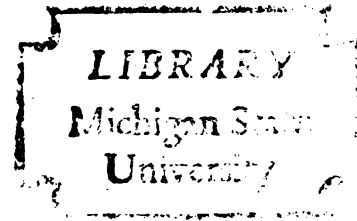


THE EFFECT OF SELF AND IN VIVO
DESENSITIZATION ON COUNSELOR
TRAINEE ANXIETY AND PERFORMANCE

Thesis for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
THOMAS V. MILLER
1970



This is to certify that the

thesis entitled

THE EFFECT OF
SELF AND IN VIVO DESENSITIZATION
ON COUNSELOR TRAINEE ANXIETY AND PERFORMANCE

presented by

Thomas V. Miller

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Counseling, Personnel
Services & Educational Psychology

Bob B. Winborn

Date August 3, 1970

JUL 3 1972

JUL 1 1972

JUL 14 1973

NOV 1 1973

DEC 1 1973

JUL 20 1974

EX-108

63

A301

288

202

ABSTRACT

THE EFFECT OF SELF AND IN VIVO DESENSITIZATION ON COUNSELOR TRAINEE ANXIETY AND PERFORMANCE

By

Thomas V. Miller

This research investigated the effects of self and in vivo desensitization on counselor trainee anxiety. Forty-four subjects were drawn from procedures of counseling and counseling practicum courses and were randomly divided into treatment and control groups. During the first class meeting, all took the Anxiety Differential, the Fear Index, and the Taylor Manifest Anxiety Scale, and received a one hour instructional unit on structuring the counseling process. This unit consisted of a video tape and a handout.

Seven treatments were administered in succeeding weeks. Self desensitization subjects worked alone in individual rooms using pre-recorded cassette tapes. The first tape was a one-half hour relaxation training session. Through the six other sessions, subjects worked with items from a twenty-item list which described situations leading to a performance demonstration of counseling skills. In each treatment session three or four of the items were presented three times for five, ten, and twenty seconds, each presentation being followed by thirty seconds of relaxation. The items were presented by number, with the

voice on the tape saying "imagine item 7," for example.

In vivo treatment subjects were given a one-half hour relaxation training session as a group during the first treatment session. During the other sessions subjects entered counseling rooms which were arranged with the following stimuli:

- | | |
|----------------|---|
| 2nd treatment: | Room clear except for two chairs and one desk. Blinds pulled. No microphone. |
| 3rd treatment: | All furniture in room. Blinds open, microphone on. Student practices structuring for an observer. |
| 4th treatment: | Student is interrupted in his practice by tape recorded client comments. |
| 5th treatment: | Passive, non-verbal client. Student practices structuring. |
| 6th treatment: | Agreeable client interrupts with questions while student communicates structure. |
| 7th treatment: | Mildly hostile client interrupts with questions and negative comments while student practices. |

Each subject in the in vivo group spent five, ten, and twenty seconds in the counseling room followed by thirty seconds of relaxation. The subjects entered the stimulus situation three times for each time interval; a total of thirty minutes was spent each week on this procedure. Self desensitization and in vivo subjects completed the Anxiety Differential and Fear Index on alternate weeks throughout the study.

A non-treatment control group experienced no desensitization procedures.

After the treatments were administered, each subject was evaluated on his ability to structure the counseling process with a role playing client using a performance criteria. Immediately prior to this performance test, the Anxiety Differential and Fear Index were administered again as anxiety post-tests. Multivariate analysis of covariance was used in the statistical analysis. A one-way test was done for treatment. Two-way tests were applied to treatments and counseling experience, teaching experience, sex, major, and Taylor scores.

The primary finding of the study was that there was no effect on anxiety level due to treatments. Trends were noted as to the influence of counseling experience, teaching experience, and sex. The interaction effect for treatments and major was significantly related to the Anxiety Differential post-test measure, as was the effect of the Taylor Manifest Anxiety Scale scores on the performance measure.

The primary reason suggested for lack of treatment effects was that the subjects were not particularly anxious in this situation. Also, subjects were not volunteers and may not have been highly motivated to participate in desensitization. The reasons for trends were discussed. The interaction effect of treatments and major was explained

Thomas V. Miller

on the basis of commitment to counseling of counseling and non-counseling subjects. The effect of high and low Taylor scores on the performance measure was considered to be an instance of high anxiety as a personality trait interfering with skill demonstration.

THE EFFECT OF
SELF AND IN VIVO DESENSITIZATION
ON COUNSELOR TRAINEE ANXIETY AND PERFORMANCE

By

Thomas V. Miller

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling, Personnel Services
and Educational Psychology

1970

G-62442
1-1-71

ACKNOWLEDGEMENTS

Many people helped make possible the writing of this thesis. Since the thesis is the culmination of graduate work, I would also like to express appreciation to those who have made contributions to other parts of my graduate program.

The support of my wife, Karen, has been essential to the earning of the degree. Her encouragement and financial assistance through five years of graduate school preceeded the typing and critical reading of many drafts of this thesis. Dr. Bob Winborn, my advisor and thesis chairman, has been a true mentor. I appreciate his intellectual stimulation, personal friendship, and close supervision of all phases of this research. Dr. Norman Stewart taught me many things about scholarship, instruction, and writing. Dr. Robert Davis and Dr. Stephen Yelon have made real contributions to the planning of my program and this thesis. Dr. Dozier Thornton guided me in the original formulation of the research topic.

My sincere gratitude is expressed to each one for giving much for my benefit.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	ii
LIST OF TABLES	v
LIST OF FIGURES	vi
LIST OF APPENDICES	vii
CHAPTER	
I Introduction	1
Need For The Study.	1
Purpose	2
Hypotheses.	3
Learning Theory Applied To Behavior Change.	3
Overview.	7
II Review Of The Literature	8
-	
Limitations Of Counselor Education Research	8
Development Of Performance Based And	
Systematic Counseling Training Programs.	9
History of Desensitization.	15
Self Desensitization.	16
In Vivo Desensitization	20
III Design And Procedures.	23
General Description Of The Design	23
Subjects.	23
Apparatus	24
Instruments	26
Instruction In Structuring The Counseling	
Interview.	29
Treatment 1	29
Treatment 2	30
Treatment 3	32
Measures Of Anxiety	32
Performance Of Anxiety.	33
Testable Hypotheses	33

CHAPTER

IV Ar

V Dis

BIBLIOGRAPHY

APPENDICES.

CHAPTER	PAGE
IV Analysis Of Results	35
Hypothesis 1	36
Hypothesis 2	38
Hypothesis 3	38
Anxiety Level Over Time.	40
Influence Of Counseling Experience On The Dependent Variables	43
Influence Of Teaching Experience On The Dependent Variables	44
Influence Of Sex On The Dependent Variables. .	48
Influence Of Major On Dependent Variables. .	48
Influence Of Taylor Pre-Test Scores On Dependent Variables	52
Summary.	55
V Discussion, Suggestions For Further Research And Summary.	59
Discussion Of Main Treatment Effects	59
Discussion Of Trends And Significant Findings.	64
Implications For Future Research	68
Summary.	70
BIBLIOGRAPHY.	74
APPENDICES.	78

LIST OF TABLES

TABLE		PAGE
1	Means And Standard Deviations Of Counselor Trainee Post-Test Scores On The Fear Index, Anxiety Differential, And Performance Criterion	37
2	Summary Table For Multivariate And Univariate Analyses Of Covariance Of Treatments.	39
3	Cell Size, Means, And Standard Deviations Of Treatment Groups According To Counseling Experience.	45
4	Summary Table For Multivariate And Univariate Analyses Of Covariance For Counseling Experience And Treatments	46
5	Cell Size, Means, And Standard Deviations Of Treatment Groups According To Teaching Experience.	47
6	Summary Table For Multivariate And Univariate Analyses Of Covariance For Teaching Experience And Treatments	49
7	Cell Size, Means, And Standard Deviations Of Treatment Groups According To Sex Of Subject	50
8	Summary Table For Multivariate And Univariate Analyses Of Covariance For Sex And Treat- ments	51
9	Cell Size, Means, And Standard Deviations Of Treatment Groups According To Major	53
10	Summary Table For Multivariate And Univariate Analyses Of Covariance For Major And Treatments.	54
11	Cell Size, Means, And Standard Deviations Of Treatment Groups According To Taylor Score.	56
12	Summary Table For Multivariate And Univariate Analysis Of Variance For Taylor Scores And Treatments.	57

FIGURE

1 Fe

2 An

LIST OF FIGURES

FIGURE		PAGE
1	Fear Index	41
2	Anxiety Differential	42

LIST OF APPENDICES

	Page
Appendix A	78
Appendix B	80
Appendix C	83
Appendix D	84
Appendix E	87
Appendix F	89
Appendix G	94

CHAPTER I

INTRODUCTION

Need For The Study

A current trend in counselor education is toward performance based training programs. In contrast to relying entirely on paper and pencil tests for evaluation, a program which emphasizes performance evaluation requires that trainees demonstrate their counseling skills through actual practice. Such a performance oriented counseling program, based on a systems analysis of the counseling process, has been developed at Michigan State University.

The emphasis on counseling performance in this training program appears to be anxiety producing for a number of students. Symptoms of anxiety are frequently observed when trainees are role playing the functions of the systematic counselor in laboratory rooms equipped with microphones and one-way mirrors. Many of them display some or all of the following manifestations of anxiety: inability to maintain eye contact with another person; rigid control of voice tone; strained and unnatural posture; tendency toward a question and answer format that does not allow silences; difficulty in recalling the systematic outline of counseling in which they have received instruction. This behavior is prevalent either in the early weeks of the course, with

an uncooperative client, or when the trainee feels particularly pressed to demonstrate counseling skills. These observations are in keeping with the statement by Van Atta (1969) that observation may be threatening for the therapist. Further, Carmichael (1956) describes a study in which he found that three therapists admitted to having felt initial anxiety about being filmed. He states, "They seemed to feel more vulnerable about the consequences . . ." when their performance is recorded.

Instructors in the Department of Counseling, Personnel Services, and Educational Psychology at Michigan State University have hypothesized that anxiety of this type interferes with counseling performance, and reports of students support this assumption. Because performance criteria for counselor trainee behaviors are used in formal evaluation, the trainee knows that inappropriate behaviors lower his grade. This knowledge tends to produce anxiety as he interviews clients. Therefore, reduction of anxiety could be expected to result in improved student performance.

Purpose

This research compares the effects of two desensitization procedures, self desensitization and in vivo desensitization, on anxiety associated with observed performance demonstrations required of counselor trainees. By comparing the effectiveness of these treatments with each other and

with a control group, the relative therapeutic power of these treatments can be assessed. While desensitization has been used in the treatment of patients and clients, few investigations have been made using this procedure in modifying anxiety of individuals not in therapy.

Comparison of the counseling performance of trainees who experience self desensitization or in vivo desensitization with those who do not is directly related to the central purpose of examining the effects of these treatments on anxiety, and therefore, is also discussed.

Hypotheses

1. It is hypothesized that both self desensitization and in vivo desensitization will reduce anxiety of counselor trainees.

2. It is hypothesized that in vivo desensitization will be more effective than self desensitization in reducing anxiety of counselor trainees.

3. It is hypothesized that both treatment groups will perform better than the control group in a performance demonstration of counseling.

Learning Theory Applied to Behavior Change

The theoretical structure for this investigation was derived from behavioral or learning based approaches to therapy. These approaches assume maladaptive behavior to be inappropriate behavior which has been learned and is not

symptomatic of underlying dynamics. As such, maladaptive behavior can be modified by the therapeutic application of learning principles. There are many behavioral counseling techniques. These include role playing, modeling, reinforcement of successive approximation, and counterconditioning or desensitization.

Desensitization was selected for this investigation as the treatment mode for reducing the anxiety of counselor trainees. It is a principal tool of the behavior therapist. In its standard form, the method has three main components. These are: (1) training the subject in deep muscular relaxation through the use of relaxation instructions, (2) construction of a hierarchy of anxiety producing situations, and (3) the systematic presentation of the graded anxiety producing scenes to the relaxed subject through imagery until anxiety is no longer present. In standard individual desensitization, the therapist asks the subject to imagine for a brief interval the hierarchy item that is least anxiety producing. If the subject indicates anxiety by raising a finger, the therapist immediately instructs him to replace the anxiety producing scene with a neutral one and to relax for several minutes. If no anxiety is indicated, the item is followed in five seconds by thirty to forty-five seconds of relaxation. In the next few steps the presentation interval is lengthened to thirty seconds.

The presentation of the item followed by thirty seconds of relaxation is repeated several times after the subject feels no anxiety. Then the next item on the hierarchy is introduced. Anxiety is replaced by a feeling of relaxation in the actual situation through counterconditioning. Laboratory studies support the clinical evidence that demonstrates the efficiency of this method in reducing anxiety in real life situations (Wolpe and Lazarus, 1966; Bandura, 1969; Franks, 1969).

A number of recent studies have suggested that the success of desensitization does not depend on the traditional approach. These studies (Migler and Wolpe, 1967; Kahn and Baker, 1968; Lang in Franks, 1969; Donner and Guerney, 1969; Cooke, 1966; Garfield, Darwin, Singer and McBrearty, 1967; Meyer and Gelder, 1963; and O'Neil and Howell, 1969) suggest that two approaches, automated self desensitization and in vivo desensitization, lead to decreased anxiety.

Self desensitization is the self application of the Principles of desensitization by the subject in order to decrease the anxiety associated with a particular stimulus situation. The procedure involves the use of a tape recorder and a pre-recorded tape containing relaxation instructions. This is followed by a presentation of the hierarchy items for preset time intervals with a relaxation period after each interval. This method of desensitization has been reported in several studies. Kahn and

Baker (1968) found that significant counterconditioning of anxiety can be brought about by the subject working alone without a desensitization therapist. This raises the theoretical question of the importance of the therapist's contribution to desensitization. If self desensitization is as efficient as regular desensitization, this technique could be used with only a minimum amount of involvement by the therapist.

In vivo desensitization involves the actual approach to the anxiety producing situation rather than through imagery. As in standard desensitization, anxiety producing situations are arranged in a hierarchy graded from least to most threatening. For example, if riding in an automobile makes a person nervous, the in vivo procedure would involve having the subject make a list which could begin with observing an automobile parked in the street. The subject might then progress through a series of items which involve approaching the auto, opening the door, getting in both with the engine stopped and running, and finally riding at increasing speeds. Each of these approaches would be followed by relaxation in a neutral environment, that is, a place where the subject did not feel anxious. This method has been found in some studies to be more powerful in reducing anxiety than standard desensitization, and for this reason should be explored more fully as a therapeutic technique.

In summary, desensitization procedures have been

proven to be effective in treating many types of neurotic anxiety. There is considerable evidence to suggest that in vivo and self desensitization procedures would be equally effective in modifying counselor trainee anxiety.

Overview

The need for the present research has been described in the above sections. The hypotheses have been stated in broad research form, and the theory of self desensitization and in vivo desensitization has been discussed. In Chapter II, the pertinent literature is reviewed. The design of the study, including the statement of the problem, subjects, apparatus, instruments, measurements of anxiety and performance, related instruction, and treatments are described in Chapter III. Chapter IV is composed of the analysis of the results. The summary and conclusions are presented in the final Chapter.

CHAPTER II

REVIEW OF THE LITERATURE

Limitations Of Counselor Education Research

Counselor education has not yet been fully justified by empirical research. It has developed programs and practices which are only now being tested. Some suggest that counseling is still far removed from an empirical base and little progress is being made in attaining a foundation based on disciplined research efforts (Thoresen, 1969).

Research that has been done in counselor education often has not been theoretically related to either the counseling process or specified problems in training and supervision. For example, Whiteley (1969) points out that descriptive studies of the differences between counselors and norm groups of non-counselors have been of marginal value. Another unproductive approach has been to describe the differences between effective and ineffective counselors. Whiteley calls the attempt to describe the personal characteristics of effective counselors "fruitless" (1969). He proposes that research in counselor education be focused on what the effective counselor actually does rather than what type of person he is.

These various descriptive attempts in counselor education research have often been associated with attempts to develop effective selection procedures. However, a basic

underlying problem with all attempts to develop selection procedures is the lack of consensus regarding desirable goals for counseling and the role of the counselor in assisting the client to reach these goals. Moser (1967) observed that the conceptual issue of what effects are to be produced by the counselor is integrally related to the issues of selection and training.

Goals of counseling are themselves the center of much controversy. Client centered counselors generally think in terms of similar global goals for all clients, such as congruence or positive self concept. Behavioral counselors, in contrast, focus on stating different behavioral goals for each client. Without specifying desirable goals for counselors and the role of the counselor, counseling research will continue to be hindered.

Development of Performance Based and Systematic Counseling Training Programs

The interest in behavioral counseling generated by the work of Krumboltz, Thoresen, Bandura and others, as well as the recent development of methods for deriving behavioral objectives by Mager (1962), Pophum and Baker (1970), DeGecco (1968), and Yelon and Scott (1970) has provided a more empirical base for researching the various functions of the counseling process, supervision, and counselor training programs. In addition, the increased use of systems analysis

among counselors and counselor educators makes it possible to develop models that show the organization or structure of the counseling process or training program. These models show the interrelations of parts of the process or program to one another and to the whole. In summary, in recent years these new developments make it possible to move toward the creation of models of the counseling process that are performance based and are capable of being empirically validated.

Developments along the lines of the systems approach to counselor education offer a remedy to the problems Whiteley notes because a systems approach is an integrated program which specifies the end product that is desired. Silvern (1968) states that a system is the structure or organization of an orderly whole, clearly showing the interrelations of the parts to each other and to the whole itself. A systems approach to counselor education would include a careful analysis of the skills required of the counselor, simulated experiences to instruct students in these skills, and recycling as necessary through experiences which develop specific counseling skills. The development of such systematic counselor training programs has been discussed by Ryan (1969), Thoresen (1968), and Yelon (1969).

Ryan (1969a) has pointed out that counselor education can be conceived as a system for attaining instructional

objectives. From this viewpoint systems analysis is an important part of counselor education. Systems analysis involves identifying objectives, determining alternatives, hypothesizing solutions, testing and comparing alternatives, measuring outcomes, and evaluating results. One of the more important features of the systems approach is the use of feedback from the operation of a model in a real life environment. The system, thus, provides for continuous revision of components of the system.

Ryan (1969b) advocates the use of systems techniques in counselor education, saying that this is a management problem having to do with achieving organized integration and orderly interrelations of component parts. She states that professionalization cannot be attained in counselor education programs which continue to treat selection, course work, practicum, and on-the-job counseling as unrelated, independent elements, rather than articulated components of a unified system. In accordance with general systems theory, she emphasizes that once objectives have been decided upon, the task then is one of working out the functions and subsystems supporting goal achievement. A flow-chart model for a counselor education system might include selection, admission, scheduling, advising, curricula, and evaluation. This model permits the examination of the interrelations between program subsystems. She gives five advantages of the

use of systems models in counselor education: (1) increased efficiency, (2) increased effectiveness, (3) improved planning, (4) increased creativity, and (5) increased innovation. Ryan cautions against assuming that the use of systems techniques will guarantee effectiveness and efficiency in a counselor training program, however.

Thoresen discusses the basic features and implications of the systems approach and counselor education in a paper by the same name (Thoresen, 1968b). After dealing with the elements of a systems approach to counselor education--performance objectives, cybernetic concepts, feedback, models, team approach, man-machine components, and simulation techniques--he looks at anticipated problems. They are the inertia associated with changing established methods, the belief that the systems approach is too cold and scientific to develop the human qualities necessary in a counselor, and that the state of the art of counselor training is not well enough developed to be a basis for an effective counselor education system. In each case, he offers suggestions to solve a real problem or reply to an inappropriate criticism.

There are three steps in setting up a systematic counselor training program according to Thoresen (1968a). The first is to state training objectives in specific terms that will serve as research hypotheses. A specific training objective might be to assist the client to state verbally

the goals of counseling in observable, measurable terms. The second step is to create an advanced model or prototype of a possible system which can achieve stated objectives. This involves analyzing the existing system into its various components, exploring how "machine" components interact optimally with "human" components. Determining through research the relevant behaviors to be examined in selection is the last step in establishment of a systematic training program. The paper ends with a relevant note on the problems in setting up such a program.

Yelon (1969) outlines a plan of counselor education based on systems analysis. He states that when using a systems approach, training objectives must be written which have been based on the component performance and knowledge derived from a careful analysis of the job. Objectives are then described and analyzed and the training procedures which follow from required functions are identified. He includes an example of a systematic job analysis and gives four components of an instructional design to accomplish the training of counselors: presentation of knowledge, practice of knowledge, practice of performance, and management of student counselors.

Although much has been written about the possibilities of the systems approach in counseling and counselor education,

few programs and models are actually operational. One such program which has been in operation for the past two years for training M.A. level counselors was developed by Winborn, Stewart, Hinds, Burks, Johnson, and Englekes (1969) at Michigan State University. A central feature of the program is the evaluation of counselor skills in performance demonstrations. For example, the trainee is required to demonstrate his ability to perform different functions of a systematic counseling model. This includes: structuring the counseling interview; understanding the client's concerns; establishing a behavioral objective for counseling; developing a baseline of client behavior; performing required tasks to attain counseling objectives; evaluating counseling; and terminating counseling. Criteria that specify minimum performance standards have been established for the different functions. Since a performance demonstration of these skills is written into the instructional objectives of the courses in the program, the ability to do these counselor tasks is a very real requirement in the program. Course evaluation is determined to a large extent by this ability in a procedures of counseling course and entirely on this basis in the practicum. As a part of the course evaluation in the counseling class, several role playing situations are provided in which the trainee demonstrates his ability to go through the steps in the systematic counseling model. In

the practicum the grade is based on the number of successfully completed cases. The reasoning, of course, is that counseling is a professional activity which is not adequately evaluated by paper and pencil tests.

Such performance based objectives provide numerous opportunities to test empirically many behavioral techniques in training programs. Also, the same principles of learning used in behavioral and systematic counseling can be tested in attempts to improve counselor training programs.

Desensitization was mentioned in Chapter I as a primary tool of the behavioral counselor. This technique has been found to be quite effective in changing client behavior, but it has not been applied to changing the anxiety of counselors in training. Before discussing such an application, we turn to a review of the application of this approach to neurotic anxiety.

History of Desensitization

The history of desensitization can be traced back to the work of Jones in the 1920's (Bandura, 1969, p. 430). Although applications of the principle of counterconditioning were reported by Jones in 1924, the approach received little attention until it was developed by Wolpe more than thirty years later. Wolpe (1958) initiated the three step method of desensitization described in Chapter I. The inclusion of an anxiety hierarchy of imagined scenes

greatly increased the range of disorders that could be treated by this method. Further details of this basic method and its variant forms have been published by Wolpe (1961), Wolpe and Lazarus (1966), and Lazarus (1954). Paul (1966) compared insight therapy to desensitization in the treatment of public speaking anxiety of college students. Paul's research is widely recognized as a well controlled experimental study that is noteworthy in the history of desensitization. He found desensitization to be significantly more effective in reducing anxiety than insight therapy.

Self Desensitization

Self desensitization is a new approach to man's age old attempts to change himself for the better. The record of human efforts to overcome fears and feelings of inadequacy reach back to antiquity. For example, Demosthenes practiced his speech with pebbles in his mouth over the roar of the waves, according to Greek legend. In modern times, the "power of positive thinking" philosophy of Norman Vincent Peale is a general example. There are also current psychological reports of self help efforts. Goldiamond (in Ullrick, Stachnik, and Mabry, 1965), Nolan (1968), and Rehm and Marston (1968) describe self help and self control projects that assisted clients to modify behavior that had been undesirable.

While the cases mentioned above are bona fide approaches to self control of behavior, they do not involve self desensitization. We now turn to a review of those studies. Migler and Wolpe (1967) report a case study of self desensitization applied to a patient who experienced anxiety in public speaking situations. The relaxation training and the imagining of scenes from the hierarchy while relaxed were carried out at home, entirely by the patient, using a specifically modified tape recorder. The behavior problem was eliminated in seven treatment sessions. Migler (1968) offers a technical note suggesting that tape recorders used in self desensitization have (a) 30-40 minutes minimum playing time, (b) control of playback, rewind, and stop, with very little physical exertion or manipulating, and (c) sound playback during rewinding to detect the beginning of each session.

Bandura (1969, p. 477) reports a case treated by Hutchinson involving self desensitization of an exhibitionist. The treatment involved the subject's performing a set of relaxation responses immediately following the occurrence of stimuli that typically preceded exposure. Bandura (1969, p. 435) also discusses unpublished studies by Melamed and Lang, Donnee, and Krapfl, all of which indicated that self administered desensitization produced the same amount of reduction in avoidance behavior as the standard, socially administered form.

Wolpe (1958) reports considerable success with self-conducted desensitization of impotence. The individual first received training in progressive relaxation as an aid in counteracting anxieties elicited by sexual excitation. He approached intercourse through a series of sexual behaviors while practicing relaxation. Ultimately, he was able to feel sexually excited without being anxious.

Kahn and Baker (1968) assigned subjects with various phobias to two treatment groups: (1) a "conventional desensitization" group which was treated by the therapist in the laboratory, and (2) a "do-it-yourself" group which carried out the desensitization process at home. The subjects in this second group were given a do-it-yourself desensitization kit to take home. The kit contained a manual and a long-playing record. The manual was designed to permit an "intelligent and motivated" patient to conduct the entire course of desensitization therapy with no therapist contact at all. The record gives a twenty minute course in relaxation training and a recorded framework for a desensitization session. The dependent measure was the subject's reported success. There was no significant difference between the groups, although the home group actually improved more than the laboratory group which had considerably more therapist contact.

Lang (in Franks, 1969) describes his development of a device for automated desensitization. A computer stores

hierarchy and relaxation instructions. In use, it presents the prerecorded hierarchy items in sequence, presenting each item a preset number of times unless the subject gives a signal of distress. This terminates the item and automatically presents instructions to stop visualizing the scene. If the subject signals that anxiety is decreasing with repeated presentations of an item, the apparatus will continue to present the same item until he reports no further distress of two successive repetitions of the image. Only then does he go on to the next item. If the subject reports an increase in anxiety, the preceeding item is repeated, and the subject must work his way back up the hierarchy. The subject's response to automatic inquiries on the clarity of the image are recorded. Evidence indicating that the device is about as effective as the live therapist in producing fear reduction is presented.

Another study also indicates the therapist is dispensible. Automated group desensitization for test anxiety is described in a study by Donner and Guerny (1969). Forty-two test anxious female college students were divided into three groups on the basis of previous semester grade point averages. The three groups consisted of a waiting list control, a therapist administered group desensitization, and group desensitization through the use of a tape recorded set of instructions. A common hierarchy of twenty-nine items

was used for each desensitization group. Each step was presented six times; first, the subjects visualized it for five seconds, and then relaxed for five seconds. This was repeated. Next, subjects visualized each scene for ten seconds and then relaxed for ten seconds. This was repeated. Last, twenty second intervals were used for visualization and relaxation, and this was repeated. Both groups manifested significant improvement in grade point average after treatment.

In Vivo Desensitization

In vivo desensitization consists of training the subject to relax in the presence of the therapist and then gradually re-exposing him to more fearful real life situations under the therapist's direction. The therapist directs the amount of exposure the subject gets on any trial and reintroduces relaxation procedures as necessary. Thus, rather than depending on imagery to associate relaxation with the anxiety producing situation, as in standard desensitization, relaxation is associated with the situation directly.

Cooke (1966) examined the efficiency of in vivo desensitization and regular desensitization. He randomly divided into three treatment groups twelve female subjects rated very much afraid of laboratory rats: direct treatment (in

vivo desensitization), indirect treatment (regular desensitization), and no treatment. He found that in vivo desensitization led to a significant decrease in fear, but there was no significant difference between the two desensitization treatments.

Garfield, Darwin, Singer and McBrearty (1967) describe the desensitization of snake fear using the in vivo method. The treatment involved exposure to a large snake in a cage at controlled distances. The instructions for one trial were: "Enter the . . .training room and walk up to the fourth tape beyond the door through which you enter. The experimental assistant will tell you when to leave. When he so indicates, leave the room even though you feel you could look longer. Do not approach closer than the fourth tape. Be sure to look at the snake." These in vivo approaches to the snake were in addition to standard desensitization with the experimental group of subjects. Statistically significant differences were found in pre and post therapy avoidance scores in favor of the in vivo desensitization group.

Meyer and Gelder (1963) describe the in vivo desensitization of agoraphobic patients. Davidson (in Franks, 1969) comments that the fears were so unusual that the patients could have been diagnosed as psychotic. Nonetheless, the results showed that at least three of the five remained improved outside the hospital.

O'Neil and Howell (1969) found that in vivo desensitization, desensitization using pictures to aid imagery, and standard desensitization using imagery were all equally effective in reducing snake anxiety.

In summary, both self desensitization and in vivo desensitization have been found to be effective in lowering anxiety and changing behavior of many types of clients.

CHAPTER III

DESIGN AND PROCEDURES

The following experiment was designed to test the effectiveness of two desensitization procedures in relieving anxiety believed to be associated with certain aspects of counselor training. The experimental design, subjects, apparatus, instruments, instruction in structuring the counseling interview, treatments, measures of anxiety, the performance evaluation, and testable hypotheses are described in this chapter.

General Description Of The Design

Subjects were divided into three groups: Group 1, self desensitization; Group 2, in vivo desensitization; and Group 3, control group. Groups 1 and 2 received seven weekly one-half hour desensitization treatments. Instruments to measure anxiety were administered before, during, and after the treatment period. Following the treatments, a performance demonstration of counseling skills was required. All treatments were administered in the Guidance Center, 250 Erickson Hall, located on the campus of Michigan State University.

Subjects

Subjects for this study were Master's degree students enrolled in procedures in counseling (24 subjects) and

practicum (20 subjects) courses during spring term, 1970, at Michigan State University. The subjects participated in the experiment as a part of the course requirements. Forty-seven original subjects were divided into the two treatment groups and a control group using a table of random numbers. Three members of the self desensitization group subsequently dropped out of their respective courses, lowering the total number in the experiment to forty-four. Thirteen subjects composed the self-desensitization group; sixteen subjects were in the in vivo desensitization group; fifteen subjects composed the control group. Twenty-two subjects were men and twenty-two subjects were women.

Apparatus

The self desensitization procedure involves the use of a tape recorder and pre-recorded tapes. A Sony cassette tape recorder, Model TC-110, was used for the experiment.

A sheet describing the development of a fear hierarchy was given to each self desensitization subject to assist him in constructing his own twenty item hierarchy of anxiety arousing situations associated with an observed counseling demonstration. Other comments about self managed anxiety reduction were also included. (See Appendix A.)

For the relaxation training that is an initial part of self desensitization, a tape was prepared with relaxation instructions read from Wolpe and Lazarus (1966). The

relaxation instruction is designed to train a subject to relax the large muscle groups of the body. This tape recording was approximately thirty-five minutes in length.

Self desensitization tapes were prepared that paired either three or four hierarchy items with relaxation. The numbers of the hierarchy items covered each week are given in the section headed "Treatment 1" below. The self desensitization tape first instructed the subject to imagine the item for five seconds and then to relax for thirty seconds. This was repeated two more times before the interval was lengthened to ten seconds. Three presentations of the item were made at this interval before the interval was extended to twenty seconds. The rationale for the length of the intervals was developed by Donner and Guernsey (1969) who reported that five seconds is too short a time for anxiety to build up. They stated that gradually raising the exposure to items to twenty seconds with three repetitions at each interval effectively desensitizes subjects when the hierarchy includes many items. Each presentation was followed by thirty seconds of relaxation. Taped instructions urged subjects to relax deeply and completely between each presentation of hierarchy items. Thus, six to seven minutes were required for each item of the hierarchy. Each of the weekly tapes began with a few remarks

of encouragement and appropriate comments as to the progress that was being made in the hierarchy, making them about thirty minutes long.

The self desensitization subjects worked individually in rooms A through F in the Guidance Center. These rooms are approximately six by nine feet in size, equipped with a one-way mirror and microphone, and each has a padded easy chair. Similar rooms in the Guidance Center were also used for the in vivo treatment, set up in the manner described on page 31.

Instruments

Three standardized measures were used to quantify subjects' anxiety. They were a manifest anxiety scale, a self rating instrument, and a semantic differential anxiety instrument.

The Taylor Manifest Anxiety Scale (Taylor, 1953) consists of fifty items which the subject indicates are or are not characteristic of him. A person's score is the number of items which are marked in the anxiety direction. (See Appendix B.) Taylor's original research placed its reliability at .89. Extensive research using this scale has indicated it is a valid measure of anxiety. Representative of the diverse validity studies that have been reported on the Taylor are the three cited here. Matarazzo, Guze, and Matarazzo (1955) found significant differences in the

mean scores, distributions, and point biserial correlations when the Taylor was given to psychiatric and normal groups. Buss (1956) found that a psychologist's rating of 64 patients on a five point anxiety scale correlated .60 with the Taylor scores. Lebo, Toal, and Brick (1958) found that carbon dioxide, administered as a physiological relaxant, reduced Taylor scores. The results were interpreted as indicating the validity of the Taylor scale as a measure of anxiety.

The Specific Fear Index or "fear thermometer" is a ten space continuum for self-rating of anxiety developed by Walk in connection with military research on anxiety and performance (Walk, 1956). Walk found that this procedure gave a reliable and valid measure of anxiety. Significant correlations were obtained between self ratings of fear and errors made in training performance tests for paratroopers. Correlations ranged from .12 to .45 on seven jumps, with an r of .20 significant at .05. Also, trainees who performed best gave themselves lower fear ratings than those who also passed, but performed poorest (significant at .001 level). Reliability of the scale was shown in its high degree of relationship to responses to a direct question about being afraid and from the congruence of high-fear ratings with physiological fear reactions. Lang and Lazovik (1963) and Martinson and Zerface (1970) have used the Specific Fear Index in desensitization studies. (See Appendix C.)

The Anxiety Differential is an empirical measure of anxiety developed by Husek and Alexander (1963). It is similar to the semantic differential in that it consists of one word concepts with a seven interval continuum on which the subject rates the concept on a specified dimension. For example, the subject might rate "fingers" on the dimension "straight-twisted." The Anxiety Differential consists of eighteen such items which discriminate between people who are anxious and those who are not without calling their attention to the fact that it is measuring anxiety. Each subject's score is the sum of the ratings on each concept; this may be as low as eighteen or as high as one hundred and twenty-six. Husak and Alexander (1963) report four studies in which different Anxiety Differential items discriminated between anxiety (pre-examination) and control groups. A number of studies, including that of Paul (1966), have employed the Anxiety Differential to measure anxiety connected with performance situations. (See Appendix D.)

A rating scale was prepared to permit observers to rate trainees on their performance of the structuring task. This scale yields a score of from zero to ten for each subject. (See Appendix E.) This scale defines in behavioral terms whether 0, 1, or 2 points should be given for the trainee's demonstration of his skill in communicating role,

purpose, limits, focus, and appropriate non-verbal behaviors. The use of the scale is described in the performance evaluation section below.

The subjects also completed a personal data sheet attached as Appendix F. This data sheet is the same as that used for application for admission into the practicum course.

Instruction In Structuring The Counseling Interview

During the first class meeting and prior to the administration of the experimental treatments, the subjects received a one hour instructional unit on structuring the counseling interview. This unit included a twenty-five minute video demonstration tape previously prepared by the department for instructional use, a brief lecture, and an instructional handout giving explanatory material on structuring and practice exercises. (See Appendix G.) The purpose of this instruction was to make possible the requirement of a performance demonstration of a specific counseling skill which was previously unfamiliar to the counselee.

Treatment 1

The self desensitization group members used the written instructions described above to develop individualized twenty-item hierarchies between the first and second class meetings. These hierarchies were examined by the experimenter at the second meeting, and suggestions were made for

completing or improving the hierarchy. During the first treatment session (held during the second class meeting), each subject in the self desensitization group spent thirty-five minutes in one of the small counseling rooms in the Guidance Center listening to the relaxation instructions contained on the tape described above. The second through the seventh treatments consisted of pairing the hierarchy items with relaxation using the self desensitization tapes. The tapes covered the following items each week:

2nd treatment	20, 19, 18
3rd treatment	17, 16, 15
4th treatment	14, 13, 12, 11
5th treatment	10, 9, 8, 7
6th treatment	6, 5, 4
7th treatment	3, 2, 1

During these six half-hour treatment sessions, the subjects worked individually using the tape recorded desensitization procedure.

Treatment 2

During the first treatment session the in vivo group members had relaxation training read from Wolpe and Lazarus (1966) for a thirty-five minute period. The second through the seventh treatment sessions were composed of in vivo group desensitization treatment.

The desensitization hierarchy for Treatment 2 subjects was composed of actual approaches to the performance situation

graded both in fidelity of simulation and length of time the subject was exposed to each item in the hierarchy. Fidelity of simulation, the degree to which all of the anxiety producing cues of the counseling situation are present, was increased in the second through the seventh sessions, with the subject exposing himself to the item by entering an interview room.

- 2nd session: Room clear except for two chairs and one desk. Blinds pulled, no microphone.
- 3rd session: All furniture in room; blinds open; microphone on. Student practices alone knowing observer is listening.
- 4th session: Trainee practices structuring while ongoing tape recording "talks back" to him. These remarks were progressively more critical in nature.
- 5th session: Friendly-Passive client responds to trainee as he practices.
- 6th session: Neutral-Unresponsive client gives minimal responses to trainee as he practices.
- 7th session: Hostile-Uncooperative client interrupts with comments and questions while the trainee practices.

The role playing clients used in this treatment were sophomores at Michigan State University from a section of an undergraduate education class. Both men and women participated, and no student was used more than one time with

each group. As with the Treatment 1 subjects, the time dimension for the Treatment 2 presentations was standardized. Each subject remained in the anxiety producing situation (the interview room) for five, ten, and twenty seconds, with three repetitions at each interval level. The rationale is the same as that discussed for Treatment 1. After each in vivo presentation, the subjects returned to a reception room where the experimenter induced relaxation for thirty seconds. The time intervals were made known to the subjects by the experimenter's tapping on the one way mirror.

Treatment 3

The control group members were given no treatments. They engaged in all regularly scheduled activities of their counseling classes.

Measures Of Anxiety

Subjects were administered all three anxiety instruments during the first class meeting. This pre-test was completed before mention was made of the required performance demonstration.

The Anxiety Differential and the Specific Fear Index were administered alternately during class meetings three through seven with instructions to the subject to picture himself entering the observed counseling situation for the terminal evaluation.

During the ninth class meeting, just prior to demonstrating his competence in the performance task with a role playing client and after the treatments had been administered, all subjects completed the instruments again as a post-test.

Performance Evaluation

At the ninth class meeting, all subjects were individually evaluated in their ability to structure the counseling interview in the manner demonstrated by the instructional material. This counseling skill is considered by the department to be an essential one for the counselor because proper structuring of the counseling interview makes for more efficient use of counseling time. The performance demonstration was evaluated by the ten point evaluation scale described above. Three students from the sophomore level undergraduate education class mentioned above acted as role playing clients for the performance demonstration. The interaction took approximately three minutes. The interaction between each subject and the role playing client was observed and rated by advanced graduate students who had previous experience in behavioral observations. One observer had completed the Master's degree and two were doctoral students.

Testable Hypotheses

1. It is hypothesized that both self desensitization

and in vivo desensitization will result in lower Fear Index and Anxiety Differential scores of counselor trainees just prior to structuring a counseling interview with a role playing client in a counseling room where they are observed through a one-way mirror by a supervisor.

2. It is hypothesized that in vivo desensitization will be more effective than self desensitization in lowering Fear Index and Anxiety Differential scores of counselor trainees just prior to structuring a counseling interview with a role playing client in a counseling room where they are observed through a one-way mirror by a supervisor.

3. It is hypothesized that both treatment groups will have higher performance scores on the performance evaluation criteria than the control group in structuring a counseling interview with a role playing client.

CHAPTER IV

ANALYSIS OF RESULTS

The analysis will focus first on the data relevant to the hypotheses stated in Chapter III. This will be followed by consideration of the influence of counseling experience, teaching experience, sex, major, and Taylor pre-test scores on the dependent variable scores.

Multivariate analysis of covariance was used for the statistical treatment of the data. Multivariate analysis is a relatively new statistical procedure for which computer programs have only recently been developed. It prevents the alpha level of a statistical analysis, the probability of rejecting the null hypothesis when it is true, from being inflated when many dependent variables (which are not independent of each other) are used. If multivariate analysis were not used, the repeated use of analysis of variance or covariance would tend to cause random significance to occur in the statistical analysis of an experiment. Multivariate analysis not only prevents this, but also provides an indication of the combined effect of the independent variables.

Analysis of covariance permits the "equating" of subjects on a covariable in the statistical treatment of dependent variables. The covariate is related to the dependent variables. In this experiment, the Taylor

Manifest Anxiety Scale scores were used as the covariate.

Each multivariate analysis summary table contains a multivariate probability level which refers to all of the dependent variables taken as a group. Following this, univariate F probability levels are given, which are the alpha levels of analysis of variance tests on the dependent variables taken separately. The standard .05 level of significance was used.

Reference will be made to Tables 1 and 2 in examining all three hypotheses. Table 1 contains the mean scores of treatment groups and Table 2 contains the one way multivariate analysis of covariance data of tests of the hypotheses. The influence of the supplementary variables are examined through tables of means and by two-way multivariate analysis of covariance summary tables.

Hypothesis 1

Hypothesis 1 stated that both self desensitization and in vivo desensitization would result in lower Fear Index and Anxiety Differential scores of counselor trainees just prior to structuring counseling with a role playing client in a counseling room where they were observed through a one-way mirror by a supervisor. This hypothesis was not supported by the data. Means of the treatment groups on the dependent variables are given in Table 1. The control

TABLE 1

Means And Standard Deviations Of Counselor Trainee Post-Test Scores On The
Fear Index, Anxiety Differential, And Performance Criterion^{1,2}

Dependent Variable	T1		T2		T3	
	M	SD	In Vivo Desensitization M	SD	Control M	SD
Fear Index	5.5	2.57	5.4	2.34	5.0	2.43
Anxiety Differential	62.5	18.49	66.0	10.95	59.0	11.83
Performance Criterion	7.5	2.23	7.4	1.67	7.3	2.34
Covariate						
Taylor Manifest Anxiety Scale	9.2	6.32	14.6	7.44	13.0	5.15

¹The means in this table, and those in following tables, come directly from the scores of the subjects on the instruments and are unadjusted as to the Taylor Manifest Anxiety Scale covariate scores.

²The higher the score on the dependent variable or covariate, the greater the anxiety or the better the performance.

group had a slightly lower mean score on the Fear Index than the treatment groups, which indicates that they considered themselves more relaxed. The control group's anxiety level was also slightly lower than that of the treatment groups on the Anxiety Differential. There were no significant differences between the groups on either the Fear Index or the Anxiety Differential, as shown in Table 2.

Hypothesis 2

Hypothesis 2 stated that in vivo desensitization would be more effective than self desensitization in lowering Fear Index and Anxiety Differential scores of counselor trainees just prior to structuring a counseling interview with a role playing client in a counseling room where they were observed through a one-way mirror by a supervisor. It can be noted from Table 1 that on the Fear Index the average for the in vivo desensitization group was slightly lower than the self desensitization group, but that the reverse was true for the Anxiety Differential. In Table 2 it is reported that there was no significant difference between the in vivo and self desensitization groups on either anxiety measure.

Hypothesis 3

Hypothesis 3 stated that both desensitization groups will have higher performance scores on the performance

TABLE 2

Summary Table For Multivariate And Univariate
Analyses Of Covariance Of Treatments

Treatment			
Multivariate	F	.3928	
	df	3 and 76	
	P Less	.89	
	<u>Variable</u>	<u>F</u>	<u>P Less Than</u>
Univariate	Performance	.0654	.94
	Fear Index	.1095	.90
	Anxiety Differential	.9246	.41

evaluation criteria than the control group in structuring a counseling interview with a role playing client. As with hypotheses 1 and 2, no evidence was found to support hypothesis 3. The self desensitization group mean was slightly higher than the control group mean, as Table 1 shows. The in vivo group mean was lower than the control group mean. None of the differences were significant, however, so the null hypothesis cannot be rejected. The probability levels are given in Table 2 for the multivariate analysis of covariance.

Anxiety Level Over Time

Because there was no effect on anxiety due to the desensitization treatments, it may be speculated that the anxiety of all three groups did not increase with the immediate prospect of the performance demonstration. Graphic representations are presented in Figures 1 and 2 of the scores on the Fear Index and the Anxiety Differential from the pre-treatment measure through the post-test. These graphs show no change in anxiety level through the eight weeks of the experiment. The pre-test measures were administered during the first class meeting before the performance demonstration was discussed. The fact that the control subjects' anxiety level was the same just prior to the performance demonstration indicates that the subjects, as a group, did not feel increased anxiety about

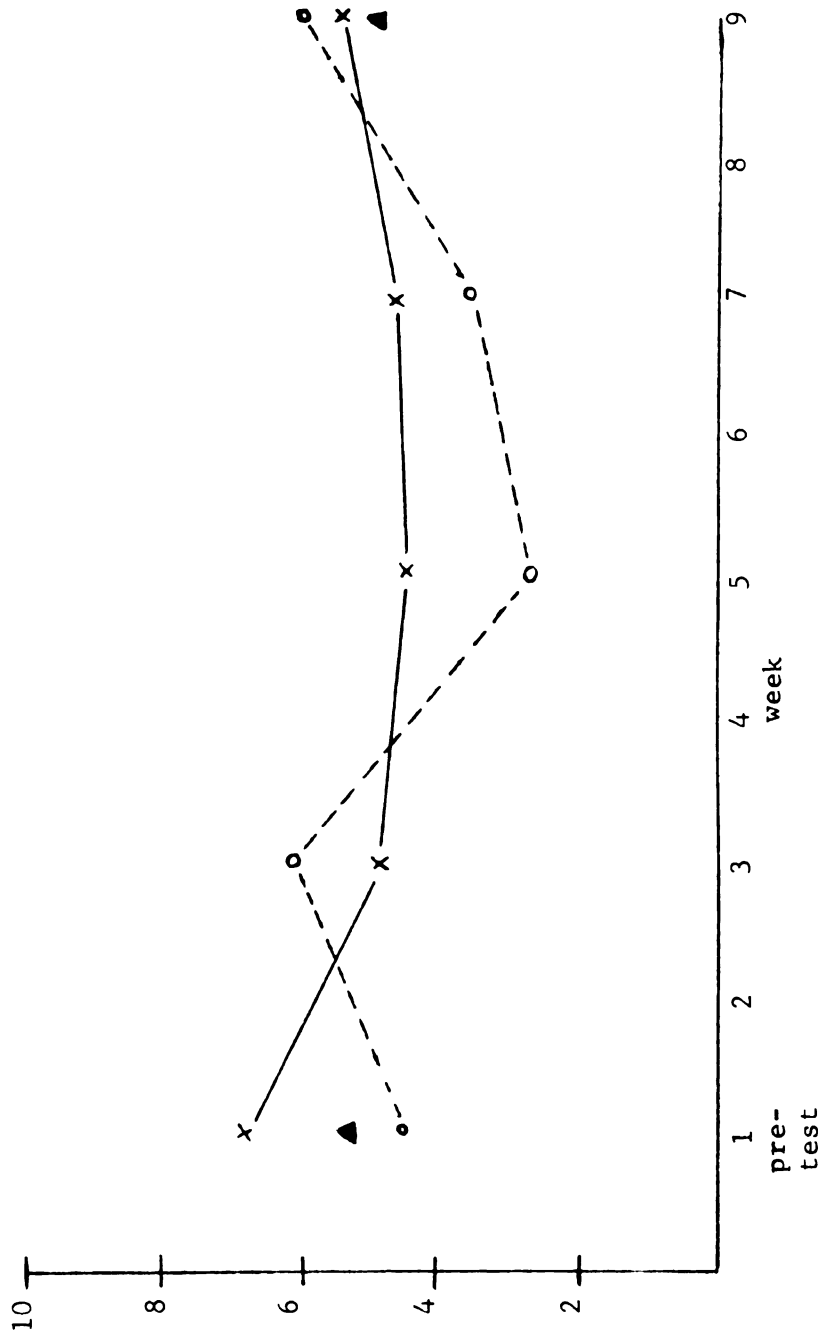


FIGURE 1

FEAR INDEX

• Self x In Vivo ▲ Control

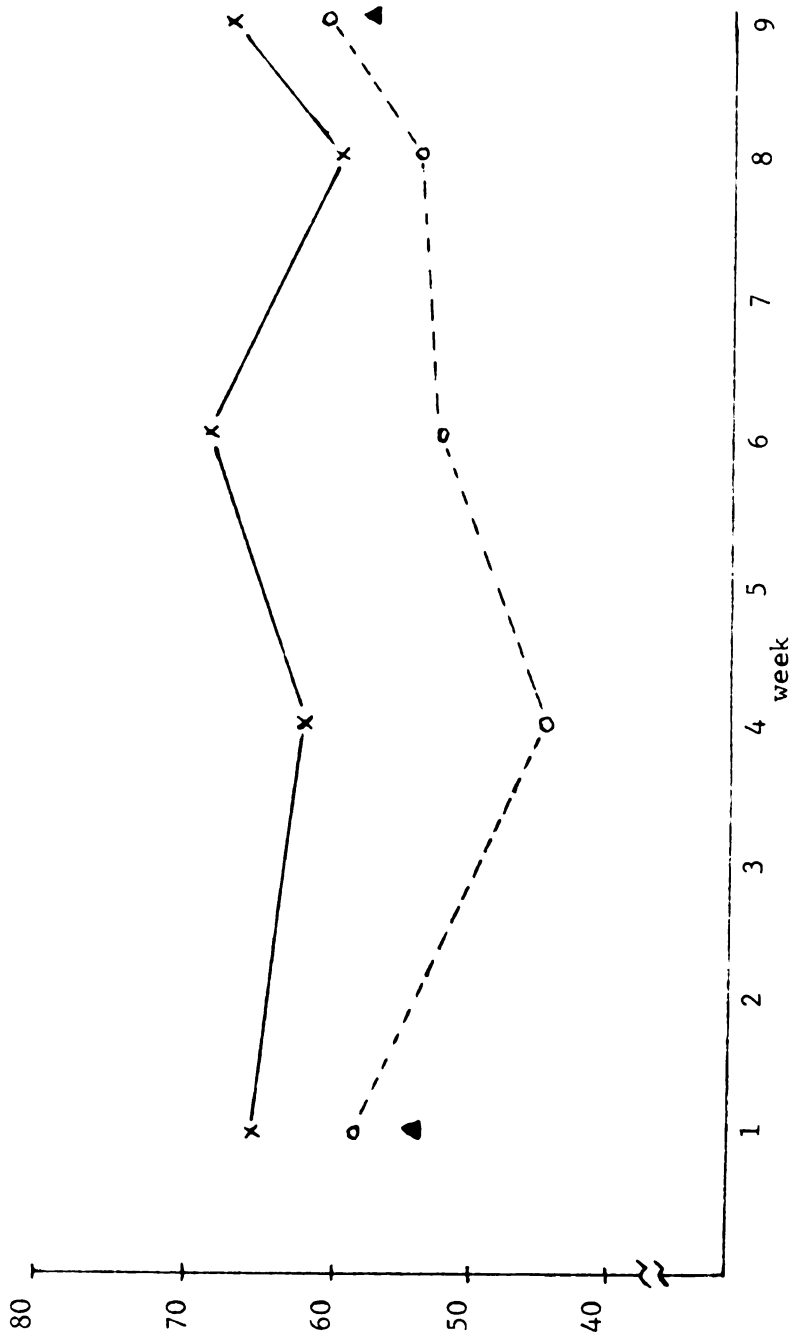


FIGURE 2

ANXIETY DIFFERENTIAL

○ Self x In Vivo ▲ Control

this particular experience.

The effect of counseling experience, teaching experience, sex, major, and high or low Taylor pre-test scores were analyzed with treatments in two way multivariate analyses of covariance. Counseling experience and teaching experience were included in the analysis in order to examine the influence of educational work experience on graduate training in counseling. Sex was made a dimension in the analysis to permit gathering basic comparative anxiety and performance data on sex differences in counselor trainees. Major was examined in order to determine if commitment to the field of counseling affected anxiety or performance while counseling. The Taylor pre-test scores were used in the analysis to examine the effect of anxiety as a basic personality trait, which the Taylor is thought to measure, on performance on situational anxiety.

Influence Of Counseling Experience On The Dependent Variables

Subjects in each of the groups were divided for purposes of analysis into those who had counseling experience and those who had no counseling experience. Counseling experience was defined as any employment as a counselor. The influence of counseling experience on the dependent variables and the interaction with the treatments can be

examined by referring to the cell means given in Table 3. Results are mixed for the Fear Index and Performance measures, but for the Anxiety Differential there appears to be a trend. Subjects who had been employed as counselors consistently scored higher on the Anxiety Differential across all treatment groups, indicating greater anxiety just prior to the performance demonstration. The multivariate analysis of covariance did not show significant differences between the treatment groups on the dependent variables as a group, but the univariate F test on the Anxiety Differential approached significance with a probability level of .06 for the difference between counseling experience and no counseling experience. The multivariate and univariate analyses of covariance values are presented in Table 4.

Influence of Teaching Experience on the Dependent Variables

For purposes of analysis subjects were divided on the basis of their teaching experience into two groups: those who had teaching experience and those who had no experience. Teaching experience was defined as any employment as a teacher. The means of the six cells that are formed are given in Table 5. The subjects with teaching experience in the various treatment groups averaged 7.5 or above on the performance criterion. The mean of only one treatment

TABLE 3

Cell Size, Means, And Standard Deviations Of Treatment Groups
According To Counseling Experience^{1,2}

	T ₁			T ₂			T ₃		
	Self Desensitization			In Vivo Desensitization			Control		
	N	M	SD	N	M	SD	N	M	SD
No Counseling Experience	10			12			11		
Fear Index		5.3	2.58		5.4	2.50		4.9	2.55
Anxiety Differential		59.1	18.73		65.6	11.27		55.7	11.56
Performance Criteria		7.2	2.10		7.4	1.83		7.5	2.42
Counseling Experience	3			4			4		
Fear Index		6.3	2.87		5.3	2.36		5.5	2.38
Anxiety Differential		74.0	14.73		67.5	11.36		68.0	7.75
Performance Criteria		8.7	1.53		7.4	1.26		7.5	2.36

¹Counseling experience was defined as any employment as a counselor.

²The higher the score on the dependent variable the greater the anxiety or the better the performance.

TABLE 4

Summary Table For Multivariate And Univariate Analyses Of Covariance For
Counseling Experience And Treatments

Treatment		Counseling Experience		Treatment x C Experience	
Multivariate	F	.4240	1.5304	.5385	
	df	6 and 70	3 and 35	6 and 70	
	P Less Than	.86	.22	.78	
Variable		F	P Less Than	F	P Less Than
Univariate	Performance	.1197	.89	.0241	.88
	Fear Index	.0920	.91	.2466	.62
	Anxiety Differential	1.0303	.37	3.7771	.06
				.5866	.56

TABLE 5

Cell Size, Means, And Standard Deviations Of Treatment Groups
According To Teaching Experience^{1,2}

	T ₁			T ₂			T ₃		
	Self Desensitization			In Vivo Desensitization			Control		
	N	M	SD	N	M	SD	N	M	SD
No Teaching Experience	4			5			6		
Fear Index		5.8	2.63		5.0	2.83		4.5	2.66
Anxiety Differential		63.5	21.95		64.2	4.44		56.0	13.05
Performance Criteria		7.5	2.38		6.4	2.30		6.1	3.06
Teaching Experience	8			12			9		
Fear Index		5.1	2.70		5.4	2.30		5.9	1.50
Anxiety Differential		59.6	18.21		67.3	13.01		62.2	11.27
Performance Criteria		7.6	2.01		7.5	1.17		8.2	2.35

¹Teaching experience is defined as any employment as a teacher.

²The higher the score on the dependent variable the greater the anxiety or the better the performance.

group whose members had no teaching experience equaled 7.5. This trend is reflected in Table 6, where the univariate analysis for performance is shown to have a probability of .08. This value is of course not significant, and neither was the multivariate analysis of covariance.

Influence of Sex On The Dependent Variables

For analysis purposes subjects in each group were divided on the basis of sex. Table 7 contains the means for the six cells that are formed when the three treatment groups are divided into male and female members. The F ratio for the multivariate analysis of covariance (Table 8) was not significant; that is, sex was not found to be related to all of the dependent variables taken as a group. However, the univariate F test of performance yielded a ratio that is almost significant, with a probability level of .06. Examination of Table 7 reveals that the performance of men was higher than that of women.

Influence Of Major On Dependent Variables

Twenty-seven subjects in the study were majoring in counseling, and seventeen were in other programs in education, were non-degree students, or were majoring in fields other than education. When subjects in each group were divided into counseling and non-counseling majors, the means

Summary Table For Multivariate And Univariate Analyses Of Covariance For Teaching Experience And Treatments

Treatment		Teaching Experience		Treatment x T Experience		
	F	.4128	1.2135		.3780	
Multivariate	df	6 and 70	3 and 35		6 and 70	
	P Less Than	.86	.32		.89	
Variable	F	P Less Than	F	P Less Than	F	P Less Than
Performance	.0010	.99	3.1987	.08	.5723	.57
Fear Index	.0007	.99	.3348	.57	.4543	.58
Anxiety Differential	.7401	.48	.3004	.59	.4220	.95

TABLE 7

Cell Size, Means, And Standard Deviations Of Treatment Groups
According To Sex Of Subject¹

	T ₁			T ₂			T ₃		
	Self Desensitization			In Vivo Desensitization			Control		
	N	M	SD	N	M	SD	N	M	SD
Male	7			9			6		
Fear Index		5.1	2.67		5.7	2.24		5.5	2.81
Anxiety Differential		64.1	14.73		67.7	11.72		62.8	10.05
Performance Criteria		8.1	2.04		7.4	2.07		9.0	1.26
Female	6			7			9		
Fear Index		6.0	2.61		5.0	2.71		4.8	2.28
Anxiety Differential		60.1	23.40		64.0	10.36		56.4	12.78
Performance Criteria		6.8	1.94		7.2	1.11		6.1	2.20

¹The higher the score on the dependent variable the greater the anxiety or the better the performance.

TABLE 8

Summary Table For Multivariate And Univariate Analyses Of Covariance
For Sex And Treatments

Treatment		Sex		Treatment x Sex	
	F	.3623	1.7857		.9010
Multivariate	df	6 and 70	3 and 35		6 and 70
	P Less Than	.90	.17		.50
	Variable	F	P Less Than	F	P Less Than
	Performance	.0569	.94	3.6319	.06
					2.4549
					.10
Univariate	Fear Index	.1377	.87	.1117	.74
					.4165
					.66
	Anxiety	.8737	.42	1.8957	.17
	Differential				.0898
					.91



on the dependent variables are as shown in Table 9. The performance criteria means for those majoring in counseling are somewhat higher across treatment groups than for those with other majors. The multivariate analysis of covariance shown in Table 10 did not reveal significant differences, though; the probability level of the univariate F for major was not significant either. However, the univariate F for the treatment by major interaction was significant at the .04 level for the Anxiety Differential. Control subjects not in counseling and Treatment 1 subjects who were counseling majors had the lowest scores on the Anxiety Differential. Treatment 1 non-counseling majors and Treatment 2 counseling majors made higher scores on the Anxiety Differential.

Influence Of Taylor Pre-test Scores On Dependent Variables

The Taylor Manifest Anxiety Scale scores obtained from the subjects as a pre-test have been used in all the previous analyses as a covariate. In this analysis, the subjects in each treatment with a Taylor score of 13 or above were put in a high anxiety group, and those with a score of 12 or below were put in a low anxiety group. The mean of all subjects on the Taylor Scale was 12; this was also the median. When subjects are dicotomized into high and low Taylor groups, the Taylor score is being used as a

TABLE 9

Cell Size, Means, And Standard Deviations Of Treatment Groups
According To Major^{1,2}

	T ₁			T ₂			T ₃		
	Self Desensitization			In Vivo Desensitization			Control		
	N	M	SD	N	M	SD	N	M	SD
Counseling	9			7			11		
Fear Index		4.9	2.45		5.8	2.04		5.5	2.34
Anxiety Differential		56.9	14.84		70.3	9.16		60.2	10.30
Performance Criteria		8.0	2.17		7.6	1.13		7.8	1.94
Non-Counseling	4			9			4		
Fear Index		7.0	1.92		5.0	2.69		3.6	2.50
Anxiety Differential		75.3	15.07		62.8	11.57		55.8	16.72
Performance Criteria		6.5	1.87		7.2	2.05		5.8	2.99

¹Counseling majors were school counseling and rehabilitation counseling.

²The higher the score on the dependent variable the greater the anxiety or the better the performance.

TABLE 10

Summary Table For Multivariate And Univariate Analyses Of Covariance
For Major And Treatments

Treatment		Major		Treatment x Major	
Multivariate	F	.3919	.8368	1.6453	
	df	6 and 70	3 and 35	6 and 70	
	P Less Than	.88	.48	.15	
Univariate	Variable	F	P Less Than	F	P Less Than
	Performance	.0349	.97	2.0851	.16
	Fear Index	.1445	.86	.1540	.70
	Anxiety Differential	.9999	.37	.0092	.92
				3.6697	.04

subject variable rather than as a covariate. The means for the performance criteria shown in Table 11 are two points higher for the low Taylor subjects than the high Taylor subjects. Table 12 indicated that the multivariate analysis of variance is significant, with a probability of .02. The univariate F test for performance was significant at the .003 level.

The Taylor score was also used to identify very anxious subjects. The subjects who were one standard deviation or more above the mean included one subject from Treatment 1, four subjects from Treatment 2, and one subject from Treatment 3. With only one subject in two of the treatments, it is obviously impossible to do an analysis of post-test differences between these groups of highly anxious subjects. Instead, change in the treatment subjects was examined by computing t tests on the pre- and post-test means on the Taylor Manifest Anxiety Scale, the Anxiety Differential, and the Fear Index. The post-test Taylor score was significantly lower than the pre-test score in the five treatment subjects. Of course, this analysis does not demonstrate that the change was not due to regression toward the mean, maturation, or other extraneous variables.

Summary

The hypotheses proposed in this study were not accepted. Scores on the Fear Index and Anxiety Differential did not

TABLE 11

Cell Size, Means, And Standard Deviations Of Treatment Groups
According To Taylor Score^{1,2}

	T ₁			T ₂			T ₃		
	Self Desensitization			In Vivo Desensitization			Control		
	N	M	SD	N	M	SD	N	M	SD
Low Taylor Score	9			7			6		
Fear Index		5.7	2.65		5.3	2.26		4.8	2.71
Anxiety Differential		59.4	20.39		67.9	12.40		57.8	8.18
Performance Criteria		8.2	1.48		8.1	1.75		8.5	1.87
High Taylor Score	4			9			9		
Fear Index		5.3	2.75		5.4	2.64		5.2	2.39
Anxiety Differential		69.5	12.87		64.7	9.60		59.7	14.18
Performance Criteria		6.0	2.45		6.8	1.60		6.4	2.35

¹A Low Taylor Score was one of 12 or below; a high score was one above 13.

²The higher the score on the dependent variable the greater the anxiety or the better the performance.

TABLE 12

Summary Table For Multivariate And Univariate Analysis Of Variance
For Taylor Scores And Treatments

Treatment		Taylor		Treatment x Taylor	
F	.4907	3.7601		.7689	
df	6 and 72	3 and 36		6 and 72	
P Less Than	.81	.02		.60	
Variable	F	P Less Than	F	P Less Than	F
Performance	.0747	.93	10.0313	.003	.2106
Fear Index	.1256	.88	.0113	.92	.0809
Anxiety Differential	.9754	.39	.2433	.62	.7210
					.49

change during the eight weeks of the experiment. Trends were noted in the subject variables of counseling experience, teaching experience, and sex. Interaction of treatment and major and the effect of the Taylor pre-test scores were found to be significant.

CHAPTER V

DISCUSSION, SUGGESTIONS FOR FURTHER RESEARCH, AND SUMMARY

Discussion of Main Treatment Effects

A discussion of the outcomes of this investigation must include consideration of possible explanations for the lack of treatment effect. The possibility that desensitization is not an effective way of changing behavior must be considered. This alternative does not appear to be viable, however, because of the large number of previous studies that have found desensitization to be effective. More research has been done on standard, individual desensitization than on self or in vivo methods. However, positive results in the latter have been found, as reported in the review of the literature section. Rejecting the explanation that desensitization is not effective, an examination of possible hindering factors in this particular study is in order.

A primary reason for the lack of treatment effect seems to have been the anxiety level of the subjects. Desensitization of anxiety presumes that an inappropriate level of anxiety is being experienced by the subject in connection with some situation. The planning of the present research assumed that subjects were anxious and that

this anxiety was disruptive. Figures 1 and 2 in Chapter IV indicate that the anxiety experienced by control subjects did not change throughout the experiment. Their anxiety was not noticeably different just prior to the performance demonstration was discussed eight weeks earlier. This observation, in addition to the fact that desensitization did not reduce treatment subjects' anxiety, suggests that the level of anxiety present in the subjects was not debilitating. A second indication that subjects were not unduly anxious is that the average pre-test score on the Taylor Manifest Anxiety was 12, while the average that Taylor (1953) found among college undergraduates in general psychology classes was over 14.

Twelve graduate students in an occupational information course were administered the Taylor Scale by the experimenter. This data was gathered near the end of the five weeks summer term, 1970. The mean of these subjects was over 15. This data further indicates that the subjects in the desensitization study were relatively low in anxiety.

The mental set of the counselor trainee may have been influenced by the instructor and classmates so that anxiety reduction occurred not as a result of the treatments. It may have been that group discussion during the term reduced anxiety of individual subjects who were above average in anxiety.

As reported in Chapter I, prior observations had been that whole classes were anxious when role playing was required. Apparently, the observation of instructors that practicum students were typically anxious was too generalized. Some of the more vocal students may have been moderately or highly anxious. Because of these student reports and observations of manifest anxiety in a number of trainees, the present study did not screen for "highly anxious" subjects. Reported studies of desensitization of anxiety usually have selected subjects by a screening procedure.

Perhaps the performance demonstration required of subjects in this experiment was too easy to make trainees anxious. Role playing experiences in a counselor training program are usually longer and more complex than the structuring task used in this experiment. This element was purposely made short and specific so performance could be objectively evaluated. In reducing the ambiguity of what is required of the trainee in a role playing situation, though, the anxiety arousing aspect is reduced as well.

Another possible factor which might have contributed to the lack of significant treatment effects has to do with the degree to which the subjects took the treatments seriously and applied themselves to it. Obviously, an experience such as this must be entered into fully by the subjects

if it is to make a difference in their anxiety or performance. Self desensitization subjects worked alone in individual rooms, so they were not in contact with the experimenter during the treatments. The experimenter did observe them periodically through one-way mirrors to verify that the tape was on and that the subject appeared to be listening to it. No subject missed a treatment session without making it up either immediately prior to the next session or at some other time arranged outside of class.

Efforts were made to motivate both the self and in vivo desensitization subjects as a part of their respective treatments. However, it may have been that the self desensitization subjects attended to stimuli other than the hierarchy items during parts of the treatment session, so that physical presence might not always have meant full psychological participation. The in vivo desensitization subjects were actively involved in the treatment process, so lack of significant results is more difficult to explain in terms of lack of involvement. A cooperative attitude was maintained by the in vivo subjects as they experienced the graduated contacts with clients. The seriousness of the in vivo subjects may have been affected by the contrived nature of the encounters with the role playing clients, though. Only occasionally were the subjects hesitant to

meet the role playing clients. It may be possible that they perceived the group in vivo procedure as a game which was not closely connected with the real world.

The hierarchy items may have been a source of error in the experimental design. The twenty-item hierarchy the desensitization subjects prepared for their own use was completed before the study. Standard desensitization procedure allows for the revision of the hierarchy during the desensitization procedure. This usually involves adding additional items to bridge gaps in the original list. The experimenter did confer with each subject about his hierarchy as the experiment began, but perhaps the lack of opportunity to revise the hierarchy was an unnoticed violation of desensitization procedures. The possible problem with the in vivo hierarchy is, of course, that it was the same for everyone. The experiences with role playing clients were devised to lead gradually from neutral stimuli to interpersonal confrontations eliciting a negative reaction from the counselor. The overall purpose appeared to have been accomplished, but the individual subjects may not have viewed the sequence in this way. To individual subjects, the sequence may have had unequal intervals which caused some transitions to be somewhat traumatic. The relaxation exercise, then, would perhaps not have sufficiently counteracted the anxiety created by the in vivo experience.

1

The time during the term when the performance demonstration took place may have been a factor which contributed to the lack of significant findings. It was necessary to do the study within the framework of the procedures in counseling and practicum courses. This required that the performance demonstration of counseling skills be given at the end of the course at the same time that the final examination was administered. During the eight weeks of study, the graphs of the mean scores of subjects in the treatment groups on the Fear Index and Anxiety Differential suggest some lowering of anxiety during the middle of the study and an increase at the end. The proximity of the final exam in the courses may have raised the anxiety level of subjects and masked the effects of desensitization.

In summary, four possible ways in which the design of this study might have been inadequate have been discussed. It should not be inferred that all of these occurred; in fact, these explanations are not all compatible with each other. Each, however, is a plausible reason for the lack of treatment effects.

Discussion Of Trends And Significant Findings

When counseling experience, teaching experience, sex, major, and the Taylor pre-test scores were analyzed as subject variables, several trends or significant findings were reported.

The first of these was a trend toward significance on the Anxiety Differential as a result of counseling experience. It is quite noteworthy that lower anxiety scores were consistently made by subjects in the treatment groups who had no counseling experience. This is contrary to an expectation based on the hypothesis that experience helps a person feel more competent and comfortable in the counseling relationship. Perhaps the lack of counseling experience is related to lower anxiety in that such individuals have a positive impression of counseling, whereas those with counseling experience were reminded by the performance demonstration of anxiety producing experiences that had experienced in connection with counseling.

A trend toward teaching experience affecting counseling performance was noted among the results. Experience in the teaching field apparently results in greater ability to structure the counseling process. The counselor task of structuring is similar to teaching in that certain ideas are to be conveyed to the client. It is logical that teaching experience would be associated with a trend toward better performance in structuring the counseling interview.

Sex of the subject appears to be marginally related to performance in structuring as well. A trend toward significance which favored men was noted. Since the performance criteria score reflected the specific number of points which were made in the performance demonstration, the

trend toward higher scores by men might be interpreted as reflecting greater assertiveness, while the women tended to be less assertive and, therefore, less successful in structuring the counseling interview.

The major of each subject was classified as counseling or non-counseling. Significant interaction between major and treatment was found on the Anxiety Differential. Subjects who were not majoring in counseling, and who were also in the control group had the lowest mean scores on the Anxiety Differential. Subjects majoring in counseling who were in Treatment 1 had the next lowest mean score. Somewhat higher scores were made by subjects who were majoring in counseling and who were in the control group. Treatment 1 subjects not in counseling made the highest scores on the Anxiety Differential. It is difficult to suggest a simple reason for this complex interaction. Regarding the differential effect of self desensitization according to major, it could be postulated that counseling students were able to imagine the hierarchy items more realistically and vividly than those not majoring in counseling. This may have made self desensitization more effective with counseling students. Treatment 2 was more effective with non-counseling students than with counseling majors. This may have been because the actual contact with clients made more of an impression on these subjects. Non-counseling students in the control

group may have been low in anxiety because they were uncommitted to professional development in this area, and did not care about supervisors' ratings.

The most significant finding of the study was that the Taylor pre-test scores were significantly related to performance scores. Lower Taylor scores were associated with higher performance scores. This is congruent with the theory that anxiety interferes with performance. The Taylor Manifest Anxiety Scale is thought to be a measure of trait rather than state anxiety. This general personality trait of anxiety is not related to situational measures of anxiety. The highly significant relationship of Taylor scores to performance scores suggests that the general personality characteristics of a person are more an influence on his behavior than either the demands of this particular situation or treatments.

Trends and significant differences have been discussed in connection with counseling and teaching experience, sex, major, and the Taylor pre-test scores of subjects. Of course, it should be remembered that only some of the trends and significant findings may be replicable. The random combination of subjects affected by some trends may have artificially created what looks like other trends through the repeated analysis of the same subjects in different groupings.

Implications For Further Research

This study has demonstrated the difficulties inherent in attempting to apply a therapy treatment to a group of subjects without screening for high anxiety levels. There are definite implications for further research that grew out of this study, and indications as to what improvement should be made in related designs.

To verify or discount trends found in the present study, this research should be replicated with a design which provides for a reasonable number of subjects representing the various subject characteristics of counseling experience, teaching, sex, major, and Taylor scores. For example, a future study might have twenty subjects in each of the three groups divided evenly as to whether or not they had counseling experience, twenty more in each of the three groups divided evenly as to whether or not they had teaching experience, and so on with sex, major, and high or low Taylor scores. Obviously, this would require several hundred subjects, but this would be necessary in order to keep from randomly recombining the same subjects while testing for different effects.

A more basic issue emerges from this study regarding the choice of subjects. It appears that the application of desensitization procedures was not effective in reducing anxiety because the treatment was not appropriate for the subjects. Possible explanations given for the lack of

treatment effect are that the subjects were not anxious or were not committed to participating in the desensitization treatments. In future research subjects should be chosen for their anxiety in the counseling situation and for their willingness to participate in the desensitization process.

If this research is repeated within the framework of an academic course in counseling, the performance demonstration should be temporarily removed from any examination given in the course. The present research may have been contaminated by the fact that the performance demonstration was at the end of the term. Final examinations may have caused all subjects to be moderately anxious, thus reducing differences between groups.

The performance demonstration of counselor skills in further research should be longer and more complex a task. Not only was the task that was used not anxiety arousing, but it was not representative of the complex interpersonal interaction that characterizes counseling.

The repeated use of anxiety measures for an "anxiety curve" during the treatment period should be modified in future research. Mischel (1968) has argued that people have stereotyped views of themselves and, consequently, tend to give the same responses to paper and pencil tests over a period of time. This tendency may have been encouraged by the repeated use of these instruments during the experiment. A number of filler items should be used with the

Anxiety Differential items to disguise the nature of that instrument.

Summary

This research investigated the effects of self and in vivo desensitization on counselor trainee anxiety. Forty-four subjects were drawn from procedures of counseling and counseling practicum courses and were randomly divided into treatment and control groups. During the first class meeting, all took the Anxiety Differential, the Fear Index, and the Taylor Manifest Anxiety Scale, and received a one hour instructional unit on structuring the counseling process. This unit consisted of a video tape and a handout.

Seven treatments were administered in succeeding weeks. Self desensitization subjects worked alone in individual rooms using pre-recorded cassette tapes. The first tape was a one-half hour relaxation training session. Through the six other sessions, subjects worked with items from a twenty-item list which described situations leading to a performance demonstration of counseling skills. In each treatment session three or four of the items were presented three times for five, ten, and twenty seconds, each presentation being followed by thirty seconds of relaxation. The items were presented by number, with the voice on the tape saying "imagine item 7," for example.

In vivo treatment subjects were given a one-half hour relaxation training session as a group during the first

treatment session. During the other sessions subjects entered counseling rooms which were arranged with the following stimuli:

- 2nd treatment: Room clear except for two chairs and one desk. Blinds pulled. No microphone.
- 3rd treatment: All furniture in room. Blinds open, microphone on. Student practices structuring for an observer.
- 4th treatment: Student is interrupted in his practice by tape recorded client comments.
- 5th treatment: Passive, non-verbal client. Student practices structuring.
- 6th treatment: Agreeable client interrupts with questions while student communicates structure.
- 7th treatment: Mildly hostile client interrupts with questions and negative comments while student practices.

Each subject in the in vivo group spent five, ten, and twenty seconds in the counseling room following by thirty seconds of relaxation. The subjects entered the stimulus situation three times for each time interval; a total of thirty minutes was spent each week on this procedure. Self desensitization and in vivo subjects completed the Anxiety Differential and Fear Index on alternate weeks throughout the study.

A non-treatment control group experienced no desensitization procedures.

After the treatments were administered, each subject was evaluated on his ability to structure the counseling process with a role playing client using a performance criteria. Immediately prior to this performance test, the Anxiety Differential and Fear Index were administered again as anxiety post-tests. Multivariate analysis of covariance was used in the statistical analysis. A one-way test was done for treatment. Two-way tests were applied to treatments and counseling experience, teaching experience, sex, major, and Taylor scores.

The primary finding of the study was that there was no effect on anxiety level due to treatments. Trends were noted as to the influence of counseling experience, teaching experience, and sex. The interaction affect for treatments and major was significantly related to the Anxiety Differential post-test measure, as was the effect of the Taylor Manifest Anxiety Scale scores on the performance measure.

The primary reason suggested for lack of treatment effects was that the subjects were not particularly anxious in this situation. Also, subjects were not volunteers and may not have been highly motivated to participate in desensitization. The reasons for trends were discussed. The interaction effect of treatments and major was explained on the basis of commitment to counseling of counseling and non-counseling subjects. The effect of high and low Taylor

scores on the performance measure was considered to be an instance of high anxiety as a personality trait interfering with skill demonstration.

BIBLIOGRAPHY

]

BIBLIOGRAPHY

- Bandura, Albert, Principles of Behavior Modification, Holt, Rinehart, and Winston, Inc., New York, 1969.
- Buss, Arnold, "A Follow-up Item Analysis of the Taylor Anxiety Scale," Journal of Clinical Psychology, 1956, 11, 409-10.
- Carmichael, H., "Sound-film Recording of Psychoanalytic Therapy: A Therapist's Experiences and Reactions," Journal of Iowa Medical Society, 1956, 46, 590-95.
- Cooke, Gerald, "The Efficacy of Two Desensitization Procedures," Behavior Research and Therapy, 1966, Vol. 4, 17-24.
- DeCecco, John P., The Psychology of Learning and Instruction: Educational Psychology, Prentice Hall, Inc., Englewood Cliffs, New Jersey, 1968.
- Donner, Lawrence, and Bernard G. Guerney, "Automated Group Desensitization for Test Anxiety," Behavior Research and Therapy, February, 1969, Vol. 7, (1), 1.
- Garfield, Zalmon H., Patricia L. Darwin, Barton A. Singer, and John F. McBrearty, "Effect of In Vivo Training on Experimental Desensitization of a Phobia," Psychological Reports, 1967, Vol. 20, 515-519.
- Gouldiamond, Israel, "Self Control Procedures in Personal Behavior Problems," in Roger Ullrich, Thomas Stacknick, and John Maybry, eds, The Control of Human Behavior, Scott, Foresman & Company, Glenview, Illinois, 1965, 127.
- Husek, T. R., and Sheldon Alexander, "The Effectiveness of the Anxiety Differential in Examination Stress Situations," Educational and Psychological Measurement, Vol. 23, 1963, 309-318.
- Kahn, Michael, and Bruce Baker, "Desensitization With Minimal Therapist Contact," Journal of Abnormal Psychology, 1968, Vol. 73, 198-200.
- Lang, Peter J., "The Mechanics of Desensitization and the Laboratory Study of Human Fear," In Cyril M. Franks, ed., Behavior Therapy: Appraisal and Status, McGraw-Hill Book Company, New York, 1969.

- Lebo, Dell, Robert A. Toal, and Harry Brick, "Manifest Anxiety in Prisoners Before and After CO₂," Journal of Consulting Psychology, 1958, 22, 51-55.
- Mager, Robert F., Preparing Instructional Objectives, Palo Alto, California: Fearon Publishers, 1962.
- Martarazzo, Joseph D, Samuel B. Guze, and Ruth G. Martarazzo, "An Approach to the Validity of the Taylor Anxiety Scale: Scores of Medical and Psychiatric Patients," Journal of Abnormal and Social Psychology, 1955, 51, 276-80.
- Martinson, William D., and James P. Zerface, "Comparison of Individual Counseling and a Social Program with Nondaters," Journal of Counseling Psychology, Vol. 17, (1), 1970, 6-14.
- Meyer, V. and M. G. Gelder, "Behavior Therapy and Phobic Disorders," British Journal of Psychiatry, 1963, (109), 19-28, as quoted in Cyril M. Franks, Behavior Therapy: Appraisal and Status, McGraw Hill Book Company, New York, 1969.
- Migler, Bernard, "Tape Recorder for Automated Desensitization," Behavior Research and Therapy, Vol. 6, 1968, 243.
- Migler, Bernard, and Joseph Wolpe, "Automated Self Desensitization: A Case Report," Behavior Research and Therapy, 1967, Vol. 5, 33-135.
- Mischel, Walter, Personality and Assessment, New York: Wiley, 1968.
- Moser, Ralph L. "Clinical Supervision: The Analysis of Teaching," Supervision: New Dimensions (Edited by Ralph Moser, David Purpel, and Kiyo Morimoto), Boston: Houghton-Mifflin, 1968, 1-2.
- Nolan, J. Dennis, "Self Control Procedures in the Modification of Smoking Behavior," Journal of Consulting and Clinical Psychology, 1968, Vol. 32, 92-92.
- O'Neil, David G. and Robert J. Howell, "Three Modes of Hierarchy Presentation in Systematic Desensitization Therapy," Behavior Research and Therapy, 1969, Vol. 7, 289-294.

- Paul, Gordon L., Insight vs. Desensitization in Psychotherapy, Stanford, California: Stanford University Press, 1966.
- Pophum, W. James and Eva L. Baker, Establishing Instructional Goals, Prentice Hall, Inc., Englewood Cliffs, New Jersey, 1970.
- Ryan, T. Antoinette, "Systems Techniques for Programs of Counseling and Counselor Education," Educational Technology, June, 1969, 7-17.
- Ryan, T. Antoinette, "Systems Research in Counseling and Counselor Education," American Educational Research Association 1969 Presentation, Los Angeles, February 2, 1969.
- Rehm, Lynn P., and Albert Marston, "Reduction of Social Anxiety Through Modification of Self Reinforcement: An Instigation Therapy Technique," Journal of Consulting and Clinical Psychology, 1968, Vol. 32, (5), 565-574.
- Russel, Peter D. and William U. Snyder, "Counselor Anxiety in Relation to Amount of Clinical Experience and Quality of Affect Demonstrated by Clients," Journal of Abnormal and Social Psychology, Vol. 27, (4), 358-363.
- Silvern, Leonard G., "A Cybernetic System Model for Occupational Education," Educational Technology, VIII, No. 2, January 30, 1968, 3-9.
- Taylor, Janet A., "A Personality Scale of Manifest Anxiety," Journal of Abnormal and Social Psychology, Vol. 48, (2), 285-290.
- Thoresen, Carl, "Relevance and Research in Counseling," Review of Educational Research, American Educational Research Association, 39, (2), April, 1969(b), 263-81.
- Thoresen, Carl E., "Being Systematic About Counselor Training: Some Basic Steps," Presented in a Symposium, American Personnel and Guidance Association Convention, April, 1968(a).

- Thoresen, Carl E., "The Systems Approach and Counselor Education: Basic Features and Implications," unpublished, from an earlier version presented at the annual meeting of the American Educational Research Association, Chicago, February, 1968(b).
- Van Atta, Ralph E. "Excitatory and Inhibitory Effect of Various Methods of Observation in Counseling," Journal of Counseling Psychology, 1969, 16 (5), 433-39.
- Walk, Richard, "Self Ratings of Fear in a Fear-Invoking Situation," Journal of Abnormal and Social Psychology, Vol. 52, (2), 1956, 171-178.
- Whiteley, John M., "Counselor Education," Review of Educational Research, American Educational Research Association, 39, (2), April, 1969, 175.
- Winborn, Bob B., Norman Stewart, William Hinds, Herbert Burks, Richard Johnson, and Jim Englekes, 1969, mimeograph.
- Wolpe, Joseph, Psychotherapy By Reciprocal Inhibition, Stanford: Stanford University Press, 1958.
- Wolpe, Joseph, and Arnold Lazarus, Behavior Therapy Techniques, London: Pergamon Press, 1966.
- Yelon, Stephen L., "Toward the Application of Systems Analysis to Counselor Education," Educational Technology, IX, No. 3, March, 1969, 55-60.
- Yelon, Stephen L. and Roger O. Scott, A Strategy for Writing Objectives, Kendall/Hunt Publishing, Dubuque, Iowa, 1970.

APPENDICES

APPENDIX A

Name _____

Directions For Ranking Anxiety Cues

This is a self - help project to enable you to overcome whatever tension or "jitteriness" is associated with being observed and evaluated on your ability to structure the counseling interview. The method we will be using involves your making a list of situations leading up to the performance demonstration that make you tense. Situations that you rank highest will have the most anxiety cues associated with them. You will have twenty items in your list, with number twenty being a situation just suggestive of the performance demonstration, like entering the classroom or seeing your instructor, and number one being the performance demonstration itself with the instructor rating you, etc. The items in between should lead up gradually from 20 to 1, including perhaps just walking down the hall to the counselor training rooms, being in the room testing the microphone, or practicing with someone sitting in front of you. Do your twenty items in pencil, so your instructor can help you with whatever changes are necessary. Be sure and turn this in next week.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.



16.

17.

18.

19.

20.



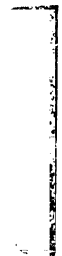
APPENDIX B

Name _____ Date _____ Instructor _____

This scale consists of fifty statements. Read each statement and decide whether it is true as applied to you or false as applied to you. If a statement is TRUE OR MOSTLY TRUE, as applied to you, circle the T before that statement. If a statement is FALSE OR NOT USUALLY TRUE, as applied to you, circle the F before that statement. Your responses are strictly confidential.

1. T F My hands and feet are usually warm enough.
2. T F I work under a great deal of tension.
3. T F I have diarrhea once a month or more.
4. T F I am very seldom troubled by constipation.
5. T F I am troubled at attacks of nausea and vomiting.
6. T F I have nightmares every few nights.
7. T F I find it hard to keep my mind on a task or job.
8. T F My sleep is fitful and disturbed.
9. T F I wish I could be as happy as others seem to be.
10. T F I am certainly lacking in self-confidence.
11. T F I am happy most of the time.
12. T F I have a great deal of stomach trouble.
13. T F I certainly feel useless at times.
14. T F I cry easily.
15. T F I do not tire quickly.
16. T F I frequently notice my hand shakes when I try to do something.
17. T F I have very few headaches.
18. T F Sometimes, when embarrassed, I break out in a sweat which annoys me greatly.
19. T F I frequently find myself worrying about something.
20. T F I hardly ever notice my heart pounding and am seldom short of breath.

21. T F I have periods of such great restlessness that I cannot sit long in a chair.
22. T F I dream frequently about things that are best kept to myself.
23. T F I believe I am no more nervous than most others.
24. T F I sweat very easily even on cool days.
25. T F I am entirely self-confident.
26. T F I have very few fears compared to my friends.
27. T F Life is a strain for me much of the time.
28. T F I am more sensitive than most other people.
29. T F I am easily embarrassed.
30. T F I worry over money or business.
31. T F I cannot keep my mind on one thing.
32. T F I feel anxiety about something or someone almost all the time.
33. T F Sometimes I become so excited that I find it hard to get to sleep.
34. T F I have been afraid of things or people that I knew could not hurt me.
35. T F I am inclined to take things hard.
36. T F I am not usually self-conscious.
37. T F I have sometimes felt that difficulties were piling up so high that I could not overcome them.
38. T F I am usually calm and not easily upset.
39. T F At times I think I am no good at all.
40. T F I feel hungry almost all the time.
41. T F I worry quite a bit over possible misfortunes.
42. T F It makes me nervous to have to wait.



- 43. T F I have had periods in which I lost sleep over worry.
- 44. T F I must admit that I have at times been worried beyond reason over something that really did not matter.
- 45. T F I am a high-strung person.
- 46. T F I practically never blush.
- 47. T F I blush no more often than others.
- 48. T F I am often afraid that I am going to blush.
- 49. T F I shrink from facing a crisis or difficulty.
- 50. T F I sometimes feel that I am about to go to pieces.

APPENDIX C

Name _____ Date _____

Instructor's Name _____

This is a self rating of how calm or tense you are feeling right now. Please rate yourself honestly; this will in no way affect your grade in the course. To rate yourself, place an X in the space on the continuum that describes how you are feeling at the present time.

calm _____ tense,
relaxed, nervous,
self-confident concerned

APPENDIX D

Name _____ Date _____
Instructor's Name _____

The purpose of this instrument is to determine what certain words or concepts mean to you. Each numbered item presents a CONCEPT (such as DOG) and a scale (such as High-Low). You are to rate the concept on the seven point scale indicated.

If you feel that the concept is very closely associated with one end of the scale, you would place your check-mark as follows:

DOG
high X : _____ : _____ : _____ : _____ : _____ : low
OR
high _____ : _____ : _____ : _____ : _____ : X : low

If you feel that the concept is closely related to one side of the scale, you would check as follows:

TREE
straight _____ : X : _____ : _____ : _____ : _____ : crooked
OR
straight _____ : _____ : _____ : _____ : _____ : X : crooked

If the concept seems only slightly related to one side as opposed to the other, you might check as follows:

CLOUD
easy _____ : _____ : X : _____ : _____ : _____ : difficult
OR
easy _____ : _____ : _____ : _____ : X : _____ : difficult

If you consider the scale completely irrelevant, or that both sides are equally associated, you would check the middle space:

CAR
idealistic _____ : _____ : _____ : X : _____ : _____ : realistic

REMEMBER: Never put more than one check mark on any scale.

Also be sure to check every item.

For this instrument, work at a fairly high rate of speed without worrying or puzzling over individual items. It is your first impressions that we want. Go right ahead now.

1.

FINGERS

straight ____:____:____:____:____:____:____:twisted

2.

ME

helpless ____:____:____:____:____:____:____:secure

3.

BREATHING

tight ____:____:____:____:____:____:____:loose

4.

SCREW

strong ____:____:____:____:____:____:____:weak

5.

HANDS

wet ____:____:____:____:____:____:____:dry

6.

TODAY

loose ____:____:____:____:____:____:____:tight

7.

ME

frightened ____:____:____:____:____:____:____:fearless

8.

GERMS

deep ____:____:____:____:____:____:____:shallow

9.

HANDS

good ____:____:____:____:____:____:____:bad

10.

BREATHING

careful ____:____:____:____:____:____:____:carefree

]

11. FINGERS

stiff ____:____:____:____:____:____:____:relaxed

12. ME

calm ____:____:____:____:____:____:____:jittery

13. HANDS

tight ____:____:____:____:____:____:____:loose

14. BREATHING

hot ____:____:____:____:____:____:____:cold

15. SCREW

loose ____:____:____:____:____:____:____:tight

16. ME

carefree ____:____:____:____:____:____:____:worried

17. ANXIETY

clear ____:____:____:____:____:____:____:hazy

18. FINGERS

loose ____:____:____:____:____:____:____:tight

APPENDIX E

Total Score _____

Trainee _____
Rater Initials _____

Performance Demonstration--Structuring

Roles

0 points--one or both roles not discussed

1 point---briefly mentions that the counselor "listens" and
client "describes"

2 points--Several sentences on both the role of the client
and the counselor. Remarks mention action-oriented
tasks of counselor (suggest, provide new exper-
iences in role playing) or client (carry out
assigned tasks or make decisions)

Purpose

0 points--not mentioned

1 point---"Solve problems" or other appropriate brief
comment

2 points--Two or more sentences mentioning several appropri-
ate purposes, like "relationship is provided in
which the client can receive help" "normal con-
cerns such as problem solving concerns are dealt
with" "counseling provides a learning situation
in which the client can learn new behavior.

Limits

0 points--1 mentioned, or not covered

1 point---2 mentioned

2 points--3 mentioned

Time limits

Confidentiality limits
counselor

Limited to normal problems

Limited to voluntary
participation



Focus

0 points--not mentioned

1 point---"one concern at a time "or" focus on specific behavior"

2 points--focus on one specific concern at a time in order to bring about change in specific behavior; also mention behavioral objective

Non-Verbal

0 points--1 appropriate behavior or none

1 point--2 appropriate behaviors	Eye contact Forward leaning posture Facing client
----------------------------------	---

2 points--3 appropriate behaviors Appropriate emphasis in voice--not a monotone

APPENDIX F

PERSONAL DATA

School Counselor Trainee

Directions: Please fill out this form and bring it to the next class. Please use the back of this sheet if additional space is needed. The information you provide will be treated confidentially. Please be frank. The purpose for obtaining this information is to assist the counselor education faculty to better understand the composition of this group of trainees.

Name _____ Date _____

General Data:

- a. Age: Date of Birth:
- b. Sex: (M F)
- c. Race: (B, R. W, Y)
- d. Religion:
- e. Birthplace:
- f. If foreign born, date of arrival in USA:
- g. Education (List high schools and colleges attended, dates of graduation and major)
- h. Employment history: (List job titles and give dates of employment)
- i. Yearly income, all sources: (If unemployed, on what sources of income or on what are you dependent, giving occupation and relationship to you.)
- j. Military service: (Yes, No); dates and highest rank:

Residential Data:

- a. Present address and telephone number (include area code and zip code):

- a. M, S, W, Div, Sep:
- b. Date of marriage:
- c. Date of termination of marriage:
- d. Name of mate, if any:
- e. Dates of previous marriages, if any:
- f. Sex and age of children:
- g. Does mate work (Yes, No) If so, nature of work:
- h. If married, have you ever separated from mate (Yes, No)
Number of times.
- i. Education of mate (Give last year of school completed)
- j. Does mate have any serious health problems? If so, please describe:

a. Father's name: Living or dead:

Age at present, or, if dead, age at death: Birthplace:

If foreign-born, date of arrival in USA: Occupation:

Education (Last year of school completed):

Estimated annual income, all sources: Religion:

b. Mother's maiden name: Living or dead:

Age at present, or, if dead, age at death: Birthplace:

If foreign-born, date of arrival in USA: Occupation:

Education (Last year of school completed):

Estimated annual income, all sources, if she has independent income:

- c. Siblings (List age and sex):

- d. Other significant persons, within or without the family, that have influenced your life (life age, sex, and relationship to you):

Health History:

- a. Describe any current, serious physical ailment, give date of onset:

- b. Describe any physical defect, give date of onset:

- c. Describe any current psychological difficulties of which you are aware, give dates of onset:

- d. Have you ever received counseling, psychotherapy, or psychiatric assistance (Yes, No) Describe symptoms, where treated, and names of people who rendered assistance:

- e. Describe any situations or conditions that cause you to become emotionally upset:

- f. Describe any environmental disturbances that have been of significant influence in your life (economic, work, housing, neighborhood, and family):

- g. Describe any relationship difficulties that have been of significant influence in your life (disturbances in relationships with people, attitudes toward the world, toward authority and toward self):

- h. Describe any hereditary, constitutional, and early developmental influences that have been of significant influence in your life (significant physical and mental disorders in

family, socioeconomic status of family, early traumatic experiences and relationships, fears and anxieties in childhood and adolescents):

Data on Achievements, Interests, and Ambitions:

- a. Describe honors, awards, and other achievements that have come to you, give dates:
- b. List your strongest intellectual aptitude, indicate its strength in comparison with the general population (average, outstanding, superior), and indicate what evidence you used to make this assessment:
- c. List your weakest intellectual aptitude, indicate its strength in comparison with the general population (very low, below average, average, outstanding, superior) and indicate what evidence you used to make this assessment:
- d. List any special talents; describe the extent to which these talents have been developed:
- e. List three primary, specific interests:
- f. List your serious hobbies:
- g. Describe your expectations for yourself for the next five years:
- h. Describe your expectations for yourself for the next ten years:
- i. Why did you choose to begin your graduate study in school counseling; be specific:
- j. When did you first begin thinking of school counseling as a career; give dates:

- k. If any person, situation, or condition influenced you in your decision to begin graduate study in school counseling, please describe, give relationships to you, etc.:
- l. What personal needs may be gratified if you become a school counselor; be specific:
- m. What commitment are you prepared to make at this time to graduate study in school counseling, be specific:
- n. What makes you believe that you can become a successful school counselor, be specific:
- o. If you were not accepted into the regular school counseling program at the end of this term, what other areas of graduate study would you consider applying for:
- p. Why did you choose MSU for graduate study, be specific:

APPENDIX G

Counseling Systems Research
Project
Department of Counseling and
Educational Psychology
Michigan State University

TITLE: Establishing Structure

PURPOSE: To acquaint students with the function of establishing structure and to provide practice in establish counseling structure.

DIRECTIONS:

1. Read Instructional Reference, "Structuring the Counseling Process," page 2.
2. Attain Objective 1, page 5.
3. Attain Objective 2, page 8.
4. View Video Tape.
5. Attain Objective 3, page 10.

INSTRUCTIONAL
OBJECTIVES:

1. Given two written statements of a counselor's structuring of the counseling process, the student will identify in each the words or phrases that structure roles, purpose, limits, and focus.
2. Given four video tape segments of structuring the counseling interview, the student will check those aspects of structuring which are included and, for one segment, the type of referral, the timing of structuring, and the decision as to need. The objective is attained when less than three errors are committed.
3. Given two written brief descriptions of a type of counselee referral, the student will write out what he would actually say to the client to greet him and begin the interview by specifying roles, purpose, limits, and focus. The objective will be attained when the supervisor approves by initialing.

STRUCTURING THE COUNSELING PROCESS

What is structure as it applies to counseling? Basically, it is the framework in which a counselor works with a client. This framework is communicated to the client by talking with him briefly about four aspects of "What counseling is." Structuring is more than a one sentence definition of counseling, however. In structuring, the counselor defines roles, purpose, limits, and focus in regard to the counseling process. Many clients come to counseling with vague notions of what counseling is, such as "just talking things over" or perhaps "getting some advice." Actually clients are not without some justification in looking at counseling in this way because typically school counselors have not established clearly in their own minds just what counseling is and, therefore, cannot clearly communicate their purposes to others in some instances. Structuring of the counseling process refers to the process whereby the counselor establishes the framework in which he will work with the client. This framework involves the four specific areas that must be understood by the client if the counseling is to be productive.

Before the counselor formally establishes structure in the counseling interview, he is faced with two decisions, i.e., "Is formal structure needed," and "Is this the appropriate time?" The counselor should structure the interview when the client is being seen for the first time. It should be done immediately unless the client spontaneously begins to discuss appropriate concerns; in this case, later in the initial interview or at the end is the appropriate time for structuring. Now let us turn to the four elements of structuring.

ROLES

Within the counseling process, both the counselor and client engage in certain activities. It is essential that the client understands what is expected of the counselor. The roles should be communicated to the client in such a way as to ensure the inclusion of the following information about the responsibilities of both participants. The role of the counselor can be described as that of a professional person who provides assistance to the client by listening to his concerns, observing the client and interacting with him. More specifically, it should be noted that the counselor will assist the client in specifying his concerns and suggesting courses of action that might be followed to alleviate the problem. Although typically it might not be

communicated to the client as such, the counselor at times would also take on the role of providing support for the client, the counselor would perhaps mention that counseling provides a "safe" environment in which to try out new behaviors.

It is essential that the counselor inform the client as to his (the client's) role and responsibilities. Primarily, the clients' role consists of describing and discussing his or her concerns and participating in the interview by providing the counselor with needed information. The client should also understand that, although the counselor will provide assistance to the client, the responsibility for carrying out assigned tasks as well as responsibility for making decisions and carrying them out remains with the client

PURPOSE

The purpose of counseling should be described to the client as a relationship wherein the client can receive help in dealing with the normal concerns that occur in the course of development as well as providing immediate assistance in problem solving, counseling is designed to help clients develop problem solving skills that can be utilized in dealing with problems that are faced following the termination of the formal counseling relationship. It can be pointed out to the client that counseling is essentially a learning situation wherein he can develop more effective ways of coping with some of the problem situations that confront him. While counseling, as indicated previously, deals with the normal concerns with which all young people are faced, this does not minimize the need of people for assistance. Indeed, the problems that young people typically face are very real and often extremely frustrating to the person involved.

LIMITS

The third area to be discussed will deal with the limits of the counseling relationship. In discussing this area with the client, the counselor would communicate to the client that he deals only with certain types of problems, primarily those that are typical of young people. The client concerns the counselor deals with are the "normal" problems

1

encountered in the process of growing up. Counselors must know the limits of their training and skill. Those problems indicate a serious maladjustment should be referred to a trained professional. In the typical school setting, the counselor is limited as to the amount of time that can be spent on any one problem with any one client. The specific time limits would vary with the particular setting in which counseling is carried on, but would usually involve no more than ten interviews of approximately 50 minutes duration.

It must be made clear to the client that his/her participation in counseling is on a voluntary basis, that the client is not and cannot be compelled to participate irrespective of the fact that in many cases the client will have been referred to counseling by school authorities. As was pointed out in the discussion of roles, the client has responsibilities for describing his concerns to the counselor; unless the client is willing to carry out this responsibility, the counseling process will not be productive.

An area that is of concern to a great many clients is that of confidentiality. The counselor should carefully point out to the client that the counselor is under an obligation to maintain the confidentiality of the information transmitted to him in the interview. In advising the client of the confidential nature of the relationships, the counselor should inform the client that circumstances might arise wherein it might be useful to the client to involve a third party with information that has been derived in the interview. However, this would only be done with the client's prior permission and would be limited only to the information that the third party would require in order to help the client.

FOCUS

If counseling is to be of maximum effectiveness, the client must also understand that the process will focus on one specific concern at a time with the intention of bringing about an overt change in behavior. In order to bring about this change in behavior, a specific behavioral objective will be established and agreed upon by the counselor and client. This objective, or goal, will describe what the client will be doing as a result of counseling.

IMPLICIT STRUCTURE

While formal structure is provided in nearly all initial interviews, implicit structure is also provided throughout the counseling process. The counselor can provide leads that are designed to keep the client focused on the current problem or can remind the client of his responsibilities or role. Both verbal and non-verbal reinforcements can also be used to develop appropriate client behavior in the interview. The counselor could, for instance, use postural movements as a device to encourage clients to pursue a particular subject area. Moving closer to or leaning toward the client would tend to reinforce whatever behavior the client is engaging in at the time. By the same token, withholding reinforcement for inappropriate client behaviors can serve to move the client's attention to more meaningful material. While formal structuring would occur during the initial interview, implicit structuring would be used as needed throughout the counseling process.

Objective 1: Given two written statements of a counselor's structuring the counseling process, the student will identify in each the words or phrases that structure roles, purpose, limits, and focus.

Problems: 1. Mary, I suggested that you come in today because Mrs. Smith noticed you crying in her class several times this week. I would like to work with you in trying to work out some ways to deal with whatever's bothering you. Counseling, you may or may not know, is designed to help young people with all sorts of problems that nearly everyone has while growing up. Sort of learning to handle or solve problems. In exchange for my help in trying to work out ways of handling your concerns, you'd have to be willing to work with me, to tell me about what's concerning you and to let me know whenever you don't agree with me in what I'm saying. I won't talk to anyone about what's concerning you without your prior permission.

In counseling we would look at making a decision, acting differently, or something specific like that. Is this something you'd like to spend some time on? I'd be able to work with you for about 45 minutes twice a week for the next couple of weeks if that much time seems needed.

Roles--

Purpose--

Limits--

Focus--

Reread before looking at suggested responses.

2. Jeff, in order for me to help you with this problem, it will be necessary for you to tell me as much as you can about what's bothering you. I should tell you that what you tell me in here will be kept confidential, so I hope worrying about that wouldn't keep you from talking to me about your concerns. The problem you have mentioned is not unusual and counseling deals with this type of problem and is designed to help young people in arriving at a solution. We will try to narrow the problem down to something specific and then work on something definite that you can do about it.

Roles--

Purpose--

Limits--

Focus--

Reread before looking at suggested responses.

SUGGESTED RESPONSES FOR EXAMPLE I

- I. a. I would like to work with you . . . in exchange for my help, you'd have to be willing to work with me, to tell me what's concerning you and to let me know whenever you're not right with me in what I'm saying.
- b. Counseling is designed to help young people with all sorts of problems that nearly everyone has while growing up, sort of learning to handle or solve problems.
- c. I won't talk to anyone about your concerns without talking to you first. I'd be able to work . . . 45 minutes twice a week for the next couple of weeks . . .
- d. . . .trying out ways to deal with whatever's bothering you . . . look at making a decision, acting differently or something specific . . .

SUGGESTED RESPONSES FOR EXAMPLE II

- II. a. . . .for me to help you with this problem, it will be necessary for you to tell me . . .
- b. . . .counseling deals with this type of problem and is designed to help young people in arriving at a solution.
- c. . . .what you tell me in here is confidential . . .
- d. We will try to narrow the problem down to something specific . . .

If you were able to identify the various phrases that contribute to structuring the counseling process, or missed just one, you're doing fine.

If not, reread either or both examples and be sure you can accomplish the objective before continuing.

Objective 2: After viewing four video tape segments of structuring the counseling interview, the student will record those aspects of structuring which are included and, for the last segment, the type of referral, the timing of structuring, and the decision as to need. The objective is attained when less than three errors are committed.

You will now see brief video tapes of four interviews in which the counselor structures the counseling interview. The counselor covers the four aspects of structure in some interviews, but does not include each aspect in other segments. For each interview, check the aspects of structure that are covered. Note that for Interview 4 you also check type of referral, the timing, and the need for structure.

Interview I

_____	Purpose	_____	Roles
_____	Limits	_____	Focus

Interview II

_____	Purpose	_____	Roles
_____	Limits	_____	Focus

Interview III

_____	Purpose	_____	Roles
_____	Limits	_____	Focus

Interview 1

Type of Referral

_____ Environmental

_____ Self

Decision Time For Structure

_____ Appropriate

_____ Inappropriate

Decision--Need for Structure

_____ Need

_____ No Need

_____ Purpose

_____ Roles

_____ Limits

_____ Focus

Objective 3: Given two written brief descriptions of a type of counselee referral, the student will write out what he would actually say to the client to greet him and begin the interview by specifying roles, purpose, limits, and focus. The objective will be attained when the supervisor approves of your structuring statements.

Practice Problems

1. Willing, verbal, self referred client (at end of interview)

a. (write out what you would say)

b. (Now specify what you included to structure roles, purpose, limits, and focus)

Roles--

Purpose--

Limits--

Focus--

Supervisor Approval

Raise your hand when you are finished. Your instructor will circulate around the class giving you feedback on your structuring remarks.

2. Hostile, non-verbal Referral from teacher (beginning of interview)

a. (write out what you would say)

b. (Now specify what you included to structure roles, purpose, limits, and focus)

Roles--

Purpose--

Limits--

Focus--

Supervisor Approval

Raise your hand when you are finished. Your instructor will circulate around the class giving you feedback on your structuring remarks.

MICHIGAN STATE UNIV. LIBRARIES



31293010706012