RICE-DAVID: An Attempt to Predict Success in a Vocational Rehabilitation Program. (1967) Directed by: Dr. Frances Dunham.

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Data for the 40 subjects that had been used by the earlier study were employed in forming a multiple regression equation. Additional data pertaining to the four measures were gathered on an independent sample of 44 subjects. In Group I a significant positive relationship ($R = .56$, $p < .05$) between the four variables and success was indicated; however, when the data from subjects in Group II were fitted into the equation, the predictions were far less accurate. Inter-correlations of the variables were computed for both groups. These correlations indicated no significant relationships between any of the four factors and success for Group II. Therefore, this study did not find support for the findings of the previous research.

In an effort to evaluate the effectiveness of the Phillips Scale as a predictor of successful job placement, 130 VR clients were rated using information gained from hospital case histories. These clients were divided into two groups, Group I containing 70 subjects and Group II containing 60 subjects. The results of a point biserial correlation between the Phillips Scale and success in job placement for Group I and Group II considered separately indicated that the Phillips Scale was not a significant predictor of success in these groups. When the groups were combined, the point biserial correlation coefficient was $-.2055$ ($p < .05$). Comparison of the difference between the means of the successful and unsuccessful subjects in Group I by use of a t test yielded non-significant results; however, in both Group II and in the combined group there was a significant difference between means. The t's were 1.70 and 2.39 respectively for Group II and the combined group, both of which were significant at the .05 level using a one-tailed test.

Suggestions for possible restricted use of both of the above selection methods were discussed with emphasis placed on the need for additional research.

AN ATTEMPT TO PREDICT SUCCESS

IN A VOCATIONAL REHABILITATION PROGRAM

By

David P. Rice

A Thesis Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in partial fulfillment
for the Requirements for the Degree
Master of Arts

Greensboro
July, 1967

Approved by

Frances Dunham
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APPROVAL SHEET

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_9 - 16 - 67_
Date of Examination

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ACKNOWLEDGMENTS

The author is indebted to the staff of both Central Louisiana State Hospital and the Vocational Rehabilitation Unit which is associated with the hospital in Pineville, Louisiana. Without the cooperation of members of both organizations this study would not have been possible. Specifically, the author wishes to express his appreciation to Mr. M. K. Distefano, Jr. and Mrs. Ronald Pryer and Mrs. Daisy Tison for their aid and support during the data collection phase of this study.

Acknowledgment is also due Dr. Frances Dunham for her advice throughout the study and for her suggestions while revising the manuscript; also to Dr. Jean Spruill and Dr. Ernest Lumsden for their assistance in various phases of the work.

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INTRODUCTION

One of the foremost needs of Vocational Rehabilitation
(VR) programs is some knowledge of factors associated with
client success. The need to understand these factors appears
to be an imperative step toward achieving the eventual goal
of being able to anticipate and identify problem areas that
may be changed to ensure a higher probability of job
success.

This need to identify individual differences related
to job success is not limited to VR; it is of equal
importance to organizations which in many cases suffer a
large financial loss when an employee who has been placed
and trained does not perform at the expected level. One
promising method of screening potential employees is the
use of biographical data. Soar (1956) investigated the
use of personal history data as a predictor of success in
service station management by obtaining ratings from six
supervisors of 29 service station dealers. The dealers were
rated on such factors as business sense, emotional maturity,
promotion, responsibility and personality. These ratings
were then correlated with 39 personal history items, 14 of

which were retained for use in making up the scoring key. Using a cross-validation method, a correlation of .47 (p < .05) was obtained between success and the biographical inventory.

Using a similar method, Scollay (1957) identified 68 personal history items which were related to success in promotional activities. The 116 subjects were then classified by their superiors into three groups, successful, average, and failures. A significant relationship was revealed between the personal history items and success.

Several studies (Imre, 1963; Ghiselli, 1963; Crookes, 1961) have investigated the relationship between intelligence and job success. In a study which is representative of the general findings, Ponds and Bills (1933) found turnover to show a varying relationship with intelligence in different occupations. Also, they found that the relationship between intelligence and turnover varies with the sex of the employee; extremely intelligent women tended to have a higher rate of turnover, possibly as a result of their limited opportunities for advancement.

A scale which has been found to be related to job success is the Orientation Inventory (Ori) developed by Bass (1962). The Ori was designed to assess three kinds

of orientations or satisfactions related to work: task-orientation, interaction-orientation, and self-orientation. Task-orientation identifies the extent to which the individual is concerned about completing a job, working persistently at the job and solving problems. Interaction-orientation reflects the extent of concern with maintaining happy, harmonious relationships in a superficial way, often making it difficult to be of assistance in solving problems. Self-orientation displays the individual's emphasis and concern for direct rewards to himself, ignoring the needs of his co-workers or the job itself.

In a study in an industrial situation, (Dunteman and Bass, 1963) 66 first-line foremen were sorted by their supervisors into groups of "top," "middle," and "low," performance on the job. The Ori was given to these subjects. Task-orientation was found to be positively associated with merit. Distefano and Pryer (1964) had two VR instructors identify the 14 who were higher and 14 who were lower in motivation among 29 VR clients who had been in the VR program from two to seven months. Higher motivation patients were defined as displaying drive, steadiness, and persistence until tasks were completed. The instructors agreed in the placement of 13 of the 14 cases in each category.

The results revealed that the high motivation group was significantly higher in task-orientation on the Ori than the low motivation group. Distefano, Pryer, and Rice (1966) demonstrated that self scores were negatively related to success while task scores on the Ori were positively related to successful job placement in a VR program.

The idea that length of hospitalization has an effect on later adjustment has been presented by numerous writers (Schwartz and Waldron, 1963; Mahren, 1963, and Lehrman, 1961). Wing (1962) found that with long periods of hospitalization patients gradually developed an attitude of indifference toward events outside the hospital and became less and less independent. A negative relationship between the length of hospitalization and successful placement on a job was noted by Distefano, Pryer, and Rice (1965). Sommer (1959) reported the same relationship. He reported that contact with the outside world decreased with the length of hospitalization and that the patient's values became increasingly deviant. Clearly this type of adjustment to hospitalization would seem to make adjustment to the demands of living in the community more difficult.

In brief, these studies lead us to expect the successful client to have a relatively high IQ, a low self

score and a high task score on the Ori, and a relatively
short period of hospitalization before entering the VR
program.

A measure which has been used to predict success for
psychiatric patients is the Phillips Scale of Premorbid
Adjustment (Phillips, 1953), which was developed on the
assumption that work record and social and sexual adequacy
in the premorbid period are related to good prognostic
potential in schizophrenics. Farina and Webb (1956) design-
ed a study to evaluate the predictive value of the Phillips
Scale for (a) success or failure on a trial visit back to
the community and (b) for long-term hospitalization status
(i.e., whether the patient was in the hospital or in the
community some years after his first admission). Premorbid
adjustment was found to bear only a slight relationship
to the ability of schizophrenic patients to remain out of
the hospital on early trial visits. However, it was found
to be significantly related to the patient's later
hospital vs. non-hospital status. These authors concluded
that the Phillips Scale is a valid predictor of long-range
prognosis for schizophrenic patients and may be useful in
predicting which patients are more likely to return per-
manently to the community.

These findings were supported by a later study by
Farina, Garmezy, and Barry (1963) in which schizophrenic
patients were followed up 5.5 years after their initial
admission and were classified into groups of recovered
and non-recovered subjects. In the comparison of the
recovered group with the non-recovered group, patients in
the latter group showed inferior social and sexual adjust-
ment on the Phillips Scale prior to the illness. A
similar study by Query and Query (1964) reached identical
conclusions.

Previous work involving the Phillips Scale has been
largely limited to schizophrenic subjects; the present
study attempted to evaluate the effectiveness of the
Phillips Scale on a population of mixed psychiatric
diagnoses.

METHOD

The purposes of the present study were: to
replicate the Distefano, et al (1966) findings on a new
sample, to test the ability of a multiple regression
equation (to be formed from the four factors previously
indicated to be related to success in a VR program)
to predict VR success in an independent sample, and to
evaluate the Phillips Scale of Premorbid Adjustment as a
predictor of success in the program. Therefore, Ori
scores, IQ, and number of weeks in the hospital were
collected on a new sample; a multiple regression equation
was formed on the data from the Distefano group and was
used to predict success or failure in the new group. The
two samples were considered both independently and combined
in assessing the predictive ability of the Phillips Scale.

Subjects

The subjects for this study were clients in a
Vocational Rehabilitation Unit in Pineville, Louisiana. A
formal program of Vocational Rehabilitation services was
begun for the mentally ill at Central Louisiana State
Hospital in January 1963. The VR Unit, located adjacent to

the hospital proper, serves primarily as a center for evaluation, training, and work conditioning. Most of the clients who participate in this program are referred from the hospital and reside in a dormitory adjacent to the VR Unit. There are some clients who participate in the program on an out-patient basis; however, these were not included in the group studied.

The two major programs of the VR Unit are evaluation and training. The evaluation period is an eight-week program of closely supervised activities designed to assist in assessing the vocational potentials of clients. The resident training program is divided into three areas: Business Education, Home Economics, and Industrial Arts. Non-resident training ranges from highly technical (or college) level to on-the-job training situations of a routine nature.

The subjects for Group I in this study were 75 VR clients, 36 males and 39 females, of various psychiatric diagnoses. The general criteria for membership in Group I and Group II are as follows. The successful clients in Group I had been placed on the job before June 1, 1964; the unsuccessful clients had been returned to the hospital before June 1, 1965. Group II consisted of 84 VR clients,

52 males and 32 females; the successful were placed between
June 1, 1964 and June 1, 1966; the unsuccessful were return-
ed to the hospital between June 1, 1965, and the last day
of data collection which was August 28, 1966. More defini-
tive criteria within these groups were applied as follows.

Measures

Success or failure. All subjects in Group I for whom
Ori scores, IQ, and number of weeks in the hospital were
available were utilized in forming the multiple regression
equation; there were 40 subjects with complete information.
In this group, success (N=24) for the client was defined
as staying out of the hospital for a full calendar year
following job placement. Failure clients (N=16) were de-
fined as those who returned to the hospital in less than
one year after job placement or who had returned to the
hospital before completing the residential program.

When a VR counselor worked with a client who had a
mental disability, the length of time on the job before
closing the case was left to the discretion of the
counselor; however, a minimum of one month on the job was
required before closure and in most cases the follow-up
period was considerably longer. Data for the subjects in
the Distefano, et al, (1966) study indicated that if the
patients remained out of the hospital for three months,

the rate of return to the hospital was insignificant.
Information about whether or not subjects who had remained
out of the hospital had also continued on the job after the
VR Unit had closed their cases was not available.

There were 35 subjects in Group I for whom data on
the Ori, IQ, or number of weeks in the hospital were in-
complete. Therefore, they could not be used in the develop-
ment of the multiple regression equation, but they were
used in the evaluation of the Phillips Scale. For these
subjects and for all of the subjects in Group II, success
was defined as being placed on the job and remaining out of
the hospital for at least three months. As in Group I, all
of the subjects in Group II who had the four measures in
question were used in the multiple prediction study (N=44:
19 successful, 25 failures).

Phillips Scale. The Phillips Scale (Phillips, 1953),
a rating scale of work record and social adequacy in the
premorbid period, has been used to predict prognostic
potential in schizophrenics. In the present study 130 of
the VR clients were rated on the Phillips Scale (See Appendix
A), using data gained from hospital case histories. These
case histories had been compiled using information from
the patient and his family and statements from the referring

physician. All ratings were made by a rater who had previously worked at the VR Unit; however, she was acquainted with only four of the subjects and she attempted to disregard any personal knowledge concerning their cases. Twenty of the subjects were also rated by the author. Comparison of these ratings established an inter-rater reliability coefficient of .43 (p $<$.05). The second rater's scores were used only for a reliability measure and not in the actual evaluation of the Phillips Scale. Sufficient information was available to rate 70 subjects in Group I and 60 subjects in Group II.

Number of weeks in the hospital. Number of weeks in the hospital was obtained for each subject by computing the number of weeks between the latest hospital admission and the date of entrance to the VR program. To make this figure an accurate estimate of number of weeks actually in the hospital, the number of weeks that the client was away on leave was subtracted from the total number of weeks.

Ori and IQ. Task and self scores were obtained from the Ori (See Appendix B). IQs were obtained using the Wechsler Adult Intelligence Scale (WAIS). The Ori and WAIS were given before the subjects were considered for admission to the VR program and were a part of the selection procedure.

These scores and the information necessary for all the other
measures were obtained from the patient's hospital record
or VR file.

RESULTS

Analysis of the relationship between Phillips data
and success was carried out using a point biserial correla-
tion on Group I, Group II, and on both groups combined.
The results indicated that the Phillips Scale was not a
significant predictor of success in Group I or Group II;
however, a significant correlation of -.2055 (p < .05) re-
sulted when both groups were combined. (A high Phillips
score indicates poor premorbid adjustment; hence, the
negative correlation.) The means of the successful and
unsuccessful subjects in each of the three groups were
compared by t tests. The results indicated that the diff-
erence in the means of the successful and unsuccessful sub-
jects for Group I was not significant; however, in Group II
and in the combined group there was a significant difference
between the means of the successful and unsuccessful groups.
The t's were 1.70 and 2.39 for Group II and the combined
group respectively, both of which were significant at the
.05 level using a one-tailed test. The means, correlations,
and t test results for each group are presented in Table 1.
A graph indicating the distribution of scores for success-

TABLE 1

Means, Correlations and t's

of the Phillips Scale

	N	Mean Phillips Score Success	Failure	rpb[1]	t
Group I	70	19.30	22.47	-.1844	1.56
Group II	60	16.82	20.59	-.2149	1.70*
Combined	130	18.09	21.67	-.2055*	2.39*

*p < .05

[1]Between Phillips Scores and Success

ful and unsuccessful clients in the combined group can be found in Figure 1.

The second part of the study involved the formation of a multiple regression equation from the data on the subjects in Group I and the use of this equation to predict success in Group II. As has been indicated before, all subjects in both groups for whom the four measures used in the multiple regression equation were available were used. The four factors entered into the equation were: task and self scores on the Ori, number of weeks in the hospital immediately before entering the VR program and IQ. Failure was given a weight of two; success a weight of three. The four factors in Group I yielded the following prediction equation:

$$Success = 1.3437 - .0000365 \text{ weeks} + .0170 \text{ task} - .0168 \text{ self} + .0117 \text{ IQ}$$

In Group I a significant positive relationship ($R = .56$, $p < .05$) between the four variables and success was indicated. Figure 2 indicates that when these subjects' scores were fitted into the equation the predictions were relatively accurate. However, when the data from subjects in Group II
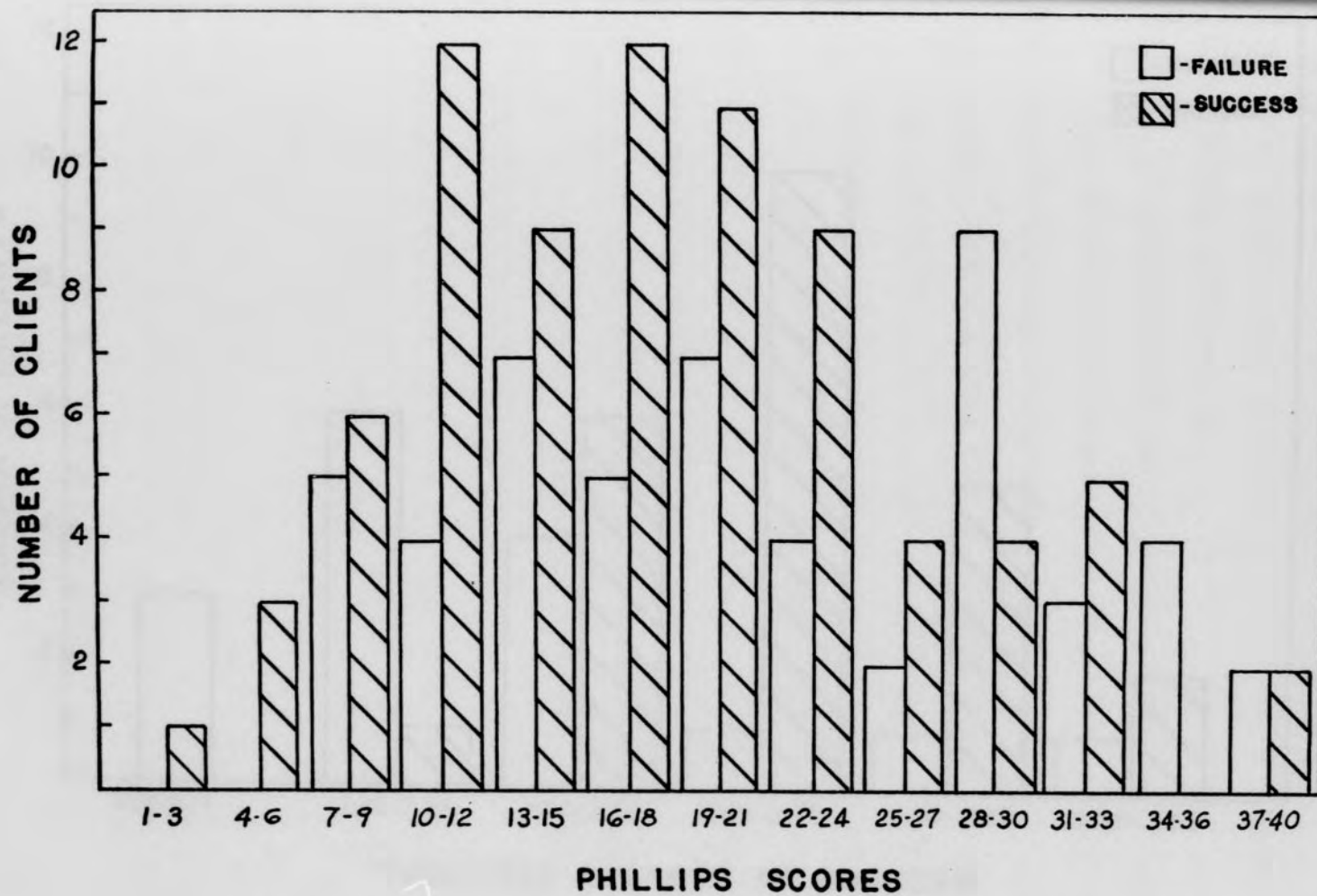
Figure 1: Distribution of Phillips Scale Scores of Successful and Unsuccessful Clients in Group I and II Combined
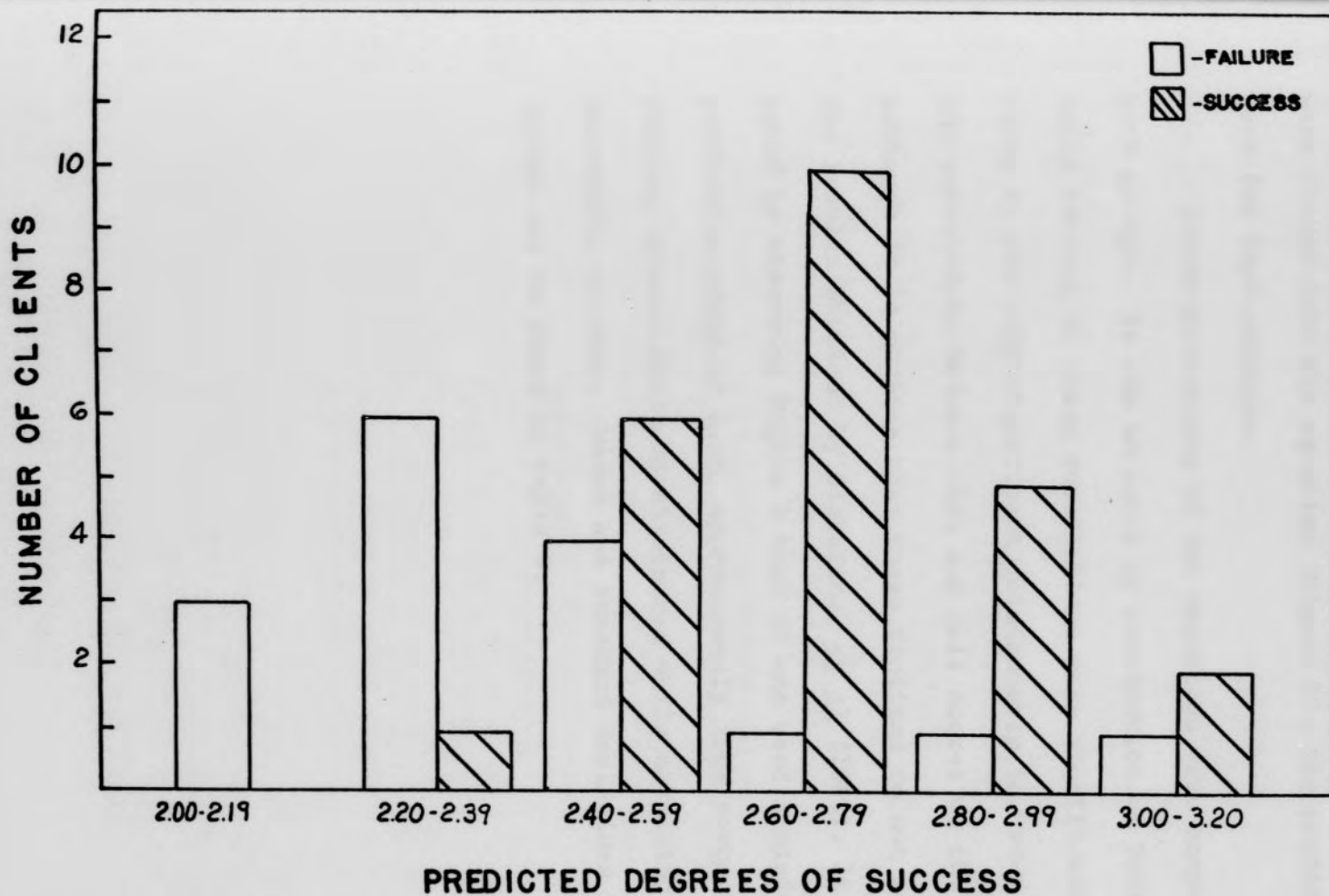
Figure 2: Distribution of Predicted Success for Clients Who Were
Successful or Unsuccessful: Group I

were fitted into the equation (Figure 3), the predictions
were far less accurate.

Intercorrelations of the variables were computed for
both groups. It can be noted by examination of Table 2 that,
while several of these correlations were significant in
Group I, the only significant relationship in Group II was
the correlation between task and self scores on the Ori.
Although it is obvious that these findings do not replicate
the results obtained by Distefano, et al (1963), it can be
noted by observing Figure 3 that if one used a minimum
prediction score of 2.19, approximately five percent of the
failing clients could be eliminated while retaining all
successful clients. Means and standard deviations for both
groups can be found in Table 3.
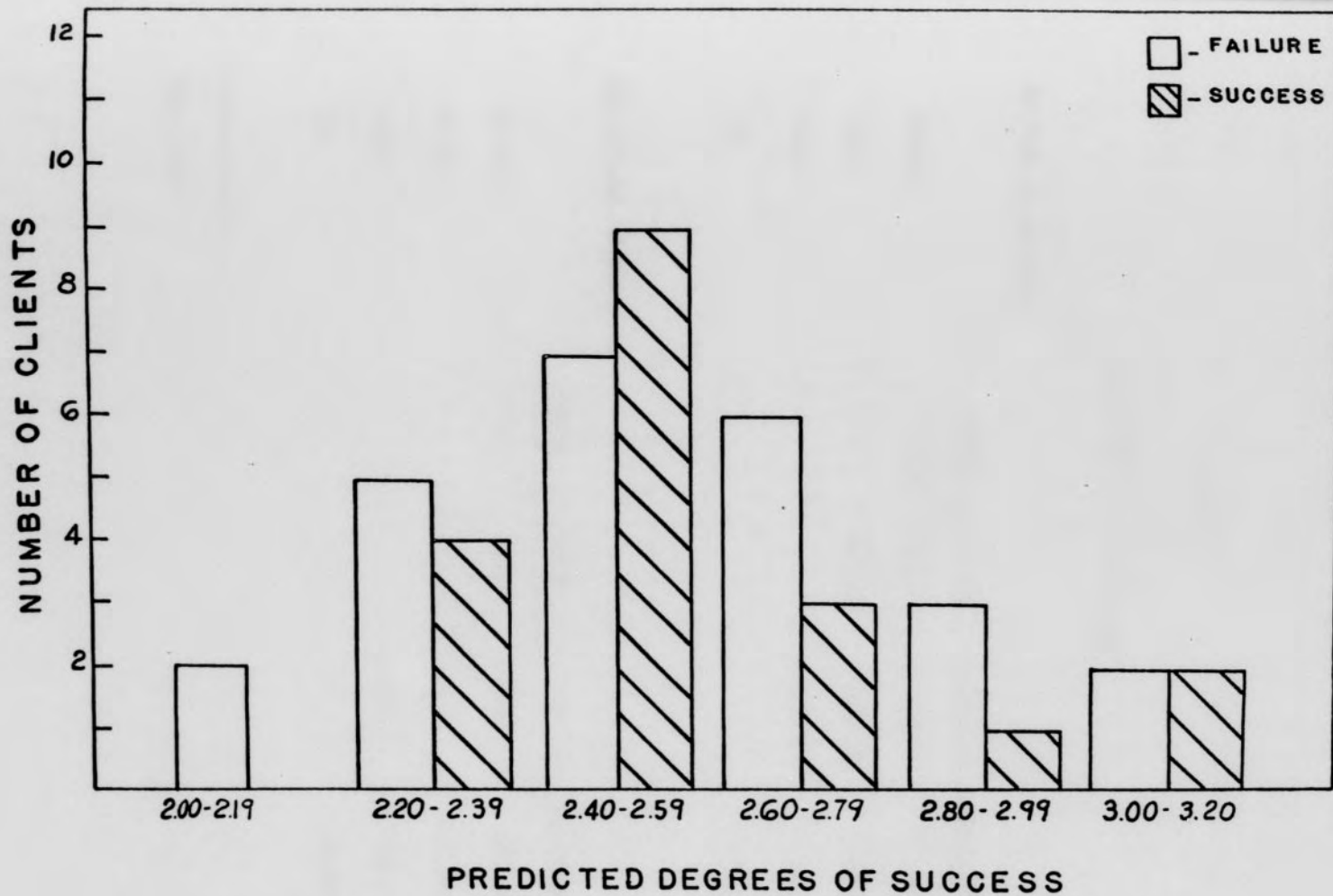
Figure 3:   Distribution of Predicted Success for Clients Who Were
Successful or Unsuccessful: Group II

TABLE 2

Correlation Matrices

Group I (N=40)

	Task	Self	IQ	Success
Weeks	-.2186	.1642	-.2156	-.1462
Task		-.6172*	.6163*	.5031*
Self			-.2667	-.3934*
IQ				.4611*

Group II (N=44)

	Task	Self	IQ	Success
Weeks	.1203	-.1464	.0075	.0808
Task		-.5035*	.2414	.0146
Self			.0434	-.0575
IQ				.0292

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*p 〈 .05

TABLE 3

Means and Standard Deviations of

Variables in Multiple Regression Equation

| | Group I (N=40) | | Group II (N=44) | |
	Mean	Standard Deviation	Mean	Standard Deviation
Independent Variables				
Weeks	79.62	121.90	73.73	159.15
Task	29.60	6.33	29.89	6.85
Self	22.60	5.44	25.75	5.84
IQ	96.70	11.68	99.91	13.83
Dependent Variable				
Success	2.60	0.50	2.43	0.50

DISCUSSION

The results of the first part of this study indicated
that there was a relationship between the ratings of pre-
morbid adjustment on the Phillips Scale and success in the
program. However, the use of this scale for individual
prediction should be of an experimental nature until addi-
tional support for the existence of this relationship is
available for similar populations. It should be noted that
although there was a significant difference between the
means of the success and failure groups in Group II and the
combined group no such relationship was found in Group I.

One weakness of this portion of the study was the
relatively low inter-rater reliability. It is felt that
this was probably due to a lack of information in the
hospital records rather than to rater inadequacy. When
evaluating a client on the Phillips Scale, it was necessary
for the rater to make judgments about such variables as
behavior toward the opposite sex and sexual development in
adolescence. In most cases, information regarding these
behaviors was not available. Therefore, it was necessary
for the raters to infer adolescent behavior from reports

of later behavior or any other useful material contained in
the case history. Of course, one of the most important
requirements for an effective use of the Phillips Scale is
a detailed hospital record. Any compromise on the hospital
record results in a corresponding compromise in the accuracy
of the Phillips rating. The Phillips Scale may be a better
predictor for samples such as this when there is adequate
data for the ratings.

The second part of this study consisted of a repli-
cation of the Distefano, et al (1966) study and the forma-
tion of a multiple regression equation based upon the
Distefano group in an effort to predict success in the new
group. Investigation of the data gathered for this study
failed to lend any support to the earlier findings. The
explanation for the failure of a study to replicate is a
difficult task. In most cases, and certainly in this case,
one can only state the variables which may have affected
the outcome of the study without being certain which, if
any, of the explanations are correct.

The most obvious explanation for the results is to
conclude that the findings of Distefano, et al (1966) or
of the present study were due to chance factors. This

would explain the failure of this study to find support for the earlier results.

Another alternative is that there may have been some changes within the VR Unit since the completion of the first study which have had an effect on the job success of clients. It is possible that during the first years of operation of the VR Unit clients were placed in jobs requiring high task-orientation as opposed to high self or interaction-orientation. It is also possible that during this time clients were placed on jobs which made allowances for personal peculiarities of the client. Perhaps either or both of the above contribute to these discrepant results.

Still another possible explanation of these results involves the difference in the success criteria for Group I and Group II. The criterion for success in Group I was 12 months on the job. In Group II a three month period on the job was used as the criterion for success. It could be argued that this difference in criterion measures could have contributed to the lack of support for the previous study. However, since examination of the Distefano, et al (1966) data indicated that there was an insignificant rate of return to the hospital after a client had remained

on the job for three months, it is difficult to see how
this could account for the results obtained here.

On the basis of this study, it can be concluded that
the findings of this research preclude the use of the
regression equation as an overall predictor of success in
the VR program. As has been indicated previously, however,
use of the equation could serve to eliminate a certain
proportion of clients who have an extremely small chance
for success in the program. Prior to using the equation
in that way, the present results should be replicated.

Further investigation of the ability of the Phillips
Scale to predict successful job placement in a VR population
is needed. Perhaps Phillips scores derived from more
detailed social histories could be used to efficiently
predict job success.

SUMMARY

The purposes of the present study were: to replicate earlier research that had suggested four factors which were related to success in a VR program; to test the ability of a multiple regression equation formed from these four factors to predict success in an independent VR sample; and to evaluate the Phillips Scale of Premorbid Adjustment as a predictor of success in the program.

Data for the 40 subjects that had been used by the earlier study were employed in forming a multiple regression equation. Additional data pertaining to the four measures were gathered on an independent sample of 44 subjects. In Group I a significant positive relationship ($R = .56$, $p < .05$) between the four variables and success was indicated; however, when the data from subjects in Group II were fitted into the equation, the predictions were far less accurate. Inter-correlations of the variables were computed for both groups. These correlations indicated no significant relationships between any of the four factors and success for Group II. Therefore, this study did not find support for the findings of the previous research.

In an effort to evaluate the effectiveness of the Phillips Scale as a predictor of successful job placement, 130 VR clients were rated using information gained from hospital case histories. These clients were divided into two groups, Group I containing 70 subjects and Group II containing 60 subjects. The results of a point biserial correlation between the Phillips Scale and success in job placement for Group I and Group II considered separately indicated that the Phillips Scale was not a significant predictor of success in these groups. When the groups were combined, the point biserial correlation coefficient was $-.2055$ ($p < .05$). Comparison of the difference between the means of the successful and unsuccessful subjects in Group I by use of a t test yielded non-significant results; however, in both Group II and in the combined group there was a significant difference between means. The t's were 1.70 and 2.39 respectively for Group II and the combined group, both of which were significant at the .05 level using a one-tailed test.

Suggestions for possible restricted use of both of the above selection methods were discussed with emphasis placed on the need for additional research.

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APPENDIX A

THE PHILLIPS SCALE OF PREMORBID ADJUSTMENT
For use with men and women

I. PREMORBID HISTORY

    A. Recent Sexual Adjustment

        (NOTE: Score as sexual contact; when information is not explicitly
        given, use inference to get at this actual behavior.

        1. Stable heterosexual relation and marriage 0

        2. Continued heterosexual relation and marriage but unable to
            establish home 1

        3. Continued heterosexual relation and marriage broken by
            permanent separation 2

        4. (a) Continued heterosexual relation and marriage but with
                low sexual drive 3

                (NOTE: If only informant is mother, don't score sexual
                adjustment. Pro-rate from rest of Premorbid History
                Section. Look here for evidences of frigidity, distaste,
                avoidance, infrequency. Don't score on matters of
                technique.)

            (b) Continued heterosexual relation with deep emotional
                meaning but emotionally unable to develop it into
                marriage 3

                (NOTE: This must involve actual physical contact.
                Petting behavior is acceptable here. Mutuality of
                feeling is not necessary, but sexual behavior is,
                i.e., no adoration from afar.)

        5. (a) Casual but continued heterosexual relations, i.e.,
                "affairs" but nothing more 4

                (NOTE: "Casual" here implies lack of emotional meaning
                although sexual behavior is consistent and regular.)

            (b) Homosexual contacts with lack of or chronic failure in
                heterosexual experiences 4

        6. (a) Occasional casual heterosexual or homosexual experiences
                with no deep emotional bond 5

                (NOTE: This differs from 5a on the dimension of
                frequency. Contacts less often here.)

            (b) Solitary masturbation with no active attempt at
                homosexual or heterosexual experiences 5

        7. No sexual interest in either men or women. 6

B. Social Aspects of Sexual Life During Adolescence and Immediately Beyond

    1. Always showed a healthy interest in the opposite sex--with a "steady" during adolescence 0

        (NOTE: "Steady implies the exclusiveness of the dating relationship (neither partner dates anyone else) as well as frequency and emotional attachment.)

    2. Started dating regularly in adolescence 1

    3. Always mixed closely with boys and girls 2

    4. (NOTE: This involved membership in a "crowd" -- interest in and attachment to others, but without the initiative factor for males, the selection factor for females.)

        Consistent deep interest in same sex attachments with restricted or no interest in opposite sex 3

    5. (a) Casual same·sex attachments with inadequate attempts at adjustment to going out with opposite sex 4

        (NOTE: This differs from 4 on the basis of the consistency and meaningfulness of the same sex attachment.)

        (b) Casual contacts with boys and girls 4

        (NOTE: This differs from 3 in that the person was not a regular member of a "crowd" and just· associated with others on occasion.)

    6. (a) Casual contacts with same sex, with lack of interest in opposite sex 5

        (b) Occasional contacts with opposite sex 5

    7. No desire to be with boys and girls; never went out with opposite sex 6

C. Social Aspects of Recent Sexual Life, 30 Years of Age and Above

    1. Married and has children, living as a family unit 0

    2. Married and has children, but unable to establish or maintain a family home 1

    3. Has been married and had children but permanently separated . . 2

    4. (a) Married, but considerable marital discord 3

        (b) Single--has had engagement or deep heterosexual relationship but was emotionally unable to carry it through to marriage 3

5. Single, with short engagements or relationships with the opposite sex which do not appear to have had much emotional depth for both partners, i.e., "affairs" 4

6. (a) Single, has dated some, but without other indications of a continuous interest in the opposite sex 5

    (NOTE: Implication here is that person has dates every once in a while but that this behavior is not habitual-- doesn't play an important part of his/her life (take-or- leave attitude.)

    (b) Single, consistent deep interest in same sex attachments, no interest in opposite sex 5

7. (a) Single, occasional same sex contacts, no interest in opposite sex 6

    (b) Single, interested in neither men or women 6

C. (Cont'd) Social Aspects of Recent Sexual Life, Below 30 Years of Age

1. Married, living as family unit, with or without children 0

2. (a) Married, with or without children, but unable to establish or maintain a family home 1

    (b) Single, but engaged or in a deep heterosexual relationship (presumably leading toward marriage) 1

3. Single, has had engagement or deep heterosexual relationship but has been emotionally unable to carry it through to marriage 2

4. Single, consistent deep interest in attachments to persons of either sex 3

    (NOTE: This implies an habitual interest in object relations, a consistent desire for human intimacy, but has never settled in a meaningful, continued relationship with one partner in particular.)

5. Single, casual relationships with persons of either sex 4

    (NOTE: Has dated more often than implied by 6 below, less often than implied by 4 above. Differentiate on the basis of frequency, regularity of social-sexual activity.)

6. Single, has dated a few persons casually, but without other indications of a continuous interest in object relationships . . 5

(NOTE: Dating here the exception rather than the rule. Person has had occasional social-sexual contact, but doesn't actively seek out other persons. This behavior not consistent, nor an important part of his life. His contacts have been solely casual, i.e., with prostitutes. Satisfy sex drive; no warmth or capacity to establish human relationship.)

7. (a) Single, never interested in or never associated with either men or women; asocial 6

(b) Anti-social; destructive, belligerant acting out against others 6

D. Personal Relations: History

(NOTE: Score here is determined by the time of life at which person withdraws, narrows his range of social contacts. The earlier this occurs, the lower the score will be.)

1. Always has been a leader, and has always had many close friends 0

(NOTE: Score for "closeness" if record states close friends, or describes frequent contact, shared activity.)

2. Always has had a number of close friends but did not habitually play a leading role 1

(NOTE: From Childhood until breakdown, person had extensive social contacts.)

3. (a) From adolescence on had a few close friends 3

(NOTE: This may involve a drop in the number of close friends after adolescence, but person has retained relationships involving mutual give-and-take with several people through this period.)

(b) From adolescence on had a few casual friends 3

(NOTE: Person maintains relationships with several persons, even though these relationships may lack real emotional depth. Throughout life he has kept up contact with others.)

4. From adolescence on stopped having friends 4

(NOTE: Cultivated human relationships during childhood, but has withdrawn since puberty.)

5. (a) No intimate friends after childhood 5

(NOTE: Withdrawal began earlier--before puberty.)

(b) Casual, but never any deep intimate mutual friendships . . . 5

(NOTE: Implies no close friends, even during childhood, but did maintain contacts on a superficial level, as distinguished from 6 below.)

6. Never worried about boys or girls; no desire to be with boys and girls 6

E. Recent Adjustment in Personal Relations

(NOTE: Score here the period prior to the noticeable change in behavior which preceded symptoms and hospitalization. Any changes noted within 6 months to a year prior to hospitalization will constitute a change by this definition. Score before them.)

1. Habitually mixed with others, was usually a leader 0

(NOTE: Again, this involves extensive social contacts.)

2. Habitually mixed with others, but not a leader 1

3. Mixed only with a close friend or group of friends 3

(NOTE: Distinguished from 4 below on the basis of consistency and frequency of contacts.)

4. No close friends or very few friends or had friends but never quite accepted by them. 4

5. Quiet or aloof or seclusive or preferred to be by self 5

6. Anti-social, actively avoided contact, acted out against others 6

II. Signs of the Disorder

(NOTE: Score this section on the basis of Mental Status Examination taken on admission.)

A. Affect and Mood

(NOTE: This subscale runs from erratic mood swings to the total absence of emotional responsiveness. Presence of some affect is considered prognostically favorable, and receives a lower numerical score.)

1. Elation, mood swings 1

2. Depressed moods without shifts to elation and without attacks of excitement 3

3. Dull, flat, compressed affect; suggestion of underlying tension 4

4. Apathy; indifference 5

B. Impulsivity

(NOTE: This subscale measures the factors of drive and control, the prognostic rating based on the observation that turning against the self rather than withdrawing to the self is favorable. This acting out against the self is a good sign--apologies, feelings of guilt represent the ability to control drive, to show self critical awareness. Score this scale only tentatively. If no relevant data is available, score A and C and prorate.)

1. Frequent attacks of great excitement; threatening with later apologies 0

2. (a) Apologetic, blames self; feelings of guilt 2

3. (b) Occasional attacks of great excitement 2

3. Demanding, complaining; e.g., insistence on medicines, seeing doctor 5

C. Thought Processes

1. Clouding of consciousness with or without other impairment of thought processes 0

(NOTE: This implies a confusional state. Ratings below this point represent increasing disorganization in settings of clear consciousness.)

2. Circumstantial, but no other formal thought disturbances; delusional system without signs of disorganization 1

(NOTE: "Circumstantial" here refers to that type of thinking in which the person's peripheral associations may carry him from his main stream of thought or conversation, but are expressed as 'asides' and the original theme is returned to.)

3. Inattentive; distractible, flight of ideas 3

(NOTE: Only one of these need be characteristic.)

4. (a) Disconnected; fragmented; scattered, incoherent 5

(b) Trend to neologisms 5

5. Neologisms 6

. . . . 3

APPENDIX B

The
ORIENTATION INVENTORY
by
Bernard M. Bass, Ph. D.

BEGIN HERE

of the greatest satisfactions in life is:
cognition for your efforts.
feeling of a job well done.
fun of being with friends.

played football, I would like to be:
coach whose planning pays off in victory.
star quarterback.
cted captain of the team.

best instructors are those who:
e you individual help and seem interested in you.
ke a field of study interesting, so you will want to know
re about it.
ke the class a friendly group where you feel free to express
opinion.

ents downgrade instructors who:
sarcastic and seem to take a dislike to certain people.
ke everyone compete with each other.
ply can't get an idea across and don't seem interested in
ir subject.

e my friends to:
nt to help others whenever possible.
loyal at all times.
intelligent and interested in a number of things.

best friends:
easy to get along with.
ow more than I do.
loyal to me.

uld like to be known as:
uccessful person.
efficient person.
riendly person.

had my choice, I would like to be:
esearch scientist.
ood salesman.
est pilot.

a youngster I enjoyed:
t being with the gang.
e feeling of accomplishment I had after I did something
ell.
ing praised for some achievement.

ools could do a better job if they:
ught children to follow through on a job.
couraged independence and ability in children.
t less emphasis on competition and more on getting along
th others.

e trouble with organizations like the Army or
vy is:
e rank system is undemocratic.
e individual gets lost in the organization.
u can never get anything done with all the red tape.

had more time, I would like to:
ake more friends.
rk at my hobby or learning something new and interest-
g.
st take it easy, without any pressure.

ink I do my best when:
ork with a group of people who are congenial.
ave a job that is in my line.
efforts are rewarded.

Open this flap and continue with question 14.

DIRECTIONS

This test consists of 27 statements of opinions and attitudes. For each statement please indicate in the answer blocks which of the three alternatives, A, B, or C, is *most* true, or *most* preferred, or *most* important to you by writing A, B, or C in the *MOST* column.

Then choose the *least* true or *least* preferred of the three alternatives and write its letter in the *LEAST* column.

For every statement, be sure you mark one alternative in each column. If A is entered under *Most*, then either B or C should be marked under *Least*, and so on.

Do not debate too long over any one statement; your first reaction is desired.

TURN THE SHEET OVER AND BEGIN
(Do not unfold)

Name (Please Print):

_____
　　　　　　　　Last

_____
First　　　　　　　　　Initial

_____
　Age　　　　　Circle Sex:　M　F

6　7　8　9　10　11　12　13　14　15　16
Circle Highest School Grade Completed

Current Job:

_____

(If a student, major field of study)

_____

_____

_____

_____

_____

M　O　S　T　　L　E　A　S　T

14. I like:
A Being appreciated by others.
B Being satisfied personally with my performance.
C Being with friends with whom I can have a good time.

15. I would like to see a story about myself in the newspaper:
A Describing a project I had completed.
B Citing the value of my actions.
C Announcing my election to a fraternal organization.

16. I learn best when my instructor:
A Provides me with individual attention.
B Stimulates me into working harder by arousing my curiosity.
C Makes it easy to discuss matters with him and with others.

17. Nothing is worse than:
A Having your self-esteem damaged.
B Failure on an important task.
C Losing your friends.

18. I like:
A Personal praise.
B Cooperative effort.
C Wisdom.

19. I am considerably disturbed by:
A Hostile arguments.
B Rigidity and refusal to see the value of new ways.
C Persons who degrade themselves.

20. I would like to:
A Be accepted as a friend by others.
B Help others complete a mutual task.
C Be admired by others.

21. I like a leader who:
A Gets the job done.
B Makes himself respected by his followers.
C Makes himself easy to talk to.

22. I would like to:
A Have a committee meeting to decide what the problem is.
B Work out by myself the correct solution to the problem.
C Be valued by my boss.

23. Which type of book would you like to read?
A A book on getting along with people.
B An historical romance.
C A how-to-do-it book.

24. Which would you prefer?
A Teach pupils how to play the violin.
B Play violin solos in concerts.
C Write violin concertos.

25. Which leisure time activity is satisfying to you?
A Watching westerns on TV.
B Chatting with acquaintances.
C Keeping busy with interesting hobbies.

26. Which would you prefer, assuming the same amount of money was involved?
A Plan a successful contest.
B Win a contest.
C Advertise the contest and get others to participate.

27. Which is important to you?
A To know what you want to do.
B To know how to do what you want.
C To know how to help others to do what they want.

(DO NOT WRITE BELOW THIS LINE)

M　　　L

s ____ − ____ = ____ + 27 = ____

i ____ − ____ = ____ + 27 = ____

t ____ − ____ = ____ + 27 = ____

Standard Scores or Percentiles:
(Circle One)

s _____

i _____

t _____

Be sure to write your name and supply the other information requested in the space provided above.