THESIS

THE RELATIONSHIP OF CLIENT MOTIVATION TO AGENCY STIMULATION

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by

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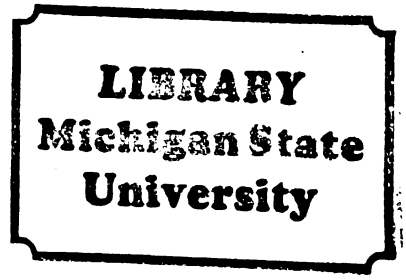
ABSTRACT

Submitted in partial fulfillment
of the requirements for
the degree of

MASTER OF SOCIAL WORK

Michigan State University
School of Social Work
East Lansing, Michigan
1967



ABSTRACT

This study is designed to test the hypothesis that failure of the client to continue contact into a treatment relationship following the initial interview is due to agency failure to activate the client's motivation.

A questionnaire, consisting of thirty-two questions, was formulated to identify data about the client, the agency's effect on the client, and the client's response to the agency. Distribution of the questionnaire went to 168 former clients of the Flint (Michigan) Mental Health Clinic who had been accepted for treatment. Results of the study came from the response of fifty-six clients.

The data failed to support the major hypothesis. However, the initial motivation of the client prior to clinic contact was a predictor of his continuation. Two of the three sub-hypotheses proved significant; the first being that lower-class clients will voluntarily terminate more than middle-class clients and the second being that where motivation is high and termination occurs before treatment, the client will seek help elsewhere.

The importance of clinic resource allocation being based on the characteristics of clients seeking service was concluded from the data. The authors suggest that the Flint Mental Health Clinic individualize the initial interview to meet the various levels of client motivation. Realistic treatment policies could be derived on such a basis.

THE RELATIONSHIP OF CLIENT MOTIVATION TO AGENCY STIMULATION

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RESEARCH PROJECT

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CHAPTER I

INTRODUCTION

The Flint Mental Health Clinic has been concerned with the high rate of client[1] discontinuance. These people are not returning even though they have been screened and accepted by the agency for treatment. Besides being interested in what happens to these applicants, the agency is concerned because screening and diagnosis is an expensive process. The question arises as to whether failure to return is due to the agency[2] or the client or to a combination of both.

In a report on factors involved in the high rate of client discontinuance, the Family Service Association of America noted that one of the variables involved in the dropout rate was the length of the waiting list.[3] Since the Flint Mental Health Clinic had an average waiting list duration of two weeks during the period studied, the authors felt that this would not be the major factor producing failure to return at this particular agency. Thus, other factors, which involve both the client and the agency, needed to be examined.

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[1]Although the term 'client' usually refers to an applicant who establishes a 'contract' with a therapist, the meaning is extended here to include applicants that are acceptable by the agency for treatment ie., these people are seen as being able to benefit from this agency's services.

[2]By 'agency' the authors mean not only the physical structure, but also the professional and clerical staff with whom the client interacts.

[3]Dorothy Fahs Beck. Patterns in Use of Family Agency Service. New York: Family Service Association of America, 1962.

Client motivation, social-class, the expectations he has of the agency, client and agency roles, and anxiety level are all factors to be taken into consideration. The agency may have failed to foster or stimulate client motivation or to establish a contract[4] with the client. Also, personality characteristics of the worker may have produced the client's negative reaction to the agency.

Factors of a less emotional nature that may have influenced discontinuance are: the physical atmosphere of the agency, the fee, and the source from which the client was originally referred. Some clients may have felt the Flint Mental Health Clinic was an inappropriate source of help and looked, therefore, to another agency as a means of solving their problem. According to Perlman, a client's motivation to continue working with the agency can be expected to increase or diminish in relation to whether he thinks he can gain what he is after.[5] The authors felt that how the agency handled all of these factors determined to a great extent which clients returned and which did not.

The initial interview has been recognized by social workers as having crucial importance for the subsequent course of treatment, especially when a high proportion of clients seen at social agencies and psychiatric out-patient

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[4]By 'contract' the authors mean the mutual discussion of what the client wants and expects and what the agency can give and expects from the client. From this a working agreement is arrived at.

[5]Helen Perlman. "Content in the Beginning Phase," Social Casework: A Problem-Solving Process, Chicago: The University of Chicago Press, 1957, p. 130.

clinics drop out after that first interview.[6] Studies have been conducted regarding the early dropouts, and the researchers can be roughly placed in two categories. The first group operates on the philosophy that a screening process should be achieved, whereby those clients who are less likely to continue would simply not be accepted for treatment. For example, Hunt speculates that the time has arrived when the helping professions must consider the possibility that psychotherapy, at least as presently constituted, is a treatment whose efficacy is confined to middle and higher class client populations.[7]

However, the second group points out that the clients in question still need treatment. Therefore, these researchers feel that procedures should be examined and improved to lessen the likelihood of premature termination. Attention needs to be directed not only toward the client, but the therapist (who personifies the agency) and their interactions as well.

There are attitudinal differences between the social classes. Richard Centers believes that social classes hold different attitudes as seen in their feelings toward economics, politics, and religion to mention a few.[8] It is implied then that these differences can also be seen in attitudes toward

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[6]Jane H. Pfouts & Gordon E. Rader. "The Influence of Interviewer Characteristics and the Individual Interview." Social Casework, Vol. XLIII, No. 10, (December 1962), p. 548.

[7]Betty Overall & H. Aronson. "Expectations of Psychotherapy in Patients of Lower Socioeconomic Class," American Journal of Orthopsychiatry, Vol. XXXIII, No. 3, (April 1963), p. 429.

[8]Richard Centers. The Psychology of Social Classes, New Jersey: Princeton University Press, 1949, p. 77.

psychiatrists, social workers, and other members of the helping professions. Because of these attitudinal differences, people from different social classes will respond to a certain situation in a way typical of their own social class--and this sometimes leads to conflict and/or withdrawal.

The importance of the socio-economic status of the people that the agency is serving has been noted. In addition. the agency's middle-class orientation must be considered, especially when it differs from the client's cultural or class background. It is frequently assumed that the ability to postpone gratification, to bear tension, and to trust that the agency's helping process will be useful are attributes characteristic of middle-class rather than lower-class persons.[9] Therefore, it could be expected that the middle-class client would be less likely to terminate than the lower-class client.

Pfouts and Rader concentrate on the interviewer's characteristics, since they are "...aware that the caseworker's personality and his professional and personal value systems have a strong impact upon the client in the initial interview."[10] They assumed that 'warmth' would be a part of successful therapy, but this proved to be a complicated variable with different meanings for different observors in different situations.[11]

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[9]Helen Perlman. "Some Notes on the Waiting List," Social Casework, Vol. XLIV, No. 4, (April 1963) pp. 202.

[10]Pfouts and Rader, op. cit., p. 548.

[11]Ibid., p. 552.

From a different angle, Overall and Aronson examined the expectations of clients from the lower socio-economic class. One of the greatest obstacles to psychotherapy, they saw, was this kind of patient's minimal involvement in the initial phases of treatment.[12] The lower-class patient tended to expect a medical-psychiatric interview, with the therapist taking a generally active but permissive role. Futhermore, those patients whose expectations were more inaccurate were significantly less likely to return for treatment.[13]

The two studies discussed here are close in their findings. Pfouts and Rader find that:

> "Regardless of social class or age, patients tended to equate warmth in the doctor with self assurance, sensitivity, and competence....In other words, the patients were seeking neither a sweetly sympathetic mother-figure nor a non-authoritarian friendly brother-figure, but rather an all-knowing, all-powerful father-figure."[14]

This ties in with the lower-class client, mentioned above, who desires an active, permissive, male therapist. At the same time, Overall and Aronson's observation of the lower-class client's minimal involvement fits with Pfouts and Rader's comment, which states:

> "A high degree of skill is required to meet this (dependency) need in an initial interview and, at the same time, to leave the patient with the understanding that he, not the interviewer or the agency, is the one who must bear the primary responsibility for change."[15]

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[12]Overall and Aronson, op. cit., p. 421.

[13]Ibid., p. 430.

[14]Pfouts and Rader, op. cit., p. 552.

[15]Ibid.

So far, middle-class interviewer characteristics and lower-class client expectations have been raised as factors leading to premature termination. If there is difficulty between these two classes, regarding agency participation, even more conflict could be expected from those clients considered to be in poverty---the Poor.[16] Poverty means institutional nonparticipation.[17] Whether Negro or White, Mexican or Indian, the Poor do not make or participate in institutions, but they are subject to them.[18]

Another factor leading to dropouts could be race difference. Gochros says that insights provided by the "Negro revolution" suggest that it is essential to explore racial attitudes quickly and directly as a general rule rather than as an exception.[19] This should be done whether the caseworker is White and the client Negro or vice versa, yet there is a lot of professional resistance to opening this "Pandora's Box." According to Gochros, "even the most ardent white civil rights worker may harbor private fears that Negro anger, once unleashed, may become uncontrollable and 'irrational' (ie. directed at him). Such fears may also belong to the white caseworker.[20]

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[16]The Poor signifies a way of life as compared to being poor, ie. financially embarrassed. McKenzie, in a paper footnoted below, says that Poverty is a relatively meaningless word, which is clouded with myths and misconceptions, However, he describes being Poor as "living by someone else's rules in someone else's world." p. 9.

[17]William R. McKenzie. The Face of the Enemy, a paper presented at the Midwest Philosophy of Education Society Meeting, held in Chicago, Illinois, on December 4, 1965. p. 8.

[18]Ibid.

[19]Jean S. Gochros. "Recognition of Anger in Negro Clients," Social Work, Vol, II, No. 1, (January 1966), p. 28.

[20]Ibid., p. 31.

Cultural differences and social class have been considered as factors determining client motivation and therapist effectiveness. Although the class system of the United States is 'open'; as everywhere else, people are socially differentiated and evaluated according to their qualities, performances and possessions.[21] In considering a person's class level, probably the greatest determinant of social position in the United States is occupation. The significance of occupation in our class system is revealed most clearly when occupation is related to wealth, income and education, all of which are important criteria of social prestige.[22]

The authors feel that the client's motivation is important in determining continuance of treatment. People are accustomed to think of anxiety as something to eradicate. Without it, however, motivation lags, as anxiety is an important component in motivation. With too much, on the other hand, there may be immobilization. "The ideal therapeutic situation is one in which the client is anxious enough to want help and to keep coming for it, but not so afraid that fear interferes with his ability to use help.[23]

One determinent of motivation is the client's own degree of discomfort

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[21]Karl Popper. The Open Society and It's Enemies, rev. ed. New Jersey: Princeton University Press, 1950, p. 169.

[22]Elaine Mercer. The Study of Society, New York: Harcourt, Brace and Co., 1957.

[23]Florence Hollis. "The Choice of Treatment Objectives," Casework: A Psychosocial Therapy, New York: Random House, 1964, Chap. XII. p. 209.

with things as they are.[24] Has he been forced to come or is he coming voluntarily? Under either circumstance, much would seem to depend on the therapist's skill in enabling the client to recognize that he himself may gain from following through with treatment. Also important in maintaining motivation is an attitude that there is a possibility of being helped.

Helen Perlman's ideas concerning discomfort and hope have provided a basis for the authors' assumptions concerning motivation. She mentions discomfort and hope as the two conditions that must hold for the sustainment of responsible willingness to work at problem-solving. "A shift of psychological equilibrium must be occasioned by some sense of discomfort and the attendant push to gain greater comfort or a steadier sense of balance. Thus a person must feel more uncomfortable than comfortable with his problem in order to want to do something about it, and this malaise will serve to push him."[25] Accompanying this sense of discomfort, must also be some promise in the future of greater ease or satisfaction. "The promise is inherent in hope--hope that is carried in the personality itself as the product of gratifications in his past experience combined with that which is inherent in the situation or is given by the caseworker if he can offer valid assurances of help."[26] She concludes, like Florence Hollis, that the existence of either element

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[24] Ibid., p. 207.

[25] Helen Perlman. "The Client's Workability and the Casework Goal," Social Casework: A Problem-Solving Process, Chicago, The University of Chicago Press, 1957, p. 186.

[26] Ibid., p. 187.

without the other, or of an excessive degree of either, will deplete motivation.

Discomfort without hope means resignation, while hopefulness without discomfort is the mark of the immature, wishful person. Perlman says that it is the caseworker's task to appraise his client's combination of discomfort and hope in order to judge what he should try to diminish, to modify, or to encourage, in order to rouse in his client that push or pull which will mobilize him for change.[27]

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[27] Ibid.

CHAPTER II

METHOD

Hypotheses

From the preceding discussion it is, therefore, assumed that people who voluntarily terminate before treatment has begun do not have the appropriate balance of hope and discomfort. Furthermore, agencies need to provide this balance or capitalize on it if they are to motivate the clients for treatment.

Thus, the purpose of this study is to examine the following general hypothesis: Failure to continue contact into a treatment relationship is due to agency failure to activate the client's motivation.

Specifically, in those instances where motivation is low initially and the agency has failed to stimulate it, termination will occur before treatment has begun.

Sub-hypotheses were:

1. People from the lower socio-economic class will voluntarily terminate more than people from the middle socio-economic class.

2. In those instances where motivation is high and termination occurs before treatment, the client will seek help elsewhere.

3. The longer the waiting period the more likely a client will terminate before treatment.

The following definitions will be used in this study:

Voluntary termination - choosing to discontinue use of the agency's services. People who were not acceptable to the agency as clients have been excluded from the sample.

Treatment - Two or more interviews.

Appropriate balance of hope and discomfort - the two conditions that are necessary for the sustainment of responsible willingness to work at problem-solving and provide motivation.

Agency - the professional and clerical staff with whom the client interacts and the physical structure.

Motivation - that which is within the individual, rather than without, which incites him to action. Any idea, need, emotion or organic state that prompts one to act. The authors used three questions to determine the client's motivation prior to agency contact. It was speculated that the self-referred client was more motivated than the 'other-referred' client (question 11). Furthermore, a higher motivated client would contact the agency sooner than the lower motivated client (question 12). Finally, a client who had some expectations of how the agency could help him could be expected to have more motivation than a client with no expectations (question 24).

"Other-referred" people - one directed to the agency be a source other than self ie. doctor, court, another agency etc.

Social-economic class - a person's position or status as classified by others in the community or culture, according to three major interrelated factors: occupation, income and education.

Another source - any individual or organization other than the Flint Mental Health Clinic.

Waiting period - time between application for help and initial interview.

Sample

The sample consisted of 168 adult (eighteen or over) clients who had their first contact with the Flint Mental Health Clinic no earlier than July 1, 1965, and who terminated on or before February 1, 1967. They were divided into two groups: (1) those people who had no more than one interview and (2) those having two or more interviews.

Method

A questionnaire of thirty-two items was devised by the authors and mailed to the sample to evaluate the degree of motivation within the client and how this was created or capitalized on by the agency. The first section of the questionnaire was designed to gather factual information about the client and his initial motivation in seeking help. The second section was devised to illicit various factors which increased or decreased the motivation of the client after having had contact with the agency. The final section was concerned with what the client did after he left the Flint Mental Health Clinic.

Our final sample consisted of 16 people in group one and 40 people in group two. Three weeks after the questionnaire was sent out to the sample, telephone calls were made to those who could be reached by phone. Those

who could not be reached received a follow-up letter. Seventeen questionnaires were returned to us because of insufficient address or the respondant having moved and left no forwarding address. Ninty-five did not return the questionnaire.

Possible reasons for not returning the questionnaire are: (1) reluctance in giving identifying information, particularily when the name is requested, (2) failure of the questionnaire to reach the former client due to the intervention of family or friend, (3) "inadvertent" forgetting, (4) questionnaire being confusing for certain clients e.g. poor readers, and (5) resentment of the agency expressed through failure to return the questionnaire.

The authors recognize low motivation as having a large bearing on each of these reasons for failure in returning the questionnaire. It is likely that those individuals not returning the questionnaire had a lower level of motivation than those that were included in our sample.

Agency stimulation of client motivation was determined by giving equal weight in coding to the specific answers of five questions. These concerned: (1) worker being concerned, (2) worker being accepting, (3) worker being warm, (4) worker understanding client's problem, and (5) worker indicating that the agency could be of service.

The client's initial motivation was determined by giving equal weight in coding their answers to (1) type of referral (self or other), (2) time span between recognizing problem and enlisting agency's service, and (3) client's expectations in regard to agency service.

CHAPTER III

DATA ANALYSIS

Using that data which was available clients were divided first into the two groups specified; (a) one interview and (b) two or more interviews. This break was devised because it was assumed that clients not motivated to return would make the decision to drop out at the first interview even though informed of the clinic opinion that they should enter treatment. The groups were then subdivided into those with low initial motivation and those with high. From this three subdivisions were made.

First was the referral source where the self-referred client was considered high and the other-referred was considered low. It was found that there was limited significance in the difference between high and low motivated clients and continuance into treatment (X^2 3.3, p . 10). Second, clients with expectations of agency service were divided into two groups: (a) those whose expectations were similar to the service offered and (b) those whose expectations differed from the agency's service. It was found that there was a limited significance in the difference between group (a) and group (b) and continuance into treatment (X^2 3.0, p . 10). Finally, the time it took to contact the agency after the problem arose was used to determine motivation. Those seeking contact in less than one week were considered highly motivated. Results of a chi square analysis were highly significant (X^2 13.0 p.001) indicating that early seeking of help was followed by entering into treatment.

Motivation of the client on arrival, therefore, was concluded to be related to continuance in treatment, because of the marked impact of early seeking of help and the effect of self referral at a .10 level of significance.

Comparisons were than made of the worker's behavior and client continuance. (The clients' motivation could not be controlled here because of the limited N's). Here it was found that when the client believed the worker indicated the agency could be of real service, the client tended to continue into treatment (X^2 8.1, p .01). However, no other variable indicating worker behavior toward the client differentiated between clients who continued and those who did not.

Therefore, on the basis of this analysis and the effects of initial motivation, it was concluded that the major hypothesis of the study was untenable. Worker behavior does not appear to have affected continuance while initial motivation does. The motivation with which the client came to the clinic seems to be the overriding effector of continuance into treatment.

This was further eluded by determining the importance of non-agency variables which are not inherently indicators of motivation, but may reflect difference of motivation growing out of situational conditions of the client, and they are largely independent of the discomfort-hope hypothesis. This included socio-economic class and waiting time for the initial appointment.

Here it was found that persons in the lower socio-economic class tended to terminate before treatment; middle-class clients went into treatment and upper-economic class clients terminated (X^2 6.9, P .05). It is assumed the upper-class clients went to private therapists for their treatment which accounts for their drop-out rate, but lower-economic class clients are presumed to have a different value system regarding continuing relationships with the agency. This is not motivation in the sense considered above, but rather as a value coming out of a different life situation. The findings, however, support the conclusion that the conditions (motivation and/or value system) under which the client enters service are more binding on his decision whether to continue into treatment, than the behavior of the worker or other members of the agency staff.

The waiting time for the initial interview was found to have an effect on continuance with the larger waiting time clients. Those clients who waited the longest time were characterized by a higher discontinuance rate (X^2 7.8, P .01). This is in part accounted for by upper-class clients who could obtain private service and who did not have to wait for the agency to have an opening. It's also a replication of a phenomena noted in many other studies, such as the Family Service Association of America study discussed earlier.

Finally, an investigation was made to determine what happened to the client after he left the agency. Clients who said they did not receive all the necessary help at the agency did go elsewhere and these were also the clients who had dropped out of service (X^2 7.7, p .01). This result is interesting

because of its implication. No doubt some who left did so because they could afford to pay a private practitioner and did not wish to wait, but many of those who left apparently did not feel the problem was solved but rather went elsewhere for assistance. It may be speculated that this group is looking for help with the problem without the stress and/or inconvenience of entering treatment--perhaps, searching for a one-contact solution to their problems. If this is the case, one could predict a community agency system caseload of individuals moving from one agency to another with little chance of a resolution of the problem but great use of agency' resources. Should that be the case, and it needs to be studied, it would have great importance on community planning for treatment services.

Suggestions for Future Research

There is a problem in measuring initial motivation of the client, because it varies with each individual person. In limiting the size of our questionnaire, three indicators were used to determine initial motivation. These were (1) the type of referral, (2) length of time before application to agency and (3) client's previous expectations of agency service. The referral group was divided into self-and other-referred; because family and friends were included in the self-referred group, we may have inaccurately assessed the initial degree of motivation. A referral by family and friends may reflect the same low motivation as the other-referred.

It is obvious that the one-third who returned the questionnaire were more motivated than the two-thirds that did not. Furthermore, it appeared that this group tended to respond in an overly positive manner ie., by responding favorable to all questions concerning the agency, a tone seemed to be set that followed throughout the questionnaire. The fact that a name was required either caused positive responses from those that returned the questionnaire, or created a fear of retaliation that resulted in no response from the rest of the population.

The space provided for comments proved to be invaluable. Often there was a discrepancy between the answer given and the comment, which proved difficult to incorporate into the data. This seems to say that it may be easier for respondents to answer when they are given an opportunity to express themselves.

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APPENDIX I

Name _____
last first

1. How long have you lived in Genesee County?
   ___ less than one year
   ___ 1---3 years
   ___ 4---7 years
   ___ 8 or more years

2. Male____ Female ____

3. Birthdate _____
   month day year

4. What is your marital status?
   ___ Single
   ___ Married
   ___ Divorced
   ___ Separated
   ___ Widowed

5. Number of Children
   ___ None
   ___ One
   ___ 2--3
   ___ 4--6
   ___ 7 or more

6. Education (Check the last grade completed)
   ___ 0--6
   ___ 7--9
   ___ 10--12
   ___ 1--2 years of college
   ___ 3--4 years of college
   ___ more than 4 years of college
   ___ Other (PLEASE SPECIFY)

7. Occupation (Be as specific as possible)
   Wife _____
   Husband_____

8. Total Family income (CHECK THE CHOICE WHICH COMES CLOSEST)
   ___ Less than $3000
   ___ $3000 to $5999
   ___ $6000 to $8999
   ___ $9000 or more

9. Number of wage earners in your family? (please fill in)_____

10. Race
___ White
___ Negro
___ Other (specify)

11. Who referred you to the Flint Mental Health Clinic?
___ Self
___ Family
___ Friends
___ Private Physician
___ Clergy
___ Court, correctional institution, police, probation, parole, protective services.
___ Local Health Department
___ Private Psychologist or Psychiatrist
___ School
___ Social Service Agency (as in family service agency, settlement house, child placement agency, marriage counseling, public welfare agency, legal aid society)
___ Employer or place of employment
___ Vocational Rehabilitation
___ Other (SPECIFY)

12. What was the length between learning that the Flint Mental Health Clinic could be of service and your contacting the agency?
___ Less than one week
___ 1 to 2 weeks
___ 3 to 4 weeks
___ more than 4 weeks

13. What was the length of time between the sending in of the application form and your first appointment?
___ Less than one week
___ 1 to 2 weeks
___ 3 to 4 weeks
___ more than 4 weeks

14. In which way did this waiting period influence your use of the Flint Mental Health Clinic?
___ increased my interest in seeking help
___ partially increased my interest in seeking help
___ no influence on my seeking help
___ partially decreased my interest in seeking help
___ decreased my interest in seeking help

15. Where you aware there would be a length of time between contact and actual appointment?
___ Yes
___ No
___ Comment

"PLEASE REMEMBER TO ANSWER ALL QUESTIONS"

16. After your first interview did you feel the agency could be of service to you?
___ Yes
___ No Comment _____

17. Was the atmosphere of the waiting room friendly?
___ Yes
___ No. Comment _____

18. Did the secretaries treat you courteously?
___ Yes
___ No. Comment _____

19. Did you feel the worker was courteous to you?
___ Yes
___ No Comment _____

20. CHECK ONE ANSWER FOR EACH LINE.
Did you feel the worker was:

A. _____
Bored - Somewhat Bored - Somewhat Interested - Interested

B. _____
Tense - Somewhat Tense - Somewhat Relaxed - Relaxed

C. _____
Indifferent - Somewhat - Somewhat Concerned - Concerned

D. _____
Domineering - Somewhat - Somewhat Accepting - Accepting

E. _____
Cold - Somewhat Cold - Somewhat Warm - Warm

21. Did you feel the worker understood your problem?
___ Yes
___ No Comment _____

22. Did you feel you could talk easily with the worker?
___ Yes
___ No. Comment _____

23. Did the worker give some indication to you that the agency could be of help?
___ Yes
___ No Comment _____

24. Did you have any expectations as to how the agency could help you?
___ Yes
___ No. Comment _____

ANSWER QUESTION 25 ONLY IF YOUR RESPONSES TO 23 AND 24 WERE YES.

25. Was the help offered by the agency similar to what you had expected?
___ Yes
___ No Comment _____

26. Did you play an active part in the decision made about your problem?
___ Yes
___ No Comment _____

27. Did these decisions seem possible to reach?
___ Yes
___ No. Comment _____

28. How did you feel after your first interview? (CHECK ONE)
___ comfortable and relieved
___ hopeful, but concerned
___ unrelieved, but hopeful
___ fearful and hopeless

29. AFTER your first interview, how many times did you return to this agency?
___ 0 ___ 4
___ 1 ___ 5
___ 2 ___ 6
___ 3 ___ 7 or more

30. Did you feel you received all the help that you could at this agency?
___ Yes
___ No Comment _____

31. Did you seek some other form of help after you left the agency?
___ Yes
___ No Comment _____

32. If answer to QUESTION 31 is YES, check those below which best describe the kind of help you sought.
___ self
___ family
___ friends
___ private mental hospital
___ public mental hospital (federal, state, county, city)
___ psychiatric service of general hospital
___ other psychiatric inpatient facility
___ private psychiatrist
___ other outpatient psychiatric clinic
___ psychiatric day care center
___ private physician
___ local health department

___ general hospital
___ nursing home
___ other medical or health agency
___ private psychologist
___ other psychological service
___ social service agency (family service agency, settlement house, child placement agency, marriage counseling, public welfare agency, legal aid society)
___ court, correctional institution, police, probation, parole
___ school
___ clergy
___ alcoholics anonymous
___ vocational rehabilitation
___ employment service
___ boarding care home
___ other (SPECIFY)

We appreciate the time and effort taken to answer this questionnaire. It is through your cooperation that we will be able to improve out services to the greater Flint Community.

We would welcome any additional comments about agency services; please use the back of this page.

Thank you.

APPENDIX I I

Major Hypothesis

	34-3&2 continued	34-1 not continued	
* 14-1 waiting period less then 2 weeks	33	12	45
14-2 waiting period more then 2 weeks	4	2	6
	37	14	51

	34-3&2 continued	34-1 not continued	
16-1 aware of waiting period	31	8	39
16-2 not aware of waiting period	9	8	17
	40	16	56

	34-3&2 continued	34-1 not continued	
17-1 after 1st interview did you feel agency could be of service	33	6	39
17-2 didn't feel could be of service	7	8	15
	40	14	54

	34-3&2 continued	34-1 not continued	
18-1 atmosphere friendly	33	12	45
18-2 atmosphere not friendly	4	2	6
	37	14	51

	34-3&2 continued	34-1 not continued	
20-1 worker courteous	36	14	50
20-2 worker not courteous	4	0	4
	40	14	54

	34-3&2 continued	34-1 not continued	
21-2 worker interested	34	12	46
21-1 worker bored	6	3	9
	40	15	55

	34-3&2 continued	34-1 not continued	
22-2 worker relaxed	34	14	48
22-1 worker tense	6	0	6
	40	14	54

	34-3&2 continued	34-1 not continued	
23-2 worker concerned	32	10	42
23-1 worker unconcerned	8	4	12
	40	14	54

	34-3&2 continued	34-1 not continued	
24-2 worker accepting	31	10	41
24-1 worker domineering	9	4	13
	40	14	54

	34-3&2 continued	34-1 not continued	
25-2 worker warm	31	9	40
25-1 worker cold	9	5	14
	40	14	54

*The first number refers to the IBM column number; the second number refers to the coding of the response.

	34 3&2 continued	34-1 not continued	
26-1 worker understood problem	26	7	33
26-2 worker didn't understand problem	12	7	19
	38	14	52

	34-3&2 continued	34-1 not continued	
27-1 talk easily	24	11	35
27-2 talk not easily	16	3	19
	40	14	54

	34-3&2 continued	34-1 not continued	
28-1 indication agency could help	33	6	39
28-2 not indication agency could help	7	8	15
	40	14	54

	34-3&2 continued	34-1 not continued	
33-2	24	10	34
33-1&3	16	6	22
	40	16	56

Minor Hypothesis #1

Table 1

	34-3&2 continued	34-1 not continued	
8-1 Less 9	4	5	9
8-2 High school	23	6	29
8-3 college	13	5	18
	40	16	56

Table 2

	34-3&2 continued	34-1 not continued	
9-1 laborer	7	4	11
9-2 semi-skilled	9	3	12
9-3 skilled	2	2	4
9-4 pro	6	1	7
	24	10	34

Table 3

	34-3&2 continued	34-1 not continued	
10-1 less 3,000	7	5	12
10-2 3,-6,000	11	5	16
10-3 6,-9,000	13	1	14
10-4 9,000-	6	5	11
	37	16	53

Combining Tables 1, 2 & 3

	low class	low middle	high middle	
continued	4	14	6	24
not continued	15	9	8	32
	19	23	14	

Minor Hypothesis #2

Table 1

	36-2&3 continued elsewhere	36-1 stopped	
12-1 self referred	10	17	27
12-2&3 other referred	10	19	29
	20	36	56

Table 2

	36-2&3 continued elsewhere	36-1 stopped	
13-1 1 week under	9	10	19
13-2 over one week	10	26	36
	19	36	55

Table 3

	36-2&3 continued elsewhere	36-1 stopped	
29-1 had expectations	10	19	29
29-2 no expectations	9	16	25
	19	35	54

	34-3&2 continued	34-1 not continued	
35-1 received all help could	22	8	30
35-2 didn't receive all help could	16	8	24
	38	16	54

Combining Tables 1, 2 & 3

		34-3&2 continued	34-1 not continued
Agency Stimulated	Low initial motivation	15	6
	High initial motivation	16	2
Agency Didn't Stimulate	Low initial motivation	5	3
	High initial motivation	4	3

Minor Hypothesis #3

	34-3&2 continued	34-1 not continued	
14-1 less 1	6	2	8
14-2 1-2	17	5	22
14-3 3-4	8	1	9
14-4 over 4	8	6	14
	39	14	53

	34-3&2 continued	34-1 not continued	
30-1 similar expectations	16	1	17
30-2 not similar expectations	4	2	6
	20	3	23

	35-1 received help	35-2 not received help	
36-3 continued elsewhere	11	8	19
36-1&2 not continued elsewhere	19	16	35
	30	24	54


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