

EVALUATION OF GROUP PSYCHOTHERAPY BY FOLLOW-UP  
STUDY OF FORMERLY HOSPITALIZED PATIENTS\*

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During the last four decades, but especially in the most recent one, psychologists, psychiatrists, sociologists, and social workers have evidenced mutual interest in developing a standardized method of measuring the effectiveness of their therapeutic efforts. This fact is attested to by the numerous studies reported in the literature in which representatives of two or more of these professions participated in the development and execution of the research plan. The present study follows the precedent of the interdisciplinary trend by adding a follow-up evaluation by a social worker to the attempts by a psychologist and psychiatrist to measure the effectiveness of group psychotherapy with hospitalized patients.

The group psychotherapy study utilizing a "goal direction" (4) approach with F. F. Vernallis, psychologist, as therapist and R. E. Reinert, psychiatrist, as co-investigator, ran for 18 months, terminating August 22, 1959. A series of 30 treatment patients were individually matched on one variable (personality organization) and found to be similar on seven other variables (age, education, months of hospitalization both prior to and during the psychotherapy study, occupation, marital status, diagnosis, and race) with 30 control cases. The two groups received the same standard hospital treatment program except for the addition of group psychotherapy for the treatment cases. During the group psychotherapy study, 19 treatment and 16 control subjects were released from the hospital. However, seven subjects from each group had to return to the hospital for continuation of treatment. Of the 14 subjects who returned to the hospital, two treatment and one control subject had re-entered the community by the termination date of the psychotherapy study. Thus, there were 14 treatment and 10 control subjects living in the community by the termination date of the group psychotherapy study. In their report, Vernallis and Reinert used release from the hospital and length of time in the community as their principal criteria of improvement. They found that the treatment group had 61 more months in the community than the control group. The

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\* This study is an individual research project under the auspices of the VA Psychiatric Evaluation Project, Richard L. Jenkins, Director.

Wilcoxon Matched Pairs Signed Ranks Method (3) showed that the treatment cases had significantly more time in the community than the controls, .043 level by one-tailed test.

Although discharge and length of absence from a hospital are frequently used in reporting treatment effectiveness, clinicians and researchers alike are aware of the shortcomings of these criteria as a conclusive measure. For example, Freeman and Simmons (2) have reported that the higher expectation of a wife or tolerance of behavioral deviance by parents may have a decided influence on whether a former patient returns to a hospital or remains in the community, regardless of his psycho-social performance level. Clausen (1) noted that discharged psychiatric patients ranged from those who functioned "normally" to many who were as emotionally disorganized as hospitalized patients. As these views indicate, discharge and time out of the hospital are not sufficient criteria in themselves for evaluating therapeutic effectiveness.

#### PURPOSE

The general purpose of the present follow-up study was to further evaluate the treatment effectiveness of the Vernallis-Reinert group psychotherapy study by an assessment of the subjects' level of social adjustment in their community environment.

The specific purposes were: (1) to determine whether the control subjects' social adjustment had a more disruptive effect on their environment than did that of the treatment subjects; (2) to illustrate one approach to the problem of measuring effectiveness of a therapeutic technique.

#### SAMPLE

*Description of subjects.* The 24 subjects<sup>1</sup> included in this follow-up study were male veterans ranging in age from 22 to 61 years, who had been hospitalized either for treatment of functional psychosis or severe neurosis. Fourteen of the subjects had been treatment and 10 had been control subjects in the Vernallis-Reinert Study. Each of these subjects had been released prior to and were not receiving any form of psychiatric treatment from the hospital on August 22, 1959, the termination date of the group psychotherapy study. All subjects had been in the community at least 90 days prior to commencement of the follow-up study.

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<sup>1</sup> In the Vernallis-Reinert study, 25 subjects were reported to have been released from the hospital. One subject was directly transferred to a prison and did not spend any time in the community. Therefore, he did not meet the criteria for the present study.

*Description of informants.* Informants, for this study, were relatives such as a wife, parent, sibling, or a close associate who had frequent contact with the subject.

#### METHOD

*Follow-up procedure.* In preparation for the follow-up interviews with the subject and his informant, a brief questionnaire was mailed to each subject. The intent of the questionnaire was to obtain factual knowledge about the subject's social functioning and to verify his location. All 24 subjects replied to the questionnaires. Their replies also provided names of informants to be contacted in addition to the subject. With this information, a travel schedule was prepared by the project secretary, with consideration of geographic location. Interview dates were preassigned for each subject, equally distributing insofar as possible the treatment and control subjects throughout the three month follow-up period.

The rationale of preassigning interview dates was to avoid possible contamination; e.g., interviewing one group during an unfavorable employment season. Furthermore, a preassigned interview date provided a cutoff point for the interviews. Flexibility of at least one week was allowed for unavoidable changes. Any subject who was hospitalized for psychiatric treatment on his preassigned interview date was arbitrarily included in the poor adjustment group.

The collection of data commenced November 1, 1959, and ended February 1, 1960. During this period, 13 treatment and 10 control subjects and their informants were interviewed privately, in their homes. One treatment subject could not be located due to the migratory nature of his employment. In this case, only factual information was obtained from a relative and will be reported accordingly in the results.

Fifteen of the subjects resided within a 200 mile radius of Topeka VA Hospital<sup>2</sup> and were interviewed by the writer. VA Regional Office social workers located nearest the residences of the remaining nine subjects were requested to interview these subjects. Standardized instructions and the appropriate interviewing schedules, which will be described later, were sent to each VA Regional Office social worker.

Interviews were semi-structured and designed to obtain both longitudinal and cross-sectional information pertaining to the subject's social adjustment. The interviewer was required to evaluate the reliability of the

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<sup>2</sup> Travel area covered by the social worker of the Topeka VA contingent of the Psychiatric Evaluation Project.

information obtained from the subject and the informants. If the data were considered to be of poor reliability by the interviewer, he was instructed to contact other informants to clarify discrepancies. The writer and the nine other social workers who conducted the follow-up interviews all followed the same interview procedure. None knew whether the subject was a control or treatment subject of the group psychotherapy study at the time of the follow-up interview. No direct attempt to elicit this knowledge was made by the interviewers. Each interviewer recorded a narrative description and an objective, factual report of the subject's social adjustment.

*Social Adjustment Scale.* When all interviews were completed, the writer rated each subject without knowledge of his identity as a treatment or control subject on a four point scale known as Report of Social Adjustment (ROSA).<sup>3</sup> This scale was constructed to describe the social adjustment of a subject in the form of a profile of the separate scores for each of the following major areas: occupational, school, family, interpersonal, and community. The information from which these ratings were made was obtained from 56 factually-oriented items and narrative descriptions of each of the five areas of social functioning. However, since none of the subjects in the follow-up study were attending school, this area will be eliminated in further discussion of social adjustment.

The ROSA was used as a semi-structured interviewing guide to obtain both cross-sectional and longitudinal data about the subjects' social functioning. Since the ROSA was designed for a larger research project, all of its items were not reported in the present study. Some longitudinal data will be reported. However, the ratings on the four point scale were based on a cross-sectional view of the subjects' adjustment. In order to make a cross-sectional appraisal that would be representative of the subject's adjustment, it was necessary to collect information about his behavior over a fixed period of time preceding the follow-up interview. For this purpose, an arbitrary time period of 30 days preceding the follow-up date was used.

Social adjustment, as defined for instrumental use of the ROSA, is evaluated in terms of the degree to which the subject is meeting social requirements in his various roles. Individuals differ in accordance to the expected role performance; the differences are a product of their group affiliations and the positions assigned to them by members of that group.

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<sup>3</sup> Developed by Mr. Seymour Slovik, Research Social Worker, Montrose VA Hospital. The scale is used by the Psychiatric Evaluation Project for evaluation of social adjustment of veterans formerly hospitalized in one of the 12 participating VA hospitals.

"Social requirements" refer to the performance and attitudes that are normally expected from a person with certain rights and obligations, irrespective of the person's status as an expatriate.

The final result of the ROSA is a profile of the subject's adjustment in each of the four areas mentioned above: *occupational, family, interpersonal* and *community*. The basis for a four point classification of functioning in each of these areas is derived from the following criteria:

1. Good: Meeting standards of expected behavior. Activities reflect appropriate concern with his own *material and economical* enhancement as well as with community requirements.
2. Fair: Meeting minimal expectations. Emotional investment while sufficient to maintain membership in group is weak. Major energies *directed toward holding the line and/or simulating a productive orientation*. Little energy available for self-fulfillment and status improvement.
3. Marginal: Functioning is borderline. Behavior includes elements that *satisfy community standards*. Evidence of dysfunction, however, suggests that status is clearly tied to amount of stress encountered in day to day activities.
4. Poor: Behavior is clearly discrepant with prevailing community standards. Requires a degree of help or control not normally accorded to persons with equivalent social-economic cultural background.

#### RESULTS

Data were obtained on all 14 treatment subjects regarding employment. Six subjects were employed 35 or more hours a week. Of these six, five were earning enough money to support themselves without aid from governmental sources or relatives. The other was self-employed but not earning enough money to support himself independently. One treatment subject was employed part-time (18 hours a week). Seven were unemployed. Of these seven, three had been gainfully employed for a brief period, not exceeding 30 days, since their release from the hospital, but were not employed at the time of the interview. All but one who were employed either full or part-time indicated that their employment was satisfying to them.

Of the ten control subjects, six were employed 35 or more hours a week. Of these six, four were earning enough money to support themselves without aid from governmental sources or relatives. Two were self-employed, but not earning money to support themselves independently. *Four were unem-*

ployed. All employed subjects indicated that their employment was satisfying to them.

Table 1 presents a tabular description of the distribution of the treatment and control subjects according to marital status and residence at the time of the follow-up interview.

TABLE 1  
RESIDENCE AND MARITAL STATUS ON RELEASE FROM HOSPITAL

Marital Status	Residence							Total T C	
	Parents	Wife	Sib- lings	Friend	Alone	Insti- tution			
	T C	T C	T C	T C	T C	T C			
Never Married	5		1 1	1		1	6	3	
Married		1 4					1	4	
Divorced			1	1 1	2		4	1	
Separated	1				1 1	1	3	1	
Widowed						1	0	1	
Total	6	1 4	2 1	1 2	3 1	1 2	14	10	

As revealed by Table 1, six of the treatment subjects were living with their parents while none of the control subjects were. Only one treatment subject was living with his wife in contrast to the four control subjects. It is of interest to note that of the seven treatment subjects who were divorced or separated, only two lived with relatives, either parents or siblings. On the other hand, among the control subjects, except for the four who were married, only one subject lived with a relative. Due to the small sample, no meaningful pattern could be detected in regard to any possible influence the relationship with the persons with whom the subject was residing might have, on his level of social functioning.

Informants of ten of the treatment subjects reported that they were satisfied with the subject's relationship to them. The informants of the remaining four subjects reported their relationship as less than satisfying.

Informants of five of the control subjects reported that they were satisfied with the subject's relationship to them, and informants of the remaining five reported their relationship as less than satisfying.

Recreational activity was defined as leaving the home to participate in: solitary medias, such as movies, spectator sports; social activities, such as card games, dominoes, visiting friends; active sports, such as hunting, fishing. These data were categorized in the following three classifications:

frequently, at least once weekly; occasionally, at least once monthly; rarely or never, less than once a month.

Information was obtained on only 13 treatment subjects in regard to frequency of recreational activities. Three participated in recreational activities frequently, four occasionally, and six, rarely or never.

Of the 10 control subjects, four participated in recreational activities frequently, one occasionally, and five, rarely or never.

Two items, excessive drinking and difficulty with the police, seemed to reflect the amount of stress imposed by the subject upon his immediate family as well as the community. Excessive drinking was evaluated in terms of the accepted norms of the family and community. Difficulty with the police was defined as any attention of the police toward the subject's behavior except minor violations such as over-parking, unless their repetition became a problem.

Of the treatment cases, one subject was reported as drinking excessively and one was reported to the police for fighting with a neighbor, but was not arrested.

Of the control subjects, three were reported as drinking excessively. Three had had difficulty with the police, ranging from window peeping to intoxication and street brawling. Two of these three were arrested and served terms of one and four months in a county jail.

Table 2 describes the subjects' level of social adjustment. Criteria for these ratings were defined in the description of the ROSA.

TABLE 2  
COMPARISON OF SOCIAL ADJUSTMENT BETWEEN 13 TREATMENT\* AND 10 CONTROL SUBJECTS

	Occupational		Family		Interpersonal		Community	
	T	C	T	C	T	C	T	C
Good	2	3	5	3	2	4	2	3
Fair	4	0	4	2	5	1	5	1
Marginal	0	3	1	1	3	3	3	3
Poor	7	4	3	4	3	2	3	3

\* Because only factual data were obtained on one treatment subject, his over-all social adjustment was not rated.

As Table 2 indicates, the social functioning of the treatment subjects as a group was not found to be better at a statistically significant level than that of the control subjects. However, by inspection, it is evident that proportionately more of the treatment group were operating on either a "good" or "fair" level than the control group.

## DISCUSSION

This present study was carried out for the general purpose of providing a further measurement of treatment effectiveness of a group psychotherapy study by a posthospital evaluation of the subjects' level of social adjustment. One of the specific aims of the present study was to see whether the control subjects' social adjustment had a more disruptive effect on their environment than did that of the treatment subjects. Also, this study was an effort to demonstrate one plan of follow-up evaluation of social adjustment as an additional dimension in measuring effectiveness of a therapeutic technique. The results of this study failed to provide a statistically significant indication that the treatment subjects, as a group, functioned at a higher social adjustment level than the control subjects. However, by inspection, it is apparent that more of the control subjects than treatment subjects evidenced disruptive behavior such as excessive drinking and difficulty with the police. It is important to note, also, that the treatment subjects as indicated in Table 2 were functioning on a higher level, by inspection. This point is of importance since in the Vernallis-Reinert study it was reported that the treatment group had significantly more time in the community than the control subjects. Therefore, it seems apparent that this advantage was not gained merely by administrative manipulation by the therapist to push his treatment subjects into the community, irrespective of their readiness to make the necessary adjustment.

In regard to the second purpose of this study, many methodological weaknesses are apparent. However, a careful survey of the literature reveals that very few follow-up studies employing an objective methodological scheme have been reported. It stands to reason that such reports whether yielding conclusive results or not should be reported because of the guide lines such reports can provide for clinicians and researchers who are seeking a solution to the complex problem of measuring treatment effectiveness objectively.

## SUMMARY

Twenty-four formerly hospitalized patients, 14 treatment and 10 control subjects, of a group psychotherapy study who had been released from the hospital by that study's termination date were followed into the community for evaluation of the level of their social functioning.

A comparison of their social adjustment as seen by profiles of their functioning in four areas (occupational, family, interpersonal, and community) indicated a slight inspectional difference between the two groups.

Among the treatment subjects, there was evidence of proportionately less excessive drinking, difficulty with the police and proportionately more of the treatment subjects functioning on either a "good" or "fair" level.

Despite the limitations of the present study (e.g., the relatively small number of cases) the nature of the findings that, by inspection, slightly more of the treatment group were doing better than the control group gives evidence that can be embellished by replication or further investigation along similar lines of methodology.

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