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Staff Perceptions of Psychiatric Patients in Relation to Disruptive Behavior

Thaddeus I. Stachowiak
Western Michigan University

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STAFF PERCEPTIONS
OF PSYCHIATRIC PATIENTS
IN RELATION TO
DISRUPTIVE BEHAVIOR

by

Thaddeus I. Stachowiak

A Thesis
Submitted to the
Faculty of the School of Graduate
Studies in partial fulfillment
of the
Degree of Master of Arts

Western Michigan University
Kalamazoo, Michigan
December 1969
ACKNOWLEDGEMENTS

To a novice the didactic value in the writing of a thesis is heavily dependent upon the suggestions, corrections, encouragement, and support of others. I would like to express my thanks to the many individuals who provided their valuable assistance. I want to express my thanks particularly to Robert Betz, Ph.D., Stanley Kuffel, Ph.D., Paul Mountjoy, Ph.D., and Malcolm Robertson, Ph.D. While their assistance was a necessary part of this thesis, I assume sole responsibility for what is written.

To my wife, Marlene, and children, Winona, David, Robert, I am indebted for their cooperation with many clerical tasks, and for their patience in enduring the many inconveniences and disruptions which this study occasioned.

Thaddeus I. Stachowiak
MASTER'S THESIS

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Psychology, clinical

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INTRODUCTION

Daily, even hourly, interactions occur between staff and patients of psychiatric institutions which make use primarily of a milieu therapy setting. Communication and interaction problems are often numerous, and disagreements and confusion can be expected to influence relations between and among staff and patients. Burnham (1955) referred to a breakdown of relations between staff and patients or among staff members as a "splitting" process. He sought to explore the question of whether the patient is the victim of the agent of the "splitting" process. He pointed out that the special-problem patient evoked feelings among staff members intense enough to be carried into their non-business hours and even into their family affairs.

Cohen (1957) suggested that the patient might present different aspects of his personality to different staff members, depending on the patient's perception of the staff member as an enemy or a friend. The patient's selective presentation of his personality might then induce the staff members to clash over the proper treatment for the patient. Savage (1961) indicated a similar phenomenon in which the patient designated staff members as good or bad "parents." The patient's transference reaction, ambivalent as it was, would bring about staff division. The resulting staff disagreement would in turn intensify the patient's ambivalence. Searles (1965) indicated that some types of patients engendered staff dissension by presenting varying aspects of themselves to different staff members. Haley's
observations (1965) support Searles's report that certain types of patients are quite capable of plotting and effecting massive staff disagreement. Haley hints that the patient may not be simply expressing a pathological process, but perhaps is also expressing, and quite consciously, the degree of control that he, the patient, has over the psychiatric staff.

Caudill (1958) found that patients were affected by the confusion and disagreement among staff members about administrative policy and therapeutic goals. The overt disagreement was the direct result of attitudes which staff members had about each other and about the patients. The patients in this study viewed disagreeing staff members as unpredictable, and experienced an increase in anxiety.

Stanton and Schwartz (1954) observed procedural and attitudinal inconsistencies among staff members and related pathological excitement in patients to veiled staff disagreement. With a questionnaire composed of scales which allegedly measured the patient's behavior toward the staff and the staff's behavior towards the patient, Gladstone and Burnham (1966), in a single subject study, supported Stanton and Schwartz's observations and related high pathological excitement in a patient to hidden disagreement among staff members about the proper treatment for the patient.

Staff members of psychiatric institutions have a definite effect upon the patients under their care, and are observably affected by the patient's attitude and behavior towards them. Taguiri (1958) specified the variables in the interaction process:
1) the attributes of the stimulus person; 2) the nature of the interaction situation; 3) the characteristics of the perceiver. These three variables are dynamically involved in shaping staff-patient interactions, and interactions among staff and among patients.

Studies aimed at exploring the effects of one stimulus group on the behavior of another group in a staff-patient interaction situation have been infrequently reported. Elstein and Van Pelt (1966) sought to investigate the agreement among psychiatric staff and the dimensions underlying such agreement in the perception of psychiatric patients, but did not relate the agreement to patient behavior. This study reported that staff attitudes were greatly influenced by the patient's ability to fit into the setting and participate in the programmed activities. Assertiveness and energetic activity were viewed as undesirable. What effect this consensual view of what was undesirable had upon the subsequent behavior of the patients is not known.

Canter (1963) explored the relationship between a particular staff attitude (authoritarianism) and the resulting effectiveness in working with psychiatric patients. He reported that a high degree of authoritarianism in staff members is associated with a negative attitude towards patients, and lower ratings of clinical effectiveness, particularly with those aspects of effectiveness related to interpersonal contacts.

This present study was formulated to explore staff attitudes in relation to disruptive behavior. Theoretically, disruptive behaviors might occur with a higher frequency when behavioral expectations are
inconsistent or contradictory from one staff member to another. Such a situation would present a "conflict" (Lundin, 1965, p. 110) in which both reinforcement and punishment are the inevitable consequences of a response. The specific purpose of this study was to examine the extent to which staff members of a psychiatric facility agreed with one another on the personality characteristics of hospitalized adolescents and to consider the agreement or disagreement in relation to the disruptive behavior displayed by the patients who were subjects of this study.
METHOD

The procedure for undertaking this study involved a random sample of patients of a children's in-patient psychiatric hospital and both clinical and non-clinical members of the staff. The instrument used for collecting data was the Interpersonal Check List.

Subjects

Twenty five residents (16 male, 9 female) of a psychiatric hospital were randomly selected from a population of 130. Their ages ranged from 10 years 4 months to 18 years 5 months. The mean age was 14 years 2 months, with 2/3 of the sample ranging from 12 years 2 months to 15 years 9 months. All subjects were admitted to the hospital upon repeated manifestations of pathological behavior. Patients of this age group live in a building which is separate from adult facilities. The sample accurately represents the age and sex ratio of the population at the time of this study. Each subject was involved in a full academic program, either in the hospital or at a nearby public school. In determining eligibility for the study, a minimum of 6 months hospitalization was required of the subjects. The purpose of the minimum length of hospitalization was to insure at least a reasonable familiarity between subjects and staff members. The mean length of hospitalization for the subjects was 30.5 months. The range extended from 7 months to 86 months, with 2/3 of the subjects ranging from 14 months to 34 months.
The Interpersonal Check List (ICL), developed by LaForge and Suczek (1955), contains 128 items which are descriptive of eight interpersonal adjustments considered to be present in everyone to some degree ("firm but just," "friendly," "outspoken," "stubborn") (Leary, 1955). The eight adjustments are circularly arranged in octants along the circumference of a circle. Two adjectives are used to describe each adjustment and are labelled as follows: (1) managerial-autocratic; (2) competitive-exploitive; (3) blunt-aggressive; (4) skeptical-distrustful; (5) modest-self-effacing; (6) docile-dependent; (7) cooperative-overconventional; (8) responsible-over-generous. The circle contains two bipolar dimensions, Dominance-submission (DOM), and Love-hate (LOV). With formulas provided by Leary (1956) the data obtained from the 128 items can be converted to standard scores for the two dimensions. The appropriate octant is the one within which the DOM and LOV scores intersect. Intersections near the center of the circle (see Appendix A) are of moderate (normal) intensity, while those near the outer edge of the circle are of extreme (abnormal) intensity (LaForge and Suczek, 1955). LaForge and Suczek (1955) and Terrill (1965) state that the check list may be appropriately used in research independently of the theory underlying the Interpersonal Diagnosis of Personality (Leary, 1957).

Bieri and Briar (1963) conducted a factor analytic study of the ICL and obtained data supporting the notion that the ICL measured two principle factors, Dominance and Love. LaForge and Suczek (1955) reported an octant reliability of .78. Armstrong's (1958) internal
consistency studies on the ICL produced correlations ranging from .953 to .976. Armstrong matched 50 "normal" and 50 alcoholic males for age, education, occupation, and intelligence. Each subject was asked to make several ratings about himself and his family, using the ICL. An examination of the results (significant beyond the .01 level) showed that the ICL yielded a highly significant internal consistency in both the "normal" and the alcoholic groups. Studies available at this time indicate that the ICL manifests sufficient reliability to warrant its use as a research instrument to assess personality characteristics.

Procedure

The 128 items of the ICL were duplicated and given to the participating staff members with three specific instructions; (1) they were to indicate which of the 128 items best described a particular S as they saw the S at that time; (2) they were to indicate which of the 128 items best described changes they had observed in the S since they had known the S; (3) they were to indicate which of the 128 items best described the personality characteristics the S ought to have which would enable him or her to function independently of in-patient psychiatric care. The participating staff group was composed of two social workers, four special education teachers, the hospital school principal, one occupational therapist, one recreational therapist, one music therapist, two female attendants, and one male attendant. Each rater was required to use the ICL three separate times, with a different instruction for each of the three separate
ratings. Over a two month period, each rater completed 75 ratings, three ratings for each of the 25 subjects. The raters were instructed not to consult with one another about specific ratings until all ratings were completed. A coding system was used to preserve staff anonymity and to encourage the staff to be as frank as possible.

Disruptive behaviors were not easily obtained on a quantifiable basis. The number of hours spent in a seclusion room was easily available for each subject, and seemed to be the only index of disruptive behavior which could be incorporated into this study. The assumption was that the number of hours a subject spends in a seclusion room is an index of disruptive, anti-social, or pathological behavior, and that the correlation between hours in seclusion and the occurrence of disruptive behaviors is high and positive.
RESULTS

The data were examined for the following relationships:
(1) staff agreement or disagreement in describing the subjects (rating I); (2) staff agreement or disagreement on preceding personality changes in subjects (rating II); (3) staff agreement or disagreement in prescribing personality traits needed by subjects to function independently of psychiatric care (rating III); (4) the relationship between preceding changes (rating II) and changes prescribed (rating III); (5) the relationship of rating I to disruptive behavior.

Figure 1 is a summary of the data obtained from rating I. Agreement among raters was recognized when at least half of the raters selected the same octant for a particular subject. For rating I at least 50% of the raters selected the same octant for 12 subjects. Having at least 50% of the raters in agreement over 12 out of a possible 25 subjects resulted in a mean percentage of rater agreement of 49.4%. As a group the raters assigned the same octants to approximately half of the subjects. Rater agreement on a single subject ranged from 20% to 89%. A Chi Square test of independence was conducted on the frequencies of the ratings for each octant of rating I. The Chi Square 70.945 was significant beyond the .001 level.

In order to obtain a more encompassing pattern of traits, the circular scale was examined for clusters of DOM-LOV intersections. Because the octants are circularly arranged, discrepancies between octants are not subject to an arithmetical progression. The distance
Fig. 1. Cumulative rater agreement for rating I on 25 subjects.

Mean percentage = 49.4%
between octants 1 and 2 is given a particular value, but the distance between octants 1 and 3 is not twice the distance between octants 1 and 2. Beginning at octant 1, moving counterclockwise around the circle increases the distance to a maximum at octant 5. In relation to octant 1, octant 6 is closer than octant 5. Octants 4 and 6 are the same distance from octant 1, octants 3 and 7 are the same distance from octant 1, and octants 2 and 8 are the same distance from octant 1 (see Appendix A).

Leary (1956) prepared a table which assigns a distance value to all possible octant combinations. Appendix B is a condensed form of Leary's table. In his studies, Leary found that the value $U_1$ was a modal discrepancy value (1956). Consequently, he defined significant and nonsignificant discrepancy according to the magnitude of the obtained discrepancy value in relation to the modal value of $U_1$. Discrepancy values equal to or less than $U_1$ were not considered significant. Only discrepancy values greater than $U_1$ were considered significant. Leary's method for determining the significance or nonsignificance of a discrepancy value was used in this study. Octant discrepancy values greater than $U_1$ were regarded as significant and as indicating disagreement. Octant discrepancy values equal to or less than $U_1$ were regarded as nonsignificant, and as indicating agreement.

Table 1 is an example of the manner in which the ratings for a particular subject were organized. One rater saw the subject as competitive-exploitive (octant 2), five raters chose the blunt-aggressive trait (octant 3), and two raters assigned the skeptical-
TABLE 1

Method of Organizing Octant Frequencies

<table>
<thead>
<tr>
<th>Octant</th>
<th>1</th>
<th>2(^a)</th>
<th>3(^b)</th>
<th>4(^a)</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^a\)Adjacent octant.

\(^b\)Modal octant.

Note.—The patterning of ratings in octants 2, 3, and 4 constitute an octant triad as defined in this study.
distrustful trait (octant 4). Modal agreement occurred in octant 3. Although each octant on either side of the modal octant depicts a somewhat different personality trait, the discrepancy value between the modal and adjacent octants is not significant. The discrepancy value between octants 3 and 2 and octants 3 and 4 in both cases is 26 (see Appendix B). The octants adjacent to the modal octant provide a broader view of raters' perceptions, and a more descriptive summary of the subjects' personalities, as perceived by the raters. The procedure of grouping modal and adjacent octants was used for all subjects, and rater agreement was accepted if the octant triad represented at least 50% of the raters for a single subject.

Using the procedure of grouping modal and adjacent octants, trait patterns were obtained on 24 of the 25 subjects for rating I. The clustering of raters' perceptions in octants 1, 2, and 3 is shown in Table 2. These three octants contain 56% of the total ratings. A Chi Square was applied to test the null hypothesis regarding the frequencies of ratings resulting in significant discrepancies and those resulting in nonsignificant discrepancies. The Chi Square 67.438 was significant beyond the .001 level. In addition to indicating agreement on the personality traits for all but one of subjects, an examination of Table 2 shows that the raters tended to favor the same personality traits repeatedly. What emerges is not only a distinct clustering of traits for each subject, but also a clustering of traits which typify the sample as a whole.

Rating II dealt with personality changes in the subjects which occurred prior to this study. An examination of Figure 2 shows that
TABLE 4

Frequencies and Percentages for Each Octant Of Rating I for 25 Subjects

<table>
<thead>
<tr>
<th>Octant</th>
<th>1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>2&lt;sup&gt;b&lt;/sup&gt;</th>
<th>3&lt;sup&gt;a&lt;/sup&gt;</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>23</td>
<td>57</td>
<td>48</td>
<td>36</td>
<td>17</td>
<td>24</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Percentage</td>
<td>10.0%</td>
<td>25.0%</td>
<td>21.0%</td>
<td>15.8%</td>
<td>7.5%</td>
<td>10.5%</td>
<td>3.9%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

<sup>a</sup>Adjacent octant.

<sup>b</sup>Modal octant.
Mean percentage = 50.6%

Fig. 2. Cumulative rater agreement for rating II on 25 subjects.

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at least 50% of the raters agreed on a single personality trait for each of 14 subjects. Rater agreement ranged from 20% to 89% for a single subject. The mean percentage of agreement among raters for all subjects was 50.4%, indicating that, as a group, the raters assigned the same octants to signify changes to approximately half of the subjects. A Chi Square was used to test the null hypothesis regarding the frequencies of the ratings for each of the octants. The Chi Square 260.671 was significant beyond the .001 level.

Rating II data were examined for clusters of DOM-LOV intersections. This analysis resulted in trait patterns for 23 of the 25 subjects. The ratings contained in octants 1, 2, and 3 comprise 80% of the total ratings for rating II. This indicates a relatively high agreement among staff members about the changes observed in the subjects. With 80% of the ratings in octants 1, 2, and 3, there is further indication that the staff members observed a homogeneity of changes in the subjects as a group. The three traits exemplified by octants 1, 2, and 3 typified the group as a whole. A Chi Square was used to test the null hypothesis regarding the frequencies of ratings resulting in significant discrepancies and those resulting in non-significant discrepancies. The Chi Square 74.532 was significant beyond the .001 level.

Rating III dealt with personality characteristics which the raters felt were necessary for the patients to function independently of psychiatric care. Figure 3 is a summary of rating III data. At least half the raters selected the same personality trait for 16 of the 25 subjects, resulting in a mean percentage of rater agreement of
TABLE 3

Frequencies and Percentages for Each Octant
Of Rating I for 25 Subjects

<table>
<thead>
<tr>
<th>Octant</th>
<th>1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>2&lt;sup&gt;b&lt;/sup&gt;</th>
<th>3&lt;sup&gt;a&lt;/sup&gt;</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>28</td>
<td>93</td>
<td>42</td>
<td>22</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Percentage</td>
<td>13.8%</td>
<td>45.8%</td>
<td>20.7%</td>
<td>8.4%</td>
<td>3.0%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

<sup>a</sup>Adjacent octant.

<sup>b</sup>Modal octant.
Mean percentage = 50.3%

Fig. 3. Cumulative rater agreement for rating III on 25 subjects.
Rater agreement on a single subject ranged from 20% to 89%. A Chi Square was used to test the null hypothesis regarding the frequencies of the ratings for each of the octants. The Chi Square 28.660 was significant beyond the .001 level.

The circular scale was examined for rating III clusters of DOM-LOV intersections. Trait clusters were obtained on 23 of the 25 subjects. The ratings contained in octants 1, 2, and 3 are 74% of the total ratings in rating III. The preponderance of ratings in octants 1, 2, and 3, as shown in Table 4, indicates that the personality characteristics prescribed were largely homogeneous. The Chi Square was used to test the null hypothesis regarding the frequencies of ratings resulting in significant discrepancies and those resulting in nonsignificant discrepancies. The Chi Square 79.926 was significant beyond the .001 level.

A comparison of the data of rating II and III was made to evaluate the relationship between changes observed and changes prescribed. An examination of Table 5 shows that 59% of the discrepancies between ratings II and III were equal to or less than 1. The general tendency was for the changes observed in rating II to be not significantly different from the personality characteristics prescribed in rating III. A Chi Square was used to test the null hypothesis regarding the comparisons which showed nonsignificant discrepancy and those which showed significant discrepancy. The Chi Square 5.96 was significant at the .02 level.

A similar comparison was made between ratings I and III to determine whether or not the personality characteristics of the
TABLE 4

Frequencies and Percentages for Each Octant Of Rating III for 25 Subjects

<table>
<thead>
<tr>
<th>Octant</th>
<th>1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>2&lt;sup&gt;b&lt;/sup&gt;</th>
<th>3&lt;sup&gt;a&lt;/sup&gt;</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>54</td>
<td>99</td>
<td>9</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Percentage</td>
<td>24.8%</td>
<td>45.4%</td>
<td>4.1%</td>
<td>5.5%</td>
<td>2.3%</td>
<td>2.3%</td>
<td>4.1%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

<sup>a</sup>Adjacent octant

<sup>b</sup>Modal Octant
TABLE 5

Frequencies and Percentages of Comparisons Of Discrepancies Between Ratings II and III

<table>
<thead>
<tr>
<th></th>
<th>$d^a = 0$</th>
<th>$d &lt; 44^b$</th>
<th>$d \geq 44$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>48</td>
<td>66</td>
<td>80</td>
</tr>
<tr>
<td>Percentage</td>
<td>25%</td>
<td>34%</td>
<td>41%</td>
</tr>
</tbody>
</table>

$^a$Discrepancy value.

$^b$The numerical value given by Leary (1956) for distinguishing between significant and nonsignificant discrepancy between octants, using the Interpersonal Check List.
subjects were significantly different from the characteristics the raters prescribed. A summary of the comparison in Table 6 shows that 55% of the staff perceptions of personality characteristics to be acquired (rating III) differed significantly (discrepancy value greater than 1.14) from the descriptions of the subjects (rating I). While there is a tendency for the traits prescribed in rating III to represent changes from the descriptions of the subjects in rating I, the strength of the tendency is not sufficient to allow a rejection of the null hypothesis at a desirable probability level. The Chi Square 2.618 approached but fell short of significance at the .100 level. Whether or not the changes prescribed actually represent changes cannot be determined without further data.

The remaining relationship which this study intended to examine was the relationship between the degree of staff agreement or disagreement about the personality characteristics of the subjects and disruptive behavior. Disruptive behavior was measured by the number of hours spent in seclusion. The number of seclusion hours for each patient was obtained over a five month period, extending from approximately 1½ months before the beginning of the collection of ratings, through the two months during which ratings were collected, to approximately 1½ months after the ratings had been completed. The seclusion hours of three subjects were not available. Analyses involving seclusion hours were based on the data of 22 subjects. The mean value for seclusion hours for 22 subjects was 50.5 hours for each month. It was possible to compare seclusion hours to two separate measurements of agreement, the single octant agreements, or the trait clusters (octant triads). The data from clusters were not
TABLE 6

Frequencies and Percentages of Comparisons Of Discrepancies Between Ratings I and III

<table>
<thead>
<tr>
<th></th>
<th>$d^a = 0$</th>
<th>$d \leq \mu b$</th>
<th>$d &gt; \mu$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>42</td>
<td>56</td>
<td>122</td>
</tr>
<tr>
<td>Percentage</td>
<td>19%</td>
<td>26%</td>
<td>55%</td>
</tr>
</tbody>
</table>

$^a$Discrepancy value.

$^b$The numerical value given by Leary (1956) for distinguishing between significant and nonsignificant discrepancy between octants, using the Interpersonal Check List.
used for this analysis because of the almost total agreement obtained with trait clusters. Single octant agreement for rating I had a mean percentage of 49.4%, indicating general agreement on approximately half the subjects and general disagreement on approximately half the subjects. Of the 12 subjects about whom the raters showed significant agreement, seven had an average of less than 50.5 hours of seclusion for each month, and five had greater than 50.5 hours of seclusion for each month. The null hypothesis was accepted with a Chi Square value of .178. The data obtained in this study showed no relationship between rater agreement and the number of hours spent in seclusion.

Seclusion hours were then compared with the standard scores on the DOM and LOV scales from the data of rating I. The mean standard DOM score was 52. There were nine subjects whose mean seclusion hours were above the group mean (more than 50.5 hours). Of the nine subjects, six had DOM scores above the group mean (greater than 52), and three had DOM scores below the group mean. Of the 13 subjects whose mean seclusion hours were below the group mean, five had DOM scores above the group mean, and eight had DOM scores below the group mean. Table 7 is a summary of this analysis.

A similar comparison was conducted with the LOV scores of rating I. The mean standard LOV score was 45. Of the nine subjects whose mean seclusion hours were above the group mean (more than 50.5 hours), seven had LOV scores below the group mean (less than 45), and two had LOV scores above the group mean (greater than 45). There were 13 subjects whose mean seclusion hours were below the group mean of
### TABLE 7

Seclusion Hours and DOM Scores of Rating I

<table>
<thead>
<tr>
<th>Subjects with seclusion hours</th>
<th>Subjects with DOM scores above the group mean</th>
<th>Subjects with DOM scores below the group mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>above group mean</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>below group mean</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>
50.5 hours. Of the 13, ten had LOV scores above the group mean, and three had LOV scores below the group mean. Table 8 is a summary of this analysis.

An analysis of independence for the DOM scores yielded a Chi Square value of 2.776, which was significant at the .100 level. Because of the small sample of data, the .100 level of probability was judged to be insufficient to permit a rejection of the null hypothesis. A larger sampling of data is necessary for a more definitive conclusion.

An analysis of LOV scores for independence yielded a Chi Square value of 6.365 which was significant at the .02 level. The null hypothesis was rejected. There is an inverse relationship between LOV scores and seclusion hours, in association with values above and below the respective means.

Intelligence scores were routinely collected for the subjects. The Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale were used in all but three cases as the instrument for intelligence measurement. The Stanford-Binet Form L-M was used in the remaining three cases. The mean IQ score for the group was 92. Of the nine subjects whose mean seclusion hours were above the group mean, seven had IQ scores above the group mean, and two had IQ scores below the group mean. Of the 13 subjects whose mean seclusion hours were below the group mean, six had IQ scores above the group mean, and seven had IQ scores below the group mean. An analysis for independence yielded a Chi Square value of 2.261 which was significant at the .200 level. For this study, the above level of
<table>
<thead>
<tr>
<th>Subjects with seclusion hours above group mean</th>
<th>Subjects with LOV scores above the group mean</th>
<th>Subjects with LOV scores below the group mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects with LOV scores above the group mean</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Subjects with LOV scores below the group mean</td>
<td>13</td>
<td>10</td>
</tr>
</tbody>
</table>

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significance is not sufficient to allow a rejection of the null hypothesis. Judgment must be reserved until additional data are available.
DISCUSSION

The staff perceptions in rating I grouped in octants 1 (managerial-autocratic), 2 (competitive-exploitive), and 3 (blunt-aggressive). The least amount of perceptions occurred in octants 6 (docile-dependent), 7 (cooperative-overconventional), and 8 (responsible-overgenerous). One would not expect docile-dependent, cooperative-overconventional, responsible-overgenerous traits to typify adolescent psychiatric patients. The managerial-autocratic, competitive-exploitive, and blunt-aggressive traits used to describe the subjects are more in accord with the traits one might expect to find in adolescents with overt behavioral pathology.

An octant differentiation on the basis of sex was made. Males were typified more as blunt-aggressive, and females as competitive-exploitive. However, this differentiation was modal, and there was much overlap of octants between the sexes.

The personality characteristics prescribed in rating III indicate that staff members feel that male subjects need to acquire blunt-aggressive characteristics, and females need to acquire managerial-autocratic characteristics. However, neither of these distinctions strayed far from the mean octant, competitive-exploitive. The DOM and LOV scores for males intersected at a point which borders between the competitive-exploitive and blunt-aggressive octants. The mean DOM and LOV scores for females intersected at a point which borders between the competitive-exploitive and managerial-autocratic octants.
Table 9 is a summary of the data from ratings I, II, and III. The degree of rater agreement for a single octant was virtually constant for all three ratings, approximately 50%. This level of agreement indicates that approximately half of the raters agreed significantly on about half of the subjects for a given rating. When the octants were clustered into groups of three on the basis of greatest rater selection, significant rater agreement failed to occur in only five out of 75 ratings.

The competitive-exploitive trait (octant 2) was favored in all three ratings. The high usage of octant 2 is another indication that the staff's perceptions as a group were generally consistent and congruent. As a group staff members described the patients in a similar manner, observed similar personality changes, and gave similar trait prescriptions.

Staff perceptions which described changes they had observed in the subjects were not significantly different from the personality characteristics the raters prescribed. The absence of significant difference may indicate that personality changes are occurring in a manner consistent with staff projections, or it may indicate that staff members selectively attend to personality changes on a preconceived bias. If the latter is true, then the bias is generalized among staff members, and the personality characteristics expected by staff members is generally consistent from one staff member to another.

No significant relationship between the degree of staff agreement or disagreement and disruptive behavior was obtained. A possible hypothesis generated by this finding is that seclusion hours are not
TABLE 9

Summary of Data from Ratings I, II, and III
According to Frequencies and Percentages
For Each Octant

<table>
<thead>
<tr>
<th>Octant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating I</td>
<td>23</td>
<td>57</td>
<td>48</td>
<td>36</td>
<td>17</td>
<td>24</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Rating II</td>
<td>28</td>
<td>93</td>
<td>42</td>
<td>22</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Rating III</td>
<td>54</td>
<td>99</td>
<td>9</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>25</td>
</tr>
</tbody>
</table>

| Rating I | 10.0% 25.0% 21.0% 15.8% 7.5% 10.5% 3.8% 6.3% |
| Rating II | 13.8% 45.8% 20.7% 8.4% 3.0% 1.6% 1.6% 3.0% |
| Rating III | 24.8% 45.1% 4.1% 5.5% 2.3% 2.3% 4.1% 11.5% |
a good index of disruptive behaviors. In selecting seclusion hours as a measure of disruptive behavior, the assumption was made that a high, positive correlation existed between the number of hours spent in a seclusion room and the frequency of disruptive behaviors. This assumption may be false, particularly if large numbers of seclusion hours are continuously accumulated. Seclusion would then reduce the opportunity for disruptive behaviors to occur or to be observed. Also, the number of hours recorded as spent in seclusion may be contaminated by other uses of the seclusion room in addition to its use contingent upon disruptive behavior.

A significant relationship was obtained between seclusion hours and the LOV scores of rating I. Subjects whose mean seclusion hours were above the group mean tended to have LOV scores below the group mean. Subjects whose mean seclusion hours were below the group mean tended to have LOV scores above the group mean. LOV scores below the group mean (tending towards the blunt-aggressive) are associated with seclusion hours above the group mean. LOV scores above the group mean (tending towards the cooperative-overconventional) are associated with seclusion hours below the group mean. Aggressiveness and increased seclusion hours are significantly related, and cooperativeness and decreased seclusion hours are significantly related. Seclusion hours were not significantly related to DOM scores or to the IQ scores of the patients.

Staff ratings were typically of moderate (normal) intensity. Since staff members have a daily encounter with pathological behavior, the moderate intensities may reflect a neutralizing tendency.
Perhaps staff members come to regard as normal what would be considered extreme in nonpsychiatric settings. Another possible explanation for the occurrence of moderate intensities is that individuals who are not clinically trained (Gerber, 1966) see less extremes in psychiatric patients than clinically trained individuals. A third possible explanation is the error of central tendency (Kleinmuntz, 1967). The error of central tendency occurs when raters are not willing to use extreme scales when appropriate, tending rather to contain their judgments within normal limits.

The octant triad 1-2-3 accounted for the greatest percentage of staff ratings in each of the three ratings (Table 9). The frequent use of the 1-2-3 triad would seem to indicate that staff members have not seen changes nor are projecting changes which are significantly different from the personality traits they used to describe the subjects. An analysis of ratings I and III showed a tendency towards significant changes, but the strength of the tendency was not great enough to bar that tendency from chance at a probability level acceptable to this study. The changes indicated are generally limited to the octants within the octant triad 1-2-3. The raters indicated that the subjects as a group needed to be less blunt-aggressive and more managerial-autocratic. This change of personality traits represents a shift from octant 3 to octant 1. While changes are prescribed, the basic set of personality traits remains the same.

The emphasis on octants 1, 2, and 3 is somewhat of a puzzling factor. An investigation of the relationship between the personality traits which the raters assess to themselves and the traits they
prescribe for others might indicate a tendency for the raters to
guide others towards those personality characteristics which they
themselves possess.
SUMMARY

The purpose of this study was to examine the extent to which clinical and nonclinical staff members of a psychiatric facility agreed with one another on the personality characteristics of 25 hospitalized adolescents and to consider the agreement or disagreement in relation to disruptive behavior displayed by the 25 subjects. The Interpersonal Check List was used by staff members to indicate the personality traits of the subjects, to describe previous changes they had observed in the subjects, and to prescribe desirable personality adjustments. Octant triad analyses resulted in agreement significant beyond the .001 level. The mean percentage of rater agreement for single octants was approximately 50% for each of the three ratings. There were no significant discrepancies between the data of rating II and III, and the data of rating I and III, taken as a whole. LOV scores above the group mean of standard scores were observed to be associated with seclusion hours below the group, and LOV scores below the group mean were observed to be associated with seclusion hours above the group mean. No significant relationship between rater agreement or disagreement and disruptive behavior, as measured by seclusion hours, was observed. The validity of using seclusion hours as an index of disruptive behavior is questioned.
APPENDIX A

Circular Scale of The Interpersonal Check List

Same distance from octant 1 as octant 8.

Same distance from octant 1 as octant 2.

Same distance from octant 1 as octant 3.

Same distance from octant 1 as octant 6.

Same distance from octant 1 as octant 4.

Maximum distance from octant 1.
### APPENDIX B

Octant Discrepancy Values
For Octants of Moderate And Extreme Intensities

<table>
<thead>
<tr>
<th>Octant distance</th>
<th>Moderate</th>
<th>Moderate</th>
<th>Extreme</th>
<th>Moderate</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same octant</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Adjacent octants</td>
<td>26</td>
<td>41</td>
<td>41</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>One octant intervening</td>
<td>48</td>
<td>66</td>
<td>66</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>Two octants intervening</td>
<td>62</td>
<td>84</td>
<td>84</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>Three octants intervening</td>
<td>68</td>
<td>91</td>
<td>91</td>
<td>114</td>
<td></td>
</tr>
</tbody>
</table>

Note.—This table is a condensed form of Leary’s Table 35 (1956, pp. 96-97).
REFERENCES


