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"CLIENT COSTS AND EARLY DISCONTINUANCE FROM A  
COMMUNITY-BASED TREATMENT PROGRAM"\*

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In social work circles client withdrawal from a treatment program commonly has been labeled as "discontinuance". Discontinuance rates have been inordinately high for both casework and group work endeavors, ranging in some instances to 59% of all clients following the first interview (Aronson and Overall, 1966; Empey and Erickson, 1972; Goldstein, Heller, and Sechrest, 1966; Levinger, 1960; Overall and Aronson, 1963). Discontinuance represents an obvious and essential concern for social work for one overarching reason, to wit, treatment interventions cannot be implemented should the client(s) withdraw from the therapeutic relationship. Additionally, as some investigators have shown, discontinuance represents a focal concern for evaluative research since valid estimates of treatment success cannot be obtained unless early discontinuers are regarded as instances of treatment failure (cf. Lerman, 1968; Empey and Erickson, 1972).

A variety of reasons have been posited for the high rates of discontinuance in social work and allied treatment professions. Among the foremost are inaccurate or incongruent role expectations held by the two people most central to the therapeutic relationship, namely, the

therapist and the client (Frank, 1961; Freeman and Simmons, 1958, 1959; Garvin, 1969; Goldstein, 1966; Heine and Trosman, 1960; Kadushin and Wieringa, 1960; Lefton, et al., 1962; Mayer and Timms, 1970; Mechanic, 1961; Olsen and Olsen, 1967; Oxley, 1966; Shapiro, 1971). These and other factors have been posited to result in counter-therapeutic client uncertainties (Erikson, 1957), anxieties (Dibner, 1967), and misperceptions (Sapolsky, 1965; Thomas, et al., 1955) and, consequently, in discontinuance. Interestingly, the great majority of studies concerning discontinuance in social work have focused solely upon endogenous features of the therapeutic relationship per se, that is, upon social variables that emanate from the interaction between client(s) and therapist(s) and that determine their ongoing interaction. For the most part, however, exogenous determinants of that relationship have been ignored in the literature. This is especially unfortunate in the case of group work since the course of treatment may depend upon a variety of socio-cultural attributes and behaviors that the various members bring to the treatment group.

#### SOCIAL EXCHANGE AND CLIENT COSTS

Contrary to the prevailing trend in social work research (Freeman, 1972) social exchange theorists have posited that endogenous factors account for only a limited portion of the behavioral variance within any social relationship (cf., for instance, Thibaut and Kelley, 1959). A significant portion also is accounted for by exogenous factors, that is, attributes and behaviors that individuals, including both clients and practitioners, bring to a social relationship and that determine its future course, particularly during the early phases. Relevant examples include socio-demographic variables such as race, religion, age, and economic status, and virtually all background behavioral and attitudinal predispositions such as aggressiveness, isolativeness, candor, and so forth (cf. Briar and Piliavin, 1965; Edwards, 1969). The interplay between exogenous and endogenous variables determines the ultimate outcome of social interaction, including voluntary continuance in treatment (Thibaut and Kelley, 1959).

More specifically, the continuation of a voluntary social relationship depends upon whether or not the participants experience mutually satisfactory outcomes from it. For each participant to desire continuance he must experience positive outcomes from the relationship. Moreover, the outcomes must exceed those that the participants consider necessary and sufficient for the relationship to be deemed "satisfying". Should the outcomes be unsatisfactory for a given individual he will choose to leave the relationship so long as other more satisfying social relationships are available. If the latter are not available, however, the individual necessarily will be constrained to continue the unsatisfying relationship. In brief, then, if one assumes all other factors to be constant, a client is likely to discontinue from a treatment program when

the program results in (1) excessive costs, (2) a dearth of rewards, (3) outcomes that are lower than those previously expected and/or deemed satisfying, and (4) outcomes that are lower than those to be found in readily available alternative programs.

The "costs" that clients incur while engaging in therapy seldom have been the subject of systematic research. In contrast, therapeutic "rewards" have been the focus of much study although investigators usually have operationalized the construct solely in terms of "client change" or "client progress". Some reviewers have suggested that therapeutic programs tend to promote little in the way of client change (Empey and Erickson, 1972; Poser, 1966; Bergin and Garfield, 1971) and, in fact, may be counterproductive (Berleman, et al., 1972; Empey and Lubeck, 1971; Warren, 1970), thus contributing to client discontinuance. A host of other studies have clearly shown that clients withdraw from treatment programs when their early expectations and hopes regarding the relationship are not met (cf., for example, Levinger, 1960). In most such studies, however, client expectations have been examined as a discrete social referent apart from other factors that might integrally influence one's expectations for therapy. Finally, as has been shown in several additional studies, clients are likely to leave therapy when alternative treatment resources are available in their community and, conversely, to remain in treatment when viable treatment alternatives are not readily available (Mayer and Rosenblatt, 1964).

In contrast with the foregoing topics the social costs incurred by clients and therapists remain an essentially unexplored, but nonetheless critical, area of study for social work researchers. Therapeutic costs may include tangible factors such as fees charged for service, income foregone by receiving treatment during one's normal working hours, and transportation expenses to the agency. Less tangible costs also may influence the course of a therapeutic relationship. As posited by Lott and Lott (1965), for instance, social interaction with individuals of dissimilar races, religions, ages, or socio-economic backgrounds may be viewed with trepidation by some clients and, therefore, considered as social costs militating against continuance in small group treatment. In brief, then, the present study will examine the relationship between client discontinuance and a variety of socio-demographic variables that may be construed as hypothetical deterrents to continuance.

#### DESIGN OF THE TREATMENT PROGRAM

Discontinuance was studied within the context of a unique community-based treatment program for anti-social males ranging in age from 8 to 16 years old (Feldman, et al., 1972). Among other things, the program attempted to provide and evaluate group work services for boys who were referred by a variety of agencies, including special public school systems, juvenile courts, and police youth bureaus. Referrals were drawn from 16

agencies in St. Louis County (Missouri), a geographic area embracing 490 square miles.

The group treatment program was offered at the Jewish Community Centers Association, St. Louis, Missouri. The program extended for a thirty week period from October 1971 through May 1972. Although a \$30 service fee was assessed for the program, actual charges were scaled in accord with the financial status of the clients' families. Only 36 of the 145 clients paid the full fee; 30 paid a total fee of only one dollar or less. The average fee was \$16.74. In order to facilitate the referral process the program staff held a series of meetings with guidance counselors from school districts within a 15 mile radius of the agency and with psychiatrists, social workers, deputy juvenile officers, and other staff members from referral agencies. In addition, a brief statement describing the purpose of the project and appropriate referral procedures was distributed to all referral agents.

Unlike virtually all treatment programs for anti-social youth the staff attempted to provide service for certain referred children by randomly integrating them into groups composed of pro-social children, as determined by behavioral checklists completed by the referred children, their parents, and the referral agents (Feldman, et al., in press). More specifically, as part of the research design three types of groups were formed and evaluated: (1) groups composed solely of children referred for anti-social behavior, (2) groups composed solely of pro-social children, and (3) groups composed solely of pro-social children plus one child referred for anti-social behavior. Respectively, these groups were denoted as anti-social, pro-social, and mixed (or integrated) groups. Additionally, the investigators endeavored to ascertain the differential effects of two types of group treatment methods (traditional social group work and group level behavior modification) in contrast with a non-interventive, or control group, treatment. Finally, the program also attempted to evaluate the differential treatment effectiveness of trained social work students and less trained college undergraduates.

The great majority of clientele served by the agency were of the Jewish faith and from middle and upper-middle socio-economic strata. However, approximately one-fifth of the agency's membership was non-Jewish and from relatively diverse socio-economic backgrounds. About 90% of the children referred to the program were non-Jewish. Nearly 38% were Black. Approximately one-fourth of the referred children were from families with annual incomes of less than \$6,000. Among the demographic variables considered relevant for examination were the following: subjects' age, race, religion, family income, type of referral agency, availability of transportation to the agency, and weekly frequency of anti-social behavior as indicated by behavioral checklists completed by the subjects, their parents, and referral agents.

## DISCONTINUANCE AND CLIENT COSTS

It was considered essential to distinguish between two important categories of subjects in the present study: (1) those who were referred to the program but declined to join it following the intake interview, and (2) those who were referred to the program and enrolled during the intake interview, but who withdrew during its first six weeks. The former subjects were classified as non-joiners and the latter as dis-continuers. Of 169 referred children, only 25 did not enroll following the intake interview. These subjects, representing 15% of those referred, did not participate in the program for a variety of reasons. In some instances their parents considered them inappropriately labeled by the referral agent (that is, as more pro-social than considered by the referral person) or as behaviorally withdrawn or isolative (rather than anti-social or hyper-aggressive). In other cases transportation or scheduling difficulties precluded enrollment in the program. Of the 145 subjects who agreed to participate only 23 (or 16%) withdrew during the first six weeks. This period represented a baseline period for the program and, therefore, was utilized solely for diagnostic purposes. The application of treatment methods by group leaders took place only after conclusion of the six-week baseline period.

At this juncture it is relevant to emphasize that several key variables essentially were eliminated or held constant in the present study. Fees averaged less than one dollar per week per client since they were assumed in large part by the agency and governmental funding sources. Similarly, since the clients were children virtually none had to forego work-related income in order to attend the treatment program. Finally, since discontinuance rates were examined only during the baseline period the social benefits associated with therapeutic progress may be considered relatively constant and negligible in this study. Consequently, conclusions to be derived from the data are not likely to be significantly obfuscated by factors such as fees assessed, income foregone, or extent of client progress due to actual treatment interventions.

### Group Composition

In accord with some theories of delinquent behavior one might expect substantial numbers of referred children to experience extreme difficulty in adjusting to groups of pro-social children and/or to a pro-social agency. Relevant formulations include the reaction formation theories of Cohen (1965), the delinquent sub-culture theories of Ohlin and Cloward (1960), and the social class theories of Miller (1958). On the other hand, as suggested elsewhere by the present authors, the anti-social reinforcement patterns, deviant role models, and debilitating stigmatization associated with treatment groups composed solely of anti-social children may foster inordinately high rates of withdrawal (Feldman, et al., 1972). Review of the data pertaining to composition of the treatment groups shows that the

referred children integrated into pro-social groups withdrew from the program at a slightly lower rate (15%) than those who were treated solely with other anti-social children (19%). Although suggestive of a trend the mean differences between the two client categories were not statistically significant, thus suggesting that discontinuance was not unduly influenced by variations in treatment group composition. In any event, it is apparent that discontinuance rates for both types of treatment groups are much lower than those reported for most similar programs in social work. Pending the review of additional variables to be cited below this datum might point to the efficacy of a pro-social agency milieu as a locus for community-based treatment.

### Referral Agencies

Approximately twenty agencies were asked to refer children to the program. Four agencies referred none. In some instances the dearth of referrals was attributed to the referral agency's stereotyped conception of the community center as a recreational-religious (or non-treatment) agency, to organizational problems internal to the referral agency itself, or to inadequate liaison between the referral agency and the project staff. Referrals from closed treatment institutions and correctional agencies were characterized by virtually no discontinuance. For example, the boys referred by one agency vested with the right to exercise legal guardianship over its clients remained with the program for the entire year. Obviously the referral agency itself can exert constraints upon its clients which, in turn, result in low rates of discontinuance. However, whether or not the clients' commitments to the program are, in fact, of a therapeutic nature remains in question. Referrals from some other agencies, primarily small public school systems, were characterized by extremely high rates of non-joining and discontinuance. Data presented below will suggest that this finding cannot be attributed to certain distinctive characteristics of the referred children themselves, such as race. Therefore, it appears that features of the referral agency itself may serve in part to determine whether or not referred children will remain in an allied program.

Interestingly, incidences of non-joining and discontinuance were extremely high for clients from agencies that referred only three or fewer children to the program. Of nine subjects referred by such agencies four chose not to join and two withdrew during the baseline period. These observations point to the critical importance of supportive social agents within referral organizations. These may include interested staff and peers or acquaintances likewise referred to the program. Similarly, it is relevant to note that referrals from persons who were relatively unsure of their assessments about a client's anti-social behavior were characterized by relatively high incidences of non-joining. For example, when referred persons indicated, through their responses to a checklist question, that they were "absolutely sure" of their assessment

the non-joining rate was only 11%. When they were only "very sure" the non-joining rate was 15%. When referral agents were only "moderately sure" the rate rose to 27%. No referral personnel indicated that they were "not very sure" or "not at all sure" of their assessments. Hence it appears that a referral agent's own uncertainty about his evaluation of a client may determine the likelihood of therapeutic continuance by clients referred by him. Once having joined the program, however, it is relevant to note that referral agents' uncertainty tends to be unrelated to clients' further continuance.

Inadequate explication of the program to referral personnel and/or their incorrect perceptions regarding its objectives also may contribute to inordinately high discontinuance rates. Indeed, a review of behavioral profiles for the referred children suggests that at least in some instances children were referred who were not anti-social in their behavior but who demonstrated other problematic behaviors such as withdrawal or isolativeness. Hence some referral agents may have misconstrued the objectives of the treatment program or may have chosen to refer children for whom the program was not geared but, nonetheless, who may have been problematic for the referral agency's own operations. Clearly, then, factors other than the therapeutic relationship per se influence the course and ultimate success of a treatment program that depends upon referrals from collaborative agencies.

#### Travel Distance

A treatment agency's location relative to its pool of available clients also may represent a key variable associated with client discontinuance. Put differently, financial and time costs incurred by clients for travel to and from a treatment program may represent a critical variable. In the present study per capita client transportation costs exceeded the per capita fees assessed for service by a ratio of nearly 2:1. In order to analyze the effects of this variable more exactly clients were classified into one of three categories based upon the total one-way travel distance to the agency. Nearly 20% of those who lived 0-3 miles from the agency chose not to join the program; 23% of those who lived 4-6 miles from the agency did not join, and; 13% of those who lived 7-10 miles from the agency did not join. The lower incidence for the latter category of subjects probably was influenced by the introduction of an important variable, namely, the provision of free taxicab service for subjects who found it difficult to participate in the program due to transportation difficulties. Although an initial approximation would suggest a direct correlation between transportation distance and non-joining it seems that this association can be attenuated through the provision of free transportation.

Once enrolled, however, a direct correlation between distance traveled and discontinuance emerged, although at non-significant levels. During

the first six weeks of the program approximately 12% of those traveling 0-3 miles withdrew from the program, 15% of those traveling 4-6 miles withdrew from the program, and 18% of those traveling 7-10 miles withdrew. The data suggest, then, that the costs of traveling to and from a treatment program may bear an inverse relationship to continuation. At another level, this observation would point to the efficacy of locating large numbers of decentralized service programs within clients' own communities rather than toward the centralization of service in one or a few treatment agencies or sites.

### Travel Costs

In order to shed further light upon the relationship between travel costs and discontinuance it is germane to examine the mitigating effects of another program variable, *viz.*, the provision of free transportation services for clients. Federal funding permitted the agency to provide free taxi-cab transportation throughout the year for 56 of the referred children. Of these children only one, or less than 2%, discontinued from the program ( $p < .001$ , chi square test, two-tailed). In contrast, 25% of the referred children who were not provided with free transportation discontinued during the baseline period. Hence it is obvious that aside from direct therapeutic benefits, transportation costs and difficulties represent a crucial variable influencing a client's decision to continue in treatment. In fact, of all the variables studied here transportation cost appears to be the factor most clearly associated with discontinuance. Although trends are found for the relationship between discontinuance and certain other social variables this is the only factor that attains unequivocal statistical significance. Should treatment agencies be unable to locate themselves in close proximity to client populations it appears advisable, then, to facilitate client continuance through the provision of low-cost transportation. As with the present program, the expenses incurred by a community-based treatment program staffed largely with sub-professionals may be sufficiently low to counter-veil the expenses required for client transportation. In total, such programs may be far less expensive than comparable programs with higher rates of discontinuance.

### Family Income

In further support of the foregoing observations the data also reveal a slight tendency for non-joining to vary in accord with family income. Although the trend does not attain usually accepted levels of statistical significance it is noteworthy that none of the 31 children referred from families with a yearly income of less than \$6,000 chose to decline participation in the program. Following enrollment, none of those from families with yearly incomes of less than \$3,000 ( $N = 10$ ) withdrew from the program. However, clients from families with an income ranging from \$3,000-\$6,000 withdrew at a rate (16%) equivalent to that for all other

income categories. The data suggest, then, that there is little support for the view that certain socio-cultural deficiencies necessarily militate against the efficacy of providing social services for lower class clients within middle class social environments (cf., Cohen, 1965; Davis, 1938). To the contrary, once financial barriers are vitiated it appears that lower class clients are more likely than others to sustain active engagement in such programs, possibly due to a paucity of high quality recreational resources in their neighborhood environments. However, as noted in a recent essay by Kelman (1972), it also may be possible that lower-class clients consider themselves to be relatively powerless vis-a-vis therapists and, therefore, obliged to continue in therapeutic and experimental programs even when they are relatively unsatisfactory.

### Race

As noted earlier, substantial numbers of black subjects were referred to the program. Since virtually all of the agency's regularly enrolled clientele were white there was initial concern lest undue problems arise regarding the capacity of the former children to adapt to the program or to be received with equanimity by the regular clientele. Likewise, there was concern that black parents would be reluctant to enroll their children in a treatment program conducted within a predominantly white social environment. Nonetheless, 19% of the non-joiners were white and only 17% were black. Similarly, the rates of discontinuance following enrollment were the same for both categories of subjects (15%). Although it is probable that race interacted with family income the data suggest that economic factors are more important than racial ones when discontinuance is the prime variable under consideration. More specifically, it seems that low economic status serves to enhance the likelihood of clients remaining in a treatment program so long as fees are minimal and transportation is not unduly problematic. Again, the findings clearly refute the notion that socio-cultural deficits, rather than financial and travel barriers, militate against treatment continuance by minority group clients and clients from lower socio-economic strata.

### Religion

As with the variable of race, the investigators and agency staff expressed some initial concern regarding the anticipated difficulties of helping non-Jewish children to adapt to the agency and its clientele. Twenty-three percent of the Catholic and Jewish children referred to the agency did not enroll in the program. Although the incidence of non-joining was 17% for Protestant children and only 11% for those who claimed to be areligious the differences between categories do not attain usually accepted levels of statistical significance. Jewish children withdrew from the program at a higher rate (23%) than Protestant (19%), Catholic (15%), or areligious subjects (0%). Interestingly, it appears that subjects with no distinct religious affiliation found it easiest to

adapt to the program. Only one of nine such children referred to the program declined to enroll. The remainder stayed with the program until its termination. It is important to note that the highly secular nature of activity programs engaged in by the treatment groups seemed to de-emphasize the religious orientation of the agency. Within the context of the leaders' treatment objectives, groups participated in activities such as swimming, basketball, arts and crafts, hikes, fund-raising activities, discussions, and so forth. To the extent that programming focused upon such activities differential religious backgrounds of the clients probably were of low visibility and little import for continuance.

### Age

Among other things, it was anticipated that young children might have great difficulty in adapting to a community-based treatment program, especially one in which transportation was a major consideration. Apparently this concern was shared to some extent by the children's parents. Twenty percent of the interviewed children ranging in age from 8-9 years old did not join the program. This percentage decreased to 16% for 10-12 year old children and 14% for 13-16 year old children. Once enrolled for the program, however, a client's age appeared to be of minimal significance for continuance. Review of the data show no systematic relationship between discontinuance and clients' ages. Although provision of free transportation may have reduced the importance of this variable, especially with reference to younger children, it seems apparent that attendance requirements were not unduly problematic for children ranging in age from 8-16 years.

### Clients' Presenting Behaviors

In order to facilitate referrals collaborative personnel were asked to complete a behavioral checklist for each client. Completion of the checklist entailed that respondents estimate the total number of behaviors exhibited by the client during a one-week period prior to the referral. Behaviors were classified according to one of five categories: (1) interpersonal aggression (such as fighting, kicking others, and so forth), (2) object aggression (such as breaking windows and destroying furniture), (3) verbal aggression (such as threatening to maim or kill someone), (4) disruptive behavior toward peers (such as interrupting conversations, distracting others by whistling, and so forth), and (5) disruptive behavior toward adults (such as refusing to obey reasonable requests, not attending to teachers' instructions, skipping school, and similar behaviors). During the intake interview the clients' parents also were requested to complete an identical checklist.

Review of the checklists obtained from referral agents showed that nearly 8% of the clients obtained total scores ranging only from 1-5 on the checklist. That is, fewer than 6 anti-social behaviors were estimated

for the client during the preceding one-week period. If the estimates were reliable such clients were inappropriately referred to the program since their frequencies of anti-social behavior for a one-week period were within relatively normal limits. Seventeen percent of the clients obtained scores ranging from 6-15 anti-social behaviors per week. The overwhelming majority (76%) obtained scores varying from 16 to several hundred such behaviors per week. The greatest proportion of non-joiners (23%) were boys with extremely low anti-social scores on the behavioral checklist, that is, scores ranging from 1-5. Likewise, rates of discontinuance for clients from this category were exceptionally high (40%). Therefore, the data indicate that children who were inappropriately referred to the program tended to voluntarily withdraw either at the point of intake or early in the program's inception. Discontinuance rates tended to decrease in inverse proportion to the reported frequency of clients' anti-social behavior. Clients who were reported to display 6-20 such behaviors in a one-week period had a discontinuance rate of 18%; those with reported frequencies ranging from 21 to several hundred had a discontinuance rate of only 13%. Generally, then, it appears that clients with the greatest need for the program tended to continue. In contrast, those considered to exhibit infrequent anti-social behavior tended to withdraw during the early stages of the program.

Additionally, rates of non-joining and discontinuance were examined with reference to the particular types of anti-social behaviors exhibited by the clients, as indicated by parents' behavioral checklists. The reported frequency of clients' interpersonal aggression towards others, such as fighting, did not differentiate among those who did not enroll for the program and those who left it during the first six weeks. In contrast, clients with high frequencies of object aggression were less likely to join the program than those who displayed such aggression minimally, that is, five times or less per week. Twenty-five percent of the clients who exhibited such anti-social behavior from 6-20 times per week declined to join the program. Likewise, 50% of those exhibiting such behavior 21 or more times per week did not join. In both of the latter instances, however, the total number of clients was small, thus precluding generalization to larger populations. After enrollment, discontinuance rates for clients exhibiting 6 or more instances of object aggression per week were nil. Discontinuance was observed only for those clients displaying 5 or fewer such behaviors per week.

Likewise, non-joining was found to vary in accord with the reported frequency of clients' verbal aggression towards others. Again, however, after joining the program no clients with extremely high verbal aggression scores (21 or more times per week) discontinued. Discontinuance rates were highest (23%) for clients reputedly displaying verbal aggression 6-20 times per week. When considering clients' disruptive behavior toward peers, it was found that 33% of those with extremely high scores

(21 or more times per week) did not join. In contrast, those with estimated frequencies varying from 0-5 or 6-20 times per week did not differ in their predilection to decline enrollment; 14% of the clients from each category did not enroll. Again, there were no discontinuances among clients who enrolled in the program with extremely high reported frequencies of such behavior (21 or more times per week). In fact, the relationship between discontinuance and reported frequency of disruptive behavior toward peers was an inverse one, ranging from 0% for clients with 21 or more behaviors per week to 9% for those with 6-20 behaviors and 18% for those with fewer than five such behaviors.

TABLE I: Summary of Relationships Between Selected Socio-Demographic Variables and Client Discontinuance

Direct Relationship

Free transportation\*  
 Type of referral agency  
 Travel distance  
 Family income  
 Frequency of anti-social behavior, estimated by referral agents  
 Type of anti-social behavior, estimated by referral agents: Disruptive behavior toward adults

Inverse Relationship

Type of anti-social behavior, estimated by referral agents:  
 Object aggression  
 Verbal aggression  
 Disruptive behavior toward peers

No Relationship

Type of group composition  
 Race  
 Age  
 Type of anti-social behavior, estimated by referral agents: Interpersonal aggression

\*p < .001, chi-square test, two-tailed.

Finally, it is relevant to note that clients who exhibited extremely high frequencies of disruptive behavior toward adults tended not to join and, moreover, tended to withdraw readily from the program after having joined.

Whereas 37% of those exhibiting 21 or more such behaviors per week did not enroll, the respective rate was only 13% for clients displaying five or fewer such behaviors per week and 17% for those exhibiting 6-20 such behaviors per week. Likewise, whereas discontinuance rates were relatively similar for clients showing five or fewer such behaviors per week (13%) and 6-20 such behaviors per week (11%) the rate was significantly higher for those showing 21 or more such behaviors per week (20%). Among other possibilities, it would appear that the clients' tendencies to contravene parental instructions frequently resulted in a decision not to permit them to join the program or, likewise, to discontinue during the first six weeks. This raises the distinct possibility that the program was used by some parents as a reward for conforming behavior or, even worse, that parents may have subtly encouraged children not to participate in the program in accord with their unique needs to maintain deviant behavior by their own children. Thus, for example, Bell and Vogel (1968) have posited that some parents tend to induce or sustain deviant behavior among their children in order to maintain their own tenuous relationship with one another. In general, however, it is encouraging to note that children with reportedly high frequencies of behaviors such as object aggression, verbal aggression, and disruptive behavior toward peers chose to continue treatment. Most probably their efforts toward continuance were supported by parents and relevant others in the community. In contrast, it appears that anti-social behavior specifically directed toward parents and other adults resulted in early termination from the program. The data suggest, then, that the particular types and targets of children's anti-social behavior tend to influence whether or not they will choose, or be permitted to choose, continuance in a treatment program directed toward the reduction of such behavior.

#### DISCUSSION AND SUMMARY

As illustrated in Table I the foregoing data show that clients' continuance in a treatment program is likely to be influenced by a number of social and economic desiderata other than those integrally associated with the therapeutic relationship itself. Whether or not a client enrolls and actively participates in a treatment program may depend on a variety of factors, including his relationships with parents and relevant others, the internal operations and needs of the referral agency and its staff, his family's socio-economic position, and the actual nature and targets of the maladaptive behavior that he exhibits. In general, our data indicate that clients from economically impoverished families tend to enroll in, and remain with, a low-cost community treatment program. This is especially apparent when transportation costs for the program are negligible or are assumed by the agency or other funding sources. In addition to minimizing the client's costs for participating in treatment the low-cost provision of regularized transportation probably serves to promote positive behavioral expectations that further enhance the likelihood of long-term continuance. Given the excessive charges and high

discontinuance rates of most other treatment programs (cf. Empey and Erickson, 1972; Warren, 1970) and the inordinate societal costs attributable to juvenile delinquency the payment of clients' transportation expenses to and from treatment programs may represent a negligible and worthwhile social investment. As with our program, such expenses may be readily counterbalanced by the relatively low costs entailed by a community-based treatment program utilizing primarily sub-professional personnel.

It is important to note that certain factors oftentimes viewed as deterrents to client continuance were not found to be particularly significant in the present study. Factors such as race, age, and the proportion of pro-social and anti-social children in each treatment group were unrelated to discontinuance, thus suggesting that the historical debate between the merits of homogeneous and heterogeneous treatment groups may be readily resolved in favor of the latter (Hoffman and Maier, 1961; Schutz, 1961; Shalinsky, 1969; Shaw, 1960; Spergel, 1965).

However, other socially relevant variables were found to be of marked importance. Thus, for example, given relatively low costs for transportation and for the treatment program itself clients from economically impoverished families were found to be more likely continuers than those from wealthier families. The data also suggest that clients who are thought to exhibit certain types of behavioral problems are more likely to join and to continue in a treatment program than others. It was found, for example, that children with high estimated frequencies of verbal aggression, disruptive behavior toward peers, and object aggression showed great resistance to joining the treatment program. Nonetheless, those who enrolled were more likely to remain with the program than less serious offenders. In contrast, clients with high estimated frequencies of disruptive behavior toward adults tended to discontinue relatively early in the program, perhaps as a result of undue constraints imposed by their parents or others in the community.

Finally, the data suggest that factors associated with the internal operations of referral agencies may be associated with their proclivity to refer clients to a treatment program and, even, with the long-term continuance of such clients. Obviously every agency must retain a certain number of paying clients in order to assure its own long-term viability. At the same time, the data point to the possibility that some agencies may readily refer clients who are unduly problematic for their own internal operations, even if the former do not fit the particular stipulations of the treatment program. These and similar considerations are the subject of further detailed research by the present investigators.

In summary, then, the above findings clearly suggest that enrollment and continuance in a treatment program depends upon many variables that may be regarded as distinct social or economic costs for clients. These

include factors that are relatively unrelated to the clients' actual behavior in the treatment group or to the client-therapist relationship. In large part, the provision of requisite ancillary services and economic assistance may greatly reduce the likelihood of premature discontinuance by clients. The creation of more effective collaborative relationships with referral personnel, the provision of transportation resources for clients, prior consultation with parents, and other desiderata can be readily influenced by the staff of a treatment program. Accordingly, with proper planning and a full recognition of the various benefits and costs entailed it may be possible to provide the requisite conditions for client continuance and, therefore, for the subsequent delivery of effective social services.

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