

TRAINING OF RESIDENT ASSISTANTS AND PEER GROUP
MEMBERS IN THE COMMUNICATION INTERACTIONAL
PROCESS SKILLS OF EMPATHIC UNDERSTANDING
OF STUDENT FEELING AND STUDENT
DEPTH OF SELF-EXPLORATION

Thesis for the Degree of Ph. D.
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KATHLEEN ROSINE SCHARF
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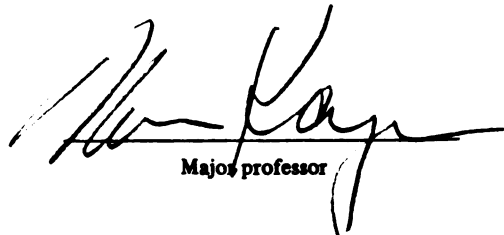
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Feeling and Student Depth of Self-Exploration
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Kathleen Rosine Scharf

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ABSTRACT

TRAINING OF RESIDENT ASSISTANTS AND PEER GROUP MEMBERS IN THE COMMUNICATION INTERACTIONAL PROCESS SKILLS OF EMPATHIC UNDERSTANDING OF STUDENT FEELING AND STUDENT DEPTH OF SELF-EXPLORATION

By

Kathleen Rosine Scharf

The purpose of this study was to compare the effectiveness of two different approaches to the training of undergraduate paraprofessional mental health workers or "helpers." This investigation attempted to determine the kinds of trainee behavior evidenced following an intensive 40-hour training program conducted during five consecutive days. Two training programs were used--a modified IPR experience and a modified communications skills training program. The outcomes of both treatments were compared to each other, to a comparison group of resident assistants trained extensively in a 38-hour IPR program which was conducted over a six-month period of time, and to a comparison group of professional counselors.

Both the experimental training procedures--the modified IPR experience and the modified communication skills program--were designed to increase the "interpersonal

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communication skills" of student helpers. Four general goals underlying both of the training programs included the following: to make trainees more aware of and sensitive to the feelings and concerns of their peers; to provide trainees with listening and communication skills which would facilitate understanding between them and the students desiring help; to offer student helpers effective ways of responding to and behaving with students; and to give trainees an increased awareness of the impact of the helper-student interaction in the college and residence hall.

Therefore the "interpersonal communication skills" of interest in this study included both helper empathic understanding and the helper's ability to use affective, understanding, specific, and exploratory responses to student concerns. Helper empathic understanding was defined as the helper's sensitivity to current feelings, as evidenced by his verbal facility to communicate this understanding to a student in a language attuned to the peer's current feelings (Carkhuff, 1969b). Helper affective responses made reference to the emotions, feelings, or fears of a client. Understanding responses communicated to the student that the helper understood or was trying to understand what the student was expressing, both verbally and non-verbally. Specific responses were the helper's honest statements of the core concerns being

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presented, either explicitly or implicitly, verbally or non-verbally, by the student. Exploratory responses indicated whether the helper encouraged or permitted the student to explore his concerns.

This study compared the relative effectiveness of the Carkhuff and the Kagan training models when used with undergraduate paraprofessional "helpers." In this investigation, both training models were modified in the following manner. While Carkhuff usually included the five dimensions of E, R, G, C, and Ex in his five-step training process, this study focused on only two dimensions--the E and Ex scales. Therefore, the modified Carkhuff training model in this study included discrimination training using two rating scales (E and Ex), empathy training, role-playing, group feedback and discussion, and client interviews. The training program was conducted as an intensive 40-hour experience over a period of five days.

Kagan's IPR process usually included a lecture on facilitative conditions, stimulated confrontation recall, client or counselor recall, and mutual recall. This study modified the IPR process in the following ways. The CVRS was not used in the lecture on facilitative conditions. The E and Ex scales were used instead. In this way, the CVRS could be used as an unbiased criterion measure across all groups. Stimulation confrontation recall (filmed stimulus) was omitted and tape-rating and empathy training

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were substituted for this phase of training. Thus the intensive modified IPR training model included a lecture on facilitative conditions in the helping process, tape-rating, empathy training, role-playing, videotaped feedback, client, counselor, and mutual recall, and interview with a client.

Thirty-five undergraduate "helpers" were randomly assigned to one of the two experimental training programs --the intensive modified IPR process (ITM-I) or the intensive modified communication skills training (ITM-II). Two comparison groups were also used in the analysis of helper behavior. The training comparison group (ETM) included 22 undergraduate resident assistants who were trained in helping behaviors over a six-month period of time. A second comparison group (PCG) included professional counselors employed by a university counseling center.

Following training, two samples of helper behavior were collected from all groups. An audiotaped interview with a student and a paper-and-pencil test of affective sensitivity were collected two weeks after training in all four treatment groups--ITM-I, ITM-II, ETM, and PCG. Eight weeks later, an audiotaped interview with a student and the test of affective sensitivity were again collected in both of the experimental treatment groups--ITM-I and ITM-II--and in the professional counselor group--PCG.

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These samples were used to assess the levels of helper functioning in each of the groups used in this study.

Six criterion measures were used to evaluate the helper's interview behavior. Carkhuff's Empathic Understanding Scale was used to assess helper empathic responses to student concerns during the audiotaped interview. Kagan's Counselor Verbal Response Scale was used to measure the helper's ability to use affective, understanding, specific, and exploratory responses to student communications during the interview process. The composite CVRS score and the CVRS subscores--CVRS-A, CVRS-U, CVRS-E, and CVRS-S--were used in the analyses of helper interview behavior. An additional measure--Kagan's Affective Sensitivity Scale was used as a paper-and-pencil test of the helper's ability to judge what a client, seen in a videotaped counseling session, was feeling about himself and about his counselor.

Thus, the overall design used in this study incorporated two schemes. A posttest design was used to test the effectiveness of training on helper behavior between the four comparison groups--the intensive modified IPR training, the intensive modified communication skills paradigm, the extensive IPR training experience, and the professional counselors group. A post-delayed posttest design tested the effectiveness of training between the two experimental treatment groups--the intensive modified

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IPR training, the intensive modified communication skills paradigm--and the professional counselors group over a period of two months.

A multivariate analysis of variance was used to test the overall differences in group means between the two experimental training paradigms for undergraduate paraprofessional helpers (ITM-I, ITM-II) and two comparisons (ETM, PCG). The null hypothesis, that there would be no differences between treatment levels on all variables, was rejected in the multivariate case ($p < .10$). The overall alpha level was set at .10 to compensate for the risk of a Type II error--false acceptance of the hypothesis. In the univariate case, the means on the CVRS-A, CVRS-U, CVRS-E, and EU variables were shown to be significantly different ($p < .10$) across the four treatment levels. Scheffé post hoc comparisons were used to test the differences between the four treatment levels--ITM-I, ITM-II, ETM, and PCG--on the CVRS-A, CVRS-U, CVRS-E, and EU variables. Significant differences ($p < .10$) were found between the ITM-II and ETM groups on the CVRS-A and between the ITM-II and PCG groups on the CVRS-U and CVRS-E variables. Significant differences were not detected between the ITM-I and ITM-II groups, between the ITM-I and ETM groups, or between the ITM-I and PCG groups on all six of the variables used in this analysis. Significant differences were also not detected between the ITM-II

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and PCG groups on the CVRS-A and EU variables. Nor were significant differences detected between the ITM-II and ETM groups on the CVRS-U, CVRS-E, and EU variables.

A repeated measures analysis of variance was used to test the differences within and between the group means of the two experimental training groups--ITM-I, ITM-II--and one comparison group--PCG. The null hypothesis, that there would be no difference in the means of the three groups on the ASS, CVRS, and EU variables--collectively or individually--across the testing periods, failed to be rejected. The hypothesis testing the TAM and TA interactions also failed to be rejected. Though not hypothesized in this analysis, a treatment main effect was found ($p < .05$). Significant differences between both the experimental groups--ITM-I, ITM-II--and the professional counselors group were evidenced in the repeated measures analysis.

The multivariate analysis and Scheffé post hoc comparisons suggested that significant differences in helper behavior existed in the following areas. The professional counselors used significantly more understanding and exploratory responses to student concerns during an interview than did the undergraduates trained intensively in communication skills. Differences were not detected in interview behavior or levels of affective sensitivity between the undergraduates trained intensively in IPR and

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those helpers trained extensively in IPR. There also seemed to be no differences in interview behavior and levels of affective sensitivity between the professional counselors and those helpers trained intensively in IPR. Yet the repeated measures analysis suggested that the professional counselors functioned at higher levels of empathic understanding, affective sensitivity, and Counselor Verbal Response dimensions than either of the experimental trainee groups--those helpers trained intensively in IPR and those trainees in the communication skills paradigm. The repeated measures results differed with the multivariate analysis. Traditionally, caution is observed in interpreting the acceptance of a null hypothesis. The probability of a Type II error--false acceptance--could occur in such "acceptance." It is considered safer to assume that statistical inference delineates the conditions of rejecting a hypothesis or of failing to reject a hypothesis rather than suggesting the acceptance of a null hypothesis.

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Kathleen Rosine Scharf

A THESIS

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in partial fulfillment of the requirements
for the degree of

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Department of Counseling, Personnel Services
and Educational Psychology

1971

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DEDICATION

To my supervisors,

Marilyn MacKenzie

Gordon Hall

John Powell

Bill Kell

and

Cecil Williams,

because they cared enough
to help me explore and grow.

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My journey has been a long one and yet it is just a beginning. Along that path of growth, many people reached out to help me. I cannot thank them all but I would like to mention those who have been with me this year.

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--To

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--To the Resident Assistants of Holmes Hall and the
Peer Group Members of Lyman Briggs College for their
willingness to help with this study.

--To my family who grew to understand why I wanted
to be me.

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CHAPTER I

THE PROBLEM

General Statement

This study is an attempt to contribute to the solution of the general problem of improving mental health among students on a college campus. More specifically, this study will compare the effectiveness of two different approaches to the training of undergraduate paraprofessional mental health workers or "helpers." The investigation will attempt to determine the kinds of trainee behavior evidenced following an intensive 40-hour training experience conducted during five consecutive days in each of the two approaches. In the analysis of helper behavior following training, two comparison groups are used. One comparison group includes undergraduates who were trained extensively in a 38-hour IPR program which was conducted over a six-month period of time. A second comparison group includes professional trained counselors who are currently employed by a university counseling center.

Specific Problem

This investigation is of the training of undergraduate helpers in working with peer vocational and personal needs in the university environment. On the Michigan State University campus, resident assistants and academic aides--such as Peer Group members--are students employed to be helpful to their peers. Resident assistants are student personnel who function as resource persons, friends, listeners, and helpers to students living in the residence halls. Peer Group members are concerned with promoting academic growth within the Lyman Briggs residential college. Their activities include identification of peer academic problems and referral of students to appropriate college staff; they also conduct groups, tutor students, and lead seminars. These two groups of student helpers are the sources of lay mental health workers to be trained to have an even greater impact on peer growth in the university environment.

This study will investigate two training procedures, each of which is designed to increase the "interpersonal communication skills" of student helpers. These interpersonal communication skills include helper empathic understanding as measured by Carkhuff's Empathic Understanding in Interpersonal Processes (see Appendix A) and the helper's ability to use affective, understanding, specific, and exploratory responses (Kagan's IPR Counselor

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Verbal Response Scale--see Appendix B). A secondary skill, student self-exploration as measured by Carkhuff's Helpee Self-Exploration in Interpersonal Processes (see Appendix C), is used during training but not as an outcome measure.

Definition of Terms

In this investigation special terms are defined as follows.

Affective Sensitivity Scale.--A scale which purports to measure affective sensitivity as a test of empathy (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes, & Bondy, 1967). This multiple choice test requires the student helper to judge what the client, seen in a videotaped counseling session, is feeling about himself and about the counselor.

Communication Skills Training.--An approach to the training of helpers. This five-step procedure was designed by Carkhuff and his associates to " . . . cognitively and experientially . . . " (Carkhuff & Truax, 1965a, 1965b) train helpers in four dimensions of helper behavior--empathy, regard, concreteness, and genuineness--and one dimension of helpee behavior--exploration of feelings.

Counselor Verbal Response Scale.--A scale which describes a helper's response to client communication in

terms of four dimensions: affective-cognitive; understanding-non-understanding; specific-non-specific; and exploratory-non-exploratory. These dimensions represent aspects of helper behavior and seem to be associated with the progress of the client. Affective responses generally make references to the emotions, feelings, or fears of the client. Understanding responses communicate to the student that the helper understands or is trying to understand what the student is expressing, both verbally and non-verbally. Specific responses are honest statements by the helper of the core concerns being presented either explicitly or implicitly, verbally or non-verbally by the student. Exploratory responses indicate whether the helper encourages or permits the student to explore his concerns (see Appendix B).

Empathic Understanding.--Helper sensitivity to current feelings as evidenced by his verbal facility to communicate this understanding to a student in a language attuned to the peer's current feelings (Carkhuff, 1969b).

Helper Behavior.--The helper's verbal responses to student statements of concern. These helper responses are assumed to be a measure of the communications of the helper during the interview.

Inquirer.--The third person in a helper-student relationship. The inquirer conducts the recall session

for the helper and/or the student. The role and function of the inquirer is to act as a neutral stimulus who facilitates examination of the underlying dynamics of an interaction. The inquirer tries to avoid establishing a new relationship with the person being recalled by focusing attention on the video playback rather than on himself.

Interpersonal Process Recall.--A series of tasks designed to intensify and accelerate counselor and/or helper training. IPR uses video playback of an interview session in order to stimulate recall of the dynamics underlying a helper-student interaction.

Stimulated Recall Session.--A phase in the IPR procedure in which the videotape of an interview session is played back and an inquirer encourages the trainee to examine the underlying dynamics of an interaction.

Training Program.--A structured sequence of experiential tasks between a group of trainees and a trainer. These tasks are designed to promote trainee growth in facilitative behaviors.

Need for Research

The need for increased contact and communication between mental health workers--such as teachers, counselors, administrators, and social workers--and the



population in general has been discussed by several authors (Brown, 1965; Crakhuff & Truax, 1965a, 1965b, 1966; Harvey, 1964; Magoon & Golann, 1966; Rioch, Elkes, Flint, Usdansky, Newman, & Silber, 1963; Schmidt, 1968; Zunker & Brown, 1966). Unrest in urban communities and on college campuses has emphasized this need. Yet identity needs and needs for interpersonal closeness still seem to be a crucial concern of the population in general. For example, students are currently vocal about defining their rights, their roles, and the kinds of impact they might have on the university as a whole. Much of this protest is legitimate and has led to positive changes, but some of the protest seems to be the result of interpersonal frustration which may be partially attributable to a breakdown in effective communication in the university community.

Several investigators have suggested the use of lay personnel in promoting mental health and academic-vocational adjustment (Brown, 1965; Truax & Carkhuff, 1965a, 1965b; Rioch, et al., 1963; Schlossberg, 1966; Zunker & Brown, 1966). Conflict about the role of lay professionals has focused on the use of such individuals as aides or assistants only, as opposed to the use of lay persons in the direct counseling or interview process. Carkhuff (1968) and Schlossberg (1966) have both defined five areas in which lay helpers could be useful. They

can be effective in working with peer vocational and personal needs in the environment, in fulfilling some of the manpower needs of the helping professions, in increasing the effectiveness of services being offered, in assisting peer development of a sense of identity, and in helping maximize peer potential.

Delimitations

Two modified training programs will be investigated--one version of Kagan's IPR process and of Carkhuff's communication skills training. The IPR process usually includes a four-step process--a lecture on facilitative conditions; simulated confrontation recall (filmed stimulus); counselor, client, and mutual recall; and individual interviews. In this study, simulation confrontation recall will be deleted. The lecture on facilitative conditions will omit the CVRS scale and use Carkhuff's E and EX scales instead. Thus the CVRS could be used as an unbiased measure across all groups following training. Carkhuff's scheme includes a five-step process in the facilitative conditions of helper empathic understanding, regard, genuineness, and concreteness, and helpee self-exploration. This study will use the same five-step process, but will focus only on the facilitative dimensions of helper empathic understanding and helpee self-exploration.

An attempt will be made to assess facilitative conditions offered by professional counselors to students. Students interviewed by the counselors and trainees are similar. No long-term therapy interviews will be included in the sample; all interviews are structured as a one-time only meeting. Instructions to the clients are, "If you feel the person whom you will be seeing is helpful, please feel free to discuss a personal concern." Instructions to the trainees and counselors were, "Relate to the person you will be seeing as you would ordinarily do in order to be helpful to him." These instructions will be used to help control the structure of the interview.

Post and delayed-post measures will be collected. Delayed-post measures, measuring retention of helper behaviors, will be taken to study trainee behavior over time. No premeasures on the CVRS and E will be taken since random assignment of trainees to groups and treatments is employed.

No assessment will be made of supervisor behavior during training. Supervisors will be randomly assigned to treatment and then trained independently. These precautions will be taken to prevent some sources of supervisor bias. The investigator will serve as a program coordinator and will daily brief each trainer. This might partially control for deviation from the training procedures.

All findings in this study must be interpreted within the confines of the above delimitations.

Theory

The theoretical bases for each of the training models in this study are described here. Basic to the helping process is the interaction between the helper and the student being helped. The dynamics of that interaction seem crucial to the kinds of growth which may occur as the result of that contact. Three variables need consideration--the helper, the student being helped, and the helper-student relationship. An underlying assumption in discussing these variables is that the helper-student interaction involves relatively normal behavior--behavior essential to the developmental process of a student, as he learns how to meet his needs within his current environment, and as he seeks to know himself and others.

The Helper

The helper brings a dynamic personal Gestalt to the helping relationship (Kell & Mueller, 1966). He brings a whole history of past relationships, experiences, and ways he has learned to cope with stresses, anxieties, and developmental problems. The helper also has a "present." This "present" includes his current feelings, fears, expectations of others, concerns, hostilities, and satisfactions or dissatisfactions with his interpersonal relationships.

The Student

The student likewise adds his own personality configuration to the helper-student interaction (Kell & Mueller, 1966). In asking for assistance, the student is experiencing some degree of stress about a concern. This concern may be the result of a new experience, a reflection of a long history of such conflict, or a kind of interpersonal impasse in the student's process of coping with his environment. The student also has his own anxieties, fears, feelings, coping behaviors, hostilities, and experiences with interpersonal relationships.

The Helper-Student Relationship

The third variable in this theoretical construct is the reciprocal impact of the helper and student--the kind of impact the helper has on the student and the kinds of responses the student elicits from the helper. In the context of the interaction, the helper can be verbally and non-verbally responding to the aspects of the student's behavior. This may be more related at times to the helper's Gestalt than to the student's field of experience. Similarly, during the interview the student may experience other concerns in addition to the one he is expressing; and these concerns may be the result of the dynamics of the interaction.

Kagan and Schauble (1969) observed that while a counselor and a client are discussing experiences outside the counseling relationship, they can be at the same time experiencing conflicting feelings about the relationship itself. Feelings typically evidenced in their studies were the client's concern that the counselor might hurt or reject him, the client's concern that the counselor might make an affectionate, dependent, or seductive approach toward him, the client's concern that his own hostile feelings toward the counselor might emerge, and the client's concern that his own affectionate, dependent, or seductive impulses toward the counselor might be acted out. Danish and Kagan (1969) believe that these conflictual feelings exist in most interpersonal relationships.

The above authors focus on the client half of the interaction. Grzegorek (1971) and Spivak (1970), on the other hand, both assumed that counselors needed to look at these factors in themselves. It may be possible that the counselor is also experiencing his own concerns about these four areas. For instance, the counselor may be concerned about hurting or rejecting the client. The counselor may be concerned that the client will make an affectionate, dependent, or seductive approach toward him. The counselor may be wondering about his own hostile feelings toward the client; and the counselor may be frightened about his own affectionate, dependent, or seductive impulses being acted out with the client.

Developmental Tasks

It is important to consider the kinds of developmental tasks that a helper needs to learn in order to be helpful to another person in stress. Kagan's and Carkhuff's theoretical models differ in their consideration of counselor and client developmental tasks in the helping process.

Kagan and his associates (1967) delineated four tasks that a counselor needed to learn in order to become effective in his interpersonal communications. These tasks were defined as follows.

1. The counselor needs to become aware of and sensitive to the elements of effective communication.

The counselor needs to have some cognitive notions or theories about the underlying elements of effective interpersonal communication. In some ways this can be a model of what constitutes the process of being helpful. Counselor behaviors, then, are an operational expression of this model.

Several researchers (Kagan, et al., 1967; Rogers, 1957; Carkhuff, 1966; Truax, Carkhuff, & Douds, 1964) have identified several elements of communication which may be crucial in effective interpersonal encounters.

2. The counselor needs to become aware of and sensitive to his own feelings. The counselor must first understand and own his feelings, so that he

can eventually understand how the client experiences feelings. In addition, the counselor must recognize how he communicates his feelings to the client. He may come to recognize how these are communicated verbally or non-verbally, subtly or overtly.

3. The counselor must become aware of and sensitive to the client's communication. In order to be helpful, the counselor needs to become aware of the client's feelings and experiences, from the context of the client's Gestalt (Rogers, 1957). At times, this skill is defined as accurate empathy (Rogers, 1957; Truax & Carkhuff, 1967). Some researchers have posited this skill as a central ingredient in the helping process. Truax and Carkhuff (1967) suggest that "the therapist's ability to perceive and communicate, accurately and with sensitivity, the feelings of the patient and the meaning of those feelings" (p. 284) is central to the helping process.
4. The counselor must be aware of the bilateral nature of the counseling interaction. It is important that the counselor understands that the counselor and client have a reciprocal impact upon each other. The counselor serves as a stimulus to the client during the interview.

Likewise the client elicits counselor behaviors during the session. Kell and Mueller (1966) explain that in order to understand the counseling process, the counselor needs to examine his own previous behaviors which might have triggered the client's thoughts, feelings, and affective changes. Also the interaction between the counselor and the client in the current relationship affects the choice and sequence of the content in the interview (Kell & Mueller, 1966). Psychoanalytic theory presents the notions of transference and countertransference as a way of conceptualizing the bilateral nature of the therapeutic interaction. Transference is defined as the " . . . emotional reaction of the patient to the therapist in which he directs his impulses and attitudes toward the therapist" (Patterson, 1966, p. 321). The psychoanalytic therapist must be aware of the dynamics of the client's transference. In addition, the therapist needs to be cognizant of his own countertransference attitudes; and he must be able to control them, and to substitute appropriate attitudes toward the client. The psychoanalytic process then consists of the development of the transference and its resolution between the therapist and the client (Patterson, 1966).

Finally, dimensions of the counselor-client interaction may be related to the dimensions of the client's interpersonal encounters outside of the interview.

In their conceptual model, Truax and Carkhuff (1967) explain that the counselor needs to learn and to communicate at minimally facilitative levels four helper behaviors or conditions. The counselor needs to be at least a minimally effective communicator of empathic understanding, respect, concreteness, and genuineness. Empathic understanding is defined as helper sensitivity to current feelings as evidenced by his verbal facility to communicate this understanding to a student in a language attuned to the client's current feelings. The counselor communicates respect when he warmly accepts the client's experience as part of that person, without imposing conditions or evaluations. The counselor is genuine when he is freely and deeply himself in the helping relationship. His responses are sincere rather than phony; these responses express the counselor's real feelings rather than his defensive feelings. Lastly, counselor concreteness is defined as the helper's ability to directly discuss specific feelings and experiences related to the client's concerns. Truax and Carkhuff (1967) explain that the levels of these helping behaviors communicated by the counselor to the client during the helping interaction

affect the level of client behavior in that process. These authors consider that a client who stays at low levels of self-exploration may be the result of a counselor who is functioning at low levels of facilitative behaviors. Thus, progress or deterioration in the helping process can be related to the levels of counselor dimensions offered in the counseling relationship.

Important client tasks in the helping process have also been investigated. Rogers (1957) explains that if the counselor provides six basic conditions in the therapeutic relationship, then constructive personality change in the client can occur. Truax and Carkhuff (1967) consider one client behavior in the therapeutic process--client self-exploration. They propose that at level five of client self-exploration, "the person is fully and actively focusing upon himself and exploring himself and his world. He actively and spontaneously engages in an inward probing to newly discovered feelings and experiences about himself" (see Appendix C--the Ex Scale). These investigators sketchily describe client developmental tasks.

Kagan and his associates (1967) discuss four client developmental tasks which are presumed to be necessary if growth is to occur in the helping process. The client owns his discomfort; he admits his own anxiety and unhappiness. He begins to see that his feelings are tied to

concerns, people, fears, or other significant sources. He "owns" and accepts his anxiety. The client commits himself to change; he wants to change, says so, and cooperates with the counselor. The client not only faces his problem directly but also is willing to face the consequences of changing. The client begins to differentiate stimuli; he begins to realize that people and events are individual and he learns to respond to them as such. The fourth task focuses on the client behaving differently during the counseling interview. He also reports noticing behavior changes in his everyday life. The client explores his problems more reasonably and redefines his relationship with the counselor. He engages in new behavior with the counselor and describes to the counselor new behaviors in his everyday life.

These researchers have focused primarily on the helping process as it occurs in therapy or counseling. Some investigators suggest that a helping process can also occur between a lay professional and a client. This investigation considers the helping process as it might occur between students on a college campus. Several sources of student trainees can be identified within the university. This study questions what training procedures could be used to increase effective helper behaviors, what kinds of growth can occur following an intense training program of short duration, and whether these behaviors can be maintained over a period of time.

Assumptions and Review of Research
Which Supports Assumptions

In the context of this study, the university is identified as an agent of student academic and personal-social growth. Educational institutions primarily structure programs for the development of the student's intellectual skills. Yet the student's personal and social development also occurs within that setting and is increasingly of concern to university faculty. Teacher-student, administrator-student, counselor-student, student-student interactions and relationships thus have the potential of fostering or deterring this postadolescent growth (Carkhuff, 1966; Rogers, 1957). Also, student needs for identity, freedom, self-exploration, self-direction, dependence-independence, self-realization, creativity, social sensitivity, and intellectual skills all impinge on the structure, goals, atmosphere, and staff of the university (Carkhuff, 1966). For student growth and adjustment to occur, then, effective communication between staff and students is necessary.

This study assumes that elements of minimally effective communication can be identified. Researchers have posited that elements of good communication can be identified and that the level of these conditions can have either constructive or deteriorative consequences (Carkhuff & Truax, 1966). Interpersonal learning occurs in such relationships as parent-child, teacher-student,

and counselor-client. Success or failure in interpersonal learning can be related to the type and quality of certain dimensions in the interaction. Rogers (1957) delineated six conditions which he posited as necessary in a counseling relationship. Two people must be aware of each other; they must be in psychological contact with each other. The client is in a state of anxiety and the counselor is congruent or integrated in the relationship. The counselor experiences acceptance of the client (unconditional positive regard) as well as an empathic understanding of the client's internal frame of reference. He endeavors to communicate this understanding to the client. The communication of the counselor's empathy and acceptance must be minimally achieved.

In addition, three helper dimensions and one client characteristic have been shown to be related to the constructive growth of the client in a variety of settings, regardless of orientation (Carkhuff & Truax, 1966; Truax & Carkhuff, 1967). These variables include the helper's empathic understanding; the helper's communication of respect; the helper's genuineness; and the client's ability and willingness to explore his own feelings, thoughts, and fears.

Counselor and client behaviors in effective interpersonal communication have been identified by Kagan and his associates (Kagan, et al., 1967; Kagan, Schauble,

Resnikoff, Danish, & Krathwohl, 1969; Kagan & Schauble, 1969). Effective counselor verbal behaviors are defined in terms of various effective modes of response. The counselor makes reference to or encourages some affective or feeling aspect of the client's communication--affective response. The counselor is able to convey to the client his awareness of and sensitivity to the client's feelings and concerns--understanding response. The counselor deals with the core of the client's concern and is honest in the labels he uses--specific response. The counselor also encourages the client to be the more active of the two in exploring his feelings; and the counselor provides an opportunity for the client to do so--exploratory response. Specific client variables are also associated with client change and growth. The client owns his discomfort; he commits himself to change; he differentiates stimuli; and the client behaves differently with his counselor.

Robinson (1955) focused on counselor and client response dimensions which played a crucial role in the interactional learning process. Counselor variables included the counselor's attitude of acceptance of the client, his response to the core of the client's feeling, his shared responsibility with the client for the progress of the interview, and the degree to which the counselor's remarks tended to probe client statements. Dimensions of

client behavior were the degree of the client's motivation, the stage the client had reached in thinking about his problem, the role the client expected the counselor to play, the type of problem with which the client entered counseling, and client proclivities, such as dependence, aggression, and transference.

Research also supports the assumption that elements of effective communication can be learned and incorporated within an individual's behavioral repertoire. Paradigms for training persons in effective interpersonal skills usually have been sketchily reported in the literature, and the elements of interpersonal communication have been subjected to much controversy. Kagan and his associates (1967) described four major developmental tasks which face a counselor in learning about the process of effective interpersonal communication. According to this description the trainee becomes increasingly aware of the elements of good counseling; and the dimensions of counselor behaviors which characterize effective counseling are defined. The trainee becomes sensitive to, and understands, a greater amount of client communication. He also becomes aware of and sensitive to his own feelings during the counseling session. Finally the helper becomes sensitive to the bilateral or reciprocal nature of the counseling interaction; he perceives ways in which the dynamics of both the counselor and the counseled may serve to either expedite or inhibit the relationship.

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Kagan's Interpersonal Process Recall (IPR) techniques have been used to stimulate recall of the underlying dynamics involved in such interpersonal interactions as those between counselor and client and teacher and learner (Kagan & Schauble, 1969). The IPR process involved three steps. A counselor and client first conducted an interview which was videotaped and, immediately after the interview, the counselor left the room and an "inquirer" entered the room. Then the inquirer and the client played back the interview in order to discuss recalled feelings or thoughts (Kagan, et al., 1967; Kagan & Schauble, 1969). Significant differences were found in the use of IPR in counselor education and in the acceleration of client growth in counseling (Kagan, et al., 1967; Schauble, 1970; Spivack, 1970; Grzegorek, 1971).

In another training paradigm, a five-stage training process in effective growth-producing dimensions was delineated (Truax & Carkhuff, 1965a, 1967b). In this training process the trainees were didactically taught therapeutic dimensions of helper empathic understanding (E), helper respect (R), helper genuineness (G), and client self-exploration (Ex). Trainees then practiced discrimination of five levels of each of the four dimensions. During empathy training, the trainee listened to a client's statements and then wrote a response in terms of both the feeling and the content of the communication. Experiential role-playing exercises enabled the trainees

to practice and evaluate their own facilitative behaviors, using research dimensions as measures. Trainees then conducted initial interviews with a client. Following the initial interview, the trainee's behaviors were rated and feedback about those behaviors was provided.

Research evidence indicated that lay persons and graduate students could be trained to function at minimally facilitative levels in E, R, and G (Carkhuff, 1968). Length of the training programs ranged from twenty hours to one year (Berenson, Carkhuff, & Myrus, 1966; Carkhuff, 1968; Carkhuff & Truax, 1965b). After about 100 hours of training, lay helpers and graduate students functioned at levels of facilitative conditions comparable to experienced professionals (Carkhuff & Truax, 1965b). Following 16 hours of training in the research dimensions, volunteer college students demonstrated significantly greater improvement than did their controls, as measured by rated taped interviews, interviewee reports, self-reports, and reports of significant others (Berenson, Carkhuff, & Myrus, 1966). Fourth semester rehabilitation counselor trainees functioned at significantly higher levels of communication than both first semester rehabilitation students and fourth semester philosophy students (Anthony & Carkhuff, 1970).

Training programs of academic lay and professional counselors have also been discussed by researchers (Brown,

1965; Zunker & Brown, 1966). Following 50 hours of identical training, student counselors were found to be as effective as professional counselors in the criteria of communication of information, impact on counseled students' academic achievement, and satisfaction ratings of the students counseled (Zunker & Brown, 1966).

Thus, it can be assumed that lay personnel can be at least minimally effective facilitators in promoting student growth. There is research evidence to indicate that lay persons can effect significant constructive changes in the clients whom they see (Carkhuff, 1968). Hospitalized neuropsychiatric patients in lay counselor led groups showed significant improvement, as compared to controls, on such measures as a pre-post Anxiety Scale (Carkhuff & Truax, 1965a). Lay personnel engaged hospitalized patients in a depth of interpersonal exploration commensurate with that of experienced therapists and graduate students (Carkhuff & Truax, 1965b). In another study, 30 out of 49 neuropsychiatric outpatients seen by lay counselors showed some improvement as measured by clinical ratings (Rioch, et al., 1963). Freshmen counseled by students showed significant improvements, as compared to controls, on such dimensions as test-retest differential (Study Habits and Attitudes), grades, and quality point ratios (Brown, 1965). Student counselors achieved significantly better results in promoting freshman growth than professional counselors on certain outcome measures, such

as client use of study skills knowledge, client satisfaction, and grade point ratios (Zunker & Brown, 1966).

The rationale of this study has thus been based on four assumptions. The university can be identified as an agent of student academic and personal-social growth. The elements of minimally effective communication can be identified. The elements of effective communication can be learned and incorporated within an individual's behavioral repertoire. Lay personnel can be at least minimally effective facilitators of their peers' growth. This investigation then tests how much growth in helper behavior can be evidenced as the result of an intensive training experience, what kinds of helper growth can be evidenced in each of the two intensive training programs used, and whether helper behavior can be maintained over time.

Specific Objectives

Training of Resident Assistants and Peer Groupers includes four general goals. In this study the training attempts to make trainees more aware of and sensitive to the feelings and concerns of their peers, while it also seeks to provide trainees with listening and communication skills which facilitate understanding between them and students desiring help. The training programs attempt to offer student helpers effective ways of responding to and behaving with students, and also to give trainees an

increased awareness of their role and impact as helpers in the college and residence hall.

Specific skills identified in this study as facilitating increased communication and understanding within the milieu include helper empathic understanding (E) and helper use of affective, understanding, specific, and exploratory responses (Kagan's CVRS) to student communication.

Hypotheses

This study will compare the effectiveness of both the Kagan and Carkhuff approaches to the training of undergraduate paraprofessional mental health workers or "helpers." Both models seem to be effective training procedures. Thus, one hypothesis in this study predicts that there will be no differences in trainee group levels of Empathic Understanding (E), Counselor Verbal Response Scale (CVRS) dimensions, and Affective Sensitivity Scale (ASS) scores between the trainees who receive modified IPR training procedures and those trainees who receive modified communications skill training (Truax-Carkhuff paradigm).

Carkhuff (1968) suggests that lay persons can be trained to function at minimally facilitative levels of helper conditions in relatively short periods of time. Thus, the second hypothesis predicts that there will be no differences in trainee group levels of Empathic

Understanding (E), Counselor Verbal Response Scale (CVRS) dimensions, and Affective Sensitivity Scale (ASS) scores between the experimental trainee groups (IPR and/or communication skills 40-hour intensive programs) and those trainees who receive approximately the same amount of training in IPR over a six-month period of time--the treatment comparison group.

Carkhuff (1968) also proposes that lay helpers can function at levels essentially as high or higher than professional trainees or counselors. Thus, the third hypothesis predicts that there will be no differences in helper group levels of Empathic Understanding (E), Counselor Verbal Response Scale (CVRS) dimensions, and Affective Sensitivity Scale (ASS) scores between the experimental trainees (IPR and/or communication skills programs) and the comparison group of trained professional counselors.

The fourth hypothesis tests whether helper behaviors following training remain at the same level in the environment over a period of time. Grzegorek (1971) suggests that levels of helper behavior following treatment can be maintained over a period of time following training (four weeks after treatment). Thus the last hypothesis in this study predicts that there will be no differences in the modified IPR and modified communication skills trainees' levels of Empathic Understanding (E), Counselor Verbal Response Scale (CVRS) dimensions, and Affective

Sensitivity Scale (ASS) scores two weeks after training compared to eight weeks after training.

Overview of the Training Programs

Two training programs were used in this study. Intensive Training Model I (ITM-I) is the intensive (short-term) modified IPR program. The procedures are fully described in Appendix E. The model for this program was developed by Kagan and his associates (1967). Intensive Training Model II (ITM-II) is the intensive (short-term) modified communication skills program. Procedures are fully described in Appendix F. The model for this program was developed by Carkhuff and his associates (Carkhuff & Truax, 1965a, 1965b).

Both training models used four sources of learning --the didactic, the experiential, the role model, and the actual interview process. The didactic mode refers to the direct shaping of behavior. In this process, facilitative behaviors were defined, operationalized, practiced, and rated. The experiential mode included role-playing exercises with a trainee-client and with coached clients; these exercises then were used as a type of practicum experience for the trainees. Through the use of the role model, facilitative helper behaviors were modeled by the trainers and were shaped and practiced by the trainees. Interviews with coached and actual clients were used so that the trainees could test their facilitative behaviors in an

experience which closely approximated their job experience. Table 1.1 delineates the helper tasks, the goals related to each developmental task, and the trainee exercises in both ITM-I and ITM-II which were used to achieve each developmental task.

Summary

This study is designed to assess helper growth evidenced as the result of an intensive training experience focused on helper behaviors. Two training models--intensive modified IPR and intensive modified communication skills training--were used during the week prior to the fall term of 1970. These two treatments are compared with each other and with two comparison groups. One comparison group includes resident assistants who had been trained in the IPR process over a period of six months. The second comparison group includes professional trained counselors. Carkhuff's Empathic Understanding Scale (E), Kagan's Counselor Verbal Response Scale (CVRS) dimensions, and Kagan's Affective Sensitivity Scale (ASS) are used as criterion measures of helper behaviors in all groups.

The literature pertinent to paraprofessional training is reviewed in Chapter II. Procedures, methodology, and analysis techniques are described in Chapter III. Results of the statistical analyses are discussed in Chapter IV. In Chapter V the conclusions, summary, and implications for future research are considered.

Table 1.1

Helper Tasks, Goals, Training Exercises in ITM-I and in ITM-II

Helper Developmental Tasks and Related Goals	Training Exercises ITM-I (Modified IPR)	Training Exercises ITM-II (Modified Communication Skills)
Trainees become aware of and understand the elements of facilitative communication. <u>Goals</u> 1. To operationally define facilitative behaviors. 2. To determine how and when facilitative behaviors can be used. 3. To develop a sense of "helpful" and "non-helpful" responses. 4. To establish criteria by which trainees can judge their own behaviors.	Trainees learn the five levels of the E and Ex scales. Trainees learn to discriminate the five levels of each scale. Trainees listen to audiotaped client statements and formulate their own responses in terms of E (empathy training).	Trainees learn the five levels of the E and Ex scales. Trainees learn to discriminate the five levels of each scale. Trainees listen to audiotaped client statements and formulate their own responses in terms of E (empathy training).
Trainees experientially learn their own facilitative behaviors and how these are communicated. <u>Goals</u> 1. To help trainees begin to shape and practice their own facilitative behaviors. 2. To provide trainees with feedback and exploration of their own facilitative behaviors. 3. To reinforce facilitative behaviors.	Trainees role-play the counselor-client interaction. That interaction was videotaped and "recalled." Trainees learn the inquirer role in the IPR process. Helper Recall. Client recall. Mutual recall of both the helper and the student.	Trainees role-play the counselor-client interaction. That interaction was audiotaped and rated. Trainees rated helper behavior using the E scale. Trainer and trainees provide feedback to the trainee-helper. Group discussion about the helper-student interaction.
Trainees become more aware of and sensitive to the aspects of client communication. <u>Goals</u> 1. To aid trainees to define student self-explorative behavior. 2. To determine how and when student exploratory behaviors occur. 3. To develop a sense of "helpful" and "non-helpful" exploration.	Trainees learn the Ex Scale. Trainees role-play student concerns. Client recall. Mutual recall. Interview with a coached client.	Trainees learn the Ex scale. Trainees role-play student concerns. Trainees rate student behavior using the Ex scale. Group discussion of the helper-student interaction. Interview with a coached client.
Trainees achieve an awareness of the client-helper interaction. <u>Goals</u> 1. To help trainees explore the impact of helper behavior on the client. 2. To aid trainees in understanding the impact of client behavior on the helper. 3. To aid trainee exploration of the underlying dynamics of the helper-client interaction.	Client recall. Helper recall. Mutual IPR recall. Interview with a coached client.	Group discussion of the helper-client interaction. Trainees rate helper behavior using the E scale. Trainees rate client behavior using the Ex scale. Interview with a coached client.

CHAPTER II

REVIEW OF THE LITERATURE

The research literature related to both the use and training of paraprofessionals will be discussed in this chapter. These areas are directly related to the theoretical assumptions and hypotheses discussed in Chapter I. This chapter delineates the variables of interest in the study of paraprofessional helpers, identifies the contributions of previous research, and discusses limitations of these descriptive and experimental studies.

The use of lay professionals has been the subject of much controversy in the literature. Conflict about the use of lay helpers and their training has focused on their role as aides or assistants to professional counselors as opposed to the use of paraprofessionals in the direct counseling or interview process (Schlossberg, 1966; Carkhuff & Truax, 1965a; Carkhuff, 1966; Magoon & Golann, 1966). The first section of this chapter will critique studies related to the use of paraprofessionals. The next portion of this chapter will discuss research related to the Carkhuff model of training lay helpers. The third

section will present investigations of the Kagan model of training helpers in facilitative behaviors. The final section will summarize the status of the current research and present the rationale for this study.

Use of Paraprofessionals

Studies have reported the use of paraprofessionals in several helping relationships, including academic advisement, individual counseling, group counseling, group training, and social adjustment. Some researchers have attempted to compare the functioning of lay helpers with professionals in the helping situation. These studies raised important questions concerning the kinds of useful services that could be provided by paraprofessionals in a social setting.

Two studies have evaluated the use of undergraduate student counselors in academic advisement activities. Brown (1965) assessed the functioning of undergraduate helpers in a freshman orientation program at a southwest Texas college. A 40-hour training experience was conducted prior to the orientation program. Student helpers were trained to perform three guidance activities, including conducting survival orientation meetings in the residence halls, interpreting tests at the college guidance center, and providing study skills guidance to freshmen in the dormitory. During the orientation program student leaders used these skills with small groups of freshmen (six per

counselor). Freshmen counseled by trained students scored significantly higher on two measures of study behavior than did uncounseled freshmen. At the end of the first semester, freshmen counseled by student helpers averaged .6 letter grade higher than did uncounseled freshmen. The author also found that freshman counselees evaluated the student-to-student counseling approach quite positively. The author concluded that academic adjustment guidance provided by student helpers produced significant improvement in the scholastic adjustment and achievement of counseled freshmen. Yet Brown did not consider other intervening factors which might have influenced these results. An attention factor, whether provided by students or professionals, could play a crucial role in the outcome behavior of counseled freshman. Other variables related to a freshman's first semester grade point average include successful adjustment to the college setting by the student, intervention by a professor or friend at crucial times, or a freshman's scholastic motivation. Yet these were not controlled in this study.

In a follow-up study, Zunker and Brown (1966) assessed the effectiveness of trained student counselors as opposed to the impact of professional school counselors in academic guidance activities. Prior to the orientation

program, a 50-hour training program in academic advisement skills had been conducted for both student and professional counselors. The three types of evaluation used in this study were the effectiveness of communicating information about academic adjustment problems and their solutions, the impact of counseling on subsequent academic achievement, and the acceptability ratings of counseling by the counselees. Student-counseled freshmen evaluated the program significantly higher than did freshmen counseled by professional counselors. On a counseling comprehension test, students counseled by the paraprofessionals retained significantly more of the communicated information than did the professionally counseled students. Test-retest scores on an effective study test were not significantly different between the two groups of counseled students. Grade point averages for student-counseled freshmen (especially males) were significantly higher than the grade point averages of professionally counseled students. Zunker and Brown concluded that student counselors were as effective as professionals on all measures taken. Yet objective ratings of the helping process provided by either type of helper were not considered in this study. Criteria of helper effectiveness were based only on the behavior and perceptions of those counseled. While this outcome measure is commonly used in the research literature, it is difficult to assess how much of the client

criterion behavior is attributable to the impact of the helper and how much is related to the motivation of the client. It seems that the satisfaction ratings may have given some notions about freshman perception of counseling effectiveness but a grade point average may not be a mirror of effective counseling. Also, student acceptance ratings may have been biased by such factors as the lay helper's eagerness to help, by the credibility of a student helper in the perceptions of incoming freshmen, or by modeling. Yet these studies do suggest that undergraduates can be trained to be effective helpers in academic advisement.

Some researchers have investigated the use of paraprofessionals in the personal counseling process. Rioch, Elkes, Flint, Usdansky, Newman, and Silber (1963) tested the hypothesis that carefully selected, mature paraprofessionals could be trained within two years to do psychotherapy under limited conditions. The authors described four phases of their investigation--recruitment, selection, training, and evaluation. From a volunteer sample of 80, eight 40-year-old women were selected for training as mental health counselors. Training was intensively focused on psychotherapy; experiences included intensive supervision, on-the-job training, and course work in the theory and practice of psychotherapy. Following the first year of training, these investigators used objective ratings of trainee interview behavior, supervisor

ratings, instructors' ratings, and trainee self-reports to assess trainee growth. Measures of client behavior were also used. The results presented in this study were descriptive data on post-therapy diagnostic tests. Six percent of the clients seen by the mental health counselors showed marked improvement. Fifty-five percent of the clients showed slight or moderate improvement. Thirty-nine percent showed no change at all. Average ratings on trainee interview behavior, from supervisors, instructors, and ratings of an interview were in the satisfactory range. But self-ratings of interview behavior tended to be higher.

Magoon and Golann (1966) conducted a descriptive follow-up study on the trained mental health counselors. This research occurred during the first 18 months of the trainees' employment in a counseling service. These researchers investigated the kinds of vocational roles these trainees performed on their jobs and assessed the quality of their job behavior. The majority of the trainees' work performance was spent in such direct and indirect client services as interviewing and supervision. Supervisors and co-workers rated all the trainees' work performance as average or above average. The authors concluded that after two years of employment, these trainees provided credible mental health services in the judgment of their supervisors and co-workers.

Harvey (1964) reported that closely supervised trained lay professionals provided marriage counseling

services in Australian social work agencies. Following 15 months of training, these paraprofessionals conducted programs of education in marriage and family living and provided counseling help to clients. The author reported that in a three-year period of time, 15% of the cases seen by the trainees were successfully terminated. Twenty-six percent of their clients showed some improvement. While Harvey's study presented descriptive information about the use of paraprofessionals in the counseling process, investigation of the level of trainee functioning in that process was omitted.

Two investigators have attempted to assess the impact of lay helpers in the group helping process. Archer (1971) evaluated the effectiveness of undergraduate paraprofessional group leaders with their peers in a college dormitory setting. Two kinds of group experiences were studied; interpersonal communication skills training and encounter-developmental approaches were the treatments used by the two groups of lay helpers with their peers. The author questioned how paraprofessionals using a structured training model which employed IPR videotape feedback, IPR affect simulation, and tape rating would compare with undergraduate group leaders providing an unstructured encounter approach. To assess student leader effectiveness, the author used the following measures of peer behavior--affective sensitivity, self-actualization, psychological insight in relationships, and

depth of typical peer relationships. Students in the structured group experience scored significantly higher than the students in the developmental groups in the depth of their peer relationships. The author concluded that with appropriate training and weekly supervision, undergraduates could function as paraprofessional group leaders for interpersonal skills groups. Yet the effectiveness of these paraprofessional leaders needs further consideration. The structure of the IPR training model used in training may have been a crucial factor in this study. Specific phases of the training model thus need evaluation. For instance, the kinds of peer growth evidenced as the result of the IPR videotape feedback experiences as opposed to the growth evidenced as the result of simulation confrontation recall might yield important information in future studies.

Paraprofessional trainees have also led therapy groups with hospitalized patients (Carkhuff & Truax, 1965a). These lay personnel (three aides, one volunteer worker, and one industrial therapist) had been trained in a five-step approach to the learning of facilitative behaviors in the helping process. The helper's empathic understanding, regard, concreteness, genuineness, and the client's self-exploration were the variables of interest in training. Criterion measures of trainee effectiveness included client discharge rate from the hospital, pre-post ward behavior ratings of patients, and pre-post

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psychodiagnostic ratings. There were significant differences on the following behavior indices--degree of psychological disturbance, degree of interpersonal concern, and overall improvement between clients in the groups led by paraprofessionals and clients who received no counseling. Carkhuff and Truax (1965a) concluded that paraprofessional group leaders could effect significant improvement in their clients. However, the attention given these clients in the groups and the possibility of biased ratings on the wards may be two limiting factors in this study. While outcome criteria, such as client behavior following treatment, are important, study of the actual helper behavior during the process is needed.

Paraprofessionals have also been trained to aid students in their adjustment to a new, stressful social environment. Carkhuff and Griffin (1970) trained adult black human relations specialists to work with black students in newly integrated junior high schools. Fourteen trainees were selected on the basis of their pre-training levels of facilitative behaviors. Training focused on empathy, respect, concreteness, and genuineness. Following 150 hours of intensive training, these specialists worked with black students who were experiencing difficulty in making an educational and/or social adjustment. To evaluate helper behaviors, trainee levels of facilitative behaviors were compared to non-trainee levels of functioning during interviews with students. Satisfaction ratings

from administrators, teachers, counselors, and clients were additional criteria. Trainees differed significantly from nontrainees on all five indices of helper behavior as measured by tape ratings, client evaluation, trainee written responses to standard tapes, and trainee discrimination of helpful behaviors. The authors concluded that these specialists appeared to have a potent impact on the black students. In a follow-up study, made one year after training, these specialists functioned in the areas of direct counseling, training, and teaching of interpersonal skills. While these specialists seemed to be quite useful in aiding social adjustment, it might be important that future follow-up studies investigate whether the trainees' levels of facilitative behaviors continue to be maintained in the environment.

Armstrong (1969) analyzed the differences between students in counseling and students not in counseling with regard to the quality of their relationships with intimate friends as therapeutic agents. On the Barrett-Lennard Relationship Inventory, there were no significant differences between counseled and non-counseled students in their use of friends to help with problems and in rating their friends' accessibility and helpfulness. Students in both groups listed intimate friends as their first choice when considering helpful people in the environment. The author concluded that intimate friendships were potentially

therapeutic and that the dynamics of those relationships had a strong "behind the scenes" impact on the person's mental health. The author, however, did not identify the sources of help resulting from the friend relationship. While friends may be important helpers, the investigator did not identify the therapeutic conditions of that relationship.

Truax and Lister (1970) compared the effects on client progress in three treatment conditions with a professional counselor alone, with a professional counselor assisted by a secretarial aide, and with a counselor aide working alone under close supervision. The untrained counselor aides were selected from a secretarial staff. Clients were randomly assigned to one of the treatment conditions and were counseled for at least nine months. A five-point rating scale developed by the Arkansas Rehabilitation Service was used to evaluate client progress. Truax and Lister found that the greatest client improvement occurred when aides handled cases alone; the least client improvement resulted from counselors assisted by aides. But, McArthur (1970) questioned the kinds of helper-client interaction that might have occurred in this study. It was unclear what kinds of casework were conducted and dimensions of helper behavior were not discussed.

These investigations into the use of paraprofessionals in several helping processes have presented

data to support the notion that lay helpers could provide useful services to their clients under such limited conditions as close supervision, intensive training, or restricted caseload. But these articles have not investigated the effectiveness of comparative training procedures used with lay professionals.

Carkhuff Training Paradigm

Research in the Carkhuff model of facilitative processes grew out of Rogers' original investigations into the helping relationship. This model considered three classes of variables which were considered relevant to the helping interaction. First person variables were defined as parents, teachers, counselors, therapists, or paraprofessional helpers. Second person variables included children, students, or clients. The third group of variables--contextual variables--focused on the quality of the relationship, the length of treatment, and the levels of facilitative conditions provided in the relationship. These variables were studied alone and in their various interactions (Carkhuff, 1967). Carkhuff (1967) proposed that a central core of facilitative conditions was the most critical contextual variable in all helping relationships. Five dimensions formed the "core" of facilitative processes--helper empathic understanding (E), helper regard (R), helper genuineness (G), helper concreteness (C), and client self-exploration (Ex). Progress or deterioration

in the helping process was related to the levels of these dimensions in the relationship. For research purposes, each of these constructs was operationalized into a five-point scale (Carkhuff & Berenson, 1967). The five levels of helper empathic understanding are defined in Appendix A, and the five levels of client self-exploration are defined in Appendix C. On all research scales, level three was identified as the minimally facilitative level of client or trainee constructive growth. Most of the research was devoted to the validation of these assumptions. Carkhuff and his associates have conducted studies of the training model itself, comparison studies of trained paraprofessionals' and professional helpers' interview behaviors, investigations of the effect of supervisor functioning on trainee learning, and research in which training procedures were used as a therapeutic technique.

Training Model

Carkhuff and his associates devised a five-step process in the training of paraprofessional and professional helpers (Carkhuff & Truax, 1965a, 1965b; Truax, Carkhuff, & Douds, 1964). Trainees were didactically taught the therapeutic dimensions (E, R, G, C, and Ex). They then learned to discriminate the levels of each of these dimensions by rating audiotaped helper and client responses. During empathy training, trainees wrote their own responses to audiotaped client statements. The fourth

step was focused on the trainees' role-playing helper-client interactions and their evaluation of their own behaviors, using the research scales. Finally, these helpers interviewed actual clients and, following the interview, received feedback about the levels of their facilitative behaviors.

Research evidence supported the notion that a variety of subject groups could be trained to function at minimally facilitative levels on the research dimensions. Following 100 hours of training, twelve advanced graduate students and five lay helpers functioned at levels comparable to that of experienced therapists while conducting clinical interviews (Carkhuff & Truax, 1965b). Analysis of the data revealed that there were no significant differences between the three groups of helpers (experienced therapists, advanced graduate students, and lay personnel) on the E, R, and Ex dimensions. However, there were significant differences in favor of the professionals on the C dimension. Carkhuff and Truax thus concluded that lay therapists and graduate students could be trained to provide facilitative conditions in a therapeutic setting. Yet results also suggested that on the congruence dimension, experienced helpers seemed to be more freely and deeply themselves in the therapeutic encounter.

Several aspects of the above investigation were criticized by Berenson, Carkhuff, and Myrus (1966).

Because there was a lack of pre-post testing, it was difficult for researchers to assume that all training groups were similar in ability and that they had indeed changed during the training period. Comparison groups, such as a training control group and a no-training control group, had not been included in the study. Also it was difficult to hypothesize which dimensions lead to client interpersonal change. To overcome these limitations, Berenson, Carkhuff, and Myrus (1966) investigated the effects of training college student helpers in the facilitative dimensions. Thirty-six trainees were randomly assigned to one of three groups--a group which had been trained in the five research dimensions and had had a four-hour group counseling experience (Group I), a group which had been trained via discussions only (Group II), and a no-training control group (Group III). Four pre and post criterion measures were collected in all three groups. These included objective ratings of an audiotaped interview, an inventory report of the interview by the trainee, an inventory report of the interview by the client, and an inventory report of trainee behavior by significant others--roommates. All groups functioned slightly below level two on all dimensions prior to training. After 16 hours of training, there were significant differences between student helpers in Group I and trainees in Group III on all indices. There were significant differences between Group I and Group II on two indices--the client inventory

and roommate ratings. There were significant differences between Group II and Group III on two indices--the client inventory and self-reports. Berenson, Carkhuff, and Myrus therefore concluded that a systematically implemented program in helper behaviors was superior to both a loosely structured program and to no training at all. Yet, in this study, the independence of the measures can be questioned. It is not clear which measures differentiated clearly between all the groups. Also the lack of significant differences between groups on the ratings of taped interviews could indicate that limited training, regardless of the orientation, nets similar results in helper growth.

Comparative Studies

Martin, Carkhuff, and Berenson (1966) compared the levels of facilitative behaviors elicited by friends and by professional counselors. Each of the sixteen clients included in this sample was interviewed by a professional counselor and then by their absent immediate friend. On the objective ratings of audiotaped interviews, the counselors performed at significantly higher levels of E, R, C, G, and Ex than did the friends of the students. The authors concluded that these results may have suggested that a critical difference existed between the therapy process and the everyday living process. Future investigations are needed to define these differences and how they might effect the helping process.

Carkhuff, Kratochvil and Friel (1968) investigated the effects of graduate training on trainee discrimination and communication of the facilitative dimensions. Interview behaviors and discrimination scores of first and fourth year clinical students were compared with those of first and fourth year non-clinical students. The authors assumed that high levels of communication would be related to high levels of discrimination. A significant difference was found in the discrimination of facilitative behaviors between fourth year students (clinical and non-clinical) and first year students (clinical and non-clinical). There were no significant differences in interview behavior between first and fourth year students (clinical and non-clinical) and between advanced clinical trainees and advanced non-clinical trainees. These investigators raised the concern that graduate training might have a deteriorative impact on trainee communication skills. While trainee discrimination skills seemed to improve, trainee interview behaviors seemed to deteriorate over the course of training. The authors did not define which aspects of graduate training contributed to the deteriorative process. Longitudinal studies may be needed to define these "sources of deterioration."

Anthony and Carkhuff (1970) hypothesized that advanced trainees in rehabilitation counseling would demonstrate significantly higher levels of functioning on the facilitative dimensions than beginning trainees in that

program. They also proposed that both beginning and advanced rehabilitation trainees would demonstrate significantly higher levels of functioning on the research dimensions than a control group of beginning and advanced philosophy graduate students. A third hypothesis stated that there would be no significant differences between the advanced trainees in rehabilitation counseling and their trainers on the research dimensions. Analysis of tape ratings and discrimination scores revealed that there were no significant differences in communication and discrimination skills between the first year rehabilitation students and the first year philosophy students. There were significant differences in the levels of E, R, G, and C between advanced rehabilitation students and advanced philosophy students. The authors concluded that, in this study, graduate training in rehabilitation counseling had a constructive impact on trainee helper behavior. Again in this study, it was difficult to hypothesize which aspects of training contributed constructively to trainee growth.

The last two comparative studies relied on outcome measures to reflect the impact of the training process. While this is an acceptable criterion measure, the training process itself has been undefined in these studies. The researchers have failed to explain which training procedures influenced trainee growth in either direction.

Carkhuff (1968) contended that both the training model studies and the comparative investigations supported the assumption that lay persons could be trained to function at minimally facilitative levels of helper behavior. He also stated that lay personnel could effect constructive behavior change in their clients. In addition, studies of graduate training programs have raised critical questions concerning the effectiveness of professional training on trainee growth. Yet, these results have posed a whole host of new unanswered questions.

Are the results, for example, attributable to differences in a) the trainees themselves, b) differences in the selection processes, c) differences in the training personnel, d) differences in the training programs proper, e) differences in treatment procedures, f) evaluation of trainees, g) any of the above, or h) all of the above? (Carkhuff, 1968, p. 119)

All these sources of variation need investigation in future studies. However, some research pertaining to one variable in the training process--the supervisor--has been conducted.

Supervision Process

Truax, Carkhuff, and Douds (1964) attempted to describe a theory of supervision which would integrate both the didactic and experiential modes of learning for trainee growth. The didactic portion of supervision relied heavily upon the use of tape-recorded psychotherapy sessions and upon research scales which might quantify essential aspects of the helping relationship for the trainee. The

supervisor-trainee relationship was basically defined as a therapeutic encounter; the supervisor needed to provide at least minimally facilitative levels of E, R, and C to promote trainee self-exploration in the supervision process. The supervisor served not only as a role model of facilitative behaviors for the trainee but also provided the trainee with a relationship in which the trainee could experience the facilitative levels of E, R, C, and Ex.

Pierce and Schauble (1970) used this model to investigate the changes over time (one year) in the behavior of counseling interns on the facilitative dimensions during a supervisory experience. They hypothesized that supervisees of high level supervisors would gain significantly in their rated levels of functioning on E, R, C, and G; that supervisees of low functioning supervisors would not gain in their levels of facilitative behaviors; and that supervisees of high functioning supervisors would score significantly higher on the facilitative dimensions than supervisees of low functioning supervisors. Audio-taped interviews were collected from the trainees at six-week intervals throughout the year; and analysis of the objective ratings supported all three of the hypotheses. These authors then concluded that the supervisor and the supervisory relationship were critical variables when considering trainee growth. The supervisor could have either a constructive or deteriorative impact on trainee

behavior. Future investigations are needed to define the other sources of variation in this learning process.

Training as a Therapeutic Technique

Several researchers have proposed that training techniques might be appropriately used as therapeutic techniques with clients (Pierce & Drasgow, 1969; Carkhuff & Bierman, 1970; Cabush, 1971). The client was viewed as a product of his past experiences and the critical core of these experiences involved relationships with other human beings. Thus, sources of client difficulty were hypothesized to be interpersonal in nature. Treatment then was conceptualized as a learning or relearning process, which was also interpersonal in nature.

Pierce and Drasgow (1969) tested the feasibility of training seven male psychiatric patients on the research dimensions of E, R, G, and C as a way of increasing their levels of interpersonal functioning. These patients received 20 hours of communication training in the research dimensions. Four comparison groups were used in this study. These included a group of patients receiving no treatment at all, a group receiving drug therapy, a group receiving individual therapy, and a group receiving group therapy. Pre-post criterion measures were collected across all groups, and these were rated on the research dimensions. Analysis of the data revealed that the training group

demonstrated significant changes in interpersonal functioning over the period of training. There were also significant differences in levels of functioning between the training group and all four control groups following training. These authors concluded that psychiatric inpatients could significantly improve their levels of interpersonal functioning in 20 hours of communication training. A major implication for treatment seemed to be that progress in interpersonal relations was related to systematic training or treatment. Additional investigations are needed to study the effects of treatment in different client populations.

Carkhuff and Bierman (1970) used discrimination and communication training as a form of therapy for parents of emotionally disturbed children. Five treatment groups were studied in this sample. One group of ten parents received 25 hours of group therapy with a high functioning therapist. A third group had 25 hours of group therapy with a moderate functioning leader; and a fourth group had 25 hours of group therapy with a low functioning counselor. The fifth group received no treatment at all. Pre and post measures were collected from all parents and their children on indices of communication, discrimination, personality adjustment, and interaction between parent and child. Analysis of the data revealed a significant improvement in the levels of communication and discrimination for the training group as

compared to the other four groups. Yet, pre to post changes of parental functioning with their children were not significant in any of the treatment groups. Thus, a limitation in this study was that skills learned by parents in training were not generalized to the parent-child relationship. This warrants serious consideration. One would assume that a transfer of learning from training to everyday relationships is crucial if treatment is to be considered effective.

Cabush (1971) evaluated the issue of whether clients could be trained to respond to their own problems at minimally facilitative levels of E, R, G, and C. Twenty-two college students seeking personal-social counseling were randomly assigned to one of two treatment groups. Group I received six hours of discrimination and communication training in facilitative self-responding, and Group II received six hours of traditional counseling. As a post measure, all subjects were asked to respond as a helper to three problem statements taken from a recording of their own intake interview. Analysis revealed significant differences between the two groups on their levels of E, R, C, and G. Group I responded at level three and higher on all dimensions while Group II responded at level two. This study proposed a new direction for exploration in using training techniques as a mode of treatment.

In light of the research discussed in these sections, it seems that the Carkhuff training model might be effective in training undergraduate paraprofessional helpers. However, the the Carkhuff model usually did not compare this training model with other innovative modern methods. This study will attempt to compare the effectiveness of the Carkhuff training model with the effectiveness of another training procedure in facilitative communication. The Carkhuff paradigm is but one model for the training of helpers. Kagan's IPR process for training helpers in facilitative communication is another model.

Kagan and His Associates

Kagan and his associates (1967) developed the Interpersonal Process Recall (IPR) method as a proposed training model in counselor education (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes, & Bondy, 1967). The IPR project grew out of a need to provide accurate means of interpreting behavior in interpersonal processes. These researchers wanted to find ways of gaining knowledge about the underlying dynamics of human interactions. The feelings, thoughts, anxieties, fears, hostilities, and reactions expressed verbally or non-verbally, explicitly or implicitly by each person in a dyadic interaction were of special interest. These researchers assumed that the ability to understand the total communication of another person was basic to normal

functioning in society. They also assumed that it was important for a person to understand his own communication in his interactions with others.

Because it was often difficult for a trainee or a client to both introspect and interact simultaneously with another person in a normal manner, these authors devised techniques which would allow a person to interact at one time and introspect concerning that interaction at another time. If a subject were given enough cues or clues to help him relive an original experience, then he might be able to explore, in depth, his interpersonal interactions. He could focus on the meanings of the thoughts and feelings which were expressed in an interaction. Affect simulation, videotape feedback, and stimulated recall techniques were used to facilitate these kinds of learnings.

Several areas of Kagan's research are directly related to this study, including studies of the effectiveness of the IPR training model itself, investigations of the use of IPR techniques in supervision, and considerations of the use of IPR in the acceleration of client growth in therapy.

Training Procedures

A four-step training model in facilitative behaviors was developed by Kagan and his associates (1967). The four steps included the following processes. Counselor trainees watched a videotaped counseling session and were

didactically taught "dimensions of effective communication." The purpose of this experience was to help trainees become more aware of and sensitive to the elements of facilitative communication. Next, trainees were exposed to simulation confrontation recall. They were videotaped while watching films which engaged the viewer in a simulated relationship. Actors on these films portrayed various emotions such as hostility, rejection, anger, and seduction. Immediately following this experience, an inquirer recalled the original experience with the trainee and aided the trainee in recalling the feelings and thoughts which he experienced during the original session. The aim of this exercise was to sensitize the trainee to his own feelings. The third step included counselor or client recall. Trainees conducted an interview with a client, and this interview was videotaped; immediately following the interview, an inquirer recalled the original interaction with the counselor or the client. This technique was used to further sensitize the trainee to his own feelings and to the feelings of the client. The final step in the IPR process was mutual recall. Following a videotaped interview, an inquirer or supervisor recalled the original interaction with both the counselor and the client. The trainee was thus aided in understanding the bilateral nature of the counseling relationship and the trainee then began to recognize the

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impact which he had on the client and the impact which the client had on him.

Danish and Brodsky (1970) described the procedures of a preliminary effort to sensitize policemen to their aggressive feelings and self-control problems. Stimulus films which focused on varying intensities of communicated rejection were shown to 30 police trainees. Trainees were to imagine that the actor was speaking to each one of them personally and individually. The attention of the trainees thus was directed toward the handling of strong personal feelings in stressful situations. The overall goal of this project was to help trainees become more aware of their aggressive thresholds and of the ways in which they might lose emotional control. A limitation of this study was that no attempt was made to investigate the effectiveness of this training procedure. It is difficult to determine what changes in trainee behavior resulted from this experience.

Spivack (1970) compared the effects of a traditional counselor training approach with the effects of a developmental task approach in counselor training. The traditional model used lectures, discussions, and demonstrations as training techniques. The developmental task paradigm incorporated the use of affect simulation and IPR recall. Four learning tasks were identified as crucial in both approaches. These included sensitizing trainees to their own feelings during an interaction, both

sensitizing and helping trainees understand client communication during an interview, promoting trainee awareness of the elements of effective communication, and both sensitizing and helping trainees understand the bilateral nature of the counseling interaction and its mutual impact on both the counselor and client. A pre-mid-post test design was used in this study. Treatment procedures were reversed at the midpoint of training. This investigator found that, in an interview with a coached client, the IPR group scored significantly higher than the traditional group on the understanding, specific, and exploratory subscales of the CVRS. In a role-play situation, the IPR group scored significantly higher than the traditional group on all scales of the CVRS. There were no significant differences between groups on the Empathic Understanding Scale or on the Affective Sensitivity Scale.

Grzegorek (1971) tested the effects of two approaches to counselor training on the post-training interview behaviors of prison counselors. Both approaches--the experiential-accepting (EA) and the cognitive-intellectual (CI)--were based on four counselor developmental tasks. This investigator attempted to determine whether trainee learning was more related to affective involvement or to cognitive involvement. Pre-, post-, and delayed-post measures were collected. Following 80 hours of training, there were no significant differences between the two

groups on affective sensitivity as measured by the ASS. The EA group scored significantly higher than the CI groups on the Empathic Understanding scale and on the understanding, specific, and exploratory subscales of the CVRS. This author concluded that the experiential-accepting approach (affective learning) had a significant overall effect on counselor performance in training.

Both the Spivack (1970) and the Grzegorek (1971) studies supported the notion that the IPR process could be effectively used with counselor trainees. However, research has not considered the efficacy of this training model with paraprofessional helpers. This study, then, will attempt to test the kinds of paraprofessional trainee growth that might be evidenced as the result of an intensive IPR experience. Because of time limitations, the simulation confrontation (films) experience will be deleted in this study.

Supervision

The IPR process has also been used in the supervision of counselor trainees. Kagan and his associates (1967; Goldberg, 1967) formulated a supervisory experience that was based on the four counselor developmental tasks. Trainees needed to become aware of the elements of good counseling. Counselor-trainees needed to understand and become sensitive to a greater amount of client communication, while also becoming sensitive to their own feelings during the counseling session. Finally, these

helpers needed to become sensitive to the bilateral feature of the counseling interaction. The IPR tasks of stimulated recall and videotape feedback were used to facilitate trainee learning of these tasks. Trainees in this project interviewed their clients for 30 minutes weekly over a period of six weeks. The traditional supervision group spent 60 minutes after each interview reviewing the audio-taped session with their supervisor. The IPR supervision groups' sequential experience was as follows. Immediately following the first two interviews, a 15-minute client recall and a 45-minute counselor recall were conducted by an inquirer. For the next two sessions, trainees conducted client recalls for each other. A supervisor conducted 60-minute mutual recalls for the last two interviews. Both supervisory experiences were found to be effective in promoting pre to post trainee changes in interview behavior. But the IPR supervision trainees showed significantly greater gains on the CVRS dimensions than those trainees in the traditional supervision groups. The authors concluded that a sequential series of supervisory experiences using the IPR methods were effective in training counselors during a practicum. Kagan and Goldberg did not, however, investigate the impact of the supervisor's personality or level of functioning on trainee growth.

Acceleration of Client Progress in Therapy

Kagan and his associates (1967) observed that the IPR techniques seemed to accelerate the counseling process. That is, the impasses and plateaus which usually hindered the counseling or therapy process were diminished. Studies were conducted to appraise the accelerating effect of the IPR process on client progress in therapy. Four therapeutic variables were defined as criteria of client growth in the counseling relationship. Client developmental tasks included the following. The client owned his discomfort. He admitted the feelings of anxiety or unhappiness and began to specify the sources of his concerns, fears, and discomfort. The client committed himself to change. The client stayed with the problem, confronted it, and tried to work out other coping behaviors. The client differentiated stimuli. That is, the client began to differentiate his own emotions and accurately perceived the emotions of others and their reactions to him. Finally, the client behaved differently with his counselor. He redefined his relationship with others and with the counselor.

Kagan and Schauble (1969) and Danish and Kagan (1969) reported positive initial findings concerning the use of affect stimulation with clients in therapy. In these studies clients were exposed to various kinds and degrees of emotional situations on a film. The client's reactions to these stimulus films were videotaped. After

each exposure, a counselor and the client reviewed the videotaped behavior. Thus the client's videotaped behavior became the focus for a personal counseling session. These initial studies suggested that affective simulation within the IPR process might accelerate a client's ability to perceive, differentiate, and gain insight into his reactions.

The use of stimulated recall in therapy has also been investigated. Experimentation in the therapy process had been structured in the following manner. A counselor and a client conducted a counseling interview which was videotaped. Immediately following the interview, the counselor and client recalled the interaction separately with an inquirer. Thus, both the counselor and the client examined the interpersonal communication process.

Kagan, Krathwohl, and Miller (1963) reported in their initial studies that the use of these procedures with clients and counselors enabled these subjects to reveal at length and in depth much of their subtle or semi-conscious behaviors during an interview.

Woody, Krathwohl, Kagan, and Farquhar (1965) found that the use of hypnosis with stimulated recall further accelerated client movement in counseling. These investigators assumed that hypnosis could be used to facilitate uncovering of insightful and useful material in the recall sessions. This study covered seven counseling

sessions. Four interviews were used as an orientation to hypnosis. IPR techniques were used in the last three sessions. Clinical assessment of the counseling and recall protocols seemed to support the initial hypothesis. Following hypnosis, clients seemed to be more analytical, and more verbal in their insights than they had been prior to the hypnotic experience. These authors concluded that using both hypnosis and the IPR procedures heightened client sensitivity and involvement in introspective exploration. In a clinical case, Resnikoff, Kagan, and Schauble (1970) suggested that even in an excellent therapeutic relationship, the IPR process could facilitate heightened clarity between counselor and client. All these studies proposed that the use of IPR could accelerate client movement in therapy. Yet all the relevant variables needed validation in experimental studies. For instance, the investigators did not identify which variables had the most influence on client insight (Kagan, Resnikoff, Danish, & Krathwohl, 1969). The role of the inquirer might have been as powerful a stimulus for client introspection as the stimulus value of the videotape feedback. Several experimental studies are needed to define these and other sources of variation.

Schauble (1970) investigated the combined effects of affect simulation and stimulated recall on client movement in therapy. This author integrated both techniques

into a proposed sequential program of treatment. During the first phase of treatment, the client experienced simulated confrontation recall. The client was videotaped while watching the stimulus films. An inquirer recalled with the client the feelings, thoughts, and fears which the client experienced during the original session. During the second phase of treatment, the IPR client recall technique was used after each counseling session. Mutual recall was incorporated during the last phases of therapy. During mutual recall, the client and his counselor reviewed their counseling interaction with an inquirer. Client subjects in this study were randomly assigned either to an experimental IPR counseling group or to a traditional counseling group. The first and sixth counseling sessions were audiotaped and later rated on the four client growth variables. This researcher found that clients in the IPR group changed significantly on all dimensions of client movement. There were no significant pre to post differences in behavior for clients in the traditional counseling groups. The author concluded that the IPR treatment program was an effective accelerator of client growth during the initial stages of therapy. But, the effectiveness of the IPR process in later stages of therapy was not discussed and still warrants investigation.

In light of the research discussed in this section, it seems that the Kagan training model might also be

effective in training undergraduate paraprofessional helpers. However, the research has not considered the effects of an intensive training experience in the IPR process alone on helper behaviors. Thus this study will attempt to test the kinds of trainee growth that might be evidenced in a 40-hour IPR training experience. This training program will be conducted over a five-day period of time. Also, the Kagan studies usually incorporated the CVRS as a way of teaching the elements of facilitative communication. This study will delete the CVRS and use Carkhuff's E and Ex scales instead. In this way the CVRS can be used as an unbiased criterion measure across all treatment and comparison groups.

Summary

Current research has proposed that lay helpers might provide useful services to their clients under such conditions as close supervision, intensive training, or restricted caseloads. Studies have also suggested that both the Kagan and Carkhuff training models might be potentially effective in training helpers in facilitative communication. However, investigations have not considered the effects of an intensive training experience using either model. This study will compare the effectiveness of an intensive Kagan and an intensive Carkhuff approach to the training of helpers.

CHAPTER III

DESIGN AND METHODOLOGY

Design

In order to test the hypotheses stated in Chapter I, a research design was formulated that would permit two comparisons of helper affective sensitivity and interview behavior. The levels of helper affective sensitivity and interview behavior that needed to be compared were between experimental and comparison groups and within these groups. To make these analyses, the overall design incorporated two schemes--a post-test design and a post-delayed post test design. The overall design is graphically represented in Figure 1.

Post-test Design

The post-test design allowed analysis of helper affective sensitivity and interview behavior between the experimental groups (ITM-I, ITM-II) and the comparison groups (ETM, PCG). This plan minimized the possibility of several confounding variables by controlling for threats to internal validity. A group of effects--same season of the year, events on campus--occurred simultaneously with the

R	$0_{1,2,3}$	X_1	$0_{1,2,3}$	$0_{1,2,3}$	X_2	$0_{1,2,3}$
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		R	0_1		X_3	$0_{1,2,3}$	$0_{1,2,3}$
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		R	0_1		X_4	$0_{1,2,3}$	$0_{1,2,3}$
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					X_5	$0_{1,2,3}$	$0_{1,2,3}$
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Code

0_1 = The ASS dependent variable

0_2 = The CVRS dependent variable (composite scores and subscores)

0_3 = The E dependent variable

X_1 = The Extensive Training Group (ETM)--Spring term, 1970, four weeks

X_2 = The Extensive Training Group (ETM)--Fall term, 1970, four weeks

X_3 = The Intensive Modified IPR Training Group (ITM-I) --Fall term, 1970, one week/8-week delayed-post

X_4 = The Intensive Modified Communication Skills Group (ITM-II)--Fall term, 1970, one week/8-week delayed-post

X_5 = Professional Counselor Group (PCG)

R = Random assignment

Figure 3.1

Experimental Design
Three Non-equivalent Samples

training process. These historical effects can influence the treatment results. But because all subjects took the posttest at the same time, these effects were the same across all subjects. Also, the subjects in all groups did not know the purposes of the post-testing. Instrumentation effects--changes in the measuring instruments themselves over several testing periods--at times can account for observed score differences between groups. But since these tests were administered once, such changes could not occur. In addition, statistical regression effects can occur when there is an imperfect correlation between a pretest and a posttest and when subjects are selected because of atypical scores on a pretest. Since subjects were not selected as atypical, a regression effect did not likely occur. The post-test design is graphically represented in Figure 2.

Post-delayed Post Test Design

A second design, a post-delayed post test design, permitted analysis of helper affective sensitivity and interview behavior within the two experimental groups (ITM-I, ITM-II) and one comparison group (PCG). Previous research (Spivack, 1970; Grzgorek, 1971) had established the effectiveness of the IPR model in training counselors. Likewise, Carkhuff and Truax (1965a; 1965b) have discussed the effectiveness of the communication skills paradigm in training lay helpers. This study assumed that past research had already suggested that training in either

		M1	M2	M3	M4	M5	M6
T_1	G1 G2 G3 G4						
T_2	G5 G6 G7						
T_3	G8 G9 G10						
T_4	G11 G12 G13 G14						

Code

T_1 = Extended Training Model (ETM)

T_2 = Intensive Training Model I (ITM-I)

T_3 = Intensive Training Model II (ITM-II)

T_4 = Professional Counselor Group (PCG)

G = Groups

M1 = ASS measure

M2 = The A subscale of the CVRS

M3 = The U subscale of the CVRS

M4 = The E subscale of the CVRS

M5 = The S subscale of the CVRS

M6 = The E scale

Figure 3.2

Analysis Between Groups, Treatments, Measures

model promoted trainee growth in facilitative communication. But research studies had not compared the kinds of trainee growth evidenced in each training experience over a period of time. Thus, this investigation needed a design in which these comparisons could be made. The post-delayed post-test design was useful for such comparisons. The design is graphically represented in Figure 3.

Dependent and Independent Variables

The dependent variables in this study included the scores on the Affective Sensitivity Scale (ASS), the composite score on the Counselor Verbal Response Scale (CVRS), four subscores on the CVRS--the Affective, Understanding, Exploratory, and Specific subscores--and ratings on the Empathic Understanding (E) scale. As treatment was administered to groups of trainees, only group means could be used for analysis in this study. The independent variable in this investigation was defined as levels of treatment or training of helpers. There were four levels of this variable: the extensive IPR training experience over a period of six months (ETM),* the intensive modified IPR training experience over the period of a week (ITM-I), the intensive modified communication skills training experience over the period of a week (ITM-II), and a professional counselors group (PCG).

*For a complete description of the ETM experience, see Dendy (1971).

		A1			A2		
		M1	M2	M3	M1	M2	M3
T ₂	G5						
	G6						
	G7						
T ₃	G8						
	G9						
	G10						
T ₄	G11						
	G12						
	G13						

Code

T₂ = Intensive Training Model I (ITM-I)

T₃ = Intensive Training Model II (ITM-II)

T₄ = Professional Counselor Group (PCG)

G = Groups

A1 = Post-testing Administration (two weeks after training)

A2 = Delayed-post testing Administration (eight weeks after training)

M1 = ASS measure

M2 = CVRS composite score

M3 = Rating of an interview on the E scale

Figure 3.3

Analysis Within Groups, Treatments,
Measures, Administrations

Population

The population for this study consisted of all the "helpers" employed by Michigan State University for the academic year 1970-1971. These "helpers" were hired by the university to provide services for students in a variety of settings. Some of the identified helpers employed by the university included professional counselors, academic advisors, physicians, nurses, student academic aides, and student resident assistants. Professional counselors, social workers, and counseling interns provided personal-social and educational-vocational counseling for students requesting these services. These helpers worked in six branches of the counseling center located on the university campus. Academic advisors are university staff who helped students plan their undergraduate or graduate academic programs. These advisors worked in each of the colleges within the university setting. Physicians and nurses provided health and medical services to students, working in a university health service setting. Student academic aides were employed by the university to promote peer academic growth in various campus settings. For example, student tutors were hired by several colleges to assist undergraduates who requested specific academic or course guidance and instruction. Lyman Briggs College, a residential science-math college, employed student personnel to facilitate peer academic growth within the residential

college. Resident assistants included graduate and undergraduate student personnel who were employed by the university as resource persons, friends, listeners, and helpers for students living in the residence halls. These helpers focused on facilitating peer social growth and adjustment in the residence hall and in the university as a whole. These assistants worked in the 40 residence halls on the university campus.

Sample

From this population of helpers, three groups of helpers volunteered to be subjects in this study. The three non-equivalent samples included 35 student "helpers" from one dormitory--the experimental treatment group--22 resident assistants from another dormitory (Dendy, 1971)--the training comparison group--and 9 professional counselors from the university counseling center--the professional counselor comparison group.

Experimental Treatment Group

Twenty-two untrained resident assistants (R.A.s) and 13 Peer Group members comprised this sample. The undergraduate resident assistants were hired by the university to work with students in one dormitory during the 1970-1971 academic year. The Peer Group members were hired by the residential college (located in the same dormitory) to facilitate peer academic growth in that

dormitory for the 1970-1971 academic year. These subjects had requested a training experience in helper behaviors.

The experimental unit formed from this sample was defined as a group of six trainees and one supervisor-trainer. Each student volunteer ($N = 35$) was randomly assigned to one of six experimental units. A supervisor-trainer ($N = 6$) was randomly assigned to one of the six experimental units. Each of the experimental units ($N = 6$) was then randomly assigned to treatment groups (ITM-I, $N = 3$ or ITM-II, $N = 3$). Each of the experimental units received treatment simultaneously in six different locations. This precaution was taken to insure that treatment was administered independently to each experimental unit.

Treatment Comparison Group

Twenty-two untrained undergraduate resident assistants from another dormitory and training program comprised this sample. These R.A.s had also requested a training experience in helper behaviors. The training of these R.A.s was discussed in the Dendy (1971) study. The treatment comparison unit for this sample was defined as a group of five or of six resident assistants and two supervisor-trainers. Group membership was formed in the following manner. Each student volunteer ($N = 22$) was randomly assigned to one of four treatment comparison units, each supervisor-trainer ($N = 8$) was also randomly

assigned to treatment units. The four treatment units received the extensive IPR training experience in another dormitory over a period of six months.

Professional Counselor
Comparison Group

A memo requesting volunteers was sent to the entire staff (N = 62) of the university counseling center (see copy of memo in Appendix G). Nine professional counselors volunteered for this study. Four of these helpers had the Ph.D. in counseling or clinical psychology. Five volunteers were counseling interns, who were Ph.D. candidates in clinical or counseling psychology. The internship, a competitively awarded assignment, was one of the final stages in their Ph.D. training. One counselor had a master's degree in social work. All of these helpers had received practicum training and supervision in counseling. The range of experience for these counselors was 0 to 9 years. In the counseling agency, these counselors worked primarily with clients who expressed personal-social concerns. Four of these counselors had also supervised counseling trainees in clinical and counseling psychology. These counselors used Rogerian, existential, or eclectic techniques in counseling.

The comparison unit for this group was defined as a group of three counselors. Group membership was formed by randomly assigning each of these counselors (N = 9) to one of the three comparison units.

Table 3.1 describes each sample in graphic form. Dimensions included in this chart are size of sample, sex, years of experience as a helper, and years of college education.

Table 3.1
Description of Volunteers

	Experimental		Comparison	
	ITM-I	ITM-II	ETM	PCG
Total N	18	17	22	9
Males	12	7	11	6
Females	6	10	11	3
Years of Experience as a Helper	0-1	0-1	0-1	0-9
Years of College Education	1-3	1-3	1-3	6-9

In addition to the experimental and comparison group subjects, several other sources of personnel used in this study must be described. These include six supervisor-trainers and three raters.

Supervisor-trainers

Six male supervisor-trainers were leaders of the experimental training groups. Three of these trainers were advanced Ph.D. candidates in counseling psychology and were also beginning counseling interns. They had completed their practicum experience and had been in

supervision for one year. One trainer had a Ph.D. in personnel services and was a beginning post-doctoral intern. He had completed his practicum experience and had been in supervision for one year. Two of the trainers were beginning Ph.D. candidates--one in counseling psychology and one in political science. They had been trained and supervised as leaders of sensitivity groups for one year. These trainers had led peer sensitivity groups in the dormitory for one year.

Each of the six trainers was randomly assigned to experimental units and then to treatment groups. The coordinator of this study trained each supervisor separately in the treatment procedures. This precaution was taken to prevent supervisor bias in this study; the supervisor, then, was trained in his procedures only. He had no knowledge of the hypotheses of this study, of the other experimental procedures, or of the kinds of comparisons being made in this study. As an additional check on supervisor functioning, the investigator-coordinator consulted daily with each of the trainers. This precaution was taken to insure that the trainers understood the training procedures for each day and that each supervisor was providing the treatment experiences prescribed for that day. The training manual used by the three trainers in Treatment I is described in Appendix E. The training manual used by the three trainers in Treatment II is described in Appendix F.

Raters

Three advanced Ph.D. candidates in counseling psychology were used as judges. All three raters were experienced in the use of the CVRS and E scales; they had just finished rating tapes, using these scales, in another study. One training session was held with these raters to check their use of the measures. Reliability of these judges' ratings is discussed in a later section of this chapter. To prevent rater bias the raters had no knowledge of either the research hypotheses, or the group assignments.

Experimental Procedures

Two treatment procedures were used in this study--an intensive modified IPR training experience (ITM-I), and a modified communication skills training (ITM-II). Procedures for both treatments were used over a five-day period during the week prior to fall term, 1970. Each trainee group met with its supervisor for five days; these training meetings lasted for a period of four hours in the morning and four hours in the afternoon. Each group met in its assigned room for the entire training experience; these training facilities were located at six different places on the university campus. Facilities used for ITM-I included a classroom in the education building, an IPR facility--an interview room and a videotape equipment room--in the education building, and an IPR

facility in the university counseling center. Facilities used for ITM-II included a student lounge in the men's dormitory, a student lounge in the women's dormitory, and a conference room in the residential college.

The succeeding sections describe the training procedures used each day in both of the treatment groups (ITM-I and ITM-II). A summary of the experimental procedures within the framework of the overall design is presented in Table 3.2.

Day 1

The morning exercises were the same for all experimental treatment groups. The Affective Sensitivity Scale (ASS) was administered to the entire group. The test results were to be used as a premeasure if warranted. Following the testing exercise, the trainees were told that the purpose of the training program was to help them sharpen their skills as helpers. The four goals included in this discussion were--to help trainees become aware of the elements of helpful communication, to help trainees understand and become sensitive to a greater amount of student communication, and to help the trainees become sensitive to the bilateral nature of the helping interaction. This was the only time that the entire group met as a whole. During the rest of the training program, each group met with its supervisor only.

Table 3.2
Summary of the Experimental Procedures

	Intensive Modified IPR Experience (ITM-I)	Intensive Modified Communication Skills (ITM-II)
<u>Day 1</u>		
9:00 A.M.	General group meeting. All subjects were administered the ASS measure. General purpose of the training program was discussed.	
1:00 P.M.	First group meeting with the supervisor-trainer. Discrimination training using the Ex scale and audiotaped stimuli.	First group meeting with the supervisor-trainer. Discrimination training using the Ex scale and audiotaped stimuli.
3:00 P.M.	Discrimination training using the E scale and audiotaped stimuli.	Discrimination training using the E scale and audiotaped stimuli.
5:00 P.M.	Sessions end.	Sessions end.
<u>Day 2 and Day 3</u>		
9:00 A.M.	Empathy training using audio-taped stimuli.	Empathy training using audio-taped stimuli.
10:30 A.M.	Introduction to Mini-Practicum. Introduction to role-play exercises, videotape feedback, and role of the inquirer.	Introduction to Mini-Practicum. Introduction to role-play exercises, and group feedback session using the E scale.
1:00 P.M.	Role-play interviews. Client recalls.	Role-play interviews. Group feedback sessions using the E and Ex scales.
3:30 P.M.	Role-play interviews. Helper recalls.	Role-play interviews. Group feedback sessions and discussions using the E and Ex scales.
5:00 P.M.	Sessions end.	Sessions end.
<u>Day 4 and Day 5</u>		
9:00 A.M.	Interview with client. Mutual recall.	Interview with client. Group feedback and discussion session using the E and Ex scales.
10:00 A.M.	Interview with client. Mutual recall.	Interview with client. Group feedback and discussion session using the E and Ex scales.
1:00 P.M.	Interview with client. Mutual recall.	Interview with client. Group feedback and discussion session using the E and Ex scales.
3:00 P.M.	Interview with client. Mutual recall.	Interview with client. Group feedback and discussion session using the E and Ex scales.
5:00 P.M.	Sessions end.	Sessions end.

During the afternoon sessions, each group met separately with its supervisor. The training procedures in both treatment groups (ITM-I and ITM-II) were the same. Training exercises focused on two trainee skills--discrimination of the five levels of the Ex (Client Self-Exploration in Interpersonal Processes) scale and discrimination of the five levels of the E (Empathic Understanding) scale. In each group, the supervisor first introduced the basic concepts of the Ex scale to the trainees; he then defined the five levels of this scale to the trainees (see Appendix C). The trainees then practiced discriminating the five levels of the Ex scale in the following manner. Trainees listened to a series of audiotaped client statements and, immediately following each statement, rated the client's communication at one of the five levels of the Ex scale. Trainees and the supervisor then discussed each rating in order to clarify the use of the Ex scale. The overall purpose of this procedure was to help the trainees begin to understand and become aware of a greater amount of student communication.

The supervisor and the trainees used similar procedures with the E scale. The supervisor explained the basic concepts of the E scale and defined the five levels of this measure to the trainees (see Appendix A). The trainees then practiced discriminating the five levels of

the E scale. The trainee group listened to a series of audiotaped helper response to client statements. Immediately following each counselor response, the trainees rated the helper response at one of the five levels of the E scale. The trainee group then discussed their ratings with the supervisor in order to clarify the use of this scale. The major goal of this exercise was to enable trainees to become more aware of the elements of facilitative helper communication and to help them begin to operationally define helper facilitative behavior. These exercises, then, were designed to aid trainee development of a sense of "helpful" and "non-helpful" responses to student communication. The trainees were also aided in determining when and how these facilitative behaviors might be appropriately used with students requesting assistance.

Day 2 and Day 3

The exercises for the second and third days were focused on helping the trainees transfer the didactic learnings of the first day into expressed helper behavior. Tasks included exercises in which the trainees in both experimental treatments sequentially began to experience and shape their own facilitative behaviors. The skill of Empathic Understanding was of special interest.

The first experience during the morning session was called empathy training. During this exercise each group

of trainees in ITM-I and in ITM-II practiced responding to audiotaped client statements, focusing especially on the skill of Empathic Understanding. The format for this technique was as follows. Trainees listened to a series of client audiotaped statements. Following each communication, trainees wrote a response to that client's statement. Trainees were encouraged to make their responses in the form of positive or reflective statements rather than in the form of questions. For instance, a trainee was encouraged to respond to a client statement in terms of both the client's feelings and the content of the client's communication. Rather than asking, "Well, how does that make you feel?" trainees were encouraged to use positive statements such as, "You're pretty upset about the relationship with your girl." During the last portion of this exercise, trainees verbally responded to the audiotaped client statements. They then discussed their responses with the supervisor. The supervisor sought to help the trainees respond with at least minimally facilitative responses (level three on the E scale). The major purpose of this technique was to help trainees begin to formulate their own responses in terms of a student's feelings and the content of his communication.

The next steps in the training process attended to the experiential mode of learning helping behaviors. The procedures in Treatment I are different from the procedures in Treatment II.

ITM-I

The supervisor-trainer introduced the experiential mode of learning to the trainees by modeling with the trainees the experiences which would be included in the practicum. The immediate purpose of this practicum session was to help trainees begin to experientially learn about their own facilitative behaviors and how these are communicated to a student. First, two trainees role-played a helping interview. The instructions to the trainee-client were, "All of us either in the present or during the past year have had a number of experiences which have been difficult. If you feel the person whom you will be seeing is helpful, please feel free to discuss these experiences." Instructions to the trainee-helper were, "Relate to the person you will be seeing as you would ordinarily do in order to be helpful to him." With these instructions in mind, the trainees conducted a 10-minute interview which was videotaped. Immediately following this interview, the supervisor conducted a recall session with the trainee-client for 20 minutes. During this recall session the trainer was modeling the inquirer role for the trainees. After the recall session, the supervisor discussed the role and function of the recaller (see Appendix D) with the trainees. The trainees themselves would function as recallers during the rest of the practicum experience. This step in the learning process served as a prototype of

the experiences that would follow during the rest of the training program. Use of this scheme also provided trainees with feedback and exploration of their facilitative behaviors.

ITM-II

The supervisor introduced the experiential mode of learning to the trainees; and he modeled with the trainees the experiences that would be included in the practicum. First, two trainees role-played a helping interview. Instructions to the trainee-client were, "All of us either in the present or during the past year have had a number of experiences which have been difficult. If you feel the person whom you will be seeing is helpful, please feel free to discuss these experiences." Instructions to the trainee-helper were, "Relate to the person you will be seeing as you would ordinarily do in order to be helpful to him." With these instructions in mind, the trainees conducted a 10-minute interview which was audiotaped. The rest of the group observed the interaction. Immediately following the interview, the trainee group rated three portions of the taped interview using the E scale. The group then discussed the helper's behavior with him. This step in the learning process was also a prototype of the experiences which would follow in the practicum. The aim of this practicum session was to help the trainees begin to experientially learn about their own facilitative behaviors

and how these behaviors were communicated to a student. Also, use of this scheme provided the trainees with feedback and exploration about their helping behaviors.

During the afternoon sessions of the second and third day, training exercises in both groups attempted to accomplish three goals with the trainees--to provide trainees with experiences in the helping relationship via role-playing exercises, to provide trainees with feedback about their own facilitative behaviors, and to help the trainees become sensitive to the aspects of their own and of the client's communication. Exercises for the afternoon sessions in both treatments were designed to accomplish these goals.

ITM-I

During the afternoon sessions, the trainees conducted the recalls of the videotaped interviews. These trainees first conducted recalls with the trainee-helpers. For instance, immediately following each role-played interview, the trainee-inquirer conducted a recall session with the trainee-helper. During this review session, the inquirer facilitated the helper's exploration of his underlying thoughts, fears, feelings, and anxieties about himself in the interview and about the trainee-client. The inquirer did not assume an evaluative role but served as a partner in the helper's process of self-exploration (see Appendix D). This technique was included to help

both trainees become sensitive to the helper's communication process and its impact on the trainee-client. Both trainees could also begin to explore which behaviors facilitated the helping process and which behaviors deterred this process.

Trainees also conducted recall sessions with the trainee-clients. During the review session, the inquirer facilitated the client's exploration of his underlying thoughts, feelings, fears, and anxieties about himself and about the trainee-helper. The inquirer kept the trainee-client focused on the original videotaped interaction. In this exercise, both trainees explored the client's feelings together. Thus both trainees could become sensitive to the aspects of client communication. They could also begin to explore and understand the elements of the communication process between a helper and a student.

ITM-II

During the afternoon sessions, these trainees role-played helper-student interactions. The 10-minute interactions were audiotaped. The rest of the trainee group observed the interview. Immediately following the interview, the entire group (trainer, observers, role-players) rated three segments of the audiotaped session using the E and Ex scales. The E scale was used to rate the helper's level of empathic understanding while the Ex scale was used to rate the client's level of self-exploration.

Then the observers and the trainer discussed their ratings with the role-players. Thus, both the trainee-helper and the trainee-client received feedback about the levels of their functioning in the communication process. The purposes of these exercises were to aid trainee understanding and awareness of the communication process of the client's communications, and of the helper's communications.

Day 4 and 5

The procedures on the last two days were designed to help trainees achieve an awareness of the underlying dynamics of the helper-student interaction; trainees explored the kinds of impact which their behaviors had on a client. Likewise, these trainees considered the kinds of impact the client's behavior had on the helper during an interview. To bring the training experience closer to the future job experience of the trainees, client volunteers were used in both treatment groups. These clients presented concerns which might be similar to concerns presented by students in the dormitory. The experiences in ITM-I were structured differently than those procedures in ITM-II.

ITM-I

Each trainee conducted a 10-minute interview with a client. Instructions to the clients and to the helpers were the same as those described for Days 2 and 3. The

interview session was videotaped. Immediately after the interview, a trainee-inquirer conducted a mutual recall with both the client and the trainee-helper. In mutual recall, the inquirer reviewed the videotaped interaction with the client and the counselor simultaneously. The recaller thus aided client and helper simultaneously to explore and tell each other the underlying feelings, thoughts, fears, and anxieties that might have occurred during the original interaction. Following the recall session, the trainer, observers, client, and trainee-helper discussed the entire process, clarifying any questions about the interaction process between the helper and the client. These procedures attempted to promote trainee awareness of the bilateral nature of the helping relationship.

ITM-II

Each trainee conducted a 15-minute interview with a client. Instructions to the helper and to the client were the same as those described for Days 2 and 3. The interview session was audiotaped; and the rest of the trainee group observed the interaction between the helper and the client. Immediately following the interview, the entire group (trainer, observers, trainee-helper, and client) rated five portions of the original interview using the E and Ex scales. The trainee group rated the helper's behavior using the E scale and then rated the

client's behaviors using the Ex scale. The trainees then discussed their ratings with both the helper and the client. These procedures were used to facilitate trainee exploration of the communication process between the helper and the client.

This section summarized the training procedures used in both experimental groups and the goals of each training experience. The next section of this chapter will describe the instruments used to evaluate the effects of the training procedures on helper behaviors in this study.

Instrumentation

Two scales were used to evaluate all subjects' levels of functioning in an audiotaped interview with a student. These measures were Kagan's Counselor Verbal Response Scale and Carkhuff's Empathic Understanding Scale. One measure was used to evaluate all subjects' levels of affective sensitivity--Kagan's Affective Sensitivity Scale.

The Affective Sensitivity Scale (ASS)

This scale purported to measure affective sensitivity as a test of empathy (Kagan, et al., 1967). This multiple choice test (see Appendix I) required the trainees to judge what a videotaped client was feeling and thinking about his concerns, about himself, or about

his counselor. The videotaped stimuli for this test were a number of excerpts from videotaped counseling interviews. Each excerpt was two to three minutes in length. Following each segment, the viewer answered two or three questions about that scene. The correct answers to individual test items were taken from three sources--clinical judges, clinical judges with a case history of the client, and protocols of the recall sessions (Kagan, et al., 1967).

Kagan, Krathwohl, et al. (1967) conducted a number of investigations into the reliability of Form B of the ASS. Table 3.3 summarizes the data. Seven sample groups were included in these studies. Two NDEA groups (J and K) were each administered Form B on a pretest-posttest basis over a period of six months. One group of undergraduate students in a midwest university (P) were tested one week apart. Three groups in NDEA institutes (I, L, M) were tested once. One group of practicing school counselors (N) was also tested once. Reliability estimates thus ranged from .53 to .76. A test-retest correlation coefficient was also calculated for Group P, the undergraduate population (Kagan, et al., 1967). This was .75. Revised Form B was used with all the students in sample P.

The validity of Revised Form B was investigated in a number of studies (Kagan, et al., 1967). In concurrent validity studies, correlations of .35, .59, and .64 were obtained between therapist's rankings of a

Table 3.3

Kuder-Richardson Formula 20 Reliability Coefficients
and Other Related Data for Seven Sample Groups

Sample Groups	Number of Subjects		Standard Deviation		Kuder-Richardson Formula 20	
	Pretest	Posttest	Pretest	Posttest	Pretest	Posttest
J	34	27	6.71	7.35	.62	.70
K	31	31	6.37	6.97	.58	.68
P	50	26	8.02	6.08	.73	.53
I		27		6.39		.61
L		27		8.35		.76
M		24		8.83		.77
N		24		8.36		.76

subject's sensitivity and the subject's ASS score. In a predictive validity study, Kagan (1967) reported a correlation of .49 between initial ASS scores in a year long NDEA institute and later peer ratings of effectiveness. In construct validity investigations, groups of counselor trainees increased significantly (at the .025 and .005 levels) during a pretest to posttest training period of six months (Kagan, et al., 1967).

The ASS was used in this study to measure trainee growth in affective sensitivity as the result of a training experience. The ASS was also administered to subjects in the comparative groups.

The Empathic Understanding in
Interpersonal Processes II
(E) Scale

This scale was developed by Carkhuff from Truax's Accurate Empathy Scale. This revised five-point scale attempted to measure levels of helper empathic understanding during live observations or tape recordings of counseling or therapy interviews. Empathic Understanding was defined as the helper's sensitivity to current feelings of a client and his verbal ability to communicate this understanding in a language attuned to a client's current feelings. The five levels of empathic behavior were defined as follows. At level 1, the helper did not express that he was listening, understanding, or being sensitive to the feelings of the client, the helper

responses detracted significantly from the communications of the client. At level 2, the counselor tended to respond in such a way that he subtracted noticeable affect from the client's communication. At level 3, the helper responded to the client with affect and meaning that was essentially the same as that expressed by the client, but the counselor responded to the client's surface feelings only. This was defined as the minimal level of facilitative interpersonal functioning. At level 4, the helper's responses added deeper feeling and meaning to the client's expressions. At level 5, the counselor responded with full awareness of the client's deepest thoughts and feelings and accurately expressed the client's feelings at a level deeper than the client himself was able to express (this scale is further described in Appendix A).

The E scale received extensive validation in different counseling settings and with a variety of client populations (Truax & Carkhuff, 1967). The scale was rewritten to attempt to increase greater reliability. Martin, Carkhuff, and Berenson (1966) reported the following rate-rerate reliabilities for three judges over a one-week interval--.99, .99, and .95. Interrater reliabilities in the same study were .93, .87, and .73. Carkhuff, Krathochvil, and Friel (1968) reported intrarater reliabilities of .90, .99, and .94 for this scale. Interrater reliabilities in this study were .88, .87, and .85.

The E scale was used in this investigation to measure the level of helper interview behavior in all treatment and comparison groups.

The Counselor Verbal Response
Scale (CVRS)

This scale was developed by Kagan and his associates (1967) to measure four dimensions of a counselor's response to a client communication. The CVRS required a rater to describe the counselor's response in terms of four dimensions. These dimensions were affective-cognitive, understanding-nonunderstanding, specific-nonspecific, and exploratory-nonexploratory. An affective response made reference to or encouraged some affective or feeling aspect of the client's communication while a cognitive response referred primarily to the cognitive component of a client's statement. Counselor understanding was defined as the helper's ability to convey to the client his awareness of and sensitivity to the client's feelings. The counselor responded in a nonunderstanding manner when he failed to be aware of and sensitive to the client's statements. A specific counselor response dealt with the core of the client's concern; a nonspecific response either dealt peripherally or with complete disregard for the client's concern. An exploratory response encouraged the client to explore his feelings and provided him with an opportunity to explore his concerns whereas a nonexploratory response typically

restricted the client's freedom to explore (these dimensions are more fully described in Appendix B).

The CVRS was used to rate a series of individual client-counselor verbal units. The unit was defined as a client statement and a counselor response. The usual procedure was to rate 20 consecutive client-counselor units in an interview. The judge was required to describe every counselor response on each of the four dimensions.

The CVRS had been used to measure the change in counselor behavior within and between various approaches to training. Kagan and his associates (1967) described three studies designed to determine interrater reliability on the CVRS. An overview of these studies is presented in Table 3.4. The reliability coefficients for these samples are presented in Table 3.5. Interrater reliability was calculated using Ebel's technique (Ebel in Mehrens & Ebel, 1967).

Table 3.4

Overview of Three Studies Designed to Determine
Interrater Reliability on the CVRS

Study	No. of Judges	No. of Tapes	Mode of Presentation	Type of Rating
A	4	6	Audio	20 responses each tape
B	3	14	Video	20 responses each tape
C	3	53	Video	4-minute timed segment

Table 3.5

Average Tape and Item Interrater Reliability
Coefficients for Each Dimension of the CVRS
on Three Separate Studies^a

Study		Aff.- Cogn.	Und.- Nund.	Spec.- Nspec.	Exp.- Nexp.
A	Tape	.80	.81	.70	.87
	Item	.638	.568	.524	.549
B	Tape	.824	.873	.682	.839
	Item	.625	.506	.454	.450
C	Tape ^b				
	Item	.637	.508	.524	.549

^aThe formula used to derive the estimate of the reliability of individual ratings is:

$$r = \frac{M_{\bar{x}} - M}{M_{\bar{x}} + (k-1)M}$$

where

M = mean square for error,

$M_{\bar{x}}$ = mean square for persons, and

k = number of raters.

^bBecause of the unequal number of rateable response, units within any given timed segment, only item reliability estimates were calculated.

Aff.-Cogn. = Affective-cognitive; Und.-Nund. = Understanding-nonunderstanding; Spec.-Nspec. = Specific-nonspecific; Exp.-Nexp. = Exploratory-nonexploratory.

Spivack (1970) and Grzegorek (1971) also reported interrater reliabilities of two judges using the CVRS. In these studies, the CVRS was used to measure change in counselor behavior pre-training, mid-training, post-training, and delayed post-training. The interrater reliabilities in these studies are presented in Table 3.6.

Table 3.6

Interrater Reliabilities--CVRS

Study	Experimental Condition	A	U	S	E	Total
Spivack (1970)	<u>Role-Play Interview</u>					
	Pre-Measure	.972	.977	.977	.985	
	Mid-Measure	.962	.979	.981	.968	
	Post-Measure	.992	.997	.971	.992	
	<u>Coached Client Interview</u>					
	Pre-Measure	.940	.939	.939	.935	
	Mid-Measure	.979	.971	.974	.979	
	Post-Measure	.950	.943	.943	.930	
	<u>Interview Tapes</u>					
	Pre-Tapes	.93	.96	.96	.96	.96
Grzegorek (1971)	Post-Tapes	.99	.98	.98	.98	.99
	Delayed Post-Tapes	.99	.97	.98	.98	.98

The data from the Kagan studies A and C were used to further test the validity of the scale's dimensions (Kagan, et al., 1967). This was done to see if the scale differentiated counselors at different levels of experience. The data are presented in Table 3.7. In all but

one case there was a clear differentiation between counselors at different ability levels on the CVRS dimensions.

Table 3.7

Mean Scores of Six Counselors at Various Levels of Training on Each of the Dimensions of the CVRS

Counselor	Affect	Und.	Spec.	Exp.	Eff.	Total
A	9.75	17.25	15.25	11.25	15.75	69.25
B	9.25	9.00	7.75	10.00	7.50	43.50
C	11.25	17.25	12.00	16.25	15.50	72.25
D	2.25	7.50	5.25	8.00	3.50	26.60
E	5.25	6.75	6.00	8.00	5.75	31.75
F	1.00	2.00	1.00	5.25	.50	9.75

Counselor: A = Ph.D. candidate rated good by supervisor; B = Ph.D. candidate rated weak by supervisor; C = School counselor rated good by supervisor; D = M.A. practicum rated poor by supervisor; E = Beginning practicum; F = Beginning practicum.

These reported reliability and validity studies (Kagan, et al., 1967; Spivack, 1970; Grzegorek, 1971) indicated that the CVRS could be used to rate helper interview behavior. In this investigation, the CVRS was used to rate helper interview behavior across all treatment and comparison groups.

Collection of Data

Two weeks after training, two samples of trainee helping behavior were taken. The Affective Sensitivity

Scale (ASS) was administered to both the experimental treatment groups (ITM-I, ITM-II) and to the comparison groups (ETM, PCG). This instrument attempted to measure the levels of helper affective sensitivity across all groups following training. At the same time, an audio-taped interview with a student (selected by the trainee) was collected from all subjects in the experimental and comparison groups. This interview was to be a sample of the level of helper behavior in an interview. These audio-tapes were later rated by judges using the CVRS and E scales.

Eight weeks after training, the Affective Sensitivity Scale (ASS) was again administered to the experimental groups (ITM-I, ITM-II). This delayed post-test was administered to measure the level of trainee affective sensitivity two months after the training period. At the same time, an audiotaped interview with a student was collected from each subject in the experimental groups (ITM-I and ITM-II) and from each member of the professional counselor group. This interview was to be a sample of the level of helper behavior in an interview. These audio-tapes were later rated by judges using the CVRS and E scales.

These post and delayed post criterion measures were used to investigate the levels of helper behavior in all groups. The scores on these measures were analyzed

to test the differences between the experimental and comparison groups and within these groups over a period of time.

Preparation of the Audiotapes for Rating

All audiotapes, post and delayed post, from all groups--experimental and comparison--were randomly assigned to three master rating tape groups. This precaution was taken to prevent a rater bias. That is, the identity of the tape could be concealed. The judges could not know whether each audiotape was a post or delayed post measure or whether it represented the experimental groups or the comparison groups.

The master rating tapes were prepared in the following manner. A three-minute excerpt from the first third of each interview was rerecorded onto the master tape. Following a one-minute pause, a five-minute portion from the middle of the interview was rerecorded. Following another minute pause, a three-minute segment from the final portion of the interview was rerecorded. This procedure was followed for all tapes.

When all tapes had been transcribed to the master tapes, the three master tape rating groups were then randomly assigned to judges. The judges independently rated helper behavior on these master tapes using the CVRS dimensions and the E scale. Totals for each judge

on the CVRS dimensions were calculated. Totals for each judge on the E scale were computed and then averaged.

Reliability of Judges' Ratings

Reliability of the three judges' ratings was established on a sample of 12 interview tapes. In this study, the judges independently rated counselor responses on the four dimensions of the CVRS scale. The totals for each dimension were calculated. In addition, these judges independently assigned a rating on the E scale for three portions of each interview. The three ratings then were totaled and averaged.

Hoyt (in Mehrens & Ebel, 1967) suggested a formula for estimating the reliability of a test which was based on analysis of variance. Hoyt proposed that this model provided a better estimate of test reliability than the split-half method. Ebel (in Mehrens & Ebel, 1967) applied Hoyt's proposal to two ways of estimating rater reliability. One procedure estimated the reliability of judges over a set of ratings. This technique was used when several judges' ratings were available for each of a number of subjects. The second approach estimated the reliability of individual ratings. This technique estimated the reliability when only an individual judge's score was available for a number of subjects. This second procedure was therefore appropriate for this study. The data for

this investigation were based on an individual judge's score.

The reliability formula suggested by Ebel was as follows:

$$r = \frac{M_{\bar{x}} - M}{M_{\bar{x}} + (k-1)M}$$

where

r = the reliability coefficient,

k = the number of raters,

M = the Mean Square of tapes by rater interaction,
and

$M_{\bar{x}}$ = the Mean Square of tapes.

The reliability raw data for the CVRS and E scales are presented in Appendix H. Table 3.8 presents the Analysis of Variance Table and computation of the raters' reliability on the CVRS. Table 3.9 presents the Analysis of Variance Table and computation of the raters' reliability on the E scale.

Table 3.8 indicated that the reliability for the ratings on the CVRS was .747. Table 3.9 indicated that the reliability for the ratings on the E scale was .479. While the reliability coefficient for the CVRS was acceptable, the reliability coefficient for the E scale was low.

Table 3.8

ANOVA Table and Computation of Reliability of Ratings
on the CVRS (Counselor Verbal Response Scale)

Sources	Reduced Sum of Squares	Degrees of Freedom	Mean Square
Grand Mean	41480.111	1	41480.111
Total	7607.889	35	217.368
Rater	1919.389	2	959.694
Tape	4729.222	11	429.929
Rater x Tape	959.278	22	43.604

$$r = \frac{429.92923 - 43.602525}{429.92923 + (3-1)43.603535} = .747$$

Table 3.9

ANOVA Table and Computation of Reliability of
Ratings on the E Scale

Sources	Reduced Sum of Squares	Degrees of Freedom	Mean Square
Grand Mean	131.637	1	131.637
Total	7.811	35	0.225
Rater	1.435	2	0.717
Tape	4.208	11	0.383
Rater x Tape	2.238	22	0.102

$$r = \frac{.382572 - .101716}{.382572 + (3-1).101716} = .479$$

Analysis of the Data

The unit for statistical analysis in this study was defined as a group mean. Group means must be used since treatments were administered independently to groups of trainees. Individual scores were not appropriate for statistical analysis (Campbell & Stanley, 1963). Group means were calculated for the ASS scores; for the A, E, U, and S subscores of the CVRS; for the composite CVRS scores; and for the EU average ratings.

Two separate analyses were needed in this investigation. A multivariate analysis of variance tested the differences in means between the four treatment groups on the two-week posttest. A repeated measures analysis of variance tested the differences in means between the three treatment groups and between the post and delayed-post tests.

The Multivariate Analysis of Variance

Since it was necessary to evaluate six dependent variables--the ASS, A, U, E, S subscales of the CVRS, and the EU--simultaneously, a multivariate analysis of variance procedure was used to analyze the posttest data of the four treatment groups--ITM-I, ITM-II, ETM, and PCG. Thus, this analysis included an overall test of the significance of the main effects of treatments and measures between the four treatment groups. Since this

procedure is insensitive to differences in the scaling of variables, the raw data could be used for analysis.

Scheffé post-hoc comparisons were used to test the differences between the means of specific treatment groups if separate univariate tests were significant.

The assumptions underlying this model included the following. The dependent variables were assumed to be multivariate normal in distribution. The variances of the dependent variables were assumed to be equal across treatment groups. Errors of measurement were assumed to be normally distributed across the treatment populations (Cooley & Lohnes, 1971; Morrison, 1967).

Hummel and Sligo (1971) suggested that the multivariate model could be especially useful when the cost of a Type I error--false rejection of the hypotheses--was high.

Repeated Measures Analysis of Variance

A repeated measures analysis of variance was used to analyze the general effects of the ITM-I, ITM-II, and PCG treatments across all the dependent variables at both the post and delayed-post test. In this analysis, the dependent variables were treated as levels of helper behavior. Scores on each of these variables were converted to a standard metric by dividing the raw score on each variable by the standard deviation of the pooled variance across times and groups for that variable. Scores were

transformed to obtain additivity of treatment effects accross measures. The ANOVA assumption of independence was met since the group means were used as the experimental unit and each experimental unit was independent of every other one. The Geisser-Greenhouse conservative F test was used in this analysis since there was some question concerning the assumption of equal population correlation coefficients. The assumption of equal population correlation coefficients might have been violated in this investigation. That is, the correlation between the CVRS and the EU in this sample might not be equal to either the correlation between the CVRS and the ASS or to the correlation between the EU and ASS.

Thus, this analysis tested for the main effects of treatments, times, or periods of testing, and repeated measures. This analysis also tested for the effects of the treatment-measure interaction, time-measure interaction, and treatment-time-measure interaction. Tukey post-hoc comparisons were used to test the differences between treatments.

Hypotheses

The hypotheses for the between groups, treatments, and measures analyses were as follows:

H_{01} : There will be no differences in the means of the four training models--ITM-I, ITM-II, ETM, and PCG--or the ASS, CVRS-A, CVRS-U, CVRS-E, CVRS-S, and EU variables.

- Ho₂: There will be no differences in the means of any of the dependent variables between the ITM-I and ITM-II groups.
- Ho₃: There will be no differences in the means of any of the dependent variables between the ITM-I and ETM groups.
- Ho₄: There will be no differences in the means of any of the dependent variables between the ITM-I and PCG groups.
- Ho₅: There will be no differences in the means of any of the dependent variables between the ITM-II and ETM groups.
- Ho₆: There will be no differences in the means of any of the dependent variables between the ITM-II and PCG groups.

The hypotheses for the within treatments, times, and measures analyses were as follows.

- Ho₇: There will be no differences in the means of the treatment groups (ITM-I, ITM-II, PCG) on the ASS, CVRS, and EU variables, collectively or individually, between the post and delayed-post testing periods.
- Ho₈: There will be no interaction of treatments, measures, and testing periods.
- Ho₉: There will be no interaction of treatment and administration periods.

Summary

Thirty-five undergraduate "helpers" were randomly assigned to one of two experimental training procedures. One approach incorporated rating scales, role-playing, IPR

videotape feedback and recall, and client interviews for training of paraprofessional helpers. The second approach used rating scales, role-playing, group feedback and discussion, and client interviews for training of lay helpers. Both the levels of affective sensitivity of the experimental groups and five measures of their interview behavior were compared with the levels of these behaviors evidenced in two comparison groups. The treatment comparison group consisted of 22 resident assistants trained extensively in the IPR process over a period of six months. A second comparison group included nine professional counselors. The overall design used in this study incorporated two schemes. A posttest design was used to test the effectiveness of training on helper behavior between the four treatment groups. A post-delayed posttest design tested the effectiveness of training within the two experimental treatment groups and one comparison group over a period of two months.

CHAPTER IV

ANALYSIS OF THE RESULTS

An analysis of the data is presented in this chapter. Each hypothesis is restated. The data, analyses, and results relevant to each hypothesis are discussed.

Hypotheses Related to the Between Treatment Groups Design

Ho₁: There will be no differences in the means of the four training models--ITM-I, ITM-II, ETM, and PCG--on the ASS, CVRS-A, CVRS-U, CVRS-E, CVRS-S, and EU variables.

This hypothesis was formulated to compare group means between the four groups used in this study--the intensive modified IPR training, the intensive modified communication skills training, the extensive IPR training, and the professional counselors group. A multivariate analysis of variance technique was used to test this hypothesis. Since this statistical procedure is insensitive to differences in the scaling of variables, the raw data were analyzed. The overall alpha level was set at .10 to compensate for the risk of a Type II error--false acceptance of the hypothesis. Since this investigator

wanted to increase the probability that the test would correctly reject the null hypothesis, the alpha level was set at .10 rather than at .05 or .01. The raw data--group and cell means--for the four treatment groups are presented in Table 4.1.

The multivariate F test statistic for testing the equality of mean vectors was 2.0059 with 18 and 14.6274 degrees of freedom. This test was significant at the .10 level, indicating that the treatments differed in the multivariate case. A series of univariate F tests was run to test the differences between treatment levels on each of the six variables--ASS, CVRS-A, CVRS-U, CVRS-E, CVRS-S, and EU. This procedure required that the sum of the alpha levels in the six univariate F tests not exceed the overall alpha level. Therefore, the alpha level set for each of the univariate F tests was .0167. Results of the univariate F tests are presented in Table 4.2.

Results of the univariate tests suggested that on the CVRS-A, CVRS-U, CVRS-E, and EU treatments differed. Differences were not significant on the ASS and CVRS-S variables.

Since there were significant differences on the CVRS-A, CVRS-U, CVRS-E, and EU means between the four treatment groups, Scheffé post-hoc comparisons were used to identify which of the comparison groups differed. The following hypotheses described the comparisons of interest.

Table 4.1
Raw Data--Group and Cell Means for the Multivariate ANOVA

Treatment Levels	Groups	Measures					
		ASS	CVRS-A	CVRS-U	CVRS-U	CVRS-S	EU
T ₁ (ITM-I)	G1	41.83	1.83	9.50	6.00	9.50	1.64
	G2	37.67	3.40	8.40	5.20	8.80	1.67
	G3	34.67	3.50	13.50	10.50	13.00	1.99
	$\bar{X}$	38.057	2.910	10.467	7.233	10.433	1.767
T ₂ (ITM-II)	G4	36.83	1.83	8.33	4.50	4.67	1.78
	G5	39.00	2.40	6.40	4.60	7.60	1.50
	G6	39.00	.67	10.00	8.00	12.33	1.61
	$\bar{X}$	38.287	1.633	8.243	5.700	8.200	1.630
T ₃ (ETM)	G7	45.83	9.71	15.62	16.41	13.70	2.33
	G8	49.96	7.82	17.14	14.70	15.74	2.96
	G9	45.00	10.50	14.75	11.75	13.25	2.79
	G10	41.50	5.14	13.58	14.26	12.82	2.44
	$\bar{X}$	47.572	8.293	15.273	14.280	13.878	2.630
T ₄ (PCG)	G11	42.00	9.20	16.20	19.45	15.15	3.25
	G12	47.50	4.85	19.00	16.00	10.50	3.16
	G13	42.00	7.00	18.50	18.00	17.50	3.00
	G14	49.50	3.16	11.83	9.83	8.00	1.83
	$\bar{X}$	45.250	6.053	16.383	15.820	12.788	2.810

Code: T = Treatment; G = Groups; $\bar{X}$ = Cell Means.

Table 4.2
Univariate F Test Results

Variable	Within Mean Square	Univariate F Test
ASS	10.938961	5.4845
CVRS-A	4.097002	7.7152*
CVRS-U	5.973748	8.5660*
CVRS-E	8.922307	9.7458*
CVRS-S	10.095882	2.1510
EU	0.168827	7.2492*

*Significant at the .10 level.

Ho₂: There will be no differences in the means on any of the dependent variables between the ITM-I and ITM-II groups.

Ho₃: There will be no differences in the means on any of the dependent variables between the ITM-I and ETM groups.

Ho₄: There will be no differences in the means on any of the dependent variables between the ITM-I and PCG groups.

Ho₅: There will be no differences in the means on any of the dependent variables between the ITM-II and ETM groups.

Ho₆: There will be no differences in the means on any of the dependent variables between the ITM-II and PCG groups.

The Scheffé method of post-hoc comparisons permitted all pairwise and complex comparisons between

treatment levels in an analysis which had unequal cell frequencies. In this study T_1 had an N of 3, T_2 had an N of 3, T_3 had an N of 4, and T_4 had an N of 4. Thus the Scheffé method was appropriate for the comparisons of interest. Since the univariate F tests failed to reject the hypotheses on the ASS and CVRS-S measures, no comparisons were warranted. As for the univariate ANOVA's, an alpha level of .0167 was required for the post-hoc analyses in order to maintain an overall alpha level of .10. Results of the Scheffé comparisons on the CVRS-A are presented in Table 4.3

Table 4.3
Differences in the Group Means on the CVRS-A

Treatment Levels	T_1 (ITM-I)	T_2 (ITM-II)	T_3 (ETM)	T_4 (PCG)
Treatment Means	2.910	1.633	8.293	6.053
T_1 (ITM-I)	2.910	-1.277	-5.383	-3.143
T_2 (ITM-II)	1.633		-6.660*	-4.420
T_3 (ETM)	8.293			2.240

*Significant Scheffé pairwise comparisons ($\alpha \leq .10$).

Using the Scheffé formula, the absolute difference in the means of the pairwise comparisons--ITM-I versus ETM, ITM-II versus ETM, ITM-I versus PCG, and ITM-II versus PCG--on the CVRS-A had to exceed a value of 6.324 in order to be significant at the .10 or less level. For the comparison ITM-I versus ITM-II, the difference had to be 6.744. Thus, on the CVRS-A, the Scheffé post-hoc comparisons indicated that there was a significant difference between ITM-II and ETM groups. Significant differences were not detected for the remaining pairwise comparisons on the CVRS-A.

Results of the Scheffé post-hoc comparisons on the CVRS-U are presented in Table 4.4.

Table 4.4

Differences in the Group Means on the CVRS-U

Treatment Levels		T ₁ (ITM-I)	T ₂ (ITM-II)	T ₃ (ETM)	T ₄ (PCG)
Treatment Means		10.467	8.243	15.273	16.383
T ₁ (ITM-I)	10.467		2.224	-4.806	-5.916
T ₂ (ITM-II)	8.243			-7.030	-8.140*
T ₃ (ETM)	15.273				-1.110

*Significant Scheffé pairwise comparison ($\alpha \leq .10$).

Using the Scheffé formula, the absolute differences in the means of the pairwise comparisons--ITM-I versus ETM, ITM-II versus ETM, ITM-I versus PCG, and ITM-II versus PCG--on the CVRS-U had to exceed a value of 7.613 in order to be significant at the .10 or less level. For the comparison ITM-I versus ITM-II, the difference had to be 8.144. Thus, on the CVRS-U, the Scheffé post-hoc comparison indicated that there was a significant difference between ITM-II and PCG groups. Significant differences were not detected for the remaining pairwise comparisons on the CVRS-U.

Results of the Scheffé post-hoc pairwise comparisons on the CVRS-E are presented in Table 4.5.

Table 4.5

Differences in the Group Means on the CVRS-E

Treatment Levels		T ₁ (ITM-I)	T ₂ (ITM-II)	T ₃ (ETM)	T ₄ (PCG)
Treatment Means		7.233	5.700	-4.047	15.820
T ₁ (ITM-I)	7.233		1.533	-7.047	-8.587
T ₂ (ITM-II)	5.700			-8.580	-10.120*
T ₃ (ETM)	14.280				-1.54

*Significant Scheffé pairwise comparison ($\alpha \leq .10$).

Using the Scheffé formula, the absolute difference in the means of the pairwise comparisons--ITM-I versus ETM, ITM-II versus ETM, ITM-I versus PCG, and ITM-II versus PCG--on the CVRS-E had to exceed a value of 9.306 in order to be significant at the .10 level. For the comparison ITM-I versus ITM-II, the difference had to be 9.951. Thus, on the CVRS-E, the Scheffé post-hoc comparisons indicated that there was a significant difference between the ITM-II and PCG groups. Significant differences were not detected for the remaining pairwise comparisons on the CVRS-E.

Results of the Scheffé post-hoc comparisons on the EU are presented in Table 4.6.

Table 4.6
Differences in the Group Means on the EU

Treatment Levels	T ₁ (ITM-I)	T ₂ (ITM-II)	T ₃ (ETM)	T ₄ (PCG)
Treatment Means	1.767	1.640	2.630	2.810
T ₁ (ITM-I)	1.767	0.137	-.863	-1.043
T ₂ (ITM-II)	1.630		-1.000	-1.180
T ₃ (ETM)	2.630			-0.180

Using the Scheffé formula, the absolute difference in the means of the pairwise comparisons--ITM-I versus ETM, ITM-II versus ETM, ITM-I versus PCG, and ITM-II versus PCG--on the EU had to exceed a value of 1.280 in order to be significant at the .10 level. For the comparison ITM-I versus ITM-II, the difference had to be 1.367. On the EU, significant differences were not detected for any of the pairwise comparisons.

The post-hoc analyses of the between treatment groups differences failed to reject Hypotheses 2, 3, and 4. Hypothesis 5 was rejected only in the case of the CVRS-A variable. Hypothesis 6 was rejected for the CVRS-U and CVRS-E variables. These differences were not predicted in Chapter I. Earlier predictions hypothesized that there would be no differences between the treatment groups. Failure to reject Hypotheses 2, 3, and 4 may have been due to the small sample sizes or to large variances in the variables of interest in this study.

Hypotheses of the Within Treatment Groups Design

- Ho₇: There will be no differences in the means of the treatment groups (ITM-I, ITM-II, PCG) on the ASS, CVRS, and EU variables, collectively or individually, between the post and delayed-post testing periods.
- Ho₈: There will be no interactions between treatments, measures, and testing periods.

Ho₉: There will be no interactions between treatment and test administration periods.

These hypotheses were formulated to compare the group means on the ASS, CVRS, and EU variables within the three comparison groups--ITM-I, ITM-II, and PCG--across the post and delayed-post testing periods. A repeated measures analysis of variance was used to test the differences in the means of the ITM-I, ITM-II, and PCG groups on all the dependent variables, across the post and delayed-post testing periods. Since the repeated measures techniques were sensitive to different scaling metrics, the raw scores--group means--on each of the variables had to be converted to a standard metric. These transformations were performed by dividing each of the raw scores on each of the variables by the standard deviation of the pooled variance across times and groups for that variable. The scores were transformed to obtain additivity of effects across measures. Thus the transformed scores rather than the raw scores were used in the analysis. The raw scores are presented in Table 4.7; the transformed group and cell means are presented in Table 4.8.

In a repeated measures analysis of variance, the F statistic for testing effects involving a repeated measures dimension assumes that the population correlation coefficients between the measures used in this study are equal. The assumption of equal population

Table 4.7
Raw Data for Three Comparison Groups Across Times

Treatment Levels	Groups	Administration 1 (Post)			Administration 2 (Delayed-Post)		
		ASS	CVRS	EU	ASS	CVRS	EU
T ₁ (ITM-I)	G1	41.83	26.83	1.64	38.67	18.51	1.53
	G2	37.67	25.80	1.67	42.00	22.25	1.67
	G3	34.67	40.50	1.99	34.17	47.00	2.08
	$\bar{X}$	38.057	31.043	1.767	38.280	29.253	1.760
T ₂ (ITM-II)	G4	36.86	19.33	1.78	37.00	26.49	1.56
	G5	39.00	21.00	1.50	37.33	13.00	1.27
	G6	39.00	31.00	1.61	36.75	25.67	2.03
	$\bar{X}$	38.287	23.777	1.630	37.027	21.720	1.620
PCG	G7	46.67	53.99	2.83	46.67	56.33	2.61
	G8	45.67	52.01	2.33	45.67	38.66	2.00
	G9	45.67	46.67	2.17	45.67	59.99	3.17
	$\bar{X}$	46.03	50.89	2.443	46.03	51.660	2.593

Code: T = Treatment; G = Groups; $\bar{X}$ = Group Mean.

Note: The standard deviations of the pooled variances within the treatment levels across times and groups for each variable were as follows: s_p of the ASS = 2.26; s_p of the CVRS = 9.561; s_p of the EU = 0.351.

Table 4.8

Transformed Scores

Treatment Levels	Groups	Administration 1 (Post)			Administration 2 (Delayed-Post)		
		ASS	CVRS	EU	ASS	CVRS	EU
T ₁ (ITM-I)	G1	18.508	2.806	4.672	17.110	1.935	4.358
	G2	16.668	2.698	4.757	18.584	2.327	4.757
	G3	15.340	5.235	5.669	15.119	4.915	5.925
	$\bar{X}$	16.840	3.250	5.033	16.937	3.063	5.017
T ₂ (ITM-II)	G3	16.309	2.021	5.071	16.371	2.770	4.444
	G4	17.256	2.196	4.273	16.517	1.359	3.618
	G5	17.256	3.242	4.586	16.261	2.684	5.783
	$\bar{X}$	16.943	2.487	4.643	16.383	2.270	4.613
PCG	G7	20.650	5.646	8.062	20.650	5.891	7.435
	G8	20.207	5.439	6.638	20.207	4.043	5.698
	G9	20.207	4.881	6.182	20.207	6.274	9.031
	$\bar{X}$	20.357	5.323	6.960	20.357	5.400	7.390
Overall Mean		18.047	3.687	5.546	17.892	3.578	5.673

Code: T = Treatment; G = Groups; $\bar{X}$ = Group Mean.

correlation coefficients might have been violated in this investigation. That is, the correlation between the CVRS and the EU in this sample may not be equal to either the correlation between the CVRS and the ASS or to the correlation between the EU and ASS. Since there was some doubt concerning the assumption of equal population correlation coefficients, the Geisser-Greenhouse conservative F test--which does not make the assumption--was used in the analysis of the data.

This investigation predicted in Chapter I that the levels of helper behavior would remain at the same levels over a period of time. Thus Hypothesis 7 predicted no differences on the A (times) main effect and on the AM interaction (times by measures) within the three comparison groups. In the test of the A main effect (post and delayed-post periods), the critical value of the conservative F test, at the .05 alpha level of significance was 5.99. This new alpha level was set to control for the possibility of a Type I error--a false rejection of the null hypothesis. The critical value of the conservative F test for the AM interaction was also 5.99 at the .05 level. As predicted the tests of the A main effect and of the AM interaction failed to reject Hypothesis 7. (See ANOVA table of transformed scores presented in Table 4.9.)

Caution must be observed in interpreting the failure to reject a null hypothesis. Failure to reject a null hypothesis does not mean that the hypothesis is

Table 4.9

ANOVA Table of Transformed Scores

Sources of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Ratio
T	98.823	2	49.411	54.569*
G(T)	5.433	6	.905	
A	.028	1	.028	.028
TA	.432	2	.216	.219
GA(T)	5.922	6	.987	
M	2173.410	2	1086.705	700.089*
TM	3.885	4	.971	.626
GM(T)	18.627	12	1.552	
AM	.207	2	.103	.202
TAM	.229	4	.057	.112
GAM(T)	6.126	12	.510	
Total	2313.120	53		

*Significant at $\alpha \leq .05$ using a conservative test.

Code: T = Treatment; G = Groups; A = Administrations; M = Measures; Main Effects = TAM; Interactions = TA, TM, AM, TAM; Error Terms = G(T), GA(T), GM(T), GAM(T).

accepted. Statistical inference is not good in supporting a null hypothesis because there is an unknown probability of a Type II error--false acceptance of a hypothesis. Examination of the raw data in Table 4.7 will reveal that there are small differences in observed raw data metric. For instance, the EU scale metric itself ranges from one to five. The range of scores on this scale for the treatment means in this study from post to delayed-post tests is as follows: $T_1 = 1.767$ versus 1.760 , $T_2 = 1.630$ versus 1.620 , and $T_3 = 2.443$ versus 2.593 . Likewise, the range of scores--treatment means--on the ASS is as follows: $T_1 = 38.057$ versus 38.280 , $T_2 = 38.287$ versus 37.027 , and $T_3 = 46.03$ versus 46.03 . This seems to be a quite narrow range of scores which might occur in helper behaviors in a larger population.

Hypothesis 8 predicted no differences on the TAM interaction (treatment by times by measures). In the test of the TAM interaction, the critical value of the conservative F test at the .05 level of significance was 5.14. The test of the TAM interaction failed to permit rejection of Hypothesis 8.

Hypothesis 9 predicted no differences on the TA interaction (treatment by times). In the test of the TA interaction, the critical value of the conservative F test at the .05 level of significance was 5.14. The test of the TA interaction failed to permit rejection of Hypothesis 9.

Failure to reject Hypotheses 7, 8, and 9 seemed to indicate that there were no differences within the comparison group means as measured by the ASS, CVRS, and EU variables across the post and delayed-post testing periods. Inspection of the ANOVA table did reveal significant differences ($p \leq .05$) between the means of the comparison groups as tested by the T (treatment) and by the M (measures) main effects. This investigation was not interested in a measures main effect. But this investigation was interested in treatment main effects. The means of the treatment main effects were: $T_1 = 8.356$, $T_2 = 7.890$, and $T_3 = 10.964$. Since the test of the treatment main effect was significant at the .05 level, Tukey post-hoc comparisons were used to investigate the T main effect. The absolute differences in the means of these comparisons had to exceed 2.383 in order to be significant at the .05 level. Results on the Tukey post-hoc comparisons are presented in Table 4.10.

Table 4.10

Post-Hoc Comparisons of the T Main Effect

Treatment Levels	T ₁ (ITM-I)	T ₂ (ITM-II)	T ₃ (PCG)
Treatment Means	8.357	7.890	10.964
T ₁ (ITM-I)		.467	-2.607*
T ₂ (ITM-II)			-3.074*

*Significant Tukey comparison ($\alpha \leq .05$).

Results of the Tukey comparisons indicated that there were significant differences ($\alpha \leq .05$) in the treatment means for the following pairs--ITM-I versus PCG and ITM-II versus PCG. Thus it seemed that in this analysis there were significant differences between both of the experimental groups (ITM-I and ITM-II) and the professional counselor group (PCG) as measured by the treatment means--a composite of all the variables for that treatment level. These results are somewhat contradictory to the findings of the multivariate test. The multivariate analysis revealed no statistical differences between ITM-I and the PCG groups. Differences between the ITM-II and PCG groups were found on the CVRS-U and CVRS-E. The repeated measures findings seem much clearer than the multivariate findings. One reason for the discrepancy in the findings may be that the repeated measures analysis is a more sensitive and powerful test than the multivariate tests for the type of multivariate data in this study. The lack of a TM and TA interaction suggests that the pairwise differences between treatment levels holds across all three independent variables.

Summary

A multivariate analysis of variance was used to test the overall difference in group means between the two experimental training paradigms for undergraduate paraprofessional helpers (ITM-I, ITM-II) and two

comparison groups of helpers (ETM, PCG). The null hypothesis that there would be no differences between treatment levels was rejected in the multivariate case ($\alpha \leq .10$). In the univariate case, the treatment group means on the CVRS-A, CVRS-U, CVRS-E, and EU variables were shown to be significantly different ($\alpha \leq .10$). Scheffé post-hoc pairwise comparisons were used to test the differences between the four treatment levels (ITM-I, ITM-II, ETM, PCG) on the CVRS-A, CVRS-U, CVRS-E, and EU variables. Significant differences were found between the ITM-II and ETM groups on the CVRS-A and between the ITM-II and PCG groups on the CVRS-U and CVRS-E variables. Significant differences were not detected between the ITM-I and ITM-II groups, between the ITM-I and ETM groups, or between the ITM-I and PCG groups on any of the six dependent variables when analyzed by the multivariate. Significant differences were also not detected between the ITM-II and PCG groups on the CVRS-A and EU variables and significant differences were not detected between the ITM-II and ETM groups on the CVRS-U, CVRS-E, and EU variables. These results are partly contradicted in the later analyses.

A repeated measures analysis of variance was used to test the differences within the group means of the two experimental training groups (ITM-I, ITM-II) and one comparison group (PCG). The null hypothesis--that there would be no difference within the means of the three groups

on the ASS, CVRS, and EU variables--collectively or individually--across the testing periods, failed to be rejected. The hypotheses testing the TAM and TA interactions also failed to be rejected. But the treatment main effect was significant at the .05 level. Significant differences between both the experimental groups (ITM-I, ITM-II) and the professional counselors group were found.

Table 4.11 presents a summary of the hypotheses of interest in this study and the results of the analyses. The summary and conclusions of this investigation are discussed in Chapter V.

Table 4.11

Summary of the Hypotheses and Results

Hypothesis	Test	α	Decision
1	Multivariate ANOVA	.10	Reject
2	Scheffé post-hoc comparisons	.0167	Failed to reject
3	Scheffé post-hoc comparisons	.0167	Failed to reject
4	Scheffé post-hoc comparisons	.0167	Failed to reject
5	Scheffé post-hoc comparisons	.0167	Reject for the CVRS-A
6	Scheffé post-hoc comparisons	.0167	Reject for the CVRS-U and CVRS-E
7	Repeated Measures ANOVA	.05	Failed to reject
8	Repeated Measures ANOVA	.05	Failed to reject
9	Repeated Measures ANOVA	.05	Failed to reject

CHAPTER V

SUMMARY, DISCUSSION, IMPLICATIONS

Summary

This study compared the effectiveness of two different approaches to the training of undergraduate paraprofessional mental health workers or "helpers." The investigation attempted to determine the kinds of trainee behavior evidenced following an intensive 40-hour training program conducted during five consecutive days. Two training programs were used--a modified IPR experience and a modified communication skills training program. The outcomes of both treatments were compared to each other, to a comparison group of resident assistants trained extensively in a 38-hour IPR program which was conducted over a six-month period of time, and to a comparison group of professional counselors.

Both the experimental training procedures--the modified IPR experience and the modified communications skills program--were designed to increase the "interpersonal communications skills" of student helpers. Four general goals underlying both of the training programs included the following: to make trainees more aware of

and sensitive to the feelings and concerns of their peers; to provide trainees with listening and communication skills which would facilitate understanding between them and the students desiring help; to offer student helpers effective ways of responding to and behaving with students; and to give trainees an increased awareness of the impact of the helper-student interaction in the college and residence hall.

Therefore the "interpersonal communication skills" of interest in this study included both helper empathic understanding and the helper's ability to use affective, understanding, specific, and exploratory responses to student concerns. Helper empathic understanding was defined as the helper's sensitivity to current feelings, as evidenced by his verbal facility to communicate this understanding to a student in a language attuned to the peer's current feelings (Carkhuff, 1969b). Helper affective responses made reference to the emotions, feelings, or fears of a client. Understanding responses communicated to the student that the helper understood or was trying to understand what the student was expressing, both verbally and non-verbally. Specific responses were the helper's honest statements of the core concerns being presented, either explicitly or implicitly, verbally or non-verbally, by the student. Exploratory responses indicated whether the helper encouraged or permitted the student to explore his concerns.

Carkhuff and his associates (1964, 1965a, 1965b) proposed a paradigm for the training of paraprofessionals in helping behaviors. Carkhuff posited that there was a central core of facilitative conditions in all helping processes. Four helper variables in this process were defined as empathic understanding (E), regard (R), genuineness (G), and concreteness (C). The client variable was defined as self-exploration (Ex). Carkhuff then devised a five-step training program in the facilitative dimensions for lay helpers. Trainees were didactically taught the therapeutic dimensions of E, R, G, C, and Ex. Trainees then learned to discriminate the levels of each of these dimensions by rating audiotaped helper and client responses using the research scales. During empathy training, trainees wrote their own responses to audiotaped client statements. The trainees then focused on role-playing helper-client interactions and then evaluating their behaviors using the research scales. Finally, these helpers interviewed actual clients and, following each interview, received feedback about the levels of their facilitative behaviors.

Research evidence suggested that a variety of trainee groups could be trained to function at minimally facilitative levels on the research dimensions. Additional investigations proposed that lay persons could be trained to effect constructive behavior change in their

clients. In light of these research studies, it seemed that the Carkhuff training model might be effective in training undergraduate paraprofessional helpers. Yet, the research had not compared the effects of the Carkhuff model with other approaches to training.

Kagan and his associates (1967) developed the Interpersonal Process Recall (IPR) as another proposed training model in helping behaviors. This model was originally developed as an approach to counselor education. These researchers sought ways of gaining knowledge about the underlying dynamics of human relationships; thus, the thoughts and feelings of both the counselor and the client during the interview process were of special interest. Techniques were devised which would allow a helper or a client to interact at one time and then introspect concerning that interaction at another time. Affect stimulation, videotape feedback, and stimulated recall were used to facilitate the interpersonal learning process.

Thus, the IPR process involved four steps--a lecture on facilitative conditions; stimulated confrontation recall (filmed stimulus); counselor, client, and mutual recall; and individual interviews. Trainees were didactically taught the elements of effective communication by watching films of experienced counselors with clients and then discussing with a trainer the crucial elements of that interpersonal communication. During stimulated

confrontation recall, a client was videotaped while watching stimulus films which portrayed various emotions, such as anger, hostility, and seduction. An inquirer recalled with the client the feelings and thoughts which the client experienced during the original session. During the third phase, the trainees experienced IPR counselor or client recall. Following an interview with a client, an inquirer would review this videotaped interaction with either the counselor or the client. In mutual recall, the last phase of training, the inquirer would recall the videotaped interaction with the counselor and the client together.

The four IPR techniques just described were used to facilitate particular kinds of trainee learning. Trainees needed to become aware of and sensitive to the elements of effective communication; they needed to understand and become sensitive to the client's communications during the helping process. At the same time, the trainees needed to understand and become sensitive to their own feelings during a counseling session. Finally they needed to become sensitive to the bilateral nature of the counseling interaction; that is, they needed to become sensitized to the reciprocal impact of the counselor on the client and the client on the counselor. Goldberg (1967), Spivack (1970), and Grzegorek (1971) obtained data which supported the notion that the IPR process could be effectively used with counselor trainees. Research also suggested that the

Kagan model might be effective in training lay helpers but previous studies have not yet tested this contention.

This study compared the relative effectiveness of the Carkhuff and the Kagan training models when used with undergraduate paraprofessional "helpers." In this investigation, both training models were modified in the following manner. While Carkhuff usually included the five dimensions of E, R, G, C, and Ex in his five-step training process, this study focused on only two dimensions--the E and Ex scales. Therefore, the modified Carkhuff training model in this study included discrimination training using two rating scales (E and Ex), empathy training, role-playing, group feedback and discussion, and client interviews. The training program was conducted as an intensive 40-hour experience over a period of five days.

Kagan's IPR process usually included a lecture on facilitative conditions, stimulated confrontation recall, client or counselor recall, and mutual recall. This study modified the IPR process in the following ways. The CVRS was not used in the lecture on facilitative conditions. The E and Ex scales were used instead. In this way, the CVRS could be used as an unbiased criterion measure across all groups. Stimulation confrontation recall (filmed stimulus) was omitted* and tape-rating and empathy training

*This experience was included in the Spivack (1970), Grzegorek (1971), Schauble (1970), Dendy (1971), and Archer (1971) studies but was not used by Goldberg (1967).

were substituted for this phase of training. Thus the intensive modified IPR training model included a lecture on facilitative conditions in the helping process, tape-rating, empathy training, role-playing, videotaped feedback, client, counselor, and mutual recall, and interview with a client.

Thirty-five undergraduate "helpers" were randomly assigned to one of the two experimental training programs --the intensive modified IPR process (ITM-I) or the intensive modified communication skills training (ITM-II). Two comparison groups were also used in the analysis of helper behavior. The training comparison group (ETM) included 22 undergraduate resident assistants who were trained in helping behaviors over a six-month period of time. A second comparison group (PCG) included professional counselors employed by a university counseling center.

Following training, two samples of helper behavior were collected from all groups. An audiotaped interview with a student and a paper-and-pencil test of affective sensitivity were collected two weeks after training in all four treatment groups--ITM-I, ITM-II, ETM, and PCG. Eight weeks later, an audiotaped interview with a student and the test of affective sensitivity were again collected in both of the experimental treatment groups--ITM-I and ITM-II--and in the professional counselor group--PCG.

These samples were used to assess the levels of helper functioning in each of the groups used in this study.

Six criterion measures were used to evaluate the helper's interview behavior. Carkhuff's Empathic Understanding Scale (see Appendix A) was used to assess helper empathic responses to student concerns during the audio-taped interview. Kagan's Counselor Verbal Response Scale (the CVRS--see Appendix B) was used to measure the helper's ability to use affective, understanding, specific, and exploratory responses to student communications during the interview process. The composite CVRS score and the CVRS subscores--CVRS-A, CVRS-U, CVRS-E, and CVRS-S--were used in the analyses of helper interview behavior. An additional measure--Kagan's Affective Sensitivity Scale (the ASS--see Appendix C)--was used as a paper-and-pencil test of the helper's ability to judge what a client, seen in a videotaped counseling session, was feeling about himself and about his counselor.

Thus, the overall design used in this study incorporated two schemes. A posttest design was used to test the effectiveness of training on helper behavior between the four comparison groups--the intensive modified IPR training, the intensive modified communication skills paradigm, the extensive IPR training experience, and the professional counselors group. A post-delayed post test design tested the effectiveness of training between the

two experimental treatment groups--the intensive modified IPR training, the intensive modified communication skills paradigm, and the professional counselors group over a period of two months.

Hypotheses relevant to the basic questions in this study were as follows.

Hypotheses related to the between treatment groups design

- Ho₁: There will be no differences in the means of the four training models--ITM-I, ITM-II, ETM, and PCG--on the ASS, CVRS-A, CVRS-U, CVRS-E, CVRS-S, and EU variables.
- Ho₂: There will be no differences in the means of any of the dependent variables between the ITM-I and ITM-II groups.
- Ho₃: There will be no differences in the means on any of the dependent variables between the ITM-I and ETM groups.
- Ho₄: There will be no differences in the means on any of the dependent variables between the ITM-I and PCG groups.
- Ho₅: There will be no differences in the means on any of the dependent variables between the ITM-II and ETM groups.
- Ho₆: There will be no differences in the means on any of the dependent variables between the ITM-II and PCG groups.

Hypotheses related to the within treatment groups design

Ho₇: There will be no differences in the means of the treatment groups--ITM-I, ITM-II, and PCG--on the ASS, CVRS, and EU variables, collectively or individually, between the post and delayed-post testing periods.

Ho₈: There will be no interactions between treatments, measures, and testing periods.

Ho₉: There will be no interactions between treatment and test administration periods.

A multivariate analysis of variance was used to test the overall differences in group means between the two experimental training paradigms for undergraduate paraprofessional helpers (ITM-I, ITM-II) and two comparisons (ETM, PCG). The null hypothesis, that there would be no differences between treatment levels on all variables, was rejected in the multivariate case ($p < .10$). The overall alpha level was set at .10 to compensate for the risk of a Type II error--false acceptance of the hypothesis. In the univariate case, the means on the CVRS-A, CVRS-U, CVRS-E, and EU variables were shown to be significantly different ($p < .10$) across the four treatment levels. Scheffé post-hoc comparisons were used to test the differences between the four treatment levels--ITM-I, ITM-II, ETM, and PCG--on the CVRS-A, CVRS-U, CVRS-E, and EU variables. Significant differences ($p < .10$) were found between the ITM-II and ETM groups on the CVRS-A and between

the ITM-II and PCG groups on the CVRS-U and CVRS-E variables. Significant differences were not detected between the ITM-I and ITM-II groups, between the ITM-I and ETM groups, or between the ITM-I and PCG groups on all six of the variables used in this analysis. Significant differences were also not detected between the ITM-II and PCG groups on the CVRS-A and EU variables. Nor were significant differences detected between the ITM-II and ETM groups on the CVRS-U, CVRS-E, and EU variables.

A repeated measures analysis of variance was used to test the differences within and between the group means of the two experimental training groups--ITM-I, ITM-II--and one comparison group--PCG. The null hypothesis that there would be no difference in the means of the three groups on the ASS, CVRS, and EU variables--collectively or individually--across the testing periods failed to be rejected. The hypothesis testing the TAM and TA interactions also failed to be rejected. Though not hypothesized in this analysis, a treatment main effect was found ($p < .05$). Significant differences between both the experimental groups--ITM-I, ITM-II--and the professional counselors group were evidenced in the repeated measures analysis.

Discussion

This section will present conclusions drawn from the results of the statistical analyses, will discuss

possible limitations of the study and will consider the confounding variables which might have affected the outcome results.

Results of the Analysis

The comparison groups used in this study included the undergraduates trained intensively in IPR, the helpers trained intensively in a communication skills paradigm, the helpers trained extensively in IPR, and the professional counselors. The multivariate analysis and Scheffé post-hoc comparisons suggested that significant differences in helper behavior existed in the following areas. The professional counselors used significantly more understanding and exploratory responses to student concerns during an interview than did the undergraduates trained intensively in communication skills. Differences were not detected in interview behavior or levels of affective sensitivity between the undergraduates trained intensively in IPR and those helpers trained extensively in IPR. There also seemed to be no differences in interview behavior and levels of affective sensitivity between the professional counselors and those helpers trained intensively in IPR. Yet the repeated measures analysis suggested that the professional counselors functioned at higher levels of empathic understanding, affective sensitivity, and Counselor Verbal Response dimensions than either of the experimental trainee groups--those helpers trained intensively in

IPR and those trainees in the communication skills paradigm. The repeated measures results differed with the multi-variate analysis. Traditionally, caution is observed in interpreting the acceptance of null hypothesis. The probability of a Type II error--false acceptance--could occur in such "acceptance." It is considered safer to assume that statistical inference delineates the conditions of rejecting a hypothesis or of failing to reject a hypothesis rather than suggesting the acceptance of null hypothesis.

In considering the conclusions drawn from the data in this study, several issues must be considered. These include the levels of helper functioning evidenced following training, the limited samples of helper functioning in the environment, and the low rater reliability on the EU scale.

Levels of Helper Functioning Following Training

It was interesting to note that even though the trainees in ITM-I and ITM-II were taught the EU scale--the ITM-II group were especially "drilled" on this scale--the interview behaviors of these helpers still remained low. On both the post and delayed-post measures, the level of helper behavior was below level three on the EU scale. Level three was defined by Carkhuff as the minimally facilitative level of helper empathic understanding. This

raised some question concerning the use of didactic material to influence helper communicated behavior on a certain dimension, such as the dimension of helper empathic understanding. Cognitive knowledge of a dimension did not seem to guarantee communication of that dimension. In their studies, Carkhuff, Kratochvil, and Friel (1968) suggested that the discrimination of the facilitative dimensions of empathic understanding, respect, and genuineness did not directly correlate with the communication of those dimensions in an interview process.

Carkhuff (1968) claimed that paraprofessional helpers could be trained to function at minimally facilitative levels of E, R, C, and G in as few as 20 hours of training. The training program in his study was conducted over a period of several weeks. The Dendy (1971) study trained undergraduate paraprofessionals in a 38-hour program which was conducted over a period of six months. The mean helper behavior evidenced following training in the Dendy (1971) study was 2.630. These studies raised the question whether training conducted over a longer period of time might be more effective than an intensive training experience. Longer periods of training and supervision might effect greater gains in trainee behavior than would the short-term training.

Carkhuff (1968) also suggested that lay helpers could function at levels as high (never lower) than

professional counselors. Yet, in this study, the repeated measures analysis indicated that the professional counselors functioned at higher levels of affective sensitivity, empathic understanding, and CVRS dimensions than did undergraduate helpers in either of the experimental training programs. It seemed that future research was needed to define both the possible effects of long-term training versus short-term training and the efficacy of professional helper functioning on client progress as compared to paraprofessional functioning in the helper process.

The Dendy (1971) study found no significant differences in the levels of helper functioning, as measured by the ASS, CVRS, and EU, between a group of resident assistants trained extensively in the IPR process and a group of professional counselors. The undergraduate paraprofessionals in the Dendy (1971) study had been trained over a period of six months. In contrast, this study found significant differences in the levels of helper functioning between each of the experimental intensive trainee groups and a group of professional counselors. Differences in the post-training results between the Dendy study and this study might result from two factors. The total number of training hours were similar in both studies--Dendy used 38 hours, this study used 40 hours. Yet the Dendy training was conducted over a period of six months while this study conducted training

over a period of five days. The longer period of training might have allowed trainees to integrate the helper behaviors more thoroughly than did the intensive training models. Also, this study deleted the stimulation confrontation (filmed stimulus) recall experience, while the Dendy (1971) study included this technique in training. Future research might be warranted to investigate the effects of this technique on overall trainee growth in helping behaviors.

Limited Sample and Range of Helper Behavior

Only two kinds of helper behavior were collected across all groups in this study. These samples included helper responses to student concerns in a one interview situation (post and delayed-post times) and a paper-and-pencil test of affective sensitivity (post and delayed-post times). These two samples might not have shown a representative picture of the helpers' behaviors as they occurred in the environment. Several interview samples with different kinds of students might be needed to present a more accurate picture of helper behavior in the interview process. Kagan and his associates (1967) indicated that the CVRS could discriminate the differences in helper behavior in a one interview sample. Goldberg (1967) suggested that a four-minute segment was as effective as a 10- or 15-minute segment of interview behavior in

determining changes in counselor behavior. Yet examination of the raw data revealed that the range of scores between the treatment groups on the EU scale was quite narrow. The group mean raw scores on the EU scale ranged from 1.630 to 2.810 on the posttest design and from 1.620 to 2.593 on the repeated measures design. Likewise, the range of the composite CVRS transformed scores was small--from 2.270 to 5.400. These ranges of helper behavior seemed to be quite compacted.

Low Rater Reliability on the EU Scale

The low rater reliability on the EU scale appeared to present another concern in this study. It seemed that the interpretation of the EU results could be questioned. This low reliability could have caused a lack of differentiation between the treatment groups on this scale--especially in the multivariate analysis of variance. Yet, the repeated measures analysis seemed to be a sensitive enough test to be unaffected by the low rater reliability. Differences in treatment levels were detected on the EU scale in the repeated measures analysis.

Observations and Speculations

During and after the training period, the investigator observed several other factors which might have had a bearing on the results of this investigation. On the third day of training, the trainees in both experimental

treatments began to experience fatigue. Since the training procedures were collapsed into five consecutive days, trainees seemed to feel many demands on their performance during training. By the fourth and fifth day, these trainees seemed to have reached an "over-saturation" point. That is, since so many new experiences were compacted into such a short time, it might have been difficult for these trainees to integrate the kinds of learning included in the latter days of training. The cumulative effect of such massed practice in both of the intensive training models might have caused a deterioration in trainee learning. Trainees might not have had enough time to integrate the training experiences in a period of five days. If the training experiences had been spaced over a period of several weeks, trainees might have had an opportunity to introspect about their helping behaviors, to practice or to experiment with new behaviors in their everyday environment, and to consider ways in which they personally wanted to grow as helpers.

In the intensive modified communication skills groups, trainees began to request a sensitivity group experience. During the first two days of training, these "helpers" began to focus on their own and on other trainees' behaviors. While the IPR trainees seemed to be given the opportunity to introspect about their personal behaviors during IPR recall, the communication skills trainees had less direct opportunity for introspection. In the ITM-II

treatment, group feedback and discussions centered on the use of rating scales to interpret behavior. More direct methods of introspection might have included IPR recall, group counseling, or sensitivity group experience.

No training procedures were offered during fall term. This was done to partially control for the confounding variable of additional training during the post and delayed-post periods. Yet the investigator received requests for additional training from the trainees in both experimental groups. At times, trainees seemed disappointed about having to wait until winter and spring terms for these experiences. Trainees might have found that the treatment procedures started a "growth process" in helper behaviors which later became stifled or frustrated during the waiting period. During winter and spring terms of the same school year, the undergraduate "helpers" asked that the investigator return to their staff meetings to consult with them about their growth as helpers. These experiences suggested that extended supervision and consultation might be crucial in the training of lay helpers in facilitative communication.

Several investigators have defined helper behaviors which seemed to influence client growth. Kagan and his associates (1967) suggested four developmental tasks that a helper needed to learn so that he could become effective in his interpersonal communications. The helper needed to

become aware of and sensitive to the elements of effective communication. The counselor needed to understand and become sensitive to his own feelings while also attempting to understand and become sensitive to the client's communications during an interview process. Finally, the helper needed to become aware of the bilateral nature of the counseling interaction. Carkhuff and his associates (1964, 1965a, 1965b) posited that a helper needed to learn how to effectively communicate four kinds of helper conditions to the client. The counselor needed to be able to communicate at least minimally facilitative levels of empathic understanding, respect, genuineness, and concreteness to a client if constructive growth was to occur. This investigation, however, used only one dimension of helper behavior for training. Trainees and supervisors both questioned if this skill was sufficient in the helping process. They seemed to feel that empathic understanding was not enough. Many trainees expressed a need for training in additional helping behaviors, such as assertiveness, confrontation, genuineness, and self-disclosure.

Archer (1971) found that undergraduate paraprofessionals using an integrated IPR training model could train other undergraduates to have more effective interpersonal skills. The author's data indicated that with appropriate training and supervision, undergraduates could function as paraprofessional group leaders for interpersonal

skills groups. In addition to these findings, Archer found that undergraduate "helpers" could become important referral agents for students in need of long-term counseling assistance. The undergraduate paraprofessional might also become a crucial intervention source in the dormitory or college setting. While lay helpers might not be appropriate for students in need of long-term therapy, these paraprofessionals might provide short-term helpful services to the students in the dormitory and college.

Implications for Future Research

The results of this study seemed to raise several questions which could be considered in future research. A replication comparative study should be carried out using the same procedures with other samples of undergraduate helpers. Other sources of these "helpers" include resident assistants from other dormitories, student tutors, and undergraduate volunteer workers in the city's social agencies.

The efficacy of individual training of lay professionals in facilitative communication versus group training of paraprofessionals had not previously been tested in the Carkhuff model. Training in communication skills was usually conducted in small groups. Future studies might consider the effects of individual training also.

Comparative studies are still needed to investigate the functioning of professional helpers as compared to the levels of paraprofessional behavior. This need for research is emphasized by the results of this study, which questioned the Carkhuff contention that paraprofessionals functioned at levels equal to (but never less than) professional helpers.

The procedures used in this study were logically planned by the experimenter. Other investigations are needed to examine the ordering of training tasks in both the Carkhuff and Kagan models.

The influence of a high or low functioning inquirer on trainee growth seemed to warrant consideration. Pierce and Schauble (1970) described the possible influence of supervisor functioning on trainee growth. But the impact of the inquirer's level of functioning had not been investigated in the Kagan model.

Additional studies might investigate the effectiveness of a 40-hour training program conducted over a longer period of time. For instance, the efficacy of a 40-hour (two-month) training program in helping behaviors could be compared to an intensive 40-hour training program of five days (see Dendy, 1971). Other measures of helping behaviors which may be learned by trainees need to be defined, operationalized, and used as dependent variables in future studies.

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APPENDICES

APPENDIX A

THE EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES SCALE AND RATING FORM

APPENDIX A

THE EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES SCALE AND RATING FORM

Empathic Understanding in Interpersonal Processes, II

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

Examples: The first person communicates no awareness of even the most obvious, may be bored or disinterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

¹The present scale "Empathic understanding in interpersonal processes" has been derived in part from "A Scale for the measurement of accurate empathy" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax & Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Carkhuff & Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal

In summary, the first person does everything but express that he is listening, understanding or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person.

Examples: The first person may communicate some awareness of obvious surface feelings of the second person but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

Example: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

processes and represent a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made, including in particular the change to a systematic focus upon the additive, subtractive or interchangeable aspects of the levels of communication of understanding. For comparative purposes: Level 1 of the present scale is approximately equal to Stage 1 of the Truax scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3 of the earlier version; Level 3 and Stages 4 and 5; Level 4 and Stages 6 and 7; Level 5 and Stages 8 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.

The summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

Example: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings which he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below that the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part to be fully with him in his deepest moments.

Examples: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wavelength. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his most deep feelings.

RATER NO. _____

SUBJECT NO. _____

Empathic Understanding

1	2	3	4	5
				Section 1
				Section 2
				Section 3

APPENDIX B

THE IPR COUNSELOR VERBAL RESPONSE SCALE
AND RATING FORM

IPR COUNSELOR VERBAL RESPONSE SCALE

The scale was developed as a part of a project supported by a grant from the U.S. Department of Health, Education and Welfare, Office of Education, "Exploration of the Potential Value of Interpersonal Process Recall Technique (IPR) for the Study of Selected Educational Problems" (Project Nos. 7-32-0410-216 and 7-32-0410-270).

IPR COUNSELOR VERBAL RESPONSE SCALE

The Counselor Verbal Response Scale is an attempt to describe a counselor's response to client communication in terms of four dichotomized dimensions: (a) affect-cognitive; (b) understanding-nonunderstanding; (c) specific-nonspecific; (d) exploratory-nonexploratory. These dimensions have been selected because they seem to represent aspects of counselor behavior which seem to make theoretical sense and contribute to client progress.

The unit for analysis is the verbal interaction between counselor and client represented by a client statement and counselor response. A counselor response is rated on each of the four dimensions of the rating scale, with every client-counselor interaction being judged independently of preceding units. In judging an individual response the primary focus is on describing how the counselor responded to the verbal and nonverbal elements of the client's communication.

Description of Rating Dimensions

I. Affect-cognitive dimension

The affective-cognitive dimension indicates whether a counselor's response refers to any affective component of

a client's communication or concerns itself primarily with the cognitive component of that communication.

A. Affective Responses--Affective responses generally make reference to emotions, feelings, fears, etc. The judge's rating is solely by the content and/or intent of the counselor's response, regardless of whether it be reflection, clarification, interpretation. These responses attempt to maintain the focus on the affective component of a client's communication. Thus they may:

- (a) Refer directly to an explicit or implicit reference to affect (either verbal or nonverbal) on the part of the client.

Example: "It sounds like you were really angry at him."

- (b) Encourage an expression of affect on the part of the client.

Example: "How does it make you feel when your parents argue?"

- (c) Approve of an expression of affect on the part of the client.

Example: "It doesn't hurt to let your feelings out once in a while, does it?"

- (d) Presents a model for the use of affect by the client.

Example: "If somebody treated me like that I'd really be mad."

Special care must be taken in rating responses which use the word "feel." For example, in the statement "Do you feel that your student teaching experience is helping you get the idea of teaching?", the phrase "Do you feel that" really means "do you think that." Similarly the expression "How are you feeling?" is often used in a matter-of-fact, conversation manner. Thus, although the verb "to feel"

is used in both these examples, these statements do not represent responses which would be judged "affective."

B. Cognitive Responses--Cognitive responses deal primarily with the cognitive element of a client's communication. Frequently such responses seek information of a factual nature. They generally maintain the interaction on the cognitive level. Such responses may:

- (a) Refer directly to the cognitive component of the client's statement.
Example: "So then you're thinking about switching your major to chemistry?"
- (b) Seeks further information of a factual nature from the client.
Example: "What were your grades last term?"
- (c) Encourage the client to continue to respond at the cognitive level.
Example: "How did you get interested in art?"

II. Understanding-nonunderstanding dimension

The understanding-nonunderstanding dimension indicates whether a counselor's response communicates to the client that the counselor understands or is seeking to understand the client's basic communication, thereby encouraging the client to continue to gain insight into the nature of his concerns.

A. Understanding responses--Understanding responses communicate to the client that the counselor understands the client's communication--the counselor makes appropriate reference to what the client is expressing or trying to express both verbally and nonverbally--or the

counselor is clearly seeking enough information of either a cognitive or affective nature to gain such understanding. Such responses:

- (a) Directly communicate an understanding of the client's communication.

Example: "In other words, you really want to be treated like a man."

- (b) Seek further information from the client in such a way as to facilitate both the counselor's and the client's understanding of the basic problems.

Example: "What does being a man mean to you?"

- (c) Reinforce or give approval of client communications which exhibit understanding.

Example: CL: "I guess then when people criticize me, I'm afraid they'll leave me."

CO: "I see you're beginning to make some connection between your behavior and your feelings."

B. Nonunderstanding responses--Nonunderstanding

responses are those in which the counselor fails to understand the client's basic communication or makes no attempt to obtain appropriate information from the client. In essence, nonunderstanding implies misunderstanding. Such responses:

- (a) Communicate misunderstanding of the client's basic concern.

Example: CL: "When he said that, I just turned red and clenched my fists."

CO: "Some people don't say nice things."

- (b) Seek information which may be irrelevant to the client's communication.

Example: CL: "I seem to have a hard time getting along with my brothers."

CO: "Do all your brothers live at home with you?"

- (c) Squelch client understanding or move the focus to another irrelevant area.

Example: CL: "I guess I'm really afraid that other people will laugh at me."
CO: "We're the butt of other people's jokes sometimes."

Example: CL: "Sometimes I really hate my aunt."
CO: "Will things be better when you go to college?"

III. Specific-nonspecific dimension

The specific-nonspecific dimension indicates whether the counselor's response delineates the client's problems and is central to the client's communication or whether the response does not specify the client's concern. In essence, it describes whether the counselor deals with the client's communication in a general, vague, or peripheral manner, or "zeros in" on the core of the client's communication. NB: A response judged to be nonunderstanding must also be nonspecific since it would, by definition, misunderstand the client's communication and not help the client to delineate his concerns. Responses judged understanding might be either specific (core) or nonspecific (peripheral) i.e., they would be peripheral if the counselor conveys only a vague idea that a problem exists or "flirts" with the idea rather than helping the client delineate some of the dimensions of his concerns.

A. Specific responses--Specific responses focus on the core concerns being presented either explicitly or implicitly, verbally or nonverbally, by the client. Such responses:

- (a) Delineate more closely the client's basic concerns.
Example: "This vague feeling you have when you get in tense situations--is it anger or fear?"
- (b) Encourage the client to discriminate among stimuli affecting him.
Example: "Do you feel _____ in all your classes or only in some classrooms?"
- (c) Reward the client for being specific.
Example: CL: "I guess I feel this way most often with someone who reminds me of my father."
CO: "So as you put what others say in perspective, the whole world doesn't seem so bad, it's only when someone you value, like Father, doesn't pay any attention that you feel hurt."

B. Nonspecific responses--Nonspecific responses indicate that the counselor is not focusing on the basic concerns of the client or is not yet able to help the client differentiate among various stimuli. Such responses either miss the problem area completely (such responses are also nonunderstanding) or occur when the counselor is seeking to understand the client's communication and has been presented with only vague bits of information about the client's concerns. Thus such responses:

- (a) Fail to delineate the client's concern and cannot bring them into sharper focus.
Example: "It seems your problem isn't very clear--can you tell me more about it?"
- (b) Completely miss the basic concerns being presented by the client even though the counselor may ask for specific details.
Example: CL: "I've gotten all A's this year and I still feel lousy."
CO: "What were your grades before then?"

- (c) Discourage the client from bringing his concerns into sharper focus.

Example: "You and your sister argue all the time.
What do other people think of your sister?"

IV. Exploratory-Nonexploratory dimension

The exploratory-nonexploratory dimension indicates whether a counselor's response permits or encourages the client to explore his cognitive or affective concerns, or whether the response limits a client's exploration of these concerns.

A. Exploratory responses--Exploratory responses encourage and permit the client latitude and involvement in his response. They may focus on relevant aspects of the client's affective or cognitive concerns but clearly attempt to encourage further exploration by the client. Such responses are often open-ended and/or are delivered in a manner permitting the client freedom and flexibility in response. These responses:

- (a) Encourage the client to explore his own concerns.

Example: Cognitive--"You're not sure what you want to major in, is that it?"

Affective--"Maybe some of these times you're getting mad at yourself, what do you think?"

- (b) Assist the client to explore by providing him with possible alternatives designed to increase his range of responses.

Example: Cognitive--"What are some of the other alternatives that you have to history as a major?"

Affective--"In these situations do you feel angry, mad, helpless, or what?"

(c) Reward the client for exploratory behavior.

Example: Cognitive--"It seems that you've considered a number of alternatives for a major, that's good."

Affective--"So you're beginning to wonder if you always want to be treated like a man."

B. Nonexploratory responses--Nonexploratory responses either indicate no understanding of the client's basic communication, or so structure and limit the client's responses that they inhibit the exploratory process. These responses give the client little opportunity to explore, expand, or express himself freely. Such responses:

Discourage further exploration on the part of the client.

Example: Cognitive--"You want to change your major to history."

Affective--"You really resent your parents treating you like a child."

IPR COUNSELOR VERBAL RESPONSE RATING SCALE

Judge: _____

Subject: _____

Date: _____

Responses	Affective	Cognitive	Under- standing	Non- under- standing	Specific	Explora- tory	Non- Explora- tory
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
% of Re- sponses							
Total							

APPENDIX C

HELPEE SELF-EXPLORATION IN INTERPERSONAL PROCESSES SCALE

APPENDIX C

HELPEE SELF-EXPLORATION IN INTERPERSONAL PROCESSES SCALE

Helpee Self-Exploration in Interpersonal Processes, II

A Scale for Measurement¹

Level 1

The second person does not discuss personally relevant material, either because he has had no opportunity to do such or because he is actively evading the discussion even when it is introduced by the first person.

Example: The second person avoids any self-descriptions or self-exploration or direct expression of feelings that would lead him to reveal himself to the first person.

In summary, for a variety of possible reasons, the second person does not give any evidence of self-exploration.

¹The present scale "Self-exploration in interpersonal processes" has been derived in part from "The measurement of depth of intrapersonal exploration" (Truax, 1963) which has been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff & Truax, 1965, 1965a, 1965b; Rogers, 1962; Truax, 1963; Truax & Carkhuff, 1963, 1964, 1965). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy (Blau, 1953; Braaten, 1958; Peres, 1947; Seeman, 1949; Steele, 1948; Wolfson, 1949).

The present scale represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and

Level 2

The second person responds with discussion to the introduction of personally relevant material by the first person but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The second person simply discusses the material without exploring the significance or meaning of the material or attempting further exploration of that feeling in our effort to uncover related feelings or material.

In summary, the second person responds mechanically and remotely to the introduction of personally relevant material by the first person.

Level 3

The second person voluntarily introduces discussions of personally relevant material but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The emotional remoteness and mechanical manner of the discussion give the discussion a quality of being rehearsed.

In summary, the second person introduces personally relevant material but does so without spontaneity or emotional proximity and without an inward probing to newly discover feelings and experiences.

Level 4

The second person voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity.

Example: The voice quality and other characteristics of the second person are very much "with" the feelings and other personal materials which are being verbalized.

additions have been made. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the earlier scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3; Level 3 and Stages 4 and 5; Level 4 and Stage 6; Level 5 and Stages 7, 8, and 9.

In summary, the second person introduces personally relevant discussions with spontaneity and emotional proximity but without a distinct tendency toward inward probing to newly discover feelings and experiences.

Level 5

The second person actively and spontaneously engages in an inward probing to newly discover feelings and experiences about himself and his world.

Example: The second person is searching to discover new feelings concerning himself and his world even though at the moment he may be doing so, perhaps, fearfully and tentatively.

In summary, the second person is fully and actively focusing upon himself and exploring himself and his world.

APPENDIX D

ROLE AND FUNCTION OF THE INQUIRER

APPENDIX D

ROLE AND FUNCTION OF THE INQUIRER

Ideally, the recaller should remain as neutral as possible, and avoids forming a new relationship with the person being interrogated. His function is to help the person discover for himself some of his feelings and thoughts which interfered with effective communication. Often the recaller will gain insight before the person being interrogated but the recaller should lead the person to discover for himself what was happening. In effect, the recaller should avoid telling the person what was happening. He should avoid making judgments and interpreting for the other person. He should gently probe and push for more material with a direct line of questioning with only occasional use of reflective statements. It takes time for the person to gain insight so the recaller should be wary of a need to get the job done quickly.

The recaller should focus on the feelings of the person being interrogated--i.e., the feelings the person was having about himself and the other person during the videotaped interaction.

A suggested line of questioning might be the following:

1. What do you think he was trying to say?
2. What do you think he was feeling at this point?
3. Can you pick up any clues from his nonverbal behavior?
4. What was running through your mind when he said that?
5. Can you recall some of the feelings you were having then?
6. Was there anything that prevented you from sharing some of your feelings and concerns about the person?
7. If you had another chance would you like to have said something different?
8. What kind of a risk would there have been if you said what you really wanted to say?

9. What kind of a person do you want him to see you as?
10. What do you think his perceptions are of you?

The recaller should encourage the person being interrogated to stop the machine as often as he wants. He should also reinforce the person as much as possible--i.e., just before starting the machine again, say, "you're doing good--stop the machine whenever you recall some of the feelings you were having."

Suggested Rotation for the 3 Roles

	Speaker	Helper	Recaller
Trainee	1	2	4
	2	3	5
	3	4	6
	4	5	1
	5	6	2
	6	1	3

Each videotaped interaction, recall session, and group discussion will take approximately 30 min. In a 3-hour period everyone will have one turn at each of the 3 roles.

APPENDIX E

TRAINER'S MANUAL--ITM-I
TRAINING PROCEDURES

APPENDIX E

TRAINER'S MANUAL--ITM-I

TRAINING PROCEDURES

Kathy Scharf
Tom Spierling
Bob Dendy

Trainer's Manual--Facilitative Conditions and IPR

Day 1--Monday, September 14, 1970

Time: 1-2:30 P.M.

I. Discrimination of Client (Speaker)
Self-Exploration in Interpersonal Processes--II (Ex)

Purpose: Introduce basic concepts of the Ex scale and
discrimination of the five levels of Ex.

- A. Trainees will work in groups of six with a trainer
- B. Trainees practice discriminating client (speaker)
self-exploration by rating speaker statements from
an audio-taped protocol (Part I). Rate each
client (speaker) statement at one of the five
levels of speaker self-exploration.

Refer to: "Client Self-Exploration in Interpersonal
Processes--II"--Carkhuff (Appendix I of this
manual)

Time: 3-5:00 P.M.

II. Discrimination of Counselor (Listener)
Empathetic Understanding in Interpersonal Processes--II
(E)

Purpose: Introduce basic concepts of the E scale and discrimination of the five levels of E.

- A. Trainees will work in groups of six with a trainer.
- B. Trainees rate audiotaped responses to client statements (Part II of the audiotaped protocol). Discuss each rating focusing on the elements of the response that make it a level 1, 2, 3, 4, or 5 response. (The audiotaped protocol includes a client statement with four (4) counselor responses to that statement).

Refer to: "Empathic Understanding in Interpersonal Processes--II"--Carkhuff (Appendix II in this manual)

Day 2--Tuesday, September 15, 1970

Time: 9-10 A.M.

III. Empathy training

Purpose: Teach trainees to formulate their own responses in terms of speaker feeling and content of speaker statement.

- A. Trainees will work in groups of six with a trainer.
- B. Trainees practice responding to audiotaped client statements with empathic understanding. Avoid asking questions such as, "Well, how does that make you feel?" or "You're pretty upset, aren't you?"

As a minimum, try to repeat or reflect what the other person said using positive statements.

1. First statement on audiotaped protocol (Part III): Write a response. Try to make the response a positive, reflective statement rather than a question. Trainer will give an average group rating rather than individual ratings. Group discusses the responses.

If necessary, rewrite responses in an effort to move closer to level 3, 4, and 5. (Play back speaker if necessary.)

2. Second and Third Statements:
Write response--same procedure as #1
3. Fourth statement: Respond verbally without writing first.

Time: 10:30-Noon

V. Mini-Practicum--Part I

Purpose: To model exercises which will be included in the practicum.

A. Model training exercise

1. Two trainee volunteers needed--one the speaker, one the listener.
2. Trainees interact and videotape the interaction (ten minutes). Instructions to the trainee-listener (counselor)--"Relate to the person you will be seeing as you would ordinarily do in order to be helpful to him." Instructions to the trainee-speaker (client)--"All of us either in the present or during the past year have had a number of experiences which have been very difficult for us. If you feel the person whom you will be seeing is helpful, please feel free to discuss these experiences."

B. Inquirer training--trainer models the inquirer role--interrogate the listener (20 minutes).

Role of the Recaller-Inquirer

The recaller should be as neutral as possible. He is to help the person discover for himself some of the feelings and thoughts which may have interfered with effective communication. The recaller should avoid forming a new relationship with the person being interrogated and instead focus upon the videotaped interaction. Often the recaller will gain insight before the person being interrogated but the recaller should lead the person to discover for himself what was happening. That is, the recaller should avoid making judgments and interpreting to the other person. He should avoid telling the other person what (in his perception) was happening. He, instead, should gently probe and push for more material with a direct line of questioning with only an occasional use of reflective statements. The recaller should let the person being interrogated take the time he needs to gain insight.

The recaller should focus on the feelings of the person being interrogated--i.e., the feelings the person was having about himself and the other person during the videotaped interaction.

A suggested line of questioning might be the following:

- A. What do you think he was trying to say?
- B. What do you think he was feeling at this point?
- C. Can you pick up any clues from his non-verbal behavior?
- D. What was running through your mind when he said that?
- E. Can you recall the feelings you were having then?
- F. Was there anything that prevented you from sharing some of your feelings and concerns about the person?
- G. If you had another chance would you like to have said something different?
- H. What kind of a risk would there have been if you said what you really wanted to say?
- I. What kind of a person do you want him to see you as?
- J. What do you think his perceptions are of you?

The recaller should encourage the person being interrogated to stop the machine as often as he wants. He should also reinforce the person as much as possible--i.e., just before starting the machine again, say, "You're doing good--stop the machine whenever you recall some of the feelings you were having."

Time: 1-3 P.M.

V. Mini-Practicum--Part II

Purpose: To provide trainees with experience as a helper and with feedback about their own facilitative behaviors.

- A. Trainees divide into groups of three (1-the listener, 1-the speaker, 1-the inquirer).
- B. Interaction exercise
 - 1. First speaker and listener interact for 10 minutes. (Instructions to speaker and listener the same as outlined previously). Videotape the interaction. Rest of the group observe.

2. Trainee-inquirer conduct the recall session with the listener (20-30 minutes). (Trainer supervise that the role of the interrogator stays neutral.) Review inquirer role if necessary.
3. Trainer and trainees discuss complete session with the speaker, listener, and interrogator.

C. Repeat B#1-3 for second group of three trainees.

Time: 3:30-5:00 P.M.

V. Mini-Practicum (cont.)

- A. Trainees divide into new groups of three (new roles and new pairs, i.e., speakers choose either listener or interrogator role; listeners choose either interrogator or speaker role, etc.)
- B. Interaction exercise
 1. Speaker and listener interact for 10 minutes. Videotape the interaction.
 2. Trainee interrogator conduct recall session of the speaker. Rest of group observes.
 3. Trainer and trainees discuss the complete session with the speaker, listener and interrogator.

C. If time allows, repeat for pair 2.

Day 3--Wednesday, September 17, 1970

Same schedule as Tuesday.

Day 4--Thursday, September 18, 1970

Time: 9-10:30 11-Noon

V. Mini-Practicum--Part III

Purpose: To provide trainees with experience similar to their future job experience and feedback about their own facilitative behaviors

A. Interviews with a coached client

1. Trainees divide into groups of two (one the listener, one the inquirer).

2. Trainee A conducts a 10-minute interview with a coached client. Interview is videotaped. (Instructions to the speaker and listener are the same as previously outlined.) Group observes.
3. Trainee B conducts recall session with both the speaker and the listener simultaneously (IPR Mutual Recall)--20 minutes.
4. Trainer and observer discuss the complete session with the speaker, listener, and inquirer.

B. Repeat A#1-4 for trainees 3 and 4.

C. Repeat A #1-4 for trainees 5 and 6.

Time: 1-2:30 P.M. 3-4:30 P.M.

Mini-Practicum (cont.)

- D. 1. Trainees form new pairs (reverse roles, i.e., inquirer becomes speaker, speaker is inquirer).
2. Repeat A#2-4 for new trainee pair 1.
3. Repeat A#2-4 for all trainee pairs.

Day 5--Friday, September 18, 1970

Same procedure as Thursday.

APPENDIX F

TRAINER'S MANUAL ITM-II
TRAINING PROCEDURES

APPENDIX F
TRAINER'S MANUAL ITM-II
TRAINING PROCEDURES

Kathy Scharf
Tom Spierling
Robert Dendy

Trainer's Manual--Facilitative Conditions

Day 1--Monday, September 14, 1970

Time: 1-2:30 P.M.

I. Discrimination of Client (Speaker) Self-Exploration
in Interpersonal Processes-II (Ex)

Purpose: Introduce basic concepts of the Ex scale and
discrimination of the five levels of Ex.

- A. Trainees will work in groups of six with a trainer.
- B. Trainees practice discriminating client (speaker)
self-exploration by rating speaker statements from
audio-taped protocol (Part I). Rate each client
(speaker) statement at one of the five levels of
speaker self-exploration.

Refer to: "Client Self-Exploration in Inter-
personal Processes--II"--Carkhuff
(Appendix I of this manual).

Time: 3-5:00 P.M.

II. Discrimination of Counselor (Listener) Empathic Under-
standing in Interpersonal Processes--II (E)

Purpose: Introduce basic concepts of the E scale and
discrimination of the five levels of E.

- A. Trainees will work in groups of six with a trainer.
- B. Trainees rate audiotaped responses to client statements (Part II of audiotaped protocol). Discuss each rating focusing on the elements of the response that make it a level 1, 2, 3, 4, or 5 response. (The audiotaped protocol includes a client statement with four (4) counselor responses to that statement.)

Refer to: "Empathic Understanding in Interpersonal Processes--II"--Carkhuff (Appendix II in this manual)

Day 2, Tuesday, September 15, 1970

Time: 9-10:00 A.M.

III. Empathy training

Purpose: Teach trainees to formulate their own responses in terms of speaker feeling and content of speaker statement.

- A. Trainees will work in groups of six with a trainer.
- B. Trainees practice responding to audiotaped client statements with empathic understanding. Avoid asking questions such as "Well, how does that make you feel?" or "You're pretty upset, aren't you?" As a minimum, try to repeat or reflect what the other person said using positive statements.
 1. First statement: Write a response. Try to make the response a positive, reflective statement rather than a question. Trainee will give an average group rating rather than individual ratings. Group discusses the responses.

If necessary, rewrite responses in an effort to move closer to level 3, 4, and 5. (Play back speaker if necessary.)
 2. Second and Third Statement: Write response--same procedures #1.
 3. Fourth + statements: Respond verbally without writing first.

Time: 10:30-Noon

IV. Introduction to Mini-Practicum

Purpose: Model training exercises which will be included in the practicum.

- A. Two trainee volunteers are needed--one the speaker and the other the listener.

- 1. Trainees interact and audiotape the 10-minute interaction. (Counselor)--"Relate to the person you will be seeing as you would ordinarily do in order to be helpful to him."

Instructions to the trainee-speaker (client)--
"All of us either in the present or during the past year have had a number of experiences which have been very difficult for us. If you feel the person whom you will be seeing is helpful, please feel free to discuss these experiences."

- B. Model feedback session

- 1. Trainee group (observers, speaker listener) rate audiotaped interaction. Listen to three three-minute interactions and rate each segment. Use E scale to rate speaker behavior.
- 2. Trainer and trainees discuss ratings with the speaker and listener.

Time: 1-3:00 P.M.

V. Mini-Practicum (cont.)

Purpose: To provide trainees with experience in facilitative conditions. To provide trainees with feedback about their own facilitative behaviors.

- A. Trainees divide into groups of two (1-the speaker, 1-the listener)

- B. Pair 1--Interaction

- 1. First speaker-listener pair interact for 10 minutes. (Instructions to the speaker and the listener are the same as Tuesday A.M.) Audio-record the interaction. The rest of the group observe.

2. Trainee group (speaker, listener, and observers) rate the audiotaped interactions (three three-minute segments using the E scale for the listener and the Ex scale for the speaker).
3. Trainer and trainees discuss ratings with the speaker and listener.

C. Repeat B#1-3 for pair 2.

D. Repeat B#1-3 for pair 3.

Time: 3:30-5:00 P.M.

V. Mini-Practicum (con't.)

Purpose: To provide trainees with experience in facilitative conditions and to provide trainees with feedback about their own facilitative behaviors.

A. Trainees divide into new groups of two (new roles and new pairs, i.e., speakers take listeners' role; listeners take speakers' role; new pairing of speaker and listener).

B. Pair 1

1. Speaker and listener interact for 10 minutes. Audiorecord the interaction.
2. Group rates the interaction (three three-minute segments) using the E scale for the listener and the Ex scale for the speaker.
3. Group discusses the ratings with the speaker and listener.

Day 3, Wednesday, September 16, 1970

V. Mini-Practicum

Same schedule as Tuesday

Day 4, Thursday, September 17, 1970

Time: 9-10:30, 11:00-Noon

V. Mini-Practicum--Part III

Purpose: To provide trainees with experiences somewhat similar to their future job experience. To provide feedback about trainee facilitative behaviors.

A. Interviews with a coached client.

1. Trainee 1 conducts a 15-minute interview with a coached client. Interview is audiotaped. (Instructions to speaker and listener the same as outlined on Tuesday.) Trainee Group observes.
2. Observers, listener, speaker rate five three-minute segments of the interview using the E scale for the listener and the Ex scale for the speaker.
3. Trainer and trainees discuss the ratings with the speaker and the listener.

B. Repeat A#1-3 for trainee 2.

C. Repeat A#1-3 for trainee 3.

Time: 1-2:30 3-4:30 P.M.

V. Mini-Practicum (con't.)

D. Repeat A#1-3 for trainee 4.

E. Repeat A#1-3 for trainee 5.

F. Repeat A#1-3 for trainee 6.

Day 5, Friday, September 18, 1970

V. Mini-Practicum

Same schedule as Thursday.

APPENDIX G

MEMO TO PROFESSIONAL COUNSELORS

APPENDIX G

MEMO TO PROFESSIONAL COUNSELORS

November 30, 1970

TO: All Senior Staff and Interns
FROM: Kathy Scharf and Bob Dendy
RE: Dissertation Desiderata and Data

We need volunteers to:

- a. Conduct 2 half-hour interviews with a student provided by us. One interview will take place during the week of Dec. 7-11 (finals week) and the other during the week of Jan. 4-8.
- b. Take the Kagan Affective Sensitivity Scale during the same weeks. The scale takes approximately 1 hour.

Please return this form to either of our mail boxes by Friday, December 4th if you would like to help us out.

1. Available for interview

	M	T	W	TH	F
Time 1					
Time 2					
Time 3					

2. Available for test

	M	T	W	TH	F
Time 1					
Time 2					
Time 3					

Name _____

APPENDIX H

RELIABILITY RAW DATA

Table H.1
Reliability Raw Data

Tape Number	Rater 1		Rater 2		Rater 3		$\bar{X}$ for Tape	
	CVRS	EU	CVRS	EU	CVRS	EU	CVRS	EU
1	43.00	1.83	23.00	1.83	31.00	2.33	32.333	1.997
2	51.00	2.17	35.00	2.00	44.00	2.50	43.33	32.223
3	20.00	1.50	24.00	1.67	32.00	1.50	25.333	1.557
4	37.00	2.00	30.00	1.67	17.00	1.33	28.00	1.667
5	22.00	1.50	5.00	1.00	11.00	1.50	12.667	1.333
6	53.00	2.00	29.00	1.83	36.00	2.33	39.333	2.053
7	60.00	2.17	51.00	2.00	56.00	3.17	56.000	2.447
8	56.00	2.50	30.00	2.00	28.00	2.00	38.000	2.167
9	59.00	2.67	32.00	1.67	52.00	2.67	47.667	2.337
10	48.00	2.00	20.00	1.50	33.00	2.17	33.667	1.890
11	40.00	1.83	20.00	1.17	33.00	2.50	31.000	1.833
12	34.00	1.67	11.00	1.33	15.00	1.33	20.000	1.443
$\bar{X}$ for rater across tapes	45.583	1.987	25.917	1.639	32.333	2.111	Grand Mean 33.944	1.912

APPENDIX I

THE AFFECTIVE SENSITIVITY SCALE

APPENDIX I

THE AFFECTIVE SENSITIVITY SCALE

Instructions

You will be viewing short scenes of actual counseling sessions. You are to identify what feelings the clients have toward themselves and toward the counselors they are working with.

Although in any one scene a client may exhibit a variety of feelings, for the purpose of this instrument you are to concentrate on identifying his last feelings in the scene.

On the following pages are multiple choice items consisting of three responses each. Most scenes have two items, but a few have one or three items. After you view each scene, you are to read the items and ask yourself the following question:

If the client were to view this same scene, and if he were completely open and honest with himself (i.e., if he could identify his real feelings) which of these three responses would he use to describe his feelings?

After you decide which response accurately describes what the client is actually feeling either about himself or the counselor he is with, indicate your choice on the answer sheet.

Here is a sample item:

CLIENT I
Scene 1

Item 1

1. This exploring of my feelings is good. It makes me feel good.

2. I feel very sad and unhappy.
3. I'm groping and confused; I can't bring it all together.

After you had viewed Scene 1 for CLIENT I, you would read these three statements (Item 1) and would then decide which one best states what the client would say about his own feelings after viewing the same scene. For example, if you decide number two best states what the client is feeling, you would then find the number 1 on your answer sheet and darken in the space for number two.

1. 1 ==== 2 **=====** 3 ==== 4 ==== 5 =====

We will only make use of the first three answer spaces following each item on your answer sheet.

Remember you are to concentrate on the latter part of each scene in determining the most accurate description of the client's feelings.

After you view the appropriate scenes, you will have 30 seconds to answer each of the first twelve items. For each of the remaining items, you will be allowed 20 seconds.

CAUTION: The item numbers on your answer sheet go across the page, not down the page as you would usually expect!

AFFECTIVE SENSITIVITY SCALE REVISED FORM B

CLIENT I
Scene 1

Item 1

1. I feel sorry for my husband and the relationship we have.
2. I don't really understand what I feel. Yet, I do feel guilty about creating pain in others which returns to me.
3. I feel pleased at seeing a possible relationship between my feelings of anger and pain.

Item 2

1. He (counselor) doesn't have to like me. I just want him to agree with me and tell me I'm right.
2. I'm trying to please you. Do you like me?
3. He's really understanding me now.

CLIENT I

Scene 2

Item 3

1. I feel calm and collected. I just want to think for a while.
2. Yes, that is when I get angry. I see it all clearly now.
3. I feel anxious and stimulated.

Item 4

1. I'll pretend I'm agreeing with him (counselor), but I don't see the connection at all.
2. I like what he's doing. I don't feel as uncomfortable now.
3. I wish he would stop pushing me in this direction.

CLIENT II

Scene 1

Item 5

1. I'm pleased, happy; I feel good all over!
2. It was brought right back, that amazes me, but it hits quite bad too. It hurts!
3. I'm not bothered by this. I can handle it. I'm confident.

Item 6

1. He's (counselor) caught me; careful, I'm not sure I want that.
2. I like him. He's trying to make the situation a little lighter and made me feel better about it.
3. I don't feel he understands. He's sarcastic. I don't like that.

CLIENT II

Scene 2

Item 7

1. I feel a little uneasy and self-conscious, but not much.
2. This scares me. I feel frightened!
3. I feel flirtatious. I like this!

Item 8

1. I feel a little bit embarrassed, but that's all right as long as I can keep my composure.
2. I have a feeling of sadness.
3. I feel flustered and embarrassed.

Item 9

1. He's asking for some touchy material, but that's all right. It's about time he knew.
2. He's being very frank and open! I'm not sure I want that.
3. I want him to leave me alone--I want out of here. I don't like this.

CLIENT II

Scene 3

Item 10

1. I'm getting so much attention. I really enjoy this. It makes me feel good.
2. I'm scared by what I'm feeling. I feel embarrassed and threatened.
3. I have the feeling that what I wanted was wrong, and I'm a little ashamed of myself.

Item 11

1. This is good. We're really moving into my feelings.
2. He's too perceptive; he's looking right through me.
3. He's getting a little sticky; I'm not sure I like that.

CLIENT III

Scene 1

Item 12

1. I feel protective and defensive of what people may think about my family.
2. All this seems so pointless! I'm puzzled and bored.
3. We're having a nice conversation. Some of these things really make me think.

Item 13

1. This guy (counselor) embarrasses me with the questions he asks.
2. The questions he asks really make me think. I'm not sure I like that.
3. I can't follow this guy's line of thought. What's he trying to do?

CLIENT IV
Scene 1

Item 14

1. I'm concerned about my physical condition. I'm worried about it.
2. I want pity. I want her to think "Oh, you poor boy."
3. I feel good--nothing's bothering me, but I enjoy talking.

Item 15

1. She's too young to be counseling, and she's a girl. I'm not sure I like this.
2. She likes me; I know she does.
3. I'd like her to think I'm great.

CLIENT IV
Scene 2

Item 16

1. I'm a little annoyed with my family's ambitions for me.
2. That's a hell of a lot to ask! It makes me mad!
3. I feel sorry for myself, and I want others to feel the same.

Item 17

1. She (counselor) really understands me! She's with me now.
2. I don't feel much either way towards the counselor; she's not important to me.
3. I wonder if she appreciates the pressure that's put on me?

CLIENT IV
Scene 3

Item 18

1. This whole thing just makes me feel sad and unhappy.
2. It kind of angers me that they don't appreciate me when I feel I did my best. I wish I could tell them off.
3. No matter how well I do, I'm always criticized. It doesn't bother me too much though because I know that I did my best.

Item 19

1. I can tell she understands what I'm saying. She's really with me.
2. I wish I could get out of here; I don't like her.
3. Understand what I'm saying; I want her to know how I feel.

CLIENT IV
Scene 4

Item 20

1. I really want to be successful, and somehow I know that I can be.
2. That makes me feel kind of sad, unhappy. I don't want to believe that it's true--I want to be good.
3. I don't know what I feel here. It's all very confusing.

Item 21

1. I feel neutral towards her here. I'm not paying any attention to her.
2. Please feel sorry for me and try to help me. I wish she would praise me.
3. I like talking to her. She can be trusted even to the point of telling her how I really feel about myself.

CLIENT V
Scene 1

Item 22

1. I feel rejected and empty inside. Am I unloveable?
2. I feel a little lonely. I want my boy friend to pay a little more attention to me.
3. I really don't feel much here; I'm just kind of talking to fill up space.

Item 23

1. Please say it isn't fair, Mr. Counselor.
2. He really understands me. I can tell him anything.
3. I'm not sure I care what he says. It's kind of unimportant to me what he feels about me at this time.

CLIENT V
Scene 2

Item 24

1. I'm afraid of marriage--insecure; it might not work out, and I'd be lost.
2. I really can give him all the affection he needs, I feel I'm a worthwhile person to be desired. He wouldn't dare step out on me.
3. I'm really not too worried; it'd all work out in the end even if we have to go to a marriage counselor.

Item 25

1. I don't care if he (counselor) can help me or not. I'm not sure I want his help.
2. He's so sympathetic. That makes me feel good.
3. Can you help me?

CLIENT V
Scene 3

Item 26

1. I feel I have some need to be liked, but it's not real strong.
2. I'm not loveable; I don't really like myself.
3. I'm a good person; I'm loveable. Down deep I know I am.

Item 27

1. I feel dejected, kind of insecure. I want to be likeable!
2. My main concern is that it's hard for me to take criticism. I usually think of myself as perfect.
3. I feel a little sad about all this; I do kind of want people to like me.

Item 28

1. He thinks well of me; I know he does, I can tell.
2. I want the counselor to really like me, but I'm not sure he does.
3. I like it when he asks questions like that. They make me really think about deeper things.

CLIENT V
Scene 4

Item 29

1. I wouldn't want to be treated like he treats Mother, but I don't mind him (stepfather) too much.
2. I feel very little emotion about anything at this point.
3. I hate him (stepfather)!

Item 30

1. Boy, I'm happy that he (counselor) agrees with me. He sympathizes with me. I feel completely accepted.
2. I'm embarrassed to tell the counselor how strong my feelings really are.
3. I'm not sure he'll be able to help me much after all. I'll just have to work this out by myself.

CLIENT V
Scene 5

Item 31

1. I'm kind of feeling sorry for myself, but I'm not really too worried.
2. I want to move out of the house as soon as possible. I feel I would be better off on my own.
3. My own parents don't want me; I feel cut off and hurt.

Item 32

1. I don't feel he's (counselor) helpful at all, and if he can't help me and see my side, I'm not going to like him either.
2. He's got me in a spot, but I feel I can still get him to see me as a good girl who is persecuted.
3. I wish the counselor were my father. He's listening; he understands how I feel.

CLIENT VI
Scene 1

Item 33

1. Disapprove! She'd kill me!
2. I feel jovial; this is real interesting.
3. I'm not sure how she would feel but the whole idea of her finding out excites me.

Item 34

1. He (counselor) understands me completely. He certainly is relaxed and comfortable.
2. I really don't care what he feels about me. I just want someone to talk to--anyone will do.
3. I was wondering how he would feel about me and what I'm saying.

CLIENT VI
Scene 2

Item 35

1. I think my brother is O.K. We have fun together.
2. I don't know what I'm saying here. I'm a little mixed up and confused.
3. I'm saying something that's important to me. I like Doug.

CLIENT VI
Scene 3

Item 36

1. This is very confusing for me. I'm not sure I understand what is going on.
2. This is how I really feel, I'm kind of starting to be myself.
3. I'm just talking to be talking here; this really doesn't mean much to me.

Item 37

1. I guess he's (counselor) all right, but I'm still not sure he understands me.
2. Let's get going. I'm impatient! I want to move to more important matters.
3. I feel comfortable with him. He understands me.

CLIENT VI
Scene 4

Item 38

1. I love my brother, but not romantically. We just have a good brother-sister relationship.
2. I don't know about feeling this way about Doug; it feels so good, but it concerns me too.
3. I feel better about my relationship with Doug now. It helps to get it out in the open. Now I feel it's all right.

CLIENT VI
Scene 5

Item 39

1. I'm not feeling much of anything here. I'm just kind of talking to be talking.
2. I'm mad at everyone at this point and don't know which way to turn; I guess I'm mad at myself too.
3. Now I'm talking about things that are real. I'm not on stage anymore. She is a louse!

Item 40

1. He (counselor) feels she's a bad person too. I can tell; he agrees with me.
2. Don't you agree with me? I want to know what you think.
3. He thinks this all sounds petty. He doesn't understand.

CLIENT VII
Scene 1

Item 41

1. I felt angry with my mother, but this made me feel guilty. I needed to make an excuse for her.
2. I'm really not angry with mother. It's not her fault.
3. I'm in a very passive mood. I'm just relaxing and talking about things that interest me.

Item 42

1. This counselor is all right. I feel I can confide in him.
2. I feel uncomfortable. I'm not sure what this counselor wants me to do.
3. I feel he wants me to talk about myself, but I don't care. I'm going to talk about what I want to talk about.

CLIENT VII
Scene 2

Item 43

1. I'm very sensitive; I'm very easily hurt.
2. I'm somewhat sensitive and easily hurt, but not deeply so.
3. I'm not sensitive or easily hurt at all. I just like to make people think I am.

Item 44

1. That makes me mad, I can do it--I know I can, but things just keep getting in my way.
2. It's really all his fault, if he just wouldn't have been such a joker.
3. This makes me feel guilty; I need to blame someone else instead of blaming myself.

Item 45

1. I'm neutral towards the counselor. I don't care what he feels about me.
2. I'm afraid he doesn't like me and what I'm saying about myself. I don't want him to be harsh with me.
3. He's easy to talk to. He understands what I'm like, and he still likes me. I can confide in him.

CLIENT VIII

Scene 1

Item 46

1. Say, this is all right. I like this.
2. I'm not feeling anything deeply. I know what I need!
3. It's embarrassing and difficult. I feel a little annoyed.

Item 47

1. I feel I can rely on this guy, so I'll let him talk and I'll just answer his questions.
2. I wonder what you think about this--please respond. Give me some help!
3. The counselor is a good guy. I like his questions; they make it easier for me.

CLIENT VIII

Scene 2

Item 48

1. I feel very unhappy about what I may eventually have to do.
2. I don't know what I feel; I'm confused about what I feel.
3. I'm damned uncomfortable; it's so confusing. I feel kind of 'blah' about it all.

Item 49

1. He's (counselor) missing the point. He bugs me.
2. I can't really tell about this guy. I don't know how I feel about him.
3. He seems like a good guy. He asks nice questions. I like him.

CLIENT IX
Scene 1

Item 50

1. I'm not sure how I feel about this counselor. I don't feel one way or the other about him.
2. I like the counselor very much--he makes me feel good.
3. He understands me pretty well and is trying to help. I guess I kind of like him.

CLIENT IX
Scene 2

Item 51

1. Goody, goody people don't really know any better, so I can't be too disgusted with them, but it does make me angry.
2. I don't really mind people feeling superior to me. It just makes me a little angry.
3. It tears me up inside when people think they're better than I am. I want people to be the same as me.

Item 52

1. I'm every bit as good as they are. I really feel I am. I know I am.
2. I kind of wished they liked me, but I can live without being a member of their group.
3. Those smart kids make me feel stupid.

Item 53

1. I feel sorry for them; they just don't realize what they're doing to people like me.
2. I feel I'm not as good as they are, and it really hurts when people act that way.
3. It makes me a little angry. I'm every bit as good as they are.

CLIENT IX
Scene 3

Item 54

1. I feel a little insignificant, and this makes me a little unhappy.
2. I'm a nobody. I'm always left out.
3. I'm unhappy with school. That's what is really bothering me.

Item 55

1. He (counselor) doesn't quite understand, but I don't care. It doesn't matter.
2. I don't feel one way or the other towards this counselor, we're just having a nice talk.
3. He (counselor) is really listening to me, and I feel he understands what I'm feeling.

CLIENT X
Scene 1

Item 56

1. I'm feeling scared, concerned. Is this for me?
2. I just feel uncertain about what to talk about. If I once get started, I'll be all right.
3. I feel very deeply depressed.

Item 57

1. He (counselor) seems to be listening--can he understand how I feel?
2. He's really with me. I can tell he understands me.
3. He doesn't keep things moving enough. I don't like that.

CLIENT X
Scene 2

Item 58

1. I'd like to think I could make it, but I'm not sure. I feel inadequate.
2. I just have an I-don't-care feeling; that's my real attitude towards all of this.
3. I'm confused here. I really don't have any definite feelings.

Item 59

1. I want to impress the counselor. I want him to believe I can do it.
2. He believes me; he thinks I can do it; I can tell.
3. I really don't care what the counselor thinks. It's not important to me.

CLIENT X
Scene 3

Item 60

1. What's the use of looking ahead? I'm scared to think about it.
2. I can accept my situation. Really, things aren't so bad. Things may bother me a little, but really not much.
3. I enjoy just living for today.

Item 61

1. He's (counselor) all right. He really understands me.
2. Nobody can really understand this. I don't think he will be any different.
3. I don't care what he thinks or feels; he's not important to me anyway.

CLIENT X
Scene 4

Item 62

1. I feel somewhat unhappy. I don't like to feel this way.
2. There's something about me; I just don't fit in, and that makes me feel real inadequate.
3. In some instances, I'm unsure of myself. I'm afraid I'll do the wrong thing, but I can handle this just by avoiding these situations.

CLIENT XI
Scene 1

Item 63

1. I'm unhappy about all this, but I'm afraid to make a change.
2. It's not that I don't like school, it's just that I want to do the things I like most.
3. I'm not the student type. School bores me, but it embarrasses me when I say it.

Item 64

1. The counselor is a nice guy. I like him, and I think he likes me.
2. I wonder what the counselor thinks of me. He'll probably think less of me for saying this.
3. I don't care what he thinks of me. It doesn't really matter to me.

CLIENT XI
Scene 2

Item 65

1. I've found some new dimensions. I like to feel that I can have some excitement, but this kind of scares me too.
2. This doesn't really mean much. I'm not feeling much of anything.
3. This makes me feel very guilty; I'm very ashamed.

Item 66

1. I suppose he'll (counselor) tell me that's wrong, too. I'm not sure he understands me very well.
2. He's O.K.; he's listening to what I have to say. He really understands me and my feelings.
3. I don't care what he thinks or feels; it's not important. I don't have any feelings towards the counselor.

CLIENT XI
Scene 3

Item 67

1. He's really with me; he understands just how I'm feeling.
2. I'm not concerned about what he feels or thinks about me. It doesn't matter to me one way or the other.
3. I'm afraid of what he'll think or feel about what I'm saying.

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