

Hoehn-Saric R, Frank J D, Imber S D, Nash E H, Stone A R & Battle C C.

Systematic preparation of patients for psychotherapy—I. Effects on therapy behavior and outcome. *J. Psychiat. Res.* 2:267-81, 1964.

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An explanation of the rationale of psychotherapy, the role of the therapist and the patient, the expected course of treatment, and the setting of a reasonable outcome expectation, given at the onset of treatment, had a favorable effect on certain aspects of patients' therapy, behavior, and improvement. [The *Science Citation Index*® (SCI®) and the *Social Sciences Citation Index*® (SSCI®) indicate that this paper has been cited in over 180 publications since 1964.]

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During the early 1960s, the Psychotherapy Research Group of the Department of Psychiatry at Johns Hopkins Hospital was headed by Jerome Frank and included as investigators the authors cited in this paper. We were just tooling up for a lengthy and methodologically sound, but not very exciting, research project when Jerry returned full of enthusiasm from a meeting in Boston with Martin T. Orne. Orne had developed an interview technique, later named the "Anticipatory Socialization Interview," that explained to the patient the rationale of psychotherapy, including the roles of the patient and the therapist, and provided him with a realistic expectation for the outcome.¹ Using this interview, he was able to reorient patients who had failed in

psychotherapy and engage them actively in the psychotherapeutic process.

At that time, our group was struggling with the problem of how to present psychotherapy to psychologically unsophisticated persons in an acceptable form. Therefore, Jerry's enthusiasm affected us immediately. We saw in Orne's Anticipatory Socialization Interview a technique that could help us make unsophisticated patients more receptive to psychotherapy, and we decided to test the effects of this intervention in a controlled experiment.

For this purpose, we modified Orne's interview, which was built on an analytic model, to suit short-term therapy of patients with lower levels of education and called it the "Role Induction Interview." In comparison to other research projects, the study encountered few problems. Besides the satisfaction of finding a single intervention strong enough to influence significantly the psychotherapeutic process, the study gave us the opportunity for many "soft" observations. We found that the interview was most effective for the patients of our less successful therapists because, as we found when listening to the tape-recorded sessions, the better therapists tended rather routinely to role-induce their patients whenever necessary, thereby minimizing the difference between experimental and control conditions. Another interesting observation was that the acceptance of psychotherapy depended, to a large extent, on the patient's skill in verbal interactions rather than on educational level. There was little difference between the uneducated women and educated men and women, while uneducated men, who traditionally were doers rather than talkers, needed the most intensive preparation for psychotherapy.

We believe the paper has been quoted so frequently because it presents one of the first methodologically sound experimental studies with a direct clinical application. In modified versions, the Role Induction Interview has been part of several studies that replicated our findings.²⁻⁴

1. Orne M T & Wender P H. Anticipatory socialization for psychotherapy. *Amer. J. Psychiat.* 124:1202-11, 1968. (Cited 30 times.)
2. Sloane R B, Cristol A H, Pepernik M C & Staples F R. Role preparation and expectation of improvement in psychotherapy. *J. Nerv. Ment. Dis.* 150:18-26, 1970. (Cited 50 times.)
3. Strupp H & Bloxom A. Preparing lower-class patients for group psychotherapy: development and evaluation of a role induction film. *J. Consult. Clin. Psychol.* 41:373-84, 1973. (Cited 60 times.)
4. Yalom I D, Houts P S, Newell G & Rand K H. Preparation of patients for group therapy: a controlled study. *Arch. Gen. Psychiat.* 17:416-27, 1967. (Cited 80 times.)