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On Dropouts and Refusers in Child Psychotherapy: Reply to Garfield

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We agree with Garfield that there is value in keeping criteria for dropout groups consistent across studies. Because our methods served this goal, we are puzzled at this part of his critique. The term *dropout*, as used in our study, might reasonably be replaced with Garfield's term *refuser;* however, the procedural realities of our child clinics make both terms appropriate. At Garfield's suggestion, we present new data on those youngsters he considers true dropouts; analyses reveal that the results we previously reported would have been the same had we used this group.

Garfield's (1989) comments on our article strike us as useful and thought-provoking but also as puzzling in some respects. Garfield's first point is that "the use of varying definitions and criteria of dropouts or premature terminators makes it difficult to compare studies and to secure meaningful generalizations" (p. 168). We agree but do not see how the point applies to our study. We did not develop new criteria for group membership; instead, we adopted those used earlier by McAdoo and Roeske (1973): *dropouts* were defined as cases in which neither child nor family returned to the clinic after the initial intake session (McAdoo and Roeske labeled this group *defectors*). Garfield may be right that "extreme variability among these operational definitions leads to chaos" (p. 168). But our methods were intended to reduce such variability and thus to minimize chaos.

Garfield's second point is partly a matter of terminology. He objects to our choice of the term *dropouts* for youngsters who did not continue after their intake sessions. These subjects, he argues, "are more correctly seen as 'refusers' of psychotherapy after the intake process" (p. 168). Garfield offers a two-part rationale. First, he argues that "after the intake process is completed, some clients are not offered psychotherapy" (p. 168). This is true, but our procedures ruled out such clients; our dropout group included only "cases in which clinic treatment had been recommended and offered" (Weisz et al., 1987, p. 916).

Second, Garfield suggests that the youngsters we called dropouts "were not dropouts because they never started therapy" (p. 168). Actually, in each of the nine clinics we studied, the intake session involved clinic business, information gathering, and psychotherapy. In eight of the clinics, intake sessions were always conducted by the child's therapist; in the ninth, half of the youngsters were first seen by their therapist and half by a student trainee. Thus, it is difficult to specify one point at which therapy began, but it would also be difficult to argue that youngsters who attended only the intake session had not started psychotherapy.

Because psychotherapy had been recommended and offered to the youngsters, and because their initial intake session included some psychotherapy, our term *dropout* seems technically accurate. On the other hand, in support of Garfield's position, (a) the initial session for most of these individuals involved less psychotherapy, per se, than routine intake procedures (e.g., discussion of consent forms, gathering of family information) and (b) strictly speaking, the period after the initial session was the first opportunity the young clients had to refuse psychotherapy. So the group of interest could also correctly be called *refusers.* We suspect that, ultimately, how researchers label their groups will be less important than how they operationally define their groups.

Garfield notes that our study excluded 165 children who fell between the dropouts and continuers in number of sessions. He suggests that many of these children may have dropped out of therapy and that excluding them made our study incomplete. Certainly, many of the 165 children did drop out; however, if we had included them in our original dropout group, the effect would have been to abandon an established operational definition (from McAdoo & Roeske, 1973), which is a procedure that we join Garfield in opposing.

However, we can respond to Garfield's request for information about dropouts among the 165 youngsters of interest. We excluded those who terminated with the concurrence of their therapist, we labeled the remainder *new dropouts,* and we calculated new dropout group means on all variables shown in Table 1 of our article (Weisz et al., 1987, p. 917). This included 7 child demographic variables, 7 measures of child psychological problems, 10 parent perception variables, and 2 measures of child therapist characteristics. We then compared these means with those of the youngsters in our original continuer group, using separate multivariate analyses of variance (MANOVAs) for

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the separate groups of variables; for completeness, we then added univariate tests for all individual variables. All MANOVAS and univariate tests revealed nonsignificant differences between the new dropouts and the original continuer group. In other words, our results in terms of significant findings would have been the same as those in Weisz et al. (1987) even if this new group had been our dropout group.

References

Garfield, S. L. (1989). Giving up on child psychotherapy: Who drops out? Comment on Weisz, Weiss, and Langmeyer. *Journal of Consulting and Clinical Psychology, 57,* 168–169.

McAdoo, W. G., & Roeske, N. A. (1973). A comparison of defectors and continuers in a child guidance clinic. *Journal of Consulting and Clinical Psychology, 40,* 328–334.

Weisz, J. R., Weiss, B., & Langmeyer, D. B. (1987). Giving up on child psychotherapy: Who drops out? *Journal of Consulting and Clinical Psychology, 55,* 916–918.

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