difficult behavior problem, especially since the birth of a second child. It would be very natural for the parents to lavish more attention and care on the newcomer of the family. The report can help the parents to realize that sharing some of this attention with the older child will fulfill his need of affection and security and he will not be forced to rely upon behavior disturbances in an attempt to satisfy this need.
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> In another case, a school child may be receiving low grades because he cannot read, and consequently upsets the teacher and class by his antics during the reading period. At home the parents constantly remind him of his failures and

neglect to encourage him in his efforts to learn to read. The report may recommend tutoring to help the child learn to read and thus achieve the praise and recognition which he desires.

Still another case may be one of a young girl entering eighth grade whose parents have referred her to the Center because of constant lying. The parents may regard her as a small child whose every move they must watch and whose every action they must question. The report may illustrate for the parents their daughter's need to achieve self-reliance and independence and may outline means to help her acquire recognition as an individual.

The assistance offered by the report is received enthusiastically by most parents. After reading and discussing the report they appear to have gained some insight into the reasons for their child's behavior. Some parents are eager to take the necessary steps to achieve a better understanding between the child and themselves.

Often parents express appreciation for the report which they can take home. They regard the report as factual and authoritative and appear willing to use the suggestions it offers to help them effect an adequate adjustment of the problem situation. Often these suggestions may bring the parents to realize their own need for counseling and may pave the way for establishing a therapy relationship of long duration.

It is probable that most parents can assimilate and retain the contents of a written report more easily than the explanation and ideas presented in an interview situation. Whereas a verbal summation of clinic findings can be easily forgotten

or even misconstrued, the written report is always available to the parents when needed as a reference.

This study is an attempt to determine the reasons why some parents terminate the child guidance contacts prematurely without coming in to receive and discuss this report on their child.

If the reasons for parental neglect can be determined at this most crucial phase of the guidance program they may indicate the efficacy of certain adjustments in the policies and practices of the Loyola Center.

Such adjustments that would reduce these parental failures would in turn increase the efficiency of the total guidance program as well as provide better and more effective service for parents.

CHAPTER II

RELATED RESEARCH

At this stage in most theses an extensive review of related studies and literature is usually presented. However, the existing material on this problem is noticeably absent from the research journals. Only three studies were found which can be considered comparable to the present investigation.

In a study at the Pittsburgh Child Guidance Center the case records of eighteen parents who withdrew from treatment were examined to discover what factors influenced their decision to discontinue treatment.[3] There was no direct contact made with the parents. The study found that race, sex, ordinal position, religion, economic status, and intelligence of the children were not related to withdrawal from treatment. Resistance to the services of the agency was present in all case records examined. In conclusion it was stated that the most important factor leading to termination seemed to be the resistance of the parents to treatment, arising out of the parents' attitudes to-

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3 Ruth C. Olson, Some Factors Involved in Parents' Withdrawal from Child Guidance Treatment, Unpublished Master's Thesis, School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania, 1949.

ward their own involvement in the child's difficulties.

A similar study was made at the Guidance Institute of Berks County, Pennsylvania, where the case records of twenty-four parents who discontinued treatment on their own initiative were examined.[4] In this study also, no contact was made with the parents. It was concluded that 1) those parents who unconsciously rejected the child tended to remain in treatment, while those that openly rejected the child discontinued treatment; 2) that those parents who had some initial confidence in the clinic or whose attitudes toward the clinic were positive were found to be likely to continue treatment; 3) that those parents who referred their children for active behavior patterns were more likely to remain in treatment than those parents who referred their children for passive behavior; 4) that those parents of pre-school children were less likely to discontinue treatment than parents of older children; and 5) that those parents having the ability to recognize and express their own anxieties in relation to their child's problem were more likely to remain in treatment.

The third study was made at the Catholic Youth Organ-

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4 Eva M. Smigelsky, Why Parents Discontinue Child Guidance Treatment, Unpublished Master's Thesis, School of Social Work, Smith College, Northampton, Massachusetts, 1948.

ization in Chicago.[5] Here the records of 147 "closed" cases were examined to determine the reasons for closing or terminating the case. Investigation indicated that the greater per cent of parents (48.2%) terminated treatment due to lack of interest in further assistance. No attempt was made to discover if this termination was due to the parents' resistance to a threatening situation, or to the fact that they did not believe the aid being offered was of benefit. Somewhat more than a third (34%) of these cases were terminated in accordance with the plan of the therapist or because the parents felt the child had improved sufficiently. The remaining cases (17%) terminated for various reasons, such as other plans, aid from another agency, or inconvenience of contact. The authors felt that in the majority of cases the parents had given some rather definite explanation regarding the termination.

The purpose of each of the above studies was to determine the parents' reasons for withdrawal from treatment. The authors confined themselves to a study of the factors found in the individual case records and the statements of the clinic personnel involved in the treatment process.

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5 M. Carroll, P. Kalinauskas, and G. E. Ryan, An Analysis of the Cases Known to the Juvenile Deliquency Prevention Service, Catholic Youth Organization, Chicago, December, 1945 to June 1947, Unpublished Master's Thesis, Loyola University, School of Social Work, Chicago, Illinois, 1949.

The present study differs from those mentioned above in sources, in analysis of data, and in the various areas explored. These differing factors will become clearer in the following chapters.

CHAPTER III

FACT-FINDING PROCEDURE

To obtain material for use in this study two methods of research were adopted. The first method was an inquiry sent to various guidance centers and clinics in an effort to discover existing published or unpublished data on this problem. The second method was a letter of inquiry and checklist of reasons sent to parents who had prematurely terminated the guidance center contact, in order to determine their reasons for discontinuing treatment.

CORRESPONDENCE WITH OTHER AGENCIES

A total of twenty-six letters were sent to selected child guidance centers and clinics in the United States. The primary purpose of these letters was to discover the existence of unpublished research. Also, besides eliciting this information, it was expected that some agencies would respond with their views on the problem as it had affected them, and make a statement as to their methods of combating the situation.

Replies to these letters were received from fifteen agencies. Of this number, ten were negative, that is, they stated they were not aware of existing research and offered no

other information.

The remaining five replies were more detailed. Though they were unable to give information on existing research, these replies did contain statements of their concern with the problem, such as the reasons for its presence and the procedures undertaken to decrease its frequency.

Miss B., acting director of an eastern child guidance center, stated that that agency had previously given the parents a verbal summation of findings rather than a written report.[6] Many parents terminated the center contact at this time, according to her. She states that those parents who dropped out of treatment at this stage of the guidance program seemed unable to accept their own involvement in the child's behavior symptoms. She feels their attitude of expecting an immediate solution to the child's problem without effort on their part was mainly responsible for discontinuing treatment.

Recently this agency began giving treatment and deciding upon proper approaches to therapy and case work during the first visits of the parents and child. At the end of this exploratory period the parents do not receive a report, either verbal or written, and are not as acutely aware of a separation between the "diagnostic" and "treatment" phases of the guidance

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6 Personal communication to the author.

program. Miss B. did not state whether this plan had effectively lowered premature terminations in that agency.

Mr. M., director of the community services for a group of community child guidance centers in a large midwestern city, related the use of group therapy with both parents of a child.[7] He finds that these sessions with other parents of behavior children, where each parent can ask questions and hear the answers given to inquiries from other parents and listen to lectures by different members of the agency staff, are of value and interest to the parents desirous of changing their methods and attitudes toward the child. Mr. M. did not indicate the effectiveness of this type of therapy. He does mention a fairly high interest in the program and in some instances a desire of the parents to take training and assist as volunteer workers.

Miss P., worker at an eastern university's child guidance clinic, stated that, since the clinic covers a wide geographical area of several states, many parents are unable to return for appointments because of the traveling expense involved.[8] Secondly, she states, some parents bring their children to the clinic believing organic difficulties to be the cause of behavior. When they are referred to the guidance clinic by the

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7 Personal communication to the author.

8 Personal communication to the author.

pediatrician and discover that the doctors believe emotional factors to be the cause of the behavior, the parents reject this interpretation and return to their family physician for treatment in the form of medication.

Miss P. also pointed out that parents who believe the child's trouble lies entirely within the child's own capacity for "badness" react adversely to any intimation that the parents themselves or the home conditions have a significance in the situation.

In a reply from Dr. K., director of the child guidance clinic in a western children's hospital, he states:

> It is my feeling that the very question you raise brings one right into the center of the problem of resistance; ways of recognizing the manisfestations of resistance and how to deal with the forms of resistance presented by the patient as they become recognizable in the therapeutic situation. In other words, it seems to me that what we have to consider here is the ambivalence felt by the parents and how this ambivalence, which I feel is always present, is influenced by experience in the clinic.[9]

One reply, from the director of a child guidance center in a midwestern city, indicated a very thoughtful and considerate answer. This letter contained a summation of the fundamental reasons for termination of treatment which, in the opinion of the writer, deserves to be quoted at length:

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9 Personal communication to the author.

> The reasons for parents not returning for interpretation or treatment are numerous, and often inter-related. Among them are a basic ambivalence about the whole idea of seeking professional help. Many parents seek such help in desperation, with a sense of stigma or failure over having such problems. Other are occasionally "sent" by someone else who is convinced they need help, but has failed to convince the parents. Still others are merely a bit curious about their child, with hardly enough curosity or anxiety to bother to come back. In different cases, the child may have his "ups and downs", with the parent coming in desperation during the "up" phase, and then forgetting the clinic with a sigh of relief when the symptom momentarily disappears, as it sometimes does when the child is placed in the clinical limelight by the parents. Then too, a parent who is already hypersensitive may be antagonized by someone at the clinic; or to put it differently, the clinician seeing the parent may not be sufficiently sensitive to the parents' anxiety or hostility or defensiveness, and fails to work through enough of this to establish real rapport. It takes considerable rapport to overcome some of the negative vectors which drive the parents away from the clinic. One of the clinician's functions is to deal with the parent or patient in such a way that he loses some of his anxiety about coming to the clinic, but retains some anxiety about his problems, a task easier described than accomplished.[10]

This agency has found it necessary to be selective about intake in the face of a case load exceeding its capacity, and has found that this procedure has increased the percentage of parents who remain with the center long enough to benefit from treatment.

The content of these replies indicates that there are many factors which influence the parents to continue or discontinue treatment. It seems there is no one outstanding factor.

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10 Personal communication to the author.

It may be the policy of the agency, geographical limitations, type of clinic, parental attitude, or the relationship between clinician and parents which can be determinant factors.

A very interesting and valuable brochure was received from the Des Moines Child Guidance Center which they have recently begun sending to prospective clients.[11] The pamphlet was not designed to lure clients, but rather to orient the client as to what they could expect from the Center and what the Center expected of them.

It relates the function and purpose of the agency in simple and understandable language. In order to insure the cooperation of the parents it lists six major concepts which the parents must accept to realize benefit from the Center's services: 1) that both parents, not one, agree that a problem exists for which they desire professional services; 2) by telling the full and true facts about the child and about the present and past family situation; 3) by realizing that the study and treatment of any problem takes time; 4) by cooperating in making necessary changes at home in handling the child, especially in regards to methods of discipline, attitudes, display of affection, play restrictions, expectation, demands, and so forth; 5) by being regular in keeping appointments on time or calling ahead

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11 Mimeographed brochure distributed by The Des Moines Child Guidance Center, Des Moines, Iowa.

of time if it is impossible to keep the scheduled appointment; and 6) by paying for part of the services, which will not be more than the parents can afford, regardless of income.

This brochure is sent to each parent requesting assistance. The parents are asked to read its contents carefully, talk it over between themselves and then decide if they wish to make application for the Center's services.

The Des Moines Child Guidance Center believes that the use of this brochure, with selective intake, will greatly lessen the number of those parents who make application, bring the child in for a visit or two, and then discontinue treatment without obvious reason.

CASE STUDY METHOD

A review of the files of the Loyola Child Guidance Center for the period from December, 1946 through August, 1950, revealed that of a case intake of 1461 cases, one hundred and fifteen parents failed to respond when advised by letter that the report on their child was available.

In order to discover the reason or reasons for this discontinuance of treatment it was decided to contact these parents by mail in an effort to determine the reasons why they had not come in for their report.

A mailing program was planned to reach every parent and designed to insure the greatest possible response. This

program consisted of four separate mailings at spaced intervals. The first mailing was a letter, checklist, and a stamped and self-addressed envelope. The second mailing, to be sent two weeks after the initial letter, was a postcard reminder to those parents who had not responded. The third mailing was a short letter mailed four weeks after the postcard to those parents who had not sent in the checklist. The fourth step in the mailing program, begun as soon as the checklists were returned, consisted of a letter, written in accordance with the reasons the parents had checked on the checklist, urging them anew to come in for their report.

The letter contained in the first mailing was constructed to appear as a personal appeal to these parents, requesting their help in assisting the Loyola Center to discover the reasons why some parents did not come in for their report. The letter consisted of three short paragraphs. All letters were identical, except that each child's name was used in the body of the letter. Every letter was individually typed.

Due to the great variability in the educational and cultural backgrounds of these parents, the letter was written in a simple, easily understood manner so that no parents would have difficulty in comprehending what they were expected to do. The instructions concerning the marking of the accompanying checklist were brief and concise.

The checklist, which accompanied this initial letter, was developed after consultation with members of the staff of the Loyola Child Guidance Center. Each member was asked to contribute reasons they had found or thought to be significant in the discontinuance of treatment by parents. These reasons were studied and the twenty most common were selected. These reasons were put in list form on letter-size paper with instructions at the top of the page. The instructions requested the parents to check the reason or reasons which applied to them and to double-check the most important reason. Below the list of reasons additional space was provided so that if necessary parents could write in reasons other than those appearing in the list. At the bottom of this sheet the parents were given an opportunity to sign the checklist. It was explained that this was not required and that return of the checklist even without signature would be helpful. As explained above, since those parents who did not respond to the first letter would be sent follow-up reminders, each checklist was secretly coded, in the event of an unsigned return, to determine exactly which parents had returned the checklist. The self-addressed stamped envelope included with the checklist was added to facilitate return and to promote a greater response.

At succeeding intervals, after the mailing of the first letter and checklist, follow-up reminders were mailed to

those parents who had not responded. Each of these follow-up reminders was written in the same personalized manner as that of the first letter.

Aside from the fact that the major purpose of this study was to determine the reasons why parents terminate treatment, it was also considered highly desirable to persuade these parents to renew the Center contact. With this view in mind, the fourth mailing was conceived. This letter was sent to those parents who had returned the checklist, but who had not made overtures toward renewing the Center contact. The reasons these parents had checked were used as a basis for the content of this letter. For example, the parents may have checked "I am unable to pay for the services," and double-checked, as the most important reason, "I work every day except Sunday." In the letter sent to them, they were urged not to let the lack of funds keep them from obtaining the report. They were assured that our interest in the welfare of their child far outweighed our interest in the collection of fees. They were also informed that appointments could be arranged on a Saturday or evening if no other time was available.

CHAPTER IV

ANALYSIS OF DATA

The present chapter deals with the responses obtained through the case study method. It will be recalled that letters and checklists were sent to one hundred and fifteen families. Seventy-five of these families responded.

The manner of response to this inquiry was varied. Most of the parents returned the checklist, some wrote letters explaining their reasons for not continuing treatment, while a few telephoned for an appointment to receive the report without mentioning they had received the letter and checklist.

It was noted that the return of the checklists was significantly higher from those parents whose contact with the Center had been relatively recent. Table I shows the number of responses for each successive interval beginning in March, 1947, through August, 1950. From this table it can be seen that for the latest period the response is considerably higher than for any of the preceding intervals.

As was stated previously, a few parents telephoned for appointments to receive their report without returning the checklist. There were also parents who returned the checklist,

TABLE I

STATISTICAL SUMMARY OF FOLLOW-UP ON 115 FAMILIES DISTRIBUTED BY SUCCESSIVE INTERVALS*

Intervals	Total	No Reply		Checklist Returned		Parents Came in	
	N	N	%	N	%	N	%
March, 1947 through February, 1948	19	9	47.4	10	52.6	2	10.5
March, 1948 through February, 1949	22	11	50	11	50	5	22.7
March, 1949 through February, 1950	47	14	29.7	33	70.2	9	19.1
March, 1950 through August, 1950	27	6	22.2	21	77.7	13	48.1
Totals	115	40	34.8	75	65.2	29	26

*The follow-up procedures for all groups except the latest one was begun in March, 1950. The follow-up for the last group was begun in September, 1950.

stating their reason or reasons for discontinuing treatment, and who asked for an appointment to receive the report.

It can readily be seen from Table I that there was a significantly larger number of parents from the more recent group who not only responded, but followed through.

From this table it can be inferred that a greater number of parents can be expected to respond to follow-up pro-

cedures when the contact with the Center has been relatively recent. This inference is also corroborated in the promptness of the responses received from those cases falling within the last interval of the study (March, 1950, through August, 1950), especially those in the last three months of this period. These parents responded much quicker, both in the return of the checklist and in making an appointment to come in and receive their reports than did parents in any of the previous intervals.

A large variety of reasons was checked or stated on the returned checklist or letters. Table II indicates the frequency with which each reason was selected.

The reason of greatest frequency is "There has been so much improvement I feel there is little need to come in for the report." Eleven parents selected this statement as the most important reason and three checked it as a second reason. This is a frequent attitude of parents. It is very possible that the behavior manifestations may diminish or marked improvement occur following the early visits of the child. Consequently, some parents may feel that the problem has been solved. This can be readily understood. The child has established a favorable relationship with an understanding adult. He has received praise and recognition for his achievements. The time the child has spent at the Center has been relaxing, interesting, and pleasurable. Any or all of these factors may account for the decrease

TABLE II

FREQUENCY OF SELECTION

Reasons	Selected as Primary	Selected as Secondary
I am unable to leave the house because of my physical condition	8	3
Members of the family have been ill	5	6
I have not been able to find anyone to stay with the children	0	3
I cannot afford to pay some one to stay with the children	0	2
My husband has been out of work	0	3
I am employed every day except Sunday	7	3
My husband and I are employed every day except Sunday	0	1
There has been so much improvement I feel there is little need to come in for the report	11	3
I do not feel that you have helped in any way and I do not want the report	6	1
I intended to call, but have not found the time as yet	9	7
I did not get a notification from you that my report was ready	10	
I mislaid the letter from you and forgot all about it	5	4
We have moved recently and I have been too busy to call	1	0
We have been out of the city until recently	1	0
We are unable to pay for the services	5	6
I am receiving help from another agency	1	1
There has been a death in the family which made it impossible for me to call for an appointment when I received your letter	1	2
It has been such a long time since we were at the Center, that we feel the report would be of little value now	2	2

in behavior symptoms.

Accordingly some parents are prone to take this as lasting and permanent improvement and consequently discontinue the Center contact. They are not aware that the factors which have been the direct cause of the child's behavior must be altered or removed to achieve lasting improvement. One significant purpose of the report is to make the parents aware of these necessary changes in home conditions or attitudes. It can be stated that the responsibility partially rests with the psychologist to stress the importance and function of the report to the parents. However, when the testing and initial interviews are completed, the parents must take the initiative and obtain the report to discover what they must do to effect the permanent adjustment of the child's difficulties.

The second most frequently checked reason was "I did not get a notification from you that my report was ready." Ten parents selected this as being the most important reason. At this time it is necessary to state that when the report is completed and written in final form the parents receive a personal letter inviting them to come in and discuss their report on the child. The letter is sent, of course, by first-class mail in an envelope with return address. Such letters, if undeliverable by the post office, are normally returned to the sender.

It is theoretically possible, where a family is constantly on the move, for a letter to be lost and never reach the addressee or be returned to the sender. It is conceivable that one of these ten initial letters could have been lost in this way. To accept the idea that ten of them were lost contradicts our experience with the postal service. Therefore, it is felt that most of the replies which gave this reason cannot be accepted as valid.

Several reasons could account for people making such statements. Some of these parents have teen-age children who could conceiveably intercept the letter before it reached the parents. They may have opened the letter out of curiosity and then, fearing parental punishment, destroyed it. It is also possible that some of these parents received the initial letter, laid it aside, and promptly forgot they had ever received it.

Of these ten parents, three came in for their report. Two of them responded very promptly upon receiving the checklist, the other parent came in seven months later and this response was largely due to a personal follow-up visit by the author. One of the families had moved, but made no effort to contact the Center for an appointment to receive the report. In all, seven of the ten parents failed to contact the Center after returning the checklist.

The reason next in frequency, "I intended to call, but

have not found the time as yet," will be discussed later in this chapter in the section entitled, "Reason Groupings."

Fourth in frequency was, "I am unable to leave the house because of my physical condition." This statement was selected eight times as the main reason and three times as the secondary reason. The majority of these parents suffered from minor ailments. According to the statements they made on the checklist none of them would have been prevented from making contacts outside the home for any long period of time. One mother giving this reason telephoned, after sending in the checklist, giving a fuller account of her illness. She stated that she was recuperating from an operation and it was felt that this reason was valid. She was the only one who came in for the report among all those who gave physical condition as the main or secondary reason.

There is a close relationship between the reason of personal physical condition and the reason, "Members of the family have been ill." This latter statement was selected five times as the main reason and six times as a secondary reason. Of those five parents who selected it as the main reason, three ultimately came in for their report. Two of these three were caring for elderly relatives in the home but finally managed to find a convenient time to come in. Except for one parent, the others who selected this reason either as primary or secondary

stated that minor illnesses of members of the family were the cause for not coming in. Again, these illnesses were not of a nature that would require their uninterrupted presence at home for any length of time.

Primary for seven parents was the reason, "I am employed every day except Sunday." It was checked three times as a secondary cause. Since these parents had in some way been able to bring their child to the Center for several visits it is difficult to understand why they could not make the same arrangements for themselves. Parents who gave this reason were sent letters informing them that appointments could be arranged in the evening if necessary to enable them to obtain the report. None of the parents selecting this statement contacted the Center further.

The reason, "I did not feel that you have helped in any way and I do not want the report," was indicated as primary six times and as secondary once. It may appear that this reason is in sharp contrast with the most frequently selected statement, "There is so much improvement I feel there is little need to come in for the report." These two are, in fact, closely related. In both we are confronted with parents who understand the child's visits to the Center as the chief or only method of curing his behavior. They were not aware that the purpose of the child's visits was to discover the possible causes of the difficulty.

They are unable or unwilling to understand that the child's behavior symptoms most frequently result from home conditions and attitudes. Consequently, it is not difficult to understand why they regarded the Center's efforts to help them as unsuccessful.

There were three reasons next in frequency. The reason, "Members of the family have been ill" has been discussed above. Of equal frequency were these two: "I mislaid the letter from you and forgot all about it," and "We are unable to pay for the services." The first of these two reasons will be discussed later in this chapter in the section entitled, "Reason Groupings."

Inability to pay appeared five times as primary and five times as secondary. It is very difficult to understand why some parents selected this reason. They are assured that the charges, if any, will not be more than they will be able to pay. For parents who are unable to meet the full expense, fees are cut drastically. A letter was sent to every family who had selected this statement. They were assured that inability to pay should not deter them from renewing the Center contact. One of these parents followed through.

There are eleven reasons which have not been discussed. Six were selected as secondary nine times and never as a primary reason.

The remaining five have a combined frequency of six times as primary and five times as secondary. One family was receiving aid from another agency, while another stated that death in the family prevented them from calling for an appointment. Two families felt that the report would be of little value to them due to the lapse of time since the Center contact. The remaining two, one who stated they had been on vacation for several months and the other who had moved recently, eventually did come in to receive their reports.

REASON GROUPINGS

In the previous section an analysis was made of the individual responses to the reasons on the checklist and their frequencies. In this section these responses will be discussed from a group standpoint.

Several considerations, such as the individual checklist responses, letters received from the parents, results of personal interviews, and the reasons themselves, have contributed to establishment of three main groups. These are: 1) Objective Reasons, 2) Reasons of Misunderstanding, and 3) Reasons of Procrastination. Table III shows the separation of reasons into groups. From the following discussion the factors surrounding the establishment of groups and placement of reasons within them will become more easily understood.

Within the group of objective reasons have been placed

TABLE III

TENTATIVE GROUPING OF PRIMARY REASONS SELECTED BY PARENTS

Groups	Individual Frequency	Total Frequency
Group 1 - Objective		24
Personal physical condition	8	
Employed every day	7	
Members of family ill	5	
Moved recently	1	
Out of city	1	
Receiving help elsewhere	1	
Death in the family	1	
Group 2 - Misunderstanding		17
So much improvement	11	
Not helped in any way	6	
Group 3 - Procrastination		31
Did not get a notification	10	
Intended to call	9	
Mislaid letter of notification	5	
Unable to pay for services	5	
Such a long time since at the Center	2	
Unable to determine	3	3
Total		75

those statements which could reasonably be expected to hinder or delay parents in coming in. Employment hours, change of residence, illness, or bereavement in the family can easily be recognized as situations which would block other activities.

All of these conditions would require some extra time and effort on the part of parents. Yet these situations would not prevent them from contacting the Center after a reasonable length of time.

Some further consideration should be given to families where prolonged illness, care of elderly members, and employment hours are factors. In some instances serious illness of members of the family or the care of elderly invalids made it extremely difficult for the family, especially the mother, to leave the home. The mother's inability to travel, in cases of pregnancy or illness, must also be considered.

In many families one parent is the sole support. Oftentimes it is the mother who supports a family which may or may not include the husband. Not to lose even a part of a day's pay may be extremely important. Even the possibility of evening appointments to enable these families to come in may not be practical.

A death in a family, especially of the father or mother, requires a state of readjustment for the entire family. Often it is many months before the surviving members are able

to resume regular activity.

Possibly there was some procrastination back of the selection of reasons within this group. On the whole it is felt that the majority of these parents were fairly objective in their response. An attempt to determine the validity of these reasons will be discussed later in this chapter.

The checklist contains two statements which have been placed in the reasons of the misunderstanding group. In these cases it would appear that the parents did not fully understand the primary purpose and function of the guidance center program.

The first reason in this grouping, the one selected most frequently, is: "There has been so much improvement I feel there is little need to obtain the report." The second reason, seemingly in direct contrast to the one just stated, is: "You have not helped in any way and I do not want the report."

The parents who checked these two reasons possessed a false attitude toward the Center's role in aiding them. They were of the opinion that the child's visits to the Center were the means by which the problem was to be eradicated.

In the first case, the child seemingly had improved and the parents did not feel the necessity of maintaining the contact. The causes for this form of "improvement" have been fully discussed in the previous section (p. 29 and 31).

With some of these families the initial counseling

sessions with the parents may have helped them to gain some insight and realize the mistakes they had been making. An intelligent parent could make a worthwhile attempt to correct these and make a sincere effort to avoid future mistakes. Unfortunately, a good many parents do not have this capacity for insight nor the intelligence to carry out a program of adjustment unaided.

So, naturally, even though the child does improve in behavior during or after the Center visits, the conditions that caused the behavior symptoms are still present in the home. Consequently, regardless of the improvement shown by the child, the continued presence of these adverse home conditions may result in a recurrence of the problem at a later date.

Parents who stated that the Center did not help them also misunderstood the Center's function and purpose. They expected the few short Center visits to "cure" the child of a problem that was the result of several years of mismanagement on their part. Their concept of the Center's function, as well as of psychological guidance, was so distorted that they expected an immediate change in the child's behavior. They did not feel that any change of attitude or policy on their part was essential.

The inadequate concept of psychological guidance held by the parents in both of these cases seems responsible for ter-

mination of contact. There was a gross misunderstanding of the guidance center's function and role. They had not become aware of their own contributions to the child's behavior or had possibly refused to accept this interpretation and consequently terminated the contact.

It would appear that parents who selected reasons included within the group, reasons of procrastination, were searching for a plausible statement to account for termination of Center contact.

The most frequent of these reasons was, "I did not get a notification from you that my report was ready." The various possibilities underlying the selection of this reason have been fully discussed earlier in this chapter (p. 31 and 32). In most of these cases there appears to have been a disregard for the letter informing them that the report was ready. This disregard was either in the form of forgetfulness or wishful oversight.

The possibilities of inefficient mail service has been discounted and the possible destruction of mail by teen-age members of the family could only account for two or three at the most. Of all those who selected this statement, only one parent came in. The failure of the other nine would seem to give further credence to the theory of procrastination as the basis for selection.

Another reason, "I intended to call, but have not

found the time as yet," is obviously procrastination. It seems unlikely that it would require from two months to one year to "find time" to call the Center for an appointment.

A similar reason is, "I mislaid the letter and forgot all about it." It is difficult to accept this statement considering the parents' initial concern about bringing the child to the Center. It is not natural to forget such a contact so easily unless they feared that the contents of the report would stress their own inadequacies as mothers and fathers and, therefore, be in conflict with their resistance to change.

The fourth reason of this group is, "It has been such a long time since we were at the Center, that we feel the report would be of little value now." In selecting this reason these parents evidently did not realize that the time that elapsed since the last Center contact was the result of their own procrastination. They received, as all parents do, the invitation to come in and discuss their report.

The remaining reason within this grouping is, "We cannot afford to pay for the services." The Loyola Center operates as a semi-charitable organization, partly supported by the Community Fund, The Catholic Charities, and Loyola University. In other words, if the parents are financially able to pay the cost of the service they are charged accordingly. The greater percentage of clients are unable to pay all, but can

pay some part of the cost. In other cases, the parents are unable to bear any part of the cost and receive assistance without charge.

In billing clients the family earnings and the number of persons in the family are weighed in determining final charges.

As stated previously, a letter was sent to each family who had selected this reason, assuring them that they would not be charged excessively. One of them came in. Therefore, it was felt that this was an excuse for procrastination rather than a truly objective one.

The selection of reasons of procrastination must have some motive. These parents had some underlying reason for their selection. One is reminded here that the previous studies which have been reviewed found that open rejection of the child or an unwillingness of the parent to recognize their own involvement in the child's difficulties were primary causes for termination of treatment.[12, 13].

Undoubtedly there were parents in the present study who possessed some guilt feelings regarding the parent-child relationships. Some may have considered the contents of the

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12 Olson, Some Factors Involved.

13 Smigelsky, Why Parents Discontinue Treatment.

report as threatening to their self-centered complacency. Others may have long been convinced that their child was "bad" and needed severe disciplinary measures which were not forthcoming from the Center contacts.

These parents selected reasons of procrastination. Plausible excuses rather than objective explanations are to be expected from such parents. It would be presumptuous to state that every parent selecting reasons within this group did so due to the above causes. There is probably a minority of these parents who found the weather inclement, the distance too great or who had made other plans which they felt were more important. However, to permit such trivial excuses to interfere with the happiness and welfare of their child is an indication of their own self-interest and is another expression of rejection.

COMPARISON OF THE TWO PARENT GROUPS

In the previous section the reasons appearing on the checklist were placed in three groups and explored from that standpoint. The following is a discussion of the number of parents in each group who eventually did contact the Center for an appointment to receive their report.

Of the one hundred and fifteen parents in the total study, the seventy-five who gave some response can be separated into two distinct groups: 1) those that returned the checklist and 2) those that returned the checklist and came in for their

report.

There were twenty-nine parents who came in. The reasons they selected are compared with those selected by parents whose only response was the return of the checklist. Table IV indicates the total frequency and the per cent of reasons within each reason grouping. It also indicates the number and per cent of parents within each group who returned the checklist and those parents who returned the checklist and came in.

The table indicates that within each group a larger number of families returned the checklist, but did not follow through. The small numerical values of the groups makes a statistical comparison of little value. Therefore the following discussion is based on the author's own evaluations.

Of the thirty-one families who selected reasons of procrastination, thirteen came in after returning the checklist. It would appear that this group, rather than the other two groups of parents, were more easily prompted to renew contact. Actually these parents had apparently had no objective reason for not coming in. Their resistance to treatment, as discussed in the previous section (p. 43 and 44), would seem to account for the failure to respond. The Center's efforts to re-create their interest by means of follow-up procedures caused a breakdown of resistance in thirteen of the cases.

There were twenty-four families who selected objective

TABLE IV

FREQUENCY AND PER CENT OF REASON GROUPINGS COMPARED WITH PARENTAL ACTION

Reason Grouping	Total Group		Action of Parents Responding			
			Merely sent Checklist		Came in for Report	
	N	%	N	%	N	%
Objective	24	32	15	33	9	31
Misunderstanding	17	23	11	24	6	21
Procrastination	31	41	18	39	13	45
Unknown	3	4	2	4	1	3
Totals	75	100	46	100	29	100

reasons according to the tentative groupings. Nine of these came in for the report, fifteen merely returned the checklist. It is felt that many of the parents in the objective group were actually hindered from coming in because of the reasons they had selected on the checklist. Some of these causes would hinder for a time, but would not ultimately prevent the families from contacting the Center at a later date. However, since some of these parents did not respond to the Center's urging to renew contact, it is felt that procrastination may have been responsible.

Of the seventeen families who had selected reasons of misunderstanding, six come in for the report. As pointed out previously, these parents were under a misapprehension regarding the purpose and role of the Guidance Center. It is understandable that a smaller number of the parents in this group came in. In the other groups there appeared to be either a definite obstacle or none at all as the cause for their termination of the contact. In this group the misunderstanding of the Center's work was the preventing factor. It is easy to recognize that such a factor would have a deterrent effect on resuming the contact.

RESULTS OF PERSONAL VISITS

Throughout the previous sections of this chapter and those proceeding, little consideration has been given to the validity of the selected reasons. It is now proper to ask how valid are the reasons selected by these families for their premature termination of treatment?

It is possible that some may have checked statements that seemed most plausible or would be most acceptable. In an attempt to discover to what extent this type of selection had occurred, some plan of personal contact was needed.

The use of telephone interviews or personal visits seemed to be the most appropriate methods by which the desired information could be obtained.

Telephone interviews were considered as less personal. Since it was desired to personalize these contacts this method was discarded in favor of a personal home visit wherever possible.

Of the seventy-five parents who had responded to the checklist there were forty-six who had not come in for the report. It was decided to contact personally these families, since those who had come in for their report were presumed to have selected valid reasons by the very fact that they had come in.

Some readers may have some doubt concerning this last statement and feel that the checklist served as a reminder which caused some parents to renew contact. If this were true it would be difficult to understand why these same parents did not respond to the previous letter or letters informing them the report was available.

Of the forty-six parents, fifty per cent, or twenty-three parents, were selected at random for personal visit. On visiting these homes, which were throughout various sections of the city of Chicago, thirteen parents were found at home. All thirteen were mothers who had initiated the Center contact.

The interviews with these thirteen parents were conducted in a manner which would suggest that this was a regular follow-up procedure of the Loyola Center guidance program. In planning the general policy of these interviews it was decided

that no reference to the checklist would be made unless it seemed that the parents were not going to bring it up. It was presumed that interviews conducted in this fashion would be less embarrassing to the parents and not cause them to become suspicious and wary in responding.

Actually, this concern was unfounded. Almost immediately in every visit the parents mentioned they had received and returned the checklist.

All those interviewed were cordial and cooperative. Most parents were surprised on receiving the visit. Several immediately presumed the visit to be an attempt to obtain payment on their unpaid bill and began a recitation of their financial difficulties. A few expressed genuine interest in the purpose of the visit. At times it was difficult for the interviewer to conclude the visit as some mothers were most talkative and proceeded to relate the many events of the child's life since he had been seen at the Loyola Center.

Of the thirteen completed interviews, ten parents stated reasons closely matching those that they had selected on the returned checklist. The others gave differing reasons.

One of the three parents who gave a different reason at the time of interview stated she did not know the report was available and did not remember receiving a letter of notification. This was directly opposite to the reason she had selected

on the checklist which was: "I mislaid the letter and forgot all about it."

Another stated that she could not understand how several visits at the Center could reveal the cause for her child's behavior or how a report written on the information gained from these few visits could be helpful. She added that her son had shown little improvement whereas on the checklist she had selected the fact of improvement as cause for the termination of treatment. This explanation for termination would corroborate the view stated in the previous section entitled "Reason Groupings," where the selection of this reason was considered to result from a misunderstanding of the Center's function and role.

The third parent had selected the reasons: "I am unable to find someone to stay with the children," and "I intended to call, but have not found the time as yet," as causes for discontinuing the Center contact. During the interview she stated that the purpose of the report had not been fully explained while at the Center and she had not felt it essential. Actually the psychologists at the Loyola Center are at pains to explain the purpose of the forthcoming report during their earlier interviews with the parent. It is further stressed in the call-for-report letter. This mother further stated that there was some improvement, but expressed much concern about her daughter's late hours and her own difficulty in managing the child.

Ten families gave reasons consistent with the checklist. The face-to-face interviews of three parents were quite inconsistent with the reasons they had selected on the checklist.

From these findings it would seem that some few parents were not too conscientious in checking the causes for discontinuing treatment. Presumably these three parents selected reasons which they felt would be most acceptable to the recipient of the checklist.

Seven of the thirteen parents interviewed expressed their intention to contact the Center and receive the report. The three whose cases are detailed above were among the seven.

The expression of this cooperative attitude undoubtedly resulted from the personal visit. At the end of the interview they apparently had the intention of contacting the Center, but once the effect of the personal visit diminished they lost whatever interest had been re-created. Of the parents visited, only one came in later. Since she had not acted on any of the previous invitations, it was felt that the personal visit prompted her ultimate return to the Center.

Considering the small number of cases involved, a definite conclusion cannot be made regarding the validity of reasons selected by parents who returned the checklist. It would appear that the results of the interviews do indicate that most parents were reasonably factual in their selection of

reasons.

CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to determine the reasons why some parents prematurely terminated their contact with the Loyola Child Guidance Center.

A review of the Center files for the period from December, 1946, through August, 1950, revealed that of a case intake of 1461 cases, one hundred and fifteen families had not responded to a letter inviting them to come in and discuss the report on their child.

In order to discover their reasons for discontinuing treatment it was decided to contact these parents by mail. A mailing program was planned consisting of four separate mailings. The first mailing included an introductory letter, a checklist of twenty possible reasons for not returning to the Center, and a stamped and self-addressed envelope. The second and third mailings were reminders, sent at spaced intervals, to those parents who had not returned the checklist. The fourth mailing, begun as soon as the checklists were returned, consisted of a letter written to fit the reasons the parents had checked on the checklist, urging them anew to come in for their

report.

Seventy-five, or sixty-two per cent, of the families returned the checklist. Twenty-nine of these parents, or twenty-six per cent, eventually came in to receive the report.

It was found that a significantly larger number of the parents whose contact with the Center had been relatively recent returned the checklist and came in for the report. They were also much more prompt in their response.

The reasons which had been selected most frequently were analyzed in an effort to determine the underlying causes for their selection. It was found that the selection of reasons appeared to fall into three groups: 1) objective reasons, 2) reasons of misunderstanding, and 3) reasons of procrastination.

It was found that reasons of procrastination were selected most frequently and it appeared probable that these parents were searching for a plausible statement to account for termination of the Center contact. An unwillingness to recognize their own involvement in the child's difficulties or an open rejection of the child would appear to account for the selection of reasons within this grouping. It was found that a larger number of this group (thirteen parents out of eighteen) did eventually renew their contact with the Center. Thus, it would appear that their resistance to treatment was more easily broken down through the Center's efforts to re-create their

interest.

Twenty-four parents selected objective reasons. Most of the reasons within this group could be expected to hinder or delay parents from coming in. Employment hours, change of address, illness, or bereavement in the family can easily be recognized as situations which would make other activities difficult. Parents in this group appeared to be fairly objective in their selection. Nine of these came in for the report, fifteen merely returned the checklist. Some of these situations would hinder for a time, but would not ultimately prevent them from renewing their Center contact at a later date. Since some of these parents did not respond to the Center's follow-ups, resistance and procrastination may have been in this group as well.

Seventeen families selected reasons of misunderstanding. It appeared that this group of parents did not fully understand the primary purpose and function of the guidance center program. Some of these families apparently expected the few short Center visits to "cure" the child. Others in this group appeared satisfied with the abatement of symptoms which these visits did produce. Both of these attitudes indicate a gross misunderstanding of psychological guidance. Six of the seventeen families within this group came in for the report. It is understandable that a misapprehension regarding the purpose and role of the guidance center would have a deterrent effect on

resuming contact.

Personal visits were made to thirteen families who had returned the checklist, but had not come in for their report. This was done to check the validity of their reason selection. During the interviews, ten parents stated reasons closely matching those which they had previpusly selected on the returned checklist. It would appear that the results of the interviews do indicate that most parents were reasonably factual in their checklist report.

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Please check the reasons that apply to you. Double-check (XX) the chief one.

I have not been able to come in for my report because:

__ I am unable to leave the house because of my physical condition.

__ Members of the family have been ill.

__ I have not been able to find anyone to stay with the children.

__ I cannot afford to pay some one to stay with the children.

__ My husband has been out of work.

__ I am employed every day except Sunday.

__ My husband and I are employed every day except Sunday.

__ There has been so much improvement I feel there is little need to come in for the report.

__ I do not feel that you have helped in any way and I do not want the report.

__ I intended to call, but have not found the time as yet.

__ I did not get a notification from you that my report was ready.

__ I mislaid the letter from you and forgot all about it.

__ We have moved recently and I have been too busy to call.

__ We have been out of the city until recently.

__ We have moved out of the city.

__ We are unable to pay for the services.

__ I am receiving help from another agency.

__ Since the information received from the psychologist enabled me to solve our problem, there is no need for the report.

__ There has been a death in the family which made it impossible for me to call for an appointment when I received your letter.

__ It has been such a long time since we were at the Center, that we feel the report would be of little value now.

Other Reasons: _____

_____

_____

_____

_____

If you do not want to sign this sheet, you need not do so. Your answer will still be helpful to us.

APPROVAL SHEET

The thesis submitted by Fred Donnel Whelan has been read and approved by three members of the Department of Psychology.

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval with reference to content, form, and mechanical accuracy.

The thesis is therefore accepted in partial fulfillment of the requirements for the Degree of Master of Arts.

May 24, 1951
Date

Charles I. Doyle S.J.
Signature of Adviser