THE PROCESS OF REMISSION FROM CONDUCT DISORDERS IN CHILDREN

A long term study of children with severe difficulties of conduct and an evaluation of three explanations of their remission

David A. Lane
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INDEX OF TABLES

Table  | Page
--- | ---
1. Analysis of variance: Score on P. | 80
2. Analysis of variance: Score on E. | 81
3. Analysis of variance: Score on N. | 82
4. Analysis of variance: Score on L. | 83
5. Personality scores (P, E, N & L) for criminal and non-criminal groups. | 89
6. Pearson Correlation Coefficients for personality (P, E, N & L) by number, timescale and freedom from conviction in a delinquent group. | 92
7. Criminality scores for delinquent and non-delinquent groups. | 98
8. Correlations between given factors and outcomes for a sample of random and mixed problem groups. N = 160. | 112
9. Correlations between given factors and outcomes for a random group. N = 100. | 113
10. Correlations between given factors and outcomes for a mixed group. N = 60. | 114
11. Rates of delinquency by sex. | 120
12. Delinquency in random and problem group. | 121
13. Recovery rates in two groups. | 122
14. Therapy improvers. | 126
15. Therapy non-improvers. | 127
16. Scores for total overreaction. | 129
<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Change in specific items of behaviour.</td>
<td>133</td>
</tr>
<tr>
<td>18. Total overreaction score.</td>
<td>145</td>
</tr>
<tr>
<td>19. Data for factor study of theories of remission. (Communality).</td>
<td>147</td>
</tr>
<tr>
<td>20. Factor Matrix using principal factor with iterations. (Factors 1 - 5).</td>
<td>148</td>
</tr>
<tr>
<td>21. Factor Matrix using principal factor with iterations. (Factors 6 - 10).</td>
<td>149</td>
</tr>
<tr>
<td>22. Varimax rotated Factor Matrix. (Factors 1 - 5).</td>
<td>150</td>
</tr>
<tr>
<td>23. Varimax rotated Factor Matrix. (Factors 6 - 10).</td>
<td>151</td>
</tr>
<tr>
<td>24. Transformation Matrix.</td>
<td>152</td>
</tr>
</tbody>
</table>
Title: The process of remission from conduct disorders in children.

Chapter 1: History of the research: some opening remarks.

Chapter 2: The concept of remission: a review and introduction to the field.

Chapter 3: The experimental analysis of hypotheses.

Part 1. Personality components

Study 1. The relationship between the personality components of Psychoticism, Extraversion, Neuroticism and levels of conduct disorders.

Study 2. The relationship between criminality and the personality components of Psychoticism, Neuroticism and Extraversion.
Study 3. The relationship between personality and specific conduct disorders and discrimination between delinquent and non-delinquent groups. 96.

Part 2. Multiple stress components

Study 4. Multiple factors in the histories of children presenting conduct disorders and in remission from disorder. 100.

Part 3. Behavioural components

Study 5. Differences in outcome by sex and type of disorder. 116.

Study 6. Patterns of behaviour change and prediction. 123.

Chapter 4: Remission from disorders in children with severe problems. 134.

Study 7. Remission in a sample of 100 pupils with severe problems. 137.

Chapter 5: Discussion and conclusions. 162.
Bibliography:

Appendix

1. The case study analysis of hypotheses. 183

2. Training in counselling in health care. 498

3. Additional material on questionnaires and samples. 204
Abstract

This study is concerned with understanding the process of remission from conduct disorders. It uses assessments of children from entry to infant school to the end of their secondary school career, and then in terms of conviction record, follows them into adulthood. Three theoretical positions which seek to explain a preponderance of disorders of conduct and remission therefrom in specified groups are explored.

Eysenck's concept of spontaneous remission and the role of conditionability are considered. The influence of the personality dimensions of Extraversion, Neuroticism and Psychoticism are outlined and specific hypotheses explored.

The first explanatory concept arises out of this work and focuses on the role of the specified personality factors. Three experimental explorations of this position provide strong support for the role of psychoticism, and partial support for extraversion, the position on neuroticism is not upheld and an alternative approach is adopted.

The concept of multiple stress or adversity advanced by authors, such as Wall and Rutter, provides the second area of study. It has been argued that those experiencing multiple adversities will be more prone to develop disorders of conduct. This position receives substantial support.

The third area explored looks at the role of behaviour and the predictors for future behaviour, made possible by knowledge of earlier behaviour patterns. The work of Robbins and Dowling is considered. Again, the position taken that future predictions are possible on the basis of earlier information is supported.

The research then considers the interrelationship of these three positions and a factor analytic study of the histories of children with severe disorders of conduct is undertaken.
The results from the analysis indicate a complex set of relationships and highlight difficulties in regarding conduct disorders as a single category. Different patterns are elicited for differing behaviours. The important role of fortuitous life experience is also considered.

It is argued that while disadvantage, both constitutional and environmental, clearly increase the risk of higher levels of difficulty of a longer term nature, it is what happens to the child subsequently that influences outcome. These events are located in the child's personal/home life, but also crucially within the school.

Remission cannot be explained simply in terms of traditional relationships between a poor background and disorder.

The study concludes with suggestions for action and future research, a twenty year case study and detailed proposals for a programme of training for teachers and other professionals, which was established during the course of the research.
CHAPTER 1

History of the research - some opening remarks

There have been increasing demands over recent years for special provision for violent and disruptive pupils. Head teachers in 1977 demanded a change in the Law to make it necessary for Local Authorities to establish special short-stay units, rather on the philosophical model of the 'short sharp shock' applied to delinquents. A million pounds was also allocated in 1977 by one large Authority as additional provision for such pupils. Unfortunately, such demands are accompanied by considerable confusion of fact and emotion. Surveys of the success of such provisions are available and considerable research literature from 'outcome studies' exists, yet such surveys have not had a marked effect on practice.

In 1976, Topping and Quelch published an informal survey of the methods being used by twenty one authorities to deal with conduct disorders. Her Majesty's Inspectorate published a more extensive survey in 1978, the conclusion of which echoed those of Topping and Quelch.

The latter indicated that on:

a) Incidence - few Authorities attempted using consistent criteria to assess the incidence of problems in their area, before setting up units.

b) Aims - there were nearly as many aims reported as Authorities replying, aims, techniques and models being confused.

c) Procedure - very few Authorities had clear-cut criteria for admission or discharge and there was even less agreement about techniques needed for change.

Considerable conceptual confusion was reported, and the dedicated staff in such units were left to flounder without support.

The pressure to provide something or anything seemed greatly to outweigh
the need for a clear understanding of the nature of the problems faced and factors which do influence change (that is, remission) from conduct disorder.

The author's own work in this area has been generally favourably reviewed (HMI Report on ILEA 1981) and has attempted to understand the problems faced, to draw upon the existing literature and devise solutions accordingly. (Lane 1973 & 1978). Nevertheless, it too suffers from its faults, and in particular has failed to attempt a conceptualisation of the nature of remission. Such an attempt was always intended (and indeed promised, Lane 1978) but the pressure to provide a service has reduced the opportunity to look at certain theoretical features of the concept of remission. It was never intended (nor would it be possible) to provide a complete model, although a fairly ambitious framework was envisaged, but it was believed to be important to make use of the data available to examine at least some potential explanations of the remission process.

This author's interests in the area are of long standing, and mention of these roots is necessary, since some of the shortcomings in this research owe their existence to the particular views which were current when the original data were collected.

Some thirty years ago, in 1952, Eysenck published in a study which gave rise to a considerable and continuing dispute on the nature of response to psychotherapy and subsequently remission from behaviour disorders. In 1962, this author's interest in the area was first triggered by a casual conversation with a pupil who was about to leave school. In spite of ten years' schooling, he still had many difficulties with reading and was, in his remaining two weeks, trying to acquire all the education he could. It seemed terribly sad that he was leaving school so ill-prepared. About three years after this incident, an attempt was made to undertake a small-scale experiment and a set of proposals was developed. The experiment came to nothing.
Nevertheless, this experience set in motion a series of involvements in practical projects and research in the field of failure.

By 1972, as Head of a remedial department, the author had begun to lay the foundation for a follow-up study of pupils with learning and behaviour problems.

A number of themes were apparent in the early data, influenced as it was by the author's work as a remedial teacher. Involvement with the field of drug dependency, through work for the Drug Dependency Discussion Group (The Kings Fund) was also a factor. A combination of observations and data led to the position that both individual and system aspects needed to be considered. In early papers (Lane 1970, 1973) it was argued that the situation in which the behaviour (learning failure or dependency) occurs must be a primary focus, but additionally features of personality, family background, education and system structure were seen as important.

Particularly influential was the work in the field of personality and its relationship to difficulties. (Cattell and Cattell 1969, Teasdale et al 1971, Halstead and Neal 1968, Pierson 1969, Rosenberg 1969). Similarly, studies indicating the involvement of family background (Hicks 1972, Ryle 1972) and the work of exchange theorists (Homans 1957, Blau 1964) and criminologists (Sutherland and Cressey 1955, Merton 1949, Cloward and Ohlin 1961) were influential. Work in role theory and labelling (Levinson 1969, Becker 1963) but especially such work in schools (Power et al 1969) represented a further trend.

Thus, the role of personality, the environmental context and the idea of behaviour in terms of its value to its initiator featured in the data collected. The other key influence was outcome studies in remedial reading which indicated the difficulties in gaining long-term success. (Chazan 1967, Lovell et al 1963, Carroll 1972, Widlake 1972). These underlined the view that long-term studies must be developed complementary to the short-term projects which were being undertaken.
The author's appointment to establish a Guidance Centre in 1974 provided the opportunity to develop and extend the research ideas within the framework of a clinical provision. The needs and constraints of the client groups always took priority but it was felt that only by adopting a research framework could effective provision evolve.

The first stage of that process was completed in 1978 with the publication of a provisional research report and a clinical report detailing the work.

The second stage of the study was intended to be a review of the process of remission. The collection of follow-up data proved very time consuming and delay followed delay. Nevertheless, this report marks an interim position. The process of remission of children with conduct disorders represents the basis of this report, with further studies (on learning problems) and detailed case study analysis planned.

It is always difficult to combine experimental and clinical work and a whole range of data was collected in the belief that key features would emerge which might lead to a prediction of remission. Since experience with early pupils would influence later work, subsequent pupils were excluded from the study, and data locked up unmarked. By locking up the data in this way, it was hoped that the effect of having collected and assessed the data would not itself become a cause of given outcomes. A predictive instrument of some type was envisaged.

A predictive instrument is one which uses information about an individual at one point in time, to estimate the likelihood of a given behaviour occurring at a later point in time. The usual method for the construction of such an instrument is to select from a sample those characteristics which appear to separate its members and construct a predictive index from the combination of those features which best differentiate. The data collected seemed ideal for this purpose. The problem with this, as Simon (1971) points out, is that it results in a misleadingly high prediction for the population from which the sample was
The prediction is liable to 'shrink' in power when applied to a different population. This danger was certainly present in the originally intended design of this study. Certain features were to be elicited and a 'best fit' prediction made. This danger was only partly overcome by 'locking up' the sample results. Thus, although the review of various areas undertaken and the construction of a prediction from it seemed viable; the problem of shrinkage remained, and an alternative procedure was finally adopted.

Where prior hypotheses are stated and then tested for significance, the risk of chance 'inflation' of the predictive power is slight. Simon (1971) points out that bias can still enter the results, if selected variables are combined in a predetermined way, based on the knowledge of the interrelationships. However, if an existing instrument (one not constructed specifically out of the data in the study, for the purpose of the study) is used, then the issue of shrinkage should not arise.

Eventually, in spite of the fact that numerous interesting sets of results were occurring in the author’s pilot studies based on specifically constructed procedures, it was decided to abandon all but pre-existing measures for this present endeavour. Thus, only measures made independently of the author, or measures using pre-existing questionnaires were assessed and later combined. Other results are then interpreted in the light of the data. The problems of classification in a study such as this are numerous and some preliminary consideration of this subject is in order at this point.

As Rutter (1977) indicates, traditionally, concepts in psychiatry have been based on armchair speculations based on small clinical samples unsupported by evidence. These speculations have adopted the simple disease-orientated medical models in which the search for the 'basic underlying cause' of a symptom has taken place so that a treatment may be applied and a cure effected.

MacKeith (1972 has pointed to the inadequacy of our simplistic model of disorder even in physical medicine, when applied to conditions as
varied as deafness, appendicitis and tuberculosis. There is, contrary to popular opinion, no simple equation which enables one to identify a disease, apply a treatment and effect a cure. MacKeith's examples contain a psychological somatic element, but nevertheless the need to avoid an over-narrow model remains. While it has now become a cliche to argue that there are 'no diseases, only sick people', alleviation for such people does involve a complexity of factors.

The attack on such models has come from a variety of sources. The weakness in the correlations between diagnoses of different practitioners (Kreitman 1961, McGuire 1972, Szass 1961 and Cattell et al 1974) and the attacks on 'illness' conceptions themselves, has led to a question of the whole foundations upon which the models are built. Yet, in spite of this, the tendency of clinicians has been to modify the descriptions of various conditions, rather than to come to terms with the challenge to the validity of the diagnostic exercise! The ongoing process of revision of the DSM classification system provides an example of this process. (Ullman & Krasner 1975). (See, for a more optimistic view, the World Health Organisation study, 1975).

Rutter (1977), as an example of that school of thought, takes the view that there is abundant evidence for the validity of diagnostic categories in child psychiatry for differentiating emotional disorder, conduct disorder, infantile autism, schizophrenia and development disorders. In addition, there is a need for a mixed emotional/conduct disorder category. He refers, quite rightly, to the problems with such groupings in particular in breaking down these broad divisions into more specific sub-groups, but considers that the general categorical aim is justified.

Wolff (1977) also refers to similar broad divisions and the absence of clearly defined syndromic sub-groups. Attempts to improve this position have emerged through the use of elaborate statistical techniques which try to find clusters of symptoms which go together. This attempt met varying degrees of success and has produced a confusing array of categories. Thus,
we have from Hewitt & Jenkins (1964), Socialised Delinquency and Unsocialised Aggression and from Connors (1970) Aggressive Conduct Disorder and Antisocial Reaction. Stott (1975) in reviewing the results of Jenkin's work, argues that "one cannot escape the conclusion that no fundamental classification of disturbed behaviour could emerge". The different labels that do emerge with each study and the lack of correlation between the ratings/diagnoses of clinicians do little to encourage confidence. (Eysenck and Eysenck 1975, Cattell et al 1974) and leave the practitioner bewildered.

Before leaving the question of medical models, it must be remembered that there is more than one model in medicine. One such which relates disease to behaviour and the environment, has been remarkably successful. Considerable gains were made, using a public health conception in psychiatry in dealing with such fields as general paralysis of the insane.

The difficulties with classification are of course, central to the question of remission, since remission is from something. Unless that something is classified, discussion of remission is meaningless. In practice, the question is complicated by the fact that research on clinical classification while dominating the literature, features hardly at all in the referral process (Green 1980). The child referred for conduct disorder is referred by a parent or a teacher or some other agent. The question of how he is referred, labelled and the point at which his designated label is removed is of critical importance in understanding remission.

The decision that a behaviour has remitted, in practice, is often a non-professional or, alternatively, an administrative one, which may bear no relationship to clinical classification systems.

Fitzherbert (1977) in a review of services available to children, looks at the differences in patterns of support available and
features which influence any referral. These include:

1) Resource differences from area to area.
   Clearly, if facilities vary, the chances of any given child being labelled vary, and consequently the level at which schools need to support their own difficult children is affected.

2) Attitudes of teachers (particularly Heads).
   Very considerable differences in the views of teachers were reported, on their own role in dealing with difficulties. Some took the view that they were responsible for helping children with problems, others that they were not. Within such extremes, differences also occur in the type of help offered, varying from a referral to an expert, and little personal commitment to work at change, to a determined effort to contain the child without outside expertise.

3) Attitudes of support services to their role.
   Considerable variety in the views of psychologists and others on their functions affect provisions. Some psychologists see themselves as filters, or test administrators, others as agents of change within the school. Similarly, theoretical distinctions influence the label placed on the child, the type of help likely to be offered and consequently (if outcome data means anything at all) the chances of remission.

Green (1980) in looking at the life histories of pupils and also in detail at the way one group of professionals view their task (Educational Welfare Officers) clearly demonstrates outcome variables which may have little to do with the actual behaviour of the child (or family). Such sociological studies make a nonsense of clinical conceptualisations as a sufficient basis for understanding remission. Green, using official data,
indicated that few children presenting similar problems actually become 'processed' and labelled. The process itself is a complicated and highly subjective one, and certainly influenced by the view taken by the officer of the 'nature' of problem behaviour. Such variations in resource and attitude are often neglected in clinical studies. As Green shows, the literature on one area 'truancy' is dominated by clinical preconceptions which give little attention to the structural features of the problem, in either diagnosis or therapy.

The influence of such factors, by extending through the initial to the final process in a chain of labelling, may actually achieve primacy over the behaviour of the child. Lane (1973) has pointed out that information once recorded takes on an existence of its own, which is independent of its origins. Thus a child, labelled, is seen as more difficult because he is labelled, when no objective basis for the label any longer exists. (Lane 1976). This is particularly important in relation to remission, for the child may change, but not be credited with change, or alternatively may remain in terms of objective data, much the same, yet be subjectively rated as improved. In these terms remission maybe, at least in part, a process of modification of the behaviour of the professional labeller, rather than of change in the behaviour of the child.

The position is slightly easier in the field of adult disorder, since professional labelling dominates. For children, psychological typing takes a minor role. The teacher may refer because the child is, and I quote: "The most violent aggressive pupil it has ever been my misfortune to teach!"

The label applied by the teacher carries with it the attitude of the referring agent. That attitude is absent from any system of classification of the child's behaviour, yet it will vitally affect any decisions on outcome and thereby remission, as Green and Fitzherbert demonstrate. The choice of a classification is not therefore a neutral
conflicting approaches to early intervention. On the one hand, offering help at an early stage through a process of identification would appear sensible. (Hence the Warnock Committee recommendations). Yet the possible negative effect of being labelled or 'Red Tagged', as it is sometimes called, at an early stage is also apparent. Ullman & Krasner (1975) raise this point:

"The concept is of great importance, without professional intervention and labelling, most children's behavioural difficulties ameliorate".

They refer to the work of Clarizio (1968) and Scheff & Sundstorm (1970) in this respect and the social implications which may follow for a child 'Red Tagged' as a preventive measure early in life. Scheff's (1966) observations on how 'realities' are negotiated and hence individuals are led to view their behaviour in terms of the 'sick role' are particularly cogent. An interactive process is involved in referral, classification and remission and that process by which a child is initially identified as a problem and subsequently not so identified, needs careful consideration. Aspects of this will be discussed later, in relation to a particular case history.

Any definitions to be used of any conduct disorder, therefore, need to be as close as possible to the actual source making the referral, if it is to reflect events as they actually are in the world of the child and his teacher.

Any attempt at a scheme of classification in this current study must therefore come as close as possible to the specific situation and behaviour therein, which gave rise to the referral and the cessation of which would indicate remission. (The particular models chosen will be discussed later). Remission is consequently a process, not a single event, and encompasses a variety of different areas.
Yet in an experimental study, specific, objective based measures, which can be taken at different points in time are needed. The relationship between such measures and the process might itself be of interest. Confusion of objective and subjective data is however very easy, since understanding a life-long process of remission is very hard. Some separation of these areas, artificial as it may seem, is thereby necessary. Consequently, an original, highly ambitious project became the more muted affair that this report represents.

A series of position papers, independent of each other, to test specific hypotheses are presented, only when the data are available from this study will the maze of 'process' research be negotiated, in a subsequent report.

An interest which began in 1962 therefore, begins to see the light of day twenty years later. Indeed, it is only a very small part of the arguments in the much longer story of remission, which Eysenck initiated thirty years ago, which remains unresolved to this day.
CHAPTER 2

The Concept of Remission — a review and introduction to the field

This study is concerned with understanding remission from conduct disorders in children. It does not attempt to provide a model for remission from conduct disorders in general. Certain potentials and partial explanations only are explored.

In particular, three areas will later be considered.

a) The idea of differences in conditionability and the contribution of specific personality factors to remission.

b) The existence of various environmental correlates in favouring remission.

c) The view that behaviour or response is its own best predictor of future events.

Although this study will subsequently focus on these three areas, some consideration of the field is needed to provide a setting for the more specific studies to follow.

Certain topics are reviewed in this chapter.

1. Eysenck's central position in the literature is traced, and the parallels between physical and psychological interventions are raised, through the concept of 'naturally occurring and spontaneous remissions.'

2. Subsequent by-products of the Eysenck argument are also considered, in particular:

a) The issue of differential outcome by type of disorder and

b) Multiple environmental stress theories.

3. The literature on the effects of psychotherapy is considered in some detail, since this area represents a major by-product of Eysenck's paper, and also since it is later abandoned in this study.
4. A brief resume completes the chapter, in preparation for a more detailed look at specific aspects in the experimental position papers.
Remission therefore is what this study is about. It attempts gradually, and somewhat haltingly, to feel its way toward a determination of the areas that must be included in any attempt to understand the process of recovery from behaviour disorders in children, that is, remission. Unfortunately, much of the literature on remission from disorders has been directly or indirectly dominated by Eysenck, and in effect centres round the dispute as to whether or not Eysenck was right. Considerable energy has been expounded on this question. This is of course, the very nature of scientific dispute, and out of such disputes, clarification and new ideas hopefully emerge.

The central role played by Eysenck is, initially, reflected in this review of the field.

At the end of this chapter, the following questions can be asked:

What do we need to consider if the process by which some children who present behaviour difficulties improve (remit) and others do not, is to be understood?

**Intoxicating hope and sober reflections**

The last fifty years have seen an enormous advance in medical services. It has been a time of intoxicating hope. The development of antibiotics and developments in the provision of child health care services seem to open up the possibility of answers to all our problems. The 1950's and 1970's in particular, marked by spectacular successes in surgery and technological innovations, have led to rising public expectations of what is possible. As MacKeith (1972) points out, the public often want magical solutions which involve no effort on their part. The faith of the public in healers continues unabated, as does the demand for services. Yet from time to time, someone takes a sober look at our achievements and finds
them seriously wanting. An editorial in the medical journal The Lancet (1971) points out that the 1960's were a "decade of "therapeutic triumphs achieved for the few at great cost". Indeed, a comparison of health statistics indicates that all the advances of the last half century put together, even including the development of antibiotics, have added very little to life expectancy, incredible as it may seem.

Such advances as there have been, owe much to simple (though careful and painstaking) developments in public health e.g. sewage works, innoculation, clean air legislation, and little to complex technologies of individual professional intervention. It appears to be a "Heresy that medicine is about curing people.....most of it is not; medicine is about alleviation with occasional and very rewarding episodes of curing". (MacKeith 1972).

A similar pattern can be traced in the field of psychological disorders. The last half century has seen an unparalleled rise in the provision of psychological services. The first child psychiatric services date back to this period (in the Children's Department at the Maudsley Hospital and the Child Guidance Clinics).

Yet, as Mainard (1962) pointed out, Eysenck (1952) caused consternation by exposing the similar heresy that "psychotherapy is a cure for all our psychological ills". His famous (some would say infamous!) paper underlined once again the fact that simple relationships do not exist. One cannot identify a disorder, apply psychotherapy and affect a cure.

Eysenck reviewed studies totalling more than 7,000 cases of patients treated for neurotic disorders and concluded that individuals were as likely to improve without treatment, as with it. It appeared from his work and subsequent studies that the impact obtained for individuals from professional sources, was limited, variable, or even deteriorative. (Carkhuff & Berensen 1967). Such change as did take place owed more to general life experience than psychotherapy.
Rachman (1971) in fact states a position for psychotherapy somewhat akin to that stated above by Mackeith for physical medicine in that treatment is about alleviation, not curing.

"It may turn out, in the long run, that psychotherapy does no more than provide the patient with a degree of comfort, while the disorder runs its course."

That is, we are in the business of providing alleviation, while 'natural' remission is allowed to occur. That improvements may occur is clear, but the factors governing such improvements are not. Rachman (1971) in reviewing the literature on the effects of psychotherapy almost twenty years after Eysenck's paper concluded (quoting nearly 400 references) with a set of similarly sober reflections on the efficacy of psychotherapy, but pointed to the occurrence of fortuitous life events as critical to improvements. He also added that, in spite of a vast literature devoted to outcome studies, very little was still known of the factors which could generate fortuitous improvements. Indeed Rachman stated that:

"The identification of these restorative events and study of the manner in which they affect the process of remission would be of considerable value."

Given the understanding of factors which influence remission from behavioural disorders, is so central to the provision of services, this gap in our knowledge is remarkable. Not only is little known of the process of remission, but also few attempts appear to have been made to understand it. Eysenck's concept of spontaneous remission provides one such.

At least, his twin arguments on psychotherapy effects and spontaneous remission is an attempt to explain one aspect of the broader issue of factors which influence remission.

It is clear from his arguments that our days of innocence are gone, and one can no longer assume that we have the power to intervene for 'another's good'. Any such intervention must in future be justified by
references to an understanding of rates of remission. Or rather, one would expect that to be the case, yet there is an absence of a clearly established review literature on remission. (The exception being, 'outcome studies' covered by Rachman (1971). The literature contains clues, but few systematic explanations are available. Some of these clues will be briefly introduced and certain problems considered in relation to the arguments in Eysenck's paper. But the papers on spontaneous remission and then on psychotherapy have to provide the starting point. This is in spite of the fact that the issues themselves are already more than a quarter of a century old.

**Spontaneous remission - learning components**

The term 'spontaneous remission' is used to refer to improvements which occur in the absence of formal psychiatric treatment. It does not represent a belief in 'uncaused' changes. It is not argued that the mere passage of time generates such improvements, but rather, fortuitous events in time are responsible.

The conditions under which such events are more or less likely to occur, are covered in Eysenck's early papers by reference to conditioning studies, and more specifically, the concept of extinction, but also to his model of personality. In essence, it is held that individuals, by virtue of their personality, will vary in their responsiveness to conditioning. Thus, emotional introverts will condition (acquire behaviour) readily. They will, therefore, tend to develop behaviour surpluses, excessive anxiety reactions, (phobias etc.) in response to short-term stressful environmental events.

Added to this is the argument that inappropriate behaviours of the neurotic type are, in the long term, not likely to be reinforced (rewarded) by the individuals' environment and, will therefore (according to conditioning theory) disappear (extinguish).
Eysenck's position therefore contains the twin pillars of personality and learning theory. It is with the personality theory that this present study is concerned, but for the sake of completeness, the learning components are outlined.

Extinction, it is argued, is the fate of most neurotic behaviour and thereby explains the process of spontaneous remission. The concept therefore, covers characteristics of the behaviour (i.e. behavioural excess), the individual (responsiveness to conditioning) and the environmental response (actual conditioning events experienced) to these. Recently, these broadly based concepts have been extended to include a more specific basis of explanation. (Eysenck 1976).

Essentially, in his current model of neurosis, Eysenck rewrites the classical law of extinction and thereby provides an explanation of why some behaviours extinguish (remit), while others increase (enhance). This being the central paradox - why do not all neurotic behaviours extinguish?

The early experiments of Pavlov (1927) in which dogs were taught to salivate in response to a tone, provided the basis for the classical view. In the classical view, the repeated pairing of a conditioned stimulus (one which does not elicit actively a given response) will result in the elicitation by the CS of the response in the absence of the UCS. However, it is the correlation of the CS with the UCS which has produced learning, and while CS presentation will elicit a response, repeated presentation of the CS over time, in the absence of the UCS will result in gradual extinction. This extinction is considered to be the fate of most neurotic behaviour originally classically conditioned. Yet some behaviours do not extinguish, but continue to elicit a response, and some even come to exceed the original UCS in their power. It was to explain this apparent failure in the classic law that Eysenck proposed his current theory.

It is argued in the current theory that there are two consequences which may follow upon the CS only presentation. They are extinction or enhancement of the response. (The latter is termed 'incubation').
and those which do not. For example, if we return to Pavlov's dogs, it can be argued that the experiment only worked when the dogs were hungry. (That is, the hunger drive was present.) Thus, while the conditioned stimulus (the tone) produced the conditioned response (salivation) this response had no drive properties, that is, it did not produce the hunger drive. He concludes that in such cases, the stimuli paired with a reinforcing agent became signals for that event, rather than generators of a motivated state. Conditioned stimuli which do not produce drives extinguish in accordance with the classical law.

On the other hand, when some drive-producing response, such as anxiety is being conditioned, the conditioned stimulus will produce anxiety in the same way as the original unconditioned stimulus, such presentation of the CS on its own therefore reinforces itself and continues to increment the conditioned responses. Hence enhancement, not extinction takes place. Eysenck provides an example, in that rats given an electric shock after a conditioned stimulus, will work to avoid the presentation of CS. A CS drive is therefore produced. In brief then, conditioned stimuli which do not produce drives, extinguish, those which do, incubate.

Fear/Anxiety responses are a prime example of responses which possess drive properties, and therefore can become linked with the CS. Sex is suggested as another. The main stimuli giving rise to response might include pain, suggested by Watson, but Eysenck argues, would more commonly include frustration and conflict giving rise to frustration. The types and consequences of response therefore need to be considered. One would expect a preponderance of particular kinds of behaviour to remit and others enhance.

However, Eysenck goes further than this, and postulates conditions which favour the emergence of incubation. One directly concerns a central issue of this study, and that is personality. It is argued, in line with his earlier theory that introversion/extraversion and
emotionability/stability are implicated. (The other two, he maintains, are length and strength of the stimuli presentation).

This more detailed account extends the possibilities for experimental study of the spontaneous remission argument.

Learning patterns

However, the influence of the patterns of learning, by which the problem behaviours are originally learned, is more complicated than often appears. It is sometimes assumed that learning is simply a matter of linking any stimulus with any response to produce an association. Yet, it appears (Rachlin 1976) that even in the closely controlled conditions of the laboratory, some behaviours have proved remarkably difficult to change. In studies with animals, certain classes of behaviour — such as defence, attack and fear responses — do traditionally show such difficulty. (Azrin et al 1966, Bolles 1970, Rachlin 1976). Eysenck (1976) argues that innate processes set to sensitise a person to certain types of stimuli and facilitate conditioning of response to those stimuli.

In these terms, one cannot view learning as the product of environmental events, but rather such events interact with primitive response tendencies of the species. (Staddon & Simelhag 1971). Differences in patterns of remissions, given such response tendencies, would be expected. If these arguments held true, certain classes of behaviour might more easily be enhanced by their drive potential.

It should be noted, additionally, that learning patterns do vary and it has been argued that the types of specific learning to which an individual has been exposed, make certain behaviours once acquired, resistant to extinction. If one example of this is taken, say delinquency, a difference might relate to the diversity and specificity of the stimulus and reinforcement patterns encountered. Such differences in stimulatory patterns may themselves explain divergence in remission patterns.
The application of learning principles in varied situations such as schools, psychiatric hospitals and training centres for the mentally handicapped has, it is claimed (Trasler & Farrington 1979) led to some success. However, the same author, in commenting on applications with offenders in institutions, states that there have been "many failures and few successes". This distinction, it is argued, lies not in the failure of the principles, but rather their inappropriate application. Adolescent delinquency, Trasler argues, is maintained by reinforcers located in the individual's environment, encountered at certain periods in his life. Thus, contingencies applied outside that environment, i.e. in institutions, will not influence long-term behaviour.

Descent into persistent delinquency, furthermore, is in part due to the progressive erosion of alternative sources of reinforcement imposed through court action. This question of lack of alternative is also mentioned by Cohen (1973) as part of the particular pattern of reinforcement for 'socially deviant youth'. Cohen draws a parallel with the economic system in the USA. Its strength, he argues, lies in the fact that individuals work for hope of future reward, rather than purely immediate gain. This pattern of occasional, rather than regular reward, is known as 'intermittent' reinforcement. In the laboratory, animals' behaviour rewarded on an occasional basis, say every fifth response rather than each response, was more resistant to extinction; similarly learning based on intermittent schedules of reinforcement in man, are more resistant to change. Thus, in the same way that behaviour valued in the economic system are persistent, when such a schedule reinforces anti-social behaviour, it is also resistant and therefore hard to combat.

A behaviour such as burglary is on an intermittent schedule, i.e. sometimes you get something valuable, sometimes you do not; and therefore it persists. Additionally, often very ineffective punishment schedules apply (i.e. the chances of getting caught are small and punishment happens
long after the offence, rather than immediately). The effect is to teach only avoidance behaviours, 'keeping out of the way of the police'. Finally, we have the lack of alternative avenues for reinforcement (where else can the individual reap similar rewards?) in those youngsters who lack necessary skills for pro-social achievement. These elements taken together, it is argued, make such anti-social behaviour difficult to change.

The discussions above raised the question of the differences in reinforcement schedules applied to the behaviour. The second aspect of this is the pattern of stimuli which elicits the response. Suppose, for example, the delinquent stole from a variety of locations. The stimuli, which then become conditioned to the expectation of reward, would be equally varied and most of them completely unknown.

For example, Jack may walk into a shop to buy a newspaper. The owner is in the stockroom, and Jack is slightly irritated because it means he has to wait and might miss his train. Henry might walk into a shop to buy a newspaper. The owner is in the stockroom, and Henry picks up a paper and 200 cigarettes and walks out. Both individuals were presented with the same stimulus, the empty shop, but the response was different. Both Jack and Henry entered the shop intending to buy newspapers, but for Jack its emptiness signified the need to wait, with the possible consequence of missing the train. For Henry, the emptiness signified the chance to steal, with the likely consequence of reward. They both, in Thomas' phrase (1953) "defined the situation differently".

Anti-social behaviours such as stealing which develop in this fashion, can lead to the accumulation of a large number of stimuli, which give rise to the definition of a situation, as one in which the response of stealing is likely to lead to reward.

This argument leads to the possibility that a difference between behaviour which remit easily and those which do not, lies in the diversity of the patterns of such definitions. Contrast this with an individual whose fear of a cat was developed on the basis of classical conditioning. He will,
and he is negatively reinforced. The pattern of the stimuli in this situation, however, is relatively limited and the reinforcement schedule is fairly constant. Therefore, an attempt at extinction could take place with relative ease, since the factors involved are known or easily identifiable, and the correlation between them could be easily broken.

Whereas, the individual who steals may do so in the most diverse of situations, and the reinforcement is likely to be intermittent. It is therefore difficult to identify the stimuli which might elicit the behaviour and the reinforcement schedule itself has resulted in associations which are resistant to extinction.

Of course, one must look also beyond the existence of the particular pattern, to the consequences of any given response or future response and on the response of others. In particular, those things which the individual has not learned, as a result of the existence of the given pattern, may have to be considered in any attempt at change. That is, the individual has not only learnt how to act in a given way, he has also by doing so, failed to learn the alternative behaviour appropriate to the situation. Consequently, the alternative behaviour likely to lead to reward is not in the individual's repertoire.

**Spontaneous remission - personality components**

Given the basic value of the learning principles discussed above, and the proposition that some behaviours are acquired more easily than others, it still remains necessary to explain why some individuals respond more readily than others to certain learning situations.

This can be partly explained in terms of past learning influencing later learning, but it is argued by Eysenck & Eysenck 1975 that individuals vary constitutionally in responsiveness to conditioning. Recent evidence in relation to response to counselling programmes, therapy, discipline and
probation (Lane, 1974, 1976, 1978, McWilliams 1975) has indicated that certain features of temperament are of influence in governing response in groups similar to those in this present study to various learning situations. The relationship between personality and response postulated by Eysenck is therefore worth exploration.

The relation is stated to include that between the incubation of anxiety responses and the personality of the emotional introvert. Those showing such personality characteristics would generate enhanced (and thereby were resistant to extinction or remission) drive patterns. Spontaneous remission is therefore less likely in Eysenck's terms. This argument, concerned with anxiety or 'neurotic' based patterns, does not directly aid in the consideration of remission from conduct disorders. Nevertheless, the possible proposition of a relationship between extraversion and neuroticism and anti-social behaviour takes us some way towards an explanation. It is argued in this theory (Eysenck 1970), which links the learning theory principles discussed above and personality, that extraverts should take part in more anti-social behaviour than introverts, on the basis of their level of conditionability. The theory maintains that conditioning is the basis for the development of socialised behaviour and 'conscience'. Thus, people who condition badly would be at a disadvantage in acquiring 'those conditioned socialised responses which go to make up non-delinquent behaviour'. Neuroticism in the theory acts as an amplifying device, by virtue of its drive properties. When it is appreciated that high E and N individuals tend to be 'impulsive, like to take chances, to be aggressive, lose their temper, crave excitement, are moody, tense and irritable', it can be understood why they might get into more trouble than individuals showing the opposite characteristics.

However, while this general theory has received some support, it has also contained obvious gaps; and it has proved difficult to translate the general point that E and N results in more anti-social behaviour into
specific predictions such as the likelihood of delinquent activity. The argument that E and N are influential in conduct disorders has therefore recently been extended to include a new concept of psychoticism or toughmindedness. Several studies reported by Eysenck & Eysenck (1975) do relate the concept to various specific conduct disorders, including groups sharing patterns such as drug dependency. (Teasdale et al 1971). Allsopp and Feldman (1974) have also demonstrated that anti-social behaviour in schoolgirls was related to high levels of P, E and N, and earlier findings by this author (Lane 1974) also pointed to the influence of 'P'. The concept of toughmindedness (P) was made more useful for this current study of remission by this author's findings of its relationship with a poor response to therapy (Lane 1974, 1976) and similar findings by Eysenck & Eysenck (1975). These findings did however, indicate some variations in results on 'E' and frequent findings of a relationship between low N and persistent disorder. Some of the findings in respect of each factor are therefore discussed.

The P Factor

Consistent findings linking P to behaviour difficulties and a role in therapy responses in children have been reported by this author (Lane 1974, 1976, 1978). In particular, it is argued that toughminded individuals do not respond to supportive types of counselling, but rather to utilitarian reward. One characteristic of toughmindedness, a lack of empathy means that they are untouched by therapies relying on sympathetic involvements. They also show a disregard for danger and consequences, tending to act on impulse and do not think about punishment and the long-term effects of their behaviour. Therefore, techniques which rely on retribution, moral inducement or concern for the other person, also do not touch them.

The 'P' factor is one which is simply untouched by traditional therapies. This finding is supported by the Eysencks' (1975) conclusion to their vast review of the literature on 'P', indicating that P+ scores are found in abundance in psychopaths and criminals. Additionally, among neurotics, P+ scores are characterised by a poor response to various forms of psychotherapy.
it is also argued, can be differentiated in terms of personality and
type of offence. The view is proposed that crimes involving aggressive
behaviour and cruelty would carry implications of high 'P'. (Eysenck
& Eysenck 1976). Marriage (1975) has found similar relationships
between high P and crimes of violence. The P factor does therefore
appear to be a promising candidate for a predictive role in both
disorder and remission.

The E. Factor

Extraversion proved a difficult and inconsistent factor in
studies reported by the author (Lane 1978) and has also proved illusive
in Eysenck's theory. While the general association of E and lack of
conditionality has found some support, predictions of high levels in
problem groups has been less successful. It has perhaps now been
recognised that such groups will vary on this dimension and that
Eysenck's own studies now incorporate such variations. For example,
they have been able to differentiate types of crime by level of E.
Gang and 'con' tricks seem to go with high E. Those involved in
violence also feature in this category, whereas social inadequates are
more likely to be introverts. An interesting result in a study of
recidivism in Borstal boys did show that only E significantly predicted
reconviction at three years follow-up. Pierson (1969), using the
Cattell Personality Model, also found that delinquents who did not
respond to programmes, tended to be "adventurously extravert".
McWilliams (1975) found (although only in association with low N) that
the extraverts had higher rates of reconviction. A study of response
to discipline in schoolchildren (Lane 1978) paralleled McWilliams'
findings. Some effect from E is therefore to be expected, from
empirical studies, and it must - in addition to the central theoretical
role - be included in my hypothesis of behaviour change.
Neuroticism is seen as crucial in Eysenck's model, as a drive component in the genesis of anxiety responses and also in that of anti-social behaviour. It is seen as strengthening any tendency which exists. Thus, the easily conditioned introvert who is high in N will acquire more fear and anxiety responses, whereas the poorly conditioned extraverts, deficient in social behaviour will similarly receive enhancement from the N factor.

However, this component has proved difficult to interpret, for it could also be argued that the lack of drive in low N extraverts would reduce even further their likelihood of acquiring social behaviour and hence increase persistence of anti-social acts. Similar difficulties are reported in studies of anxiety in test-taking situations.

There is considerable dispute in the experimental literature on the question of the influence of anxiety on response. Anxiety is not synonymous with emotional stability (N), as used here, but there are generally high correlations between measures of neuroticism and anxiety. As Wine (1971) and Sarason (1958, 1972) and Sarason & Johnson (1976) indicate, through their research, it is necessary to avoid a simplistic approach. Emotional stability (neuroticism) as measured by Eysenck is theoretically separable into two components, which are - arousal (the autonomic component) and worry (the cognitive component). The two in fact correlate highly - those who are easily aroused tend to worry more - but they are in principle capable of separation. That separation was undertaken (Lane 1976) for pupils who persistently failed to respond to therapy, and it was found that while the persistently failing showed the arousal levels of a control group, they worried significantly (.05) less about, for example, what other people thought of them. They did not worry enough for such opinion to have an effect, so too low a level of worry can be a component of continuation of failure.
Wine (1971), working on the problem of anxiety in test-taking situations, has also demonstrated that these two components need to be considered, but argues that it is too much worry which is debilitating to performance. So, at either extreme, the worry factor can be related to failure, but obviously for different reasons.

Sarason (1972) has argued on the basis of considerable evidence, that highly test-anxious individuals are badly affected by achievement or evaluation instructions, and the knowledge that their failure will be reported. On the other hand, under neutral conditions, they do somewhat better, and under reassuring or task-orienting conditions, they may perform in a superior fashion to those with low levels of test anxiety.

Sarason & Johnson (1976) have shown that the combined impact of life changes (stress) and the individual's position on the anxiety dimension have to be taken into account. How the individual's views change, negatively or positively, affects response to it. A jump from test anxiety to emotional instability cannot be directly made, but the results of the data are similar and make it necessary to consider both the individual's basic (trait) level of emotional responsiveness, and the particular (state) situations the individual is likely to encounter.

**The L Factor**

The L (lie scores) factor is not a personality dimension and its influence remains to be clarified. Low lie scores are consistently found in groups showing certain types of behaviour problems (conduct disorders) and high lie scores in other groups (the psychotic). This difference occurs not only on the present personality questionnaire, but for example, when comparing pupil/teacher reports on BSAG. Those pupils with low lie scores show a closer relationship with teacher rating than those with high lie scores. (Lane 1976).

The personality features have proved useful, if controversial, but remain central to Eysenck's theory. They are fortunately easily
Spontaneous remission - interim conclusions

In spite of all the arguments over Eysenck's concept of spontaneous remission, it is now generally accepted that the effect (but by no means the explanation) is genuine, and, as Malan et al (1968) points out, the case for a high rate of spontaneous remission in neurotic disorders is proved, ".... and that is the end of it". A crucial point is then established in an understanding of remission. But, there are, unfortunately, limits to the value of this particular view for this present endeavour.

The spontaneous remission argument was concerned with 'neurotic' disorders. It had lacked extension into factors affecting remission in a wide range of other disorders.

Its validity has also, sometimes unnecessarily, been tied in with the particular Eysenckian personality and conditioning conception of behaviour which, as Berger (1977) remarks, "has given rise to some dispute". The independence of the personality and conditioning theories must be maintained, although they are twin pillars of Eysenck's position.

The Effectiveness of Psychotherapy

This section considers the debate on psychotherapy. The major difficulties with the literature reported resulted in a move in this current study towards considering process for individuals, rather than between therapies.

In a number of papers from 1952 onwards, Eysenck examined evidence related to the effectiveness of psychotherapy. He underlined the difficulties inherent in such a task and cautioned against his actual evaluations being regarded as precise comparisons. Nevertheless
his conclusions, although widely debated, attacked or dismissed, have in large measure been supported by subsequent experimental findings, although it is now accepted that his argument needs modification.

In a review of counselling and psychotherapy, Colby (1964) concluded that "chaos prevails", a remark paralleled by Rogers (1963) in his observation that the field was "in a mess", and underpinning Eysenck's (1962) assault on the psychotherapies. Carkhuff & Berenson (1967) took the argument further and exposed a whole series of 'myths' surrounding therapy, the chief one being that therapy was 'most likely' to rehabilitate the troubled person. Rather, they likened therapy to a life-saving game, in which the lifesavers (therapists) had not learned to swim, in spite of elaborate training and techniques; thus, they could not help others because they could not, in similar circumstances, help themselves. This attack on the 'technique of therapy' was echoed by Goldstein (1971) in a major review of psychotherapeutic attraction.

"In our view, psychotherapy as generally practised has long included major efficency-reducing trappings, that is procedures and conceptualisations embedded in clinical lore, which are largely or totally irrelevant to patient change. This belief is fostered by remarkable similarities in reported improvement rates across therapeutic approaches - approaches differing widely in purported techniques" (Goldstein 1971).

Rachman's (1971) review of the evidence on the effectiveness of psychotherapy concluded that, in general, it was not. Since that date, numerous reviews have appeared, many partial, poorly controlled, or simply irrelevent. Unfortunately, the vested interests of opposing groups have led, not to a careful evaluation, but rather to an 'evaluation war'.


The most recent major review (Smith & Glass 1977) is superior to most, but not without its faults. It covers 375 studies and considers various parameters. It demonstrates that about 10% of the variance in outcome is due to allocation to treatment or non-treatment groups. Given the costs involved, this seems a disappointingly low figure. It also suggests a slight advantage to behavioural methods. However, the divisions between verbal and behavioural therapies covered by the authors, is crude. Thus, eclectic, rational-emotive and psychoanalytic methods are grouped as verbal. Yet, almost by definition, eclectic therapists use some behavioural methods, as do rational-emotive therapists. (See for example, Carkhuff & Berenson 1967 and Ellis & Greiger 1977). The average follow-up for the 375 studies was three and a half months. The lack of adequate long-term studies makes any conclusion on remission dubious, but widespread and substantial effectiveness is not established. It does however, in line with other studies indicate a small beneficial effect from treatment, (Ellis & Greiger 1977) at least in the short term.

The cry for more detailed research extends from Eysenck (1952), through the hypothesis above and reaches its current manifestation in Shapiro's (1980) plea for a more precise and sophisticated research strategies....to identify the therapeutic ingredients of the psychotherapies. (deja vu?). To the simple practitioner (if there is such a being!) seeking guidance by reading the research, the current disputes between verbal and behaviour therapies (Shapiro 1980) and within behaviour therapy (Marzillier 1980) must make it appear that "chaos still rules". In spite of the limitations in outcome studies above, the idea that specific therapies be applied to specific needs is not without its advocates, perhaps motivated by a 'natural' tendency to wish that conflicts between the schools by resolved by 'taking the best of each! The major attempts at such an accommodation are to be
found in the eclectic schools (Truax & Carkhuff 1966 and Carkhuff & Berenson 1967) and are echoed more recently by Shapiro's (1980) plea for 'precise specification of interventions singly and in combination, maximally effective for given populations'.

However, while the idea of matching need and therapy is appealing, it is necessary for the advocate to demonstrate certain points.

1. That such specific needs exist.
   There is no point in establishing elaborate matching programmes if no specific gain beyond the 'general therapeutic effect' of any therapy is apparent.
   Carkhuff & Berenson (1967) have clearly delineated the contributions of particular schools, but unfortunately various outcome studies of specific techniques produce contradictory findings. Thus, for example, O'Leary & O'Leary (1972) point to the importance of contingency. Whereas Meichenbaum (1976) points out that non-contingent programmes can be equally effective.

2. That it is possible to determine specific clinical needs.
   The realistic consideration of which client groups may benefit from a given therapy is confused by disputes over the whole basis of problem classification itself. (Krasner & Ullman 1973).

3. That it is possible to match need and technique.
   Few attempts, rather than 'assertions', at such an approach are available, although elaborate matching studies have appeared. Goldstein (1971) and his associates have demonstrated the effectiveness of a range of procedures for therapist/client matching,
which are successful with student counselling populations, but not in clinic settings. However, as Meyer & Turkat (1980) argue, the literature is devoid of any clarity on methods for choosing a match between client and techniques.

4. That multimodal approaches to therapy are more effective.

Rachlin (1977) and Greenspoon & Lamal (1978) have argued that the superiority of behavioural methods makes additions unnecessary. Marzillier (1980) takes a less dogmatic view, but, in commenting on current disputes about the addition of cognitive methods to behaviour therapy, questions whether or not there is any good evidence for or against. He concludes that.... "There quite simply isn't any".

The difficulty with studies of specific effects can perhaps best be illustrated by taking two areas — anxiety and delinquency.

**Varied approaches to the treatment of anxiety**

The advantages of a specific technique, or combined techniques, are discussed in relation to anxiety, an area in which a good outcome is generally possible. It is perhaps helpful to consider evidence on the treatment of anxiety in relation to the single or combined use of "Rational Emotive Therapy (RET) and behaviour therapy (BT), since both conceptions have been the subject of experimental test.

Briefly, the basic tenet of both conceptions can be expressed in terms of the so-called ABC of behaviour.

In RET terms, behaviour is explained by the following sequence:

A = Activating event, that is the event that triggers the behaviour in question.
B = Belief, that is what the individual thinks about the event in question.

C = Consequence, what the individual does, or what happens as a result of the belief.

In BT terms, the sequence is:

A = Antecedent - what precedes the behaviour in question.

B = Behaviour - response to the antecedent.

C = Consequence - what happens following the behaviour in question.

The essential difference between the two ABC's is the issue of the belief. Behaviour therapists maintain a direct link between Antecedent and Response, whereas in RET, the belief about the event mediates the response. Ellis (1977) has published an extensive review quoting 987 references in support of various hypotheses relevant to this particular endeavour. These include the idea that there are significant differences between RET and other therapies, that combing RET with behaviour therapy techniques is effective, that active therapy based on the current situation is better than passive therapy, that presenting individuals with a way to view their situation is valuable, and so forth.

In a review of single and combined techniques, DiGuisepppe & Miller (1977) conclude that:

1. RET is more effective than client-centred therapy with introverted persons.

2. It is more effective than systematic desensitisation in reducing general anxiety.

3. Cognitive therapy plus behaviour therapy is most effective in treating depression.

4. RET has not been shown to be more effective than assertion training. (a BT technique).

The difficulties of interpretation can be illustrated by Straatmeyer & Watkins' (1974) study of public speaking and anxiety. They
found no differences between three treatment and a no treatment group. Whereas Kerst & Trexler (1970) comparing RET, fixed role therapy (Kelly 1955) and a no treatment group for the public speaking problem, found that both treatments were effective, but there were no significant differences between them. Diloreto's (1971) study, pointing to the effectiveness of RET with introverts, also found that systematic desensitisation worked with both introverts and extraverts, whereas client-centred therapy was not significantly better than an attention placebo or no contact group. Tregerman (1975) compared RET, assertive training and a combination of the two. In fact, assertive training alone proved the most effective.

The considerable variety in the results quoted above could be repeated almost indefinitely, those studies being just a sample. Even the criticism of the studies have a remarkable ring of similarity about them. Thus, DiGuiseppe and Miller (1977), commenting on the RET research, point to inadequacies of design, inappropriate controls, non-representative samples, (i.e. non-clinical and high socioeconomic status), limited follow-up, inadequate specification of the variables (client and therapy) of any outcome and so on. Scriven (1973), criticising the claim made by behaviour therapists, argues that they go well beyond the evidence, fail to deal with fundamental issues, show poor experimental design, lack adequate follow-up, etc. etc. (one is reminded of Rachman's (1971) similar remarks about the psychotherapy studies). These themes become distressingly familiar, as any study of long-term remission proceeds.

Varied approaches to the treatment of delinquency

Since it is possible that the difference between techniques may be understated in the treatment of an area in which outcome is likely to be good, even in the absence of therapy — consideration of an area, such as delinquency in which progress is traditionally poor, is also necessary.
Treatments for delinquency have a long history. It is reported, for example, that the Norfolk Island Penal Colony in the 1840's used a similar system to the token economies popular today.

Token economies have increasingly been used as an institutional treatment for delinquency. Briefly, an economy is a system whereby certain behaviours are required, from an individual who receives payment (a token) for performance of the required behaviours. These tokens are then exchanged for goods, privileges etc. that the individual wants.

As Hall (1979) remarks, most of the published literature (nearly all from the USA) is favourable. However, usually institutional programmes involve several elements and the relative contribution of the token economy is not so clear. Hall (1979) in fact argues that rapid expansion of such programmes should be avoided, although he considers the method worth consideration. Laycock (1979) has pointed out that there are no reports of token economies in British prisons.

An alternative approach to the treatment of delinquency was reported by Clarke & Cornish (1978) based on the concept of a therapeutic community. This project involved four elements: democratisation, communalism, permissiveness and reality confrontation. A comparison on 280 boys in a community home split into houses, one using the above ideas, a second using traditional 'paternalistic' concepts and a third for 'unsuitable' low IQ boys, was undertaken. Two year follow-up data on reconviction was obtained. No significant differences were found between the three groups. (Rates were around the 70% mark). Such depressing outcomes for delinquency tend to produce an overreaction to anything which appears useful. Thus, Achievement Place, a community-based family styled home for delinquents has already spawned 35 replication homes throughout the USA. Yet, as Yule (1978) comments, while two year follow-up data has been reported, suggesting success in terms of school attendance and court appearance, the actual numbers involved are small and the changes hardly dramatic. Thus, any evangelical fervour is premature.
Clarke & Cornish (1978), reviewing the effectiveness of residential treatment for delinquents, conclude that different programmes give similar results, i.e. the remission for delinquency is low. In particular, long-term studies show even worse results. The superiority of one regime over another is not yet established, the general reconviction rate remaining stubbornly at 70%. They do argue however, that the regime adopted does significantly affect the behaviour of inmates, while at the institution. Strict, consistent, but relating staff are better than those who are harsh, distant, inconsistent or lazy.

The wide difference in institutional behaviour but similarity in outcome, points to the fact that the current environment crucially determines behaviour, its influence persisting only while in it. Consequently, no therapy works if the child is returned to a delinquent-prone environment. Hence, Osborn & West's (1978) finding that having delinquent parents predicts long-term outcome?

Clarke & Cornish (1978) argue that intervention should therefore take place in the community, but, they warn against simply transferring medical explanations of delinquency and hence therapy to the community. Thus, therapies which postulate 'inner causality' whether carried out in institutions or the community, are equally ineffective. While most investigators are now pointing to the inadequacy of institutional treatment and the need for community based systems, as Farrington (1978) points out, little evaluative work has been done in the community. Many studies enthusiastically reported (e.g. Project JOLT or the Buddy system) on follow-up show disappointing results. What is most apparent is that many so-called community based systems do simply transfer the location of a given therapy, with the child remaining the focus of attention. They fail to act to change the environment.

Lane (1973) has pointed out the need to act to change, not simply the child's response to his environment, but its response to him.
A recent study of juveniles convicted of offences involving automobiles (Pearce & Thornton 1980) represents an important attempt to modify the response of the courts and community to offenders, as well as the offenders themselves. They argue that since such youngsters are 'car mad', banning and punishing them is pointless. Instead, they reward them by access to cars, and thereby encourage and train pro-social responses. Such uses of behaviour therapy within the community appear promising. Successful outcomes, given such approaches are claimed. However, if we again look at the criticisms of the general research on the treatment of delinquency, (for example Farrington 1978) the familiar themes emerge. The data often lacks long-term follow up, lack of information on generalisation, and are over-dependent on verbal rather than on behavioural measures of success, contain small numbers, etc.

While there are many claims, few stand up to experimental scrutiny and outcomes, regardless of therapy are depressingly poor.

**Interim conclusion on remission and the effects of Psychotherapy**

An overwhelmingly large literature on the effects of psychotherapy has emerged as a result of Eysenck's original paper. Depressingly, many of the same arguments which featured in the response to the publication, remain to be fought over today.

Certainly, there have been modifications and progress, but the current range of critiques of the Smith & Glass study, leaves little room for major optimism. Therapy, it appears, still contributes relatively little to change. An alternative approach to therapy research lies not in comparing one method with another, but in looking at outcome within a method or population. Such an approach (to be adopted in this study) contributes little to the psychotherapy debate, but does address the question of how remission takes place. The key to change may still lie in those fortuitous events which stimulate 'spontaneous' remission.
Interestingly, the study of psychotherapy effects has featured more strongly in the literature than consideration of the other components of the Eysenck argument.

Fortunately, recent detailed studies of the patterns of response to learning have preceded and particularly in the last ten years have lost the sense of tiredness which accompanied their previous status of 'received' wisdom. Learning theory has begun to open up and expand. Skinner is questioned and, as Rachlin (1976) points out, the 'organism' at the centre of the experiment has been rediscovered.

Personality trait theories and their relationship to disorder and outcome, also seem to have re-emerged as a viable area of study, after some years in the wilderness, as Marriage (1981) has remarked. The role of personality, in particular the specific hypothesis of Eysenck on disorder and remission can therefore feature as a central theme of the data in this study, in a way which seemed unlikely when the various follow-up data were being laid down some five to ten years ago. Subsequently, the process of remission itself can be investigated in the light of the personality theory associated with it.

Nevertheless, in spite of the more positive and broad based debate which shows signs of emerging, no really substantial answers have been offered in the progress towards answering Rachman's (1971) plea for the 'identification of restorative events and the manner in which they affect the process of remission'. The concept remains a live issue, in spite of its age.

The studies reported above on spontaneous remission and psychotherapies represent a direct outcome of the dispute, but a number of by-products have also been stimulated by the discussion. One of these, and by far the most direct product of the dispute, is the concept that the behaviour itself is the most predictive indication of outcome. A second area, less directly related, concerns the concept of multiple
stress. The debate over psychotherapy certainly exposed the difficulties inherent in single causal explanations and multiple stress theories have recently emerged from the general vague label of 'multi-causal' into more precise concepts, such as Stott's 'multiple congenital impairment'.

The sections which follow look at these somewhat overlapping by-products as a prelude to the application of specific tests.

**Distinctions between behaviour in rates of remission**

There is considerable dispute over the validity of diagnostic groupings for childhood, an issue taken up previously. Discussion of differences in rates of response is somewhat confounded by differences in diagnosis between studies, but in general terms the apparent wide agreement is of considerable interest. The broad distinction between neurotic and conduct disorders is widely, although not universally, accepted. Studies using such categories have, however, produced consistent findings.

Something of the same heated criticism which attached to Eysenck's arguments on psychotherapy with adults greeted the publication by Levitt (1957) of results obtained for psychotherapy on approximately 8,000 children. The same conclusion applied, that is, those children who received psychotherapy did no better than those who did not, and that about 70%, with or without treatment, remitted within two years. Criticism of the work followed (see Rachman 1971). This was duly answered and subsequent replication by other workers substantially supported Levitt's conclusions. A later paper, however, provides analysis of outcome within diagnostic categories. Levitt (1963) concluded that the improvement rate with therapy was lowest for cases of delinquency, and anti-social acting out, and highest for cases for behavioural symptoms, such as enuresis and school phobia.

Similar findings have been reported by other workers. For example, Hare (1966) found that the neurotic did best, while those with conduct disorders had an unfavourable outcome. Warren (1965)
ranked outcomes in order, from neurotic, mixed disorders, conduct disorders, to the psychotic. David (et al 1968) conclude their follow-up study by confirming that the main factor determining outcome is not the specific therapy used, but rather the behaviour to be treated. A variety of other reviews and studies provide further general agreement on this point (e.g. Robbins 1966, Gossett et al 1973).

In the very important thirty year follow-up study of children who received child guidance, Robbins (1966) demonstrated not only a clearly different outcome for children who were originally referred for anxiety-type reactions to those referred for anti-social disorders, but also that anti-social behaviour in childhood was predictive of disorders in adult life. Further support for Robbins' conclusion comes from a study by Dowling (1978) of transfer from junior to secondary schools. He found that anti-social behaviours were more persistent than neurotic types.

The strength of such associations has given rise to the idea that 'nothing predicts behaviour like behaviour'. A number of studies which have looked at this concept, have generally supported it, but with reservations (Dowling 1978). This aspect will be considered in more detail later.

The clear differences which emerge from types of disorders give some support to the possible explanation that certain behaviours themselves might be more difficult to change. This might interact with response to conditioning (the issue raised by Eysenck). It would therefore be argued that neurotics and neurotic behaviour condition more readily. This would help to explain high spontaneous remission rates for neurotic disorders, but only indirectly helps in understanding lack of remission for other disorders. It would be difficult to explain the variation simply as lack of conditionability, since even within emotional disorders interactive effects will occur. For example, in emotional disorders will be found anxiety states with a high level of conditionability and also
conditions with a strong historical component, in which conditionability was less. It is necessary then to consider conditionability as argued previously, but also to go beyond this to look for other clues as to features which may later be important in remission.

Rutter (1977) as stated earlier, claims there is evidence for the validity of broad categories of disorders. A brief look at some of these categories of disorders suggests that there may be different correlations for the disorders and thus it may not simply be the diagnosis which is relevant to outcome, but also features associated with it. Just one example of this is that, for children, family discord and disruption have been found to be associated with disturbances of conduct (Rutter & Madge 1976) while they are not particularly associated with emotional disturbances (Bennett 1960, Wardle 1961, Rutter 1971). Other examples are available for other conditions.

Rutter (1977) argues that:

"In short, although there is a far from one-to-one association between family background and the type of child psychiatric disorders, family features do differentiate significantly between emotional disturbances, hyperkineses and conduct disorders (which are rather similar to background) infantile autism and schizophrenia".

It appears then that since disorders which differ in rates of remission, may also have different correlates, the study of such correlates may be of help in explaining the difference in rates. This area will therefore be taken up. Such findings also somewhat extend the range of factors which need to be taken into account.

The studies above highlighted the distinction between rates of remission for different disorders. The existence of this difference has now been well established in the literature and there is little to be gained by elaborating the point further. (The reader may wish to refer to the citations previously given).
However, two issues arise from this factor, relevant to the issue of remission.

1) If certain behaviour (i.e. conduct disorders) are predictive of later disorder, how specific is that prediction?

2) If, as Rutter (1977) suggests, certain environmental correlates separate disorders, would specific correlates be found more often in disorders having low rates of remission?

These issues will be considered. The specificity of prediction will be reviewed with particular reference to a recent study by Dowling (1978). The issue of differences in correlation between disorders will be examined by briefly reviewing outcome and correlates for different types of disorder.

The task in both cases is complicated by the fact that, although the literature on correlation of disorder is vast, many fewer long-term studies have been undertaken, which help to unravel the conflicting components. Additionally, definitions of disorders vary from study to study, and there is far from 100% agreement on the importance of a given factor. A review such as that undertaken here, can make no pretence at adequacy of coverage. All that can be achieved is to elicit a general pattern and possible hypothesis, which can then be the subject of experimental test.

Predictions from behaviour - specific or general

One study only will be considered in this section, since its findings do reflect the literature fairly well and as it does represent a follow-up study of children is directly relevant to this present endeavour.

Dowling (1978), in a study of 400+ children, followed from primary to secondary school, set out to determine how accurately one
could predict children who would have adjustment problems after transfer. Information from tests, questions and ratings were compared with outcome variables of behaviour, attitudes to school and attendance. The data were analysed in terms of each of nine predictor variables, in forecasting each of the criterion variables. The efficiency of the predictors in combination was also evaluated. It was found that predictive accuracy was generally low. Of the four criteria, attendance was predicted most accurately, with 49% of the variance accounted for. Attitude to school was least accurately predicted. The inclusion of more than one prediction variable did little to improve the accuracy of predictions. Behaviour in the primary school was the best single predictor of teachers' ratings of behaviour after transfer. Sex (male) and primary school attendance were the best predictors of attitude to school and secondary attendance, respectively.

Pumfrey and Ward (quoted in Dowling 1978) similarly, in their study found that an initial measure of behaviour was the best predictor and little was gained by including more than a few variables. He also provided definite support for Robbins (1966) regarding differential prognosis of neurotic and anti-social behaviour - anti-social behaviours were more persistent than neurotic types. Some support was found for Clarizio's (1968) view that only profound disorders predict later disfunction reasonably well - in that all children with severe problems had difficulty after transfer. West (1977) has also found that combining predictors added very little, with behaviour being the best single predictor of later outcome.

Dowling concludes that the accuracy of prediction is too low to identify 'at risk' groups, but does suggest that more diligent monitoring by secondary teachers would be useful. Some schools do pick up those needing support, but others do not. He suggests that 'simple screening devices added to teacher monitoring would assist the process.
It appears therefore from several studies, that the diagnosis - neurotic or conduct - relates to remission along a continuum from good to poor respectively. It also appears that actual behaviour is the best predictor of later behaviour. However, while predictions may sometimes be specific, such as Dowling's "attendance predicts attendance", it is also the case that a particular behaviour might predict a wide range of other disorders. (Robbins 1966). The specificity of prediction is therefore open to question.

Predisposing factors within disorders.

Since it has already been established that remission varies along a dimension from emotional, through habit and mixed disorders to conduct disorder, this section will review conditions fitting within segments of this dimension. Several recent texts have been used as a source. (Rutter & Hersov 1977, Hersov, Berger, Shaffer 1978, Wall 1979, Trasler & Farrington 1979). Hopefully, in order to simplify an otherwise complicated set of findings, studies are reviewed briefly by behaviour type with conclusions drawn at the end.

Emotional disorders

Emotional disorders cover a wide range of conditions present in childhood: discussed below are anxiety states, phobias, hysteria, obsessions and depressions.

Anxiety states

While anxiety is a normal response to stress, when present in an abnormal degree, an anxiety state may develop. Such states can exist in 'stable children', as a response to extreme stress, e.g. hospitalisation, and no predisposing feature of family or history are necessarily indicated. (Hersov 1977). However, it may arise as an accentuation of a pre-existing tendency to react with undue anxiety to common stresses (Lader 1972, Cattell et al 1974). Thomas et al (1968) sees this in terms of a temperamental variation which may be genetically or environmentally
determined. The existence of contagion (by imitation of parents, Eisenburg 1958) and labelling of the child's behaviour and consequent reinforcement, is also implicated. Anxiety states may also co-exist with other conditions such as phobia, hysteria, obsessions or depression, the diagnosis being largely a matter of degree. (Hersov 1977).

The usually transient nature of anxiety states is notable, as it is the usual presence of specific precipitating factors without any necessary predisposing elements (Lader 1972).

**Phobias**

Phobias consist of an abnormally intensive dread of certain neutral objects or situations. They must be differentiated from normal fear reactions to a genuine threat (Marks 1969). There are a variety of explanatory theories, of which that based on learning theory receives most support (Eysenck & Rachman 1968). Essentially, it is argued that a phobia is a learned response maintained by escape from the feared object (negative reinforcement) with secondary positive reinforcement for the behaviour. The individual, for example, fearing a spider, becomes anxious, and by running away, reduces his anxiety. Parents offering sympathy to the child, rather than support for coping with the feared object, additionally reinforce the phobic reaction. While a learning theory approach appears valid, it is also clear that phobias have a developmental basis, that is, they tend to appear regularly at specific points. (Illingworth 1975). It is therefore, also possible to see them as normal reactions which have outlived their usefulness.

Phobias usually respond well to treatment, but also remit over time and consequently there is lack of strong evidence to prove that treatment hastens recovery. (Hersov 1977). Lack of sensible parental handling, or lack of exposure to the normal events which bring about remission, therefore have to be considered as possible factors of importance, (Rutter et al 1970), rather than specific predispositions.
Hysteria

Hysterical loss of vision, use of limbs etc., while present, but rare in childhood becomes three times as common after puberty. The literature on childhood is limited; it is also the case that organic illness is often mistakenly diagnosed as hysteria, but the latter tends to more rapid onset and a family history of hysterical reaction (Caplan 1970). While it is equally common in boys and girls prior to puberty, it becomes more common in girls subsequently. (Hersov 1977).

The concept of the 'sick role' in which the child learns the benefits of being 'ill', seems to achieve most support as an explanation (Mechanic 1962). Most children recover fairly quickly, particularly if given escape with honour from the role (Caplan 1970).

Obsessions

Mild obsessions and rituals are a normal part of development and are very common in childhood (Gessell et al 1974), but fully developed obsessional disorders are uncommon (Rutter et al 1975, Judd 1965). It is suggested (Meyer & Chesser 1970) that they are a learned avoidance reaction and where they persist, parents usually become involved in their performance.

Remission without treatment is good in minor cases, but where the pattern is well established, the outcome is often poor (Adams 1973).

Depression

While everyone exhibits mood changes and feelings of sadness, particularly in relation to stressful events, the undue prolongation of such feelings to the extent that they become handicapping, marks depressive disorder (Batchelor 1969). Thus, depression is a normal reaction, which may become disordered (Wolpe 1973).

Depressive disorder is said to be rare in childhood, but increases with adolescence, as does suicide (Shaffer 1974). While depressive symptoms are quite common in children with various psychiatric disorders, its form may be masked by other behaviours (Shaffer 1974, Cytryn & McKnew 1972). This confusion makes data an outcome difficult
to obtain, particularly in the absence of controlled long-term studies. However, Lane (1976) has indicated that in comparative ratings by teachers and children on the child's behaviour, the child often sees a depressed side to himself which the teacher does not. As the quiet depressed child presents no problem to the teacher in class, it is possible that much depression goes unrecognised and therefore is not referred for professional help.

Comments on emotional disorders

Most emotional disorders of childhood, treated or not, improve (Graham 1977). Many of the behaviours are seen as time located, that is are developmentally normal at one point, but not another, and are widely distributed in the population (Hersov 1977). The evidence of clear precipitating factors and the absence of predisposing factors in many such conditions, supported by a tendency to emotional/temperament and possibly imitation or parental support, are the main features of the emotional disorders concerned.

Habit and mixed disorder

The next group of conditions considered, fall part-way between the emotional disorders above and conduct disorders to be considered later, in terms of outcome.

Enuresis

Enuresis can be viewed as a socially unacceptable response that has persisted, either because the social reinforcement or social inhibiting influences normally acting have not been optional, or because biological deviance renders them inadequate.

Obviously, it is normally occurring behaviour, that is all children wet the bed and even by the age of seven, up to 15% of children are still doing so. (Rutter et al 1973). The incidence at older ages is higher for boys (Oppel et al 1968). A variety of factors appear associated with a higher incidence. These include : genetic predisposition (Hallgren 1960, Bakwin 1973), infection (Savage et al 1969), bladder abnormalities (Mahony & Lafete 1973) and unhappy
families and institutional placement (Douglas 1973).

Enuresis as a symptom may be present in both emotional and conduct disorders, as well as being an isolated problem. When specific, it responds well to treatment by conditioning methods.

**Tics**

Tics (purposeless movements) rarely occur before the age of 3 or 4 and reach a peak at 6 or 7 (Mahler et al 1945). 10% of children exhibit them at this age (Mcfarlane et al 1954). It is usually a transitory phenomenon (Corbett 1977). Boys are two or three times more prone than girls (Zausner 1954), while traditionally, they were seen and explained psychodynamically in terms of specific emotional trauma, it is now clear that this view is inadequate (Corbett 1977). Most children show also prior symptoms of overactivity, impulsivity etc., which suggests an underlying temperamental vulnerability (Mahler et al 1945). A slight excess of EEG abnormalities is also noted (Field et al 1966), together with slight superiority in coding on IQ tests (Corbett et al 1969), possibly indicating over-learned motor behaviour (Crown 1953). A high level of psychiatric disturbance in parents and other associated behaviour in the child, such as speech problems, obsessions and developmental delay indicate a combination of aetiological factors (Corbett et al 1969). Tics also seem to develop within a developmental pattern, that is, they start with eye blinks and gradually extend to other motor behaviour, working down the body. Recovery is usually in the reverse order.

Thus, biological immaturity as a predisposing element linked with learning and temperamental vulnerability is indicated.

**School refusal**

The area of school refusal (phobia or truancy), is probably the most confused in the entire clinical literature, in spite of the vast number of publications devoted to it (Green 1980, managed to find 437 publications on the subject). Dispute over terms and causes
Recent evidence (Green 1980) has drawn attention to the fact that non-attendance is much more widely distributed than previously thought. It is also a time-located behaviour with peaks at five, seven, eleven and fourteen, or it might be noted at points of transition in education. (Hersov 1977). Remission without treatment is common, although when it persists to fourteen-plus, it is unlikely to improve. Evidence of administrative 'processing' (Green 1980) suggests that, at this age, teachers may reinforce non-attendance.

School refusal as a symptom seems to encompass the entire range of emotional and conduct disorders. Thus, in its phobic form, it remits rapidly and is not associated with other disorders, whereas as part of conduct disorder, it is associated with a variety of disturbance in the child and family. The closer to the phobic type of the behaviour seen in an individual child, the greater are the chances of remission, but, as the child more clearly approximates to conduct disorder, the rate of remission falls. (Kennedy 1965).

Comments on habit and mixed disorders

The increase in associated behaviour difficulties within the conditions discussed, together with higher rates of predisposing factors, and particularly the increased tendency of boys to predominate is notable.

Conduct and learning disorders

A variety of conditions are considered, which show a poor rate of remission. They are seen to share an established set of predisposing factors.

Hyperkinetic syndrome

Hyperkinetic syndrome usually refers to behaviours marked by hyperactivity, distractibility and short attention span, but additionally, anti-social behaviour cognitive and learning disorders may be present.
The term covers a heterogeneous group of children and consequently differing aetiologies and outcome (Fish 1971).

It is thought that it may possibly be genetic (Morrison & Stewart 1974) and include structural abnormalities of the brain (Ingram 1956) and of physiological arousal (Werry 1972). Boys predominate (Werry 1968), although very wide incidence figures are reported (between 2% and 20%) in different studies. (Rutter et al 1970, Prechtl & Stemmer 1962).

Symptoms of hyperactivity sometimes diminish with age, but the prognosis is often poor (Menkes et al 1967), since the other aspects (anti-social behaviour and learning retardation) may persist. Unfortunately, as is so often the case, there is a shortage of good long-term studies, and no specific predictors of outcome are available (Menkes et al 1967).

However, general factors which have been suggested as important include: parental problems, (Mendelson et al 1971), initial high level of aggression, low IQ, low social class and definite neurological abnormalities (Minde et al 1972).

Although a variety of treatments are commonly used, there is no strong evidence that any significantly affect long-term outcome. (Cantwell 1977).

**Language disorders**

The area of language disorders is too broad to be contained within one section, and therefore speech and reading problems will be briefly considered. However some of the more general points apply more widely.

Defects of speech are one of the commonest handicaps in children. Between 10% and 13% of seven year olds have some degree of speech handicap. (Morley 1957). Boys predominate in this group (by 2 to 1, Butler et al 1975) and speech defects are often associated with hearing difficulties and order and social class. (Wall 1979). The patterns are extremely complex and varied and consequently therapeutic help must be equally diverse. However, any speech defect may have
consequences for later learning, and particularly for reading
difficulties (Butler et al 1975).

Rutter & Yule (1975) distinguish between two types of reading
difficulty - general reading backwardness and specific reading
retardation. The former is related more frequently with overt
neurological disorder, socially disadvantaged homes and low IQ, while
the latter relates to specific speech and language impairments, average
IQ and developmental difficulties.

Unfortunately, little is known about prognosis into adult life;
such data is available (Rutter, Tizard & Whitmore 1970) suggests a poor
response with specific reading retardation likely to persist.

**Aggressive conduct disorder**

Aggression was traditionally thought to be a 'natural' response
to frustration. Yet societies differ enormously in their degree of
aggressiveness (Whitting & Child 1953) and it is consistently argued
that different social classes within a society differ in the degree to
which they tolerate or encourage aggression (Klein 1965). Therefore it
is not simply 'natural', but responsive to training. However, general
aggressiveness apart, the existence of conduct disorders, (anti-social
behaviour/aggression) is thought to affect between 4% and 13% of children,
depending on the criteria used. (Rutter et al 1970, Stott et al 1975,
Lane 1970).

It is not simply the case, therefore, as some have argued, that
severe conduct disturbance is a response of working class children, to
frustration (Cloward & Ohlin 1961), but is, as Stott et al (1975) has
argued, likely to reflect a broader basis of possible constitutional
disorder.

In addition to sex mentioned above, and personality, mentioned
previously, certain factors do appear significantly associated with an
increased risk of conduct disorder. These include constitutional factors
(Stott et al 1975) and family difficulties (Rutter 1975). Also specific
patterns of child rearing appear to be predictive of difficulties. For example, punitive parents produce punitive children. (Sears et al 1957). Bandura & Walters (1959) and Farrington (1978) found that aggression as a trait seems remarkably consistent from the age of 8-18 years. The aggressive child is liable to become the aggressive adult. The potential role of brain disorders also needs to be considered, since aggressive behaviours are associated with conditions such as epilepsy (Batchelor 1969, Rutter & Graham 1968). EEG abnormalities are not uncommon in aggressive children. The data on the latter however, are of variable quality and conclusions are difficult (Harris 1978).

Delinquency

West (1977) in common with most researchers, has argued that while some minor law breaking is a norm among youth, persistent law breaking that becomes official in the form of convictions is much rarer. Since convictions for delinquency are a legal rather than a clinical label, the legal system bias must be kept in mind. That is, being middle class and of high IQ, as compared to working class and of low IQ, is a protection against conviction for an offence, but not necessarily against commission of an offence. As Cohen succinctly puts it: "Studies of the prison population indicate that it consists largely of people who had not only had the bad luck to be caught, but further compounded the felony by having previously had the bad luck to be poor, black and/or young." (Cohen 1973).

Nevertheless, persistent delinquency does seem to correlate with a range of difficulties and cannot simply be viewed as a cultural artefact as West & Farrington (1973) and Stott (et al 1975) demonstrate. Being male, coming from a poor home, or large family, having a criminal father or sibling, suffering from inept parenting or below average intelligence, does relate to both official delinquency and self-reported law-breaking. (West & Farrington 1973). There is also a clear relationship between behaviour disorder, including delinquency and higher
rates of physical ill-health (Stott et al 1975, Lane 1978) and certainly for the more extreme types of conduct disorders, genetic factors (Shields & Slater 1960) and EEG abnormalities are present.

Comments on conduct and learning disorder

A tendency, as behaviours are considered with high to low rates of remission for increased evidence of clear predisposition and multiplicity of factors to occur, is notable. Groups showing least remission do appear to share more predisposing correlates.

Conclusion

The review above, in one key respect, echoed the conclusions earlier: that the diagnosis itself is a key predictor of outcome. Most emotional disorders of childhood (treated or not) improve. Where they do persist, they tend to resemble adult disorders (that is, the prediction for neurotic behaviour is specific), but adequate criteria to differentiate those likely to persist are lacking. (Hersov 1977). It is also clear that many 'neurotic' traits are widely distributed in the population and are commonly time-located. Nevertheless, it is clear that 'conduct' rather than 'neurotic' disorders show both low rates of remission and high rates of established factors of predisposition.

The question therefore arises of whether or not the behaviour or its correlates generate the pattern of remission. The specificity of the prediction is critical in this respect, for if specific behaviours are predictive beyond the level of prediction obtained from knowledge of predisposing correlates, then the behaviour itself does become the necessary focus of attention. Support for the position that behaviour does specifically predict later outcome more strongly than general environmental correlates does receive some support from studies such as those of Dowling. The limitation on this is that frequently, it is later problems in general, rather than problems in particular, which are predicted. This factor, plus the general preponderance of
features of disadvantage in groups showing disorders which traditionally have a poor outcome, makes it difficult to clarify the relative importance of the factors involved.

It would therefore, be valuable to establish, based on outcome over time, not only that certain behaviours, or conducts, predicted outcome, but also the differences in outcome within problem groups.

Thereby, it might become possible to establish characteristics shared by improvers or non-improvers, independent of the diagnosis.

**Multiple environmental stress in the study of failure**

Certain demographic factors consistently appear in the literature across a range of disorders. Thus, characteristics such as age, sex, social class, family community and school are frequently mentioned as cause and effect. (Wall 1979). The actual role of these elements however, is a matter of some dispute, and traditionally respected notions of the relationship of say, failure and social class are now under attack. (Stott et al 1975). Aspects of these were taken up at different points above, and were reviewed elsewhere (Lane 1978). Some preliminary conclusions are in order.

**Age** - Considerable deviation in patterns across age groups are noted for certain behaviours. Some are time-located, while others occur and re-occur at different points. This makes any comparisons and predictions difficult. However, since some behaviours may be more persistent than others (Stott 1971), an understanding of such variation is necessary.

**Sex** - Sex differences in behaviour are among the most consistent in the literature. Throughout a whole range of problems, physical, learning and behaviour, different rates are present. Of particular interest is the tendency of boys to predominate, in certain categories. Conduct disorders, particularly aggressive behaviours for example, are more frequently reported in boys. The few girls who also exhibit such patterns are therefore of particular interest.
Social class - Until recently, it was generally assumed that social class was significantly associated with specific patterns of disorder. While such correlations exist, doubt has been cast increasingly on the explanations offered (Rutter et al 1970). Additionally, the social class differences discovered in some studies are small, and in terms of their relationship to severe disorder, not significant (Stott 1971). Particular care in the interpretation of social class variables is then necessary.

Family - Differences in family interaction has been long argued as important for disorder. The issue is complicated however, by the differences in effect between boys and girls. The former seem more affected. No simple relationships therefore exist. A persistent finding is that between size of family, school, failure and behaviour problems; although again, this partly is confounded by sex difference.

Community - A variety of community studies have in the past stressed the relationship between neighbourhood and conduct. More recently, the broad assumptions of 'contagion' effects within particular areas have been questioned.

School - The role of the school in preventing and creating failure has belatedly taken its place as an area of study, although no firm conclusions are currently possible.

Many of the assumptions generally held on the relationship between disorder and demographic factors are now being questioned. Even those that remain are confounded by other variables. Nevertheless, studies within these areas give rise to a major alternative theoretical position on disorder and remission, and that is the concept of multiple stress and impairment. Stott (1975), Wall (1979) and Rutter (1978) in different ways and from a different base, all proposed similar explanations.

If any one general conclusion is possible, from studies such as those of Wall, Rutter and Stott, it is that disorders having a poor
long-term outcome, relate to a variety of stresses rather than any
single cause. (Wall 1979). Yet, even this comprehensive and
consequently not very enlightening suggestion is in large measure an
assumption, since data is very limited. For, although we have some
idea of the factors which correlate with disorders of poor outcome,
we have less idea of maintaining elements; and we have virtually no
idea at all of the events which can redirect the 'star-crossed' child
from his fate. Nevertheless, the idea of 'multiple stressors' which
in different ways they all present, represents a key concept as a
potential explanation of remission or its lack. One would presumably
argue that individuals facing multiple stresses were not only more
likely than those with single stresses to have disorders, but also
were less likely to recover from them.

Stott's large-scale study of conduct disorders produced
evidence for his concept of multiple impairment. Because of the
importance of this concept, these conclusions are quoted in some detail.
Stott and associates, using the BSAG, studied approximately 2,500
pupils across the age and cultural range, for school pupils. The
conclusions of the study are as follows:

1. Sex - There was a preponderance amongst males of
   maladjustment, but this was restricted entirely to
   the overreactive form, the score being twice that
   for girls. Underreactive disorders were also more
   common, although not significantly so, in boys.
   This sex difference cannot be explained simply in
   cultural terms, since although it is assumed that
   aggressive behaviour is more permitted or
   encouraged in boys, the same cannot be said of
   withdrawal, which was also twice as common.

2. Age - No trend in underreactive disorders by age
   was noted. The behaviour indicating underreactive
maladjustment were remarkably consistent, irrespective of age. Overreactive behaviours also changed much less than many would expect. The exceptions were a tendency for older pupils to get on better with age peers and gain more control of aggressive responses to frustration, but also to become more hostile and domineering.

3. Social class - A trend for higher rates of disturbance to occur the lower the social class of the individual was noted. This only barely reached significance when comparing the highest and lowest class category and was most particularly marked in the 5-8 year old group among girls and was confined to the severest category. Thus, no general social class/maladjustment tendency as a cultural artifact was apparent, rather a congenital/adverse post-natal environment conception seems more realistic.

4. Urban/rural - Rural children were better adjusted than urban children, although this only reached significance for overreactivity amongst boys. This could not be accounted for by social class difference, since rural incomes were generally lower.

5. Ill health - A pronounced tendency for maladjustment and ill health to go together occurred. This together with other data, demonstrated an interrelationship of disease, mental retardation and temperamental impairment. This is most feasibly explained by a common congenital origin for both behavioural and somatic impairment, with a determinant for each of the main forms of maladjustment. (Congenital covers both inherited constitution and the effects taking place
prior to birth in the intra uterine environment).

6. Motor impairment - A consistent relationship between motor impairment and maladjustment, with inconsequence having the closest association, was demonstrated.

7. Delinquency - Similarities in degree of maladjustment, irrespective of social class among delinquents, casts doubt on a cultural infection theory of delinquency.

On the basis of this considerable data, Stott argues for a multiple congenital impairment conception of maladjusted behaviour. Girls were less subject to this condition than boys, (and are less subject to problems generally) although when girls are affected they are more definitely so. Various morbid conditions such as poor motor co-ordination, speech defect, respiratory conditions, poor hearing, etc., were found to be significantly associated with each of the five core syndromic groups on BSAG. Where an individual suffered from more than one such condition, a striking increase in maladjustment occurred, the least healthy, showing between two and four times as much maladjustment. This consistent pattern across syndromic types suggests not a simple 'depressive effect of illness' explanation, but the more fundamental relationship, that of a common congenital origin for behavioural and somatic impairments.

The common origin suggested (although this requires further confirmation) is one of neurological dysfunction. The implications of this are discussed in more detail in Stott's work, but, as he argues, "Proof has no part in empirical science, because it implies rejection of other possibilities". The data he presents represents a strengthening of the probability that as he and others show (Pasamanick & Knobloch 1960) the unborn child is susceptible to the mother's exposure to stress, causing physical and behavioural disturbance. Among individuals subjected to stress (as are lower working class mothers with severe financial and environmental hardships) a greater vulnerability to later problems occurs. The vulnerability is in the nature of a predisposition (not a guarantee)
that if later postnatal stress is encountered, it will result in an actualisation of maladjustment.

Social and cultural determinants clearly play a part in this, but their nature, while very real, is of a different character to that often supposed. The sex difference is critical in this argument, since it was demonstrated that conformity to culturally determined sex roles could not explain the difference in degree of maladjustment between boys and girls. Rather, the greater incidence of maladjustment amongst boys parallels the greater likelihood of other defects and non-epidemic illnesses, pointing to a genetic determinant.

It is thought that the likelihood of pre-natal insult having an effect is determined by the genetic constitution of the embryo and the mother. "In short, pre-natal stress can prove noxious by triggering off genetic predispositions". (Stott et al 1975).

Rutter (1978) has summarised various environmental influences in the genesis of conduct disorder. Based on his series of epidemiological studies, he concludes that environmental factors are multiple and interact with features such as genetic vulnerability and personality characteristics of the child. Single chronic stresses are seen as unimportant, the damage coming from multiple stress, interacting with constitutional features to potentiate each other's influence. Thus, the reasons why some children improve and others do not, would be seen to lie in the balance of good and bad influences experienced by the child in the process of development. Wall (1979), reviewing a wider basis of evidence in several areas of handicap makes a similar point. However, certain problems are raised for any attempt to relate these concepts in a follow-up study of behaviour disorder. First, many disorders are defined solely as behaviour present beyond the developmentally 'normal' time. Therefore what is normal at one age, is abnormal at another. Second, the same problem behaviour takes on a 'different' prognosis at different stages. Thus, certain learning
problems have a good prognosis in young children, but not in adolescence. Third, the same behaviour is defined differently by age. For example, stealing is non-criminal in young children, but criminal in adolescents. These difficulties, together with shortage of longitudinal studies make the task of identifying factors of influence independent of diagnosis difficult.

Perhaps one can put the case no stronger than that certain areas, additional to the traditional concerns of family, community and school, appear as good candidates for a role in remission from disorder within the framework of a theory of multiple impairment and stress.

The main candidates are as follows:

Genetic vulnerability (Shields 1977).

Brain damage/neurological signs (Rutter et al 1970).

Multiple congenital impairments (Stott et al 1975).

Temperamental problems early in childhood (Thomas et al 1968).

Conduct disorders at school (Osborn & West 1978).

Learning difficulties at school (Rutter & Yule 1975).

Family discord, a specific disorder and criminality in parents (Osborn & West 1978).

Poor peer relationships and isolation from friendships (Ullman & Giovanni 1964, Lane 1978).


However, while these features have been correlated with the occurrence of disorders, particularly those with a poor outcome, their exact role is certainly not established. They may act as predisposing factors, making acquisition of a disorder more likely. Whether they additionally have a role in the maintenance of these behaviours is less clear, as argued by Yule (1978), factors involved in maintenance and acquisition may be quite distinct. It is nevertheless valid to argue that multiple environmental stresses do provide a potential explanation of why some children improve and others do not. That explanation lies in the balance of good and bad influences experienced by the child.
In the process of development (Rutter 1979), one can conclude with Wall (1979) that there are few cases where one cause predominates; much more common is a combination of small or more serious impediments acting like 'straws on the proverbial camel's back'. Wall does, it must be noted, add an important observation which serves to question any premature attempt to link specific predispositions with outcome. It is, he states, "...one of the most striking facts to come from research - that almost any combination of adverse factors may be associated with failure, or be found in success: indeed, the only difference which can be fully established is that failing children have in their background, on the average more adverse factors than do successful children."

Difficulties therefore remain, but for the present it is clear that the multiple stresses encountered by the child must be considered, as also must the relationship between the behavioural features seen, and later outcome. The problem lies in interpreting the interplay of these factors, so that some movement be made towards meeting Rachman's pleas for understanding of life events and the process of remission.

Some preliminary points in considering this area are outlined.

**Fortuitous life events and the process of remission.**

While a range of factors may correlate with outcome, during the life history of an individual change often takes place in small ways, at given - possibly critical - moments. The literature on such critical moments is most notable by its absence. It seems reasonable to argue, as does Wall (1979) that a balance of good and bad influences may be at work, but a clear picture of such influence is missing.

"We are in a situation where the pressures of deficits of an environment may or may not be matched by the resources that the individual can mobilize for himself, i.e. his assets, like general level of ability, or that can be mobilized for
him by those who make up his human environment. If the threshold of difficulty is low and the resources reasonably high, then the balance will move to success; if the threshold of difficulty is high and the resources are low, then failure will accumulate". (Wall 1979).

The problem is that it is extremely difficult to achieve any understanding of events which may change in subtle ways over considerable periods of time.

A research model in which 'tests' are administered and re-administered at given intervals fails to identify these fortuitous events. They point only to general correlations (Davis et al 1972, Rutter et al 1970, Osborn & West 1979). Similarly, while clinical case studies (Carkhuff & Berenson 1967, Genlin 1976) can often elicit factors of influence at a given moment in time, usually the follow-up period employed by clinicians is so short, and objective valuation so limited, that the wider range of factors impinging on the client is lost. The understanding of fortuitous events therefore, requires the combination of the intimate knowledge of clinical case study, with the time-scale and objective test of longitudinal research. Such understanding is probably only possible on the basis of a 'cumulative record' by practitioners, who maintain contacts with their clients over many years, but who also ensure that their conception of the case is backed by objective external validation. Such records are few.

Most of the work in this area, such as that of Buhler, is thirty years or more old. However, recently interest in this area has increased, although it remains a relatively unpopular area of study. The potential that might be discovered in such cumulative records makes it a valuable endeavour. The key to understanding critical moments in the life history of an individual, and relating that individual experience to the broader question of remission, may lie in the use of such records to test theoretical models. Thus, concepts of personality
and multiple stress could be examined in the light of a life history. For example, the question could be asked as to whether changes in the level of stress experienced lead to any change in behaviour. By asking such questions repeatedly, over a series of cases, clues as to the impact of fortuitous events might emerge.

The life histories of individuals may also serve the vital role of reminding one that in the maze of concepts presented remains the central figure of the child in need.

The problem, as far as this current study is concerned, is to link case study and experimental test. It is later attempted by specifying points of change and any corresponding life events. While this is a possible procedure, it loses much of the richness of detail of a case study analysis. The possibility of using case study analysis is subsequently explored by reference to one twenty year individual history. That history serves only to chart the possibilities, a full case study approach being left for further research. The more specific correlational approach is preferred for this present endeavour.

**Conclusion and resume**

This chapter originally proposed three areas as partial explanations of remission and also posed a question:

"What do we need to consider if the process by which some children who present behavioural problems improve and others do not, is to be understood?"

There appear to be three areas mainly of interest.

1. The influence of predisposing events.
   These include Eysenck's arguments on the influence of personality on response and the concept of multiple stress.
2. Certain behaviours seem more resistant to change. The fact that behaviours do vary in their rate of remission indicates that some (particular anxiety, rather than conduct disorders) do seem more prone to spontaneous remission.


Certain themes emerge to provide potential theoretical models of remission. These, as stated at the beginning of this chapter, will provide the foundations for this current study. The themes are:

1. The idea that there are differences in conditionability to which specific personality factors contribute. (Eysenck's model).

2. The existence of various environmental correlates of disorder, giving rise to the concept of multiple stress. (Rutter & Wall's models).

3. The view that behaviour is its own best predictor of future events. (Levitt, Robins & Dowling's models).

Each of these themes will be explored experimentally. Subsequently, only areas which stand up to such scrutiny will be used to examine the histories of groups of pupils, to see if the contributions that the specific factors make to the lives of individuals can be demonstrated. This combination of experimental and historical material will, it is hoped, provide a framework for understanding the process of remission.

There are therefore a range of factors which need to be considered if an understanding of the process of remission from disorders in children is to be understood. The concept of spontaneous remission and studies of the effects of psychotherapy provide an initial impetus
to work in the field of remission. It has subsequently become clear that a broad range of factors has to be included, in order to achieve a level of understanding of benefit, not only conceptually, but also to the child.

It must never be forgotten that the subjects of this study are all individual children, with individual needs. As Wall (1979) remarks, "Some children seem hopelessly 'star-crossed' from the start. Everything is against them." Yet, in spite of that, a few make it. Why? It is hoped, at least in the limited case of children in this study, that this question can be unravelled.
The experimental analysis of hypotheses

The review contained in Chapter Two raised several issues and potential explanations. This section of the study starts the process of analysis by considering specific positions apparent in the literature. Since the various theoretical explanations offered in Chapter Two are independent, each area has been considered as a separate position paper. Thus, the three explanatory themes which emerged from the review are examined for the population of this study.

Eysenck's model

The role of personality features postulated by Eysenck can be examined fairly easily since Eysenck and Eysenck have developed and extensively tested a questionnaire to elicit the personality factors discussed earlier. A direct test of the theoretical position is therefore possible. A number of specific predictions are derived from the model as follows:

1. Anti-social behaviour should be more evident in pupils showing high levels of Psychoticism, Extraversion, and Neuroticism.

2. The general association between personality and anti-social behaviour proposed in point one above, is further extended into specific predictions on the relationship between personality and criminality. The factors of Psychoticism, Extraversion, and Neuroticism are again implicated.

3. In addition to the individual contributions of the personality factors, Eysenck and Eysenck have proposed a 'Criminality' measure based on the items from the questionnaire. This sub-scale is said to be potentially predictive of both behaviour problems in school and criminality.
An attempt to test these three areas will be undertaken using the Eysenck Personality Questionnaire (1975). A sample of pupils to be described later, was constructed for this purpose. The viability or otherwise of the conception of a relationship between personality and anti-social behaviour can thereby be established.

Multiple Stress

Unlike the study above, no clear cut framework to examine this area is available. The arguments explored in the review highlighted a number of variables which correlate with the existence of disorder and potentially to remission. However, as Wall (1969) pointed out it was multiple adversity rather than any single factor which was important. An attempt was made to construct a variety of measures based on data available, and follow up material subsequently obtained. Such a method is never completely satisfactory, but as long as the limitations of such data are respected a reasonable test of the multiple stress concept is possible. Therefore, several features of the records of groups of children (subject criteria to be described later) were examined to elicit factors indicating multiple stressors. Recorded data from infant through to the end of secondary school were included.

The concept of multiple stress is consequently examined on the basis of the picture of the child and his family as presented to the child's school. This represents a particular perspective but has the advantage of the long term view.

Behavioural Components

This aspect of the study presents a number of difficulties. There is little agreement on the basis to measure behaviour problems, but widespread agreement that they are significantly predictive. To this extent a study in which behaviour problems in general were not found to produce expected effects would be suspect. A measure of the validity of the sample used might be to take a sub-sample and examine it for such an effect. However, the argument is more complicated than that since, the question of the generality of any prediction for behaviour was raised.
in the review. The issue has now moved beyond the simple relationship between conduct problems in school (however measured) and later difficulties to the more complex question of the type of conduct problem likely to give rise to a given outcome. Nevertheless, before establishing a specific prediction it would be necessary to demonstrate that the more generally expected findings applied to the sample in question. Two areas are therefore considered.

1. The generally expected relationships between sex, conduct disorder in school and later criminality is examined. To the extent that the population in question reveals expected patterns further analysis is possible. The study, in effect, provides the justification for the more detailed look at behaviour and outcome. It does not of course answer the question but serves to begin to examine it. The particular measure chosen, The Bristol Social Adjustment Guide, (Revised form, Stott, 1971) is open to criticism, but then unfortunately are all the other measures of behaviour available. The BSAG has reasonable levels of reliability, (see appendix) and has the advantage of being widely used in other studies. Since Stott's Multiple impairment concept is the subject of consideration it additionally is valuable to use his measure.

The three areas examined above provide the starting point for the present study. They serve to establish whether there is a case to answer, not whether the case is proved. The primary concern of this
study is to consider the interrelationship of the different patterns in understanding remission from conduct disorders in children. Such a task, attempted in the subsequent factor analytic study, is only possible, however, if firstly the viability of including the three proposed areas is established. Only to the extent that significance is established for the measures proposed can they be usefully incorporated in the factor analysis.

The three areas examined in the review of the literature are therefore subject to a preliminary investigation.

The sample

As discussed in the first chapter of this study a number of problems arose in the development of this research. The original intention to establish a predictive instrument was abandoned, and a study to look at remission as a process was attempted instead. The sample initially established consisted of more data than were eventually used. It is, nevertheless described in general terms here, and the particular samples drawn from it are described as appropriate in the main body of the text.

Several schools, ten secondary and twenty primary, drawn from an urban and a rural area in south east England were used to develop a pool of subjects. Pupils from those schools were administered tests either as part of the study, or the results of tests routinely administered by the educational authorities were used for the purposes of the study. Recorded data on the pupils available from records kept by the schools and other agencies were also obtained. Various sample frames were established. Those used in the present study are described in relation to each experiment, but included, for example, 'pupils referred by the school to a child guidance clinic'. These sample frames were then available to test specific hypotheses when needed. Data on the pupils in the frames were collected and stored.
Follow up data were then collected by the author at different points depending on the purpose of the study. For example, in the follow up study of subsequent delinquency of pupils exhibiting conduct disorders, the pupils having been identified originally by their schools as presenting behaviour problems, were then followed for a specified number of years and data on convictions obtained by the author from official records. The actual method used varied between studies and therefore no description is attempted here. In order to avoid bias, between schools, areas, or other relevant features controls were introduced in each experiment based on appropriate factors for each experiment. The decision as to relevant control items was determined, and is described, for each study.

Two main published questionnaires were used in the study and these are described in the appendix, other measures are described in the body of the text. In some cases additional information on particular experimental studies is also contained in the appendix.

The description of the specific samples and methods follows, in the position papers.
The relationship between the personality components of Psychoticism, Extraversion and Neuroticism and level of conduct disorders

Summary

The relationship between the personality components of Psychoticism, Extraversion and Neuroticism and level of conduct disorder in a sample (N = 120) of school children is investigated.

Eysenck's (1970) argument that extraverts, because of their lower levels of conditionability should feature more prominently in groups showing higher levels of conduct disorder is tested. The later modification of this view to incorporate the role of psychoticism (Eysenck & Eysenck 1975) is also subjected to experimental test. Two alternative conceptions of the part played by neuroticism, either that it acts as an amplifying device (high N) or as a filter against pressure to change (low N), are considered.

The results support the hypotheses that conduct disordered children are characterised by high P and E and low N.

Introduction

The role of extraversion in the genesis of conduct disorders has been long argued (Eysenck 1970). That it has an impact has been established, although problems in translating the general concept of anti-social behaviour into specific predictions of delinquency have been encountered (Eysenck & Eysenck 1975). The role of personality in delinquency is the subject of a separate study; in this current study it is conduct disorder which is considered.

It has been argued that the individual's personality influences his response to the experiences he encounters. Introverted individuals condition more readily than the extraverted, that is, they learn a new response in fewer experiences of it. Therefore, it is suggested that the
extraverted would be likely to have a deficit of conditioned socialised responses. The position taken by extraversion is therefore clear.

The role of neuroticism is less so. Eysenck argues that high levels of $N$, will act as an amplifying device on whatever tendency was present, thus anti-social children would be seen as both high $E$ and $N$. An alternative position supported by Pierson (1969) sees delinquent youth as individuals who are resistant to normal pressures to change because they lack anxiety. While this position is not necessarily directly translated into anti-social behaviour and $N$, it is a view which receives other support. Trasler (1964) has argued that individuals whose learning within the family has been inconsistent or unrewarding will be deprived of opportunities for acquiring normal social anxieties and will therefore be comparatively invulnerable to social pressure and remain undersocialised. Lane (1978) has argued that it is extraverted stable ($E$, and $N$) individuals who are likely to have socialised behaviour difficulties, whereas Allsopp and Feldman (1974) have demonstrated that anti-social schoolgirls showed both high $E$ and $N$.

Thus, two alternative hypotheses on the role of $N$ are examined, one linking high $N$ and the other low $N$ with conduct disorder. More recently, Eysenck & Eysenck (1975) have pointed to the impact of Psychoticism ($P$) in anti-social behaviour. High levels of $P$ are linked with a range of more serious disorders of character. This position has received support from Eysenck & Eysenck (1975) and also from the Allsopp and Feldman (1974) study and additionally from Lane (1974, 1976, 1978, 1982).

The role of the Lie Scale score in the Eysenck Personality Questionnaire also needs attention and the pattern for this is also explored.

In this study therefore, specific predictions are possible linking scores on the Eysenck Personality Questionnaire (1975) with levels of conduct disorder in children. It is argued that children
showing higher levels of conduct disorder will show correspondingly high levels of P and E. Two alternative positions for N are considered, one for higher the other low scores on N. Low lie scale scores are also predicted for conduct disordered groups.

Subjects

Sets of pupils meeting certain criteria were established from samples taken within various schools. Thereby, a sample frame was established. From within the frame "children with severe disorders", a random selection of twenty boys and twenty girls was obtained. From within the frames, "children with some disorder" and children with 'no problems', further samples were selected to match those of the severe group by age and sex. The classification of the groups was as follows:

1. No problem: To count as a pupil presenting no problem, the school had to confirm from records that the pupil had not been formally reported for behaviour difficulties to a senior member of staff.

2. Some problem: To count as a pupil presenting some problems, the school had to confirm from records that the pupil had been formally reported for behaviour difficulties to a senior member of staff, but not more often than once a week in the previous term. Additionally, the school had to confirm that no outside help was being sought to deal with the child in question.

3. Severe problem: To count as a pupil with severe problems, the school had to confirm that the pupil was in trouble at least once a week in the previous term, and that some form of additional professional support was current, or had been offered.
A classification of this type is administrative rather than descriptive. Given that the secondary schools from the main sample are used for the study and that a variety of views are likely both across and within schools as to what constitutes a behaviour problem, some determining criterion is necessary. The pupils within the age group 12 to 14 years were selected, and a senior member of staff had to make the criterion judgement for each pupil. The random selection (by random number allocation) procedure was then applied to produce a sample of 120 pupils of equal numbers of each sex.

Method

As West and Farrington (1973) indicate, a variety of measures of conduct disorder produce similarly significant results. Thus one might ask teachers simply to nominate those pupils most likely to become delinquent, or elicit descriptions of pupils and score the number of unfavourable comments. The BSAG might also have been used. However, in this case an administrative criteria was chosen, the reasons, require comment.

The BSAG was not used because it was to be used in later studies. Its repeated administration on several samples would have increased the risk of shrinkage discussed earlier. Asking teachers to fill in a questionnaire to identify pupils who were presenting problems was thought to be unsatisfactory, because no check on the level of under or over reporting would be available. If on the other hand based on existing records the child had already been reported, and the number of occasions on which this had occurred could be determined, at least one could be certain that the child's difficulties were genuinely a cause for concern. In addition if the level of concern had resulted in a referral for specialist help, in that schools terms the difficulty was beyond a level normally contained. Thus, although the schools might vary as to the
level or type of problem they considered as conduct disordered, control was available within the sample. A child in school 'A' defined as a severe problem of conduct was clearly seen as more difficult than his conterpart in the same school defined as no problem.

Once the pupils were selected they were asked in small groups under the supervision of a member of staff of the school to complete the Eysenck Personality Questionnaire (1975 Edition). They were told that the Questionnaire was part of a research study and that the results would not be seen by their teachers. An envelope was provided for the completed questionnaire.

The results for the groups were analysed using 2-way Analysis of Variance, using SPSS procedure to assess the hypothesis that groups differing on behaviour would differ on personality. A level of significance of at least .05 was considered necessary. The study is concerned with differences between groups therefore nothing can be said in relation to individual children, however, the clinical implications of such data has been described elsewhere. (Lane, 1978) In addition to the variance data, means for the groups are appended to each table. Results by sex are also included, although the question of sex differences is not central to this particular study. Sex differences in the questionnaire would be expected from the norms for the test (see appendix) but only if significant two way interactions between sex and behaviour occurred would the results need to be differently interpreted.

Tables included overleaf.

Results

A significant difference by behaviour for all three personality factors and the lie scale score is obtained. Therefore the hypotheses that groups differing by behaviour will differ by personality is upheld. The issue of direction will be discussed below.
Discussion

Although the results for sex were not central to this study it is clear that significant differences by sex exist. The role of sex as an independent variable would need to be included in the final study of this research. The lie scale score also played a significant role, although some interaction was in evidence. The role of the lie score would need to be interpreted if the finding were to be repeated in the subsequent studies of this series. Its theoretical position is not clear, however, and it is therefore difficult to incorporate. The strongest support for the personality dimensions was obtained for the factor of psychoticism. Extraversion also resulted in the expected finding. Neuroticism did not produce the result expected in terms of the Eysenckian model, rather low 'N' as a distinguishing feature appears more likely. This finding does require further discussion, but will not be discussed here but rather when the further results on personality factors are available. The relationship between all the findings in this series and those of previous researchers can then be more usefully explored.
### TABLE 1

#### ANALYSIS OF VARIANCE

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<tr>
<th>Source of Variation</th>
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<th>Mean Square</th>
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</tr>
<tr>
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<td>1.735</td>
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<td>77.788</td>
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#### Group Mean Deviation

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<tr>
<td>Some</td>
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<tr>
<td>Severe</td>
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<td>Sample</td>
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Deviation from mean for total sample for each of the designated groups.
### TABLE 2

**ANALYSIS OF VARIANCE**

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<tr>
<th>SOURCE OF VARIATION</th>
<th>SUM OF SQUARES</th>
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**GROUP MEAN DEVIATION**

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<th>DEVIATION</th>
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<td>SOME</td>
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<td>SEVERE</td>
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<td>SAMPLE</td>
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Deviation from mean for total sample for each of the designated groups.
### Analysis of Variance

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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beh</td>
<td>46.550</td>
<td>2</td>
<td>23.275</td>
<td>1.126</td>
<td>0.328</td>
</tr>
<tr>
<td>Sex</td>
<td>46.550</td>
<td>2</td>
<td>23.275</td>
<td>1.126</td>
<td>0.328</td>
</tr>
<tr>
<td>Explained</td>
<td>183.176</td>
<td>5</td>
<td>36.635</td>
<td>1.773</td>
<td>0.124</td>
</tr>
<tr>
<td>Residual</td>
<td>2355.737</td>
<td>114</td>
<td>20.664</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2538.912</td>
<td>119</td>
<td>21.335</td>
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</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13.60</td>
<td>+1.37</td>
</tr>
<tr>
<td>Some</td>
<td>12.08</td>
<td>-0.15</td>
</tr>
<tr>
<td>Severe</td>
<td>11.00</td>
<td>-1.23</td>
</tr>
<tr>
<td>Sample</td>
<td>12.23</td>
<td></td>
</tr>
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</table>

Deviation from mean for total sample for each of the designated groups.
# Table 4

## Analysis of Variance

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Signif of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td></td>
<td></td>
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<tr>
<td>Beh</td>
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<td>3</td>
<td>102.975</td>
<td>7.564</td>
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<tr>
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<td>97.425</td>
<td>7.156</td>
<td>0.001</td>
</tr>
<tr>
<td>Sex</td>
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<td>1</td>
<td>114.075</td>
<td>8.379</td>
<td>0.005</td>
</tr>
<tr>
<td>2-Way Interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beh Sex</td>
<td>99.150</td>
<td>2</td>
<td>49.575</td>
<td>3.641</td>
<td>0.029</td>
</tr>
<tr>
<td>Explained</td>
<td>408.075</td>
<td>5</td>
<td>81.615</td>
<td>5.995</td>
<td>0.001</td>
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<tr>
<td>Residual</td>
<td>1552.038</td>
<td>114</td>
<td>13.614</td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>1960.114</td>
<td>119</td>
<td>16.472</td>
<td></td>
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</table>

## Group Deviation from Mean

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8.18</td>
<td>+1.80</td>
</tr>
<tr>
<td>Some</td>
<td>5.55</td>
<td>-0.83</td>
</tr>
<tr>
<td>Severe</td>
<td>5.40</td>
<td>-0.98</td>
</tr>
<tr>
<td>Sample</td>
<td>6.38</td>
<td></td>
</tr>
</tbody>
</table>

Deviation from mean for total sample for each of the designated groups.
The relationship between criminality, and the personality components of Psychoticism, Neutroticism and Extraversion.

Summary

The relationship between general criminality, number of offences committed, time scale over which offences were committed, periods free from conviction and the personality characteristics of P, E, N and L are examined. The general theory of a relationship between extraversion/neuroticism and criminality is considered and found to be in need of modification. The prediction for an association of Psychoticism and delinquency is strongly supported. It is argued that rather than a general association, more specific predictions are needed and such predictions between personality, 'P' and seriousness of delinquent activity when tested are found to fare better.

Introduction

Eysenck (1970) has argued in a general theory of the relationship between personality and anti-social behaviour, that extraverts are more likely to commit anti-social acts than introverts. The theoretical basis for such is the suggestion of a link between extraversion and conditionability. It is argued that conditioning is the basis of socialised behaviour, and since extraverts condition less easily than introverts, they would be at a disadvantage in acquiring 'those conditioned socialised responses which go to make up non-delinquent behaviour'. It is further argued that neuroticism would by virtue of its drive properties, act as a device to amplify the pattern. Thus a specific hypothesis, linking high levels of E and N with delinquent behaviour is postulated. This viewpoint has received some support (Allsopp & Feldman 1974) but has also produced contradictory
findings. (Eysenck & Eysenck 1975). An alternative position in studies using the Cattell High School Personality Questionnaire, has been postulated by Pierson (1969). It is argued, (in support of Eysenck) that delinquents tend to be 'adventurously extravert', but rather than showing high levels of anxiety (N) they tend to be deficient. Consequently, they tend not to respond to attempts to change them. From within this framework the 'hardened delinquent' would be seen as someone who is resistant to the activities of agents of social change.

Pierson also sees different types of delinquent activity associated with differing personality profiles. Similarly, this present author (Lane 1976, 1978) has demonstrated high levels of N in some groups (drug abusers) and low levels in those with persistent conduct disorders.

More recently, to the general proposition of the link with E/N has been added the role of psychoticism. This factor is seen as being of particular interest through its link with a tendency to disorder at the extreme end of a dimension which includes both the psychoses and character disorders. Thus, high levels of 'P' would be linked not only with delinquent activity per se, but particularly with extreme or persistent forms (Eysenck & Eysenck 1975).

These more specific predictions between delinquent activity and P, E and N are considered along with the earlier more general prediction. Scores for the Lie Score scale in the Eysenck Personality Questionnaire are also reported since consistent relationships do appear, but they are not discussed here. This particular study uses children contained in a follow-up sample, their behaviour being monitored over a period of years. The Personality Questionnaire used was an earlier version of the published edition (1975), although is functionally equivalent, and the children were followed up five years after the original administration.
The Sample

The Eysenck Personality Questionnaire had been administered to a sample of 250 pupils drawn from schools in the sample described earlier, (50 pupils of equal sexes from each school). This sample was intended to provide a basis for comparison, with pupils drawn from the same schools who were also the subject of additional help from various agencies for behaviour problems. Thus pupils, who were attending, Tutorial Classes (part time provision for pupils considered to be maladjusted), Off-site Support Units, (full and part time provisions linked to specific schools) On-site School Support Units, (part time provision for a given school), and the authors own Guidance Centre (a centre for pupils with behaviour problems serving a London Borough) were used.

The need to ensure that the follow up sample contained sufficient delinquents to make the study viable meant that a high risk group were included, since even within the group of those with conduct disorders only a minority might be convicted. At the time of administration the pupils were between the ages of ten and fourteen years, that is the point at which they began to be liable for action by the Juvenile Courts. While the sex ratio of the sample was balanced the number of girls found to be delinquent was likely to be small but unfortunately that could not be helped. It transpired that only ten girls were later included in the sample of sixty for whom a match could be obtained.

The problem with a sample of this type is that it could fairly be argued that one was simply taking yet a further example of the relationship between conduct disorder and personality. While this argument has merit it is the case as is demonstrated in a subsequent study (Table 12) that a minority of pupils become delinquent. It was also the case that very few of the pupils in the school sample became delinquent who had not exhibited at least some behaviour problems at school.

Pupils were therefore selected, followed and a match for age, sex, and social class obtained, between delinquents and non delinquents.
Subjects

A group of pupils presenting behaviour problems in school were drawn from referrals to different facilities working with conduct disorders. The schools were located in urban and rural areas, and control groups of pupils in the schools were also obtained. For the present study, a sample of sixty pupils classified as having criminal convictions were matched by age, sex and social class, with sixty pupils without convictions. This is referred to as sample one. The group of sixty delinquents were subsequently considered separately. This is referred to as sample two.

Method

Several groups of pupils (as noted above) were administered questionnaires as part of a follow-up study, their subsequent careers were periodically monitored. Some five years after the original administration of the Eysenck Personality Questionnaire, groups of pupils were checked to establish the presence or absence of delinquent activity. Various sources were used to obtain information on delinquent activities, including social and welfare reports, school records, reports from workers in contact with the pupils and the files at the Criminal Records Office. Thus, as far as possible, groups could be separated into those who were delinquent or free from delinquency (convictions) during that period. For the purpose of separating delinquent and non-delinquent groups, a five year follow-up period was considered adequate, since only a minority of the non-delinquent groups would subsequently become delinquent (sample 1). In the more detailed study of the delinquent, the entire period of juvenile delinquent activity was covered (ten to seventeen years) together with subsequent adult criminality for relevant groups up to a maximum follow-up period of ten years. (Subsequent studies, not reported here, make use of these differences). The age of the pupils varied at the point of administration of the questionnaire from ten-fourteen years, but to be included in the
follow-up study (sample 1), they must have received a conviction or been free from, in the five year period subsequent to administration. For the study of the delinquent group (sample 2), this restriction was not applied, since the whole history of the individual was considered.

Sample 1

This sample was used to test:

1. The original hypothesis of Eysenck (1970) postulating higher scores for E and N, in delinquent groups, compared with groups free from delinquency.

2. The recent hypothesis (Eysenck & Eysenck 1975) postulating higher scores for P in delinquent rather than non-delinquent groups.

3. The alternative hypothesis (Pierson 1969) postulating higher scores for E and lower scores for N in delinquent rather than non-delinquent groups.

The pairs of delinquent and non-delinquent pupils (as previously described) were compared, using the 't' test. (Two tail results are reported, although the predictions are, of course, one way).

Results

Psychoticism - The results support the hypothesis.

Extraversion - The results fail to support the hypothesis.

Neuroticism - The results fail to support the hypothesis of high levels of N, but support the alternative hypothesis of low levels of N.

Low lie scores are also found to differentiate the groups.
<table>
<thead>
<tr>
<th>Personality</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>2 Tail prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criminal</td>
<td>6.03</td>
<td>2.80</td>
<td>7.10</td>
<td>0.001</td>
</tr>
<tr>
<td>non-criminal</td>
<td>2.92</td>
<td>2.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criminal</td>
<td>17.73</td>
<td>3.95</td>
<td>0.75</td>
<td>0.458</td>
</tr>
<tr>
<td>non-criminal</td>
<td>17.15</td>
<td>3.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criminal</td>
<td>10.07</td>
<td>4.32</td>
<td>-3.60</td>
<td>0.001</td>
</tr>
<tr>
<td>non-criminal</td>
<td>12.83</td>
<td>4.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criminal</td>
<td>5.58</td>
<td>3.56</td>
<td>-2.90</td>
<td>0.005</td>
</tr>
<tr>
<td>non-criminal</td>
<td>7.63</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = 60 pairs.

(Means and S.D.'s for the Eysenck Personality Questionnaire are contained in the appendix, for the purpose of illustration.)
The sample is used to consider differences within the delinquent groups. The study concentrates on the question of degree of severity of delinquency, it being argued that delinquents differing in the severity of their activity should also differ in personality along predictable dimensions. This is one of the more specific predictions referred to in the introduction. Other such predictions are possible to be considered in separate studies.

1. It is specifically postulated by Eysenck & Eysenck (1975) that groups showing more extreme levels of delinquency should have higher 'P' scores than groups showing less delinquency. This hypothesis arises from the assumption of a dimensional pattern for personality and disorder. High 'P' does represent the extreme of a dimension to include character disorder.

2. It is specifically postulated by Eysenck & Eysenck (1975) also by Pierson (1969) that more persistent (hardened) delinquents should show higher levels of E. This hypothesis arises from their lower conditionability, as discussed previously.

3. It is specifically postulated by Pierson (1969) that persistent (hardened) delinquents would show low levels of anxiety (N) and being deficient in such, would be more immune to pressures to reform. It is argued by Pierson that such groups might need their anxiety level raised to a more optimal level to produce effective learning.

To test those hypotheses, a measure of severity of delinquency was needed to order differences within the sample of sixty delinquents. In fact, three measures were chosen.
1. The total number of convictions received was recorded. This was seen as a simple test of severity of activity, separating those with many convictions from those with few. However, the problem with such a measure is that it fails to discriminate between those whose activity is 'bunched' together, but who then 'go straight', and those who persistently commit acts over a period of years. Thus, a second measure was used.

2. The period of time (in years) over which convictions were recorded was measured. This measure was seen as a device to separate the more from the less persistent delinquents. Convictions all recorded in a period of less than one year were recorded as zero, and convictions extending beyond that recorded in terms of time scale encompassing them. In this instance, the period of time extended from a score of 0 to 8 years. The problem with this measure was that it failed to give credit to those who managed to stay free from convictions for extended periods. Thus, an individual receiving only two convictions, but several years apart, would be seen as more persistent than those who had several convictions over, say, a three year period. Thus, a third measure was added.

3. The period of time (subsequent to the start of a delinquent career) in which no convictions were recorded. This measure of 'freedom from conviction' was seen as one method of measuring those individuals who achieved remission from delinquent activity. It was measured in years and in this instance scores ranged from 0 to 9 years.
Pearson Correlation Coefficients for personality (P, E, N, L) by number, timescale and freedom from conviction in a delinquent group.

<table>
<thead>
<tr>
<th></th>
<th>Convictions</th>
<th>Time</th>
<th>Free From</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>0.3415</td>
<td>0.2401</td>
<td>0.1209</td>
</tr>
<tr>
<td></td>
<td>0.004</td>
<td>0.032</td>
<td>0.179</td>
</tr>
<tr>
<td>E</td>
<td>-0.0510</td>
<td>0.0341</td>
<td>0.1273</td>
</tr>
<tr>
<td></td>
<td>0.349</td>
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<tr>
<td>N</td>
<td>0.1414</td>
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<tr>
<td></td>
<td>0.159</td>
<td>0.440</td>
<td>0.236</td>
</tr>
<tr>
<td>L</td>
<td>-0.1828</td>
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<td>-0.0608</td>
</tr>
<tr>
<td></td>
<td>0.061</td>
<td>0.40</td>
<td>0.322</td>
</tr>
</tbody>
</table>

N = 60

Correlation - top figure

Significance - bottom figure
Results

Psychoticism - As predicted, 'P' was found to correlate with number of convictions and time scale. No association was found with freedom from convictions.

Extraversion - Contrary to the prediction, no significant relationship was found with the measures used.

Neuroticism - Contrary to expectations, no significant relationship with the measures used was found. The lie scale score did not show a significant relationship with any of the measures used.

Discussion

The results obtained from samples 1 and 2 are somewhat mixed, but a clear pattern emerges with respect to the factor of Psychoticism. It effectively separates delinquents from non-delinquents, but further than this does differentiate between delinquents in terms of the severity of their activity.

Neuroticism emerges as a factor separating delinquents from non-delinquents, but does not distinguish between less and more severe delinquents.

Extraversion fails badly in each study. The lie score emerges consistently, so perhaps needs to be given greater consideration.

The use of the personality questionnaire measurement is seen to be valuable in relation to certain specific predictions, but not others.

In this instance, criminality and severity of criminality could be differentiated.

It is suggested that specific predictions which separate type of activity by type of personality may be fruitful.
A number of contradictory findings have now emerged between Study 1. and Study 2. In some cases the personality factors were found to lie in the hypothesised direction but not in other cases. To some extent the confusion in results from various researchers referred to by both Eysenck and Eysenck (1975) and West and Farrington (1973) are reflected in this current sample.

The consistent theme of the data is found in the role played by Psychoticism. It does discriminate both type and level of disorder. This finding is consistent with the recent revision of theory developed by the Eysencks' to include the 'P' factor. Extraversion, however, for so long the central theme of the theory on conduct disorder fails to hold up consistently, in spite of the favourable conditions of this study. Previous studies had been criticised on the grounds that as existing delinquents or prisoners were used, that might bias the findings. This does not apply to this study. On possible solution would be to argue that as Extraversion is a composite of factors, the main two being Sociability and Impulsivity, perhaps aspects of the factor are having different effects in different contexts. Thus the outgoing sociable child might be more noticeable in school but not in the context of crime in the community. Since Extraversion was found to be significant in study 1., that effect might operate. The same point might apply in resolving the differing results for Neuroticism, the effect being dependent on setting. Such an argument, however, would be an interactive one with personality having to take its place within a broader factorial structure. This would take it outside of the narrower conditioning model assumed here. This argument could only be tested in a factor analytic design. (see study 7)

An alternative way of resolving the problem would be to see interaction within the personality dimensions. Thus certain aspects of the P, E, and N, factors would be seen as jointly contributing to a Criminality component. This view is considered next, since it requires a further sample and analysis to test, as criminality scores were not used here.
It is now necessary to consider the Lie Scale. In both study
1 and 2, significant differences for the scale were obtained. In each
case low scores were found for disorder and delinquency. This finding
is consistent with that of West and Farrington (1973) who found that
at age ten the low score was predictive of later delinquency but
not for older groups. A distinction by age is not possible for the pre-
sent sample. They argue high lie scores are not linked with delinquency
but among younger boys the potential delinquents are more likely to
obtain low scores. No explanation for this is offered.

Eysenck and Eysenck (1975) have discussed the nature of the
scale. Its purpose is to detect faking of responses in personality
questionnaires. They argue that under normal conditions individuals
will give relatively truthful answers, but under certain conditions,
say a selection procedure, they will tend to dissimulate. The scale
was seen as a reliable (.83) method to detect faking. However consistent
correlations between the scale and I.Q., and discrimination between
groups such as prisoners, and psychotics, have been found. It is
suggested, consequently, that the scale is measuring something else.

Their suggestion is that over and above the detection of faking
the scale measures a trait of conformity, or conservatism. Thus more
conformist individuals obtain higher lie scores than the less conformist,
and under conditions such as selection individuals tend to fake good,
that is produce more socially conformist views. They support the
argument in terms of correlational and genetic studies, the details
of which are not relevant here. To the extent that such a view is correct
it would favour the expectation that the pupils in this study who were
less conformist (conduct disordered and delinquent) would have lower
lie scores.

This area unfortunately requires much more research and the
Eysencks' themselves stress the need for further work along these lines.
The relationship between Personality and specific conduct disorder and discrimination between delinquent and non-delinquent groups

Summary

In a study of children (N = 120) exhibiting classroom behaviour problems, a significant correlation was found between the criminal propensity score derived from the Eysenck Personality Questionnaire and a measure of classroom behaviour which itself has been found to be a reliable predictor of later delinquency.

Introduction

The previous study indicated that specific relationships between personality and behaviour were likely to be of more value than more global predictions. This present study takes this issue further by exploring predictions made by Allsopp & Feldman (1974) that certain items from the EPQ were predictive of conduct disorders in school. Eysenck & Eysenck (1975) later used that data in the construction of a 'criminal propensity' score. This score, it was suggested, would be of value in predicting delinquency. The scale however, has not been so demonstrated. (The items contained in the scale are listed in the appendix.)

The findings in the study above suggest that specific types of behaviour problems might be predicted by the personality components.

This study therefore looks at both of these areas by comparing scores on the 'criminal propensity' scale of the EPQ, and its discrimination of groups of conduct disordered pupils in terms of their delinquency, and also correlations between that scale and classroom behaviour as measured by the Bristol Social Adjustment Guide (Stott 1971). A subscale of the BSAG does identify particular behaviour which relates to later delinquency. These include items related to mood, pranks, attitude to punishment etc. Thus, there is reason to believe that items
for the EPQ should predict a greater likelihood of such behaviours. A correlation between the EPQ and BSAG delinquency scales therefore represents a specific test of the Allsopp & Feldman predictions.

A strong test of the value of the EPQ would be in discriminating possible delinquents as a sample from within a group of pupils with conduct disorders, and this is proposed.

Subjects

Two random samples of pupils referred to a centre for conduct disorders were used. (In this sample all were pupils from the author's centre.) Sample 1: \( N = 120 \) children were used to establish the correlation between the two delinquency prediction scales of the EPQ and BSAG. Sample 2: \( N = 30 \) pairs of children from sample 1 were used to compare children who had convictions and those who had no convictions.

Method

BSAG forms were obtained from teachers who knew the children well, but who were not involved in the research.

The pupils were asked to complete EPQ's and both sets of forms were independently marked.

For sample 1, the respective scores were correlated using a Pearson correlation coefficient (1).

For sample 2, records held on the pupils were checked to find groups of pupils fitting the criterion of having, or not having, juvenile convictions. A 't' test was administered.

Results

From sample 1, i.e. \( N = 120 \), the value of the correlation was found to be 0.3245, which is significant at the 0.001 level two tailed test.

From sample 2, a result significant at 0.05 (two tailed test) was found.
TABLE 7

Criminality scores for delinquent and non-delinquent groups.

<table>
<thead>
<tr>
<th></th>
<th>Delinquent</th>
<th>Non-delinquent</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>23.60</td>
<td>20.87</td>
</tr>
<tr>
<td>S D</td>
<td>4.26</td>
<td>4.94</td>
</tr>
</tbody>
</table>

't' - test value = 2.29 significant at 0.05 level (two tailed) N = 30 pairs.

Student 't' Test - Independent Samples
Discussion

The predictions were found to hold and therefore the earlier suggestion that specific items may be predictive gains support.

Eysenck and Eysenck (1975) and Allsop and Feldman (1974) have undertaken item analysis of the adult and junior questionnaire and it appears that certain items are more effective at discriminating conduct disorder and delinquency than others. For example, the impulsiveness items from the extraversion factor are superior to those concerned with social behaviour. A separate scale to measure this element was subsequently developed by the Eysencks.

Unfortunately, this later theoretical development took place after the main samples for this research were obtained and therefore apart from this present study (collected later than the other samples) no further analysis is possible.

Nevertheless, the concern of this research is with the theoretical concepts originally proposed by Eysenck, and it is Extraversion not the sub items of impulsivity which are important in that context.

Subsequent studies may have to be directed to the impulsivity scale. Of interest, however, will be possible correlations developed in Study 7, between Extraversion and the BSAG Inconsequence (Impulsivity) Syndrome.
Multiple factors in the histories of children presenting
count disorder and in remission from disorder

Summary

A variety of theories relating specific factors to disorder exist. Social class, health, family problems etc. have all found support as exploratory concepts. As an alternative to these single-factor explanations, multiple stress theories have increasingly found favour. A further potential explanation sees the child disadvantaged by a number of individual factors as more likely to experience particular environmental disadvantages. In this framework an interactive effect operates, thus the child least able to cope with stress, experiences more of it.

This study looks at these explanations in two ways. Firstly, as factors which discriminate groups with and without conduct disorders, secondly, as factors which discriminate between those individuals with disorders who improve and those who do not (measured over a ten year period).

A multiple/interactive position is supported.

Introduction

As Wall (1979) has remarked, the voluminous literature on handicap and disorders of conduct is marked chiefly by the fact that everything has been correlated with everything else. Most theories receive some support and equally, fail to meet someone else's replication criteria.

In the field of conduct disorders, two specific factors are fairly consistently reported that of sex (boys being more prone to disorder than girls) and that of behaviour (those with difficulties are more likely to have later difficulties). These two factors will be
considered in a separate study. Two other areas frequently cited, community and school, will also be considered elsewhere. Beyond these, certain specific area will be explored, selected as being factors generally receiving support in the literature. (Wall's comment notwithstanding).

The particular areas to be explored include:

**Health** - based on Stott's (1975) work, it is argued that individuals with conduct disorders tend to have multiple congenital impairments and thus would have higher levels of health, sensory or neurological signs of impairment than other children.

**Personality** - Thomas (et al 1968) among others, has pointed out that early indications of temperamental difficulties are associated with disorder.

**Social class** - this is frequently cited factor although as Rutter (et al 1970) points out its role is not as clear cut as often assumed.

**Family factors** - Osborn & West (1978) provide clear evidence for the importance of family factors in disorder.

**Peer relationships** - poor peer relationships have been noted as discriminatory factors marking those with more serious difficulties. (Ullman & Giovanni 1964, Lane 1978).

**Siblings** - Both the number of siblings and position in the family are specific features of the family factors mentioned above seen to relate to behaviour.

Each of these factors will be considered:

1. to establish if the single factor is important.
2. to see if several factors together relate to disorder.
3. to look at the interaction of these factors with certain specific events.
4. to look at the factors as a means of discriminating between groups with and without problems.
5. to look at the role of the factors in the process of change.

Subjects

The children in this particular study were all drawn from one school. The sample was in two parts and consisted of:

Sample 1: A random sample of 100 pupils, boys and girls. They were obtained by using a frame of pupils in a school 'house' (that is, a proportional cross-section of the school) from which pupils receiving specialist help for any disorder had been removed.

Thus, the groups contain individuals with difficulties, but not those in special treatment. The group was reduced to 100 by random number allocation.

Sample 2: A sample of pupils selected out from the above school, consisting of pupils receiving help for any type of disorder of conduct was obtained. The group consisted of 64 pupils, but data on three was incomplete and one was randomly excluded to produce a sample of 60. A separate study for those with learning difficulties and remission patterns is in progress.

Sample 1 was entitled random.

Sample 2 was entitled mixed (conduct).

Method

Collecting data for the samples on the factors listed proved a complicated task. The main problem was the variety of reports available. In particular, the mixed problem groups, not unsurprisingly, were more thoroughly reported than the random group. This produced an obvious bias in information load. To overcome this, it was decided to use as a source of information only data contained on standard school files, not the special additional files available on some pupils. This had the effect of underestimating difficulties. The other difficulty was the sheer volume of information to sift. Missing data of a factual nature (i.e. number of siblings) was tracked down, but no additions made concerning missing opinions.
It was decided to use a single secondary school for this study since the type of data collected would possibly be highly variable between schools and limit the conclusions possible. Since in this present study a random group of pupils as well as those with problems was to be used, certain difficulties were likely. The pupils were not necessarily presenting any difficulties and therefore the amount of information contained in the files would be sparse. Comparing sparse files across schools seemed a problematic procedure. At least if the study was contained in one school similarity between methods of recording applied. That problem would not arise with the later study since only pupils referred for difficulties would be included. Using one school also ensured that only a limited number of referring primary school files would need to be traced. This would be more economical but also more effective since a single procedure by the school for using information from primary records would exist.

The pupils were therefore selected from one secondary school but all transferred files from the primary schools were also included so that contemporary records of the pupils' behaviour were available. The pupils considered included a sample across the school and those with difficulties. This enabled consideration to be given to differences between those with and without problems, and also (more important for this present research) to differences within the problem group itself. A work up of the way an individual might be assigned to each of the categories discussed below is provided in the appendix. Additionally, two examples are given from the raw data to illustrate the procedure for coding, running and interpreting the data.

The data, however, is of limited applicability, and more should not be made of it than is appropriate. For example, the Personality measure included, is simply a count of the number of times a comment about the child's personality is made. It is not assumed to be a personality score as might be obtained from a test such as the E.P.Q., similarly the scores for items of family information recorded, are based on school files.
Thus, the groups are both assessed, 'as seen' by school files.

Nothing more is being made of the date than that this was how the children were seen by their school. All the records on the child from age five years were searched. Data up to fifteen years of age were included. The specific items of data were assessed as follows:

**Health** - Any note on the school files of specific health, or sensory difficulties was recorded and counted. Additionally, any specific comment on a child's clumsiness or lack of co-ordination was noted. The final figure given for this factor was the score of individual items noted, no weight was assigned to particular features. The special files on the children were not included, although these indicate that the data underestimates the role of health factor.

**Personality** - Personality cannot be measured directly from school files but comments can. In order to make the varied data more specific, it was decided to count only reference to a child, when the child 'as a person' was referred to, rather than items of behaviour or work. For example, 'The child is a bad influence', 'He is an unpleasant demanding child', were items counted. Whereas 'John and Wendy were fighting', 'Robert ran away with Mary's pen', were items which would not count. Thus, the emphasis is on how the teacher saw the personality of the child. The items were separated into negative and positive comments, where a clear distinction was possible, ambiguous items were discarded. Repeated items were also ignored, that is, two teachers who recorded the child as 'demanding', would only count as one item.

Two items are therefore recorded in the data, namely:

- **Persneg.** - Personality negative - comments.
- **Perspos.** - Personality positive - comments.

**Social class** - This item was measured by using Registrar General scale 1 - 5. The occupation of the father, or if absent the mother, was noted. In fact, changes in occupation occurred over the ten year period, so only the occupation recorded at the point of secondary school transfer was used.
Family factors - As discussed above, difficulties occur when recording information on family patterns from files. To try to provide a framework for such recording, specific items of facts or information were noted and counted.

For example:

Fact - single parent family, in difficulties.

Information - 'Mother has been up to the school several times to discuss Jason's work, always helpful in discussing difficulties'.

The facts and information were grouped into positive or negative items and counted, again ambiguous items were discounted.

For example: 'Parent is always up at the school', could be positive or negative.

The items are therefore recorded in the data, namely:

Famneg. - family fact/information viewed negatively.

Fampos. - family fact/information viewed positively.

It should be noted that for family and personality items, how the child/family was viewed is being assessed, not the child or family directly. It was also of interest how little hard data was contained in the files. In many cases, the family received little if any mention. This was partly due to the fact that this study ignored additional files, containing more information.

Peer relationships - comments on the child's relationships with his peers were graded on a scale 1 - 3 based on teacher comments, 1 being positive to 3 negative.

Siblings - Number of siblings (at age 11 years) was counted, and sibling position (at age 11 years) also noted and graded as 1 (oldest), 2 (intermediate), 3 (youngest).

The factors above were then correlated with a variety of outcomes, and the random and mixed groups considered together, and the mixed groups separately. By considering them together, differences between random and mixed groups should emerge, and by considering mixed
The outcomes noted were as follows:

1. Specific behaviour problems noted (SPB).
   Any specific difficulty was noted and counted. Repeat items were only counted once. For example, a child whose behaviour was described as 'never sits still', by several teachers was counted once only. If additionally a teacher had stated that 'he runs around the classroom, and never sits in his seat for long', the first part of the comment would be added, but not the second. All the records over a ten year period were searched.

2. Time scale for behaviour difficulties (TIM SPB).
   The period of years over which continuing behaviour problems were noted was recorded. Where a child started having problems at 7 and stopped at 9, the score was given as 2. Unfortunately, a child who had difficulties at 5 and again at 13, but not in between, is also scored 2 using this system. Therefore it is a measure of the years in which a problem was recorded only, and does not reflect the pattern of the behaviour.

3. Initial comment on behaviour (ICB).
   The comments on the child's behaviour as recorded in the infant school were graded from 1 - 3 (good - bad). This provided some measure of the initial difficulties faced by the child.

4. Time scale for comments on positive behaviour (TIM ICB).
   As a method of tracing the pattern of subsequent comments, the number of years in which the initial comment in infant school was repeated by subsequent teachers, was recorded, thus it is a measure of consistency of positive report.
5. Change in behaviour (CHB).

Patterns of change in the child's behaviour were graded 1 - 3 (good - bad). Thus any substantial change in the child recorded on the files was noted and graded, in this way. Only substantial changes were noted since minor 'ups and downs' were frequent. To count, the comment had to state that the child was much, considerably, greatly, etc., improved or deteriorated. Minor changes or no change were graded at the mid-point, score 2. Given the variety of comments on file, it was felt that any finer gradings than this, would be spurious.

6. Individual precipitation at change (PREC).

As one method of looking at the interaction of factors with environmental events, it was decided to record any correspondence between noted changes in behaviour (in point 5 above) and comments on changed circumstances in the child, or family. Such changes were again graded 1 - 3 (good - bad) with the mid-point 2 indicating no noticeable change. Factors such as death of parent were included, as negative, but if possible the child's view of the event provided the grading guide.

7. Structural precipitation in school at change (STRCH).

Following on from point 6 above, change noted in correspondence with major differences of school situation were noted.

These include a change of year, school organisation, curriculum, etc. They were graded 1 - 3 (good - bad) on the basis of the way they were viewed by the school, rather than the child. For example, moving the child into a new teaching group to encourage him, would be seen as
good, whereas demoting him as a punishment would be seen as bad.

Points 6 and 7 represent an attempt to tie together data and historical case material. If events at specific points do correspond with changes in behaviour, some movement towards understanding between fortuitous events and other factors is possible.

The various factors and outcomes were correlated (Pearson correlation coefficient) and tables presented for random and mixed groups together and separately for the mixed problem group.

Results

The results for the combined table ($N = 160$) separate neatly into two sets of outcomes.

1. Items related to the occurrence of problems.

All the items except for sibling position produce significant results. Thus, for number of specific problem behaviours (SPB) and the time scale for these behaviours (TIMSPB) those pupils showing the most difficulty are marked by:

a) more health problems.
b) higher negative personality reports and lower numbers of positive reports.
c) lower social class membership.
d) higher levels of negative family reports and lower levels of positive reports.
e) poor relationships with peers.
f) membership of larger families.

Clearly a multiple grouping of difficulties is in evidence. The pupils are not characterised by any specific disadvantage, but several together. The strength of the associations vary however, with a negative view of the child's personality receiving the strongest coefficient.

The initial comments on behaviour (ICB) and time scale for
positive reports (TIFICB) show a parallel set of relationships indicating that positive reports are associated with the opposite characteristic to negative ones. This strengthens the position for the multiple viewpoint.

2. Items related to change.

The pattern of items related to change (CHB) is quite different from that related to the occurrence of the disorder. Only one item 'Positive Personality', is linked to change (in a positive direction). Again, only one item, 'Positive Family' is linked to change (in a positive direction), in terms of individual precipitation (PREC). No items show any relationship with structural changes in the school (STRCH).

Across the sample as a whole therefore, while all the accepted items correlated with the occurrence of disorder, only a positive personality and family correlated with positive change.

The results for the random group alone (N = 100) indicate a similar pattern, but only the strongest items still retain their significance.

1. Items related to the occurrence of problems.

Health, personality positive and negative, family negative and peer relationships show a consistent result, with social class linked to time scale for problems.

2. Items related to change.

No factors link with change and only positive family with precipitation. In terms of structural factors, oddly the less healthy and those from larger families do better. This latter result requires investigation. It may be that such children were offered positive advantages by way of compensation by their teachers, although such advantages
are not translated into actual behaviour change.
However, such a speculation would require case study
analysis to substantiate or refute it, and cannot be
considered here.

If the pattern of results within the problem group is
considered (N = 60), the picture is somewhat different. Again it is
useful to consider the results in terms of items related to occurrence
and change separately.

1. Items related to the occurrence of problems.

All the pupils in this group presented problems,
consequently, what is being measured is not the existence
of problems, but rather discrimination in terms of level
of problems.

In this group, some of the items which produced strong
results previously, lose their impact. (Health, Social
Class, Family Positive).

Others vary in their impact, notably 'family negative'
which retains its power to discriminate time scale for
positive comments (i.e. negative family is associated
with absence of such comments) and sibling position.

Sibling position, it might be remembered, failed to
discriminate between the groups, but in this case is
associated with time scale. The last-born child seems
to have a shorter time scale for problems and longer
timescale for positive reports.

The items which retain their ability to discriminate
even within the problem group are personality negative
and positive, poor peer relationships and being a member
of a large family. As before, personality negative
produces the strongest result.
2. Items related to change.

Within the problem group, several items relate to change in behaviour (CHB). Those most likely to change appear to be:

a) Healthier.
b) More positive and fewer negative personality features.
c) Come from higher social class.
d) Have more positive family features.
e) Have better peer relationships.
f) Come from smaller families.

Once more the personality items feature most strongly.

In relation to individual precipitation, those with positive personality characteristics and from higher social classes seem to have more positive experiences. Similarly, fewer negative personality characteristics, higher social class and a more positive, smaller family are associated with positive structural changes within the school.

These features of change, together with the results for occurrence of problems, do seem to suggest not only a multiple stress factor in the occurrence of problems, but also an interactive effect on the process of change.

The suggestion of this study (within its limitations) is that pupils presenting conduct disorders in school, are more likely to suffer multiple problems than other pupils. Recovery from their disorders is also reflected in the multiple patterns they present. Pupils who develop conduct disorders, but who recover from them are more likely to have positive compensatory features and also more likely to be the recipients of positive individual or structural assistance in their lives. Conversely, those least able to deal with multiple stresses are more likely to receive them.
TABLE 8

CORRELATIONS BETWEEN GIVEN FACTORS AND OUTCOMES FOR A SAMPLE OF RANDOM AND MIXED PROBLEM GROUPS (N = 160)

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>RELATED TO THE OCCURRENCE OF PROBLEMS</th>
<th>RELATED TO CHANGE</th>
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<td>P 0.001</td>
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Significance = top figure
Correlation = bottom figure
CORRELATIONS BETWEEN GIVEN FACTORS AND OUTCOMES FOR A RANDOM GROUP (N = 100)

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<th>TIMICB</th>
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<td>PREC</td>
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Significance - top figure
Correlation - bottom figure
## Correlations Between Given Factors and Outcomes for a Mixed Group (N = 60)

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Significance - top figure  
Correlation - bottom figure
PART 3

Behavioural components

Introduction

This section introduces the third of the theoretical positions to be tested, that of behaviour as predictive of itself. Two aspects are considered.

1. The contention that behaviour problems in general are predictive of later delinquency is examined. Alongside, this contention two other findings, that of the relationship between sex and outcome, and the neurotic/conduct distinction, are explored.

2. The further study then moves beyond the general assumption above and considers the pattern of behaviour for groups of children with difficulties, to see if specific types of behaviour problems change in different ways. The BSAG is used for this study.

Thus the assumptions from the review of the literature can be tested for the present sample. If different patterns were found than expected then serious questions would need to be asked about the sample. Additionally, if very different outcomes by type of conduct disorder were discovered that would make it essential to include a broader measure of behaviour problems than simply the category of 'conduct disorder'. A further question concerns the level of problems found within the groups. If those classed as conduct disordered were found to have much more severe scores in one category than another then it would also be necessary to include a broader measure.

These areas are therefore considered before the final study in this research.
Differences in outcome by sex and type of disorder.

Summary

Three well established findings in respect of subsequent behaviour are tested.

The relationship between male sex and higher rate of delinquency is tested in a mixed sample of 100 boys and girls, followed over a five year period. The predominence of boys is once again confirmed.

The relationship between troublesome behaviour in school and later delinquency is measured in a sample of 150 children, followed over a five year period. Significantly higher rates of delinquency were obtained for the 'troublesome' group. Finally, the reported higher rates of recovery for children with anxiety-based rather than conduct disordered behaviour is examined in a group of 69 children, after a five year period. As expected, conduct disorders proved more persistent.

Introduction

This study looks at three well established findings, which although well established, need to be examined in this current study before more detailed considerations are undertaken.

Higher rates of delinquency in boys than girls are frequently mentioned (Stott et al 1975), as is the relationship between behaviour problems in school and later delinquency. (Robbins 1966, Stott et al 1975, Osborn & West 1978).

Similarly, conduct disorders are said to be more resistant to change than anxiety-based conditions. (Levitt 1957).

This study provides data on these three areas for samples of children from one secondary school, followed over a five year period.
Subjects and method

Sample 1

A random sample of 50 boys and 50 girls was drawn from one school and they were followed over a period of years (five). On the basis of school/CRO welfare records, any delinquency during that period was noted. The rate of delinquency for boys and girls was established and a chi square test used to assess the differences between the groups. The number of each sex having a conviction was recorded.

Sample 2

A random sample of 100 (boys and girls) drawn from the same school as above, but from which lists of pupils, those diagnosed and receiving special help had been excluded, were followed over a period of five years. A sample of 50 (boys and girls) identified in the above as presenting troublesome behaviour in school, such that they were receiving or had been assessed as needing additional help by the school, was also followed. Any delinquency notified in a follow-up period of five years from a review of CRO/school/welfare records was noted. The rate of delinquency from the random problem group was established and a chi square test used to assess the difference between the groups. The number of convicted pupils in each group was recorded.

Sample 3

From the school records of children in one school, pupils were identified and classified into two groups for the purpose of the study.

Pupils from whom the records referred to specific items of behaviour giving rise to concern were classified as either anxiety or conduct problems. To be so classified, the records had to make reference to specific events and an unusually high level of difficulty.

For example:

1. To be classified as presenting anxiety problems, records had to refer to specific fears, phobias or hysterical reactions,
sufficient to merit a note of concern on the school record. Casual comments such as 'an anxious child' were excluded, any specific instances were noted, such as:

a) Becomes panic stricken when left alone in room.
b) Abnormal dread of water, even in sink or laboratory.

2. To be classified as preventing conduct problems, records had to refer to specific behaviour of sufficient concern to merit a note in the records, such as:

a) Child is exceptionally disruptive in the classroom, preventing others from working.
b) Has frequently been engaged in acts of extortion with younger children.

It must be noted that the classification used does not relate to a formal diagnosis of the child; it simply relates a category to a record made about the child by a member of the teaching staff.

The children's progress over a five year period was followed and they were reclassified as improved or not, on the basis of school records. Where the record made a specific comment on the child's improvement or lack of it, that child was included in the sample. Other cases were ignored.

This left a sample of 69 pupils who could be classified at follow-up. The rate of improvement for both groups was calculated and a chi-square used to assess the differences between the two groups.

Results and discussion

The results all fit the expected findings; boys and those with conduct disorders do show higher rates of later difficulty, and those with conduct disorders do show more persistence than those with anxiety based conditions.

The findings for samples 1 and 2 are perhaps to be preferred to that of sample 3, because a clear criterion is possible (that of conviction).
Nevertheless, the findings from sample 3 are of interest, given the follow-up period involved, and as long as the limitations of the classification are respected.

The purpose of the study to determine the applicability of previous findings to this sample is met. The study of different patterns of behaviour outcome using the BSAG can therefore take place.
<table>
<thead>
<tr>
<th></th>
<th>GIRLS</th>
<th>BOYS</th>
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<tr>
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<td>48</td>
<td>40</td>
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<tr>
<td>RATE</td>
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<td>20%</td>
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N = 100 chi square = 4.66 sig. at .05
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<tr>
<th></th>
<th>RANDOM</th>
<th>PROBLEM</th>
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<td>13</td>
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<tr>
<td>NOT DELINQUENT</td>
<td>96</td>
<td>37</td>
</tr>
<tr>
<td>RATE</td>
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<td>26%</td>
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</table>

$N = 150$ chi square $= 13.92$ sig. at .001
### SAMPLE 3: RECOVERY RATES IN TWO GROUPS.

<table>
<thead>
<tr>
<th></th>
<th>ANXIETY</th>
<th>CONDUCT</th>
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</thead>
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<td>8</td>
</tr>
<tr>
<td>NOT IMPROVED</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>RATE</td>
<td>65%</td>
<td>31%</td>
</tr>
</tbody>
</table>

N = 69  chi square = 6.36  sig. at .02

---

**Note on sample**

The sample used for this study, was not balanced for numbers between the groups, this makes no significant difference to the chi square calculation. However, since the sex difference was previously found to relate to outcome it might have an influence here. Although control by matching one for one was not introduced, a balance of approximately half boys and girls was contained in the sample. The slight bias of girls in the anxiety group (two more than boys) was unlikely to influence outcome. One of them improved and one did not.
Patterns of behaviour change and prediction

Summary

Previous studies have established that behaviour is generally a good predictor of later difficulties, thus troublesome behaviour in school predicts later delinquency.

Also, personality features correlating with behaviour have been found to discriminate within groups of children with conduct disorders, those who will and will not receive a conviction for delinquency.

This study considers in more detail the particular patterns of behaviour found in pupils with conduct disorders and various outcomes.

Sample 1:

This sample consists of twenty pupils rated by their school as improved, following a three month programme of therapy for conduct disorders. They were re-assessed three years later to check if progress was maintained, and to look at the pattern of behaviour in evidence. The primary function of this study was to look at the question of whether certain behaviours would change less easily than others.

Method

Bristol Social Adjustment Guides were administered to all pupils, prior to entry to a therapy programme for conduct disorders using a behavioural model. The teacher for each child completed the BSAG form. At the end of three months, the teacher judged the pupil as improved or not. Thus, both the initial and final assessments were independent of the therapy programme. Three years later, further BSAG forms were administered to teachers working with the pupils and comparisons made. T tests were calculated for total scores and syndromes scores on overreaction. By using both total and syndrome scores, any difference
in pattern of behaviour could be revealed. The derived score
'Delinquency Prediction' was also calculated. Mean, S.D., and
percentile scores are also included.

A discussion of the development of the BSAG is contained
in the appendix as is data on reliability. Some comments however
are in order. When teachers within the same school are asked to
complete a BSAG often large differences occur. This is because
the BSAG measures responses to defined social situations, nevertheless
across situations and time it is argued by Stott (1975) that the
behavioural system would tend to get into dysfunction in predictable
ways. It is these patterns that the syndromes of the BSAG represent.
Stott has demonstrated that measuring individuals over time does
produce reasonably consistent patterns not explicable in terms
of concepts such as regression to the mean. At different ages and
with different teachers as a group the results are fairly consistent.

Given the inherent problem for any questionnaire which provides a
check list of behaviours over time the reliabilities reported for the
BSAG are reasonable and certainly acceptable for a group study such
as this.

The pupils entering the authors centre for help with behaviour
problems were therefore for the purpose of this study all assessed by
a teacher from their school on BSAG. At the end of a three month
programme a simple rating was requested:

'In terms of the original reasons for which you referred the
child, do you feel that improvement has been made and are you satisfied
with that improvement?'

Thus this rating was independent of the centre and the BSAG.
A comparison could therefore be made for pupils who improved, and in
the subsequent study who did not improve, to see if on BSAG the pattern
of behaviour varied. That is, did different syndromes give different results.
This would indicate a tendency for change to be global or specific.
Results

For total and syndrome scores, all the factors show significant change when measured three years after the programmes.

Discussion

No differences in pattern of change are discernable in this study. Change was of a global rather than specific nature, when measured in the long term. It does not appear on this data for individuals who progress that any specific syndrome behaviours prove resistant to change. The question remains open in the case of individuals showing less change.

Sample 2

The data for sample 1 indicated significant maintained change over a period of time, with little variation in the pattern of change. This sample collected as for sample 1 consists of twenty pupils, not rated as improved and followed up.

Method

As for sample 1 with not improved representing the selection criteria.

Results

No significant differences at follow up were in evidence, thus it appears that those who failed to make progress initially continued to do so.

If the issue of type of behaviour and change is considered it does appear that each of the patterns changed or did not. Is then it worth including in the final study anything other than a global measure of change? The answer unfortunately is not a clear cut no. Clearly, although change varied on a global basis considerable differences existed between the patterns of scores. This was most marked in relation to over and under reaction but also for the syndromes. If the percentile scores are considered the pupils show wide variation in the patterns.
## TABLE: 14

Therapy improvers: Scores on BSAG prior to and 3 years after therapy

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>S.D.</th>
<th>T. value</th>
<th>Sig.</th>
<th>*Percentile</th>
<th>*Severity</th>
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N = 20  * Scores are guide only and based on norm for males.
Therapy non-improvers: Scores on BSAG prior to and 3 years after therapy

<table>
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<tr>
<th></th>
<th>Mean</th>
<th>S.D.</th>
<th>T. value</th>
<th>Sig.</th>
<th>Percentile</th>
<th>Severity</th>
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<tr>
<td><strong>Overreaction</strong></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Initial</td>
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<td></td>
<td></td>
<td>6</td>
<td>(not severe)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>3.49</td>
<td>.6053</td>
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<td>final</td>
<td>6.65</td>
<td>4.32</td>
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<tr>
<td><strong>Hostility</strong></td>
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<tr>
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<td>6.20</td>
<td>3.68</td>
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<td>final</td>
<td>5.85</td>
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<td></td>
<td>5</td>
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<td></td>
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<td></td>
<td>-</td>
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</tr>
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</table>

N = 20
It may be that within a wider study different correlates for these patterns would emerge. It is therefore probably wise to retain the measure for the remission study. The initial syndrome scores for the two groups indicate the spread in the patterns. For example, while both groups score at the maladjusted level for the total score the syndrome scores vary widely. Only 4 percentile points separate the initial total scores of the groups but 11 points separate the initial Inconsequence score.

The indications are therefore that the different types of behaviour will need to be measured.

Some further considerations

The data above is sufficient to establish a case for including a broad range of measures of types of behaviour difficulty such as is contained in the BSAG. However, certain observations of the data indicate patterns with the scores of interest. For example, it appeared that different items of behaviour in the BSAG were more prone to change within a syndrome group than others. It was decided therefore to undertake two further studies.

The purpose of the studies lies outside of the scope of the present research. They are included as possible pointers to the analysis of case study material for the planned follow up research. The data is soft in that it involves the manipulation of a sample in one case and items of possible differing levels of reliability in the other.

The group results for the sample of non-improvers indicated that as a group no significant change occurred. Yet within the sample considerable differences were apparent. It was decided, purely for the purpose of illustration to look at that group and split its members into those who showed improvement and those who did not. Table 16 was constructed to indicate the pattern. It is clear that the improvers and non-improvers in the group differ in terms of initial and final scores.
### Scores for total overreaction

<table>
<thead>
<tr>
<th>Group</th>
<th>(N = 9)</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvers</td>
<td></td>
<td>25.67</td>
<td>6.36</td>
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<tr>
<td>Initial</td>
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<td>15.89</td>
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</tr>
<tr>
<td>Final</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worse</td>
<td>(N = 11)</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Initial</td>
<td></td>
<td>12.82</td>
<td>4.24</td>
</tr>
<tr>
<td>Final</td>
<td></td>
<td>20.18</td>
<td>6.34</td>
</tr>
</tbody>
</table>
Too much cannot be made of such a result, since it is achieved by splitting a sample unacceptably, but it is perhaps suggestive.

One possibility is that those who progressed in this group were those who had reached the high point of their difficulties and were in any event, starting a period of recovery. Whereas, those who became worse were moving into a period of deterioration and therapy failed to halt that process.

This is of course highly speculative, but it does at least raise questions about the process of change which might be taking place, and the need to look at that process more carefully.

Discussion

The results for sample 2 non-improvers clearly shows a failure of the group to improve long term. This result is important, in that it underlines the success of sample 1 pupils in achieving sustained progress. Nevertheless, some questions are asked about the pattern of the results, which perhaps can only be answered by the later case study material, since wide differences in the group are apparent.

Sample 3 (sample and method)

The data above failed to show any differences in patterns of change between different types (syndromes) of behaviour. Individuals either progressed, or they did not. However, before leaving this area, one further sample was considered. This time, the sample was not the individual child, but rather the individual behaviour. Each individual item of behaviour on the BSAG for sample 1 and 2 pupils who made progress, was traced and its particular fate noted and a rate constructed. (Items unchanged at follow-up/items changed at follow-up.)

Results and discussion

Clear differences in the rate of change for different items of behaviour emerge. It may, therefore, be that certain specific types of behaviour are more difficult to change than others. This is in spite of the failure to establish such a difference in the syndrome groups.
The particular items of interest are:

**Noteworthy features**

Items of little change are:

1. Shouts or waves arms before has time to think.
2. Misbehaves when teacher is engaged with others.
   *i.e.* Two impulsivity items (*E* factor in personality?)
3. Will answer, except when in a bad mood.
   *i.e.* Moodiness (*N* factor in personality?).
4. Mixes mostly with unsettled types.
5. Often centre of disturbance.
   *i.e.* Deviant companionship and activity (*P* factor?).

Most change:

1. Borrows books without permission.
2. Over friendly.
3. Tells fantastic tales.
4. Seems to go out of his way to earn disapproval.
5. Has stolen in a way in which he would be bound to be found out.
6. Tells on others to try to gain teachers' favours.
7. Damage to personal property.
8. Destructive, defaces with scribbling.

These items all seem to have the flavour of better social/contractual/interpersonal relationships. Ways of approaching others seems to improve. Yet non-change items indicate a residue effect from an impulsive/moody/tough personality style.

It would also be that the differences over time could represent changed methods of expression of difficulty. Some methods would retain their value, others would seem to be less useful. The consistency of the syndrome groups tends to support such a view. The concept of genotypic continuity and phenotypic discontinuity could be raised, although that is outside the scope of this study.
This interpretation is somewhat speculative, and no doubt others would read the items in a different way. The question, however, is whether such a pattern would be in evidence in other data and particularly in case study material.

As stated above, these final two studies are both speculative and of uncertain reliability but when the final case study follow up material is developed the issue of the pattern of change will have to be considered. That, however, is for another research study to unravel.
Change in specific items of behaviour (BSAG)

<table>
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<tr>
<th>Inconsequence</th>
<th>Hostility</th>
<th>Peer maladap.</th>
<th>Non-synd.</th>
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<td>Item Ratio</td>
<td>Item Ratio</td>
<td>Item Ratio</td>
</tr>
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<td>1 0.077</td>
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Remission from disorders in children with severe problems

The data so far obtained provides a setting for further study. In terms of the original three areas of interest: personality, multiple stress, and behaviour, the results while varied, do establish a viable basis for an argument for their inclusion in a study of remission.

The studies reported using reasonable sample sizes ($N = 20$ to $N = 160$) and long follow-up periods (3 - 10 years) are far from adequate, but demonstrate a role played by the respective factors. The next stage of the study is to look in detail at the patterns for pupils with severe problems. When the results of this study are available, specific issues and explanations can then be addressed to develop conclusions and proposals. So far the results can be summarised as follows:

**Personality**

Eysenck's arguments for the role of Psychoticism, Extraversion and Neuroticism have been examined.

It is postulated that Psychoticism should play a role in anti-social behaviour, and criminality. The data reported tends to support such a position. $P$ related to conduct disorder in school, criminality, level of criminality and persistence of criminality. It was also found to correlate with specific behaviours in school children said to produce later criminality. Its role in predicting, both existing and long-term behaviour, points to a potentially key role in the understanding of remission.

Extraversion is cited through its link with conditionability, as a component of anti-social behaviour, and criminality. It held up well in the study of conduct disorder in school and was a component in the study of specific delinquency-prone behaviours in school children.
However, it failed to find a role in the specific studies of criminality. Its precise function in the genesis of criminality (for these subjects) therefore needs further exploration. That it has a general role in anti-social behaviour is clear. Neuroticism proved the difficult component, since it showed a significant relationship with anti-social behaviour and criminality, but in the opposite direction to that postulated by Eysenck. The alternative position of Pierson of low anxiety as a component of delinquency receives indirect support.

In terms of personality factors, therefore, the P, E and N components do seem relevant to a study of remission, but the theoretical basis of their involvement needs further consideration.

**Multiple stress**

The concept of multiple factors in the genesis of disorder and remission receives some support, although less decisively for remission. Individuals with more problems and longer-term problems do show higher levels of a range of difficulties indicated by school reports.

The strength of the association of multiple stress with disorder, leaves for further exploration the question of the role they play in remission. In particular, how is it that pupils with multiple disadvantages recover?

**Behaviour**

Traditionally, well established findings are replicated and the predictive value of behaviour problems in school for later delinquency is upheld. It was found however, that pupils who achieved change were able to maintain that change over long periods, in a variety of areas. Individual item analysis of behaviour did reveal a tendency for certain behaviours to be more resistant to change. Thus,
while global predictions of later problems are viable, a more detailed analysis may be necessary. More specific predictions of outcome might improve understanding of remission as 'troublesome' behaviour in school, may prove too imprecise a category. Nevertheless, as the follow-up data on delinquency show, even a general measure of conduct disorder significantly predicts later delinquency.
Remission in a sample of 100 pupils with severe problems

The previous studies had produced an array of correlation coefficients for a set of variables suggestive of some underlying patterns. Since this present study was also likely to produce such an array, it was necessary to reduce the data to see if some underlying pattern of relationships existed. If the data could be reduced to a smaller set of factors accounting for the observed interrelations in the data, a better understanding was possible. The relative strength of the variables explaining the variance in the data could then be judged. The contributions of:

1. The behaviour itself.
2. Personality.
3. Multiple stress.
   a) Predisposing (family etc.).
   b) Precipitating (fortuitous events).

could be assessed, and their contribution, singly or in combination, be unravelled.

Factor analysis provides a procedure for such data reduction. The particular procedure of principal component analysis, producing orthogonal factors was chosen. This was to reduce the data to the smallest combination of variables, which would account for the maximum variance in the data.

The analysis was undertaken with the SPSS (Nie et al 1970) procedure using varimax rotation. (Full data sheets are appended).

Analysis of remission

The provisional conclusions above demonstrate potential explanations for an understanding of remission, but more strongly underlines the relationship to disorder. The data clearly illustrate that those more likely to exhibit disorders of behaviour are also
likely to experience a range of other variables in their lives, along predicted dimensions.

The data also indicate that some variables which correlate with disorder also discriminate between those with higher levels of a more persistent disorder. The question remains however, of the relative strength of the factors. So far, each of the three theoretical positions has been considered separately. In particular, the role of the theoretical positions in understanding remission in groups of individuals with severe problems, need clarification.

If all that can be demonstrated is that individuals with minor difficulties show higher levels of improvement than those with major difficulties, little is achieved. Similarly, if those with major difficulties are found to experience more stresses than those with minor difficulties, little progress is made.

It is more important to understand how much of the variation for individuals can be explained by reference to any given variable. In that way, the issues raised in the original literature review can be addressed.

For example, is the behaviour sufficiently predictive beyond the knowledge that other variables would impart? Does it assist understanding to be aware of the conditionability of individuals in addition to the level of disorder they present. Does it matter what life events are experienced, or will the weight of multiple family difficulties balance these out?

To assess some of these issues, it is necessary to consider the fate of individuals seen as presenting severe difficulties. To take measures of their position at different points in time and incorporate life events with socio-economic and psychological variables.

That task is attempted through a factor analytic study of 100 pupils with severe problems, using the variables established in the previous studies. Once that data is available, some answers may be forthcoming.
The Sample

The sample for the present study consists of 100 pupils who were classified as severe problems.

The criteria for such a classification was as follows: The pupils had to be presenting difficulties of conduct in school sufficient to require additional specialist help. These difficulties had to be of at least two years' standing. Specialist help having been provided, the behaviour was not to be sufficiently improved for the child's school to be prepared to rate the behaviour as improved.

This classification is essentially administrative and therefore does not pre-judge the type of conduct disorder to be included in the sample. Once a sample frame of pupils fitting these criteria was established, two sub-frames were created.

1. Pupils who, subsequent to the therapy above, received further help and who were then judged as much improved by their school six months after the end of a given period of therapy.

2. Pupils who, subsequent to the therapy above, received further help, and who were judged as not improved by their school six months after the end of a given period of therapy.

The judgement as to what constituted a given period of therapy was in principle simple – i.e. it was terminated, but in practice this was not so. It was found from case study analysis that individuals supposedly completed in therapy would move back in and out of therapeutic support, and those 'in therapy' were found to have terminated.

The number and multiplicity of support agency contacts with the pupils/families was very large. Four or more separate therapies was not unusual.

A child might progress through a nurture group at infant school, a tutorial class in primary school, remedial help in his early
secondary career, a period of psychotherapy, and then, finally, behaviour therapy, or an off-site unit towards the end of secondary life. Meanwhile, one or other parent may be receiving psychiatric treatment and siblings special education in their own right.

Consequently, only if a judgement was made by the given agency that a programme had been completed, successfully or otherwise, was a "given period" deemed to have taken place. The limitations of this are obvious.

A sample of pupils was established by randomly selecting pupils from the frame, until fifty names were obtained for each of the sub-frames. The sex distribution of boys and girls in the main frame, was biased in favour of boys. This fact, boys presenting more difficulties than girls, was established in the previous data. Previous studies had overcome the shortage of girls in the samples, by selecting specified numbers of each sex. In this present study, it was felt that the impact of sex itself as a determining factor in outcome needed to be established. Therefore, the cards with the names of all the boys and girls in the sample were shuffled and thereby randomly distributed throughout the main frame. Consequently, the appearance of more boys or girls in either of the two sub-frames should reflect a real difference in this classification.

Data on each of the pupils in the sample was collated. Only information in the contemporary record was used. The data was obviously collected at different points in time and the follow-up period varies from a few months in the case of the therapy ratings to fifteen years in the case of infant behaviour/criminal convictions comparisons. The follow-up specifications are therefore provided separately for each variable, rather than by reference to an average and misleading figure. (see below).

The data obtained for the sample of 100 pupils was subjected to a factor analysis.
The method of therapy used requires some comment. It is the case that all the pupils selected had received previous periods of help from a variety of theoretical positions. For example, Tutorial groups often work from a psychotherapeutic perspective, and Nuture groups from a developmental position. The pupils in this sample had been through such processes. They then came within the framework of a behaviourally oriented therapy. The fact that some improved is not evidence for the superiority of a behavioural position. That is not the purpose of this study. What is being considered is the difference between those pupils who failed to improve in spite of a variety of provisions and factors which correlate with that. The concern is with remission not the strength of respective therapies.

All the pupils in the sample came within the framework of the authors centre. Thus they all were subject to an analysis of their problems using procedure outlined elsewhere (Lane, 1978) and an intervention designed. The context for the intervention would have varied, and the personnel carrying out the programme would have been different, but all programmes would have been monitored by centre staff. The question does arise as to the effect of different staff on outcome. This was (1976) considered earlier and two groups of pupils were monitored with different staff and no effect was apparent. A controlled study in a centre other than the authors, which uses essentially the same model, and working in a similar area, was undertaken. They considered outcomes across pupils for twelve different therapists. The study on all the factors they considered is not yet available but Coulby (personal communication) has reported that no effect was apparent as a result of assignment to a particular therapist.

The study therefore compares 50 pupils who had not responded to a variety of therapies and 50 pupils who having previously been non-responsive finally did so. Factors correlating with that remission are considered.
Method

General descriptions of the methods (and problems) used in collecting information were provided previously. The areas included in the current study are outlined, but relate to the earlier descriptions. New measures are described more fully.

Initial rating of success in therapy

At the completion of a 'given period' of therapy, the pupils' schools were asked to rate the child's behaviour in school. The teacher responsible for the overall monitoring of progress was usually the person who made the judgement based on reports obtained from other teachers. In some cases, this task was delegated by the senior teacher to other staff members. The rating used was as follows:

a) To count as improved, the child had to be exhibiting much less difficulty than previously and at a level sufficient for the child to be contained in school without further specialist support.

   This definition does not require the total absence of difficulties, but follows the administrative basis for their original classification. On this basis, they would no longer be considered a 'severe problem'.

b) To count as not improved, the child had to be exhibiting similar (that is, only slightly better, the same, or worse) levels of difficulty as previously, such that specialist help was still required.

   This definition places the child as remaining within the category of a 'severe problem'.

Various rating systems were used experimentally in the early stages of the research, but it was found that the factor which most effectively differentiated pupils was the issue of whether or not the child could now be contained in school without further help.

Subsequent rating of success in therapy

Six months after the completion of therapy, teachers in
The maintenance of any gains made were thereby established.

**Intelligence**

This section includes only IQ scores obtained from individually administered tests. In most cases, this is based on a 'WISC' full-scale score. However, in some cases other comparable tests were used, such as the "Stanford Binet". The scores were extracted from records, judgements as to the appropriate measures were clinical. Some caution is necessary in the interpretation of this data, as control of how and when the data was obtained was not available. In all cases, the data was recorded prior to the 'given' therapy, consequently follow-up periods of two years and above for the subsequent measures of change and conviction are possible.

The following factors were measured as previously described:

a) Number of siblings.
b) Social class.
c) Personality. (Teacher comments)
d) Family factors.
e) Health.
f) Peer relationships.
g) Sibling position.
h) Initial comment of a behaviour.
i) Individual precipitation at change.
j) Structural precipitation in school.

Data on conviction obtained as described previously, was included, but only two measures were used:

a) Total number of convictions.
b) Time scale for convictions.

**Change in behaviour**

This factor was measured as before. However, a fixed point was assessed, that is, the end of school career. (Two to five year follow-up).
Personality

The Eysenck Personality Questionnaire (as previously) was used. However, in relation to the present study, all questionnaires were individually administered. The follow-up periods available vary depending on the comparisons from a few months to more than five years. Data on the three factors of Psychoticism, Extraversion, and Neuroticism are included together with the lie scale score.

Behaviour

The Bristol Social Adjustment Guide was completed on all pupils in the sample, by teachers prior to the 'given period' of therapy and at the six month follow-up period. This assessment parallels the rating for therapy outcome, but provides a breakdown by type of behaviour. In this way, particular patterns (syndromes) of behaviour and varying in outcome might be assessed.

Since the total score for 'Overreaction' is a composite of the syndrome scores, it was excluded from the analysis in favour of the more precise syndrome scores. The total score for underreaction was included, but consequently the underreactive syndrome scores were excluded. This procedure was necessary, because of the very low level of scoring on underreaction, necessitating a combined score.

The total overreaction score for the group of those pupils who were rated as improved at six months, and those not so rated, are included in Table 18.
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N = 100

Sample of 50 pupils who improved subsequent to therapy and 50 pupils who did not when measured for total overreaction score on BSAG prior to therapy.

The table indicates that the two groups prior to therapy did not differ in mean level of total behaviour problems recorded by the schools.
In terms of total level of behaviour problems, initially the two groups are therefore comparable.

The Data analysis follows.

Correlations are given in the text without reference to direction, to improve readability. Direction is included in the tables.
### TABLE : 19

**VARIABLE**  | **PST CORRELATION**  | **FACTOR**  | **EIGENVALUE**  | **PCT OF VAR**  | **CUM FCT**
---|---|---|---|---|---
SUCT | 0.5876 | 1 | 6.36056 | 19.3 | 19.3
SUCT | 0.78241 | 2 | 3.32224 | 13.0 | 32.3
TC | 0.40786 | 3 | 2.18144 | 6.7 | 39.0
SINS | 0.5394 | 4 | 1.58719 | 6.0 | 45.1
SOC | 0.49396 | 5 | 1.88581 | 5.7 | 50.8
PERSFEG | 0.70868 | 6 | 1.65523 | 5.0 | 55.8
PERSFEG | 0.56062 | 7 | 1.40896 | 4.3 | 60.1
FAMFEG | 0.59336 | 8 | 1.32890 | 4.0 | 64.1
FAMFEG | 0.38369 | 9 | 1.22870 | 3.7 | 67.8
HEALTH | 0.32277 | 10 | 1.05948 | 3.3 | 71.1
PEFNS | 0.63270 | 11 | 0.93689 | 2.8 | 73.9
SIP | 0.39851 | 12 | 0.89626 | 2.7 | 79.5
TCP | 0.65091 | 13 | 0.73414 | 2.2 | 81.7
CHE | 0.70600 | 14 | 0.65958 | 2.1 | 83.8
PBRF | 0.51743 | 15 | 0.60508 | 1.8 | 85.7
STRUC | 0.51918 | 16 | 0.55270 | 1.7 | 87.3
CON | 0.84335 | 17 | 0.50394 | 1.5 | 88.9
TCPH | 0.84729 | 18 | 0.47899 | 1.4 | 90.3
PYSCH | 0.6879 | 19 | 0.43094 | 1.3 | 91.6
FXTRA | 0.60068 | 20 | 0.30053 | 1.2 | 92.8
NFURG | 0.46219 | 21 | 0.37709 | 1.1 | 93.9
JIF | 0.49494 | 22 | 0.34758 | 1.0 | 95.0
UNDACT | 0.7980 | 23 | 0.30943 | 0.9 | 95.9
TNC | 0.90530 | 24 | 0.25646 | 0.8 | 97.7
HCTIGI | 0.70317 | 25 | 0.25916 | 0.8 | 97.5
PERMAI | 0.70113 | 26 | 0.1925 | 0.6 | 98.1
NOCSYS | 0.64967 | 27 | 0.17004 | 0.5 | 98.6
UNDACTI | 0.59301 | 28 | 0.14376 | 0.4 | 99.1
TCIMI | 0.94297 | 29 | 0.12542 | 0.4 | 99.5
HCTIGI | 0.88332 | 30 | 0.11943 | 0.3 | 99.7
PERMAI | 0.73337 | 31 | 0.08148 | 0.2 | 99.9
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Principal factor analysis was undertaken on the thirty three variables listed. As a result, ten factors were extracted. Separate tables for initial values, principal factors and values of extracted factors are appended below.

Varimax rotation was then undertaken to produce a psychologically more meaningful analysis. Tables for the notation, and the transformation matrix are also appended below. The two principal unrotated factors are considered.

**Factor 1**: Behaviour towards others.

This factor contributing some 30% to the variance is marked most strongly by items relating to the way the child's behaviour and personality is seen by the teacher. However, it is not a general behavioural component, since certain items (Inconsequence for example) do not load heavily on this factor. It does, nevertheless, indicate a continuity of assessment from infant school behaviour (ICB) to final secondary assessment (CHB) and other subsequent delinquency. (Con).

The main contributions to this factor are as follows:

- 67 - Personality negative (as seen by teacher).
- 65 - Change - CHB - (final rating by teacher).
- 64 - Peer maladaptiveness (final rating on BSAG).
- 60 - Therapy success (low rating on follow-up).
- 57 - Poor peer relations (teacher assessment).
- 55 - Positive personality (low rating by teacher).
- 54 - Convictions.
- 53 - Initial rating by teachers (ICB).
- 53 - Hostility (initial rating on BSAG).
- 52 - Peer maladaptiveness (initial rating on BSAG).
- 51 - Hostility (final rating on BSAG).
- 50 - Time scale for convictions.
The specificity of these correlations is noteworthy:

- Hostility, initial and final.
- Peer maladaptiveness, initial and final, and
- Poor peer relations.

Initial (infant) and final (secondary) comment on behaviour. Inconsequence, however, does not form part of this factor. It is suggestive of a pattern in which the child, initially labelled as someone hostile to adults, and having a poor relationship with other children, is consistently seen in such a light.

The absence of Inconsequence does strengthen the view that it is behaviour directed towards others, rather than more general behavioural difficulties which are the critical components of this factor.

**Factor 2 : Reactivity**

The remaining overreactive behavioural variable of inconsequence dominates this factor (contributing 20% to the variance), but includes the personality component of extraversion. It is suggestive of a general 'reactivity' factor. Inexplicably, the variable underreaction (initial, but not final) also features strongly.

The main contributions are:

- .87 - Inconsequence (final rating on BSAG).
- .85 - Inconsequence (initial rating on BSAG).
- .73 - Underreaction (initial rating on BSAG).
- .73 - Hostility (final rating on BSAG).
- .59 - Extraversion (on EPQ).

Stott has suggested that over time, the inconsequential child may suffer rejection from adults. The appearance of hostility at final stage may indicate such a pattern.

The rotated factors are now considered and labelled in terms of their main elements.
Factor 1: Reactivity

The main contributors to this factor are as follows:

.97 - Inconsequence (BSAG follow up).
.91 - Hostility (BSAG follow up).
.83 - Inconsequence (BSAG initial).
.75 - Underreaction (BSAG initial).
.71 - Extraversion (EPQ).
.53 - Hostility (BSAG) initial.

This factor is something of an enigma. Certain of its variables provide a clear picture related to the activity level of the pupil.

Thus, inconsequence, initial and follow-up, indicates overreactive behaviours, marked particularly by elements such as impulsivity and distractibility. These fit well with Extraversion to indicate a general high level of reactivity and potentially low level of conditionability.

The strong role (final, but less so initial) played by hostility that is a loss of faith or rejection by adults, also provides an element of interest. It may be that pupils who exhibit high reactivity/low conditionability may also be rejecting of, or by adults.

The specificity of the behaviour is apparent in this factor; items related to defiance of social and peer norms (also measured on BSAG) are not strongly featured.

As in the previous data, the extraversion factor is found to be related to one area of behaviour disorder, but not others.

The very strong loading at follow-up, rather than initial stage, does suggest that hostility may be an outcome, that is, the child's impulsive behaviour leading to rejection by adults.

However, Underreaction (on BSAG) also forms a strong component in this factor. This is exceptionally difficult to encompass in the explanation above. Had the value for Underreaction been negative, a
simple reactivity dimension could have been postulated. But it is not.
To add to the difficulty, unlike the overreaction scores which correlate
at both initial and follow-up stages, Underreaction disappears from the
correlation at follow-up. It contributes to the factor only at the
initial stage.
Thus, individuals are marked, by impulsive, overreactive
behaviours, initial and long-term extraversion, but also initially, but
not subsequently underreactive behaviours.
Speculatively, it might be possible to reconcile these
components by postulating (as does Stott) a situation in which the
highly inconsequential child gradually experiences more rejection from
adults over time, and thus may become hostile.
It might similarly be possible to postulate a situation in
which the inconsequential child faces adult rejection and responds
initially in a variety of ways. These might include hostility to adults
(overreaction) but also withdrawal from, and unresponsiveness to them
(underreaction). However, in the long run the general overreactivity
of the child results in the underreactive responses extinguishing in
favour of an overreactive extravert response system.
Although the distribution of scores for underreaction are
such that they do contribute to the factor, the level of scoring is
low. (The combined, not syndrome scores were included for this reason).
This fact perhaps lends support to the idea that in the long run the
general reactivity level of the child comes to dominate the pattern.
The child thereby also comes to be further rejected by adults and the
level of hostility increases.
An alternative way to express this would be that the child
gradually resolves his underlying conflict with adults in terms of one
symptom structure. This is, nevertheless speculative. The more stable
elements of this factor point to a general behavioural predisposition to
overreactive extraversion.
Factor 2: Fortuitous events

This factor is difficult to label, but it comes closest to expressing Rachman's 'fortuitous' events. One might also call it the 'painful' factor, thereby expressing the sense of everything in life going wrong, or the absence of positive endings. (see Factor 5).

The main contributors to the factor are:

- .73 - Precipitation (that is, individual negative life events).
- .64 - C H B (poor final rating in school).
- .62 - Structural (that is, negative changes in school).
- .49 - Psychoticism (EPQ).
- .41 - Therapy response (low rating for change on follow-up).
- .35 - Personality seen negatively.

The pattern suggests, in part, one of the child being seen as a negative person, the psychoticism dimension probably contributing, and not responding in the long term to therapy. But most strongly, the pattern is one of the child experiencing negative life events, both individually and in terms of his school. The child is the subject of events which lead to a deterioration in his chances of progress.

It is particularly interesting that this factor is orthogonal to Factor 1, suggesting that the negative view and actions taken by the school are independent of the child's behaviour. Rather, they may be linked to the child's personality (seen negatively) or a failure to deal with the individual crises the child experiences outside of school.

The appearance of individual precipatory or structural precipatory negative variables in this factor, point to the role of fortuitous life events as crucial to an understanding of remission.

Neuroticism also takes an interesting role, being moderately correlated (in a negative, i.e. low N direction) with both Factors 1 and 2. The correlations are .29 and .32 respectively.
Factor 3: Norm Violation

The main contributors are:

.74 - Non syndromic (BSAG follow-up).
.69 - Non syndromic (BSAG initial).
.67 - Peer maladaptiveness (BSAG initial).
.41 - Peer maladaptiveness (BSAG follow-up).

The non syndromic items on BSAG consist mostly of behaviours indicating violations of social norms, defiance etc.

Its independence as a factor is of interest, suggesting that the occurrences of these types of behaviour disorder are not specifically predicted by reference to the other variables. Stott, in fact, argues that norm violating behaviours are culturally based, suggested by whatever patterns are reinforced by the groups of which the individual is a member.

Factor 4: Delinquency

The main contributors are:

.92 - Time scale for convictions.
.83 - Convictions.

This factor, like Factor 3, produces two strongly related variables which point to an independent dimension.

Interestingly, Factors 3 and 4 both represent anti-social behaviours which are independent, yet each contributes similarly to the explained variance.

Factor 5: Absence of positive beginnings

This factor (like Factor 2) is somewhat difficult to name, in a way which reflects something of its essence. It represents perhaps, poor beginnings, as Factor 2 represented poor endings.

Its main contributors are:

.58 - Poor peer relationships (as seen by teacher)
.57 - Positive family features (i.e. absence of).
.54 - Positive personality features (i.e. absence of).
.43 - Poor initial comments at school.
Poor initial response to therapy.
The variables included in this factor do seem to stress the absence of positive factors. However, negative personality features as seen by the school also feature in the factor (.40) as they similarly feature in Factor 6 (.47).

Factor 6: Poor family background

This factor was relatively easy to label, representing a traditional combination of family adversities.

The main contributors are:

- .74 - Negative family features.
- .48 - Low social class.
- .47 - Large family.
- .47 - Negative personality features.

Like Factor 5, some moderate relationships with an initial poor start to school is noted (.31) although less strongly. The emergence of two separate factors of family background — the absence of compensatory features (Factor 5) and presence of negative features (Factor 6) — is interesting. It is often assumed that the mere presence of adversity is sufficient to merit concern. These two factors suggest that the presence or absence of compensatory positive features must be considered.

Factor 7: Therapy responsiveness

The main contributors are:

- .66 - Peer maladaptiveness (BSAG follow-up).
- .61 - Therapy response (long term).
- .48 - Change long term.
- .40 - Therapy response (initial).

The various measures of change assessed by the school all group together in this one factor. This suggests a general similarity of rating across time and situation of the individual as non-responsive. It has been called a therapy responsiveness factor, although the presence
of long-term peer maladaptiveness as a component might indicate a more
general lack of responsiveness to relationships.

**Factor 8 : Lie score**

The one strong factor here is the lie scale score of the EPQ, although some tendency for this to relate to levels of Psychoticism and low social class is apparent.

The scores are:

.71 - Lie score.
.42 - Low social class.
.42 - Psychoticism.

**Factor 9 : Sex, and youngest**

The late emergence of sex amongst the minor factors is of interest, given its very strong showing in the earlier data. Its role within a group with severe and multiple problems is perhaps not as great as in a less difficult group.

Even here it is not the main contributory variable, the scores are as follows:

.60 - Sibling position (youngest).
.45 - Initial difficulties at school.
.43 - Sex (female).

Being the youngest in the family and female, is moderately related to initial difficulties in school.

**Factor 10 : Underreaction**

The only strong component of Factor 10 is the long-term measure of underreaction on BSAG. The short-term measure of this variable proved difficult to interpret as a component of Factor 1.

In this instance, it stands virtually alone.

The scores are:

.92 - Underreaction (BSAG follow-up).
.24 - Underreaction (BSAG initial).
.26 - Therapy success (follow-up).
**Discussion**

The intention of this study was to look at the interrelationships of variables for children with severe disorder of conduct. The data from the principal factor analysis strongly support the concept that behaviour is predictive of itself. However, this conclusion does not justify an assumption that any general rating of conduct disorder is predictive of particular later difficulties. It is clear that specific patterns exist. That, relating to the general reactivity level of the child, represents one factor, and general relationships with others, another factor.

The rotation of the data provides a clue to the interrelationships of the variables.

The general level of reactivity retains its position as a main component. The factor called 'fortuitous events' emerges as the second component.

Anti-social/Norm violations then emerge. Groups of factors indicating lack of positive and presence of negative family features then link with initial school difficulties.

The patterns of behaviour and the events which subsequently impinge upon the child therefore emerge as the main contributors to final outcome or remission.

The loadings are not so strong or unequivocal to determine an absolute pattern along these lines, but the suggestion of the study for this group of children with severe difficulties is that general patterns of family background and adversity do relate to initial difficulties in school. Later outcome is largely dependent on the events which subsequently happen to the child. A major portion of these events were within the control of the school, and those that were not, were nevertheless known to professionals associated with the child.

It is, however, to the actual behaviour of the child that the main effect lies.
CHAPTER 5

Discussion and Conclusions

This chapter will attempt to draw together some of the major points raised in the literature review and the explanatory theories proposed. The extent to which the data obtained in this study assists in understanding the points raised will be explored. It must be restated, finally, as it was initially, that the study addresses itself only to certain issues in understanding remission, and applies only to those studied.

In Chapter 2, the central question of the study was posed:

"What do we need to consider if the process by which some children who present behavioural problems improve (remit) and others do not, is to be understood?"

Unfortunately, the question itself poses further questions. Nevertheless, a start is made with the issues of classification and labelling from Chapter 1.

What is remission?

The question at least is simple. It is a process by which individuals identified as having noteworthy difficulties later come to be considered as no longer a cause for concern.

Paradoxically, although the question is simple, the process involved is not. The issue was originally raised that remission is from something, i.e. 'noteworthy difficulties', but how those difficulties might be classified and the response forthcoming presents a conceptual confusion. There is no widespread agreement on the basis of classification, although various systems receive differing degrees of support. Some of these issues in relation to clinical classification were mentioned, as was the question of labelling raised in sociological findings. The point was made that how the child was classified, and the provision
available were intimately linked. This becomes even more critical given
the passage of the 1981 Education Act setting out new criteria for
classification or a 'statement of needs'. The statement, while not having
the categorised basis of earlier systems, nevertheless still essentially
locates the statement of need as the child's. It does not address
itself to questions about the role of the school, or other professionals
in promoting difficulties. Yet such questions are asked in the research
literature. In relation to the new Act Warnock (1983) makes the point
that an Act aimed at integration cannot work without a change in
imagination from teachers, for which she sees little evidence.

Remission then depends on the available resources and the
response of the school, according to such a view.

However, it is also important to remember that the concept of
remission is more than the presence and continuance of disorder. The
concern is with change. Establishing that a difficulty exists or even
correlates between disorder and other variables does not of itself assist
in understanding remission. Factors related to the process of change
must be elicited. As Yule (1978) has argued, factors related to the
occurrence of a disorder are not necessarily involved in their maintenance.
Consequently, not only must the fate of the behaviour be considered, but
also of the label attached to the child. Any difference between these
two is of interest. Additionally, the role of any variable in relation
to disorder must be separately considered in relation to remission.

These different aspects of remission can therefore be considered.

What factors correlate with the occurrence of disorder?

The study started with three propositions.

1. That personality features made more likely the occurrence
   of a disorder of conduct.

   It was argued, following Eysenck, that conditionality (high
   Extraversion) influenced the likelihood of disorders of
conduct developing. Furthermore, high drive levels (high Neuroticism) were also implicated. Psychoticism also was seen as a crucial component.

The data, in relation to general conduct disorder in school, supported the position for E & P, but not N. However, when translated into a prediction for criminality, only P emerged.

Conditionability (in so far as it is reflected in E) therefore is seen to play a role but the nature of its influence in respect of particular patterns of behaviour needed further clarification.

The later study did provide such a clarification, in that it formed part of a factor associated with hyperactive/distractable (Inconsequence on BSAG), but not with norm violating or peer maladaptive, behaviour. It was also linked more strongly with hostility to adults in the long term, rather than short term, suggesting hostility as an outcome of the pattern.

In relation to the occurrence of disorder, then P is found to be associated with general conduct and criminality. E is found to be related to general conduct disorder, but it is probably through its association with specific hyperactive types of behaviour that its effect is greatest.

2. That those suffering multiple stresses are more likely to develop conduct disorders.

This position was strongly supported. Across a wide range of measures it was found that the level of disorder related to the level of adversity and the absence of positive compensating features.

3. That the occurrence of behaviour difficulties at one stage are predictive of difficulties at a later stage.
Again this position was strongly supported, even a broadly drawn category of conduct disorder was predictive of later delinquency.

In summary then, it is apparent that all three theoretical positions receive some support, and play a role in the occurrence of conduct disorders.

What factors correlate with remission from disorder?

The study of multiple stress components in Chapter 3 provided some evidence that continuation of disorder was more likely in individuals suffering more, rather than less, adversity. Even within that general conclusion, certain features, namely teacher assessed personality, emerged more strongly than others.

This general level of adversity argument is valid, but it takes one only so far. A more subtle examination is necessary. The study of the group of children presenting severe conduct disorders provided some of the answers.

It was apparent from the principal factor analysis that the two general factors to emerge were both dominated by variables indicating behavioural features. That two such, orthogonal, features should emerge serves to emphasise that a general category of 'conduct disorder' is too imprecise. The continuity of behaviour rating by teachers from initial to the final years of secondary school is particularly noteworthy. That such children are seen not only as badly behaved but as 'bad' people, who are similarly at loggerheads with adults and peers, raises important questions as to the sources of support available to such pupils. Their subsequent delinquent career extends their conflict with others, from a period in some cases stretching from five to twenty years of age.

The second main factor does suggest that certain children are temperamentally (Extravertly) inclined to consistent difficulties of conduct marked by inconsequential (impulsive) behaviours. Such children...
and such behaviours cannot be lumped together in a general anti-authority grouping even though they may come eventually to be in direct conflict with adults.

The rotation of the data further served to underline the different patterns of behaviour, with norm violating features grouping into a specific factor. Thus, the behaviour itself, in relation to specific items, rather than generalised categories must be the focus of attention. The result also raises the question of the independence of a rating as improved (remission) and behavioural evidence of change.

Beyond the focus on the behaviour itself, other features emerge. The most important of these corresponds, in part, to the concept of 'fortuitous events' influencing outcome. It is apparent that pupils showing less teacher rated change long term are also the subject of negative life experiences, both individual and in terms of their school careers. The Personality feature of Psychoticism also appears and suggests a pattern in which the high P child is more likely to be the recipient of punishing, rather than reinforcing life events (in part independently of the behaviour).

Therefore it is not sufficient simply to look at the child's behaviour, but also to the events he experiences for an explanation of remission.

Two other interesting features are the absence of positive family, and other features, and a preponderance of negative ones. These two features appear to play a role in the initial occurrence of problems. Thus, the child who starts life in a difficult situation is more likely to develop behaviour problems, but it is to subsequent events that one must look for evidence of maintaining factors. Additionally, it would appear that some children are temperamentally inclined to certain disorders, but the behaviour itself constitutes the key.
What then is the pattern of remission?

In answer to the original question of what we need to consider to understand the process of remission, it is apparent that it involves more than a change in behaviour. To some extent, it appears that the behaviour of the child and a rating as improved are independent variables. Why they should be so is not clear, and can perhaps best be understood by detailed case study analysis or process research. Certain clues are available in the study indicating a relationship between final ratings, life events and personality features.

This issue needs further study. The distinction is not absolute however, since a general factor of behaviour towards others emerged in the principal factor analysis. This suggests that certain behaviours, namely those directed towards adults or peers feature more strongly in a rating of change by teachers than more impulsive disorders.

The point is made that behaviour cannot be seen in a global sense, outcomes will vary, but primarily it is the behaviour itself which differentiates individuals. Understanding remission, also requires a consideration of the events that happen in the lives of the children.

A knowledge that the child has suffered multiple adversities tends to strengthen a prediction of disorder, as does the absence of positive compensating features. Remission however relates very strongly to the subsequent events in the child's life, rather than to the general presence or absence of adversity. The expectation remains that those suffering greater adversity will develop more problems of conduct over a longer time scale, but as a partial explanation only.

Certain patterns of conduct, namely impulsive behaviours (inconsequence) are seen to be related to general impulsivity of personality (extraversion). It is suggested that the extravert child
who develops or shows conduct disorders of an impulsive type will be less likely to change, but also to develop further difficulties in time in response to the actions of others (hostility).

Understanding remission, therefore involves all three of the explanatory propositions originally stated. They are not mutually exclusive, but do interact in defined ways. In response to a question, as to which explanation carries the strongest prediction, the answer points to 'Behaviour predicting subsequent behaviour of a similar type'. The strength of the other factors discovered does nevertheless underline the need to take account of their role. It is apparent that simply changing behaviour is not enough, one must also act to change the way the child is viewed, and to deal with the significant negative life events the child experiences. To this extent, professional attempts to promote remission do require a multimodal input, focussing on the behaviour and the significant agents and events in the child's life. An effective short-term therapeutic intervention would need to be supported by longer term action in the community of which the child was a member. The primary focus for this would seem to be the school.

What proposals for working with such children are possible?

Factors 1 and 2 together suggest that to achieve change, one must:

1. Act to change the behaviour itself, a task made particularly difficult by the low levels of conditionability of the pupil.
2. Act to change the action of the school itself, towards the child.
3. Assist the child through individual crisis periods, rather than reject because of the child's difficult nature.

The child most difficult to like is also the most in need of support.
Achieving the above must involve the school in providing ongoing support, and also the range of other agencies and professionals involved at different stages of the life of the child and his family.

The traditionally established variables of multiple adversity draw attention once again to the need for support for families at risk. However, there has also been a traditional tendency to place all behavioural disorder at the door of the poor family. Such a position is not tenable for these pupils. The school itself, in the way children are labelled and the response offered, is part of the situation of concern. Ongoing action within the community of the child and principally his school is needed. A detailed account of such a procedure is available. (Lane 1978).

What then remains?

All research ends with a plea for more research. This study is no exception. It is not known whether the findings for these pupils apply to others. Replication is needed, by others.

Certain areas are being actively pursued and these are listed below.

1. The development of a case study analysis of the pupils (one such case is included in Appendix 1), and process research.

2. The development of a training programme to meet the needs above. (see Appendix 2).

3. An analysis of how the pupil views his own behaviour and its relationship to remission.


5. The re-assessment of the author's clinical work with schools and children.

But finally, and most importantly of all, it remains to thank all those who participated in the research.............

My warmest thanks.


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The case study analysis of hypotheses.

Jenny - The balance of influence

The major difficulty with any case study material is that most peoples' histories are sufficiently rich to support any theoretical interpretation; certainly Jenny's is such a case. To overcome this difficulty, the case study is presented with some history, but specific points in time are emphasised, at which she either did or did not attend school. The balance of influences operating on her at these times is outlined, and subsequently comments made. The case has been modified for reasons of confidentiality, but remains substantially illustrative.

It is of course open to the reader to re-interpret the history, but the comments do, it is hoped, make fair points about the history. Alternative concepts of 'history' will then be discussed. Inevitably, a history is selective because of shortage of space, but in this study, is supported by comments or data recorded at given points in time, rather than reliance on subsequent interpretations. When key issues receive brief mention that reflects an actual lack of recorded information about them.

This case looks at Jenny from age three to thirteen, then briefly at fifteen, and finally to 23 years old, some twenty years in total.

Jenny - Persistent truancy

Jenny is discussed in some detail, to illustrate how problems develop and the relationship between that development and intervention. It is taken historically.
she was three, to escape her father who was violent, particularly when drunk. Father followed however and they returned. The pattern of running away, then going back on promise of change, then returning again, continued for several years.

Jenny clearly remembers this as early as three years of age, constant flights and her mother always saying that she would leave. Jenny worried greatly about this and always feared that if she went out, her mother would not be there when she got back.

The family (parents and six children) all moved to London when Jenny was five. Father was out of work, fights continued, two of the children went into care, one to Borstal. As well as conflict within the family, there was conflict with neighbours, as the parents were vehemently anti-Irish and anti-black.

Jenny presented **no attendance problem** at her first infant school, which she describes as "...a Catholic school and I loved it there. They took an interest in you. It was small and there were no Blacks".

Her teacher described her as an intelligent but temperamental child, who seemed to want affection, but who was defensive. She was also said to be capable of bad tempered, aggressive behaviour, and inconsistent in her work. On transfer to junior school, **attendance problems started**. According to Jenny, the school was big, with crowds, frightening and full of blacks. This transfer corresponded with her increasing fear about her mother leaving home, and her father killing her mother. This school described her as a very difficult child with a sour attitude to people, unpopular, aggressive and defensive, and terribly mean to Irish and coloured children.

Her attendance was patchy right through junior school and her mother would encourage her to stay at home, to clean the house and look after her.
At ten, she came home and found her mother on the floor, covered in blood. She thought her father had tried to kill her, but in fact this was not the case. Father left home finally after this, and Jenny stayed at home virtually permanently, to look after her baby brother.

Several attempts, via court action and Child Guidance, failed to affect her attendance, or that of her elder brothers, most of whom had been in and out of care.

She managed to improve her attendance at secondary school, at least initially, although never achieved more than two or three days a week. She said at this time that she was getting bored at home and her secondary school had lots of things to do and the teachers were helpful. A friend whom she knew previously joined the school in Jenny's second year and Jenny began getting into trouble with teachers, with this girl. She also truanted in company with this girl.

She first became angry and later depressed by the situation, as she thought that the teachers were being unfair, sneering at her and talking behind her back. She became increasingly behind in her work and in particular had difficulties with authoritarian and aggressive male teachers.

During the second year, she came into more contact with such teachers and this re-established her fears about her aggressive father. She started worrying about his coming back and attacking her mother. The size of the school and number of black children became a sensitive issue again.

Jenny at this time expressed anger about her failure to establish an individual identity. Teachers and others treated her not as herself, but as part of the problem family, or as part of those problem pupils! She was re-referred by the school for extra help.

Her school described her as "a persistent truant, almost phobic, who saw no purpose in coming to school". She was seen as out of
place in a large impersonal environment and had particular problems in relationships with men.

By the third year she stopped going to school and was very withdrawn and depressed. She described herself as being sad all the time. It was decided that unless her attendance improved, she would be taken into care, although this had not helped her brothers. Prior to this action, it was decided to do something about the appalling poverty and housing conditions of the family. Re-housing followed, but not Jenny's attendance.

She now spent her days looking after the baby. Her friend had started attending school again, following intervention by the school counsellor, so Jenny had no-one to talk to during the day.

Interim comments

In looking at the situation at this point, with Jenny aged 13, several features emerge.

No one factor generally is possible as an explanation. For example, she certainly had a high level of anxiety about leaving home. Yet this could not explain absence, since her attendance at infant school was good. She had fears about men, black and Irish children, violence and so forth, throughout her life, yet her attendance was variable.

It appeared that when several of these features were brought together at the same time, her threshold for anxiety tolerance was reached, and she truanted. Where only one component was present at a time to worry her, she seemed able to cope. Thus, she attended her first school, but not her second. Her continuing problem had also deprived her of access to alternative adult models, in particular caring men and coping females, consequently she was ill-equipped to meet new demands.
A specific programme for change

At this time, she was referred to the school counsellor. It must be noted that the counsellor had only just been appointed to the school; the role did not previously exist. The recommendation recorded at the time was for further Court action, and possible reception into care. The pupil's house tutor (pastoral head) recorded reluctant acquiescence to that action, stating that it was suggested in the absence of any alternative. The appointment of the school counsellor provided an alternative and consequently the referral was made.

Unfortunately, a record of the counsellor's reasons for choosing the given course of action do not survive, but the summary does, and is reproduced in a modified form below.

It might be noted that the friend with whom Jenny had previously truanted was now attending, as mentioned above, and that the same friend became part of the programme, described at the time as a contact desensitisation programme.

The desensitisation programme

Jenny's friend was used to provide a peer model, acting in a fearless way in school, in whose company she would feel relaxed.

Initially, Jenny was asked to accompany her friend to school at a time when....

1. She could avoid seeing any male teachers.
2. She could avoid other children who would be in lessons.
3. She could come to a room which was quiet and where other children would not be present.
4. She could leave shortly after arriving.

After two false starts, this was achieved. A programme was discussed with Jenny in which she would....
1. Come into school at 10 o'clock, that was after the other children would be in lessons, and after she had finished morning shopping for her mother.

2. She would take lessons in a small office to work with only two other children for a limited period.

3. She could leave before other pupils to avoid crowds.

This worked successfully, and gradually reintroduction to lessons, in small, then larger classes took place. Male teachers were initially avoided, but later, the less authoritarian ones were used.

Within four months, a reasonable timetable had been established, with Jenny attending regularly for half her time in ordinary lessons and half in special groups.

She had also learnt to walk around the school when it was crowded, but she still needed flexible starting times so that she could help her mother.

The situation was reassessed and certain features emerged.

On the positive side

1. Initial desensitisation of her fears had been successfully achieved.

2. She was able and willing to work in small groups.

3. She could now tolerate spending part of her time in a large crowded environment.

On the negative side

1. She was finding it very difficult to gain a stable recognition of her individual identity, since certain staff persisted in treating her as 'the problem' i.e. She was still 'Labelled'. This issue concerned her.

2. She was not yet ready to cope with aggressive adult male figures, though it was increasingly difficult for her to avoid them in school. The counsellor was running out of time and was under pressure to take on other pupils.
3. She needed a considerable period of close contact with a sympathetic female figure who could provide an alternative model of a coping adult, so that responsible roles could be learnt. The mother could not provide such a role. And she needed, with that model, to be introduced to males.

**Further comments**

A very specific programme was therefore introduced at that point, which led to certain gains, but other areas remained unresolved. It is apparent that resolving them required further input, but the counsellor was under administrative pressure to cease work with Jenny, although 'negative' aspects still existed.

What happened next was a referral by the school counsellor to a new truancy unit which had opened a few months before. It happened that a place was available. Jenny was interviewed by the staff and pupils of the unit and by democratic vote accepted. The subsequent history is discussed below. Prior to that history, one point does need to be understood, and that is the role of luck (or fate!). It happened that a school counsellor was appointed, it happened that her friend had started attending school following intervention. Without these events, an entirely different course would have been taken. But the simple existence of these events in themselves did not change the pattern for Jenny, it was only as they were systematically applied to alter the balance of events, that an effect was apparent.

Thus, the systematic manipulation of life events, in the case of her later secondary school attendance or the fortuitous alteration of them in the case of her early periods of attendance brought about a change in behaviour. The balance, however, systematically or fortuitously had been altered.

The next step of her life is now considered very briefly, since the subsequent events were so specific as to make protection of
confidentiality impossible, if tackled more than cursorily.

By a stroke of luck, it became possible to transfer her to a small off-site unit, which could fill the needs above, and in particular could provide access to coping female models and controlled exposure to males. A visit was arranged and following discussions, Jenny was accepted....

Jenny attended the special unit for two years, full-time and highly successfully - she was reported to gain in confidence and skills and in spite of continuing family difficulties. She left school and obtained regular employment, with the promise of training. However, the promise was not fulfilled and she subsequently had a patchy period of employment. She subsequently changed the direction of her employment and again was successful. Lack of promotion prospects led her to give up her post and start her own business. Throughout this period, the family difficulties remained, but she also continued to seek support as necessary from key workers in her past. No criminal convictions were recorded against her, in spite of a criminal family influence.

Conclusion on Jenny

The interplay of predispositions, and events and consequences, and critical moments is apparent in this case. Data in some such form may therefore be essential to any realistic understanding of remission.

It is also clear that from the study 'professional intervention' can be, in the case of the same child, irrelevant, or a potent factor influencing remission. In some of the cases studied, to be reported elsewhere this question of the key moment crops up frequently. Cumulative records might establish that the key moment includes elements such as the child's dissatisfaction with the current situation, desire to change, lack of knowledge of how to change, pressures from peers, parents etc., to change or not to change, timely professional help, professional help related to the current situation, that is, help which provides the child
Case study analysis - what might Jenny tell us?

This section is concerned with patterns of change or remission and the difficulties of providing a qualitative and critical examination of case material to balance the quantitative data so far produced. The original literature review endorsed Rachman's plea for an understanding of 'fortuitous' events. Jenny provides some 'fortuitous' examples. Using Jenny as a basis for hypotheses, certain general points were made as conclusions. It was argued that the interplay of predispositions, events, consequences, and critical moments were apparent. Each of these can be considered.

Predispositions: A predisposition might (and indeed has, Lane 1978) been defined as a factor that an individual brings into a given situation with them, which raises or lowers the threshold for the occurrence of a specific behaviour.

The data from previous chapters would suggest a number of factors which so predispose the occurrence of difficulties of behaviour in school. If just the one is considered, that of 'negative family', it is certainly apparent that one might expect Jenny to present initial difficulties in school. In fact, initial records do refer to factors that, in the previous data, might have been classified as negative family features. Yet, it was also apparent that positive features were recorded. While she had difficulties, on the whole her initial school career was acceptable and no truancy occurred.

Were there then compensating positive 'predispositions'? Obviously no personality assessment was available at that point.
Subsequently, she was found to be an emotionally stable, tenderminded (low P) introvert. She did not therefore show a personality pattern typical of persistently difficult pupils. But she became so. In her junior school all 'positive' reports disappear. She was a thoroughly unpleasant child. What happened? Did her personality change, certainly her family hadn't. The general predisposing features cannot realistically explain the difference between her infant and junior school record, although a consistent theme is apparent. Already continuities and discontinuities co-exist.

Beyond the general predisposition, certain specific predispositions existed. There were her 'anti-black and Irish' beliefs. These were definitely brought into the situation, the issue of a 'small' versus 'large' school cannot be established, it may have preceded the situation or developed as a reaction to it. Yet again, being anti-Irish/Black did not affect her at infant school. The obvious conclusion would be that the belief was only relevant in a specific situation. A predisposition in such a case would therefore not predetermine the outcome, but rather make it more or less likely.

Her infant school may have contained no black children, but it is unlikely that it contained no Irish children, being a Catholic school in an area with an Irish community. So even when specific the predisposition does not determine the outcome. It was the correspondence of particular events which perhaps was more relevant.

Events: The contrast between infant and junior school, more clearly than any other point, illustrates the issue of events shaping the pattern of behaviour. If the concept of 'balance of influence' explored in the case study has any validity, it is demonstrated at this point. The balance of positive and negative factors was tilted against her at that point in her life. The balance however, is determined by specific events, and not just the general predisposition implied by a 'negative family' label.
The schools were different, the views expressed about her by the teachers were different, the situations/fears she had to confront were different and new demands from home later emerged - namely as she grew older, she was expected to help mother look after the house. Additionally, specific precipitating events towards the end of her junior school career further shaped her attendance behaviour. Professional interventions during this time proved futile. It is tempting to argue that against such a weight of negative factors, it is little wonder, and such an argument may seem powerful.

Yet, a similar set of factors existed when she in fact attended at her secondary school. Any predictions possible from the weight of evidence at the end of her junior school career would suggest the opposite. Her secondary school was also large, and multi-ethnic in composition, the situation at home remained unchanged, but she attended. Why?

The secondary school record does in fact give some hints that the consequences occurring to Jenny from her behaviour vary. Thus, the consequences, not simply the weight of an event, may matter.

**Consequence:** The behaviour of 'attendance at school' consists of a whole repertoire of other behaviours. For example, it includes being able to leave home, move about in a crowded environment, accept instructions from teachers of widely varying personalities and so on. It is not therefore a simple all or nothing response, although a definition "is or is not present" in school might imply such.

Jenny's initial infant school pattern of attendance was acceptable. By her third year of secondary school, that is eight years later, she had stopped going to school completely. Within that eight years period, her attendance was good, then patchy, then non-existent. Subsequently, we learned that it became good again. So, at the beginning and end of the school career, she was in regular attendance. Throughout that ten year plus period, certain consistent features
remained, namely the general difficulties at home. Others varied in effect; for example beliefs/pressure to stay at home. The balance of demands on her in terms of school factors certainly varied. There are also indications that the reinforcers available to her varied in a consistent relationship with her attendance. She 'loved' her first school, the teachers took an interest. That, of course, is her reflection, but the contemporary records from the school support that view. Positive reports from teachers were forthcoming. That was not the case in junior school, when the reports were negative. Again at secondary school some of the teachers at least were seen to be helpful. Additionally, home was boring, but there were lots of things to do at school. Later, peer reinforcement for non-attendance increased. Attendance was, it seems, reinforced at certain points, and not at others.

Particularly during the period of the 'desensitisation' programme, the pattern of attendance was systematically modified, and the impact of 'predisposing' events altered.

The structure of the consequences available for Jenny are suggestive, even if no more than that of a key role in remission. It is also apparent that if one looks carefully at the desensitisation programme, its timing is of interest.

**Critical (Key) moments:** Jenny had stopped going to school, was "sad" all the time, spent her days looking after a baby and her friend was now attending and she had no-one left to talk to. At that moment, a systematic attempt to get her into school took place. It might be considered a critical moment, for she was also about to be taken into care. There was little reinforcement at home, but she had ceased acting to change herself (by attending as she might have done previously). At that moment, a careful and apparently reinforcing programme was offered. At the end of her junior school career, also a critical change was possible. Yet professional action failed. It may be
therefore that there are key moments at which a substantial movement is possible and appropriate intervention is useful.

Given the events subsequent to the desensitisation programme, critical moments can also be negative. The counsellor was under pressure to give up the programme, for administrative not clinical reasons. Fortune smiled on Jenny in the form of a **vacancy** at a **new** unit at which she **was accepted**. Had that option not been there, a premature termination of support for Jenny may well have led to a deterioration in attendance.

Change is not therefore a 'once and for all' phenomenon or even an uneven progression towards a goal. It depends on circumstances, some of which are, and some of which are not, under personal control.

**Explanatory theory**

Clear, unambiguous explanations are not easy, from case study analysis, but such analysis does raise issues not possible in the quantitative data.

The major problem develops when one moves from a specific point-by-point consideration of a given case, to the use of a global explanatory model.

Historically there have been distinct trends in the analysis of life events. The first, and probably most widely adopted has been in the development models, such as Erickson (1963) and the earlier work of Buhler (1951). Within this framework, life events are seen as part of a sequence (stages or tasks), necessary for full development.

Life provides various developmental tasks and it is change in the structure of the organism over time, rather than particular responses to specific events, which is important. The stages are considered 'universal' and discontinuous in the sense that each structural change in personality is not directly explicable by previous events. Failure to make a particular change results in dysfunction.
An alternative position sees life as a response to given events and outcomes, more specifically antecedent–consequence relationships. Such a model in part can be traced to Meyer (1951). The framework is individualistic, in that the outcome for any person is a function of their experiences and continuity is expected, except by the action of events which redirect behaviour. No assertion of movement through universal stages exist.

Change is determined by specific antecedents and consequences. The emphasis is on understanding the event and how it operates. For example, Sarason (1972) has shown how a combination of levels of anxiety and the view taken about an event determine response (negative or positive) to it. Similarly, the resource/deficit balance (Wall 1979) that is the framework of support available to the individual, will influence response and the consequences occurring.

The problem with case study analysis based on either of these two traditions, (and there are others) is that different questions are asked leading to different conclusions, for example, this author's own model (Lane 1974, 1978) is placed within the antecedent/consequence tradition, but includes consideration of developmental status, historical experience, system response and so forth. Because certain questions are asked, given information is forthcoming. There is no effective way to escape this. It is important therefore, that the limited parameter of any case study analysis be stated, and interpretation be drawn only within them.

The data produced so far in this study does indicate factors which correlate with disorder and remission. It would be of interest to look at those individuals whose difficulties remit, in spite of the factors normally inhibiting programmes. The framework for such an analysis could be a point of sustained change (defined as one school term) and factors operating at that point in time which might be identifiably different from factors operating previously, may be discovered.
A detailed analysis of groups of case histories based on long term follow-up might substantially add to the information obtained so far in this study.

The procedure used in the study so far, of identifying points of change and linking individual and structural changes to them, was of some value. Therefore, a similar 'moment of change' approach to case study might be possible.

Such a study will be reported in a subsequent research project which looks in detail at the case histories of randomly selected pupils.

For the present, this consideration of one case, and some of the difficulties of interpretation does serve to introduce a variety of other factors into the consideration, and it underlines the point that the quantitative data reported reveals only part of the picture of the process of remission.
This leaflet supersedes all previous regulations and syllabus statements and pertains to all potential candidates and training institutions concerned in preparation for the Certificate and Diploma examinations of the Society in January 1982 and thereafter.
AIMS OF THE COURSE

The course is intended for members of the helping professions who are consulted by children and adults on matters of health, sexual behaviour, handicaps and related areas. Voluntary counsellors working in this field would also be eligible.

The R.S.H. will act as an examining body only for this course. It is envisaged that groups of practitioners, institutions or voluntary bodies will co-operate to provide training within their own organisation.

The training includes both academic and practical work, as a means of extending the individuals' skills systematically.

The structure of the examination allows sufficient flexibility within the wider framework to allow groups to meet their particular needs. Groups providing systematic training may apply to the R.S.H. to become approved centres. Alternatively, individual staff members may become approved supervisors.

The student should:

a) have an understanding of appropriate academic and clinical studies in counselling in health care. These would include:
   (i) Basic studies in health and behaviour,
   (ii) approaches to counselling,
   (iii) the practice of counselling in two specialist areas,
   (iv) health, education and social services,
   (v) management and ethical issues,
   (vi) an optional specialist area of study.

b) through the study and practice of counselling under supervision be able to choose and execute suitable methods of assessment and therapy.

c) develop skills necessary to carry out an independent research project. (Diploma only).

REGULATIONS

1. The course will be examined at two levels:

   The Certificate.

   The Certificate is aimed mainly at voluntary counsellors, or those who undertake part-time counselling in their daily work.

   The Diploma.

   The Diploma is intended for professionals who undertake as a significant part of their role counselling in health, community care, behaviour problems and related areas.
2. There are no prerequisite academic requirements. All students must have attended a systematic course of academic and practical instruction, provided by an approved supervisor or within an approved centre.

3. Prior to entry to the diploma examination, students must hold approved qualifications in one of the helping professions, or other such qualifications as the R.S.H. might approve, and have at least three years experience in their respective occupations.

THE EXAMINATION

The examination will be held normally twice yearly and the dates will be published in the Society's calendar. It will extend over two days, which may not be consecutive, and will comprise:

A) The Certificate: (a) A written paper of 3 hours duration.
   - Part 1 - short essay topics from the full range of the syllabus.
   - Part 2 - two longer essays chosen from the specialist subject section of the syllabus.
   (b) An oral examination which may include discussion of clinical work.
   (c) A report signed by the supervisor assessing the candidate's course-work.

B) The Diploma: (a) A written paper of 3 hours duration as for the certificate.
   (b) An oral examination.
   (c) A written project approved in accordance with the regulations.
   (d) A statement from the supervisor attesting to the suitability of the candidate to enter the examination.

A pass is awarded to a candidate who obtains a satisfactory mark in each section of the examination at one and the same time.

GENERAL INFORMATION

Entry forms should be sent as early as possible. An entry may be withdrawn for any reason before the last day for receiving it without loss of fee. Candidates who withdraw entries later than the closing date for reasons other than certificated illness will forfeit the whole of the examination fee.
Cheques, or postal orders must accompany the entry form and should be made payable to the Royal Society of Health and Crossed.

Examination results are posted to candidates shortly after the completion of the examination.

A certificate or diploma bearing the Seal of the Society will be sent to each successful candidate entitled to receive it.

A stamped, addressed envelope should accompany all enquiries in respect of the examination. The same applies if acknowledgement of receipt of examination entry is desired.

CERTIFICATE/DIPLOMA IN COUNSELLING IN HEALTH CARE

SYLLABUS

1. BASIC STUDIES IN HEALTH AND BEHAVIOUR

The quantitative sciences appropriate to the study of health and behaviour.

The behavioural sciences appropriate to the study of health and behaviour.

The normal process of development from conception to death.

The student should show an understanding of the process of development and the relationship between private and public health, influences on development, physical and mental health, and departure from normal patterns. Some acquaintance with major theories of development and learning will also be required, and this should cover the main life stages, and factors associated with them.

2. APPROACHES TO COUNSELLING

The major contribution to the study of counselling and health care. Students should be aware of the historical credits of various approaches and provisions, but also of more recent evidence in relation to the efficacy of differing schools of thought.

Approaches to intervention and techniques of behaviour change, such as the client-centred movement, eclectic approaches, behavioural contributions, cognitive therapies, should be covered.

Factors affecting client/counsellor interactions.

Techniques of analysis, including problem definition, observation and recording, formulation, intervention hypotheses etc.

The evaluation of intervention and the importance of follow-up studies of clients.
3. **THE PRACTICE OF COUNSELLING**

The student will be expected to select two specific areas for a more detailed study relevant to public and personal health, handicap, education or care.

Examples of specific areas might include:

a) Health and development and advisory work with parents.
b) Emotional and behavioural problems in children or adults.
c) Handicap and learning disabilities.
d) Sexual and personal relationships.
e) Community and health advisory work or management.
f) Alcohol and drug dependency advisory work.
g) Counselling the dying and bereaved.
h) Counselling the despairing and suicidal.
i) Stress at work and occupational health and safety.
j) Retirement, redundancy and career appraisal counselling.
k) The application of psychological therapies to specialised settings.
l) Such other areas as may be approved by the R.S.H.

4. **HEALTH, EDUCATION AND SOCIAL SERVICES**

The study of health, education, social services and other State provision.

The inter-relationship of State and voluntary provision.

The local framework and relationship to wider provision.

Students will be expected to have acquired detailed knowledge of the facilities available locally, but also to be able to relate this knowledge to wider provision.

5. **MANAGEMENT AND ETHICAL ISSUES**

Based on study of the organisation, in which the individual works, the student will be expected to have considered management and ethical ideas, including such areas as:

a) An overview of the organisation, objectives and procedures for meeting them.
b) Human behaviour in organisation and relationship with other individuals and groups.
c) Functions of management in relation to the management of learning, planning, organising, motivating and communicating.
d) The ethics of intervention, confidentiality, relationship with other professionals, the importance of recognising personal limitations in knowledge and skill, the importance of referral to specialist sources.

6. OPTIONAL SPECIALIST AREA SELECTED BY THE STUDENT

The student should select one narrowly-defined area and attempt a detailed study of the relevant literature. Examples might include:

- Truancy provision;
- The treatment of impulsive behaviour;
- Controlled drinking studies;
- Behaviour modification programme with the parents of mentally handicapped children;
- Counselling parents on matters of infant hygiene;
- Redundancy problems in older workers.

This section is designed to ensure that students become acquainted with the experimental and clinical literature in a defined area, unlike the broader knowledge required above.

7. THE PROJECT (Diploma students only)

Each student is expected to produce a detailed project of the work undertaken. It must provide the examiners with a clear understanding of the individual student's academic and practical preparation. It should not be merely a copy of the syllabus, but a personal statement of training experience. It can be in the form relevant to the candidate's placement, but must contain the following information:

(i) An outline of the work, occupation or role of the candidate in which counselling and health care aspects are detailed.

(ii) An account of the preparation undertaken by the candidate for the examination, including books read, lectures attended and practical experience.

(iii) An assessment by the candidate of the gains made from the course in terms of personal and professional knowledge, with plans for future development.

(iv) A case study based on an individual or group, in which the candidate has been involved. This should include a detailed statement of the problem presented, the work undertaken and the role of the candidate. There should be no information included which would identify the individual(s) presented for study.

(v) An account of one area of special interest to the candidate, and the practical work involved. This may take the form of an extended essay or dissertation and should normally evolve from the special option chosen in Section 6 of the syllabus.

Sections 1 - 4 should be approximately 1000 words each, Section 5 should be between 3000 and 5000 words. The complete project should not exceed a maximum of 10,000 words.


Appendix 3.

Bristol Social Adjustment Guide (BSAG)


Nevertheless, over a period of years the questionnaire came under increasing criticism for a variety of reasons.

1. The items were purely phenomenologically derived.

2. The diagnostic format used was out of keeping with current thinking.

3. The statistical basis of the questionnaire failed to take advantage of modern (computer based) methods of construction.

To meet these criticisms a revised questionnaire was developed and subsequently completed by the teachers of 2,527 children aged five to fourteen years. This led to further studies of reliability and validity and the resulting questionnaire which emerged proved more useful than the earlier version. This revised questionnaire was used in this current research study and its construction and validation is outlined below.
In the development of the BSAG large numbers of teachers were asked to describe the characteristics of children who were not interacting effectively with their environment. These descriptions were supplemented by observations from trained observers. Descriptions were developed which reported factually on what was observed. Strictly speaking the BSAG records the child's responses in a particular human and physical situation. Nevertheless, the validation studies indicated a tendency for certain fundamental processes of the behavioural system to get into a state of dysfunction in standard recognisable ways. Thus it became possible to talk of impairments of temperament. It was found that a polarity in behaviour towards under or over reaction occurred, giving a near zero (.0154) product-moment correlation. The total score for maladjustment from the 1956 Edition was therefore untenable.

Subsequent validation of the items reduced their number from 150 to 110. The inter-relatedness of the items was assessed. This resulted in a number of changes from the earlier edition and five core syndromes emerged. These syndromes were then tested for consistency over the age range and it was found that only 1% of items gave a quite inconsistent measure across the age groups. The same test of reliability was then carried out between the sexes. Fundamentally the same pattern emerged thus encouraging the belief that the syndromes represented recognizable forms of dysfunction of the behavioural system. Analysis by social class indicated that for under-reaction no appreciable differences appeared and for over-reaction only when comparing highest and lowest classes was a bare level of significance reached. Various other studies related to health, motor impairment, follow up, delinquency, etc., were undertaken to validate the questionnaire. (Stott, et.,al., 1975)

The emerging syndromes and associated groupings are appended.
Coefficients of reliability were calculated by Winers formula. These produced uniformly better correlations between the over than the under reacting scales. This difference does raise a question for this study and because of the small scores of the sample and these coefficients it was decided to use the total underreact rather than syndrome scores. The internal reliabilities were assessed by means of the Coefficient Alpha. The coefficients are given below.

<table>
<thead>
<tr>
<th>Coefficient of reliability</th>
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<tr>
<td>Unract</td>
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<tr>
<td>Depression</td>
<td>.5358</td>
</tr>
<tr>
<td>Inconsequence</td>
<td>.7130</td>
</tr>
<tr>
<td>Hostility</td>
<td>.6762</td>
</tr>
<tr>
<td>Peer-maladaptiveness</td>
<td>.6113</td>
</tr>
<tr>
<td>Non-syndromic Ovtract</td>
<td>.7225</td>
</tr>
<tr>
<td>Non-syndromic Unract</td>
<td>.6153</td>
</tr>
</tbody>
</table>

The reliability of the questionnaire, its direct relevance to the classroom, its extensive use in studies of behaviour problems in the country and this authors own previous studies of the BSAG, serve to underline its value for this current study.
EXPLANATION OF THE DIAGNOSTIC CATEGORIES

The Core Syndromes

Unforthcomingness
The child fears new tasks or strange situations, and is timid with people while maintaining a need for affection. As a relief from anxiety about school learning the child may accept the role of being 'dull'.

Withdrawal
This covers various types of social unresponsiveness—indifference to affection and human attachments, or a defensiveness against them arising from bad experiences. A high score for withdrawal would be an indication for expert clinical attention.

Expression
A lack of response to stimuli to which children normally respond, but without the apprehensiveness characteristic of Unforthcomingness, or the unconcern or defensiveness of Withdrawal.

Inconsequence
A failure to inhibit first impulses for long enough for their consequences to be foreseen. The child seeks unthinkingly to gain attention, to dominate over his age-peers and to create an impression by showing off. In his school work he is apt to guess rather than take time to work out thoughtful solutions.

Hostility
The child has lost faith in the loyalty of adults, usually because of expressions of rejection or actual rejection within the home, and sets out to provoke a breach as a means of relief from his insecurity. Hostility takes two forms: provocative acts calculated to make himself an outcast, and a sullen avoidance of offers of friendship.

The Associated Groupings

Non-syndromic Under-reaction
These are items which do not fall clearly within any one of the Under-reacting syndromes. They should be taken as confirming whichever of these is present.

Peer-Maladaptiveness
The items reveal domineering, hostile or aggressive attitudes to age-peers, and are closely related to Inconsequence and Hostility to adults.

Non-Syndromic Over-Reaction
The items do not clearly fall under either Inconsequence or Hostility, but tend to reflect the form of expression of each of these which is suggested by the social environment. They are grouped under the sub-headings of Delinquency, Peer-group Deviance and Defiance of Social Norms.

Neurological
Manifestations of neurological or temperamental impairment which are not motivated behaviour.
### THE SOCIAL ADJUSTMENT OF CHILDREN

#### BOYS

<table>
<thead>
<tr>
<th>Unforthcomingness</th>
<th>Scores</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil or small</td>
<td>0-1</td>
<td>919</td>
<td>70.42</td>
<td>799</td>
<td>65.39</td>
</tr>
<tr>
<td>Mild</td>
<td>2-4</td>
<td>301</td>
<td>23.06</td>
<td>297</td>
<td>24.25</td>
</tr>
<tr>
<td>Moderate</td>
<td>5-7</td>
<td>73</td>
<td>5.59</td>
<td>91</td>
<td>7.46</td>
</tr>
<tr>
<td>Severe</td>
<td>8+</td>
<td>12</td>
<td>.92</td>
<td>.35</td>
<td>2.87</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>1.20</td>
<td></td>
<td>1.53</td>
<td></td>
</tr>
<tr>
<td>Standard deviation</td>
<td></td>
<td>1.73</td>
<td></td>
<td>2.17</td>
<td></td>
</tr>
</tbody>
</table>

#### Withdrawal

| Nil               | 0       | 926| 70.96 | 1020| 83.47 |
| Mild              | 1       | 218| 16.70 | 125 | 10.23 |
| Moderate          | 2-3     | 127| 9.73  | 58  | 4.75  |
| Severe            | 4+      | 34 | 2.61  | 19  | 1.55  |
| Mean              |         | 0.51|      | 0.29|      |
| Standard deviation|        | 1.00|      | 0.82|      |

#### Depression

| Nil or small      | 0       | 908| 69.58 | 1007| 82.41 |
| Mild              | 1-2     | 278| 21.30 | 163 | 13.34 |
| Moderate          | 3-4     | 79 | 6.05  | 39  | 3.19  |
| Severe            | 5+      | 40 | 3.06  | 15  | 1.22  |
| Mean              |         | 0.66|      | 0.36|      |
| Standard deviation|        | 1.32|      | 1.00|      |

#### Hostility

| Nil or small      | 0-1     | 1026| 78.62 | 1044| 85.43 |
| Mild              | 2-3     | 162| 12.41 | 93  | 7.60  |
| Moderate          | 4-7     | 85 | 6.51  | 71  | 5.81  |
| Severe            | 8+      | 32 | 2.45  | 14  | 1.13  |
| Mean              |         | 1.00|      | 0.70|      |
| Standard deviation|        | 2.00|      | 1.72|      |

#### Inconsequence

| None or small     | 0-3     | 944| 72.34 | 1071| 87.64 |
| Mild              | 4-6     | 189| 14.48 | 87  | 7.11  |
| Moderate          | 7-10    | 123| 9.42  | 52  | 4.25  |
| Severe            | 11+     | 49 | 3.63  | 12  | 0.97  |
| Mean              |         | 2.48|      | 1.20|      |
| Standard deviation|        | 3.32|      | 2.36|      |

### d. Equivalence of scores of the 1970 and 1965 editions

In the 1970 revision the number of items indicating maladjustment is reduced to 110 from 146, but some of those deleted were rarely marked, so that the mean scores are not greatly lower. Below are given some comparisons between the means for the 1956 and the 1970 editions:

<table>
<thead>
<tr>
<th></th>
<th>boys</th>
<th>girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970 revision (aged 5 – 14)</td>
<td>8.38</td>
<td>5.70</td>
</tr>
<tr>
<td>1956:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-and 8-yr.-olds, Liverpool</td>
<td>9.60</td>
<td>7.14</td>
</tr>
<tr>
<td>7-yr.-old, Edinburgh children of mature birthweight</td>
<td>9.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Random U.K. sample aged 7 – 15 yr.</td>
<td>7.96</td>
<td>6.83</td>
</tr>
<tr>
<td>The above, aged 6 – 10 yr.</td>
<td>8.55</td>
<td>6.86</td>
</tr>
<tr>
<td>The above, aged 11 – 15 yr.</td>
<td>7.71</td>
<td>6.82</td>
</tr>
<tr>
<td>S. Wales, aged 9 &amp; 11 yr.</td>
<td>11.7</td>
<td>7.5</td>
</tr>
<tr>
<td>S. Wales, aged 13 &amp; 14 yr.</td>
<td>7.6</td>
<td>7.1</td>
</tr>
</tbody>
</table>
Eysenck Personality Questionnaire (EPQ)

The EPQ is an 81 item forced choice questionnaire designed to measure the personality traits of PSYCHOTICISM, EXTRAVERSION, NEUROTICISM, and it incorporates a lie scale. It exists in versions for adults and children and developed out of the widely used Eysenck Personality Inventory. The advantage of the new scale is the introduction of the new variable of Psychoticism. The Extraversion and Neuroticism factors in the new questionnaire can be considered equivalent to the earlier inventory and therefore the extensive validational studies from that are relevant. The new factor is less well established but detailed data has been provided, more extensive for the adult than child version, by the test authors, (1975) only part of which is mentioned here.

In spite of the extensive data its reliability with younger age groups is low and even with older age groups values around .5 are reported. It is clear that further revisions will be needed and clinically, it must be used with caution. It is however considered satisfactory for experimental purposes, is simple to administer, and provides the most direct method to explore the Eysenckian hypotheses which are the subject of this current study. Data on its construction and reliability are therefore considered.

The EPQ was constructed using items from the previously established Junior EPI, in addition 35 potential items for the P scale were developed. The items were written based on experience with adults and re-written based on the advice of experts in the field. An initial sample of 236 girls and 250 boys from a comprehensive school were tested. Principal Component Analysis and rotation was undertaken and
the expected factors emerged. Reliabilities were found to be satisfactory. (N=.8070, E=.7741, P=.6799) This gave rise to attempts to improve the scale and a large sample of more than 3,000 children were tested. Results of this are appended, together with retest and internal reliabilities.

A number of other studies supporting the conceptual basis of the factors are also reported in Eysenck and Eysenck. (1975)

The derived criminality score of the questionnaire is reported to have a reliability of .74, and the item numbers for this scale are also appended, together with the items from the BSAG delinquency proneness scale.
| Age | n  | P   | E   | N   | L   | M   | SD  | M   | SD  | M   | SD  | M   | SD  | PE  | PN  | PL  | EN  | EL  | NL  |
|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 14  | 233 | .597 | .720 | .788 | .778 | 8.233 | 2.816 | 15.026 | 3.293 | 10.844 | 4.334 | 8.213 | 4.083 | -.267 | -.091 | -.331 | -.254 | -.015 | -.269 |
| 15  | 308 | .622 | .768 | .794 | .778 | 7.893 | 2.903 | 15.046 | 3.525 | 11.719 | 4.272 | 7.911 | 4.038 | -.320 | -.132 | -.385 | -.158 | -.169 | -.056 |
| 1.557 | 150 | .469 | .495 | .738 | .796 | 4.483 | 2.209 | 13.750 | 2.668 | 10.153 | 3.865 | 17.710 | 3.656 | -.024 | -.000 | -.313 | -.124 | -.011 | -.241 |
| 14  | 132 | .555 | .650 | .800 | .821 | 5.231 | 2.422 | 15.072 | 2.906 | 12.561 | 4.312 | 11.508 | 4.357 | -.261 | -.210 | -.022 | -.264 | .050 | -.074 |
| 13  | 218 | .573 | .755 | .810 | .788 | 5.998 | 2.560 | 15.156 | 3.337 | 12.764 | 4.252 | 9.858 | 4.045 | -.289 | -.067 | -.476 | -.222 | -.111 | -.253 |
| 14  | 177 | .566 | .750 | .792 | .722 | 5.853 | 2.559 | 15.288 | 3.308 | 13.133 | 4.045 | 9.782 | 3.569 | -.329 | -.056 | -.239 | -.072 | -.182 | -.405 |
### Table 21: Standardization data for the Junior EPQ

<table>
<thead>
<tr>
<th>Age</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>4.41</td>
<td>2.59</td>
<td>17.73</td>
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<td>4.03</td>
<td>14.18</td>
<td>4.17</td>
<td>137</td>
</tr>
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<td>8</td>
<td>4.62</td>
<td>2.92</td>
<td>18.20</td>
<td>3.59</td>
<td>10.48</td>
<td>3.91</td>
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<td>18.04</td>
<td>3.25</td>
<td>10.70</td>
<td>4.66</td>
<td>11.14</td>
<td>5.10</td>
<td>193</td>
</tr>
<tr>
<td>10</td>
<td>3.82</td>
<td>2.92</td>
<td>18.21</td>
<td>3.26</td>
<td>10.09</td>
<td>4.61</td>
<td>9.53</td>
<td>4.59</td>
<td>156</td>
</tr>
<tr>
<td>Boys</td>
<td>3.81</td>
<td>2.82</td>
<td>18.46</td>
<td>3.75</td>
<td>10.32</td>
<td>5.02</td>
<td>8.32</td>
<td>4.47</td>
<td>220</td>
</tr>
<tr>
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<td>4.70</td>
<td>3.23</td>
<td>18.53</td>
<td>3.73</td>
<td>10.59</td>
<td>5.12</td>
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<td>4.01</td>
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<td>18.99</td>
<td>3.94</td>
<td>9.94</td>
<td>4.91</td>
<td>5.77</td>
<td>3.76</td>
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<tr>
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<td>5.19</td>
<td>3.26</td>
<td>19.15</td>
<td>3.88</td>
<td>10.18</td>
<td>5.02</td>
<td>4.54</td>
<td>3.39</td>
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<td>15</td>
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<td>18.95</td>
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<td>4.32</td>
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<td>15.08</td>
<td>3.87</td>
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<td>1.94</td>
<td>16.57</td>
<td>3.65</td>
<td>11.05</td>
<td>4.81</td>
<td>15.23</td>
<td>5.02</td>
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<td>1.86</td>
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<td>11.30</td>
<td>4.63</td>
<td>11.87</td>
<td>4.66</td>
<td>120</td>
</tr>
<tr>
<td>Girls</td>
<td>1.95</td>
<td>1.64</td>
<td>17.56</td>
<td>3.75</td>
<td>11.61</td>
<td>4.92</td>
<td>10.56</td>
<td>4.37</td>
<td>209</td>
</tr>
<tr>
<td>12</td>
<td>2.27</td>
<td>1.94</td>
<td>18.21</td>
<td>3.65</td>
<td>11.69</td>
<td>4.92</td>
<td>8.31</td>
<td>4.20</td>
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<td>18.65</td>
<td>3.49</td>
<td>11.46</td>
<td>4.89</td>
<td>6.44</td>
<td>3.83</td>
<td>211</td>
</tr>
<tr>
<td>14</td>
<td>3.02</td>
<td>2.59</td>
<td>19.10</td>
<td>3.59</td>
<td>12.55</td>
<td>4.85</td>
<td>6.13</td>
<td>3.87</td>
<td>206</td>
</tr>
<tr>
<td>15</td>
<td>2.75</td>
<td>2.25</td>
<td>18.64</td>
<td>3.59</td>
<td>12.12</td>
<td>4.69</td>
<td>6.33</td>
<td>3.80</td>
<td>118</td>
</tr>
</tbody>
</table>

### Table 22: Junior EPQ: test-retest reliabilitys, one month intervening

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>P</th>
<th>E</th>
<th>N</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>58</td>
<td>.69</td>
<td>.83</td>
<td>.71</td>
<td>.59</td>
</tr>
<tr>
<td>13</td>
<td>84</td>
<td>.69</td>
<td>.75</td>
<td>.74</td>
<td>.79</td>
</tr>
<tr>
<td>Boys</td>
<td>14</td>
<td>48</td>
<td>.69</td>
<td>.77</td>
<td>.81</td>
</tr>
<tr>
<td>TOTAL</td>
<td>190</td>
<td>.69</td>
<td>.78</td>
<td>.75</td>
<td>.75</td>
</tr>
</tbody>
</table>

### Table 23: Junior EPQ: test-retest reliabilities, six months intervening

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>P</th>
<th>E</th>
<th>N</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>11</td>
<td>194</td>
<td>.62</td>
<td>.60</td>
<td>.75</td>
</tr>
<tr>
<td>12</td>
<td>198</td>
<td>.72</td>
<td>.60</td>
<td>.70</td>
<td>.59</td>
</tr>
<tr>
<td>13</td>
<td>200</td>
<td>.63</td>
<td>.67</td>
<td>.72</td>
<td>.65</td>
</tr>
<tr>
<td>14</td>
<td>189</td>
<td>.76</td>
<td>.74</td>
<td>.66</td>
<td>.70</td>
</tr>
<tr>
<td>15</td>
<td>48</td>
<td>.77</td>
<td>.33</td>
<td>.77</td>
<td>.79</td>
</tr>
</tbody>
</table>

### Table 24: Junior EPQ: internal consistency reliabilities

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>P</th>
<th>E</th>
<th>N</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>11</td>
<td>220</td>
<td>.69</td>
<td>.72</td>
<td>.85</td>
</tr>
<tr>
<td>12</td>
<td>226</td>
<td>.74</td>
<td>.76</td>
<td>.86</td>
<td>.80</td>
</tr>
<tr>
<td>13</td>
<td>228</td>
<td>.69</td>
<td>.81</td>
<td>.85</td>
<td>.79</td>
</tr>
<tr>
<td>14</td>
<td>243</td>
<td>.73</td>
<td>.80</td>
<td>.86</td>
<td>.77</td>
</tr>
<tr>
<td>15</td>
<td>148</td>
<td>.74</td>
<td>.80</td>
<td>.85</td>
<td>.75</td>
</tr>
</tbody>
</table>

<p>| Girls| 11 | 209 | .43 | .75 | .85 | .83 |
| 12  | 235 | .55 | .75 | .85 | .82 |
| 13  | 211 | .67 | .74 | .85 | .80 |
| 14  | 206 | .75 | .77 | .87 | .81 |
| 15  | 118 | .61 | .75 | .84 | .70 |</p>
<table>
<thead>
<tr>
<th></th>
<th>Number (del:non-del)</th>
<th>Frequency Ratio (del/non-del)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inconsequence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows off (clowns, strikes silly attitudes, mimics)</td>
<td>34:151</td>
<td>3.06</td>
</tr>
<tr>
<td>Borrows books from others' desks without permission</td>
<td>18:68</td>
<td>3.60</td>
</tr>
<tr>
<td><strong>Hostility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will help (teacher) unless he is in a bad mood</td>
<td>26:82</td>
<td>4.31</td>
</tr>
<tr>
<td>Sometimes in a bad mood (talking to teacher)</td>
<td>23:93</td>
<td>3.36</td>
</tr>
<tr>
<td>Inclined to be moody</td>
<td>24:108</td>
<td>3.02</td>
</tr>
<tr>
<td>Seems to go out of his way to earn disapproval</td>
<td>8:30</td>
<td>3.62</td>
</tr>
<tr>
<td>Openly does things he knows are wrong in front of the teacher</td>
<td>23:75</td>
<td>4.17</td>
</tr>
<tr>
<td>Bears a grudge, always regards punishment as unfair</td>
<td>18:65</td>
<td>3.76</td>
</tr>
<tr>
<td>Becomes antagonistic</td>
<td>6:17</td>
<td>4.80</td>
</tr>
<tr>
<td>Has uncooperative moods</td>
<td>29:116</td>
<td>3.40</td>
</tr>
<tr>
<td>Has stolen in a way that he would be bound to be found out</td>
<td>3:7</td>
<td>5.82</td>
</tr>
<tr>
<td>Uses bad language which he knows will be disapproved of</td>
<td>12:22</td>
<td>7.41</td>
</tr>
<tr>
<td>Tries to argue against teacher</td>
<td>8:34</td>
<td>3.20</td>
</tr>
<tr>
<td>Squabbles, makes insulting remarks (with other children)</td>
<td>35:122</td>
<td>3.90</td>
</tr>
<tr>
<td><strong>Non-syndromic Overreaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes a fluent liar</td>
<td>16:60</td>
<td>3.62</td>
</tr>
<tr>
<td>Mixes mostly with unsettled types</td>
<td>31:122</td>
<td>3.45</td>
</tr>
<tr>
<td>Damage to personal property</td>
<td>4:4</td>
<td>13.59</td>
</tr>
<tr>
<td>Foolish or dangerous pranks when with a gang</td>
<td>13:58</td>
<td>3.05</td>
</tr>
<tr>
<td>Damage to public property</td>
<td>7:7</td>
<td>13.59</td>
</tr>
<tr>
<td>Habitual slick liar; has no compunction about lying</td>
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<td>Has stolen within the school in an underhand cunning way</td>
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<td>6:8</td>
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<td>Bad loser (creates a disturbance when game goes against him)</td>
<td>25:110</td>
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<td>Misuses companionship to show off or dominate</td>
<td>13:54</td>
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<td>Bad sportsman (plays for himself only, cheats, fouls)</td>
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Table 17

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The categories used for this study were previously described. This section provides an example of how one child was assessed. Additional information is included to illustrate points as necessary.

**Health:**

The school and medical records for the child were searched. Standard innoculations were reported and the usual range of childhood illnesses. There were no indications of speech, sensory, language, or other deficits. No developmental delays or difficulties at birth were mentioned. The child was therefore scored 0.

**Personality:**

The records fairly consistently reported behaviour problems from infant school onward, but for this measure a comment on the child's personality was needed. One item seemed to refer to personality when she was described as an 'artful dodger' but the meaning of the term is not obvious and therefore was not included. She was referred to several times as a 'manipulative child'. On some occasions it was not clear if this was a comment on a piece of behaviour, i.e., 'manipulates other children' or a reference to her personality. However, three teachers made it quite clear that her personality was being described.

1. 'A very manipulative personality, she will not hesitate to manoeuvre other children into positions to her own advantage.'

2. 'A highly manipulative child, an obnoxious trait.'

3. 'A violent response to frustration, or when challenged and a manipulative character.'

In scoring these items, some of the difficulties with a measure of this type are illustrated. The first teacher is clearly saying she is a manipulative person, followed by a comment or illustration of her behaviour. The first phrase can be marked but not the second part of the statement. The second teacher says she is a manipulative child, that can
be marked. The second part, 'an obnoxious trait' might refer to her personality or might be a philosophical comment on manipulation. The third teacher refers to behaviour initially but finally comments on her character.

Thus three comments on her personality were in evidence, but it is clear that the teachers are referring to the same characteristic, therefore she was scored as 1. The question then arises as to whether the teachers regard this as a positive or negative feature. It is clearly seen as negative. No other comments of a positive nature appear, therefore she is assigned a score of 1, negative personality comment and 0, for positive personality comment.

Social Class:

Her father was a skilled tradesman who at the point she was transferring to secondary school (the age used for this assessment) was in regular employment. She was assigned to social class 3.

Family Factors:

There was a complete absence of any comments on the family in the files. She had not truanted therefore there was no occasion for a welfare visit. There were no deaths, or other life events noted. No comments on the families attitude to school were mentioned. Therefore she was scored 0, on both family features.

Peer relationships:

Several comments on her poor peer relationships were noted from infant school onwards, they were seen as very bad. She could be assigned the lowest score of 3, very easily.

Siblings:

She had 4 siblings and was scored accordingly.

Sibling position:

She was the third born child therefore was assigned the intermediate position score of 2.
Specific behaviour problems noted:

Reference to her behaviour has already been made, but to count specific complaints had to be made. Items counted for the personality score were excluded. Thus items counted were:
1. Is rude to teachers.
2. Violent response to frustration.
3. Behaves only when in the mood, usually disrupts the lesson.
4. Responds to correction in a sulky or resentful way.

She was scored 4., for this item. Although point 3., above might be referring to different items of behaviour, moody/disruptive, it is not clear if they are seen as part of the same problem and therefore only one mark is assigned. These items were repeated in several different forms throughout the records, but represented repeat items and these were not counted. For example the word sulky was used several times in different contexts but was counted only once.

Time scale for behaviour difficulties:

The first behaviour problems were noted aged 5 years and these continued throughout her school life. She was assigned the maximum score of 9., representing a period of at least nine years during which behaviour problems were noted.

Initial comments on behaviour:

Clear evidence of behaviour problems of concern to the teachers were noted in the infant school. She was therefore scored 3.

Time scale for comments on positive behaviour:

No positive comments in the infant school were noted, nor were such comments repeated or introduced later. She was therefore scored 0.

Change in behaviour:

Her behaviour neither improved nor deteriorated during her school life to any marked extent. She was therefore scored at the mid-point of 2.
Individual precipitation at change:

No noticeable change was recorded therefore this item was scored as 2. If a period of change had been noted then any correspondence between that change and features in the record reflecting an individual change in circumstance would have been noted.

Structural precipitation in school at change:

As no change was noted she was again scored 2.

The above outlines the assignment made for a given child. Since in this case certain categories were scored 0, a further child is considered in relation to those items above marked as 0.

Health:

In addition to the usual range of information, a speech difficulty was mentioned which required help from a speech therapist but no further problems were noted. He was therefore scored 1.

Family factors:

The child's father had died when he was seven, and the mother was seen to be in financial difficulties. She was however seen in a very positive light by the school. For example, 'Mother takes a great deal of interest in the child's education, is always present at open days, and prepared to support the school when necessary.' Although several comments of this type appear they all relate to a supportive attitude to education and no comments on the general level of care are listed. Therefore, the child was scored 1, for positive family factors and 2, for negative factors.

Change in behaviour:

A marked improvement was noted in the child's behaviour and work in school towards the middle of the third year. This was sustained through to the end of his school life. He was therefore scored 1.
Individual precipitation at change:

Since a marked change was recorded, the records were searched for any indications of a change in individual or family circumstances around the period that the sustained change started. While no obvious changes were apparent, it was noted that at the time the child's mother approached the new head of year of the school and asked for a formal review of the child's progress. Had that review been initiated by the head of year then the item could not be counted here. Had the comment simply been a repeat of the mother's previous 'positive attitude to education' it could not have counted as a changed circumstance. In this case it was decided to count it as a borderline positive personal change, since it was a very specific, and new initiative on behalf of the child by a parent. Since it was a borderline decision as to whether it should count, three teachers not connected with the case, or the research, were asked to look at the file and judge the incident. They all took the position that it was a personal rather than school based initiative of a positive nature. It was also clear from the file that the pupil himself welcomed the initiative. It was therefore scored as 1.

Structural precipitation in school at change:

Following the request by the mother the head of year contacted the head of the special needs department for a preliminary assessment prior to a formal referral. The special needs head took the view that the child could usefully be reintegrated into the main school. However, the system of streaming for academic subjects meant that children with either behaviour or learning problems were excluded from examination groups. This had prevented the special needs head initiating a change on behalf of the pupil. Fortunately the school was that year in the process of switching to mixed ability teaching in all but two subject areas. The head of year therefore took the opportunity, to move the child into mixed groups, negotiated the child's entry into one of the remaining streamed groups, and elicited a promise that subject to progress the child
would be moved into the final group prior to option choice for C.S.E., examinations. This having been done the child's mother withdrew the request for a review. This was a clear case of positive structural change taking place in school as judged by the teachers concerned, it was therefore scored as 1.
Raw score examples for study 5.

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<th>Outcomes</th>
<th>No. of Problems</th>
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</tbody>
</table>
Correlations, as discussed in the text were run using SPSS procedure. The results for the data overleaf are given below.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Family</td>
<td>No. of Problems</td>
</tr>
<tr>
<td>Negative</td>
<td>P 0.002</td>
</tr>
<tr>
<td></td>
<td>0.2865</td>
</tr>
<tr>
<td>Positive</td>
<td>P 0.158</td>
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<tr>
<td></td>
<td>-0.1013</td>
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</tbody>
</table>

N of 100

Thus for the group randomly selected pupils (excluding those receiving specific help) a significant relationship is found between negative family features and number of specific problems recorded in school, but not with change in behaviour. No relationship is found with positive family features.
# THE CHILD IN SCHOOL – BOY

For the observation of day-school children, 5 - 16 years

The object of this Guide is to give a picture of the child's behaviour and to help in the detection of emotional instability.

## METHOD OF USE

Underline in ink the phrases which describe the child's behaviour or attitudes over the past month or so. More than one item may be underlined in each paragraph, but do not underline any unless definitely true of the child. Add any remarks necessary beside the underlining, or at the end of the Guide. Where an item seems inappropriate because of age, etc., it can be ignored. If nothing is applicable, mark 'n.n.' (nothing noticeable). Do not bother to rule underlinings.

<table>
<thead>
<tr>
<th>Interaction with Teacher</th>
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</thead>
<tbody>
<tr>
<td>Greeting teacher:</td>
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<tr>
<td>Waits to be noticed / hails teacher loudly / greets normally / can be surly / never thinks of greeting / is too unaware of people to greet / n.n.</td>
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<thead>
<tr>
<th>Helping teacher with jobs:</th>
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<tbody>
<tr>
<td>Always eager or willing / presses for jobs but doesn't do them properly / never offers but pleased if asked / will help unless he is in a bad mood / cannot bring himself to be that sociable / n.n.</td>
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</table>

<table>
<thead>
<tr>
<th>Answering questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always ready to answer / will answer except when in one of his bad moods / not shy but never volunteers an answer / gets confused and tongue-tied / shouts out or waves arm before he has had time to think / n.n.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Asking teacher's help:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly seeks help when he could manage by himself / seeks help only when necessary; seldom needs help / too shy to ask / not shy but never comes for help / too lacking in energy to bother / tries to argue against teacher / n.n.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Talking with teacher:</th>
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</thead>
<tbody>
<tr>
<td>Forward (opens conversation) / over-talkative, tires with constant chatter / normally talkative / avoids teacher but talks to other children / chats only when alone with teacher / inclined to be moody / difficult to get a word out of him / distant, never wants to talk.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desire for approval or attention:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconcerned about approval or disapproval / appreciates praise / seems to go out of his way to earn disapproval / n.n.</td>
</tr>
<tr>
<td>Gets up to all kinds of tricks to gain attention / brings objects he has found even though not really lost / wants adult interest but can't put himself forward / keeps a suspicious distance / appreciates attention / n.n.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General manner with teacher:</th>
</tr>
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<tbody>
<tr>
<td>Natural, smiles readily / over-friendly / shy but would like to be friendly / avoids contacts both with teacher and other children / sometimes in a bad mood / couldn't care whether teacher sees his work or not / quite cut off from people, you can't get near him as a person.</td>
</tr>
</tbody>
</table>
Liking for sympathy:

Doesn’t make unnecessary fuss / likes sympathy but reluctant to ask / never appeals to adult even when hurt or wronged / never makes any sort of social relationship good or bad / n.n.

Classroom behaviour:

Too timid to be any trouble / too lethargic to be troublesome / generally well-behaved / misbehaves when teacher is engaged with others / openly does things he knows are wrong in front of teacher.

Truthfulness:

Always or nearly always truthful / tells fantastic tales / lies from timidity / lies without any compunction.

Response to correction:

Behaves better / responds momentarily but it doesn’t last for long / too restless and overactive to heed even for a moment / becomes antagonistic / resentful muttering or expression for a moment or two / bears a grudge, always regards punishment as unfair / n.n.

School Work

Paying attention in class:

Attends to anything but his work (talks, gazes around, plays with things) / so quiet you don’t really know if he is following or not / apathetic, ‘just sits’ / you can’t get his attention, ‘lives in another world’ / on the whole attends well.

Working by himself:

Works steadily / unmotivated, has no energy / has unco-operative moods / never gets down to any solid work (flips over pages of book without reading it, etc.) / not restless but works only when watched or compelled.

Manual tasks or free activity:

Seems afraid to begin / difficult to stimulate, lacks physical energy / never really gets down to job and soon switches to something else / invents silly ways of doing things / may spoil his work purposely / sticks to job.

Facing new learning tasks:

Will be cautious at first but has a try / has not the confidence to try anything difficult / likes the challenge of something difficult / has a hit-and-miss approach to every problem / shows complete indifference / n.n.

Games and Play

Team games:

Plays steadily and keenly; with great energy / inclined to fool around / has to be encouraged to take part / always sluggish, lethargic / remains aloof in a world of his own / n.n. 

Bad loser (creates a disturbance when game goes against him) / bad sportsman (plays for himself only, cheats, fouls) / timid, poor spirited; can’t let himself go / fits in well with team / n.n.

Informal play:

Plays childish games for his age / plays sensibly / healthily noisy and boisterous / tries to dominate and won’t co-operate when he can’t get his own way / starts off others in scrapping and rough play, disturbs others’ games / shrinks from active play / has his own special solitary activity / n.n.
**Companionship:**

Ways with other children:

- Mixes mostly with unsettled types / tries to buy favour with others / can never keep a friend long (tries to pal up with newcomers) / misuses companionship to show off or dominate / n.n.

**Ways with other children:**

- Squabbles, makes insulting remarks / shows off (clowns, strikes silly attitudes, mimics) / gets on well with others; generally kind, helpful / spiteful to weaker children when he thinks he is unobserved / tells on others to try to gain teacher’s favour / n.n.

**Physical courage:**

- Too timid to stand up for himself or even to get involved in an argument / can stand up for himself / flies into a temper if provoked / attacks other children viciously / foolish or dangerous pranks when with a gang / very jumpy and easily scared / n.n.

**Standing in line:**

- Behaves in a well-disciplined manner / is often the centre of a disturbance / lets the more forward push ahead of him / tries to push in front of smaller children / n.n.

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**Personal Ways**

**Attendance:**

- Good / frequently absent for day or half-day / has had long absences / has been known to play truant / parent condones absences, malingering, etc. / stays away to help parent.

**Belongings:**

- Looks after his things / careless, often loses or forgets books / destructive, defaces with scribbling / n.n.

**Sitting at desk:**

- Sits lifelessly most of the time / sits quietly and meekly / twists about in his seat, slips on to floor, climbs about on desk, etc. / doesn’t seem to understand that he should keep in his seat / slumps, lolls about / sits in a sensible way.

**Nervous habits, fidgets, etc.:**

- Constantly restless (raps with pencil or ruler, shuffles with his feet, changes position) / makes aimless movements with his hands / has unwilled twitches, jerks / bites nails badly / sits reasonably still.

**Other people’s belongings:**

- Borrows books from desk without permission / snatches things from other children / has stolen within the school in an underhand, cunning way / has stolen in a way that he would be bound to be found out / has always respected the property of others / n.n.

**Other deviant behaviour:**

- Damage to public property (windows, trees, fences, public gardens) / damage to personal property (cars, delivery vehicles, occupied houses, private gardens, teachers’ or workmen’s belongings) / follower in mischief / uses bad language which he knows will be disapproved of / n.n.
Physique

General health:  Frequent colds, tonsillitis, coughs; running nose; mouth breather / poor breathing, wheezy, asthmatic, easily winded / skin troubles, sores / complains of tummy aches, feeling ill or sick; is sometimes sick / headaches, bad turns, goes very pale / fits / nose-bleeding / sore, red eyes / very cold hands / running, infected ears / good health.

Physical defects:  Bad eyesight (wears or should wear glasses) / squint / bulging eyes / poor hearing / clumsy, gawky (poor co-ordination) / contorted features (face screwed up on one side, eyes half closed, etc.) / holds body or limb in unnatural posture.

Speech:  Stutters, stammers, can’t get the words out / thick, mumbling, inaudible / jumbled / incoherent rambling chatter / babyish (mispronounces simple words) / n.n.

Size:  Tall for age / ordinary / small / unusually small. Very fat / very thin / n.n.

Physical appearance:  Attractive / not so attractive as most / looks undernourished / has some abnormal feature / n.n.

School Achievement


Anything special about this child which is not covered in the form:

Summary, recommendations; comments:
E.P.Q. (Junior)

Age...........................................Sex ...........................................

INSTRUCTIONS Please answer each question by putting a circle around the “YES” or the “NO” following the question. There are no right or wrong answers, and no trick questions. Work quickly and do not think too long about the exact meaning of the questions.

REMEMBER TO ANSWER EACH QUESTION

1. Do you like plenty of excitement going on around you? ...................................................YES NO
2. Are you moody? ...........................................................................................................YES NO
3. Do you enjoy hurting people you like? ........................................................................YES NO
4. Were you ever greedy by helping yourself to more than your share of anything? ...........................................................................................................YES NO
5. Do you nearly always have a quick answer when people talk to you? ...............YES NO
6. Do you very easily feel bored? ........................................................................................YES NO
7. Would you enjoy practical jokes that could sometimes really hurt people? ............YES NO
8. Do you always do as you are told at once? .................................................................YES NO
9. Would you rather be alone instead of meeting other children? ..............................YES NO
10. Do ideas run through your head so that you cannot sleep? ........................................YES NO
11. Have you ever broken any rules at school? .................................................................YES NO
12. Would you like other children to be afraid of you? ....................................................YES NO
3. Are you rather lively? .....................................................................................................YES NO
4. Do lots of things annoy you? .........................................................................................YES NO
5. Would you enjoy cutting up animals in Science class? .............................................YES NO
6. Did you ever take anything (even a pin or button) that belonged to someone else? ..................................................................................................................YES NO
7. Have you got lots of friends? .........................................................................................YES NO
8. Do you ever feel “just miserable” for no good reason? ...............................................YES NO
9. Do you sometimes like teasing animals? .......................................................................YES NO
10. Did you ever pretend you did not hear when someone was calling you? ..............YES NO

PLEASE TURN OVER
21 Would you like to explore an old haunted castle? YES NO
22 Do you often feel life is very dull? YES NO
23 Do you seem to get into more quarrels and scraps than most children? YES NO
24 Do you always finish your homework before you play? YES NO
25 Do you like doing things where you have to act quickly? YES NO
26 Do you worry about awful things that might happen? YES NO
27 When you hear children using bad language do you try to stop them? YES NO
28 Can you get a party going? YES NO
29 Are you easily hurt when people find things wrong with you or the work you do? YES NO
30 Would it upset you a lot to see a dog that has just been run over? YES NO
31 Do you always say you are sorry when you have been rude? YES NO
32 Is there someone who is trying to get their own back for what they think you did to them? YES NO
33 Do you think water ski-ing would be fun? YES NO
34 Do you often feel tired for no reason? YES NO
35 Do you rather enjoy teasing other children? YES NO
36 Are you always quiet when older people are talking? YES NO
37 When you make new friends do you usually make the first move? YES NO
38 Are you touchy about some things? YES NO
39 Do you seem to get into a lot of fights? YES NO
40 Have you ever said anything bad or nasty about anyone? YES NO
41 Do you like telling jokes or funny stories to your friends? YES NO
42 Are you in more trouble at school than most children? YES NO
43 Do you generally pick up papers and rubbish others throw on the classroom floor? YES NO
44 Have you many different hobbies and interests? YES NO
45 Are your feelings rather easily hurt? YES NO
46 Do you like playing pranks on others? YES NO
47 Do you always wash before a meal? YES NO
48 Would you rather sit and watch than play at parties? YES NO
49 Do you often feel "fed-up"? YES NO
50 Is it sometimes rather fun to watch a gang tease or bully a small child? YES NO
51 Are you always quiet in class, even when the teacher is out of the room? YES NO
52 Do you like doing things that are a bit frightening? YES NO
53 Do you sometimes get so restless that you cannot sit still in a chair for long? YES NO
54 Would you like to go to the moon on your own? .................................................... [YES NO]
55 At prayers or assembly, do you always sing when the others are singing? ............ [YES NO]
56 Do you like mixing with other children? ................................................................. [YES NO]
57 Are your parents far too strict with you? ............................................................... [YES NO]
58 Would you like parachute jumping? ......................................................................... [YES NO]
59 Do you worry for a long while if you feel you have made a fool of yourself? ......... [YES NO]
60 Do you always eat everything you are given at meals? ........................................ [YES NO]
61 Can you let yourself go and enjoy yourself a lot at a lively party? ...................... [YES NO]
62 Do you sometimes feel life is just not worth living? ............................................ [YES NO]
63 Would you feel very sorry for an animal caught in a trap? ................................. [YES NO]
64 Have you ever been cheeky to your parents? ......................................................... [YES NO]
65 Do you often make up your mind to do things suddenly? .................................... [YES NO]
66 Does your mind often wander off when you are doing some work? ................... [YES NO]
67 Do you enjoy diving or jumping into the sea or a pool? ..................................... [YES NO]
68 Do you find it hard to get to sleep at night because you are worrying about things? .............................................................................................................................. [YES NO]
69 Did you ever write or scribble in a school or library book? ............................... [YES NO]
70 Do other people think of you as being very lively? ................................................ [YES NO]
71 Do you often feel lonely? ....................................................................................... [YES NO]
72 Are you always specially careful with other people's things? ............................. [YES NO]
73 Do you always share all the sweets you have? ....................................................... [YES NO]
74 Do you like going out a lot? .................................................................................. [YES NO]
75 Have you ever cheated at a game? ....................................................................... [YES NO]
76 Do you find it hard to really enjoy yourself at a lively party? ......................... [YES NO]
77 Do you sometimes feel specially cheerful and at other times sad without any good reason? ............................................................................................................. [YES NO]
78 Do you throw waste paper on the floor when there is no waste paper basket handy? ....................................................................................................................... [YES NO]
79 Would you call yourself happy-go-lucky? ............................................................ [YES NO]
80 Do you often need kind friends to cheer you up? .................................................. [YES NO]
81 Would you like to drive or ride on a fast motor bike? .......................................... [YES NO]

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS