

OUTCOME EFFECTS OF TRAINING COLLEGE STUDENT
CLIENTS IN FACILITATIVE SELF- RESPONDING

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This is to certify that the
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CLIENTS IN FACILITATIVE SELF-RESPONDING

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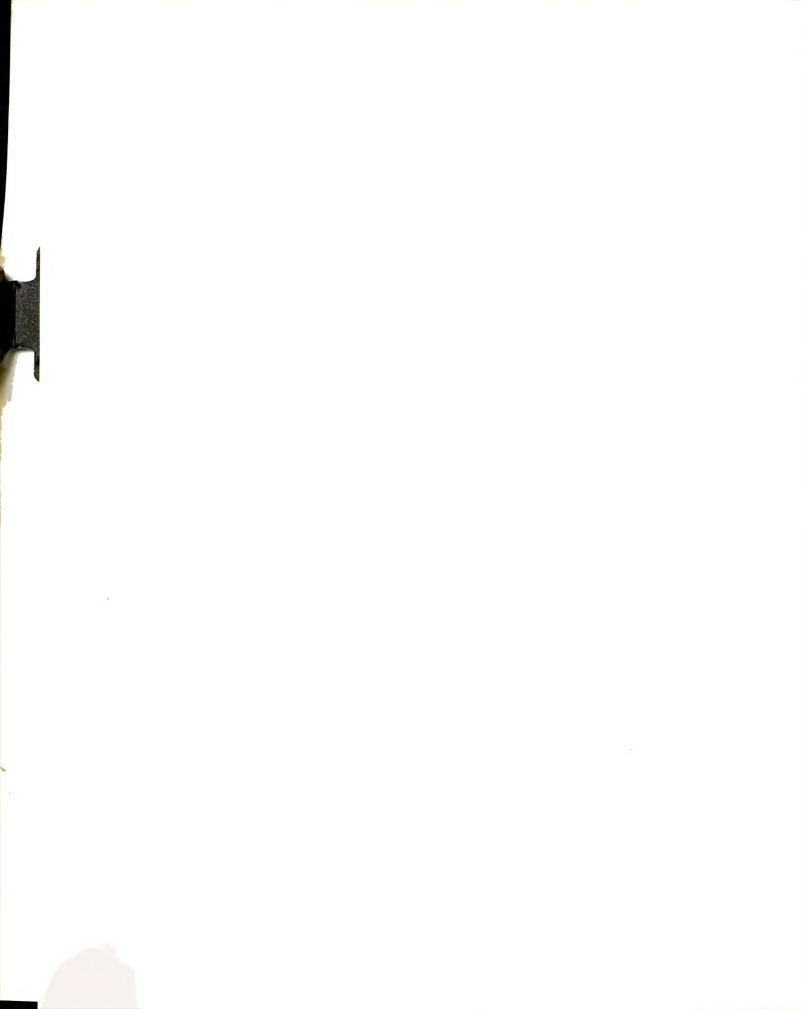
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ABSTRACT

OUTCOME EFFECTS OF TRAINING COLLEGE STUDENT CLIENTS IN FACILITATIVE SELF-RESPONDING

By

David Walter Cabush

The purpose of this experiment was to examine two fundamental questions: (1) Can clients be trained to respond to their own problems at minimally facilitative levels of empathy (E), regard (R), genuineness (G), and concreteness (C)? And, (2) does such training in "facilitative self-responding" have a therapeutic effect in terms of client interpersonal functioning and behavior change in the direction of the individual's counseling goals?

To seek answers for these questions two treatment conditions were established with the intent of making systematic comparisons of outcome. Twenty-two subjects were randomly assigned to one of the two treatment conditions, or groups. The subjects were college students who were seeking individual counseling for personal-social concerns and who had volunteered to participate. Subjects in Group 1 received individual counseling integrated with systematic training in facilitative self-responding.

Subjects in Group 2 received individual counseling with no systematic training. Both groups received treatment for one hour a week over a six-week period.

Four counselors provided the treatment for Group 1, while five other counselors provided the treatment for Group 2. All nine counselors were judged equivalent on the dimensions of helper functioning using the Carkhuff scales for E, R, G, and C. Counselors were also deemed equivalent on the basis of experience, level of training, sex, age, and general therapeutic orientation.

The procedure used for training in facilitative self-responding was developed by the researcher from previous work that Carkhuff and associates had done in regard to facilitative interpersonal functioning. Hence, the procedure was an extension of the Carkhuff model and employed modeling, didactic, and experiential sources of learning to shape higher levels of E, R, G, and C in self-help responses. Training followed two sequential phases: (1) training in the discrimination of levels of each of the facilitative dimensions, and (2) training in the communication of increasingly higher levels of each of the dimensions in response to the trainee's problems.

To directly measure posttreatment training effectiveness subjects in Groups 1 and 2 were cast into the self-help role by being asked to respond as helper to three problem statements which were taken from a recording

of their own intake interview. The responses were subsequently rated by three independent judges on each of the facilitative dimensions. Reliability estimates for the ratings were .96 on E, .92 on R, .90 on G, and .94 on C. The results showed Group 1 to be functioning at about the 3.0 level on all dimensions and at about one level higher than Group 2. Univariate analyses of variance showed the differences to be statistically significant ($\alpha = .05$) for each of the four measures.

The Behavior Rating Form (BRF) was developed to measure group differences beyond the behaviors for which Group 1 was directly trained and behaviors generally accepted to be related to client benefit. Specifically, the BRF measured interpersonal functioning with items based upon the constructs of E, R, G, and C. Also, it measured behavior change in the direction of individual counseling goals with items based upon idiosyncratic problem behaviors identified by each subject prior to treatment. The BRF was administered to each subject and the two significant other observers whom each had identified prior to treatment. Reliability estimates for the interpersonal dimension were .88 for observers and .79 for subjects, and for the counseling goals dimension were .80 for observers and .49 for subjects. Univariate analyses of variance showed Group 1 to be significantly better ($\alpha = .05$) than Group 2 on the dimensions of interpersonal

functioning and behavior change toward counseling goals as reported by observers, but not as reported by subjects. The differences reported by observers were not only significant but were meaningful. That is, according to observers the behavior of Group 1 was in the desired direction and that of Group 2 was not. Also, though group differences for subject ratings were not significant, they were in the direction favoring Group 1.

In addition to the univariate analyses, overall treatment differences were assessed by considering all eight dependent measures together in a repeated measures analysis of variance. The results showed that Group 1 did significantly better ($\alpha = .05$) than Group 2, but also yielded a significant ordinal interaction for groups and measures.

In conclusion, facilitative self-responding was considered to be an effective therapeutic intervention. Systematically training a client to respond to his own problems in a more facilitative manner, thus functioning more effectively as his own helper, is a promising direction for further exploration and development within the helping professions.

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TO ROCHELLE,

Joey,

Cathy,

and family

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Several very "significant others" contributed to making this study possible. Their brief mention here can scarcely convey the writer's deep feelings of appreciation.

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those with whom I was privileged to share the adventure,
the joy, the pain, and the love that can be therapy.

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CHAPTER I

RATIONALE

Introduction

Many professional helpers have advocated or implied that one of the results of successful treatment be greater independence or autonomy for the helpee. Krumboltz (1967) is representative of those who have more formally proposed that a primary function of counseling and counseling research be the discovery of improved ways of helping clients prevent or learn to solve their own problems.

If one assumes that a person seeking counseling is in fact manifesting his inability to resolve some problems independently, then it follows that a central endeavor of counseling should be an improvement in the client's ability to help himself. To implement such a goal suggests that there is (1) an underlying problem solving or helping process that is applicable across a range of problems, and (2) that this process is amenable to predictable change.

In recent years an impressive body of research on such a helping process has been generated by Carkhuff and

his associates. Their paradigm for "facilitative interpersonal functioning" has provided both a descriptive and a training model for improving the functioning of helpers. Such training has been successfully implemented for professional and paraprofessional helpers, significant others, and helpees in terms of their interpersonal skills (Carkhuff, 1969a, 1969b). However, prior to the present study there has not been a systematic attempt to use this model to train an individual client to function effectively as his own helper.

Purpose

The purpose of this experiment was to determine the therapeutic effect of extending the Carkhuff model in such a manner so as to train an individual client to function as his own helper. Specifically, this meant individually training clients to assume a helping role with themselves and to respond at higher levels on the facilitative dimensions of (1) empathy, (2) regard, (3) genuineness, and (4) concreteness.*

Effectiveness was evaluated by comparing counseled clients who received systematic training in "facilitative self-responding" over a six-week period to counseled clients who did not receive training over the same time

*To be abbreviated as follows: E (empathy), R (regard), G (genuineness), and C (concreteness).

period. Comparisons were made on outcome criteria which were judged to be relevant and feasible.

- (1) The level of E, R, G, and C in the responses which a client made after treatment to his problems as he was verbalizing them prior to treatment;
- (2) The client's interpersonal functioning in terms of the communication of E, R, G, and C to others as reported by the client and significant others;
- (3) Change on the idiosyncratic problem-related behaviors which the client could identify when he entered counseling as reported by the client and significant others.

Using these criteria for comparing counseled clients who received training to those who did not, it was hypothesized that:

1. When cast in the role of being their own helper counseled clients receiving training will score significantly higher on the levels of E, R, G, and C than will counseled clients receiving no training.
2. Counseled clients receiving training will score significantly higher in terms of the communication of E, R, G, and C to others as reported by the client and significant others than will the counseled clients receiving no training.
3. Counseled clients receiving training will show significantly greater positive change on idiosyncratic problem-related behaviors as reported by the client and significant others when compared to counseled clients receiving no training.

Theory and Supportive Research

Because this study is an extension of what is an already well elaborated and widely researched paradigm--"facilitative interpersonal functioning"--the researcher will focus upon its theoretical base and related research.



This model is essentially eclectic--incorporating didactic, experiential, and modeling means for acquiring or changing behavior. Consequently, the underlying theory has elements in common with most of the major personality theories, and the methods of therapeutic intervention share elements with most schools of psychotherapy.

Such eclecticism has often been criticized for logical inconsistencies or heuristic limitations. However, even cursory review of the work of Carkhuff and associates suggests that their paradigm does "hang together" theoretically, and that it is rich in both accomplished and potential research. But of greatest importance to this researcher is the degree to which it translates into demonstrable human benefits. This would seem to be the most valid criterion for any theory or model of helping.

Helping as an Interpersonal Process

The model for facilitative interpersonal functioning rests upon a fundamental assumption.

Assumption: Helping processes and their training programs are all instances of interpersonal learning or relearning (Carkhuff, 1969b, p. 3).

Virtually every personality theorist has attended to the nature of early interpersonal relationships. The quality of these relationships are seen as at least partially predictive of adult psychological functioning.

From early childhood an individual's emotional, intellectual, and physical development can be viewed as having been significantly dependent upon: (1) a "first person" (e.g., parents, teachers, counselors); (2) a "second person" (e.g., child, student, client); and (3) "contextual variables" (e.g., environmental factors, including conditions offered by others). These first person and second person roles also become defined as more knowing/less knowing, and helper/helpee (Carkhuff, 1969a).

The issue of adequacy or quality of these interpersonal processes, or helper-helpee relationships, lead to some central propositions.

Proposition I: The helping process in any interpersonal setting may have constructive or deteriorative consequences.

The first published challenge to the effectiveness of professional helping came from Eysenck (1952). Since then many researchers have taken a closer look at counseling outcomes. The result has been that a significant increase of both constructive and deteriorative consequences has been noted on a variety of indices in treatment groups when compared to controls. Such has been the case in programs of intensive treatment with hospitalized schizophrénics (Rogers, Gendlin, Kiesler, & Truax, 1967; Truax & Carkhuff, 1967), with outpatient neurotics (Barron & Leary, 1955; Cartwright & Vogel, 1960), and with relatively



nonpathological guidance populations (Mink & Isaksen, 1959). The evidence indicates that even when the statistics yield no mean differences on outcome measures, the treatment group variance is greater than the control group variance. Therefore, the treatment group has increased positive and negative scores which indicate that helpers do have an impact--for better or for worse.

Evidence of constructive and deteriorative consequences also exists for other important interpersonal relationships. Carkhuff (1969b) has reviewed the growing body of literature concerning parent-child, teacher-student, and helper trainer-trainee relationships. The interpersonal learning within these relationships has been linked with a wide range of consequences, including social adjustment, manifestation of hostility, emergence of schizophrenia, academic achievement, and level of effectiveness as a professional helper.

Thus, our knowledge to this point indicates that within a variety of interpersonal settings helping relationships can be facilitative or retarding. Consequently, much research has assumed the approach of looking at the outcome and tracing back through the process in an effort to determine the variables which promote, inhibit, or malign growth. The following proposition has grown out of this approach and it is fundamental to the Carkhuff model.

Proposition II: "All effective interpersonal processes share a common core of conditions conducive to facilitate human experiences" (Carkhuff, 1969b, p. 7).

Rogers (1957) delineated six conditions which were posited as "necessary to initiate constructive personality change."

1. Two persons are in psychological contact.
2. The first . . . , the client, is in a state of incongruence, being vulnerable or anxious.
3. The second . . . , the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding is to a minimal degree achieved (pp. 95-96).

Other widely divergent orientations to counseling and psychotherapy have subsequently emphasized the critical nature of the helper and helpee process variables. Volumes could be written on the subject of these variables and related research. A brief review serves to provide a perspective for the variables central to this experiment.

Though sometimes given different labels, helper variables have included: (1) empathic understanding, (2) positive regard or warmth, (3) genuineness, (4) self-disclosure, (5) specificity of emotional experience, (6) concreteness in problem solving, (7) appropriate confrontation, and (8) interpretation of the immediate helping experience (Carkhuff, 1969b). Helpee variables have



included: (1) self-exploration (Truax & Carkhuff, 1967), (2) owning of feeling, (3) commitment to change, (4) differentiation of stimuli, and (5) changing behavior with the helper (Kagan, et al., 1967, 1969).

Facilitative Interpersonal Functioning

In what are essentially eclectic extensions of Rogers' (1957) "necessary and sufficient conditions," Carkhuff and associates (Carkhuff, 1969a, 1969b; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967) have added helper-initiated dimensions to the helper-responsive conditions. In this context, effective helping processes can be broken down into two general components: (1) understanding, and (2) action. Within each component critical variables have been delineated.

Understanding: (1) empathy, (2) regard, (3) genuineness, and (4) concreteness.

Action: (1) confrontation and (2) immediacy.

The understanding component is fundamental to the helping process and its variables are thus called "core facilitative dimensions." However, it should be noted that genuineness and concreteness have been considered "swing dimensions" in that according to the developmental phases of helping they may be either responsive or initiative. All four dimensions represent the "common core of conditions" referred to in Proposition II as "conducive to

facilitate human experiences," and consequently define the helping process as it is incorporated into this study.

Most therapeutic models can be viewed as having at least two major interdependent phases which parallel the components of understanding and action: (1) the "inward" phase where the establishment of the relationship and helpee self-exploration are the major elements; and (2) the "outward" phase where directionality is established and specific behavior changes are often sought. In terms of the facilitative dimensions, during the initial phase the concentration is upon empathy and regard. High levels of E and R are posited as leading to feelings of being understood, acceptance, and self-understanding which in turn reduces anxiety related to what has been verbalized and thus is reinforcing for further self-exploration. During the later phase the focus is upon a genuine and sharing relationship where specific direction emerges and goals are implemented by concrete measures. Carkhuff and Berenson (1967) have summarized the process accordingly:

(1) The therapist institutes high levels of facilitative conditions which (2) enable the client to explore himself meaningfully and (3) sets the therapist up as a potent reinforcing agent who helps to give directionality to the client's struggle, and finally (4) translates into constructive action on the client's part (p. 142).

Facilitative Dimensions and Their Levels

At this juncture the concept of "level" is critical. As Carkhuff and associates have defined the

dimensions of E, R, G, and C they are not some static quality that a helper mysteriously has, or has not. Rather, they can be seen as operational at some level in any helper-helpee interaction. For each dimension five levels have been defined, scaled from 1 through 5. Level 3 has been defined as the "minimally facilitative level of interpersonal functioning" (Carkhuff & Berenson, 1967, pp. 5-7) for all dimensions. Levels 4 and 5 facilitate change in a positive direction while levels 2 and 1 inhibit positive change or produce negative effects. Considering the dimensions individually should help clarify the rationale used in constructing the scales as well as more thoroughly define the variables. (The actual scales, where each level is defined, can be found in Appendix A.)

Empathy. At level 3 the verbal responses of the helper and the verbal expressions of the helpee are essentially interchangeable in that they express basically the same affect and meaning. Below level 3 the helper's responses do not attend to or significantly detract from the expressed feelings of the helpee. Low level responses often represent a distortion of the helpee's expression on the part of the helper. Above level 3 the helper's responses add noticeably to the expressions of the helpee in such a way as to express accurately feelings and meanings which the helpee was not able to verbalize.

Regard. At level 3 the helper communicates a respect or positive regard and concern for the helpee's feelings, experiences, and potentials. Below level 3 the helper indicates a lack of regard. This may be communicated in a number of ways such as responding mechanically, passively, or ignoring the feelings of the helpee. Above level 3 the helper communicates a deep respect and caring for the helpee's feelings, experiences, and potentials as a worthwhile person. He enables the helpee to feel free to be himself and to experience being valued as an individual.

Genuineness. At level 3 the helpee provides no discrepancies between what he verbalizes and what other cues indicate he is feeling, but also, there are no positive cues to indicate a really personal and genuine response to the helpee. Below level 3 there are discrepancies indicated. The helper's verbalizations may be unrelated to what he is feeling, or he may be spontaneous and genuine with only his negative responses to the helpee. Above level 3 the helper provides some definite cues indicating a genuine response to the helpee in a non-destructive manner. The helper is open to what he himself is experiencing and employs this constructively.

Concreteness. At level 3 the helper enables the helpee to deal with personally relevant material in specific and concrete terminology. Below level 3 various

levels of vagueness and abstractness dominate the verbal interaction. Above level 3 the helper enables the helpee to develop in concrete and specific terms most instances of concern. High levels are often characterized by concrete problem solving activities.

There have been efforts to analyze how these four dimensions might be related structurally. One such study (Muehlberg, Drasgow, & Pierce, 1969) used previous research data to designate one high, one moderate, and one low level functioning therapist. Audio tapes of therapy sessions were rated for E, R, G, C and self-disclosure, and the results factor analyzed. The results replicated the previous levels of functioning of the three therapists, and the factor analysis yielded one principal factor for each therapist. The limitations of this study are obvious, the factors may well have been a function of the single therapists.

A more carefully designed study (Berenson, Friel, & Mitchell, 1970) explored the relationship of factorial dimensions for just high- and low-functioning therapists. Initial interviews of 13 high level therapists and 32 low level therapists were rated for E, R, G, and C. The high level therapists provided a more complex factor structure involving three factors while the low level therapists provided a simple factor structure involving only one factor. Though the sample size was relatively small,

these results suggest that the processes provided by high- and low-functioning therapists not only differ functionally, but also structurally. One inference which might be made is that high-functioning therapists have a larger repertoire of responses to offer clients.

An issue related to the helper's response repertoire and level of functioning is how the type of affect and problem content of the helpee expressions relate to the helper's level of responding. To explore this question Carkhuff (1969c) developed an audio tape with 15 helpee stimulus statements. Three classifications of affect--(1) depression-distress, (2) anger-hostility, and (3) elation-excitement--were crossed and balanced with five problem content areas--(1) social-interpersonal, (2) educational-vocational, (3) child-rearing, (4) sexual-marital, and (5) confrontation of helper. Individuals from four sub-populations--(1) general, (2) college students, (3) lay personnel, and (4) professional helpers--were cast into the helping role and asked to respond to the stimulus expressions. Their responses were rated on the facilitative dimensions. Factor analyses indicated that a single factor accounted for two-thirds of the variability which suggests that all of the tests were essentially measuring the same variable 15 times. This was obtained independent of affect, content, and experience level. However, multivariate analyses for high-, moderate-, and low-functioning helpers (in terms of E, R,

G, and C) yielded significant differences in group means and dispersions. Yet, within these levels of functioning the differences between affect and content areas were slight and not meaningful. In summary: (1) respondents who were inexperienced and/or low functioning tended to respond to content almost exclusively, (2) respondents who were experienced and/or moderate functioning tended to respond to affect and content with equal frequency, and (3) respondents experienced and systematically trained and/or high functioning tended to respond to both affect and content simultaneously. One conclusion one might draw from this study is that it is characteristic of high level functioning helpers to integrate problem content and related affect in their responses to helpees. In Rogerian (1961) terms it might very well be the helpee's inability to achieve such an integration, or "congruence," independently that precipitates his seeking help.

The issue of how E, R, G, and C are related structurally is complex and the research is incomplete. At this point there is no basis for claiming that they are necessarily independent of one another within the helping process. Factorially there is evidence that their relationship to one another, helpee affect, and problem content, differs according to the levels of the process.

Of primary importance is that the four dimensions describe some critical aspects of the helping process

which has resulted in the formulation of a functional model of the same. Research indicates that independent of the theoretical orientation of helpers, these dimensions are related to constructive process and/or outcome within various interpersonal settings and with a range of helpees. Examples include schizophrenics, both those in individual (Berenson & Mitchell, 1969; Rogers et al., 1967; Truax & Carkhuff, 1967) and group psychotherapy (Truax, 1961; Truax, Carkhuff, & Kodman, 1965), and outpatient neurotics or situationally distressed populations (Barrett-Lennard, 1962; Berenson & Mitchell, 1969; Carkhuff & Berenson, 1967; Halkides, 1958; Pagell et al., 1967; Truax & Carkhuff, 1967). There is also evidence that supports the proposition that these dimensions are related to learning in formal teaching situations, childrearing, and effective training programs in the helping professions. A review of these findings can be found in Carkhuff (1969b, pp. 8-9).

In an attempt to gain an estimate of the levels of E, R, G, and C offered in the everyday environment to persons in need of help, Martin and Carkhuff (1967) cast individuals from the general public in the helping role and rated their level of functioning. The helpers' average level of functioning across the core dimensions was 1.5, with a range of 1.4 to 1.8. Carkhuff and Berenson (1967) have interpreted these results as follows:

. . . in our assessments of the general population, the first person, at a maximum, responds to the superficial feelings of the other person, not only infrequently, but also continuing to ignore the deeper feelings; he communicates little positive regard, displaying a lack of concern or interest for the second person; his verbalizations are somewhat unrelated to what he is feeling, and most often he is responding according to a prescribed "role" rather than by expressing what he personally feels or means; he frequently leads or allows discussions of material personally relevant to the second person to be dealt with on a vague or abstract level (p. 8).

Although the controlled research evidence is cursory, this study lends support to the premise that the levels of human "nourishment" available to the average individual at a point of psychological crisis are inadequate. This condition offers further impetus to the search for methods of self-help.

Thus far, it appears that at least some of the dimensions of effective helping have been identified and can be generalized across a range of interpersonal helping situations and helpee problems. This leads to the fundamental issue as to whether these dimensions have been sufficiently operationalized so as to effect change on them through training procedures.

Training on the Facilitative Dimensions

Proposition III: Individuals can be trained to function interpersonally at minimally facilitative levels of empathy (E), regard (R), genuineness (G), and concreteness (C).

Systematic training programs have been developed for improving the interpersonal functioning on the dimensions of E, R, G, and C. Research has shown that the ability to discern a high level (above 3.0) from a low level response is a prerequisite for, but not a guarantee of, the capacity to initiate a high level response (Carkhuff, Kratochvil, & Friel, 1968). This issue is not unlike the insight-action conflict of therapeutic processes. An individual may come to see (insight) but not act upon what he sees, perhaps having a dynamic base of having been conditioned to fear acting upon what he sees. Because of this phenomenon, effective training has incorporated two sequential phases--(1) discrimination training, and (2) communication training. Both phases have included the experiential, didactic, and modeling sources of learning for shaping the facilitative level of trainee responses.

Training programs have followed three modalities--(1) training helpers, (2) training significant others, and (3) training helpees directly.

Training helpers. Carkhuff (1969a) has made a comprehensive review of helper training programs based upon the facilitative dimensions (pp. 152-157). Trainers have ranged from Ph.D. level psychologists to non-degree personnel with no formal psychological training. Trainees have ranged from doctoral students in clinical psychology to laymen from various non-professional backgrounds. He has summarized the results as follows:

Those trainees whose trainers were functioning above minimally facilitative levels and approximately one level or more above the trainees demonstrated the most positive changes (p. 155).

Pierce and Schauble (1970) came to similar conclusions after studying counselors in graduate training and their supervisors over a 30-week period. Interns having supervisors who were functioning at high levels of E, R, G, and C changed significantly and positively on these dimensions. Those having supervisors functioning at low levels on these dimensions did not change, in fact tended to decline slightly.

Thus, when evaluating the training of helpers upon the basis of their resultant level of interpersonal functioning, the level of the trainers' functioning appears to be the most critical dimension of effectiveness.

Training significant others. In situations where the helpee or client has repeated contact with particular individuals, training these significant others to be effective helpers is most logical. Often such significant others are in a position, in terms of time and quality of the relationship, to have an impact that could hardly be matched by professional helpers.

Training programs for such significant others have been implemented for the parents of emotionally disturbed children (Carkhuff & Bierman, 1970), teachers (Berenson, 1970; Bierman, Carkhuff, & Santilli, 1970; Carkhuff & Griffin, 1971), peers (Berenson, Carkhuff, & Myrus, 1966),

institutional attendants (Carkhuff & Truax, 1965a, 1965b), nurses (Kratochvil, 1968), guards (Carkhuff, Banks, Berenson, Griffin, & Hall, 1971), and dormitory resident assistants (Sharf, 1971). The results indicate that systematic training of significant others has a positive affect upon both the client and his symbiont. Further, in the only research comparing experiential training with systematic training in experiential dimensions (Berenson, Carkhuff, & Myrus, 1966, using dormitory undergraduate counselors), and systematic training with experiential counseling (Carkhuff & Bierman, 1970, using parents of emotionally disturbed children), the results significantly favor systematic approaches.

Direct training of helpees. The most direct form of any treatment would be the direct training of helpees in those skills necessary to function effectively. The particular skills necessary vary according to the problem of the helpee and the therapeutic orientation of the trainer. To remain within the scope of this study the focus is upon interpersonal skills, particularly those defined by the facilitative dimensions of E, R, G, and C.

Assuming the necessity of such interpersonal skills for getting and staying out of the hospital, Pierce and Drasgow (1969) employed systematic training on the facilitative dimensions with a group of chronic neuropsychiatric patients who were not otherwise being treated.

Comparisons were made with four control groups receiving (1) treatment with drugs, (2) individual therapy, (3) group therapy, or (4) a combination of the three. The results were significantly in favor of the trained helpees, both in terms of gains in process variables and outpatient status. Vitalo (1970) has replicated these results with other psychiatric populations.

Concerning the direct training of helpees, Carkhuff (1971b) has concluded the following:

The most direct form of training as treatment, then, is to train the client himself in the skills which he needs to function effectively. The culmination of such a program is to train the client to develop his own training program. To say, "Client, heal thyself!" and to train him in the skills necessary to do so is not only the most direct--but it is also the most honest and most effective--form of treatment known to man (p. 127).

One mode of training which has not been researched to date is training the helpee to function as his own helper within the Carkhuff paradigm. If at least some of the dimensions of effective helping and/or functioning have been identified and even laymen can be trained to employ these as effective helpers, then a logical extension seems to be training for effective helping with oneself.

Self-Directed Facilitative Conditions

Extending the model for facilitative interpersonal functioning to a method of self-help implies that the

dimensions of E, R, G, and C maintain important elements of their meaning, and consequently their effectiveness, when considered as self-directed. A brief overview of the dimensions so construed should help further establish the rationale for training in facilitative self-responding.

Self-directed empathy. The degree to which an individual is able to discern and attend to those feelings which he is verbalizing in the context of his "problem," and the affects and meanings which are related but not verbalized. This seems closely related to the "owning of feeling" dimension described and scaled by Shauble and Pierce (1970). Self-directed empathy suggests an accurate sensitivity to one's subjective, affective self.

Self-directed regard. The degree to which an individual cares about his feelings, experiences, and potentials. This may be viewed dynamically from various perspectives, ranging from ego-strength to self-concept. The essential factor seems to be that the individual cares sufficiently about himself so as to become adequately involved in some psychological growth process. The degree to which one can be trained systematically on this dimension is an open question, but it does appear that training might at least aid an individual in gaining an estimate of where he stands on this critical dimension.

Self-directed genuineness. The degree to which one can be honest, spontaneous, and confronting with

himself. Being genuine relates to how well one can discern discrepancies and incongruities within his behavior repertoire. Such awareness does not guarantee action, but would appear to increase one's options for constructive and non-conflicting behaviors.

Self-directed concreteness. The degree to which one can deal with all instances of concern in specific and concrete terms. Being concrete with oneself means dealing with problem content and related affect in those terms which are most likely to be amenable to direct problem solving activities such as the development of specific skills which may be needed.

When considering the facilitative dimensions as self-directed there is the tendency to label the process by changing the prefix from "inter" to intra" in the Carkhuff nomenclature. But, this would be deceptive to the extent that "intra" connotes purely private events. The training model used was in fact an extension of that which has been found to be effective interpersonally and, therefore, was expected to replicate the positive results in terms of interpersonal functioning. However, there were three unique factors within this training procedure: (1) during the discrimination phase of training, self-help responses were modeled rather than other-helper responses; (2) during the communication phase of training self-directed helping responses were practiced in addition

to other-directed responses; and (3) the psychological set and expectations of each counselor-trainer was different to the extent that the goal was perceived as shaping self-help responses. (The complete training procedure will be detailed in Chapter II.)

In conclusion, the rationale for this study has three major elements: (1) the development to date of the Carkhuff model for facilitative functioning, (2) the mounting evidence for training as an effective and even preferred mode of treatment, and (3) the current emphasis from various sectors of the helping professions upon preparing their clients to resolve their own immediate and future problems. Fundamentally, the experiment tests the proposition that an individual can be trained to become a higher level functioning helper with himself by employing higher levels of empathy, regard, genuineness, and concreteness when dealing with his problems and concerns, and that such training makes a positive difference in his interpersonal functioning and the resolution of the idiosyncratic problems which motivated him to seek counseling. In humanistic terms, what has been attempted is to place the tools of helping into the hands of the person asking for help . . . and training him to use them.

CHAPTER II

METHODOLOGY

Overview

Twenty-two undergraduate college students who were seeking individual counseling for personal-social concerns volunteered to participate in a "six-week counseling research project." They were randomly assigned to one of two treatment groups. One was the experimental treatment group where they received individual counseling integrated with systematic training in facilitative self-responding. The second was the treatment control group where they received individual counseling with no systematic training. Both the experimental and control subjects received treatment for one hour a week over a six-week period.

The systematic training procedure used with the experimental group was developed by the researcher and was an extension of the Carkhuff model for training in facilitative interpersonal functioning. The Carkhuff model was modified so as to focus upon training subjects to respond at higher levels of empathy (E), regard (R), genuineness (G), and concreteness (C) to their own problems. For

experimental subjects this training accounted for approximately two-thirds of their counseling time.

Nine counselors participated in the study, four in the experimental group and five in the control group. All nine counselors were judged equivalent on the levels of interpersonal functioning using the Carkhuff scales for E, R, G, and C. The counselors were also deemed equivalent on the bases of experience, level of training, sex, and therapeutic orientation.

Prior to training, subjects were asked to identify behaviors which they considered related to their problems, the changing of which would constitute counseling "goals." Also, subjects were asked for the names of two acquaintances who would be in a position to observe their behavior over the ensuing six-week period.

The Behavior Rating Form was constructed for the purpose of measuring the interpersonal functioning of the subjects and changes on the individual goals for counseling. The interpersonal items were developed upon the constructs of E, R, G, and C. The same items were used across all subjects. The goal items were taken from those described by the subjects prior to treatment and were thus unique for each subject.

Following treatment the Behavior Rating Form was administered to the significant others by mail, and to the subjects in person. The instrument so administered

generated four dependent measures: significant-other observer ratings on (1) interpersonal behavior and (2) behavior change in the direction of goals; self-ratings on (3) interpersonal behavior and (4) behavior change in the direction of goals.

So that posttreatment training effectiveness might be measured directly, subjects in Group 1 (experimental treatment) and Group 2 (treatment-control) were cast into the self-help role by being asked to respond as helper to three problem statements which had been excerpted (see p. 38) from their own recorded intake interview. These responses were rated by three independent judges on the dimensions of E, R, G, and C. The ratings generated four additional dependent measures respectively.

A repeated measures analysis of variance was performed to test for a group main effect and group with measures interaction. Univariate ANOVA's were performed on each of the eight dependent measures. Reliability estimates were computed for each of the dependent measures.

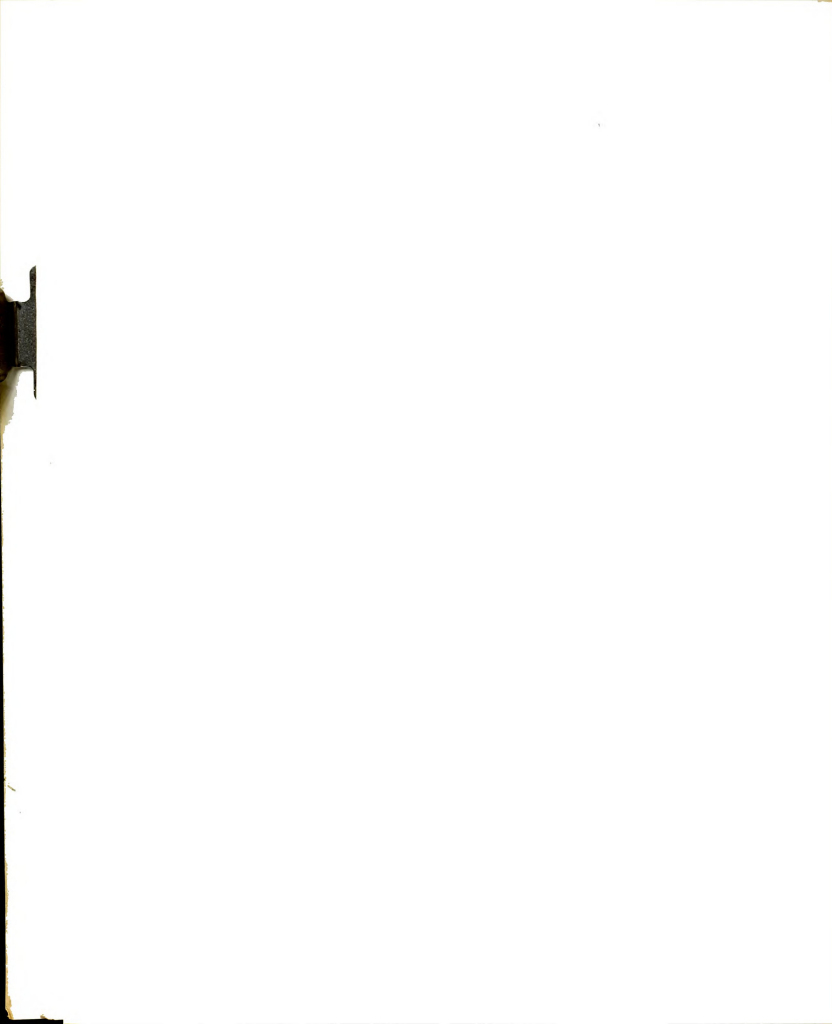
Sample

It was not feasible within this study to obtain a random sample from the general population of interest. Therefore, the sample and sampling procedure has been carefully delineated, allowing the reader to judge how this study's population compares with some population to which he might wish to generalize.



A sample of 22 subjects was obtained over the first three weeks of winter term, 1971, at the Michigan State University Counseling Center. According to Counseling Center policy, students seeking counseling are seen the same day by a screening counselor whose function it is to make an assessment of the problem(s) and discuss possible courses of action with the student. Eleven such counselors agreed to participate in generating the sample. After exploring a student's concern a given screening counselor was able to identify a prospective subject according to provided guidelines (see Appendix C). Students so identified were introduced to the study as one alternative for receiving help. They were shown a standard letter of explanation (see Appendix D) which essentially stated that the purpose of the research was to compare counseling approaches, that the study would be for six weeks, and pre and post responsibilities were explained. In no manner was facilitative self-responding discussed. On the basis of this information each student made a choice about volunteering for the study. Screening counselors reported that of those students who met the criteria and were presented with the letter of explanation, only two declined to participate.

An audio recording was made of every screening interview. No student objected to this procedure when asked prior to the interview. These recordings were used



to construct a posttest which will be discussed in the section entitled "Measures."

Sample Characteristics

1. Sex: 9 males, 13 females.
2. Age: range = 19-24 years, mean = 20.8 years.
3. Class standing at Michigan State University: 12 sophomores, 8 juniors, and 2 seniors.
4. Came to M.S.U. Counseling Center seeking individual counseling, winter term, 1971.
5. Had a screening interview where client and counselor agreed that the general classification of the problem was "personal-social," as differentiated from educational, vocational, or administrative.
6. Presenting problem was not judged by screening counselor to be "urgent" or of a crisis nature.
7. Not a substantial history of psychopathology, e.g., psychiatric hospitalization or previous long-term professional psychological help.
8. Those responding positively when asked to participate in the study.

Counselors

Selection Rationale

Nine counselors were available and willing to participate in the study. Random assignment of counselors to either experimental or control treatment conditions was not possible. Though randomization was the preferred method of controlling for individual counselor effects, there were alternate bases for assuming the nine counselors to be equivalent on dimensions relevant to counselor

functioning. In accord with the research and rationale noted in Chapter I, it was concluded that the primary dimensions of concern were the levels of helper empathy (E), regard (R), genuineness (G), and concreteness (C).

Prior to the treatment period the researcher requested an audio tape of a counseling session from each of the counselors tentatively chosen for the study. These tapes were rated by the researcher on the dimensions of E, R, G, and C. The decision to retain the counselor for the study was based upon whether his modal level of functioning on all dimensions was 3.0 or above. All nine counselors were judged to be functioning at 3.0 or above, that is, they were functioning at minimally facilitative levels.

This preliminary assessment of counselor functioning did not directly measure the counselors' level of functioning with the subjects in the study. For this purpose the fifth treatment sessions was randomly selected for rating on the dimensions of E, R, G, and C. Three 4-minute segments--first 4, middle 4, and last 4 minutes--were excerpted from every counselor's fifth session with every subject. Rating was done by three independent raters (see p. 40) for further discussion of raters). Because the counselors were initially selected on the basis of equivalent levels of functioning, the variance of their ratings was small--smaller differences than the



Carkhuff scales were designed to discriminate. This limited range of ratings precluded conventional reliability estimates. However, the same raters were known to be reliable from other ratings where estimates were possible (p. 40).

TABLE 1

Mean Level of Functioning on Facilitative Dimensions by Counselors With Subjects

Counselors	Facilitative Dimensions			
	Empathy	Regard	Genuineness	Concreteness
Experimental				
1	3.56	3.56	3.50	3.50
2	3.56	3.33	3.17	3.72
3	3.44	3.17	3.17	3.39
4	3.39	3.22	3.17	3.50
<u>Group Mean</u>	<u>3.48</u>	<u>3.32</u>	<u>3.25</u>	<u>3.52</u>
Control				
5	3.22	3.17	3.17	3.50
6	3.33	3.33	3.39	3.50
7	3.39	3.33	3.39	3.33
8	3.11	3.28	3.22	3.06
9	3.22	3.33	3.28	3.28
<u>Group Mean</u>	<u>3.27</u>	<u>3.31</u>	<u>3.39</u>	<u>3.33</u>



The results of the tape ratings confirm that all nine counselors were functioning at minimally facilitative levels of E, R, G, and C. The slight differences which exist are not meaningful in terms of how the dimensions are defined. Therefore, there is a sound basis for assuming that the counselors were essentially equivalent in terms of their facilitative level of functioning with the subjects in this experiment.

Though the level of functioning is of primary importance, there was additional support for assuming counselor equivalence across experimental and control conditions. All nine were males, ranging in age from 28 to 35 years for the experimental group, and 27 to 34 years for the control group. All were doctoral level students at Michigan State University having completed at least 80 per cent of their academic work. They were first-year interns in the Counseling Center, the selection process for which tends to reduce differences by selecting from the applicants a limited number who are considered most qualified on the basis of diverse criteria. The internship itself is a training program where trainees have many experiences in common, both experiential and didactic. In terms of their general therapeutic orientation all the counselors acknowledged an emphasis upon interpersonal dynamics and their developmental antecedents, and none of the counselors identify primarily with the behavior modification model.



Therefore, on the bases of (1) level of facilitative functioning, (2) sex, (3) age, (4) level of experience, (5) level of training, and (6) general therapeutic orientation, there is strong evidence that counselors were a highly homogeneous group and that differential treatment effects could be assumed attributable to other factors.

Counselor Training

All nine counselors were experienced with various training methodologies, particularly those dealing with paraprofessionals. The experimental counselors had one 90-minute session together where the counselor guidelines (see Appendix G) were reviewed along with the SHeHrS tape (described on p. 35). They did not receive pre-treatment experiential training in facilitative self-responding. Though such training may have optimized trainer effectiveness, it was considered too great a threat to the internal validity of the experiment. That is, experiential training for Group 1 counselors may have altered their established equivalence with Group 2 counselors. The other alternative was to provide training for all counselors, but this was impractical within the limits of this study and could have contaminated the control treatment.

Subject Assignment

The 22 subjects were randomly assigned to either the experimental or control group. They were then assigned



to their individual counselor according to scheduling and case load practicalities. All counselors were supplied with a standard student folder containing academic records, demographic data, and notes written by the screening counselor.

TABLE 2
Counselor Case Loads and Sex Distribution
Within Treatment Groups

Counselors	Number of Subjects	Sex of Subjects	
		Females	Males
Experimental			
1	5	3	2
2	2	1	1
3	2	1	1
4	<u>2</u>	<u>1</u>	<u>1</u>
Totals	11	6	5
Control			
5	3	1	2
6	2	2	0
7	2	2	0
8	2	1	1
9	<u>2</u>	<u>1</u>	<u>1</u>
Totals	11	7	4

Materials

Various materials were required for particular phases of the study and were obtained or developed by the researcher.

Counselor pre-tapes. All nine counselors tentatively chosen to participate in the study were asked to supply an audio recording of one counseling session. These were rated by the researcher to assure that all counselors were functioning at minimally facilitative levels.

Selection and use of screening counselors. Obtaining the cooperation of screeners and equipping them for obtaining subjects involved the following materials:

1. An open letter to screening counselors seeking their cooperation in obtaining the sample (see Appendix B).
2. "Procedures for Screening Counselor" (see Appendix C).
3. Letter explaining the study to prospective subjects (see Appendix D).
4. "Consent Form" to be signed by those agreeing to become subjects (see Appendix E).

Pre-experimental information from subjects. "Part I" was given to subjects by their screening counselor immediately after screening. This provided two types of pre-experimental information needed from subjects (see Appendix F).

1. Behaviors they could identify as related to their problems, the changing of which would constitute counseling goals. This information was for developing the posttest Behavior Rating Form and was not made available to counselors.



2. The names of two significant-others who could function as observers and complete the Behavior Rating Form after the treatment period.

Experimental treatment materials. Special materials were used at different stages of the training in facilitative self-responding.

1. The Standard Helpee-Helper Stimulus tape (SHeHrS) was an audio tape recording containing 13 assorted helpee problem statements, each followed by three self-help responses. The self-help responses were designed so that one of them was at least minimally facilitative (3.0 or above) and at least one level (Carkhuff, 1969a) higher than the others. This section of the tape was used for discrimination training. Following these were 11 assorted helpee statements without responses. Subjects were asked to respond as helpers to these, thus constituting communication training. All of the statements and responses were recordings of role-playing by non-professional actors. A typescript of the SHeHrS tape was made available for the experimental group counselors (see Appendix H).
2. The Carkhuff 5-point scales for measuring the levels of E, R, G, and C were revised to

obtain 3-point scales. Concrete examples were written for each level of the four dimensions. These revised scales were incorporated into a handout entitled "Basic Dimensions of the Helping Process" (see Appendix I) which was made available for scheduled presentation to the training subjects.

3. The original Carkhuff 5-point scales were made available to counselors in the experimental group for their further understanding of the dimensions and their levels (see Appendix A).
4. Guidelines were written and copies given to counselors doing the training in facilitative self-responding (see Appendix G).
5. An audio tape recorder was provided for training sessions in addition to the one used in recording the sessions. This machine was used for the SHeHrS tape, and for recording and playback of scheduled role-play exercises.

No special materials were required for the control counseling sessions other than an audio tape recorder and sufficient tapes for recording all sessions.

Letter to significant-other observers. In order to obtain the cooperation of the observers in completing the Behavior Rating Form, an explanatory letter accompanied the instrument. Both were mailed after the subjects had completed the sixth session (see Appendix J).



Measures

There were essentially two modes of measurement used to compare treatment outcomes. One sought to answer the question: "Can subjects be trained to respond to their own problems at minimally facilitative level of E, R, G, and C?" The second sought to answer the question: "Does training in facilitative self-responding make a significant and meaningful difference on dimensions related to subject benefit?"

Facilitative Level of Self-Help Responses

To measure the posttreatment facilitative level of self-help responses, every subject was cast into the helping role and asked to respond to his own problem statements. This was considered the most direct and valid measure of the behavior of interest.

Three problem statements were used for each subject. The statements were excerpted from the recorded screening interviews, thus sampling directly from how the subjects were verbalizing concerns at the time they were seeking help. This is an important point in terms of construct validity. Theoretically, a given subject is seeking a professional helper because he is not able to obtain minimal facilitation from others or himself. Therefore, how he is functioning at that point as helpee is important, for it is an integral part of the facilitative process.



It was decided to use three excerpts for several reasons. Some subjects tended to verbalize the same problem content and affect repeatedly during the screening interview, others had divergent themes of content and affect. Therefore, using three problem statements increased the content validity of the instrument. It would appear that this more inclusive sample of problem expression would also increase the face validity of the measure to the subjects. Finally, using the three problem statements, rather than just one, should have made for a more reliable instrument (Anastasi, 1968) by providing a larger sample of behavior and thus a more adequate and consistent measure.

All excerpting was done by the researcher prior to knowing the group assignment of any subject. Excerpts were chosen only after the entire screening interview was reviewed. One of the three was always taken from the initial expression of concern by the subject. The statements ranged from 15 to 130 seconds in length, however, the three statements always totaled a minimum of 150 seconds in length.

A posttest tape was made for each subject which contained his three problem statements and blank segments to record his responses. The format for this tape can be seen in Figure 1.

"Statement number one" /	problem statement /	cue /	2-minute response / time	cue /	30- second pause
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Note: Sequence is repeated for all three problem statements.

FIGURE 1. Pictorial representation of posttest tape for measuring facilitative level of self-help responses

The testing format was such that every subject came to a research room in the Counseling Center at an appointed time the week following the sixth treatment session. The testing was administered by the researcher. To reduce sources of bias a standardized set of instructions was shown to every subject (see Appendix O). If a subject had any questions he was referred back to the instructions which were known to be adequate. Once a subject indicated he understood the procedure and was ready to begin the researcher left the room and did not return until the test was completed. All mechanical procedures for playing and recording with the test tape were conducted from an adjacent room, therefore, during testing the subject was alone.

All of the completed test tapes were recorded on a master tape. The order of subjects on the master tape was randomized. Three independent and experienced raters were given copies of the master tape and asked to rate all helpee responses using the Carkhuff scales for E, R, G,



and C. They were provided with a rating form to record their ratings (see Appendix P). Because all three raters were experienced in using the scales they required no special training. From previous experience with the raters the researcher knew them to be functioning above minimally facilitative levels as helpers (above 3.0 on E, R, G, and C). Cannon and Carkhuff (1970) have found rater level of functioning to be an important factor. Essentially, raters functioning below minimally facilitative levels tend to distort what they hear and thus reduce reliability.

Rater reliability was estimated using an analysis of variance method developed by Hoyt (1941). The ANOVA was calculated on the CDC 3600 computer using a program developed by Jennrich (1961). This procedure yielded estimates of reliability of the ratings on the four dependent variables of interest. The results are reported in Table 3.

TABLE 3

Hoyt Reliability Coefficients for Ratings of Self-Help Responses on Facilitative Dimensions

Empathy	Regard	Genuineness	Concreteness
.957	.918	.901	.936



Behavior Rating Form

The Behavior Rating Form (BRF) was developed by the researcher. It was an 18-item instrument with a 6-level response format. The BRF was administered after treatment to subjects and the significant-other observers whom they identified prior to treatment. The instrument was designed to measure two categories of outcome behavior: (1) interpersonal functioning, and (2) idiosyncratic behavior changes in the direction of individual subject counseling goals.

The response format used for all items on the BRF was as follows:

1. I strongly feel that it is not true.
2. I feel it is not true.
3. I feel it is probably not true, or more untrue than true.
4. I feel it is probably true, or more true than untrue.
5. I feel it is true.
6. I strongly feel it is true.

The instructions used for subjects and observers can be seen in Appendices K and L, respectively.

Interpersonal Functioning

All subjects had classified their concerns as "personal-social," as distinguished from educational, vocational, or administrative. Such a classification



dictates that at least some attention be given to interpersonal relationships. In addition, a rationale for emphasizing a qualitative consideration of interpersonal relationships was presented in Chapter I. There it was posited that dyadic relationships were, to a large degree, facilitating or retarding as a result of the levels of E, R, G, and C within the communication processes. Consequently, this instrument sought to evaluate interpersonal functioning on these dimensions.

Three items were constructed for each of the four facilitative dimensions. Some of the items were modifications of those in the Relationship Questionnaire developed by Truax (Truax & Carkhuff, 1967). The 12 items were clustered to measure the single variable of interest--interpersonal functioning. Subjects' ratings and observers' ratings were considered separately, thus forming two dependent variables for analysis: (1) self ratings on interpersonal functioning, and (2) observers' ratings on interpersonal functioning.

Reliability estimates were obtained using an analysis of variance method developed by Hoyt (1941). The ANOVA's were calculated differently for self and observer ratings. The FORTAP program (Baker & Martin, 1970) was used for self ratings, while a program developed by Jennrich (1961) was used for observer ratings because these were average scores (two observers for each subject)



and the FORTAP could not handle the non-integers which frequently resulted from averaging. All 12 items with sub-scale and overall reliability coefficients are presented in Table 4.

Counseling Goals

The second category of outcome behavior which the BRF sought to measure was change on those behaviors identified as directly related to the problems for which subjects were seeking help. Prior to treatment every subject was asked to write down (see Appendix F) at least five such behaviors, the changing of which would constitute counseling goals. From these five "goal" behaviors four items were constructed for the BRF. As much as possible the items were framed in the same language used by the subject. However, they were all written in terms of "change" in the direction implied by the subject. The four items were clustered so as to measure a single variable of interest--behavior change in the direction of idiosyncratic subject goals.

It should be noted at this point that in a real sense the subjects had assistance in identifying some "goal" behaviors. Though the screening counselor did not discuss this procedure with the subject directly, most screeners were known to function in such a manner so as to help clients clarify some general goals for counseling. Because subjects performed the research task immediately



TABLE 4
Interpersonal Items on Behavior Rating Form With Self
and Observer Reliability Coefficients

			Sub-Scale Reliability		Overall Reliability		
			Self	Observers	Self	Observers	
INTERPERSONAL	FUNCTIONING	EMPATHY	1. Even when others cannot quite say what they mean, he seems to know what they feel. 2. He sometimes understands others so well that he seems to know what they are feeling even when they try to hide their feelings. 3.* What he says does not seem to fit what others are feeling.	.38	.68	.79	.88
	REGARD	1. He communicates a respect for what others have to say, whether he agrees with them or not. 2. He really seems to care about the feelings, experiences, and potentials of others. 3.* Others do not feel free to be themselves around him.	.45	.65			
	GENUINENESS	1. He is spontaneous, expressing what he seems to be actually experiencing at the time. 2. He gives genuine feedback, not keeping back his feelings because he thinks it will make others feel one way or another. 3.* What he says is different than what he seems to be feeling.	.45	.80			
	CONCRETENESS	1. When discussing a concern with others, he gets down to what really seems to be going on--what the specific issues and feelings are. 2. He is able to help others get the right words for what they are feeling. 3.* He does not get down to concrete terms, often remaining general and vague.	.66	.78			

*Items stated in converse.



after their screening interview, there is reason to believe that screening had some effect. However, such an effect was not considered undesirable for it undoubtedly helped some subjects write down more meaningful goals. Also, some counseling researchers consider the setting of goals as an essential and specific counselor-client process (Krumboltz, 1966). Finally, whatever the differential effect between subjects was, it could be considered random between treatment groups.

Reliability for self and observer ratings on goals was calculated in the same manner as for interpersonal functioning (see pp. 41-42). The reliability estimates are noted in Table 5.

TABLE 5

Self and Observer Reliability Coefficients
For Ratings on Idiosyncratic Goal Items*

Self	Observers
.49	.80

*Four items for each subject.

A listing of all goal items according to subjects can be found in Appendix M.

Thus far, 16 items of the 18-item instrument have been considered--12 interpersonal and 4 goal items. Two



additional items were used to provide a check on the appropriateness of the observers.

--"I have had at least as much contact with him over the past three weeks as is usual for us."

--"I consider myself in as good a position to make the above responses as most other of his acquaintances."

It was planned to disregard any BRF where the observer rated either of these items below level 4 (toward "not true"), but none did so.

Before the BRF was ready for administration some final procedures were carried out. First, the 18 items were arranged in random order. Then, several naive individuals were asked to complete the form with a friend or themselves in mind. Their suggestions resulted in some minor modifications in wording. Finally, an individual BRF was prepared for each subject, written in the appropriate gender and incorporating the idiosyncratic goal items. An example appears in Appendix N.

The BRF was administered to subjects and observers the week following the sixth treatment session. It was given to subjects immediately after they had completed the measure on self-help responding, using standardized instructions. Observers were mailed the BRF along with a letter of introduction (see Appendix J), standardized instructions, and a stamped, addressed envelope. The materials used with observers did not identify the subjects as being in counseling, only that they were



participating in a social science research project on campus. After repeated follow-up on observers who did not return the BRF after one week, a 95 per cent response rate was realized within two weeks of the sixth treatment session. This return resulted in two observer ratings on all subjects, except for one in each group for whom there was only one rating.

Treatment Procedures

Experimental Group--Rationale

Training in facilitative self-responding incorporated the (1) modeling, (2) didactic, and (3) experiential sources of learning for shaping the facilitative level of trainee responses. Modeling of high-level helper responses was provided by the counselor and the SHeHrS tape. Didactic presentations were made on the facilitative dimensions by the counselor and through the handout entitled "Basic Dimensions of the Helping Process" (see Appendix I). Also, trainees were instructed in the rationale behind facilitative self-responding and the training process. Experientially, trainees came to know the effect of their counselor's high-level helper responses and eventually their own. They practiced facilitative self-responding while receiving feedback and selective reinforcement from their counselor.



The necessary skill for discerning a high-level (above 3.0) from a low-level response was known to be a prerequisite for, but not a guarantee of, the skill for initiating a high-level response. Therefore, training was divided into two sequential phases: (1) discrimination, and (2) communication.

The overall procedure took place during six one-hour weekly sessions. Counselors were instructed to spend a minimum of two-thirds of that time in direct training activities. The provided guidelines (see Appendix G) summarized the rationale for the study and delineated three sequential stages with suggested time allotments.

Experimental Group Format

Stage I--Introduction (session 1)

1. Establishing the relationship. Listening to and communicating an understanding of the client's presenting problem was considered an important factor in client motivation, as well as an opportunity for modeling high-level facilitative conditions.
2. Presenting training rationale. The training rationale was summarized for the client so as to optimize his participation and resultant training effectiveness. The counselor presented the rationale from that provided him



in the guidelines and framed his presentation in terms of the client's problems as much as possible.

3. Questions concerning participation. The counselor dealt directly with problems related to client participation. These ranged from scheduling difficulties to client motivation.

Stage II--Discrimination
Training (sessions 1-3)

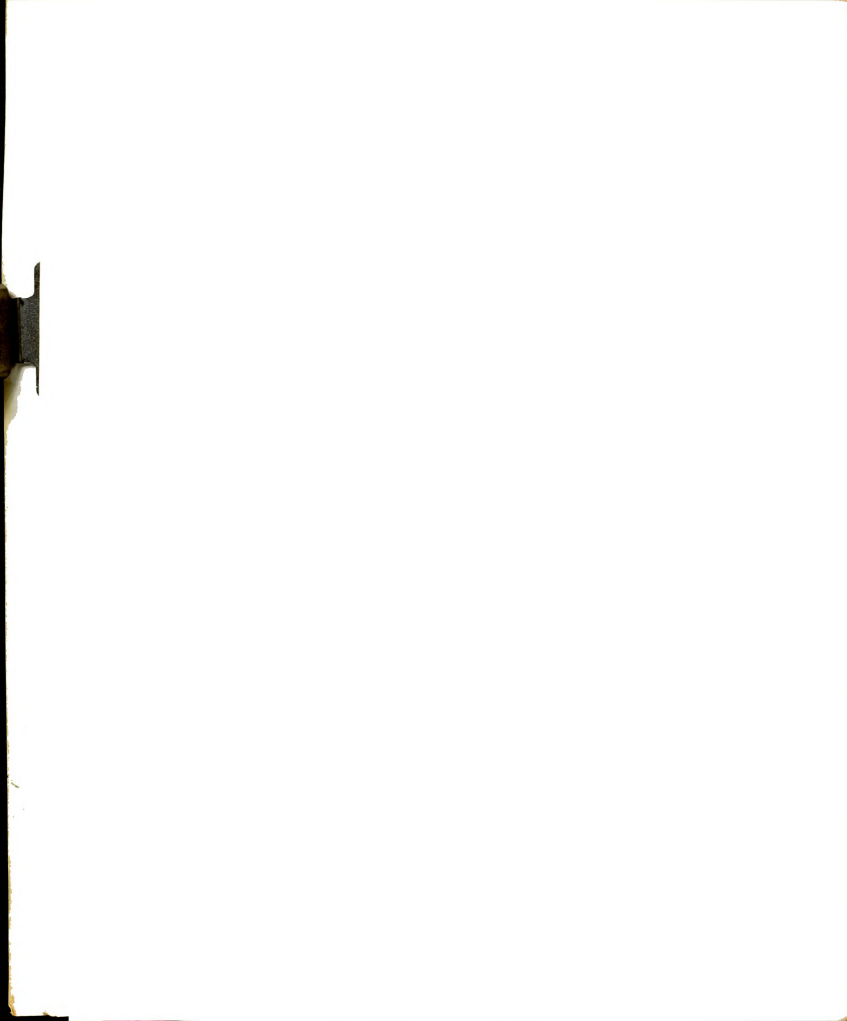
1. Gross discrimination. Practice in gross rating (good, fair, poor) of helper responses on the SHeHrS tape. Counselor gave feedback, focusing on the dimension of empathy.
2. Presenting the facilitative dimensions (session 2). A didactic presentation was made of the facilitative dimensions. The client was presented with a copy of the simplified Carkhuff scales for independent study between the second and third sessions.
3. Modeling levels of the facilitative dimensions. The SHeHrS tape was used for modeling high, minimally facilitative, and low levels of E, R, G, and C in self-responding.
4. Rating practice. Clients used the SHeHrS tape to practice rating self-help responses on the levels of E, R, G, and C. Counselors gave



appropriate feedback--reinforcing accurate discriminations and correcting faulty ones.

Stage III--Communication
Training (sessions 4-6)

1. Practicing helper responses. Client responded in the helper role to helpee statements on the SHeHrS tape (statements 14-24) with counselor giving appropriate feedback.
2. Roleplaying helpee and helper roles with counselor. Counselor and client alternated in helpee and helper roles with one another. Client was encouraged to use real problem statements as helpee. During this procedure the counselor focused on the dimensions and role which needed the most improvement.
3. Practice in facilitative self-responding. Client was asked to state a real and personal problem which in turn was recorded. The problem statement was played back and the client was asked to respond as helper, which was also recorded. Then, the entire sequence was played and the helper responses rated by the client on the facilitative dimensions with counselor giving appropriate feedback. Eventually, the procedure was followed without use of the recorder and with increasingly less dependence upon the counselor.



Control Group

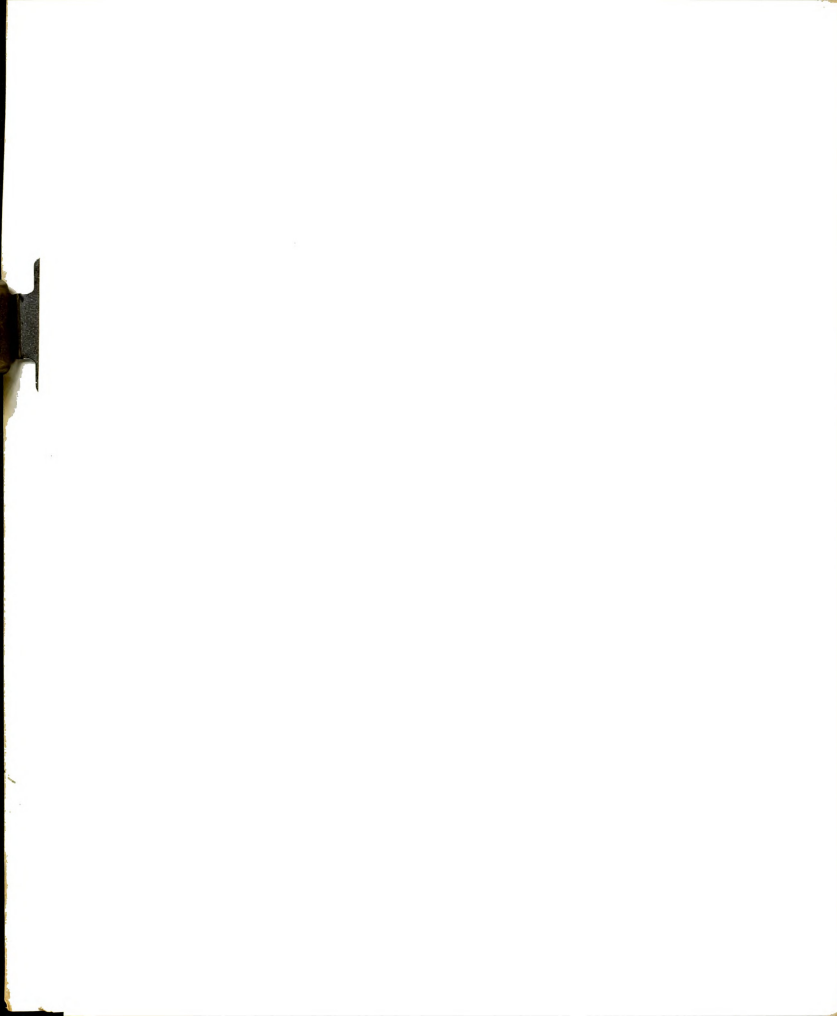
Clients in the control group received individual counseling in one-hour weekly sessions over the same six-week period that the experimental group received individual training. All counseling sessions were recorded. The counselors were given no special instructions and were not informed about the nature of the treatment in the experimental group. If a client had a question about his participation in the study, he was referred to the researcher for the necessary information.

Treatment After Experimental Period

All subjects were informed initially that the experimental period was for six weeks only. They were also told that at the end of this period they and their counselor could consider together future treatment procedures. Therefore, all subjects knew of the opportunity for treatment beyond the experimental period and consequently spent some time during the sixth session discussing this option with their counselors.

Hypotheses

Research or alternate hypotheses will be designated with the letters " H_A " numbered 1 through 8. All eight null hypotheses will be formally stated in Chapter III and the symbol " H_0 " will be used to identify them. The first expectation of this study was that counseled clients who



received training in facilitative self-responding (Group 1) would respond at higher levels of E, R, G, and C to their own problem statements than would counseled clients who did not receive training (Group 2). Such a prediction implied the examination of four distinct hypotheses:

1. $H_{A1}: u_1 > u_2$

The posttreatment level of empathy in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

2. $H_{A2}: u_1 > u_2$

The posttreatment level of regard in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

3. $H_{A3}: u_1 > u_2$

The posttreatment level of genuineness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

4. $H_{A4}: u_1 > u_2$

The posttreatment level of concreteness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

A second expectation was that counseled clients who received training (Group 1) on the facilitative dimensions would function at higher levels interpersonally than would counseled clients who did not receive training (Group 2) as assessed by the clients themselves and significant-other observers. This prediction implied two additional hypotheses:

5. $H_{A5}: u_1 > u_2$

The posttreatment level of interpersonal functioning of Group 1 will be higher than the posttreatment level of Group 2 as assessed by the subjects.

6. $H_{A6}: u_1 > u_2$

The posttreatment level of interpersonal functioning of Group 1 will be higher than the posttreatment level of Group 2 as assessed by significant-other observers.

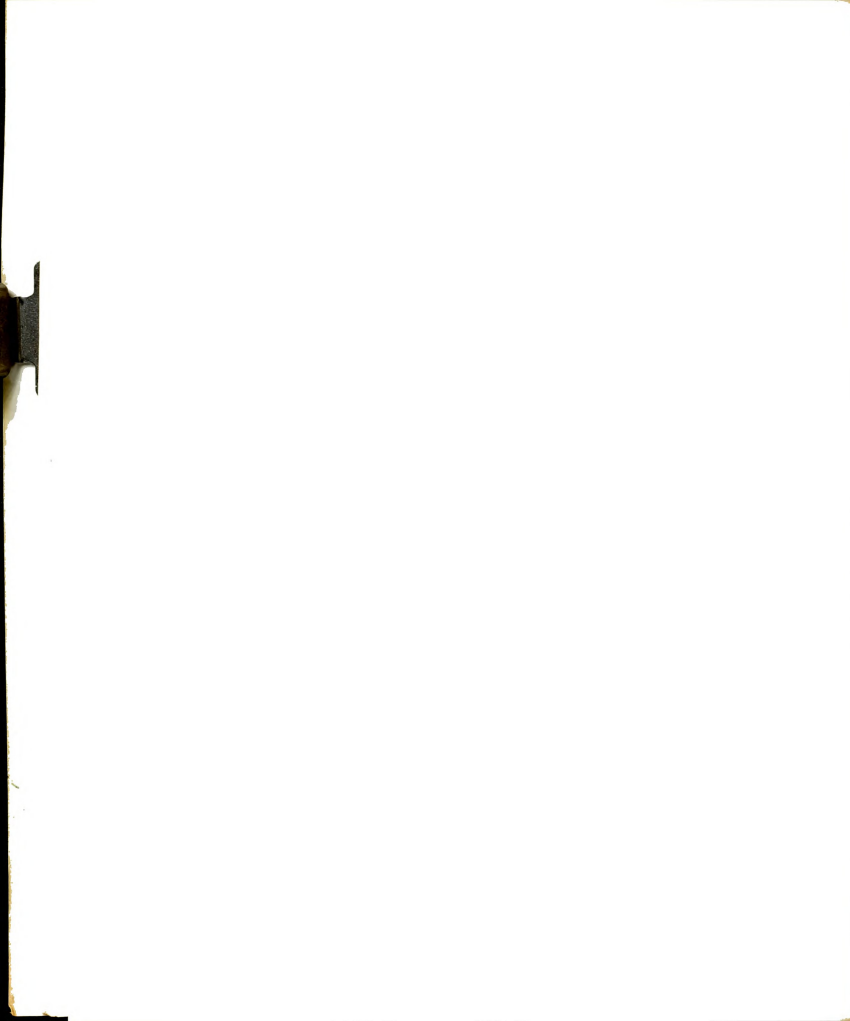
A third expectation was that counseled clients who received training (Group 1) would show a greater change on behaviors related to pretreatment counseling goals than would counseled clients who did not receive training (Group 2) as assessed by the clients themselves and significant-other observers. Thus, two final hypotheses were implied:

7. $H_{A7}: u_1 > u_2$

The posttreatment change on goal behaviors of Group 1 will be greater than the change of Group 2 as assessed by the subjects.

8. $H_{A8}: u_1 > u_2$

The posttreatment change on goal behaviors of Group 1 will be greater than the change of Group 2 as assessed by significant-other observers.



Experimental Design

This experiment used a factorial elaboration of the "posttest-only control group design" described by Campbell and Stanley (1969). Figure 2 provides a pictorial representation. Though the statistical tests available for a pretest-posttest design are more powerful, it was decided that pretesting was too great a threat to internal validity, particularly in regard to the effect of pretesting on the posttests and change in test respondents over time.

Analysis of Data

A repeated measures analysis of variance was performed on the eight dependent variables. This analysis allowed for considering all eight measures together in a test for treatment main effect, and treatment with measures interaction. Also, univariate ANOVA's were performed to test for a treatment effect on the eight measures individually. The repeated measures ANOVA was calculated by a computer program developed by Jennrich (1961), while the univariate ANOVA's were calculated as a part of a multivariate program developed by Finn (1970). The results will be discussed in Chapter III.



		M1	M2	M3	M4	M5	M6	M7	M8
R	T ₁	S ₁							
		S ₂							
		S ₃							
		⋮							
		S ₁₀							
	T ₂	S ₁₁							
		S ₁₂							
		S ₁₃							
		⋮							
		S ₂₀							

FIGURE 2. Pictorial representation of experimental design

R = Random assignment

S = Subject

T₁ = Experimental treatment group--individual counseling with training in facilitative self-responding

T₂ = Treatment-control group--individual counseling

M1 = Empathy level of self-help responses

M2 = Regard level of self-help responses

M3 = Genuineness level of self-help responses

M4 = Concreteness level of self-help responses

M5 = Level of interpersonal functioning as reported by S

M6 = Level of interpersonal functioning as reported by observers

M7 = Change on goal behaviors as reported by S

M8 = Change on goal behaviors as reported by observers



CHAPTER III

RESULTS

Treatment Effects

The differential effect of the two treatment procedures on the eight measures can be observed in terms of the resultant means in Table 6. Differences between groups can be compared across measures directly in that the raw scores were transformed so as to standardize the variance across measures and approximate a common metric. The transformation was accomplished by dividing each score on a given measure by the square root of the pooled within experimental and control group variance of that measure. (Raw scores according to subject, counselor, and treatment group appear in Appendix Q.)

The means indicate that Group 1 did better than Group 2 on all measures. The repeated measures analysis of variance allowed testing for the overall treatment effect (G), and for treatment by measures interaction (GM). (The main effect for measures (M) was not relevant to the hypotheses of interest.) The results of the analysis are shown in Table 7.



TABLE 6

Mean Scores* on Dependent Measures for Experimental and Control Treatment Groups

	M1	M2	M3	M4	M5	M6	M7	M8	Grand
G1: Experimental	8.76	7.98	9.94	9.14	12.20	9.93	6.29	6.60	8.86
G2: Control	4.28	5.10	6.25	4.84	11.20	8.03	6.04	4.91	6.33
Grand	6.53	6.54	8.10	6.99	11.70	8.98	6.17	5.76	7.59

*Transformed scores

KEY: M1 = Empathy level,
self-help response
M2 = Regard level,
self-help response
M3 = Genuineness level,
self-help response
M4 = Concreteness level,
self-help response

M5 = Interpersonal functioning,
by self
M6 = Interpersonal functioning,
by observers
M7 = Change on goal behaviors,
by self
M8 = Change on goal behaviors,
by observers

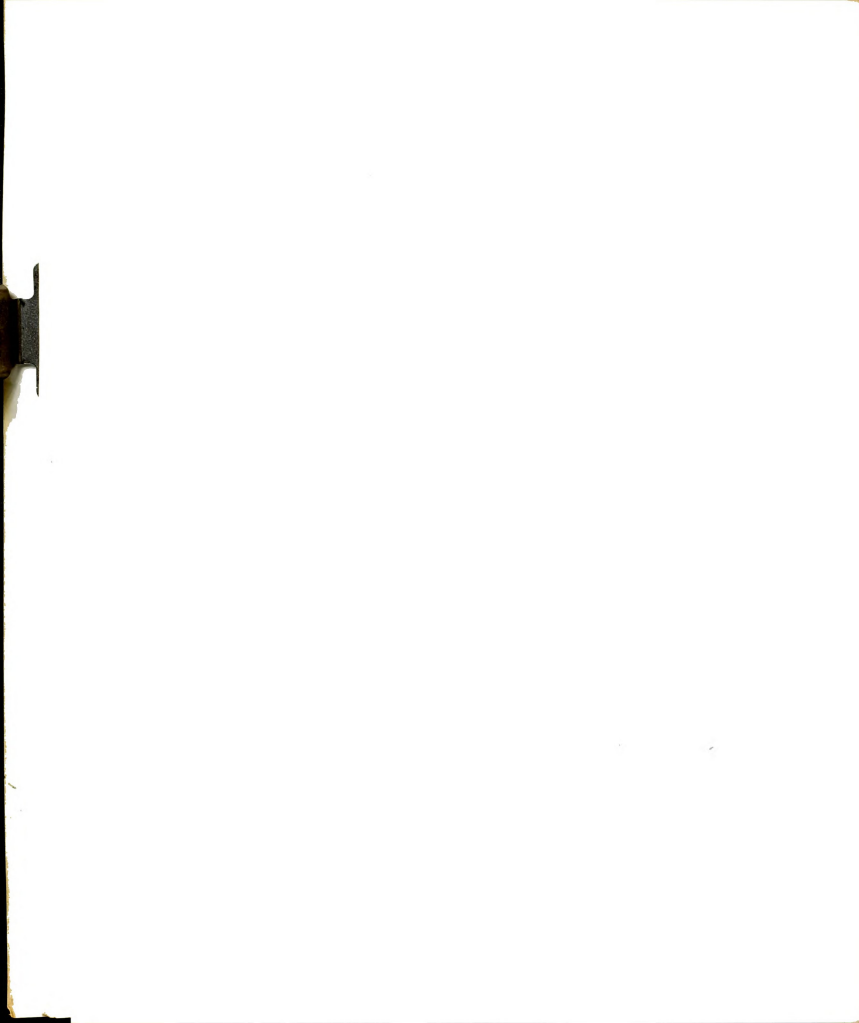
TABLE 7
Summary of the Repeated Measures
Analysis of Variance

Source	Sum of Squares	df	Mean Square	F	(df)
Grand Mean	9225.139	1	9225.139		
G	255.228	1	255.228	122.705*	(1,18)
S:G	37.451	18	2.080		
M	541.008	7	77.286		
GM	85.579	7	12.225	14.484*	(1,18)**
SM:G	106.339	126	0.844		
Total	1025.598	159	6.450		

*Significant beyond the .05 level.

**Conservative F, see note.

Note: Repeated measures ANOVA assumes that the measures are equally correlated, but there was no basis for making this assumption with the measures used. Therefore, the Geisser-Greenhouse (1958) conservative F test was used which allowed violation of the assumption. With this method the computational procedures for F are identical, but reduced degrees of freedom are used for determining the critical value of F. The conventional degrees of freedom would have been 7 and 126.



The F test statistic for treatment effects was 122.705, which is significant at $\alpha = .05$. Therefore, the experimental group did significantly better than the control group when considering the eight measures together. Specifically, this implied the rejection of the following null hypothesis:

$$\text{General } H_0: u_1 = u_2$$

When considering together eight measures of treatment effectiveness, the posttreatment levels of Groups 1 and 2 will not differ from each other.

And allowed acceptance of the following alternate hypothesis:

$$\text{General } H_A: u_1 > u_2$$

When considering together eight measures of treatment effectiveness, the posttreatment levels of Group 1 will be greater than Group 2.

Interaction Effect

The F test statistic for groups with measures interaction was 14.484, which is significant at $\alpha = .05$. The significant interaction effect indicates that the treatment effect was not constant across all measures, in other words, there was an effect due to particular combinations of the levels of groups and measures. Therefore, the overall treatment effect may not hold for each level of measures.

The graph in Figure 3 illustrates that the interaction was ordinal, Group 1 doing better than Group 2 across all measures. An ordinal interaction such as this is less restrictive to generalization of results than a

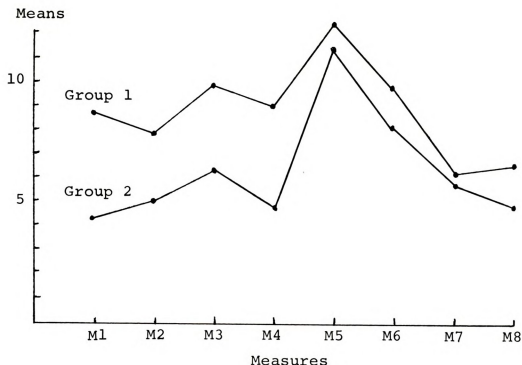


FIGURE 3. Graph of interaction effect between groups and measures

disordinal type. Though measures and groups interact, they do not do so in a contradictory manner.

At least two major patterns can be observed from the interaction graph. One is constituted by measures 1 through 4 which represent the facilitative level of self-help responses. Clearly, group differences are greater on those dimensions for which Group 1 was directly trained. The second pattern results from measures 5 through 8 which represent the scores on the Behavior Rating Form. For these the group differences are noticeably less, particularly for measures 5 and 7, the self-reports. To examine further the group differences on the individual dimensions, or measures, univariate analyses were required.

Univariate Effects

Univariate analyses of variance allowed for directly testing group differences on each of the dependent measures and thus provided tests for the eight specific hypotheses stated in Chapter II. The procedure used was a series of one-way ANOVA's and the results are summarized in Table 8.

The univariate results will be considered in accord with the rationale used in constructing the dependent measures. Measures 1 through 4 used the ratings of experienced judges to assess the effectiveness of training for particular behaviors--(1) empathic, (2) regardful, (3) genuine, and (4) concrete self-help responses. Measures 5 through 8 were generated by the Behavior Rating Form which focused upon interpersonal functioning as assessed by (5) the subject and his (6) significant-other observers, and change on idiosyncratic behaviors related to counseling goals as assessed by (7) the subject and his (8) significant-other observers.

Facilitative Level of Self-Help Responses

As shown in Table 8, Group 1 did significantly better than Group 2 when self-help responses were rated on each of the facilitative dimensions. These results focus directly on the first four hypotheses of this study:

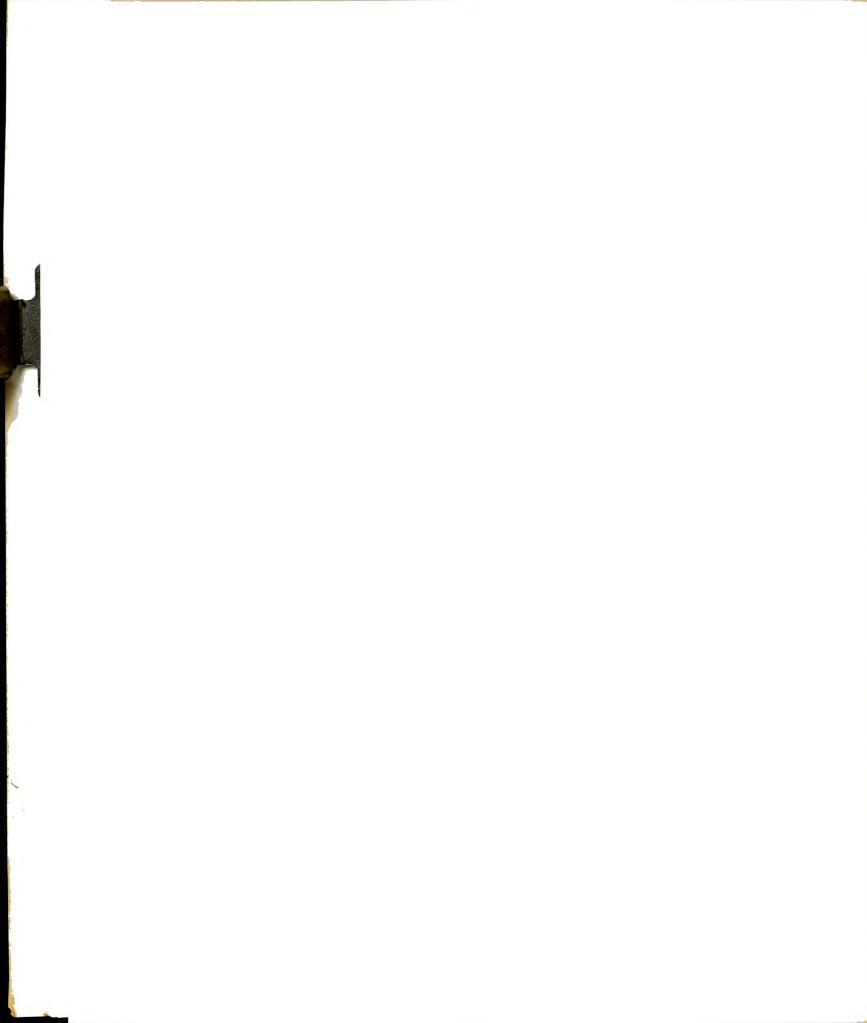


TABLE 8

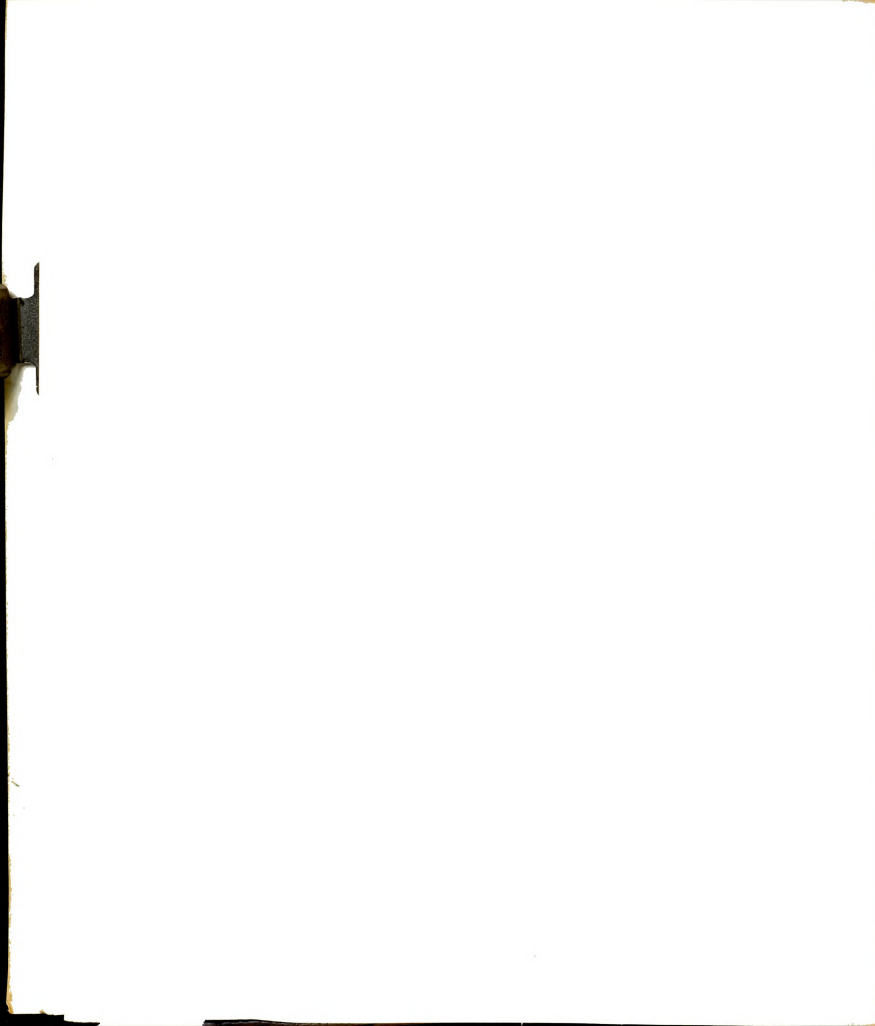
Summary of Univariate Analyses of Variance

Variable	Mean Square Between	Mean Square Error	F (df: 1,18)
1 Empathy level, self-help response	11.9970	0.1186	101.1661*
2 Regard level, self-help response	5.1613	0.1242	41.5488*
3 Genuineness level, self-help response	6.1605	0.0904	68.1220*
4 Concreteness level, self-help response	9.9687	0.1079	92.3714*
5 Interpersonal functioning, by self	0.7296	0.1456	5.0100
6 Interpersonal functioning, by observers	4.1587	0.2294	18.1252*
7 Change on goal behaviors, by self	0.1531	0.4836	0.3166
8 Change on goal behaviors, by observers	5.9078	0.4710	14.1660*

62

*Significant beyond the .05 level, see note.

Note: To be significant beyond the .05 level the univariate had to have $p < .00625$. This "p of reference" was determined by dividing the overall alpha of .05 by 8, the number of univariates.



Hypothesis 1:

$$H_{01}: u_1 \leq u_2$$

The posttreatment level of empathy in the self-help responses of Group 1 will equal (or be less than) the posttreatment level of Group 2.

H_{01} rejected in favor of H_{A1} .

$$H_{A1}: u_1 > u_2$$

The posttreatment level of empathy in the self-help responses of Group 1 will be higher than the post-treatment level of Group 2.

Hypothesis 2:

$$H_{02}: u_1 \leq u_2$$

The posttreatment level of regard in the self-help responses of Group 1 will equal (or be lower than) the posttreatment level of Group 2.

H_{02} rejected in favor of H_{A2} .

$$H_{A2}: u_1 > u_2$$

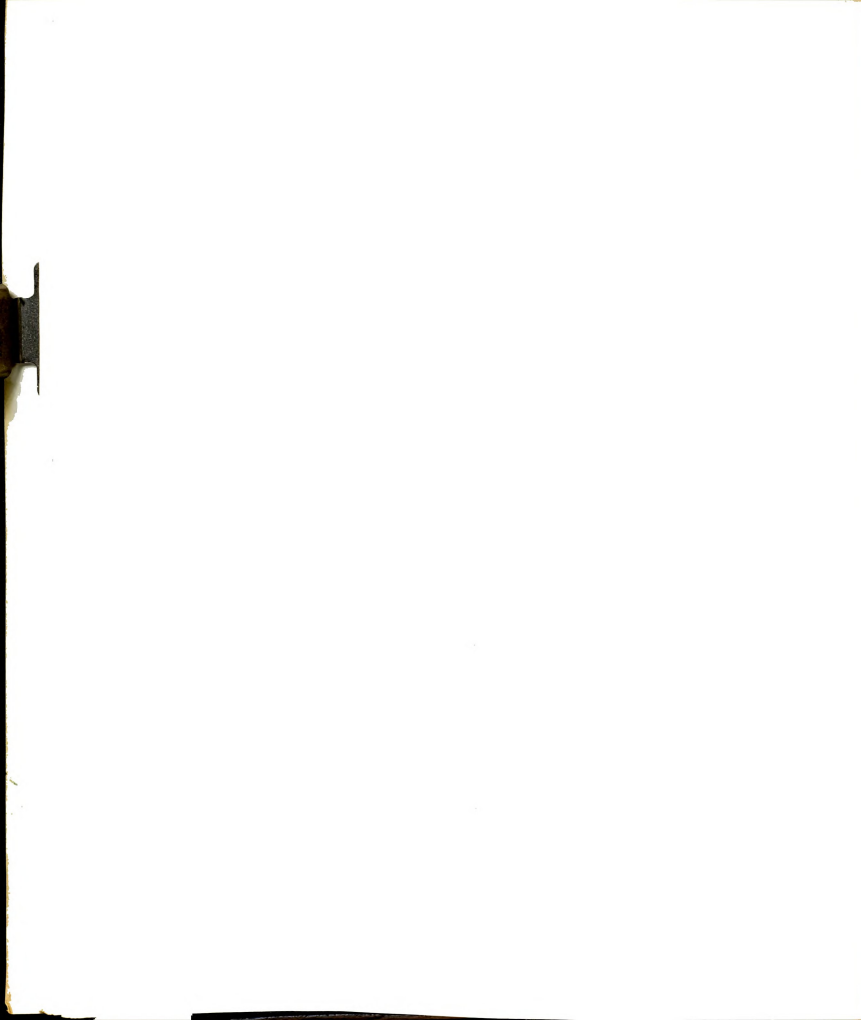
The posttreatment level of regard in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

Hypothesis 3:

$$H_{03}: u_1 \leq u_2$$

The posttreatment level of genuineness in the self-help responses of Group 1 will equal (or be lower than) the posttreatment level of Group 2.

H_{03} rejected in favor of H_{A3} .



$$H_{A3}: u_1 > u_2$$

The posttreatment level of genuineness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

Hypothesis 4:

$$H_{04}: u_1 \leq u_2$$

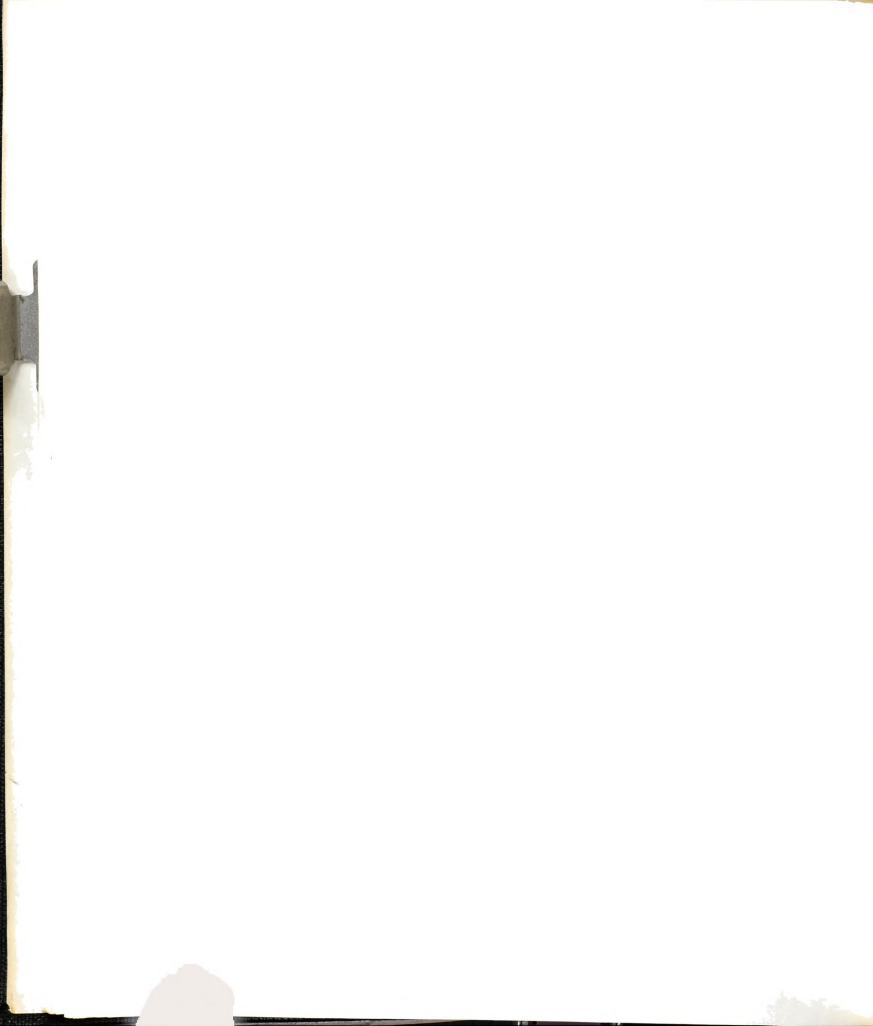
The posttreatment level of concreteness in the self-help responses of Group 1 will equal (or be lower than) the posttreatment level of Group 2.

H_{04} rejected in favor of H_{A4} .

$$H_{A4}: u_1 > u_2$$

The posttreatment level of concreteness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2.

Thus, the statistical significance of training effectiveness has been established. However, the issue of "meaningful significance" remains an important question. In Chapter I the concept of "minimally facilitative" was discussed and was seen to be quantified as level 3.0 on the 5-point Carkhuff scales. Since the scales were used for measuring the posttreatment self-help responses, the raw score ratings allow direct comparison of Group 1 and Group 2 on the facilitative dimensions as originally defined and scaled. If assumed that the control group did not deteriorate in their level, then mean comparisons, as shown in Table 9, indicate that the trained group gained more than one level on each of the dimensions.



Such a gain is meaningful by definition of the levels. Also, the trained group achieved essentially minimally facilitative levels on each dimension. The obtained results are evidence that subjects in Group 1 were trained to function as minimally effective self-helpers.

TABLE 9

Mean Level of Self-Help Responses on Facilitative Dimensions With Group Differentials (Carkhuff Scales)

Group	Empathy	Regard	Genuineness	Concreteness
1	3.02	2.81	2.99	3.00
2	1.47	1.80	1.88	1.59
Differentials	1.55	1.01	1.11	1.41

Interpersonal Functioning

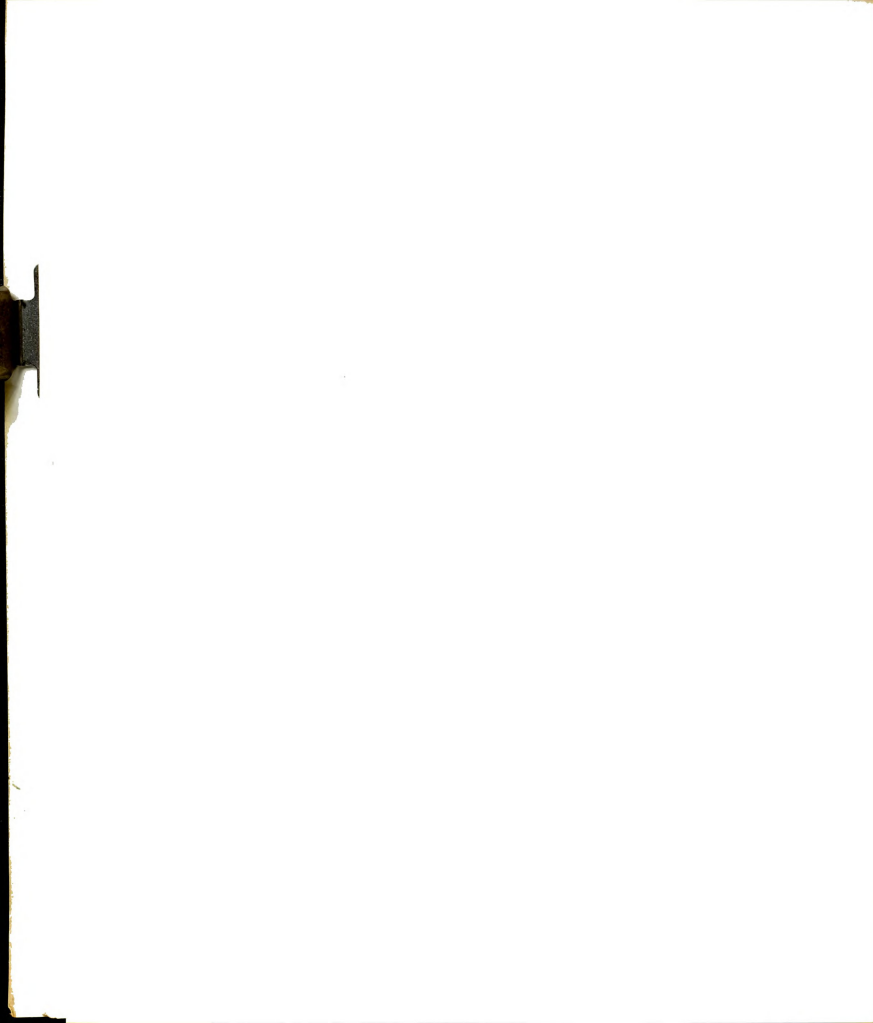
Hypotheses five and six focused upon how the treatments compared in their effect upon interpersonal functioning.

Hypothesis 5:

$$H_{05}: u_1 \leq u_2$$

The posttreatment level of interpersonal functioning of Group 1 will equal (or be lower than) the level of Group 2 as reported by the clients.

H_{05} failed to be rejected.



Hypothesis 6:

$$H_{06}: u_1 \leq u_2$$

The posttreatment level of interpersonal functioning of Group 1 will equal (or be lower than) the level of Group 2 as reported by significant-other observers.

H_{06} rejected in favor of H_{A6} .

$$H_{A6}: u_1 > u_2$$

The posttreatment level of interpersonal functioning of Group 1 will be higher than the level of Group 2 as reported by significant-other observers.

Change Toward Individual
Counseling Goals

Hypotheses seven and eight focused upon how treatments compared in their effect upon changing behaviors related to idiosyncratic counseling goals.

Hypothesis 7:

$$H_{07}: u_1 \leq u_2$$

The posttreatment change on goal behaviors of Group 1 will be equal (or less than) the change of Group 2 as assessed by the clients.

H_{07} failed to be rejected.

Hypothesis 8:

$$H_{08}: u_1 \leq u_2$$

The posttreatment change on goal behaviors of Group 1 will be equal (or less than) the change of Group 2 as assessed by significant-other observers.

H_{08} rejected in favor of H_{A8} .

$$H_{A8}: u_1 > u_2$$

The posttreatment change on goal behaviors of Group 1 will be greater than the change of Group 2 as assessed by significant-other observers.

The results show that Group 1 did significantly better than Group 2 on both dimensions of the Behavior Rating Form--interpersonal functioning and behavior change toward counseling goals--when assessed by observers, but not when assessed by the subjects. Such results appear to be contradictory in terms of the outcome criteria of primary interest.

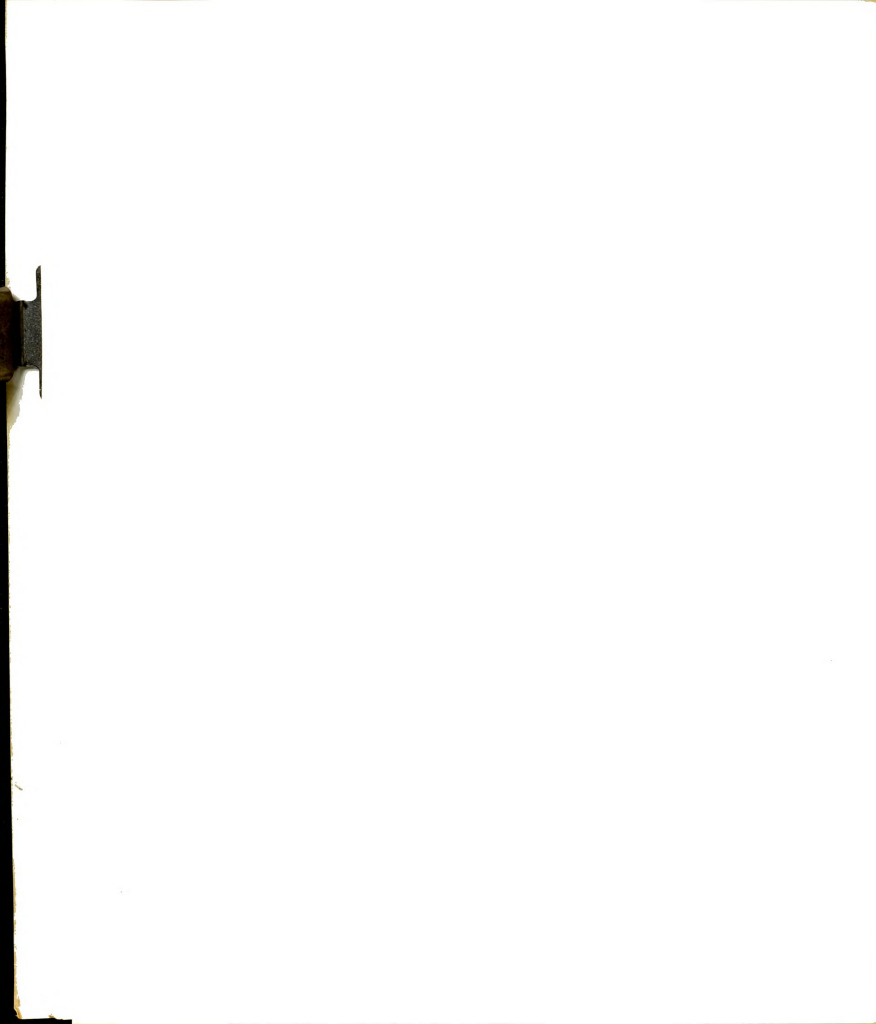
One plausible explanation for the difference between subject and observer ratings is the differential reliability of the two types of raters. Instrumentation reliability was discussed in Chapter II and the results are summarized in Table 10.

TABLE 10

Behavior Rating Form Sub Scale Reliability Coefficients
for Subjects and Observers

Outcome Dimensions	Subjects	Observers
Interpersonal Functioning	.79	.88
Behavior Change Toward Goals	.49	.80

The results show observer ratings to be more reliable than subject ratings. As reported in Chapter II, there were two observers for each subject in all but two



cases. This larger sample of ratings, together with their higher reliability, lends support for inferring group differences as indicated by observers. Also, it is to be remembered that though group differences due to subject ratings were not significant, they were in the desired direction. Additional support comes from previous research which tends to show counselors and clients to be relatively poor judges of treatment outcomes (Meltzoff & Kornreich, 1970). Such has been the case for judgmental, descriptive, performance, and status type data. Finally, it has been the researcher's observation that clients in general become more critical of their overall behavior repertoire during therapy, the effect of which might well cancel out any real gains in either treatment group as reported on an instrument such as the Behavior Rating Form.

Again, the question of meaningful significance is relevant. The meaning of measures 5 through 8 can be further clarified upon examination of the raw score means in the context of the Behavior Rating Form response format from which they were generated. The means appear in Table 11 and their relationship to the response format is illustrated in Figure 4. (The levels of the format are detailed in Chapter II.) It can be observed by inspection of the format that 3.5 is that critical value which differentiates whether or not a mean is in the direction of desired behavior. On this basis it can be inferred that

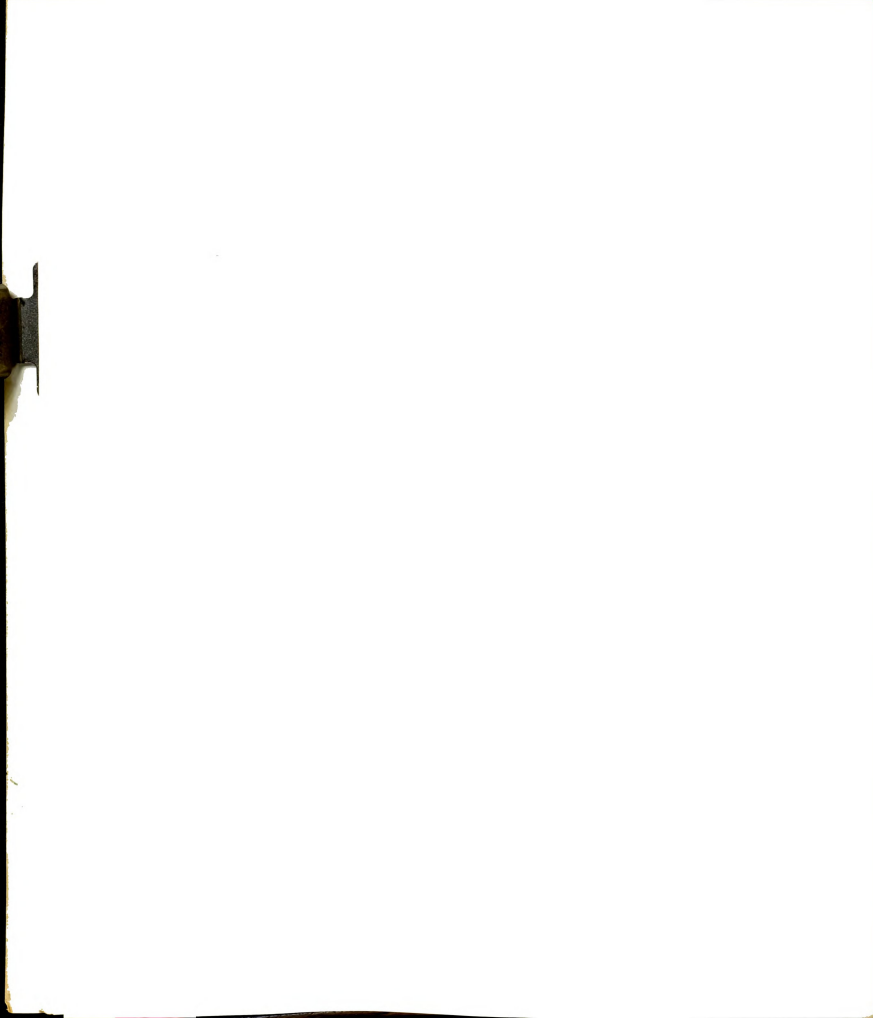


TABLE 11

Raw Score Means From Behavior Rating Form

Measures	Group 1 Experimental	Group 2 Control
M5 Interpersonal functioning, by self	4.65	4.27
M6 Interpersonal functioning, by observers	4.76	3.45
M7 Change on goal behaviors, by self	4.40	4.23
M8 Change on goal behaviors, by observers	4.26	3.17

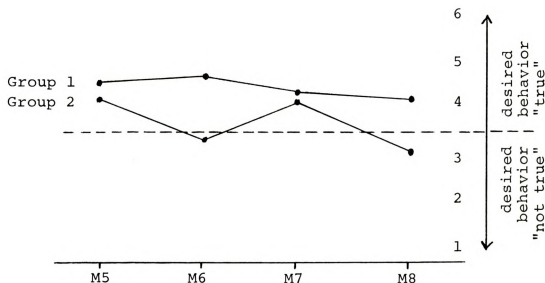


FIGURE 4. Illustration of Behavior Rating Form response format in relation to group means on measures 5 through 8



the statistically significant differences between groups on measures 6 and 8 are also meaningful differences. That is, observers reported only Group 1 to be functioning interpersonally in a positive manner, and behaving in accord with individual counseling goals. Applying the same criteria to measures 5 and 7 it is apparent that groups were not different in terms of meaning or statistical analysis.

Subject Mortality

Of the 22 subjects initially participating in this study, 1 terminated prematurely from each treatment group. In Group 1, a female subject was "no show" for the first session and only came three times during the six-week experimental period. Her counselor's assessment was that she was not motivated for any therapeutic intervention at that time. In Group 2, a female terminated after the first three sessions, stating that she had received all the help she wanted at that time. Her counselor also attributed her early termination to insufficient motivation. The final distribution of subjects and counselors within groups appears in Table 12.

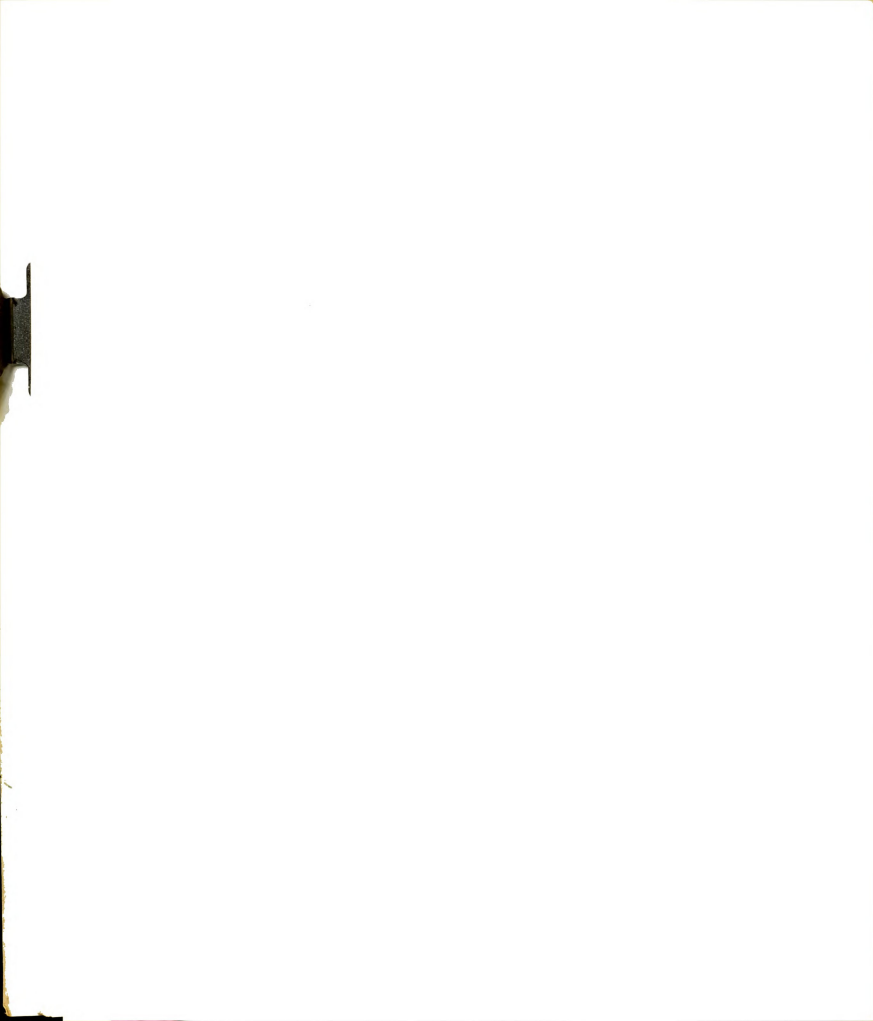
TABLE 12
Final Subject and Counselor Distribution
Within Treatment Groups

Counselors	Number of Subjects	Sex of Subjects	
		Females	Males
Experimental			
1	5	3	2
2	2	1	1
3	1	0*	1
4	<u>2</u>	<u>1</u>	<u>1</u>
Totals	10	5	5
Control			
5	3	1	2
6	2	2	0
7	2	2	0
8	2	1	1
9	<u>1</u>	<u>0*</u>	<u>1</u>
Totals	10	6	4

*Subject mortality

Status of Research Hypotheses

- H_{A1} : The posttreatment level of empathy in the self-help responses of Group 1 will be higher than the post-treatment level of Group 2. Confirmed.
- H_{A2} : The posttreatment level of regard in the self-help responses of Group 1 will be higher than the post-treatment level of Group 2. Confirmed.
- H_{A3} : The posttreatment level of genuineness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2. Confirmed.
- H_{A4} : The posttreatment level of concreteness in the self-help responses of Group 1 will be higher than the posttreatment level of Group 2. Confirmed.
- H_{A5} : The posttreatment level of interpersonal functioning of Group 1 will be higher than the posttreatment level of Group 2 as assessed by the subjects. Not Confirmed.
- H_{A6} : The posttreatment level of interpersonal functioning of Group 1 will be higher than the posttreatment level of Group 2 as assessed by significant-other observers. Confirmed.
- H_{A7} : The posttreatment change on goal behaviors of Group 1 will be greater than the change of Group 2 as assessed by the subjects. Not Confirmed.
- H_{A8} : The posttreatment change on goal behaviors of Group 1 will be greater than the change of Group 2 as assessed by significant-other observers. Confirmed.



CHAPTER IV

DISCUSSION

Overview

This experiment examined two fundamental questions:

(1) Can clients be trained to respond to their own problems at minimally facilitative levels of empathy (E), regard (R), genuineness (G), and concreteness (C)? And, (2) does such training in facilitative self-responding have a positive effect upon dimensions of client benefit, specifically, interpersonal functioning, and behavior change in the direction of individual counseling goals?

To seek answers for these questions two treatment conditions were established with the intent of making systematic comparisons of outcome. Twenty-two subjects were randomly assigned to one of two treatment conditions, or groups. The subjects were college students who were seeking individual counseling for personal-social concerns and who had volunteered to participate. Subjects in Group 1 received individual counseling integrated with individual systematic training in facilitative self-responding. Subjects in Group 2 received individual



counseling with no systematic training. Both groups received treatment for one hour a week over a six-week period.

Four counselors provided the treatment for Group 1, while five different counselors provided treatment for Group 2. All nine counselors were judged equivalent on the dimensions of helper functioning using the Carkhuff scales for E, R, G, and C. They were also deemed equivalent on the bases of experience, level of training, sex, age, and general therapeutic orientation.

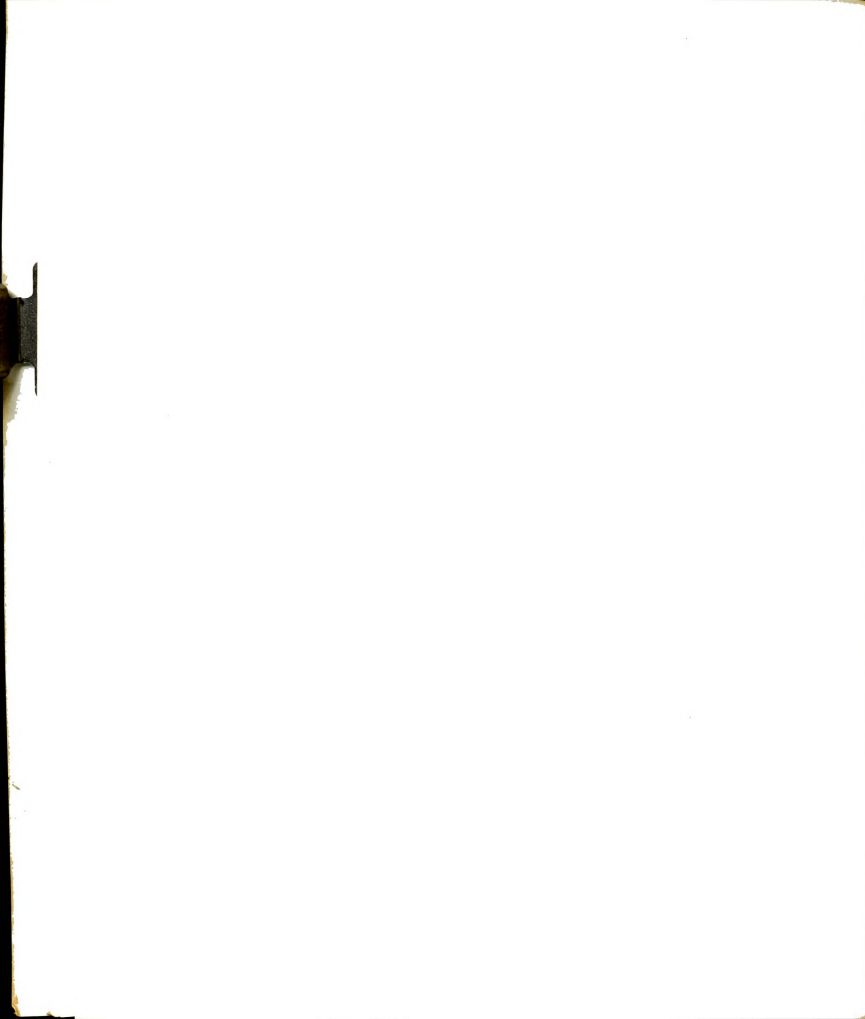
The procedure used for training in facilitative self-responding was developed from previous work that Carkhuff and associates had done in regard to facilitative interpersonal functioning. Hence, the procedure was an extension of the Carkhuff model and employed modeling, didactic, and experiential sources of learning to shape higher levels of E, R, G, and C in self-help responses. Training followed two sequential phases: (1) training in the discrimination of levels on each of the dimensions, and (2) training in the communication of increasingly higher levels of each of the dimensions in response to the trainee's problems.

To directly measure posttreatment training effectiveness subjects in Groups 1 and 2 were cast into the self-help role by being asked to respond as helper to three problem statements which were taken from their own



intake interview recording. The responses were subsequently rated by three independent judges on each of the facilitative dimensions. The results showed Group 1 to be functioning at about the 3.0 level on all dimensions and at about one level higher than Group 2. Univariate analyses of variance indicated the differences were statistically significant ($\alpha = .05$).

The Behavior Rating Form (BRF) was developed to measure group differences beyond the behaviors for which Group 1 was directly trained and behaviors more obviously related to client benefit. Specifically, the BRF measured interpersonal functioning with items based upon the constructs of E, R, G, and C. Also, it measured behavior change in the direction of individual counseling goals with items based upon idiosyncratic problem behaviors identified by each subject prior to treatment. The BRF was administered to each subject and the two significant other observers whom each had identified prior to treatment. Univariate analyses of variance showed Group 1 to be significantly better ($\alpha = .05$) than Group 2 on the dimensions of interpersonal functioning and behavior change toward counseling goals as reported by observers, but not as reported by subjects. The differences reported by observers were not only significant but were meaningful. That is, according to observers the behavior of Group 1 was in the desired direction and that of Group 2 was not.

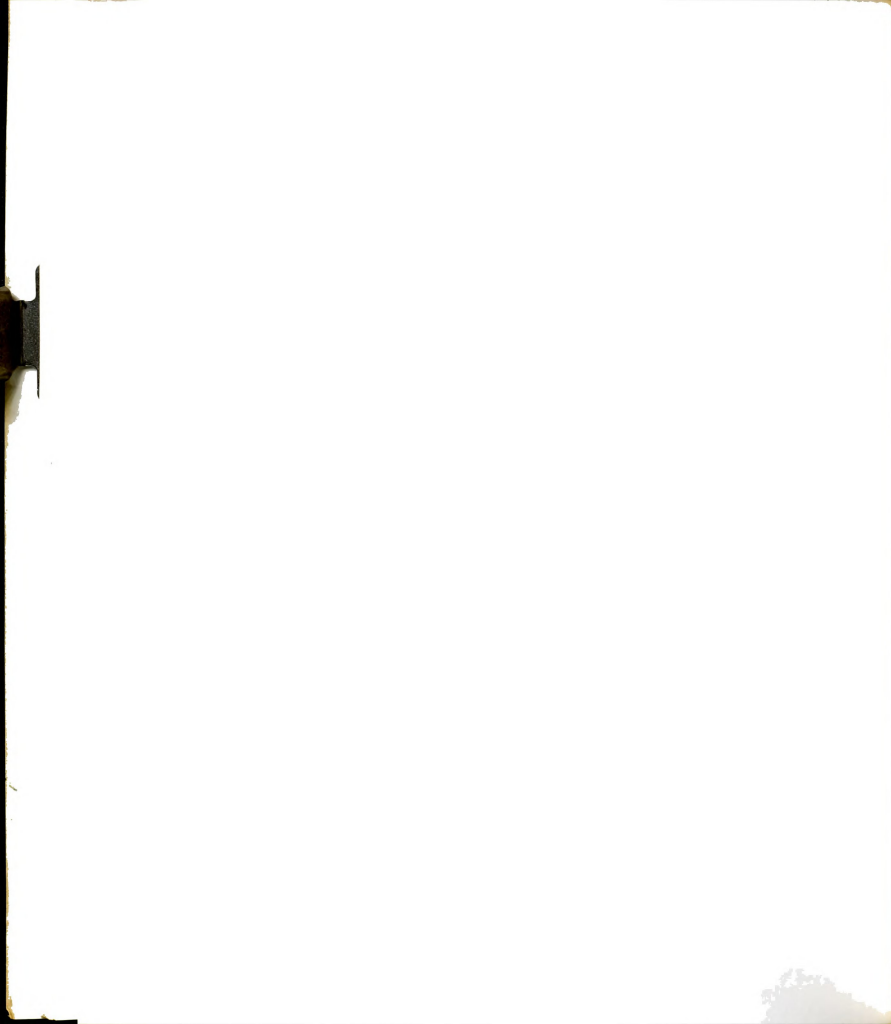


In addition to the univariate analyses above, overall treatment differences were assessed by considering all eight dependent measures together in a repeated measures analysis of variance. The results showed that Group 1 did significantly ($\alpha = .05$) better than Group 2, but also yielded a significant ordinal interaction for groups and measures.

Limitations

Before considering the many positive conclusions and implications of the present study, it is appropriate to review some of its limitations so as to properly qualify inferences and to suggest directions for future research.

In terms of the internal validity of the experimental design, the "posttest only control group design" (Campbell & Stanley, 1969) controls well for variables which might confound the experimental treatment effect. However, because counselors were not randomly assigned to treatment conditions there remains this possible source of systematic error. Though the researcher believed he could establish their equivalence on the bases of other relevant criteria, randomization remains the best assurance that the treatment effect was not the result of counselor attributes. Further research might study the effect of having the same counselors do both treatments. This would control for all extraneous counselor effects, but then



creates the threat of between treatment contamination and counselor bias.

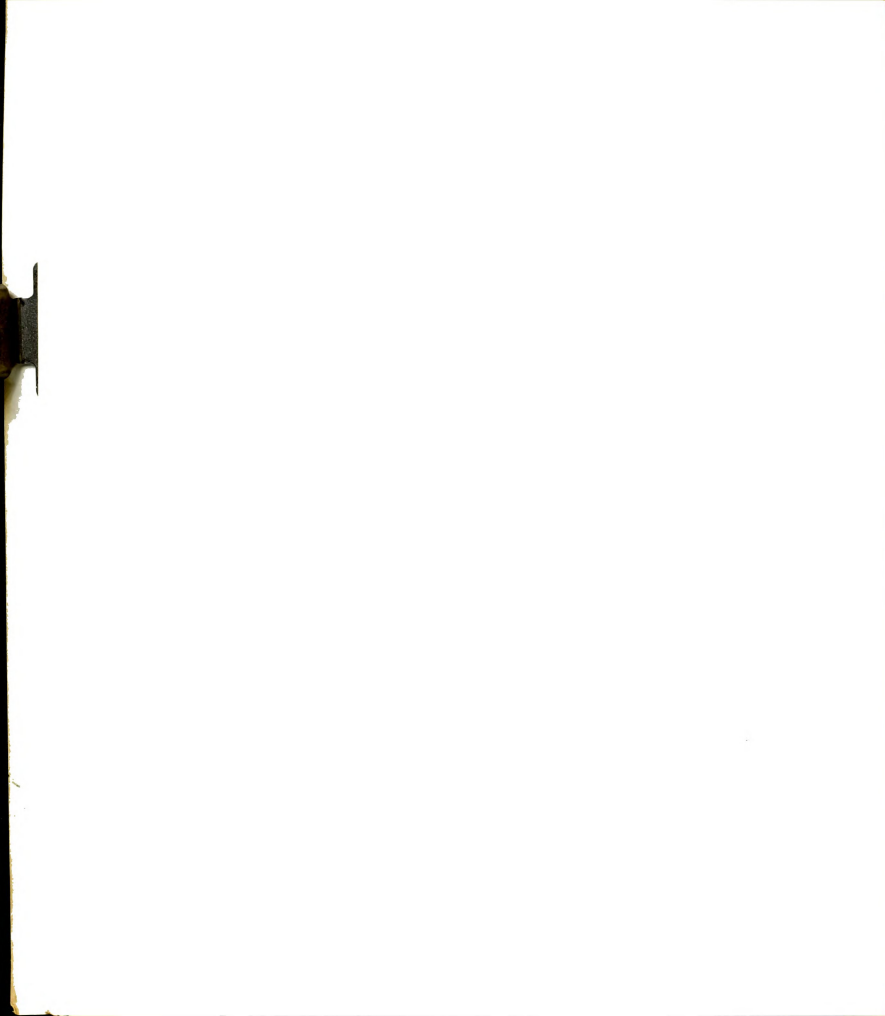
An additional threat to internal validity was the fact that the researcher served as a counselor for the experimental treatment. Though the treatment was quite structured and thus reduced opportunities for individual variation, he might have biased the effect with higher motivation than the other counselors. However, it should be recalled that his possible bias effect was controlled for all testing situations.

A fundamental threat to external validity was the possible interaction effect of selection biases and the experimental variables. A random sample of some population was not possible, so strictly speaking the results cannot be generalized beyond the sample in this study. However, such a random sample is rarely possible in research. Therefore, the selection procedure and the sample were carefully delineated (see Chapter II). Only two clients declined to participate in the study, which allows broader generalization than if more would have refused to participate. Overall, the sample was considered representative of college students who come to counseling agencies for help with personal-social concerns. An additional source of selection bias was for counselors. Hence, important characteristics have been delineated which allows the reader to assess how comparable the counselors

in this study are to those to which he might wish to generalize.

The instrumentation used, namely the Carkhuff scales and the Behavior Rating Form, also had its limitations. The Carkhuff scales are in practice only measures of verbal behavior, therefore leaving one to generalize verbalizations to other psychological and behavioral dimensions of interest. Clearly, non-verbal behavioral correlates of the different levels of the scales need further investigation. But, given these limitations, the researcher concluded from previous research (see Chapter I) that there was strong evidence that a change of functioning measured by these scales was related to change on other meaningful dimensions of functioning and well-being. The results of the present study seem to add support to that relationship.

The Behavior Rating Form appeared to be a reliable instrument for observers, but not for subject self-ratings. It holds promise, but further investigation and development are needed. A factor analysis would help determine how the items function in relationship to one another, and empirical studies would help establish its validity. An analysis of the individual items, particularly the goal items, reveals that they were not as operational as might have been desired. This limitation tends to move the measurement process from the realm of quantifiable behavior to the perceptual processes of respondents, and



thus obscuring the interpretation of results. Also, subjects completed the BRF under controlled conditions and observers did not. It can only be assumed that they followed instructions and rated independently, or that any error was random between groups.

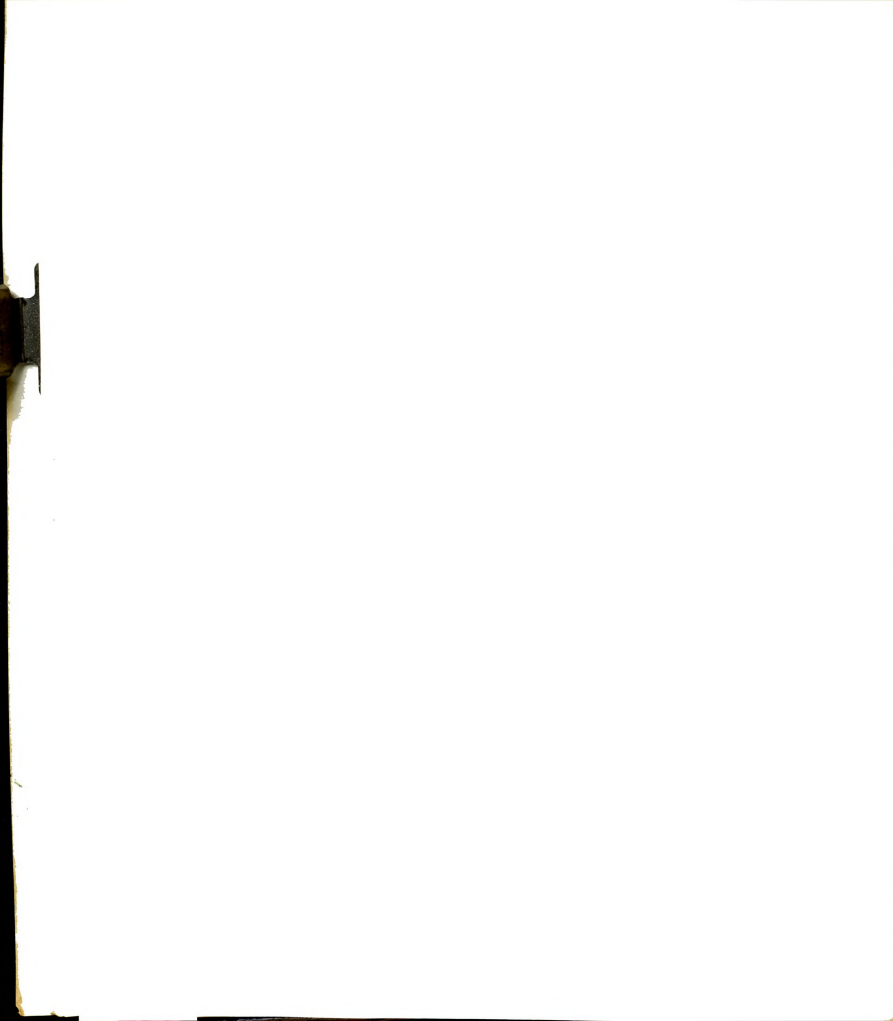
Finally, the time limitations of this study must be taken into account. The positive implications of a short-term therapy are numerous, but the six-week time factor also imposes limitations on the interpretation and generalizability of results. The question remains as to whether the differences between experimental and control conditions would be maintained, increased, or would deteriorate over a longer period of time. This is an especially significant point in light of the fact that most subjects continued in counseling after the experimental period, indicating they were not "finished."

Conclusions and Implications

In regard to the first fundamental question examined by this experiment--"Can a client be trained to respond to his own problems at minimally facilitative levels of E, R, G, and C?"--the results point to an affirmative conclusion. It was possible to extend the Carkhuff model for facilitative interpersonal functioning to a self-help application. The test of the basic proposition appeared to be valid in that under controlled conditions subjects were asked to perform the particular behaviors of interest

which were subsequently rated by independent, unbiased, and reliable judges. However, an important corollary rests upon inference--that subjects successfully used the procedure independently when dealing with their problems. Though there were no direct measures of this independent application, the counselors of Group 1 reported that subjects periodically mentioned using the "technique" independently, and generally with satisfaction. Though this might be viewed as "reinforcing the counselor," it remains an indication of the desired effect.

Related to the issue of independent application is the intriguing notion of "unconscious" application. Without limiting the concept of such application to some purely private psychic event, it can be contemplated that subjects trained in facilitative self-responding might well move from deliberate application of a "technique" to a spontaneous and natural facilitative approach to personal problems. Such a generalization effect seems desirable. As it was previously noted, to be empathic, respectful, genuine, and concrete in dealing with oneself would go a long way toward defining psychological well-being from most perspectives. The degree to which the present limited training program accomplished such an integration of these dimensions into "life style" or "personality structure" remains an open question, but seems worthy of theoretical and empirical investigation.



Another implication of effective training is that the subjects experienced a qualitative and quantitative improvement in their problem response repertoires. A qualitative gain was the focus of the discrimination phase of training and the results were directly measured by use of the facilitative dimensions. A quantitative gain was, in a real sense, the focus of the communication phase of training in that subjects were trained to initiate new responses in accord with the facilitative dimensions. The extent to which a subject's verbal response repertoire was improved qualitatively and quantitatively implies improved and increased behavioral options upon confronting problems.

Though Group 1 showed quite comparable gains on all of the facilitative dimensions, the differences between the dimensions which do exist are of interest (see Table 9). The greatest gain was on empathy (1.55). This might well have been expected in that trainers keyed on this dimension, particularly in the early phases of training. At the other extreme, the least gain was on regard (1.01). The researcher's earlier doubts about training on this dimension (p. 21) appear to be reflected in the results. Regard has been the most difficult dimension to operationally define, and it follows that it would be the most difficult to affect through training. All trainers reported that next to empathy, they seemed to attend to concreteness most often. Its rank of second in gain (1.41) seems to reflect

this emphasis. Overall, the most important result in terms of gains is still that Group 1 showed a meaningful gain on all dimensions--one level or more--and achieved minimally facilitative levels. However, comparing the dimensions within Group 1 indicates that results are related to the degree to which the dimensions are operationally defined and the relative attention given each in training.

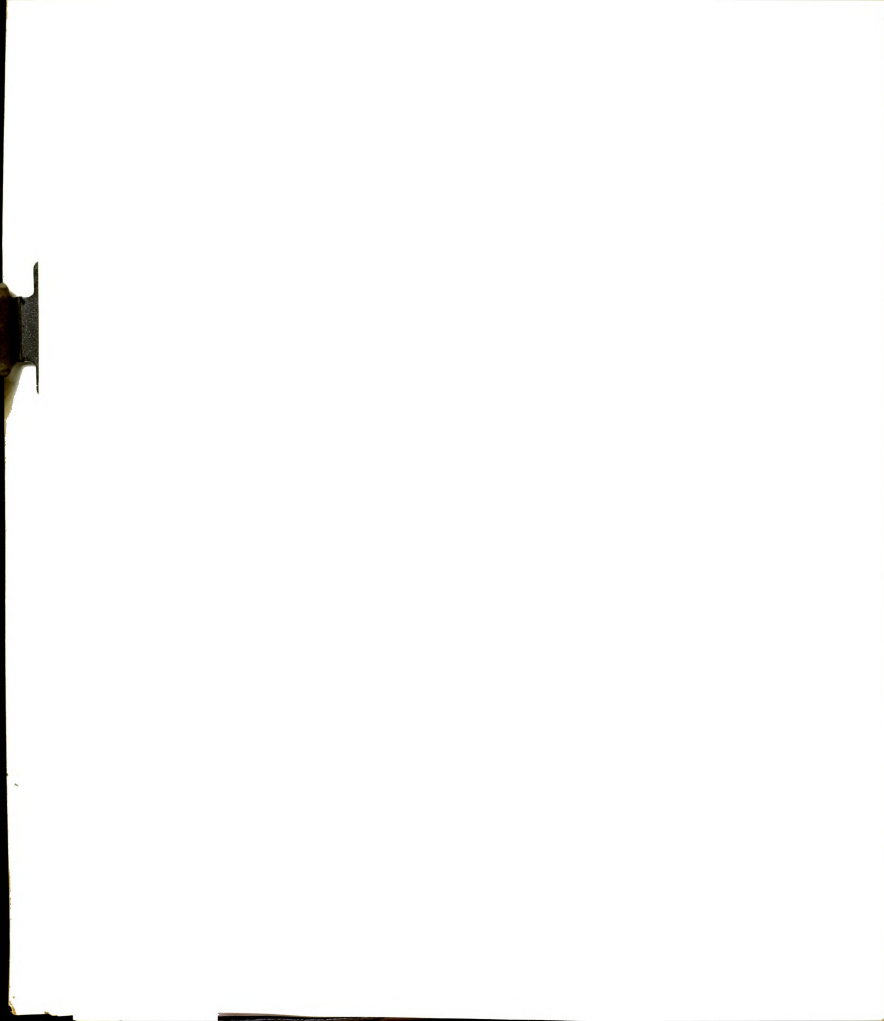
A further implication related to dimension differences is how clients might differ in their pretreatment levels across E, R, G, and C. A "diagnosis" of within client differences prior to treatment would allow for systematically attending to those dimensions of lowest functioning, thus optimizing training efficiency and client gains. Such a differential training emphasis was only attempted informally in the present study, its potential remains to be explored.

A final conclusion to be drawn from the posttreatment level of functioning of Group 1 is that the subjects moved toward, but did not attain, the level of functioning of their counselor-trainers (see Table 1). Though the subject and counselor ratings are not exactly comparable in that the subjects were rated on self-help behavior and counselors on helping others, the general results are consistent with Carkhuff's (1969a) findings--that trainees move toward, but do not exceed, the level of functioning of their trainers. Further research is needed to directly

test whether or not there is an upper limit for training in facilitative self-responding determined by trainer level of functioning.

The second fundamental question examined by this experiment was: "Does training in facilitative self-responding have a positive effect upon important dimensions of client benefit?" Two such dimensions were studied: (1) interpersonal functioning, and (2) behavior change in the direction of individual counseling goals. Both seemed valid dimensions of counseling effectiveness in their own right, particularly for clients seeking help for personal-social concerns. But, they were judged to be especially relevant tests for the effectiveness of facilitative self-responding.

Interpersonal functioning was considered a pertinent outcome dimension in that it seemed reasonable to expect a subject who had been trained to function at higher levels with himself to do so with others, particularly since training methodology incorporated many interpersonal elements (see Chapter II). But testing this expectation was not the only basis for selecting the interpersonal criterion. The value of empathic, regardful, genuine, and concrete interpersonal communication was elaborated upon in Chapter I, where these dimensions were shown to account substantially for the quality of



interpersonal relationships and subsequent psychological well-being.

The results showed significant and meaningful differences on the interpersonal dimension for observer ratings, but not for subject ratings. Some plausible explanations for the different results were considered in Chapter III, including the lower reliability for subject ratings, fewer subject than observer ratings, and previous research showing subjects to be relatively poor evaluators of their own therapy. Another consideration is the relative homogeneity of the subject population when compared to the observer population. Clearly, there were several systematic selection factors which served to reduce differences between subjects which were not operating for observers. Such homogeneity would seem to call for a more highly reliable measure than the BRF to discriminate even meaningful differences. In this context it is important to recall that the non-significant differences for subject ratings were in the direction favoring facilitative self-responding. Though there was not statistical support from subject ratings favoring the experimental procedure, neither was there statistical evidence directly contradicting the differences reported by observers. Finally, there is a logical basis for giving greater validity to observer ratings. Observers would be relatively free from confounding experimental effects, such



as loyalty to counselor, and generally more objective than subjects making self-ratings. And two observers, probably functioning independently, would seem to be better judges of the interpersonal conditions being offered them than would the single subject doing the offering.

The second dimension related to direct client benefit was change on those behaviors which the individual subjects identified as associated with the problems for which they were seeking help. These behavioral correlates of the presenting personal-social concern of the client appeared to be fundamentally appropriate outcome criteria. The dimension rests upon the assumption that individuals seek counseling because they want something to change--some personally meaningful difference in their behavior. At times there is a tendency in the behavioral sciences to consider variables of particular interest only to the researcher, perhaps far removed from the "real world" of the client. The inclusion of the goal dimension in this study was an attempt to assure client relevancy in the outcome criteria and subsequent generalizations of the results.

Results on the goal dimension were parallel to those for interpersonal functioning in that there were significant and meaningful group differences for observer ratings, but not for subject ratings. The possible explanations sighted above for observer and subject differences

are also applicable for goals. However, it should be noted that the reliability for subject ratings on goals was lowest of all outcome measures--.49. Hence, the group differences would have had to be relatively large for statistical significance on this measure. Also, it should be recalled that there were only 4 goal items on the BRF as compared to 12 interpersonal items. The 4 items reflected a wide range of goals, yet their scores were added to comprise a single measure of "change toward goals." This adding procedure gave the best single estimate of the parameter of interest, but necessarily ignored such factors as differential goal priorities and categorical differences of the behaviors involved. It is likely that facilitative self-responding is more effective for some types of problems than others, but this issue was left to further research.

Overall, the evidence shows that facilitative self-responding is a viable therapeutic intervention. In terms of the two fundamental questions examined, the answers, though tentative, are affirmative--clients can be so trained, and it does make a meaningful difference.

A short-term helping program such as this has numerous implications, many of which have been noted previously. However, some additional broad implications are worth consideration.

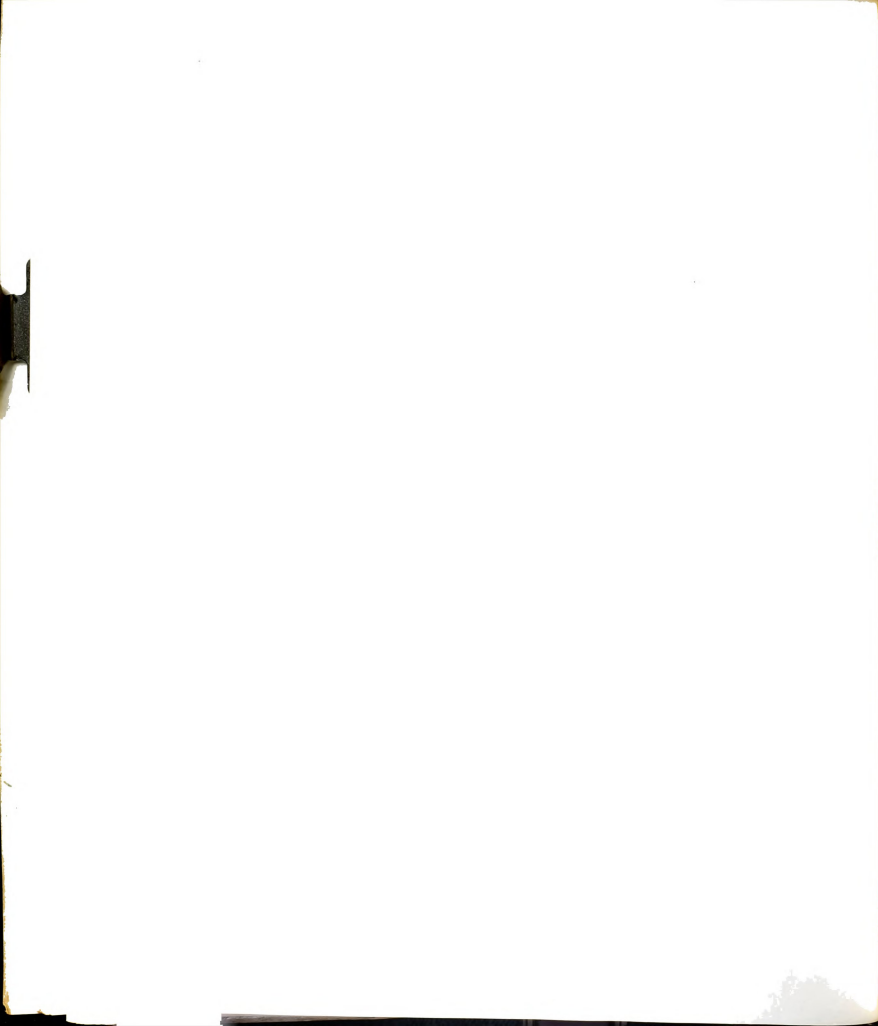
The Carkhuff training model for facilitative interpersonal functioning has been successfully used in

groups. Though additional research is needed, there is reason to expect that the extension of the Carkhuff model employed in this study can also be used successfully in the group context. Group training would probably be more efficient in terms of time and manpower, but there is also promise for an integration with the interpersonal realm, thus providing a truly comprehensive training program. One advantage to an integrated program would be better representation of "real world" interpersonal situations. When a problem developed within the life of the group, the individuals involved could move into the most direct form of experiential training.

Another kind of integration is implied upon considering the potential of facilitative self-responding as a therapeutic adjunct. Undoubtedly some clients function in such a manner that this treatment would be of limited help by itself. However, this does not rule out its adjunctive application. Facilitative self-responding would seem particularly complementary to the "insight therapies" which have often been criticized for failing to aid clients in learning the skills necessary to maintain their gains and improve functioning independently. Also, its use as a pre-therapy training seems worth further exploration. Every experienced therapist knows about the so-called "good client"--usually referring to the client who deals with problem content and affect in such a manner

that he "moves" in therapy. Somehow this client knows how to use the helping relationship effectively, and engages in high levels of self-exploration with positive results. The skills taught in facilitative self-responding appear closely related to what characterizes the "good client." Thus, it might well serve as a method of training clients to be "good clients" and consequently optimize the efficiency and effectiveness of therapy. Such an application seems particularly relevant for counseling agencies with long waiting lists for treatment.

Finally, by its essential nature facilitative self-responding is educational as well as therapeutic. The learning and relearning involved would seem applicable to a broader population than self-referred counseling clientele. Just as formal educational systems are moving toward greater incorporation of training in interpersonal skills, so might training in self-help behavior be incorporated. Increasing numbers of educators and students --helpers and helpees--are calling for greater emphasis on the skills and conditions necessary to live effectively in a rapidly changing and complex world. Facilitative self-responding is a promising approach toward that goal of "effective living." Effectiveness not only defined in terms of research instruments, but also by the sense of well-being that comes with having adequate personal resources for confronting the problems in living.

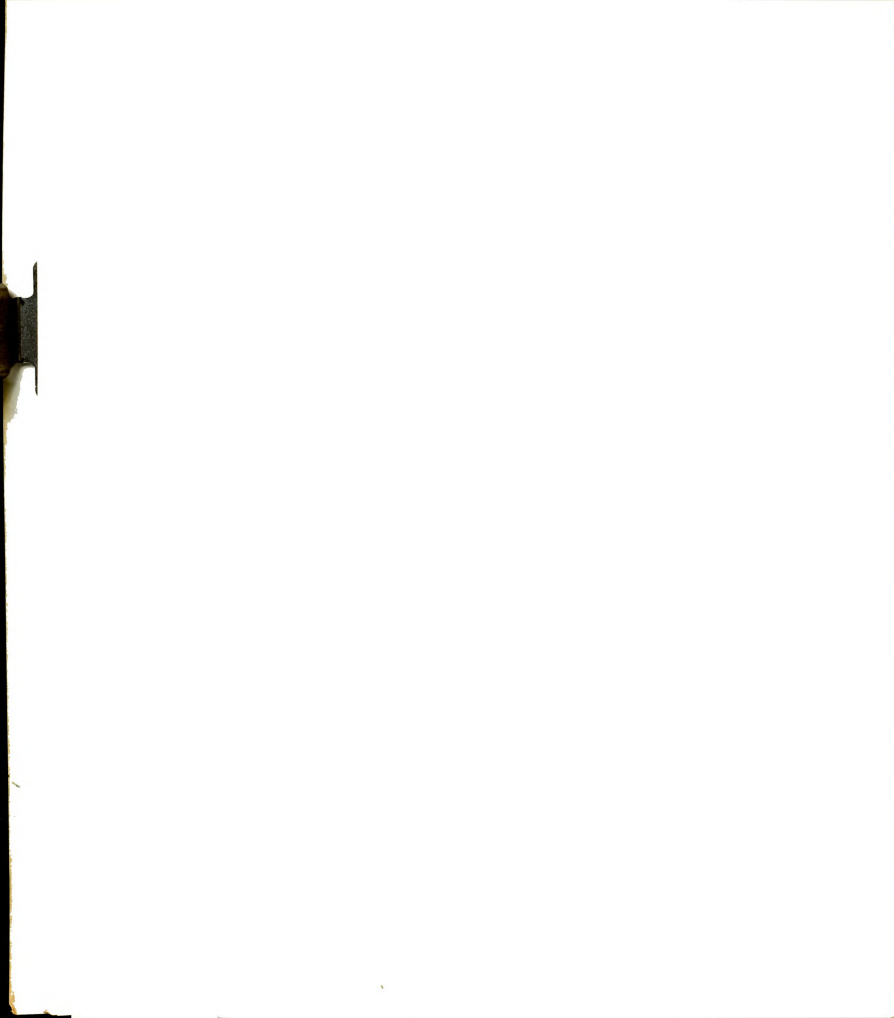


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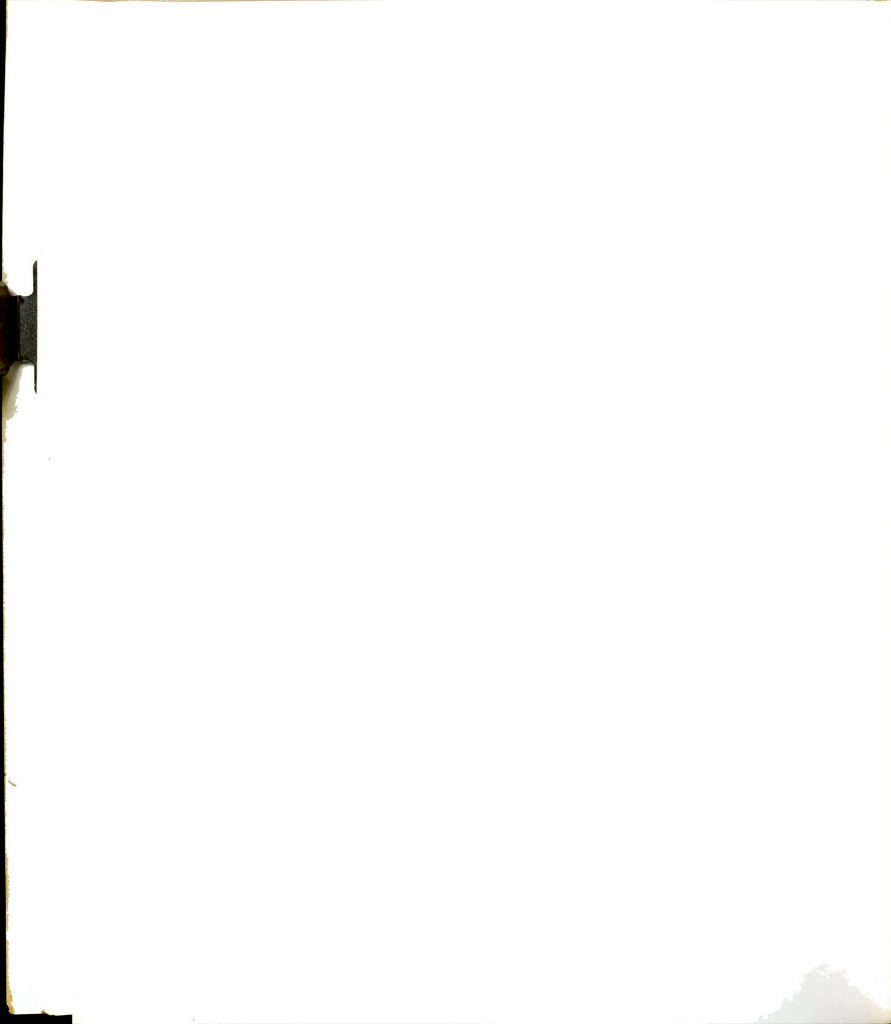


LIST OF REFERENCES

- Anastasi, A. Psychological testing. New York: Macmillan Company, 1968.
- Baker, F. B., & Martin, T. J. Fortap: A Fortran test analysis package. Occasional Paper No. 10, 1970, Office of Research Consultation, College of Education, Michigan State University.
- Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 76(43), Whole No. 562.
- Barron, F., & Leary, T. Changes in psychoneurotic patients with and without psychotherapy. Journal of Consulting Psychology, 1955, 19, 239-245.
- Berenson, D. The effects of teacher training in interpersonal skills upon student performance. Unpublished doctoral dissertation, Fordham University, 1970.
- Berenson, B. G., Carkhuff, R. R., & Myrus, P. The interpersonal functioning and training of college students. Journal of Counseling Psychology, 1966, 13, 441-446.
- Berenson, B. G., Friel, T., & Mitchell, K. L. Factor analysis of therapeutic conditions for high- and low-functioning therapists. Journal of Clinical Psychology, in press, 1970.
- Berenson, B. G., & Mitchell, K. L. Confrontation in counseling and life. Mimeographed manuscript, American International College, Springfield, Mass., 1969.
- Bierman, R., Carkhuff, R. R., & Santilli, M. Efficacy of empathic communication groups for inter-city pre-school teachers and family workers. Journal of Applied Behavioral Sciences, in press, 1971.
- Campbell, D. T., & Stanley, J. C. Experimental and quasi-experimental designs for research. Chicago: Rand McNally & Company, 1967.



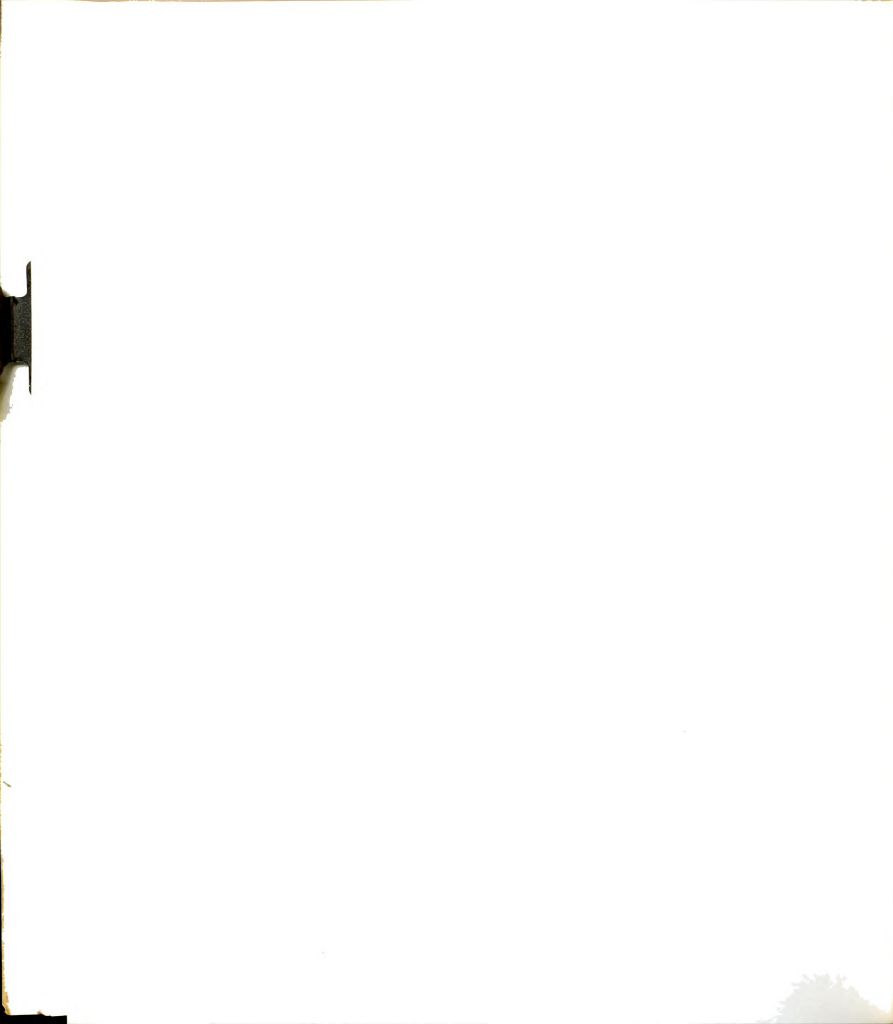
- Cannon, J. C., & Carkhuff, R. R. The effect of rater level of functioning and experience upon the discrimination of facilitative conditions. Journal of Consulting Psychology, in press, 1970.
- Cannon, J. R., & Pierce, R. Order effects in the experimental manipulation of therapeutic conditions. Journal of Clinical Psychology, 1968, 24, 242-244.
- Carkhuff, R. R. Helping and human relations: A primer for lay and professional helpers. Vol. 1. Selection and training. New York: Holt, Rinehart & Winston, 1969. (a)
- Carkhuff, R. R. Helping and human relations: A primer for lay and professional helpers. Vol. 2. Practice and research. New York: Holt, Rinehart & Winston, 1969. (b)
- Carkhuff, R. R. Helper communication and discrimination as a function of the helpee affect and content. Journal of Counseling Psychology, 1969, 16(2), 126-131. (c)
- Carkhuff, R. R. The development of human resources: Education and social action. New York: Holt, Rinehart & Winston, 1971. (a)
- Carkhuff, R. R. Training as a preferred mode of treatment. Journal of Counseling Psychology, 1971, 18(2), 123-131. (b)
- Carkhuff, R. R., Banks, G., Berenson, B. G., Griffin, A. H., & Hall, R. The selection and training of correctional counselors. Journal of Counseling Psychology, 1971, in press.
- Carkhuff, R. R., & Berenson, B. G. Beyond counseling and therapy. New York: Holt, Rinehart & Winston, 1967.
- Carkhuff, R. R., & Bierman, R. Training as a preferred mode of treatment of parents of emotionally disturbed children. Journal of Counseling Psychology, 1970, 17(2), 157-161.
- Carkhuff, R. R., & Griffin, A. H. The selection and training of functional professionals for the inner-city pre-school. Journal of Research and Development in Education, 1971, in press.



- Carkhuff, R. R., Kratochvil, D., & Friel, T. The effects of professional training: The communication and discrimination of facilitative conditions. Journal of Counseling Psychology, 1968, 15(1), 68-74.
- Carkhuff, R. R., & Truax, C. B. Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. Journal of Consulting Psychology, 1965, 29, 333-336. (a)
- Carkhuff, R. R., & Truax, C. B. Lay mental health counseling: The effectiveness of lay group counseling. Journal of Consulting Psychology, 1965, 29, 426-431. (b)
- Cartwright, R. D., & Vogel, J. L. A comparison of changes in psychoneurotic patients during matched periods of therapy and no therapy. Journal of Consulting Psychology, 1960, 24, 121-127.
- Eysenck, H. J. The effects of psychotherapy: An evaluation. Journal of Consulting Psychology, 1952, 16, 319-324.
- Finn, J. D. Univariate and multivariate analysis of variance and covariance: A Fortran IV program. Occasional Paper No. 9, 1970, Office of Research Consultation, College of Education, Michigan State University.
- Geisser, S., & Greenhouse, S. W. An extension of Box's results on the use of the F distribution in multivariate analysis. Annals of Mathematical Statistics, 1958, 29, 885-981.
- Halkides, G. An investigation of therapeutic success as a function of four variables. Unpublished doctoral dissertation, University of Chicago, 1958.
- Hoyt, C. J. Test reliability estimated by analysis of variance. Psychometrika, 1941, 6, 153-160.
- Jennrich, R. I. 1604 analysis of variance. Laboratory Bulletin, 1961, Numerical Analysis Department, University of Wisconsin.
- Kagan, N., Krathwohl, D. R., Goldberg, A. D., Campbell, R. J., Schauble, P. G., Greenberg, S. B., Danish, S. J., Resnikoff, A., Bowes, J., & Bondy, S. B. Studies in human interaction: Interpersonal process recall stimulated by videotape. Educational Publication Services, Michigan State University, 1967.



- Kagan, N., Schauble, P., Resnikoff, A., Danish, S., & Krathwohl, D. Interpersonal process recall. Journal of Nervous and Mental Disease, 1969, 148, 365-374.
- Kratochvil, D. Changes in values and interpersonal functioning of nurses in training. Counselor Education and Supervision, 1969, 8, 104-107.
- Krumboltz, J. D. Behavioral goals for counseling. Journal of Counseling Psychology, 1966, 13(2), 153-159.
- Krumboltz, J. D. Future directions for counseling research. In J. M. Whiteley (Ed.) Research in counseling. Columbus: Charles E. Merrill Publishing Company, 1967. Pp. 184-203.
- Meltzoff, J., & Kornreich, M. Research in psychotherapy. New York: Atherton Press, Inc., 1970.
- Mink, O. G., & Isaksen, H. L. A comparison of effectiveness of nondirective therapy and clinical counseling in the junior high school. School Counselor, 1959, 6, 12-14.
- Muehlberg, N., Drasgow, J., & Pierce, R. The factorial dimensions of high, moderate, and low functioning therapists. Journal of Clinical Psychology, 1969, 25, 93-95.
- Pagell, W., Carkhuff, R. R., & Berenson, B. G. The predicted differential effects of the level of counselor functioning upon the level of functioning of outpatients. Journal of Clinical Psychology, 1967, 23, 510-512.
- Pierce, R., & Drasgow, J. Teaching facilitative interpersonal functioning to psychiatric patients. Journal of Counseling Psychology, 1969, 16, 195-198.
- Pierce, R., & Schauble, P. G. Graduate training of facilitative counselors: The effects of individual supervision. Journal of Counseling Psychology, 1970, 17(3), 210-215.
- Rogers, C. R. On becoming a person. Boston: Houghton Mifflin Company, 1961.
- Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.



- Rogers, C. R., Gendlin, E., Kiesler, D., & Truax, C. B. (Eds.). The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. Madison: University of Wisconsin Press, 1967.
- Scharf, K. R. Training of resident assistants and peer group members in the communication interactional process skills of empathic understanding of student feeling and student depth of self-exploration. Unpublished doctoral dissertation, Michigan State University, 1971.
- Schauble, P. G., & Pierce, R. Owning of feeling in interpersonal process: A scale of measurement. Unpublished manuscript, Michigan State University, 1970.
- Truax, C. B. The process of group psychotherapy: Relationships between hypothesized therapeutic conditions and intrapersonal exploration. Psychological Monographs, 1961, 75(7), Whole No. 511.
- Truax, C. B., & Carkhuff, R. R. Toward effective counseling and psychotherapy. Chicago: Aldine Publishing Company, 1967.
- Truax, C. B., Carkhuff, R. R., & Kodman, F. The relationships between therapist-offered conditions and patient change in group psychotherapy. Journal of Clinical Psychology, 1965, 21, 327-329.
- Vitalo, R. The effects of training in interpersonal functioning upon psychiatric inpatients. In R. R. Carkhuff, Helping and human relations. New York: Holt, Rinehart & Winston, 1969.



APPENDICES

APPENDIX A

CARKHUFF SCALES ON FACILITATIVE DIMENSIONS



Empathic Understanding in Interpersonal
Processes. II

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

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

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

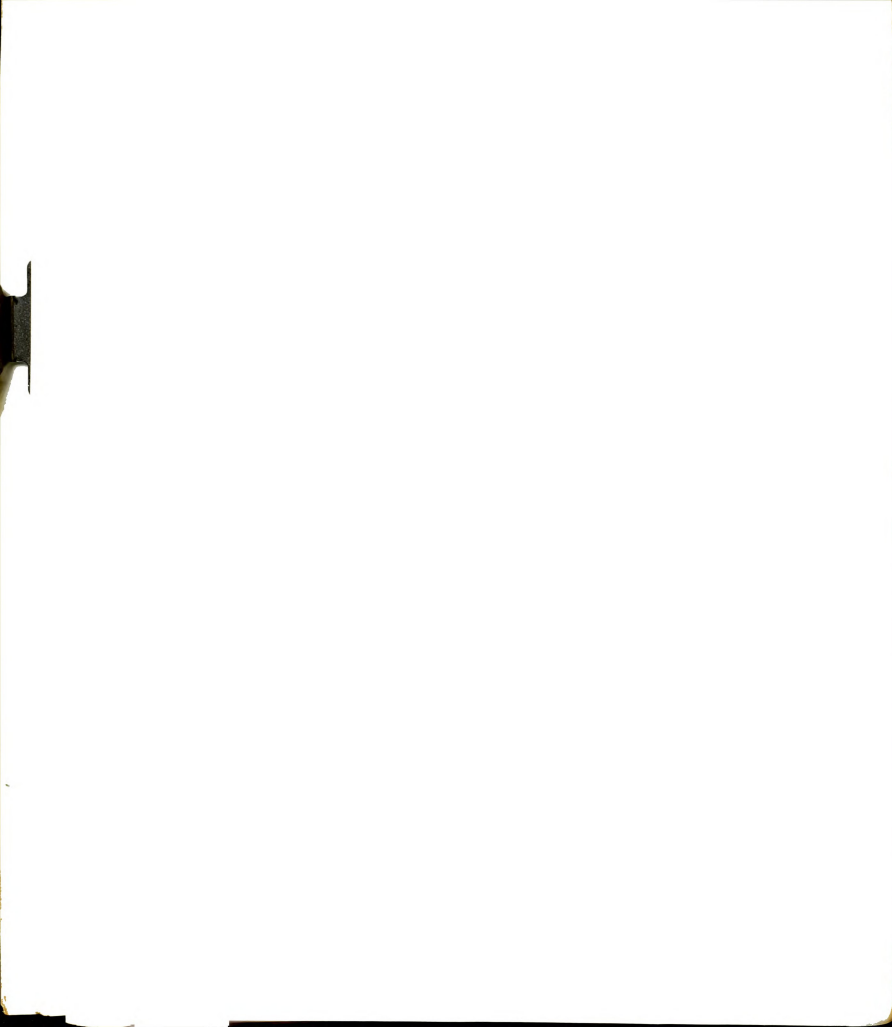
In summary, the first person does everything but express that he is listening, understanding or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

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

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

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



Level 3

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

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

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

Level 4

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

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

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

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



Level 5

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

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

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

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

The Communication of Respect in Inter-
personal Processes. II

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

The verbal and behavioral expressions of the first person communicate a clear lack of respect (or negative regard) for the second person(s).

Example: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences and potentials of the second person.

Level 2

The first person responds to the second person in such a way as to communicate little respect for the feelings and experiences and potentials of the second person.

Example: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

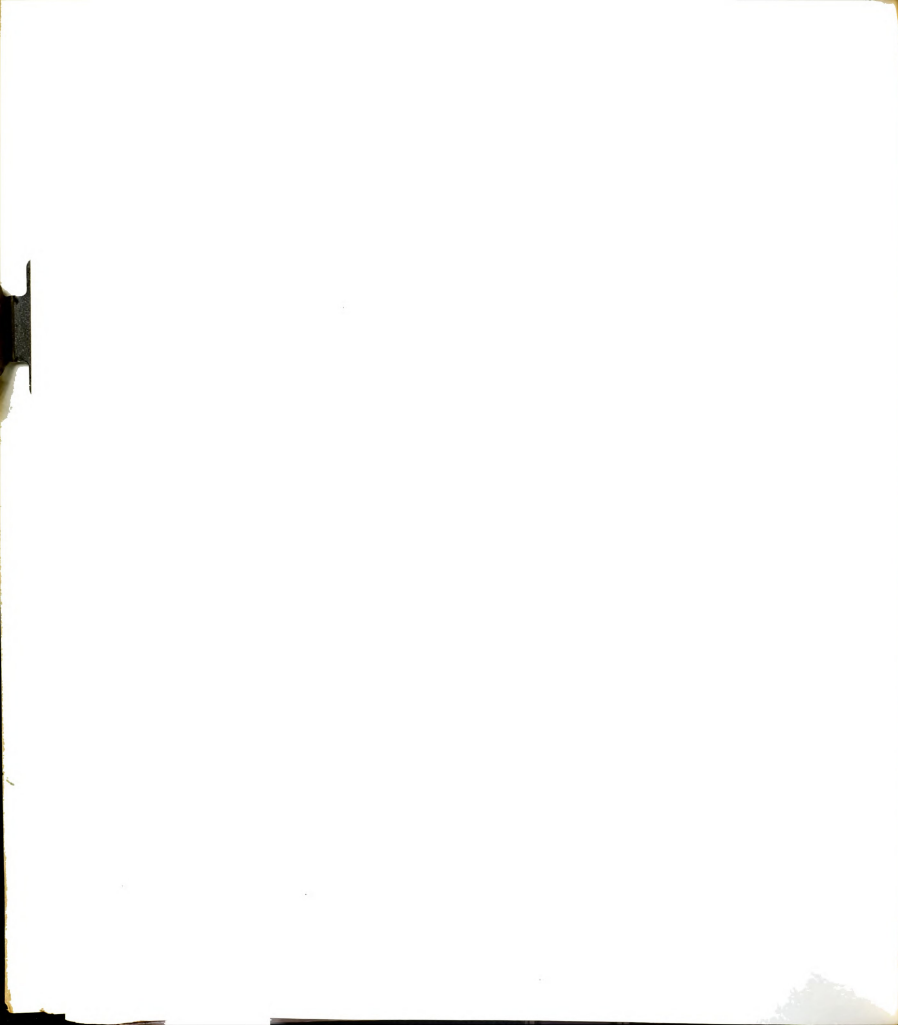
In summary, in many ways the first person displays a lack of respect or concern for the second person's feelings, experiences and potentials.

Level 3

The first person communicates a positive respect and concern for the second person's feelings, experiences and potentials.

Example: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life and situation.

In summary, in many ways the first person communicates that who the second person is and what he does matters to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.



Level 4

The facilitator clearly communicates a very deep respect and concern for the second person.

Example: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicates a very deep caring for the feelings, experiences and potentials of the second person.

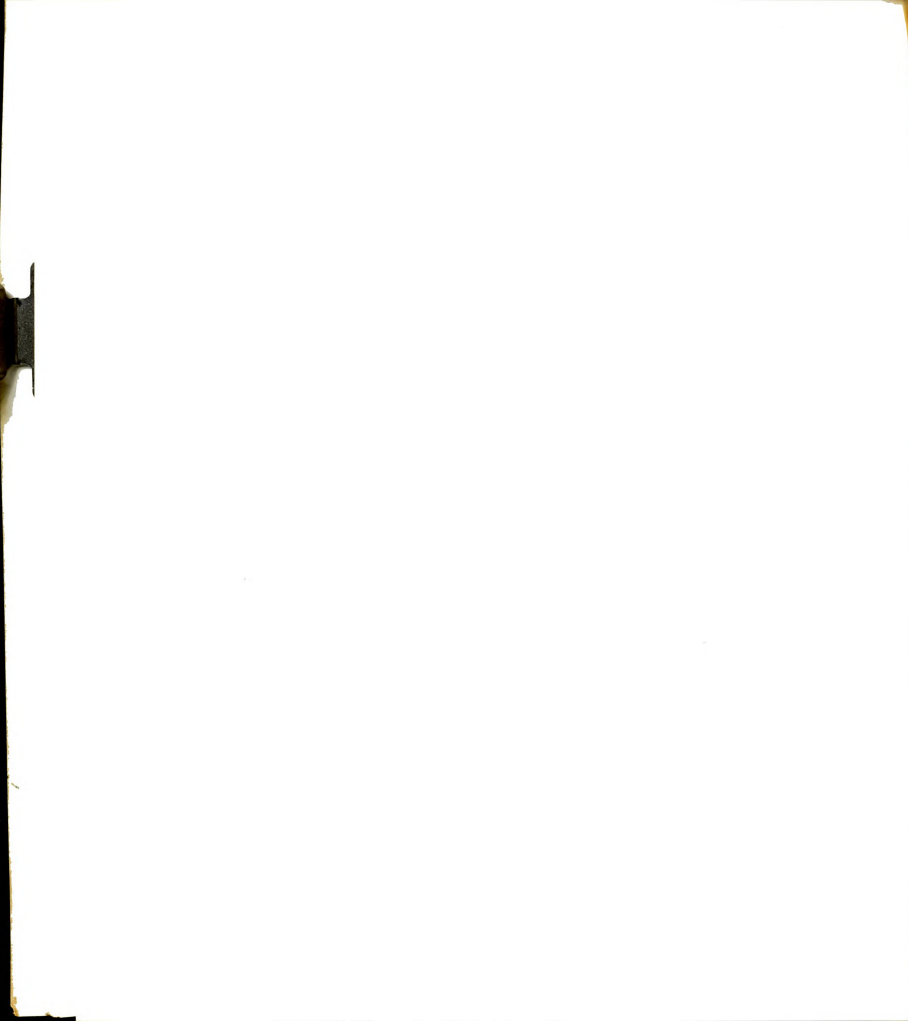
Level 5

The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

Example: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the other person as a human being.

¹The present scale, "Respect or Positive Regard in Inter-personal Processes," has been derived in part from "A tentative scale for the measurement of unconditional positive regard" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made. For comparative purposes, the levels of the present scale are approximately equal to the stages of both the earlier scales, although the systematic emphasis upon the positive regard rather than upon unconditionality represents a pronounced divergence of emphasis and the systematic deemphasis of concern for advice-giving and directionality, both of which may or may not communicate high levels as well as low levels of respect.



Facilitative Genuineness in
Interpersonal Processes

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

Example: The first person may be defensive in her interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality and where he is defensive he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

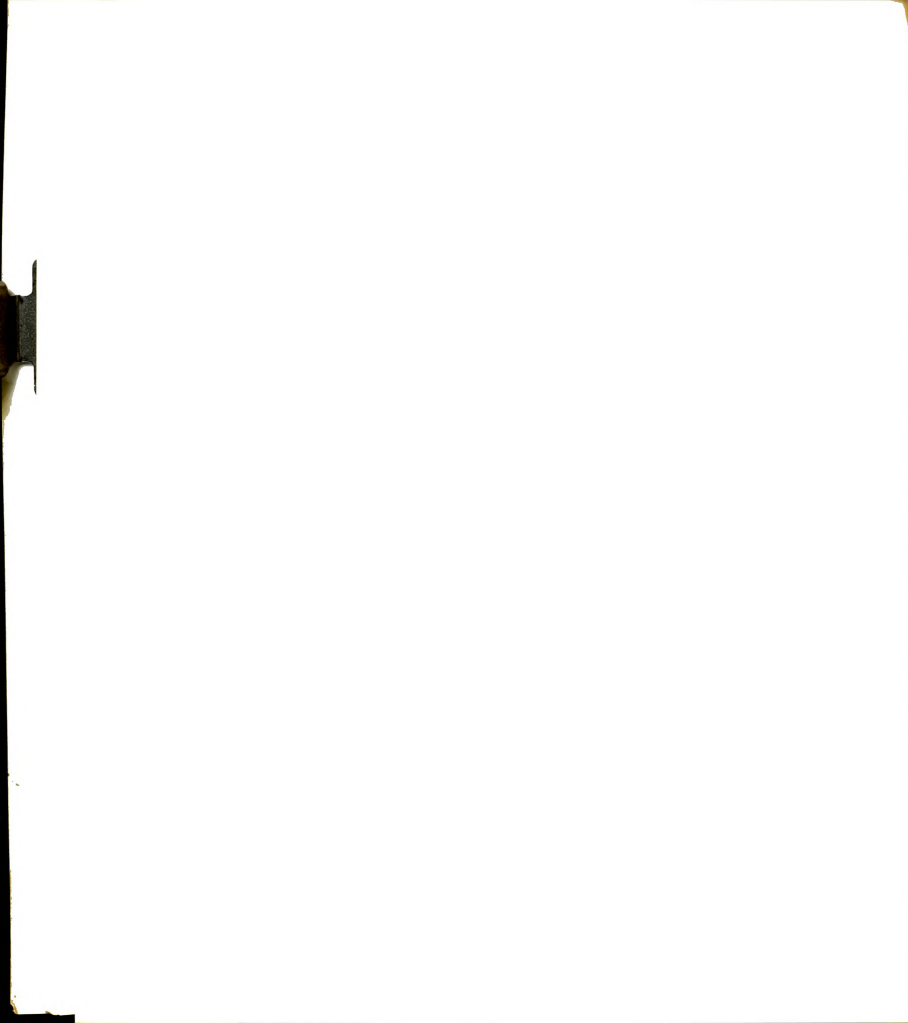
In summary, there is evidence of a considerable discrepancy between the first person's inner experiencing and his current verbalizations or where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2

The first person's verbalizations are slightly unrelated to what he is feeling at the moment or when his responses are genuine they are negative in regard to the second person and the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

Example: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed "role" rather than to express what he personally feels or means and when he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.



Level 3

The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

Example: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary, the first person appears to make appropriate responses which do not seem insincere but which do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the second person(s).

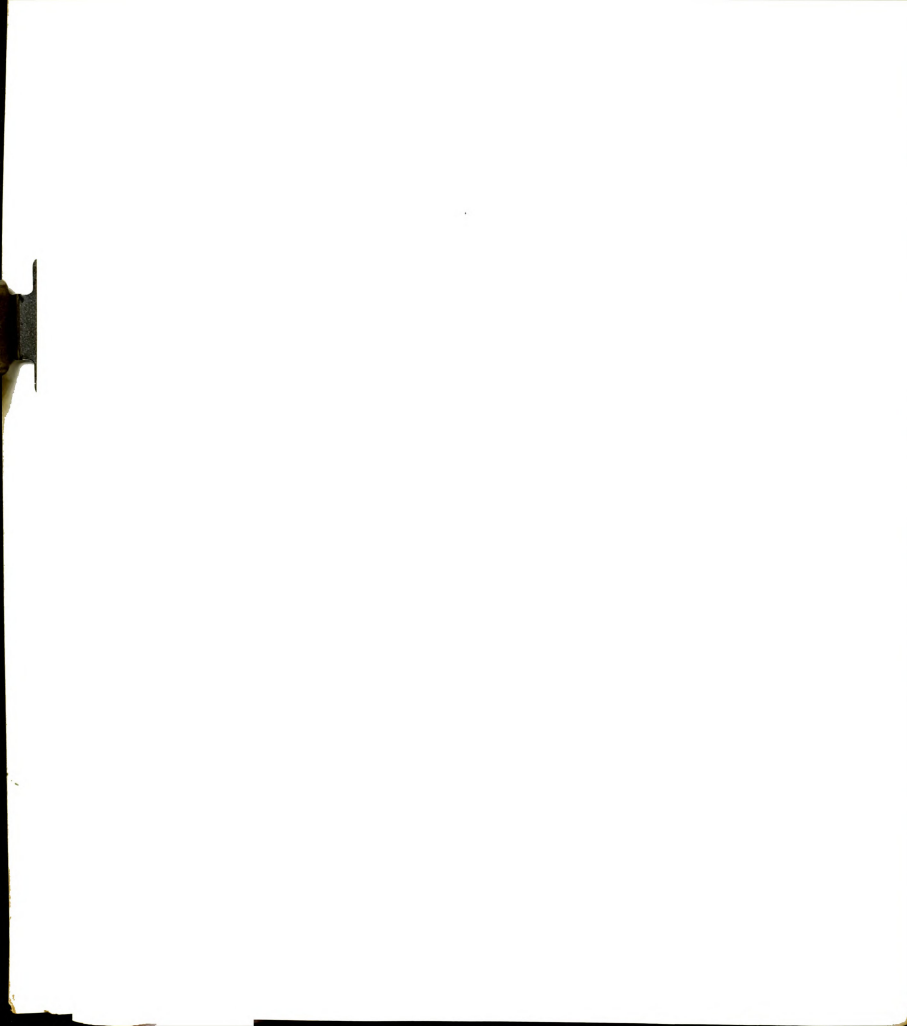
Example: The facilitator's expressions are congruent with his feelings although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings and there is no doubt as to whether he really means what he says and he is able to employ his responses whatever the emotional content, as a basis for further inquiry into the relationship.

Level 5

The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s).

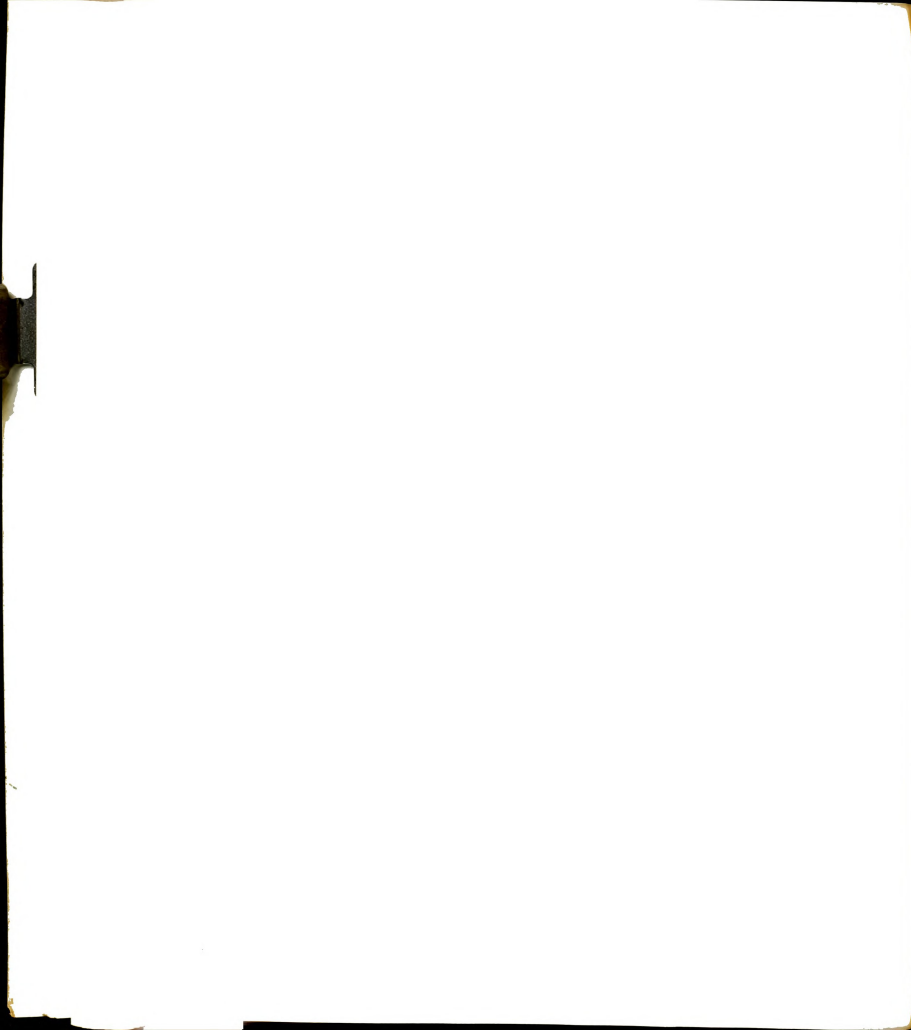
¹The present scale, "Facilitative genuineness in interpersonal processes" has been derived in part from "A tentative scale for the measurement of therapist genuineness or self-congruence" by C. B. Truax which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been similarly validated (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce the ambiguity and increase the reliability



Example: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful; and in the event of hurtful responses the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

of the scale. In the process, many important delineations and additions have been made. For comparative purposes, the levels of the present scale are approximately equal to the stages of the earlier scale, although the systematic emphasis upon the constructive employment of negative reactions represent a pronounced divergence of emphasis.



Personally Relevant Concreteness or
Specificity of Expression

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

The first person leads or allows all discussion with the second person(s) to deal only with vague and anonymous generalities.

Example: The first person and the second person discuss everything on strictly an abstract and highly intellectual level.

In summary, the first person makes no attempt to lead the discussion into the realm of personally relevant specific situations and feelings.

Level 2

The first person frequently leads or allows even discussions of material personally relevant to the second person(s) to be dealt with on a vague and abstract level.

Example: The first person and the second person may discuss "real" feelings but they do so at an abstract, intellectualized level.

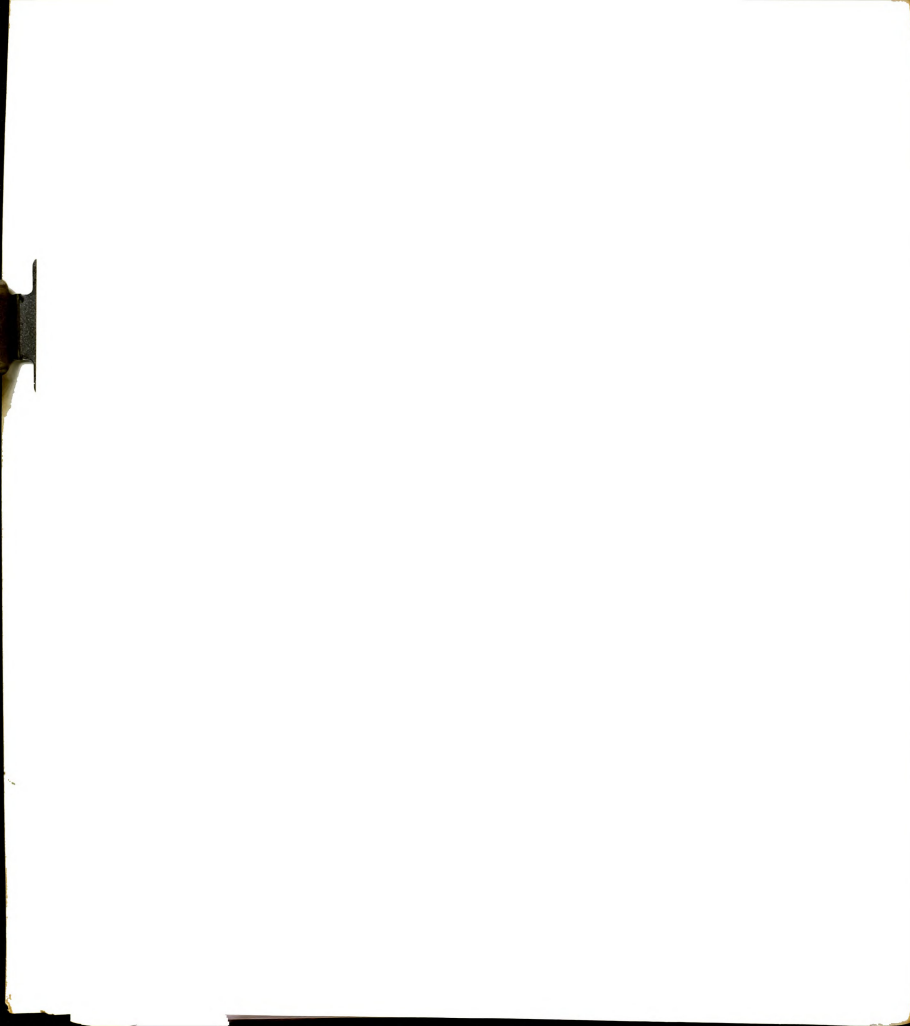
In summary, the first person does not elicit discussion of most personally relevant feelings and experiences in specific and concrete terms.

Level 3

The first person at times enables the second person(s) to discuss personally relevant material in specific and concrete terminology.

Example: The first person will help to make it possible for the discussion with the second person(s) to center directly around most things which are personally important to the second person(s) although there will continue to be areas not dealt with concretely and areas which the second person does not develop fully in specificity.

In summary, the first person sometimes guides discussions into consideration of personally relevant specific and concrete instances, but these are not always fully developed. Level 3 constitutes the minimal level of facilitative functioning.



Level 4

The facilitator is frequently helpful in enabling the second person(s) to fully develop in concrete and specific terms almost all instances of concern.

Example: The facilitator is able on many occasions to guide the discussion to specific feelings and experiences of personally meaningful material.

In summary, the facilitator is very helpful in enabling the discussion to center around specific and concrete instances of most important and personally relevant feelings and experiences.

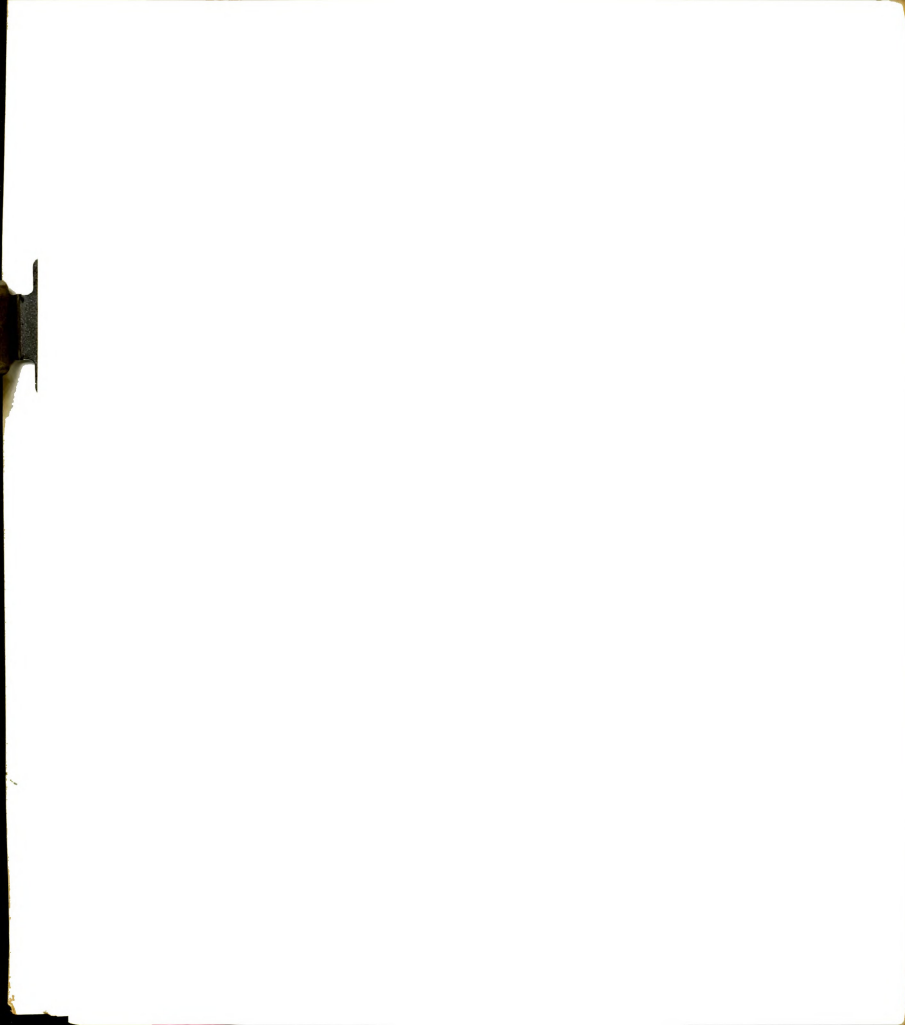
Level 5

The facilitator is always helpful in guiding the discussion so that the second person(s) may discuss fluently, directly, and completely specific feelings and experiences.

Example: The first person involves the second person in a discussion of specific feelings, situations, and events, regardless of their emotional content.

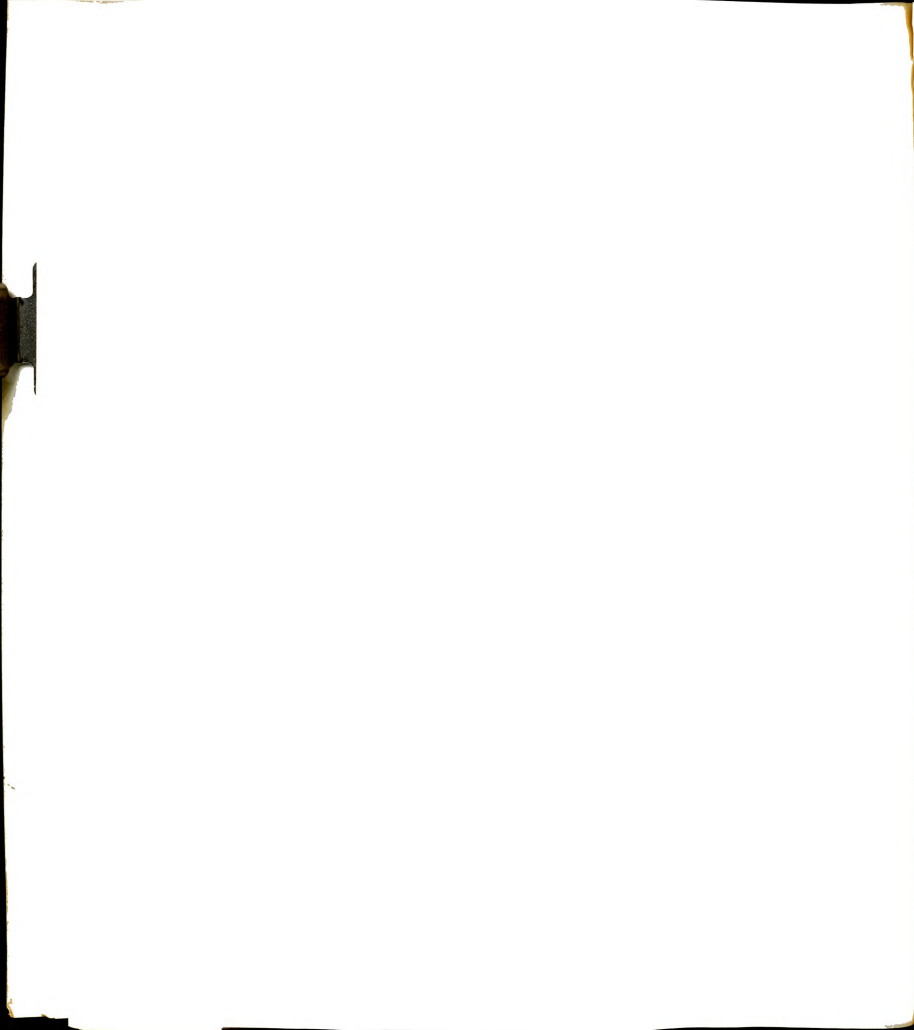
In summary, the facilitator facilitates a direct expression of all personally relevant feelings and experiences in concrete and specific terms.

¹The present scale "Personally Relevant Concreteness or Specificity of Expression" has been derived from earlier work by C. B. Truax (summarized in Truax and Carkhuff, 1967). Similar measures of similar constructs have been researched only minimally. The present scale has received support in research on training and counseling (summarized in Carkhuff and Berenson, 1967). The systematic emphasis upon the personally meaningful relevance of concrete and specific expressions represents a pronounced divergence of emphasis.



APPENDIX B

LETTER TO SCREENING COUNSELORS



November 30, 1970

TO:

FROM: Dave Cabush

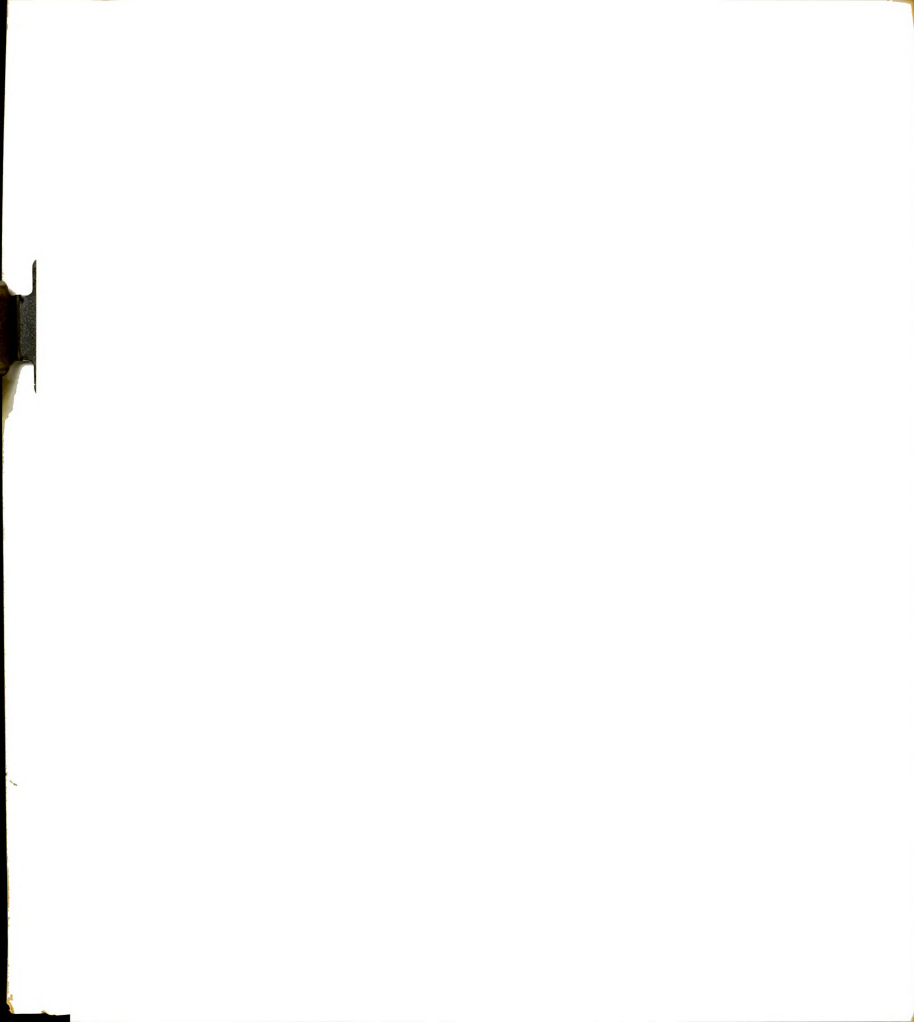
SUBJ: Screening -- Cooperation with a research project

During the first two weeks of Winter Term, January 4 - 22, I need to obtain subjects for my thesis research. Volunteers will be sought from those students going through screening during that period, therefore, I am seeking the cooperation of several screeners.

Client participation will be subject to final app approval by the Screening Committee. Those participating will receive individual counseling from male interns for as long as appropriate, though the research period will be for only six weeks, January 25 - March 5. They will be randomly assigned to either "traditional" counseling, or an "innovative" approach where the traditional relationship will be integrated with training the client to function more effectively as his own helper (employing an extension of the Carkhuff model for facilitative interpersonal functioning).

Dr. Cecil Williams is my research sponsor and I have discussed the project with Drs. Mueller and Abeles according to their respective functions.

If you are willing to assist me in obtaining my sample over the two week period, please follow the procedures as outlined on the attached page.



APPENDIX C

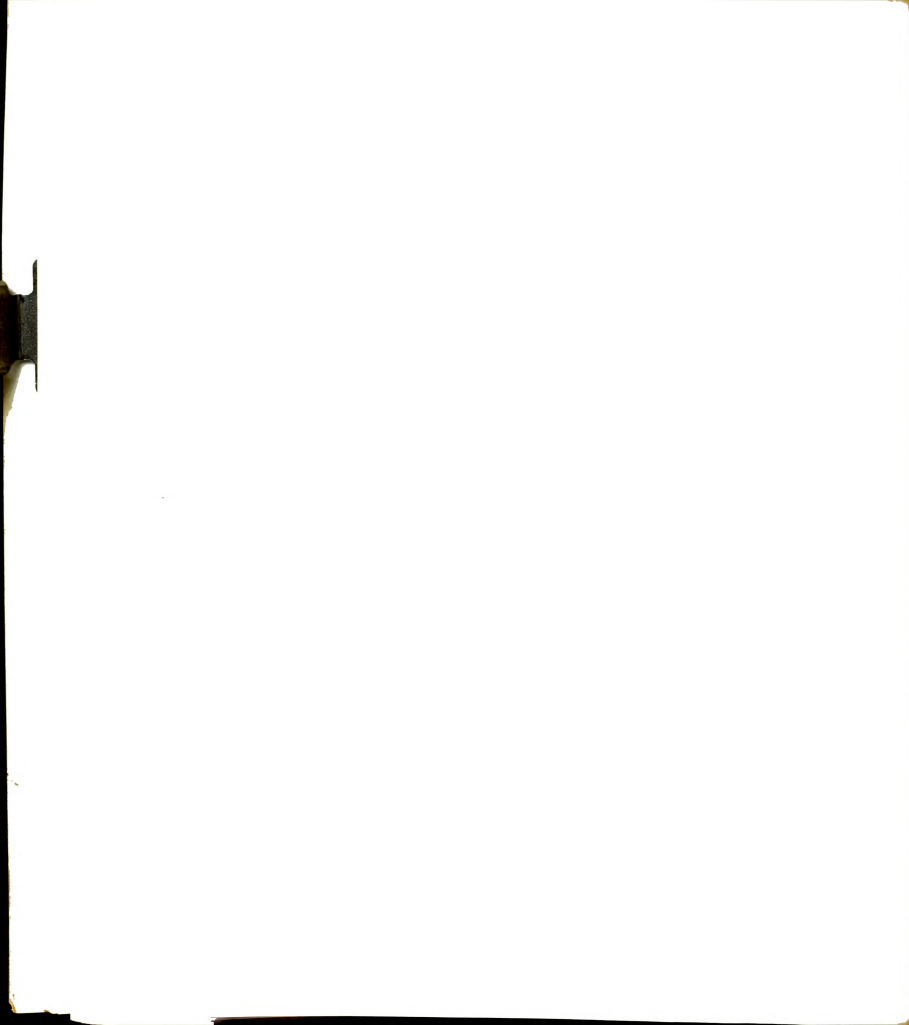
PROCEDURAL GUIDELINES FOR SCREENING COUNSELORS



OBTAINING SAMPLE--PROCEDURES FOR SCREENING
COUNSELOR

1. Record screening interviews
 - a. I will furnish tapes and recorder.
 - b. Obtain "Problem Statement"--This is the primary purpose for recording the interview. What I am seeking is how the client is best able to state (uninterrupted) the problem(s) for which he is seeking
 - c. counseling. You may find it helpful to structure this by at some point making a request, like . . .
"As best you can, state the problem for which you are seeking counseling."
2. Subject characteristics
 - a. Male or female
 - b. Sophomore or junior at M.S.U.
 - c. Problem is primarily personal-social (PS) in nature
 - d. Problem is not urgent or of a crisis nature
 - e. There is not a substantial history of psychopathology, e.g., psychiatric hospitalization, previous long-term professional psychological help, etc.
 - f. Client appears willing to make at least a 6-week commitment to counseling.
3. Obtaining client's consent
 - a. Ask the client if he would be willing to participate by simply reviewing with him the information on the cover letter and Consent Form. Clients agreeing to participate, and approved by the Screening Committee, can be assured of starting counseling the week of January 25th. (This may be an incentive for some in light of the waiting list.)
 - b. Have client sign the Consent Form.
4. Escort the client to the Test Office where he should complete Part I before leaving the Center. This will take about 15 minutes to complete.
5. Place the tape and Consent Form in my box for those clients agreeing to participate.
6. Make the notation "SUBJECT" at the top of the screening notes.

THANK YOU!



APPENDIX D

STANDARD LETTER OF EXPLANATION TO
PROSPECTIVE SUBJECTS



Counseling Center Student Services Building

January 4, 1971

Dear Student:

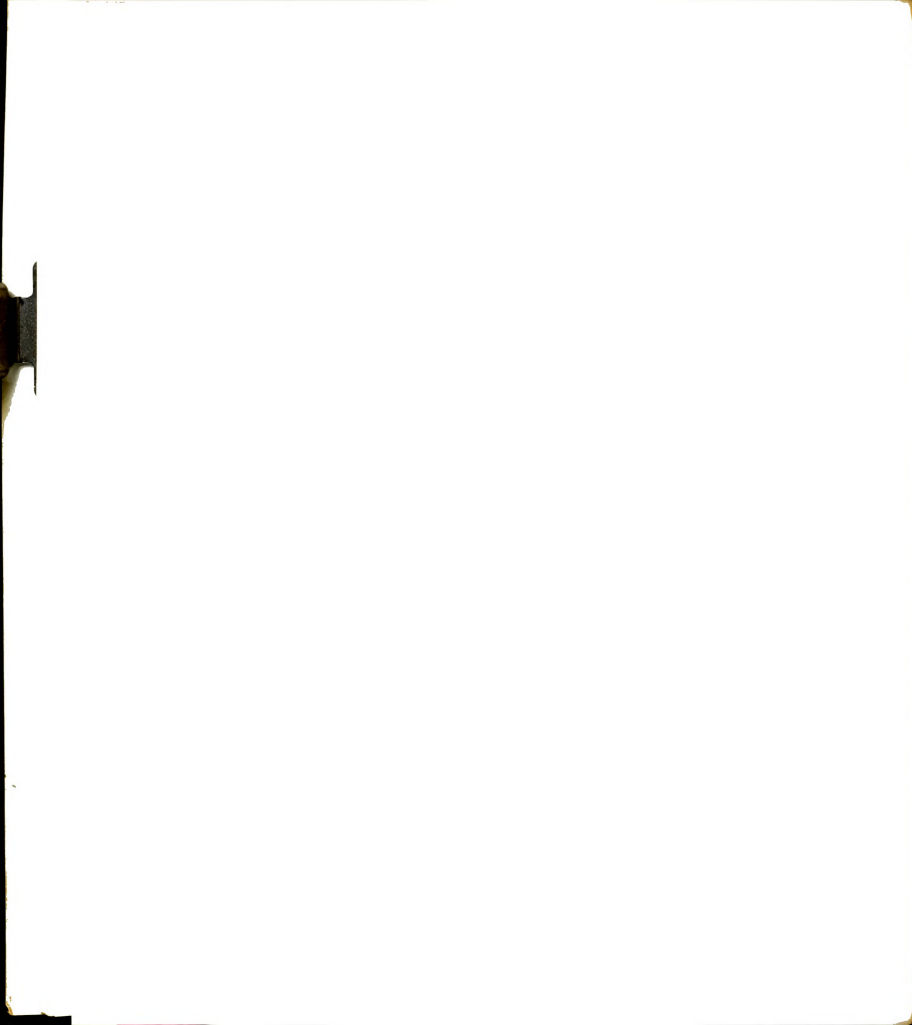
We at the Counseling Center believe that one of the ways we have of becoming increasingly helpful to students like yourself is through careful study of the varying approaches to individual counseling. Therefore, we are asking that you help us in our study of counseling approaches and their effectiveness by participating in a research project that we are currently undertaking.

As a participant you will be assigned to a counselor whose primary concern is helping you. You may find his approach in some ways different from what you expected, but he will be using proven concepts and methods, and there will be nothing secretive or mysterious about the process. Again, his primary concern is to be of help to you!

If you agree to participate, you are asked to complete the attached form today. It is entitled PART I and has two sections. In Section A you are to list as many different ways as possible that your problem(s) affects your behavior, or put another way, what would you hope to be doing differently as a result of resolving your problem? In Section B you are asked for the names and addresses of two individuals who know you and are in a position to observe your behavior during Winter Term. After you have had about six sessions with your counselor the two individuals you named will be asked to respond to a brief checklist on which they will indicate behavior changes they have observed in recent weeks.

The research period will be for six weeks, January 25 - March 5. During the week of March 8th you will be asked to take two short tests, involving about 30-minutes of your time. Though these are primarily research instruments you will be free to discuss them with your counselor if you so decide. After this period you may continue with your counselor if you both agree it is appropriate.

In summary, your participation consists of: (1) making a commitment to see your counselor one hour a week for at least six weeks, (2) listing behaviors related to your problem, (3) supplying the names and addresses of two people we may contact in regard to any changes in your behavior



which they have observed. and (4) taking two short tests after the sixth counseling session.

We want to emphasize that your willingness to participate in no way affects your seeing a counselor at the Center. Our most important consideration is to assist you with the resolution of the problems that stimulated you to seek our help. We do want you to know however, that through the participation of students like yourself we are able to improve our effectiveness.

Sincerely,

David W. Cabush
Intern Counselor

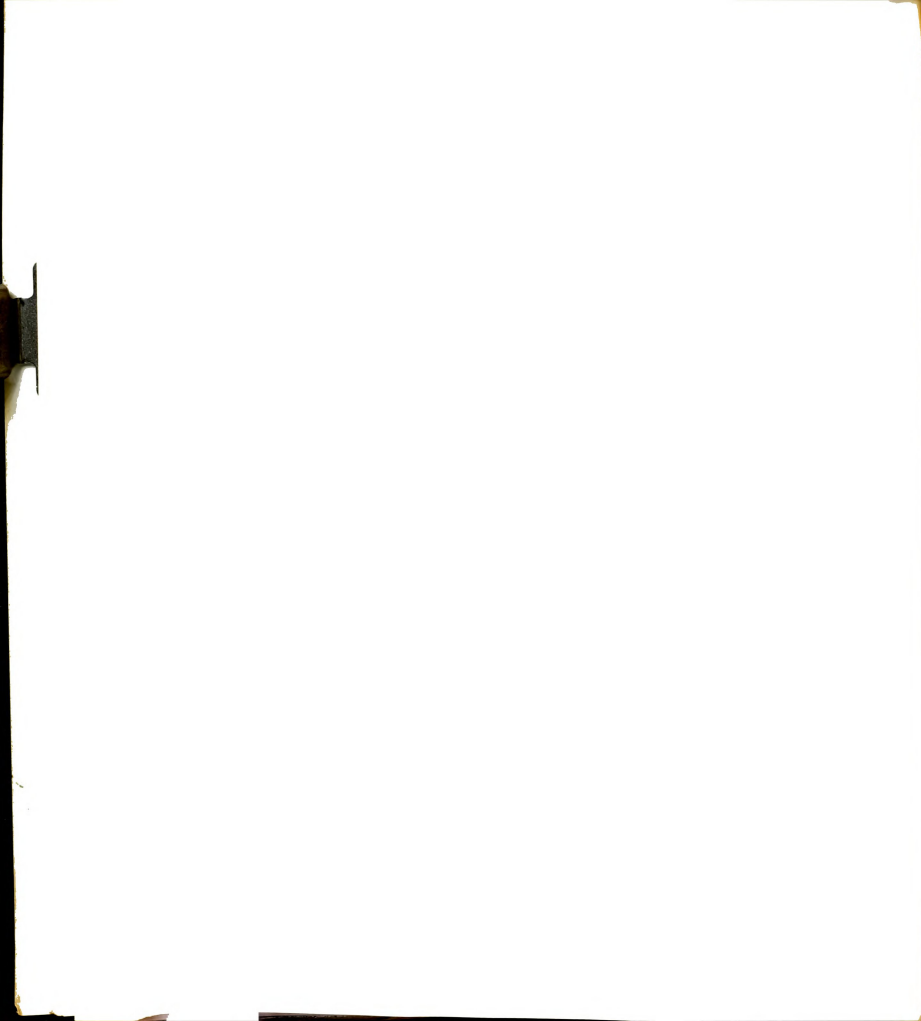
Dr. Cecil L. Williams
Associate Professor and
Research Sponsor

P.S. If by chance more students volunteer for the study than are needed, those not participating will be notified and assigned to a counselor according to the normal procedure.



APPENDIX E

SUBJECT CONSENT FORM



CONSENT FORM

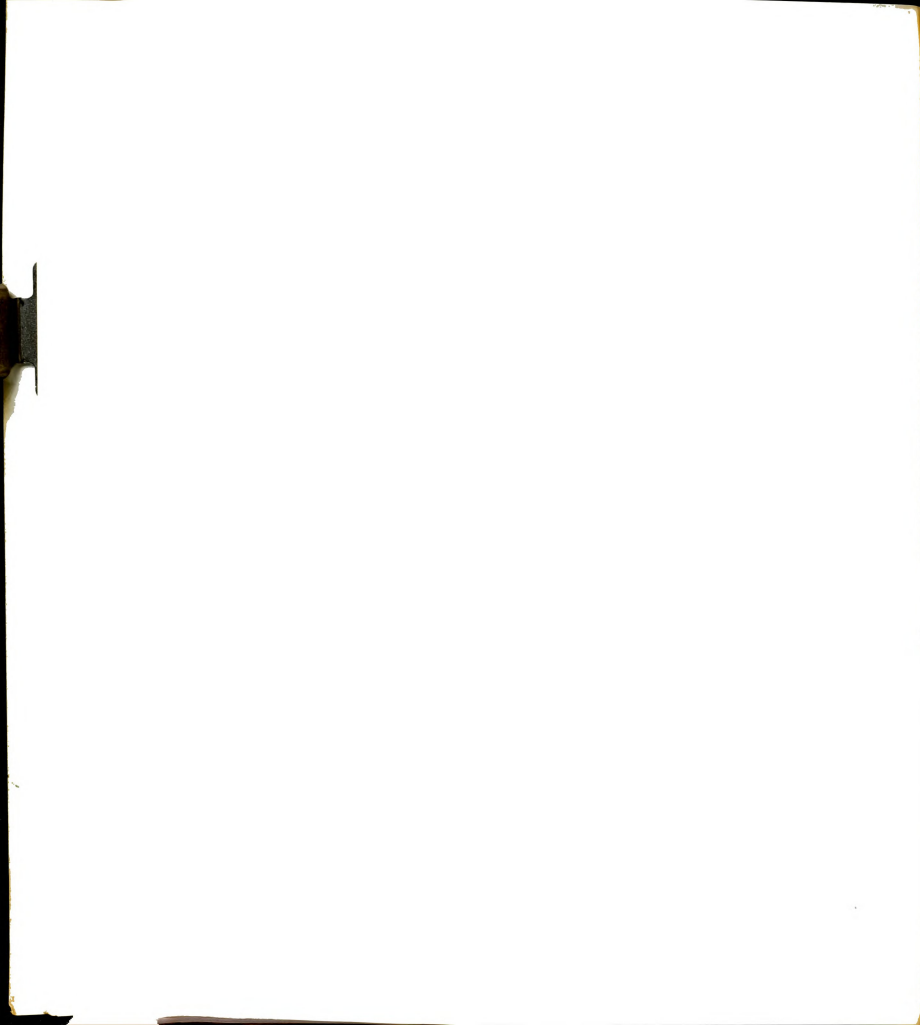
Code Name _____

Code Number _____

I, _____, student number _____,
agree that information obtained during the course of my
counseling and testing sessions may be used for scientific
purposes. This permission covers the use of test results,
counselor reports, sound recordings, and behavior ratings
given by the individuals I have identified for that purpose.
This permission is given with the understanding that all
information will be treated in a professional manner and
that adequate safeguards will be taken to insure anonymity.

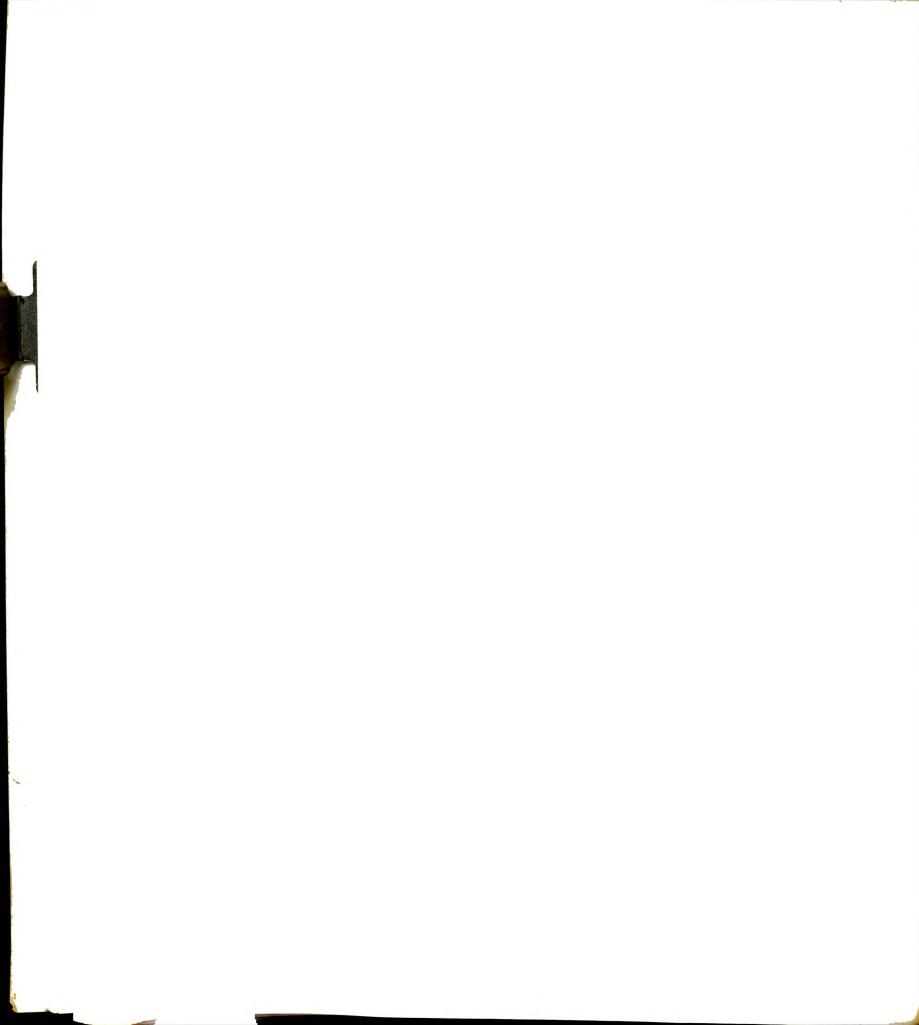
Signed _____

Date _____



APPENDIX F

"PART I"--PRE-EXPERIMENTAL DATA FROM SUBJECT



Code Name _____
Code Number _____

PART I

Section A

Think of the various ways that the problem for which you are seeking help affects your behavior. . . . Put another way, think of those behaviors which you would like to change in some way. Now, make a list of what you would hope to be doing differently as a result of counseling? These behavior changes should be meaningful to you and likely to be observed by others. Please list as many as you can, but at least five.

A good example would be: "Talk more frequently and openly with my roommate about my feelings."

A poor example would be: "Feel better about my roommate."

(The first is observable behavior, the second may not be.)

1. _____ ()
2. _____ ()
3. _____ ()
4. _____ ()
5. _____ ()

--minimum--

6. _____ ()
7. _____ ()
8. _____ ()

Next, look over your list and rank each behavior according to its relative importance to you when compared with the others. Do this by first identifying that which you consider most important and placing a "1" in the parenthesis to the right, then a "2" to the right of that which is second in importance--and so forth until you have ranked the entire list.

--GO ON TO THE NEXT PAGE--



PART I, Continued

Code Name _____

Code Number _____

Section B

As indicated in the letter given to you by the counselor, we are asking you for the names and addresses of two individuals who we may contact after you have had about six sessions with your counselor. These individuals will be asked to respond to a brief checklist which will indicate behavior changes they may have observed during Winter Term. They will not be told that you are seeing a counselor, only that you are participating in a research project and have given their names for the purpose of the checklist. (You will also have a chance to respond to the checklist.)

When choosing these names please consider the following:

- Person should be in a position to have firsthand knowledge of your behavior during Winter Term.
- To your knowledge the person will be willing to cooperate when asked to complete the checklist.

Name _____

Address _____
(may be omitted if accurately listed in Student Directory)

Name _____

Address _____

*Name _____

Address _____

*If you are doubtful as to the availability or willingness of one of the above, please give us an alternate. It is important for the success of this project to receive responses from two individuals.

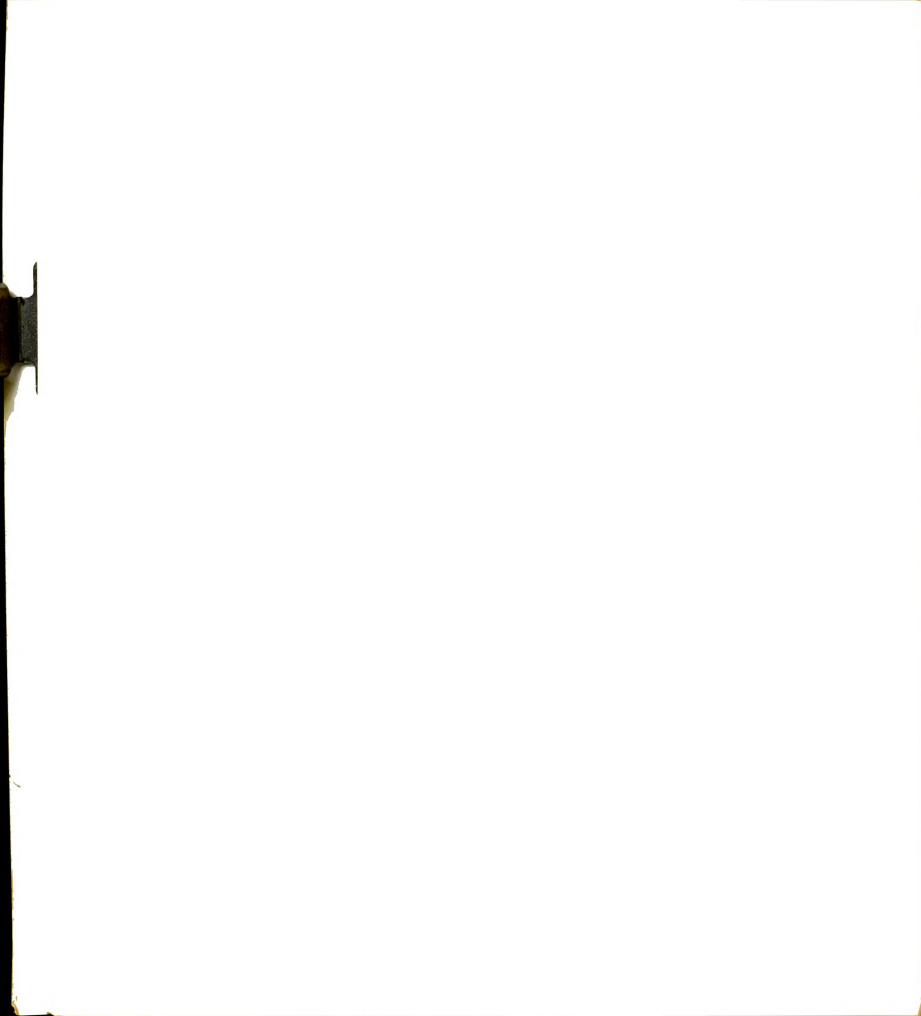
Again, we thank you for your cooperation! You will be notified soon about your counseling appointment.

PLEASE RETURN TO TEST OFFICE SECRETARY



APPENDIX G

COUNSELOR GUIDELINES FOR TRAINING IN
FACILITATIVE SELF-RESPONDING



COUNSELOR GUIDELINES
FOR TRAINING IN
FACILITATIVE SELF-RESPONDING

David W. Cabush
Michigan State University
Counseling Center

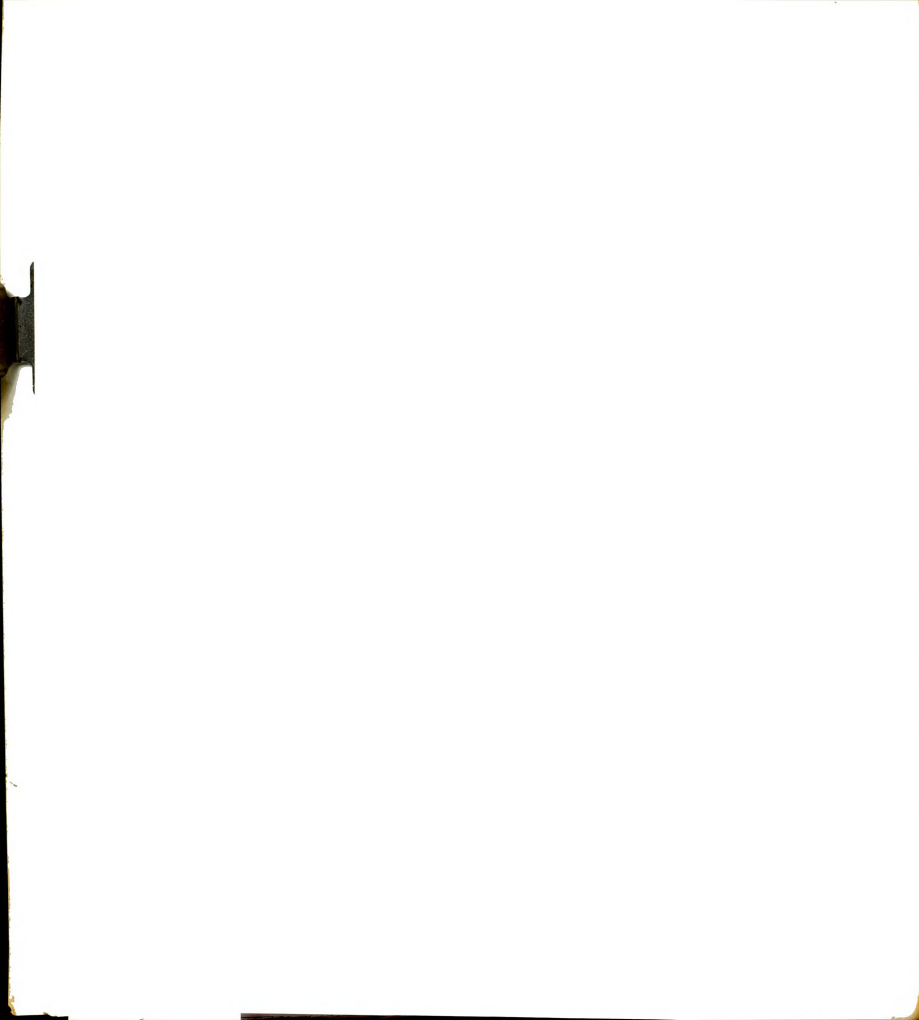


RATIONALE

If one assumes that a person seeking counseling is in fact manifesting his inability to solve some problems independently, then it follows that a central endeavor of counseling should be an improvement in the counselee's ability to help himself. This suggests that there is: (1) an underlying problem solving or helping process that is applicable across a range of counselee problems, and (2) this process is amenable to predictable change. The helping process upon which this study focuses is a modification of the Carkhuff model for facilitative interpersonal functioning. The method for effecting change will be a direct training procedure for counselees.

Facilitative Interpersonal Functioning

Virtually every personality theorist has attended to the nature of early interpersonal relationships, seeing them as at least partially predictive of adult psychological functioning. From early childhood an individual's emotional, intellectual, and physical development can be viewed as having been dependent upon: (1) a "first person" (parents, teachers, counselors), (2) a "second person" (child, student, counselee), and (3) contextual variables (in large part the conditions offered by others in the environment). These first and second person roles also become defined as more knowing-less knowing, and helper-helpee.



The issue of adequacy or quality of these interpersonal, helper-helpee, relationships has been a primary consideration of theorists and researchers. Carkhuff and associates have considered these relationships in terms of various helper and helpee process variables. The primary helpee variable has been self-exploration. The helper variables can be divided into: (1) helper-responsive conditions, and (2) helper-initiated dimensions. In this context, effective processes are broken down into two general components: (1) understanding and, (2) action. Within each component critical variables have been delineated.

Understanding: (1) empathy, (2) regard, (3) genuineness,* and (4) concreteness.*

Action: (1) confrontation, and (2) immediacy.

*Can be considered "swing dimensions." According to the developmental phases of helping they may be either responsive or initiative.

At this juncture it is important to note that the above process variables have been shown to be directly related to various outcome variables. These outcome criteria range from paper and pencil psychometrics to direct behavioral correlates of helpee problems. Though these outcome variables are not the primary concern of this phase of the study, it should be kept in mind that changes in the above process variables does affect covert and overt behavior in a predictable manner.



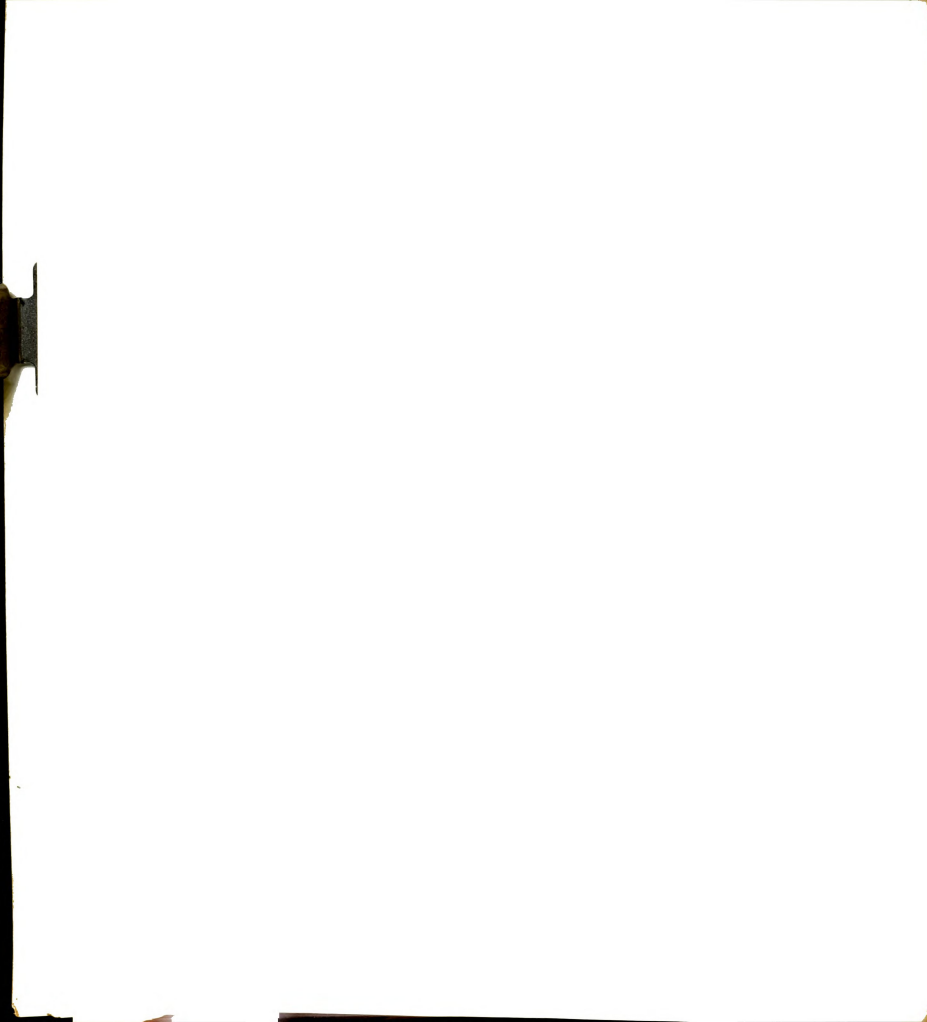
This study is directly concerned with the "understanding" component of helping, thus the "core" facilitative dimensions--empathy, regard, genuineness, and concreteness. When considering these dimensions the concept of "level" is crucial. The facilitative dimensions are not some static quality that a helper mysteriously has, or has not. Rather, they can be seen as being operational at some level in any helper-helpee interaction. Also, "minimally facilitative" levels of these dimensions have been established. Numerous experimental and correlational studies have shown 3.0 on a 5-point scale to be minimally facilitative.

We may say in general that level 3 of all dimensions represents or establishes an openness or readiness to respond at the higher levels. Only at the higher levels, however, is it possible ultimately to make a difference in the lives of the helpees. "Minimally facilitative," then, refers to the minimal level of conditions in which an effective and viable communication process of helping can take place (Carkhuff, 1969).

Another way to view the meaning of "minimally facilitative" is to consider it as that level of communication where the helper can hear and respond to the helpee without significant distortion. It is reflective in the most basic sense. Also, an examination of the scales for each of the dimensions further clarifies the concept of level.

Training on the Facilitative Dimensions

Systematic training programs have been developed for improving the interpersonal functioning on the dimensions of E, R, G, and C. Such training programs have

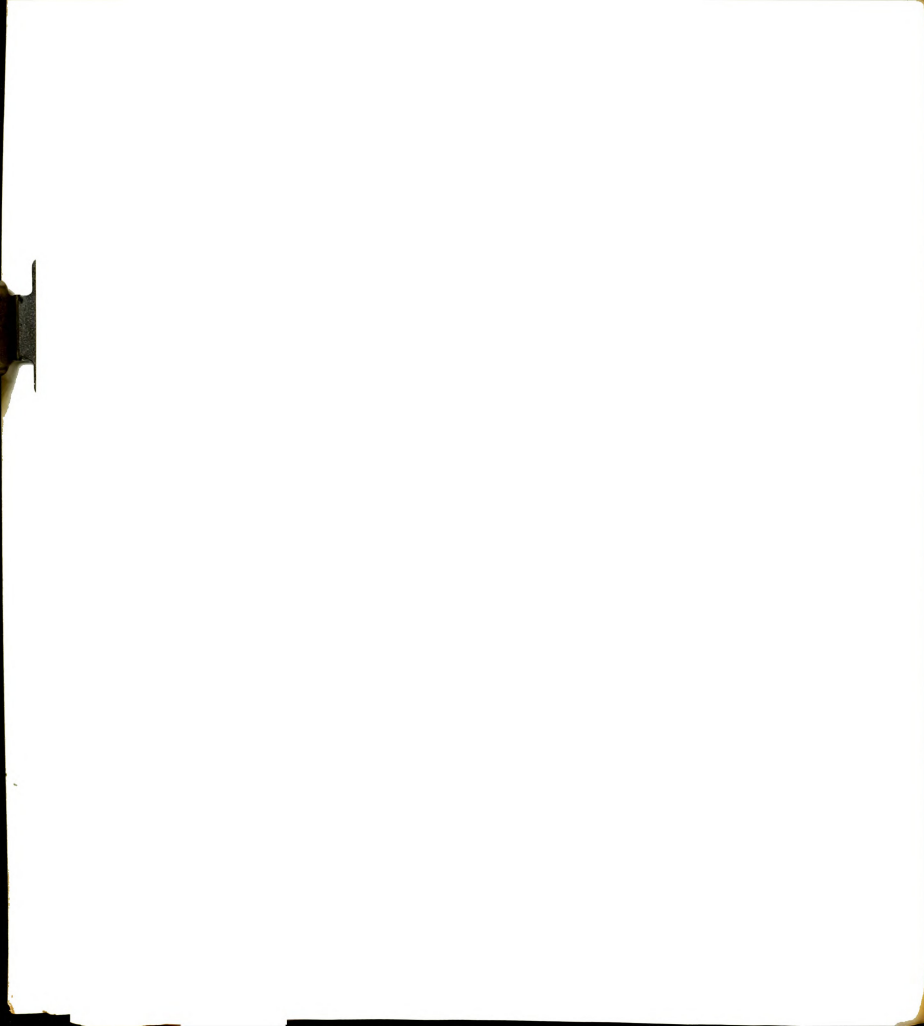


followed three modalities to date: (1) training helpers, (2) training significant others, and (3) training helpees directly within an interpersonal context. The evidence is continuing to mount for training as an effective and even preferred mode of treatment.

But there remains another mode of training which has yet to be systematically explored, that of training for effective helping with oneself. Research has clearly shown that laymen can be trained to function at higher levels of the facilitative dimensions interpersonally, so we have reason to expect that a motivated helpee can be trained to function at higher levels with himself.

The most direct form of training as treatment, then, is to train the client himself in the skills which he needs to function effectively. The culmination of such a program is to train the client to develop his own training program. To say, "Client, heal thyself!" and to train him in the skills necessary to do so is not only the most direct--but it is also the most honest and more effective--form of treatment known to man (Carkhuff, 1970).

The goal of this study then is to train helpees to assume effective helping roles with themselves. In other words, we will attempt to improve both qualitatively and quantitatively a client's repertoire of verbal responses to his own problems. This will mean increased levels of E, R, G, and C for his own helping responses, and an increased number of alternative responses for any given problem.

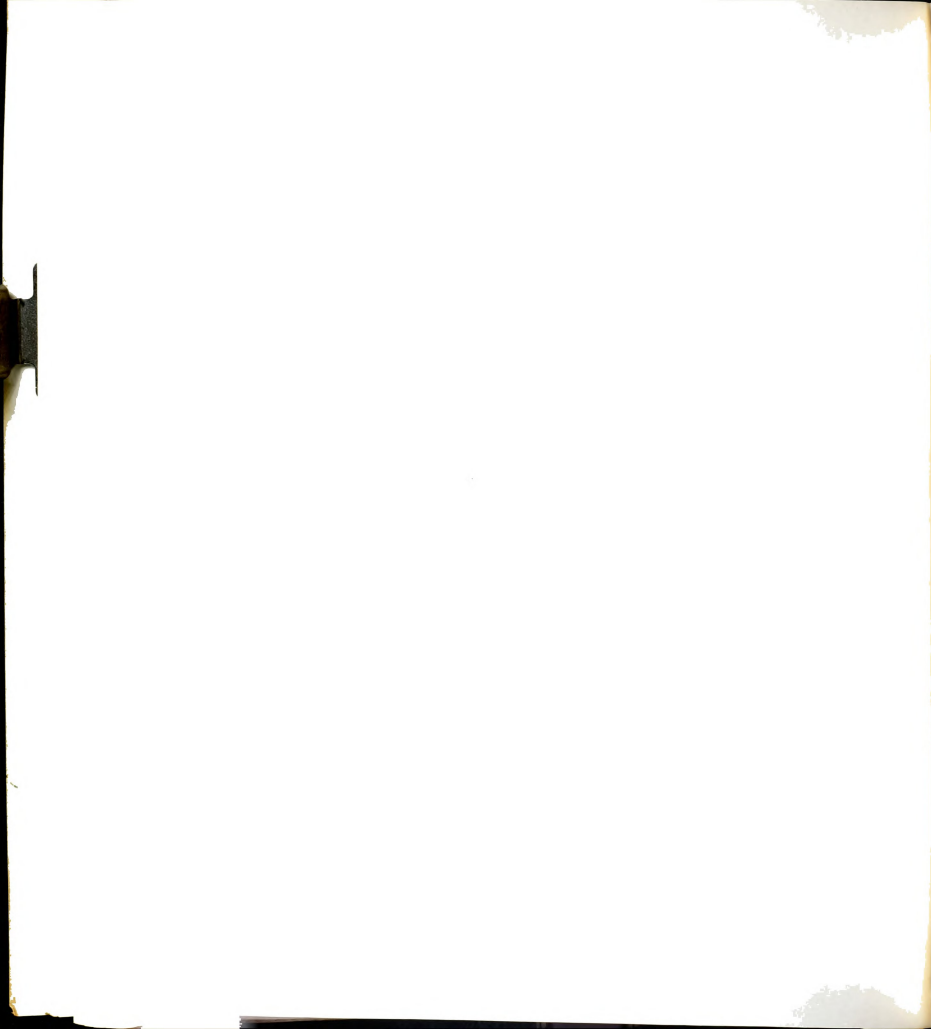


TRAINING FOR FACILITATIVE SELF-RESPONDING

Effective training incorporates the (1) modeling, (2) didactic, and (3) experiential sources of learning for shaping the facilitative level of trainee responses. You, as counselor-trainee, will (1) model high level responses at various phases of your interaction as helper, (2) teach the elements of facilitative responding--E, R, G, and C-- and the client will (3) experience the effect of your responses and practice responding to his own problems while receiving feedback (selective reinforcement) from you.

The ability to discern a high level (above 3.0) from a low level response has been found to be a prerequisite for, but not a guarantee of, the capacity to initiate a high level response. Therefore, effective training has been divided into two phases: (1) discrimination training, and (2) communication training. The trainee must be taught to recognize a high level response--to discriminate--before he can be expected to communicate or initiate one.

The training procedure for our six-week study can be broken down into three sequential phases which outline the general direction and substance of training. These phases are a necessary guide, but are not mutually exclusive aspects. Trainees will differ in terms of the amount of time different phases will take; the time indicated is meant as a general guide.



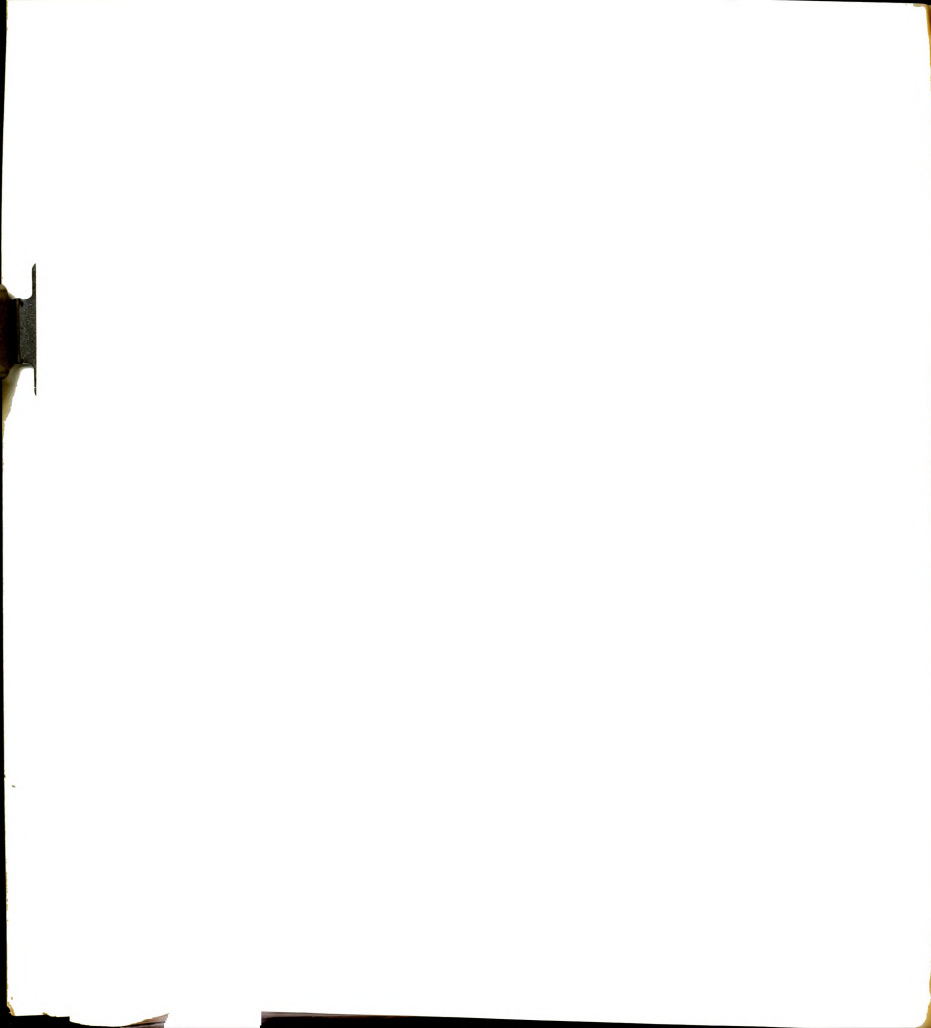
Training Outline

I. Introduction (session I)

- A. Listen to, and communicate understanding of, the client's presenting problem, i.e., establishing the relationship. This is a crucial factor in client motivation as well as an opportunity for you to be "facilitative." It is at this point where the client will get most of the answer to that question he's been thinking about for days--"Will this counselor care about me as much as he does his research?"
- B. Provide client with the rationale and goals for training in facilitative self-responding. Feel free to use the earlier sections of this guide to prepare your rationale. It is important that the client believes you think this will definitely be helpful for him with his particular problems.
- C. Deal with any specific problems related to the client's participation--motivation, questions, doubts, schedules, etc.

II. Discrimination Training (sessions 1 - 3)

- A. Practice gross rating (good, fair, poor) of responses on the SHeS & HrR tape, with you giving feedback; focus on feelings and empathy.
- B. Make a didactic presentation of facilitative dimensions (2nd session). Provide the client



with a written description of the dimensions and their levels to study independently between 2nd and 3rd sessions.

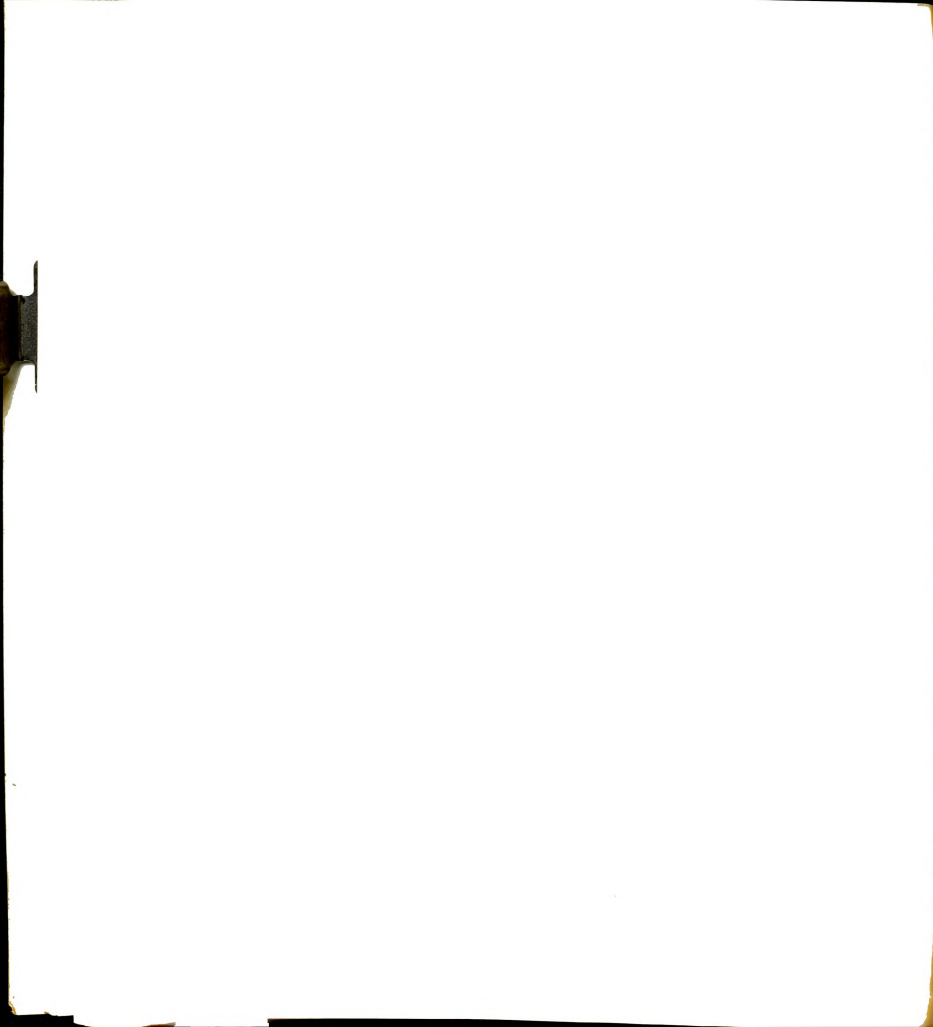
- C. Model high, medium and low levels of E, R, G, and C in self-responding using the SHeS & HrR.
- D. Practice rating levels of E, R, G, and C in self-responding using SHeS & HrR, with you giving feedback.

III. Communication Training (sessions 4 - 6)

- A. Practice responding in helper role to SHeS (PS 14 - 24), with you giving feedback.
- B. Have client role play helper and helpee roles with you, focusing on various dimensions of E, R, G, and C as needed. Have client use real problem statements.
- C. Have client role play with self. You should give periodic feedback designed to shape increasingly higher levels of E, R, G, and C in the self-help responses. Use the tape recorder so you can discuss together various responses.

ADDITIONAL NOTES

Of the four facilitative dimensions empathy (E) is the most important. Research has shown that the other variables interact with this one. In the context of this study, E relates to a client being "in touch" with his own feelings, or "owning of feeling."

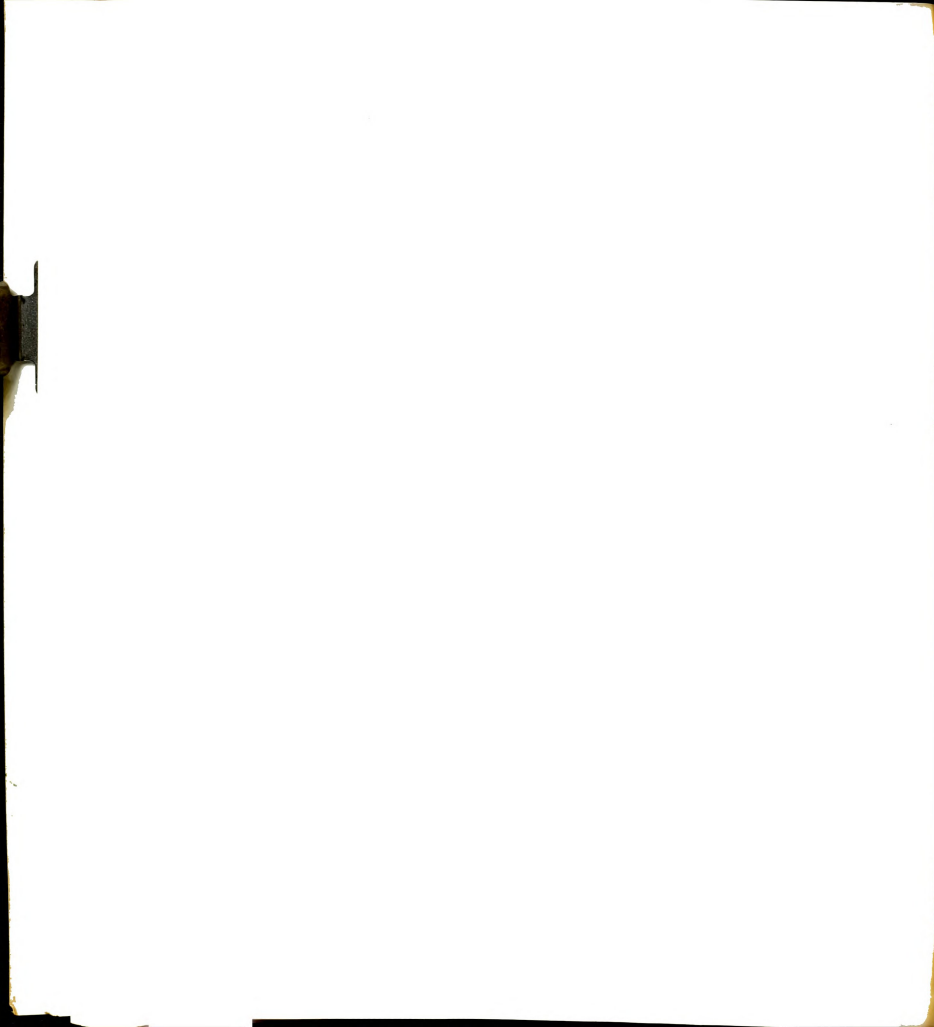


Training per se should be done for a minimum of forty minutes within each session. Therefore, you may use twenty minutes for working in other ways with the client. The client has been assured our primary consideration is him.

At some point clarify with the client that this may be only the first phase of counseling (for some it may be enough). After six sessions you can decide together on future direction. You may wish to see the training as a phase one in counseling where the client learns to be a good client--getting in touch with and accurately labeling his feelings and other elements of his problems.

If you cannot meet at a regular appointed time, please try to make arrangements for another hour within that same week. It is important the client gets a minimum of six sessions before March 9th.

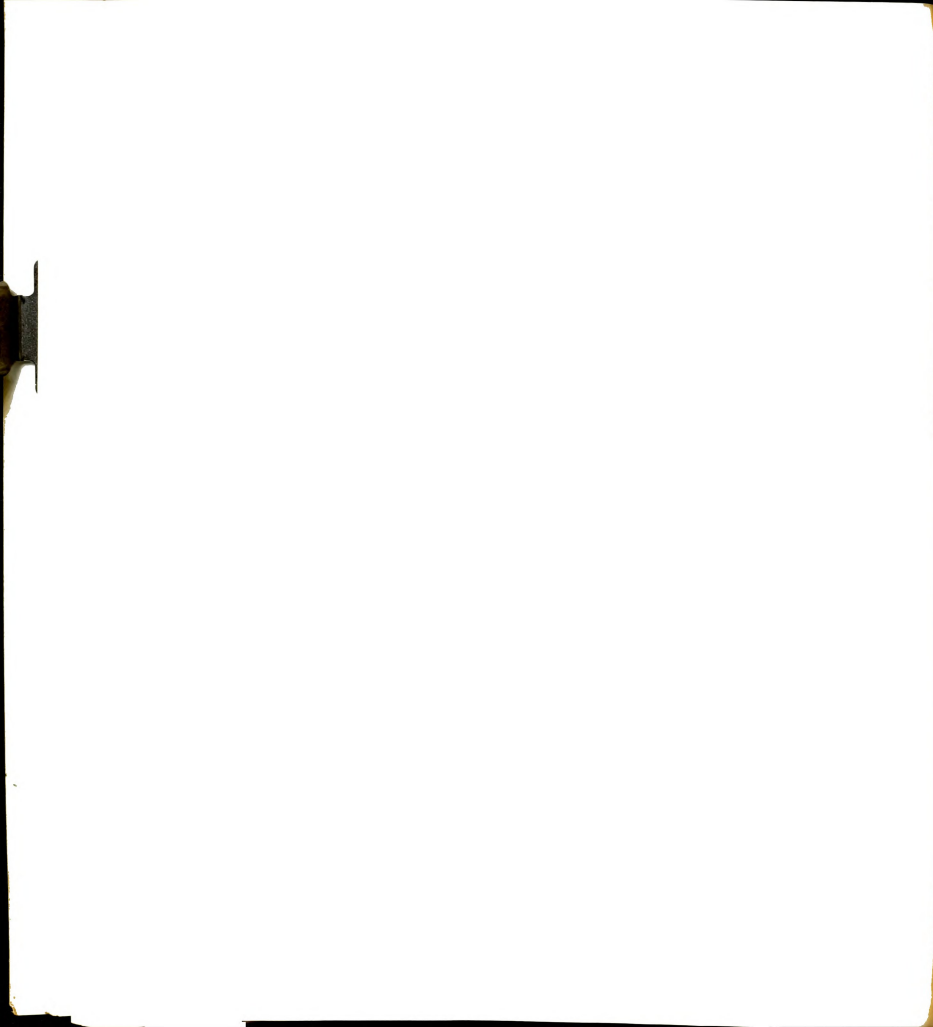
Use Room 203A, the interview room in the Research Wing, for counseling. Sue will take care of setting up tape if she knows in advance. If a problem comes up with scheduling that room, my office has also been set up for multiple recording.



APPENDIX H

TYPESCRIPT FOR STANDARD HELPEE--

HELPER STIMULUS TAPE



TYPESCRIPT OF STANDARD HELPEE-HELPER STIMULUS TAPE

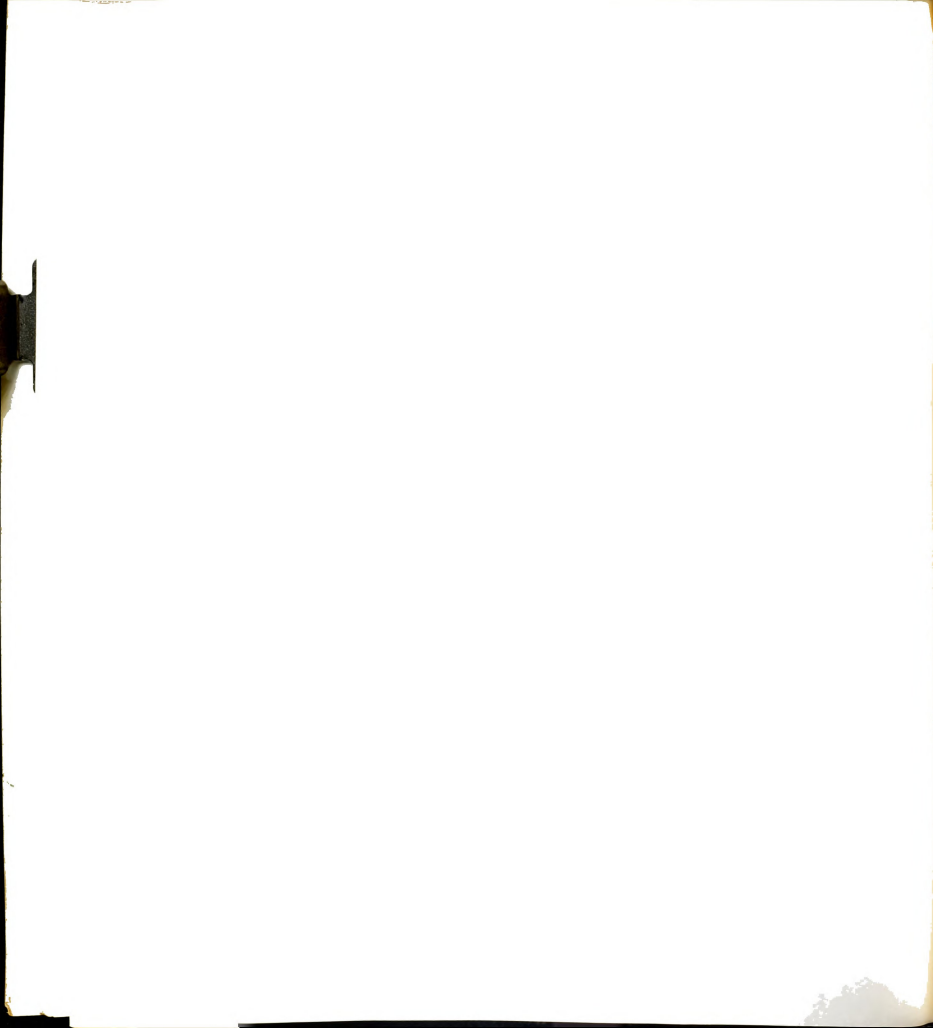
Problem Statements 1-13 with Responses

Problem Statements 14-24 without Responses

David W. Cabush

Michigan State University

Counseling Center



PROBLEM STATEMENT 1

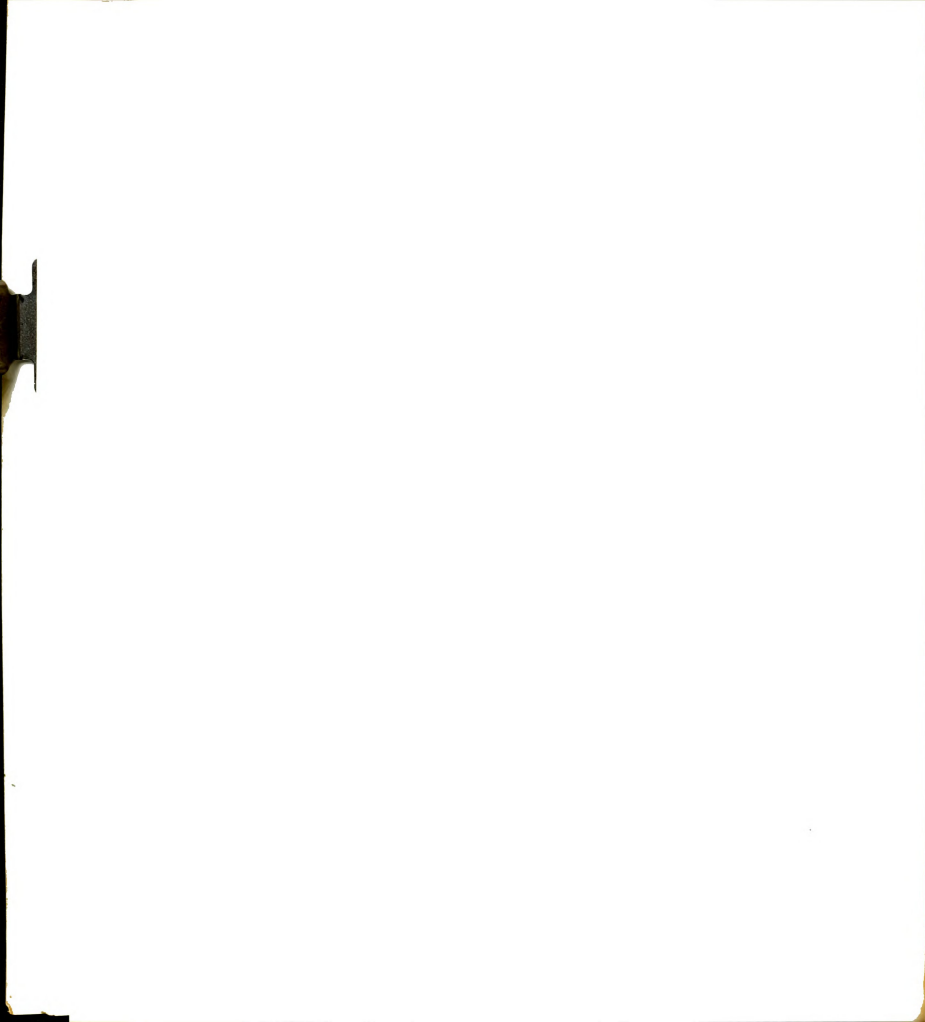
NOTES

I feel so lousy around here! You know, like I've been here now almost two years and nobody really seems to care--care about anybody else. Sometimes I feel like chucking the whole thing and trying it without school.

Response A: So you've been having a tough time around here socially. What you need to do is just face it that you're not alone in this spot. Go on about getting your degree and be done with it.

Response B: People don't seem to care about you, and that's a damn lonely feeling. Sometimes it's so bad you're sure you'd feel better if you just give up.

Response C: People around here seem so distant from one another and you really feel out of it.



PROBLEM STATEMENT 2

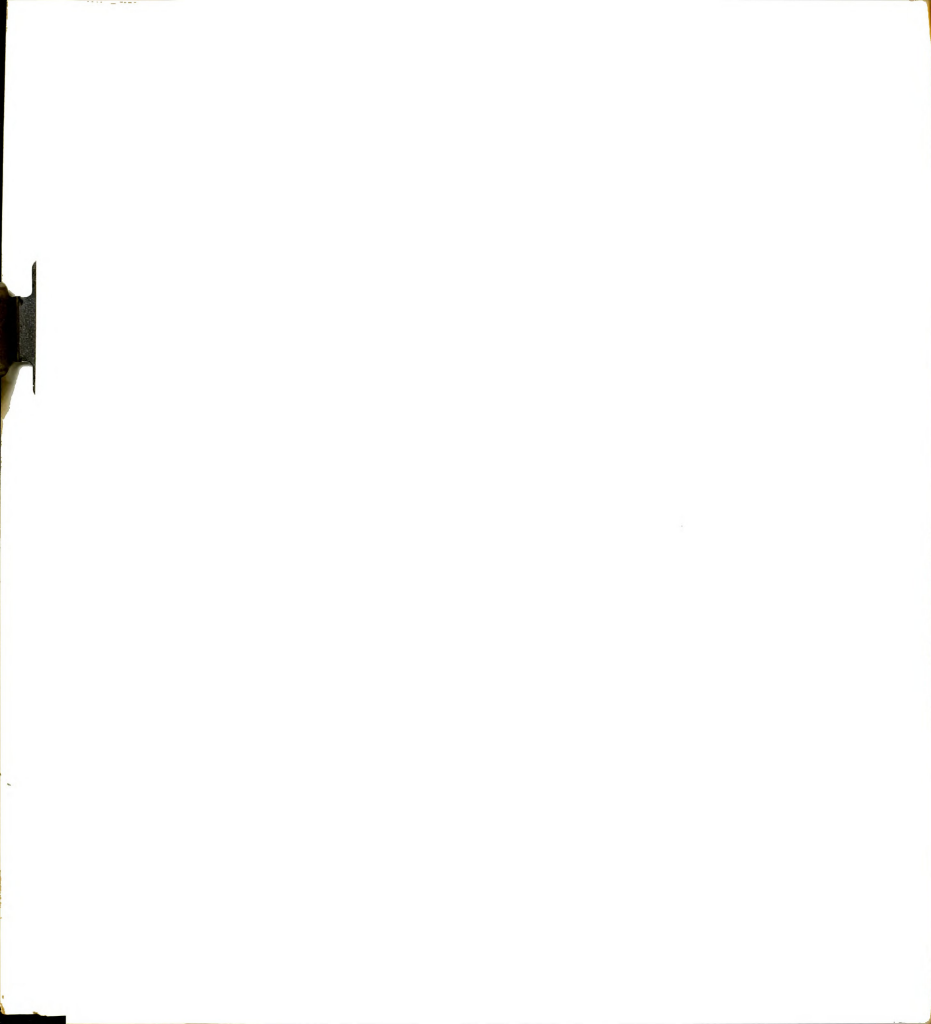
NOTES

My parents haven't really messed me up, or anything like that, especially not like some of the parents I know about. In fact, I guess you could say that in comparison we're really a close family. But I guess that it's just that in some ways maybe they care too much. I thought it would be different when I moved out and lived on campus, but now they call me a lot and make a big thing about my coming home every weekend. I don't know, it's really gotten worse, and there's got to be some answer to this.

Response A: What you need to do is just make a clean break. Tell them to bug-off and then move into an apartment somewhere and don't tell them where you are.

Response B: You have mixed feelings about your parents--strong feelings, and it's darn frustrating.

Response C: Part of you knows you love and appreciate them. But there's another part there too, that wants to be independent, and be your own woman. Right now, that just seems impossible, but somehow you need both.



PROBLEM STATEMENT 3

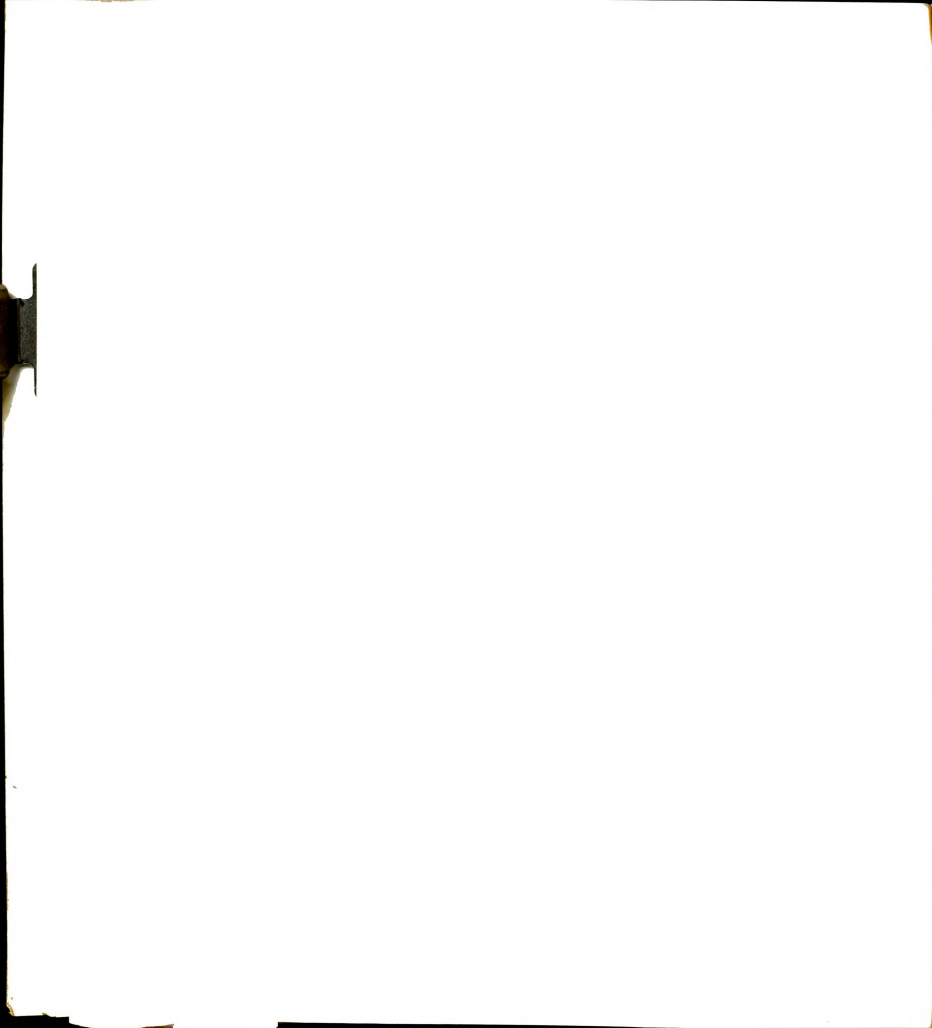
NOTES

Ah, I don't know what to do. You know, like I've put things off and now I've got two stupid papers due, and exams are coming up--next week! I can't possibly get all that work done. I just wish I could say to hell with it. Damn it! I'm pissed off at everything!

Response A: You're furious with yourself for getting backed up to the wall. The obvious out--to quit--that's not even worth a damn!

Response B: Don't get so up tight. Most people get into that spot now and then, it will all work out. What you need to do is just forget it for awhile.

Response C: Who are these profs anyhow who make such out-a-sight demands? Sounds like all they think of is their own little world and act as if theirs is the only class you're taking. It's not worth the hassle.



PROBLEM STATEMENT 4

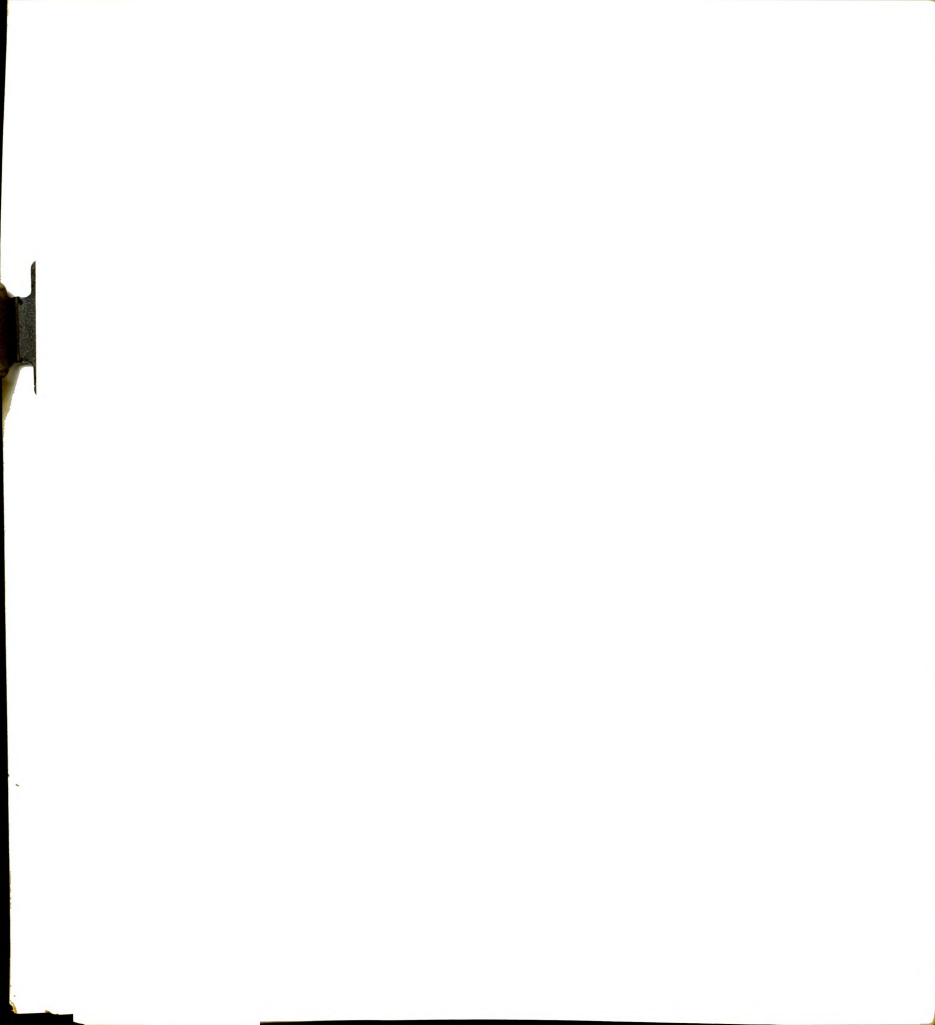
NOTES

I came in for counseling 'cause I really needed somebody to talk to, you know, that I thought would care, and somehow in the process get some things sorted out. But, I've been thinking about it and I'm just not sure anymore. Like maybe it would be better to forget it for awhile, I'm probably just wasting the counselor's time anyhow, he's busy with his research and everything. I just don't know.

Response A: You have mixed feelings and you're uncertain about your counseling. You'd like to know more about what your counselor feels, but it would just be easier to quit.

Response B: It sounds like you ought to tell that counselor to make a choice between you and his darn research.

Response C: This isn't what you expected in counseling, and you're not certain it's what you want. Except you do know you want this person to care about you--you know his research is important to him, but you really need to know where you stand.



PROBLEM STATEMENT 5

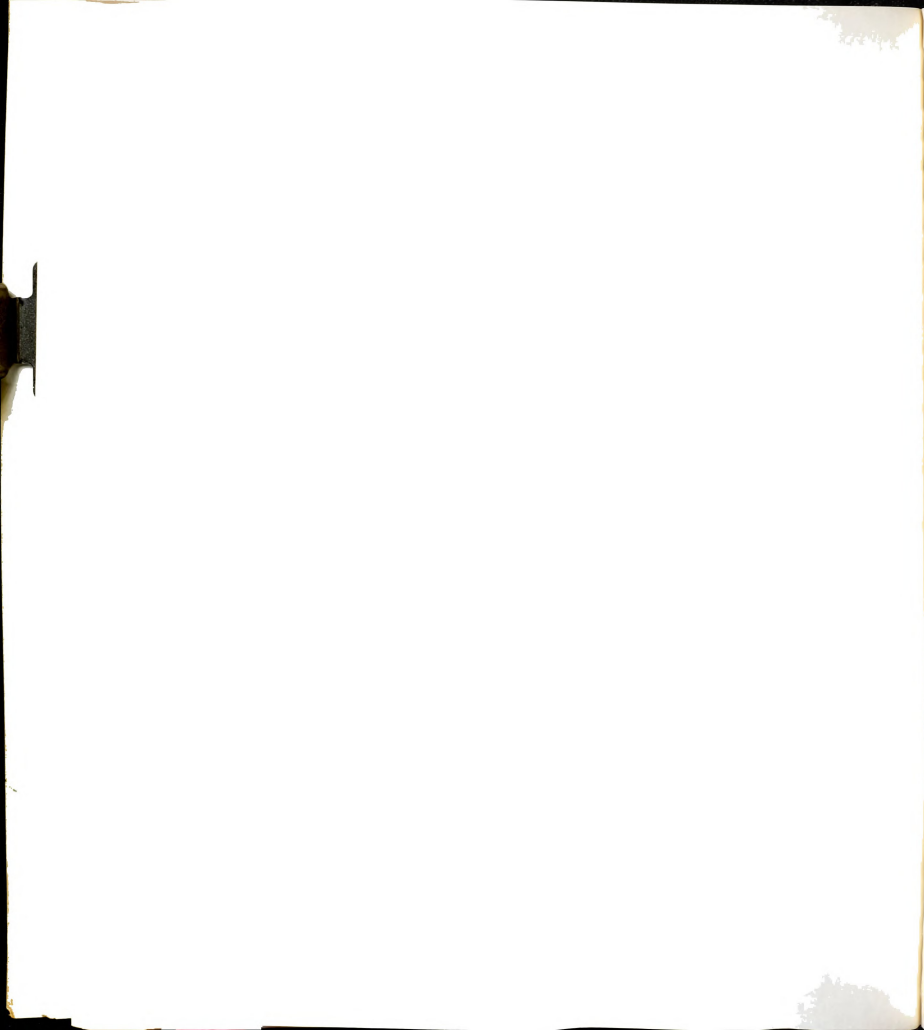
NOTES

I doubt anyone can really understand, like most of my friends can't. It's just that--Wow!--I feel so different. It's really great, Mike and I, we're so much in love--there's just no other way to say it. I feel like there's a whole new beautiful world out there I didn't even know existed.

Response A: Others may not understand, but that doesn't change how you feel--which is exciting and wonderful--so much more alive and like a woman.

Response B: You really feel good about this guy and are enjoying more of life now.

Response C: Sure sounds like you're going off the deep end emotionally. Better play it cool and be ready for that bubble to burst.



PROBLEM STATEMENT 6

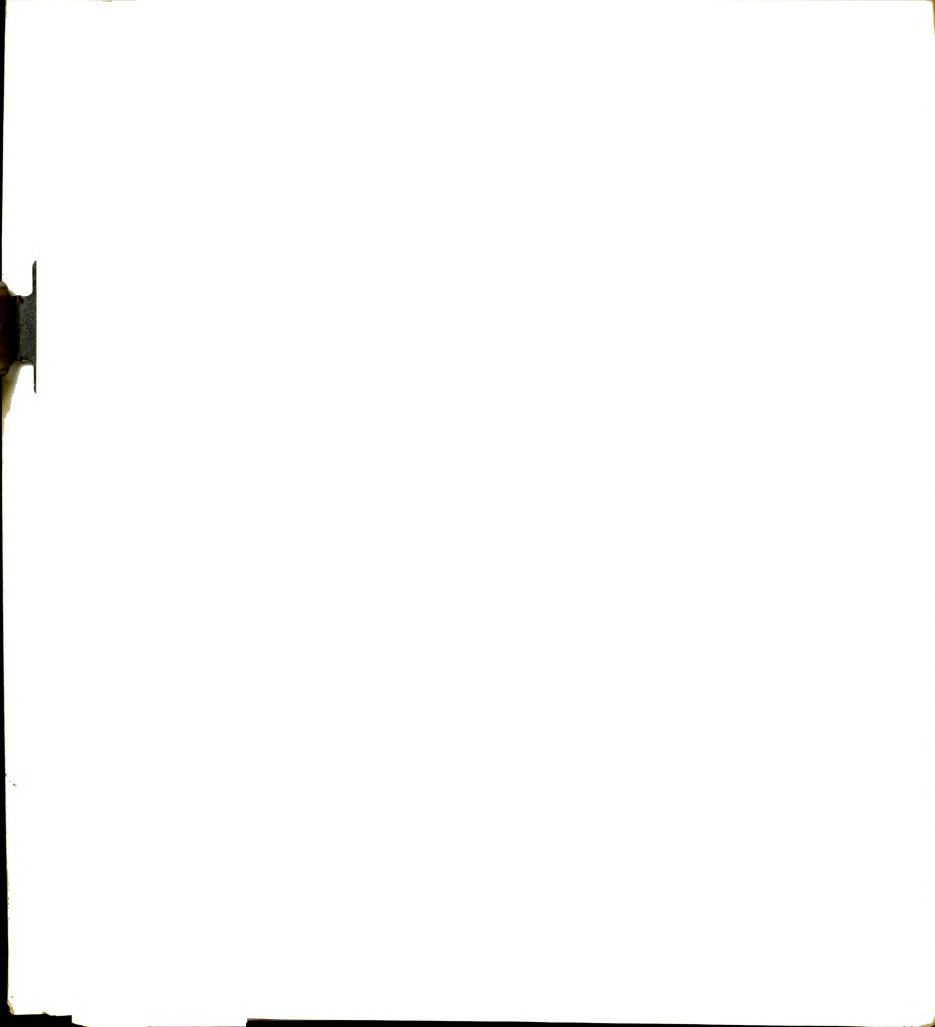
NOTES

Well, even in high school I went out for football and baseball, but I always ended about second string. I don't want to be Mr. Super Star or anything, but it would have felt good to play a little more often than I did. But it's just not sports either, it's right here on campus--getting dates and everything--I usually even seem to get beat out by some other guy. And when I do date, well, the girl usually even ends up in the driver's seat. God, I feel shitty afterwards! I've always been a good student, got good grades, did good work. So, my folks and my friends think I'm doing just fine--they just don't know.

Response A: Sounds like you feel like a second-stringer in several areas and you're getting mighty fed-up with it.

Response B: When it comes to competing physically and socially you feel like you can't make an impact, and that feels pretty small. You know you can make it with the grades, but that isn't all there is to being the man you want to be.

Response C: Hell, you're more competent than you realize. Nobody's strong in everything.

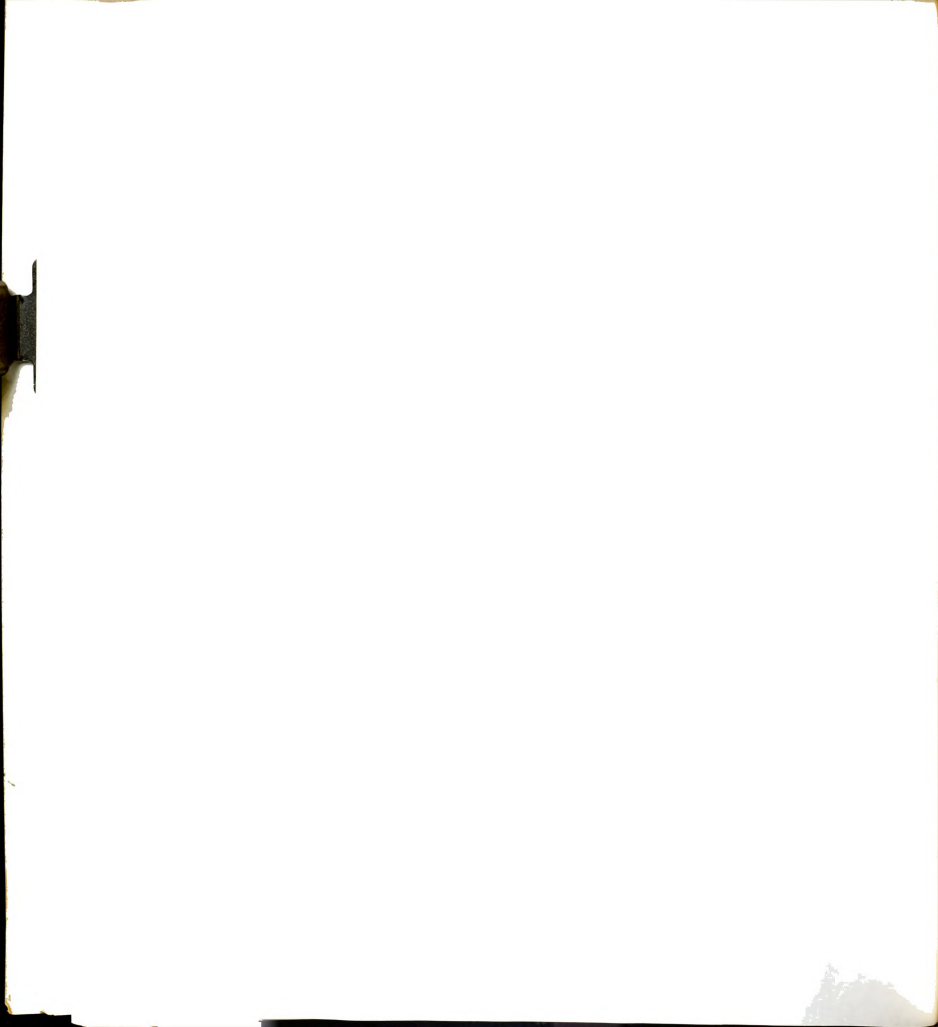


I don't know if I'm right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games anymore. I get upset, and I come home depressed. It all seems to superficial. You know there was a time when I used to get along with everybody. All my friends used to say things like, "Isn't she cool, she gets along with everybody." I used to think that was something to be proud of. But that was who I was at that time, I had no depth. I was what the crowd wanted me to be--just what they wanted.

Response A: You know that you've changed a lot. There are a lot of things you want to do, but no longer can in the same way.

Response B: You're damned sure who you can't be any longer, but you're not sure who you really are yet.

Response C: Who are these people that make you so angry? Why don't you tell them where to get off, they can't control your existence. You have to be your own person.



PROBLEM STATEMENT 8

NOTES

This guy I'm going with, I really like him. But lately, he's just not happy unless we end up in bed, like you know, almost everytime we're together. If I don't really want to, it just ends up in a big hassle, a really bad scene, and it ends up with him making the pitch one way or another that if I really loved him I'd want to crawl into the sack with him. Well, it's not that I don't enjoy sex, I really do and I think he knows it--just not all the time! It's gotten to be such a big thing with him that I'm not even sure what we mean by love anymore.

Response A: Oh hell, it's not really that big a thing. You can understand how he feels, you'll just have to go along with him for awhile.

Response B: Sex has become such a dominant part that it's hard to get much else out of your relationship, and that leaves you feeling empty.

Response C: You know you can act and feel like a woman sexually, but you also know that there's more that you want--want and need from love than just feeling like a body.



PROBLEM STATEMENTS 9 & 10

NOTES

I guess you could say that I've been pretty heavy with the drug scene. Everything's been really cool until lately . . . and the last couple times I done some really bummers. Like wow man! I mean like really crashing bad, you know. My friends have usually been around and helped me work it through, but, like I don't know man, it can really be a bad scene.

Response A: You know you've got something--something you want from the whole scene. But you've also got something you know you don't want, and it's that part that's damn frightening.

Response B: You want to find a way to avoid those lows, without giving up the whole thing.

Response C: O.K. so you're a freak, and maybe you've dropped some bad acid. But if that's the scene you choose man, well, like dig it and don't cross off those highs.



PROBLEM STATEMENTS 9 & 10, Continued

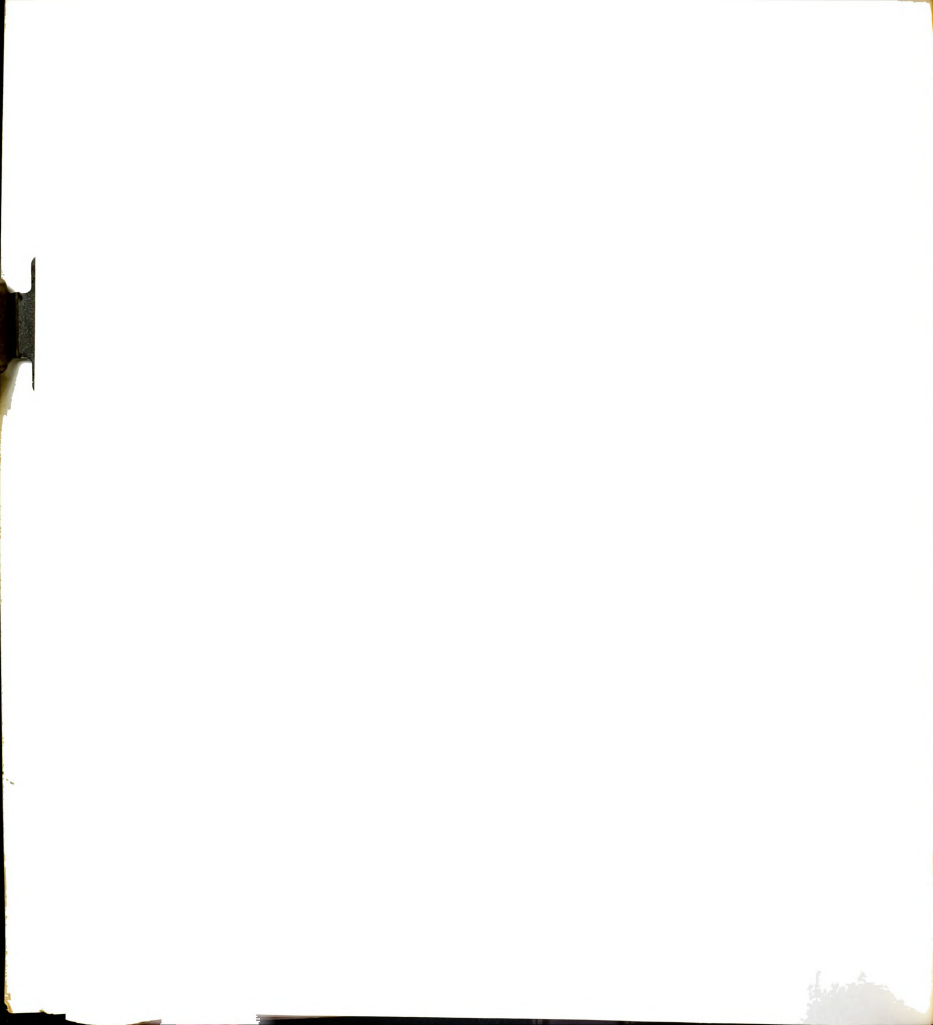
NOTES

I guess there's something about the whole scene too, like something that doesn't bug me at all. The tripping, shooting-up, that's one thing, but that's not all that turns me on. Like, well, it's the whole thing, the whole bit--I really think I just dig being a freak and dig being with freaks. I don't know, it's really kind of weird.

Response A: You've probably generalized the highs you get from the drugs to the whole subculture. It's pretty easy to start associating the effects of drugs with the people around you that are doing them.

Response B: Heck, so you like freaks, it's not that big a thing. A lot of other people like freaks, even people who don't take drugs.

Response C: Ya, there's more to it than tripping. Like you've found something with freaks that you've been missing with other people--something you don't understand, but which is darn important to you!



NOTES

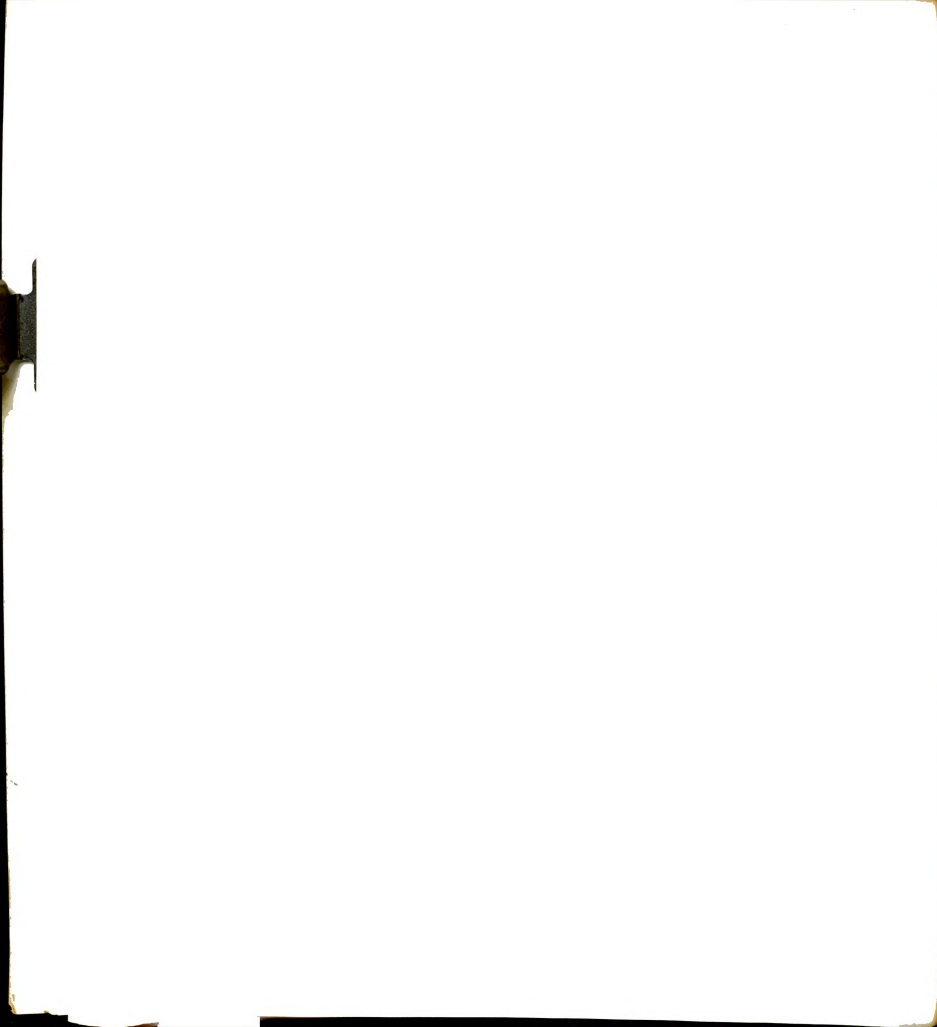
PROBLEM STATEMENT 11

Man, those people! Who do they think they are? I just can't stand being with them anymore. They're just a bunch of phonies! They drive me up a wall, and I get pissed off at myself--I don't even want to be around them anymore. I just wish I could be honest with them and tell them all to go to hell! But, I guess I can't do that.

Response A: They really make you angry, and you wish you could handle them more effectively than you do.

Response B: Damn, they make you furious! But it's not just them--it's with yourself too, because you don't act on how you feel.

Response C: Maybe society itself is at fault here--making you feel inadequate, giving you this negative view of yourself, and making it impossible to successfully interact with others.



PROBLEM STATEMENT 12

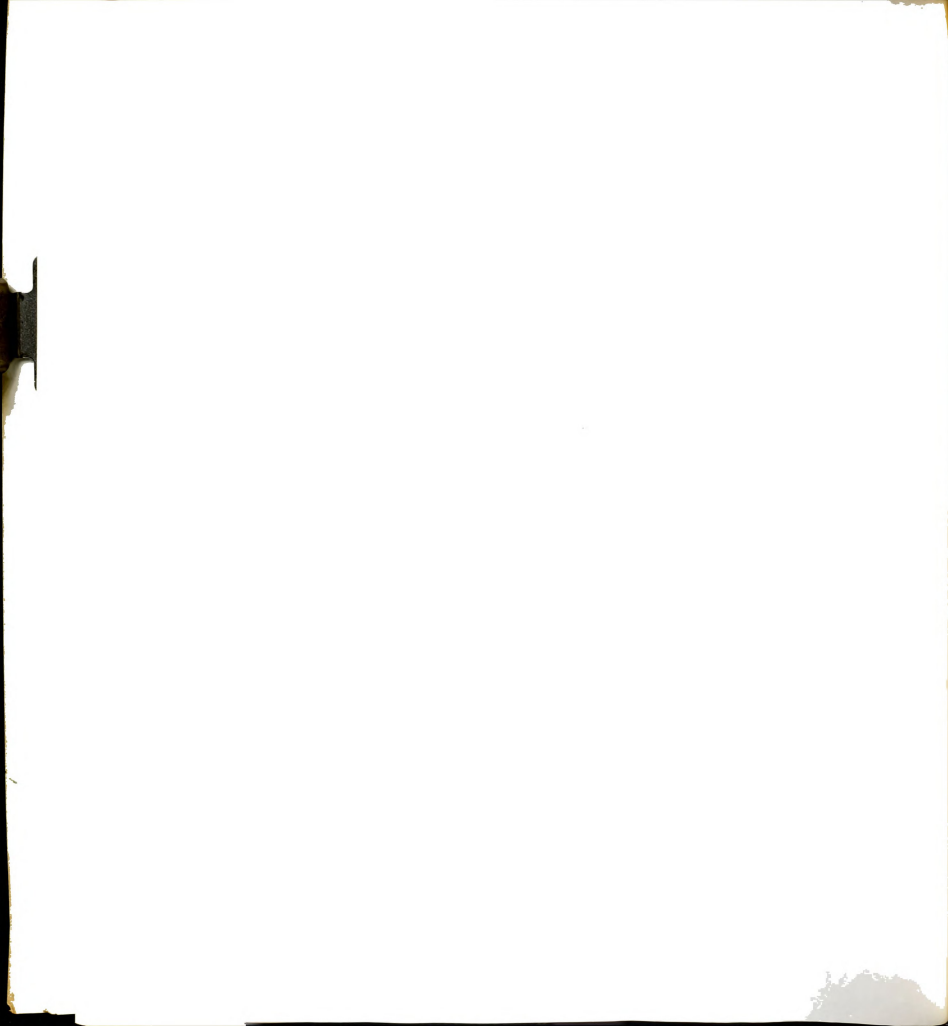
NOTES

I guess I really should finish this major I'm in now, you know, like everybody expects me to. I just wish I could do something about this idea I have about going into art, everybody knows there's no future in art. My folks, well they've been kind of figuring on me being an engineer ever since I was a little kid. Even when I think about possibly changing majors I feel kinda rotten. Man, they've invested a lot.

Response A: It's sure clear what others expect you to do, you wish you were that certain.

Response B: You feel like you'd really disappoint your parents if you changed, but maybe yourself if you don't.

Response C: Ah, everybody thinks about other possible majors at one time or another, just stick it out.



PROBLEM STATEMENT 13

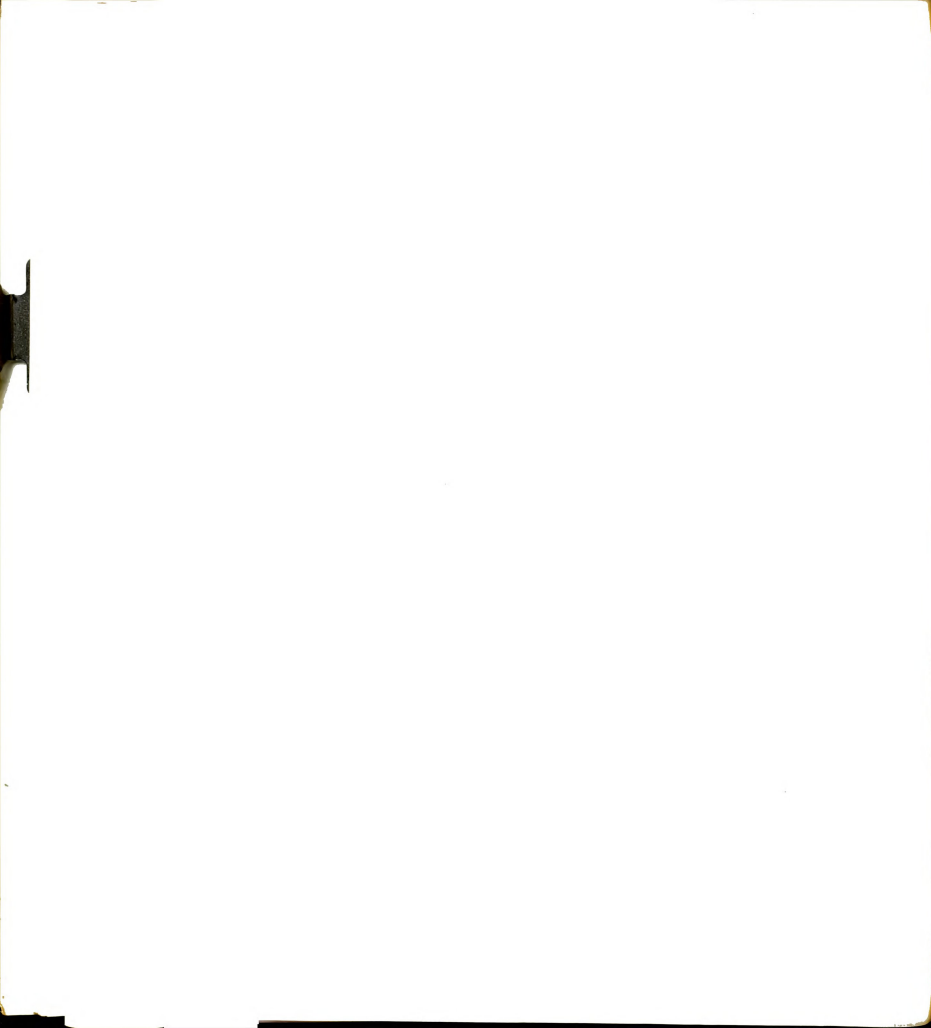
NOTES

I get so tired of wearing this mask all the time--the one that says I'm always nice to people. It's been so long since I've really leveled with anybody, I'm not sure I even can anymore.

Response A: You've really had it with not being honest with people.

Response B: But it really pays off in the long run to always be nice to people. Most feelings just get you into trouble with people anyway.

Response C: You're sick of being phony and concealing your feelings. But, you've done it so long you're not certain who the real you is, or how you can be genuine with others.



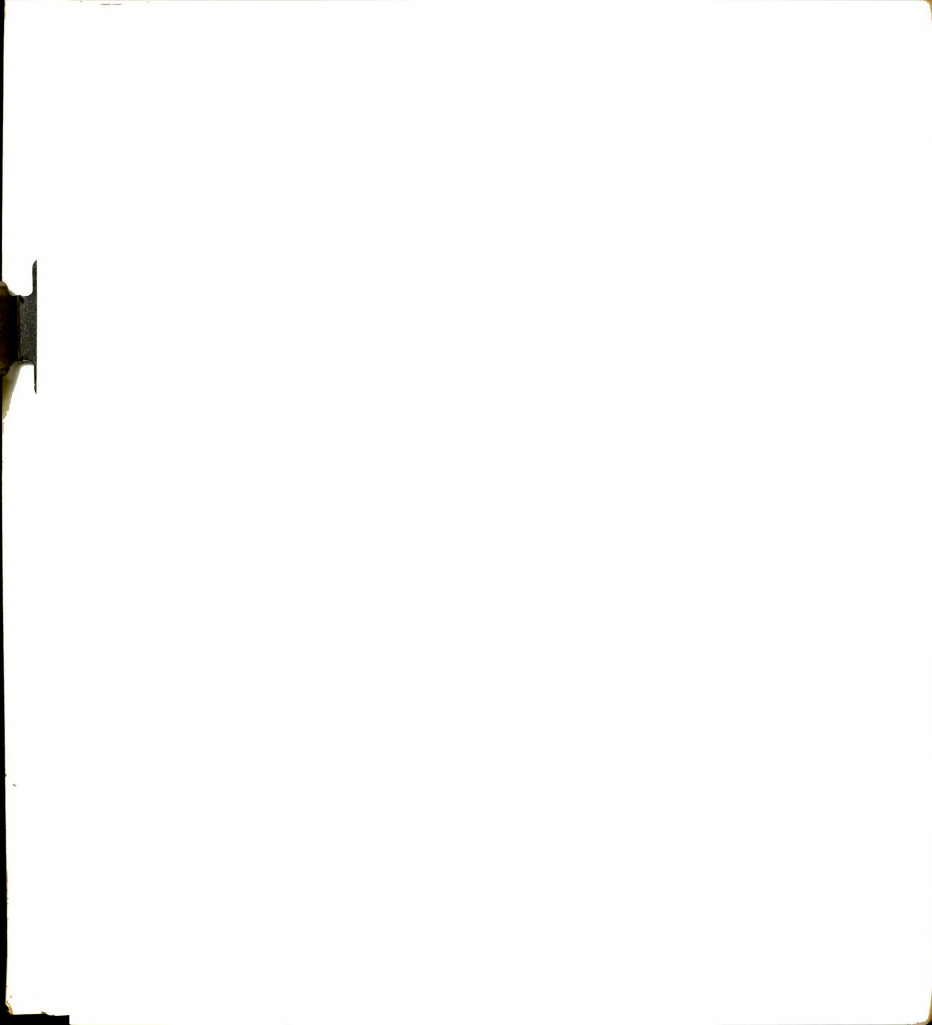
NOTES

PROBLEM STATEMENT 14

I used to tell myself I wasn't the type that needed a lot of friends, but now I'm finally getting the word. Like I really haven't got anyone . . . you know, anyone close . . . and that's not too cool.

PROBLEM STATEMENT 15

You know, I came that close man to shooting up last night. And like I've been doing dope for a long time, but like I've always known smack wasn't my thing. And now, like wow man, I was that close!



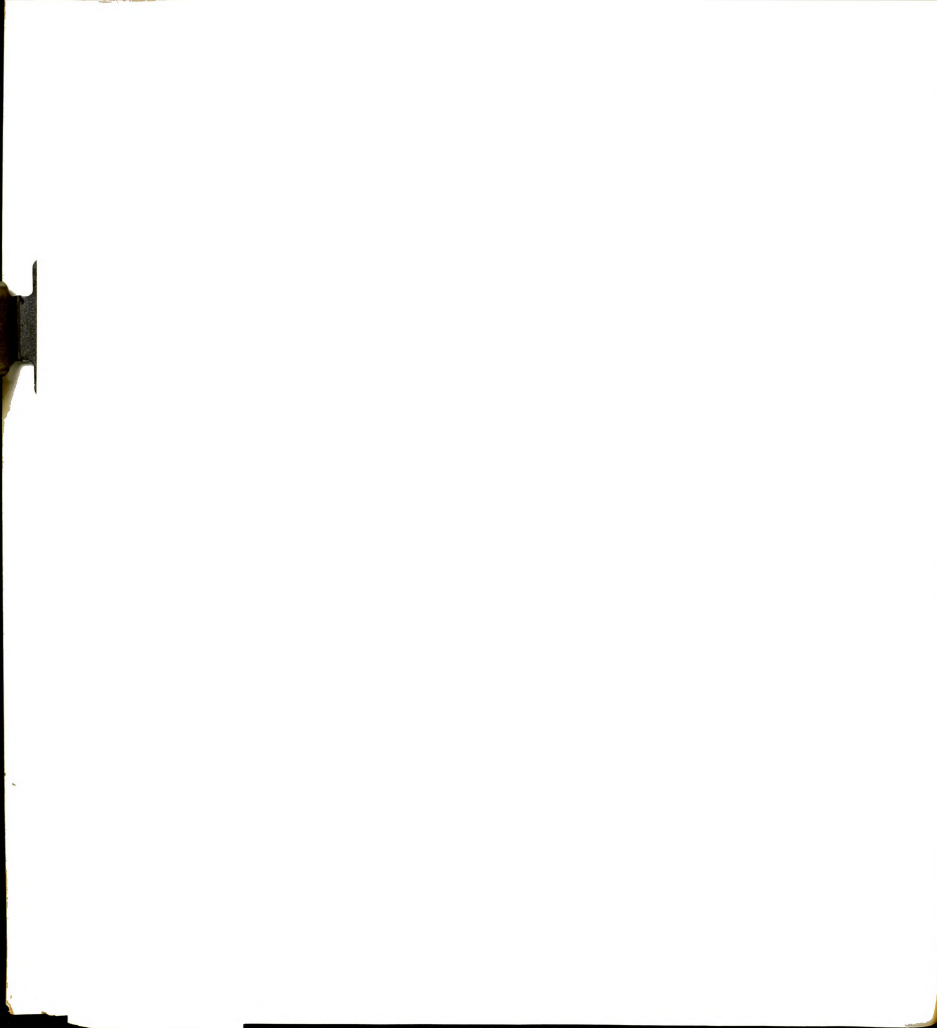
PROBLEM STATEMENT 16

NOTES

My mother? Well, you could say she kind of runs the house. And my dad, hell, he's just there. You know when I think about how he follows along with everything she wants--well, I just get depressed.

PROBLEM STATEMENT 17

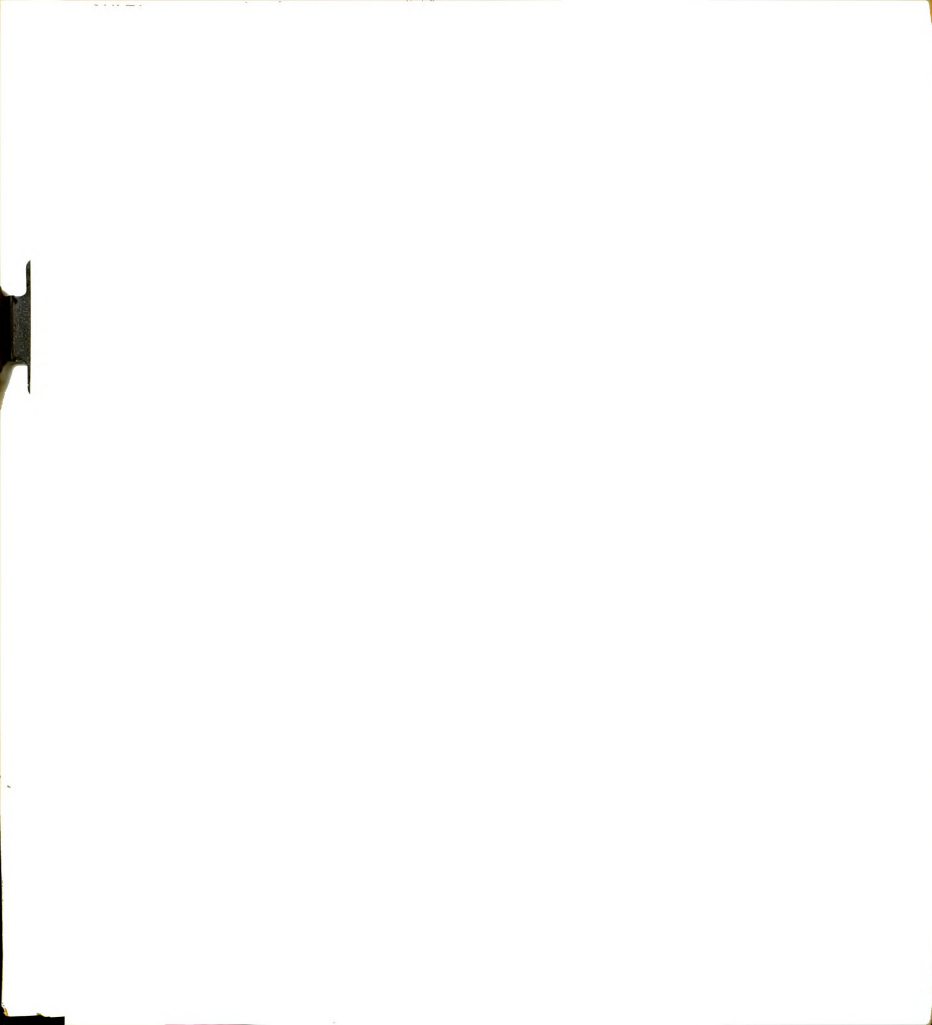
I feel so shitty 'cause I've been stringing this guy along. I've tried to give him the message about how I feel--but not really, I guess I've kinda hinted at it and hoped he'd pick it up. If I'd level with him, I know he'd really be hurt . . . but this is no good either, 'cause I feel really rotten.



PROBLEM STATEMENT 18

NOTES

Well I work with this poverty program in the summers, you know, living and working within a tribe of American Indians. We do everything from teaching reading to digging sewers. But some of my friends, well, especially my girlfriend, she just doesn't understand. She wants me to go to summer school so I can graduate next year, and after that we plan to get married. You know, she actually thinks I'm being selfish not planning to go to school this summer. This is about the only thing she doesn't understand about me. I don't know, like maybe if I understood it better, she could. But I don't! I just know I get something working with those poor kids I don't get anywhere else.



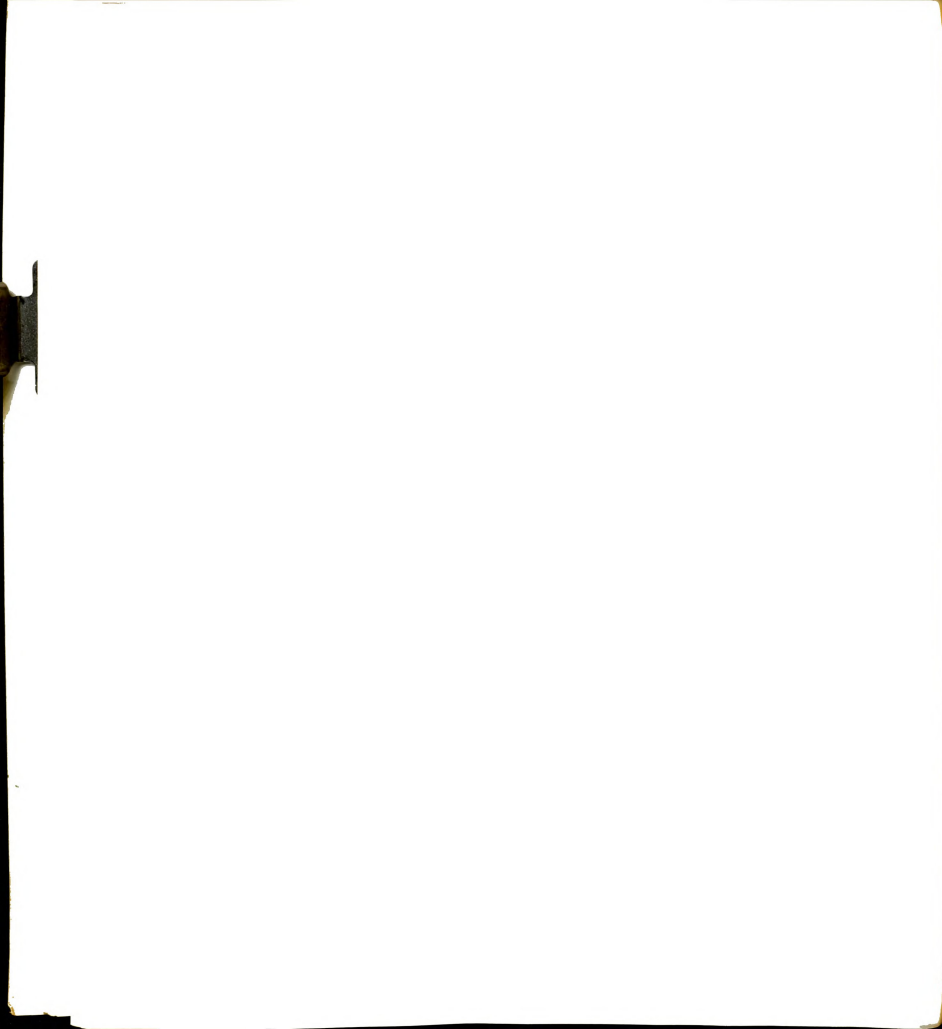
PROBLEM STATEMENT 19

NOTES

Damn it, I don't want to talk about it, I don't even want to talk about it. I go over it in my head, over and over, and I'm tired of going over it. God, and when I do think about it, my head just wants to blow up man!

PROBLEM STATEMENT 20

I can't explain it. I don't really know anything about you, yet I feel like you know me. I'm sure we have a million differences, yet we communicate. I wish it could be this way with other people.



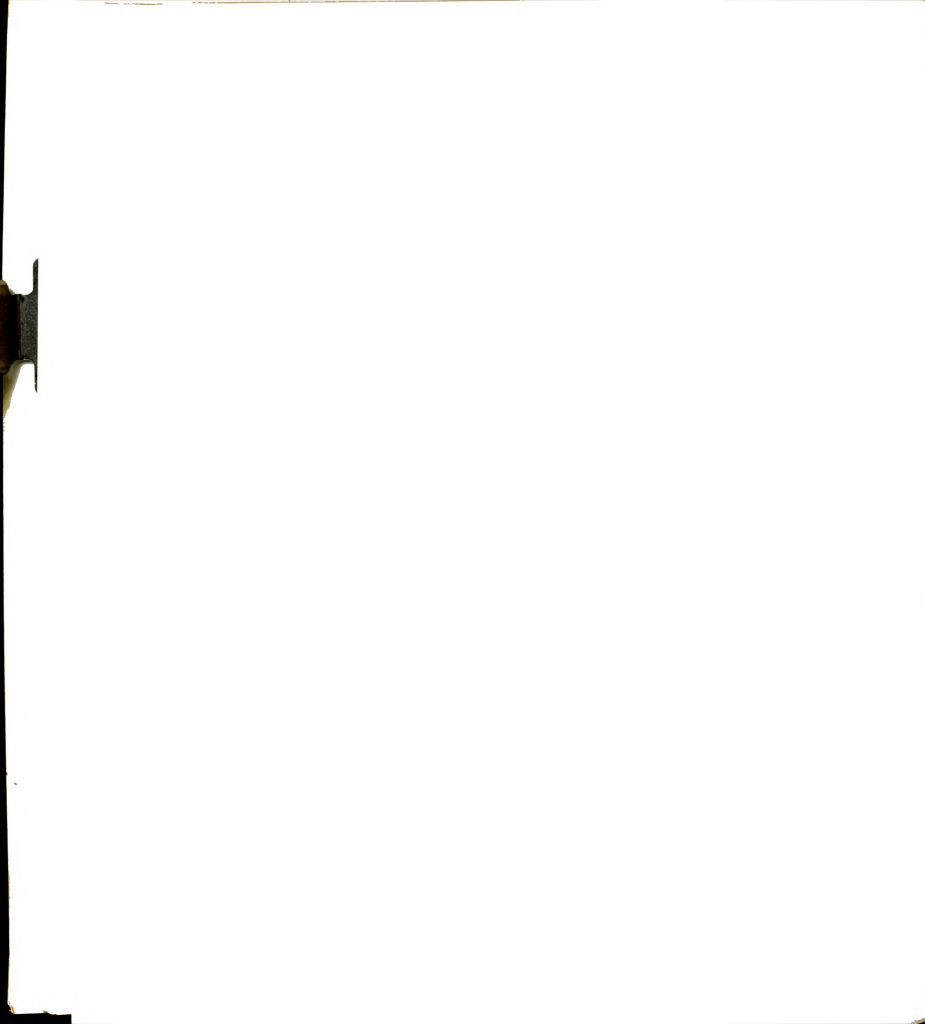
PROBLEM STATEMENT 21

NOTES

For some reason I'm almost afraid to say it, but I really think I'm making progress. I'm not feeling so much like a damn pawn anymore. I've been tuning into more about how I feel about things, and then sometimes even trying to do something about it. You know, it can really work!

PROBLEM STATEMENT 22

I've got a couple of friends now that I'm very close to. It's not like it was before, when I always felt that somehow I'd screw it up if I wasn't careful with these so-called friends of mine. You know, now we're able to share with each other both our highs and lows and still be really close.



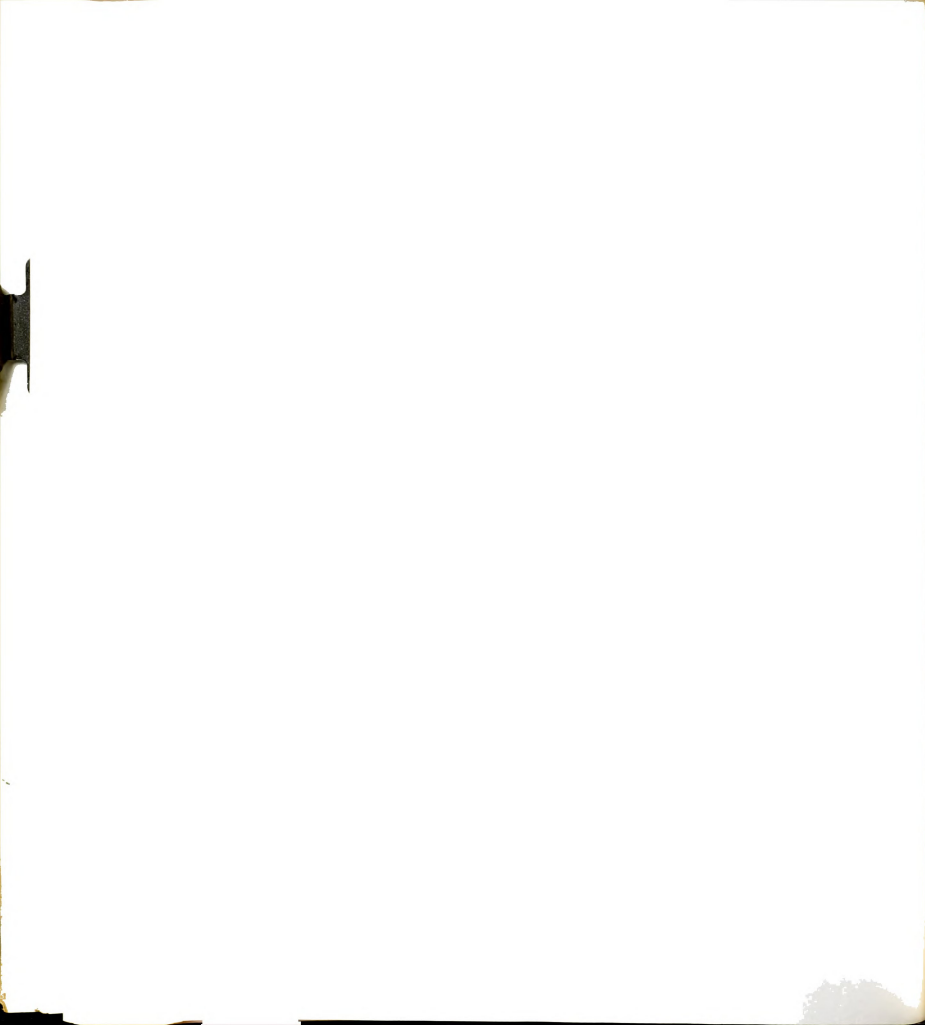
NOTES

PROBLEM STATEMENT 23

This is probably going to sound weird to you, but . . . well, I just don't feel so much like a little kid anymore. Like, that's just not where it's at now. And in some ways it's a little scary, but I know things happen because of me--not my mom, not my dad, not anybody else, but just me!

PROBLEM STATEMENT 24

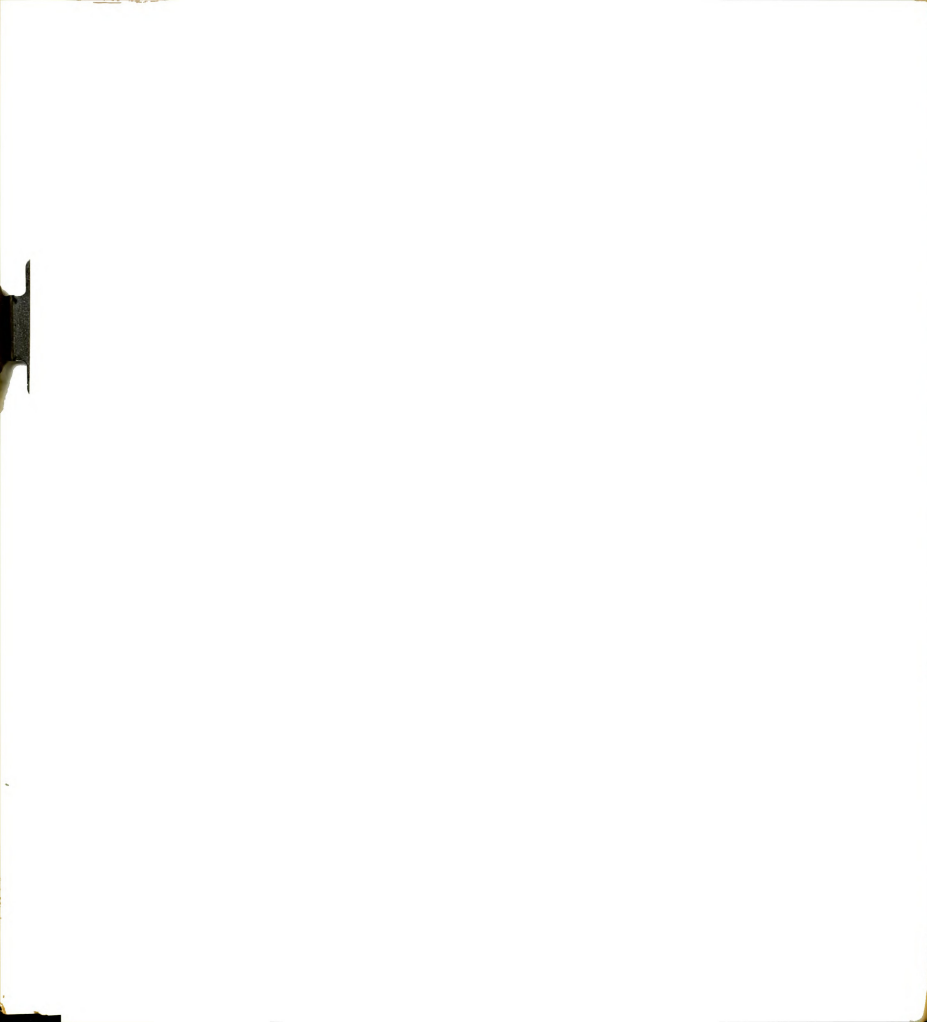
Does it make any sense for me to say that part of me doesn't want counseling to end? I know I've got things pretty well together now, but that's still now I feel.



APPENDIX I

SIMPLIFIED SCALES ON FACILITATIVE DIMENSIONS

"BASIC DIMENSIONS OF THE HELPING PROCESS"



BASIC DIMENSIONS OF THE
HELPING PROCESS

EMPATHY

RESPECT

GENUINENESS

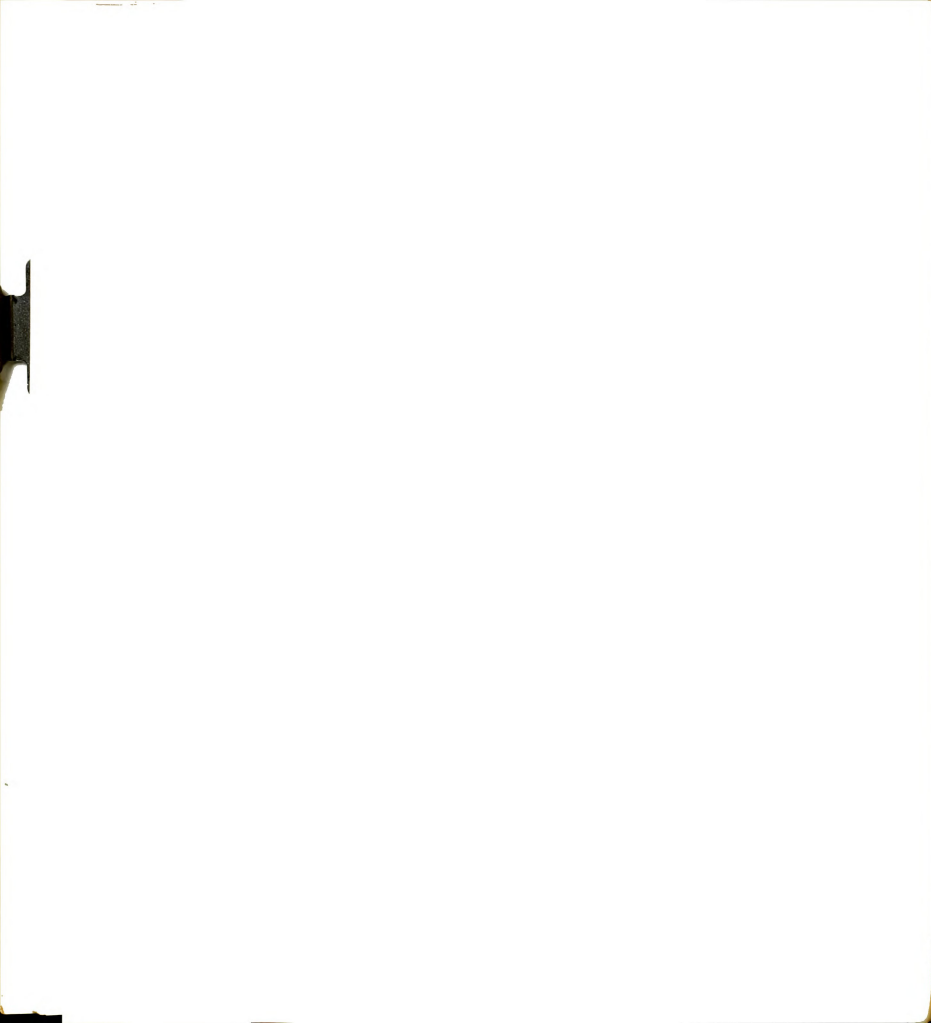
CONCRETENESS

Psychological study has shown that empathy, respect, genuineness, and concreteness are important dimensions of human interactions, particularly the helping process. These are not some mysterious ingredients that a helper either has, or has not. Rather, these variables can be understood as operating at some level within any helper-helpee interaction. Helping can, therefore, be considered in terms of the helper's "level of functioning" on these dimensions.

The roles of helper and helpee can be considered interpersonal, such as parent-child, teacher-student, counselor-client, and one friend interacting with another friend who is sharing a problem. Also, the helper and helpee roles can be considered intrapersonal, such as the you who is aware of a problem and the you who wants to help.

David W. Cabush
Michigan State University
Counseling Center

The following scales are
based on those developed
by Robert R. Carkhuff.



EMPATHY

Level of empathic understanding is the degree to which the helper communicates to the helpee that he hears and understands the affect and meaning of his problem statement.

Level 1

The helper does not attend to, or significantly detracts from, the expressed feelings of the helpee. The helper does not communicate that he heard or understood even the surface or verbalized feelings of the helpee.

Example: Helpee - "I feel so lousy around here! You know, I've been here almost two years and nobody seems to care, really care about anybody else. Sometimes I just feel like chucking the whole bit and trying it without school."

Helper - "So you've been having a tough time around here socially. What you need to do is just face it that you're not alone in this spot. Go on about getting your degree and be done with it."

Level 2

The helper's response is essentially interchangeable with the expressed feelings of the helpee. The helper communicates that he heard and understood at least the surface or verbalized feelings of the helpee.

Example: Helpee - same as above

Helper - "People around here seem so distant from one another and you really feel out of it."

Level 3

The helper adds to the expression of the helpee in such a way as to express feelings deeper than the helpee was able to verbalize. The helper communicates that he heard and understood feelings that were at a deeper level of meaning than directly expressed by the helpee.



Example: Helpee - same as above

Helper - "People don't seem to care about you, and that's a damn lonely feeling! Sometimes it's so bad that you're sure it would feel better if you just give up."

REGARD

The level of respect or positive regard is the degree to which the helper communicates to the helpee concern and caring for his feelings, experiences, and potentials.

Level 1

The helper communicates a lack of respect for the feelings and experiences of the helpee. The helper may respond mechanically, passively, or ignore the feelings of the helpee. The helper may communicate that the helpee's feelings and experiences aren't worthy of consideration, or that the helpee is not capable of constructive action.

Example: Helpee - "I doubt anyone can really understand, like most of my friends can't. It's just that - Wow! - I feel so different. It's really great, Mike and I, we're so much in love - there's just no other way to say it. I feel like there's a whole new beautiful world out there I didn't even know existed."

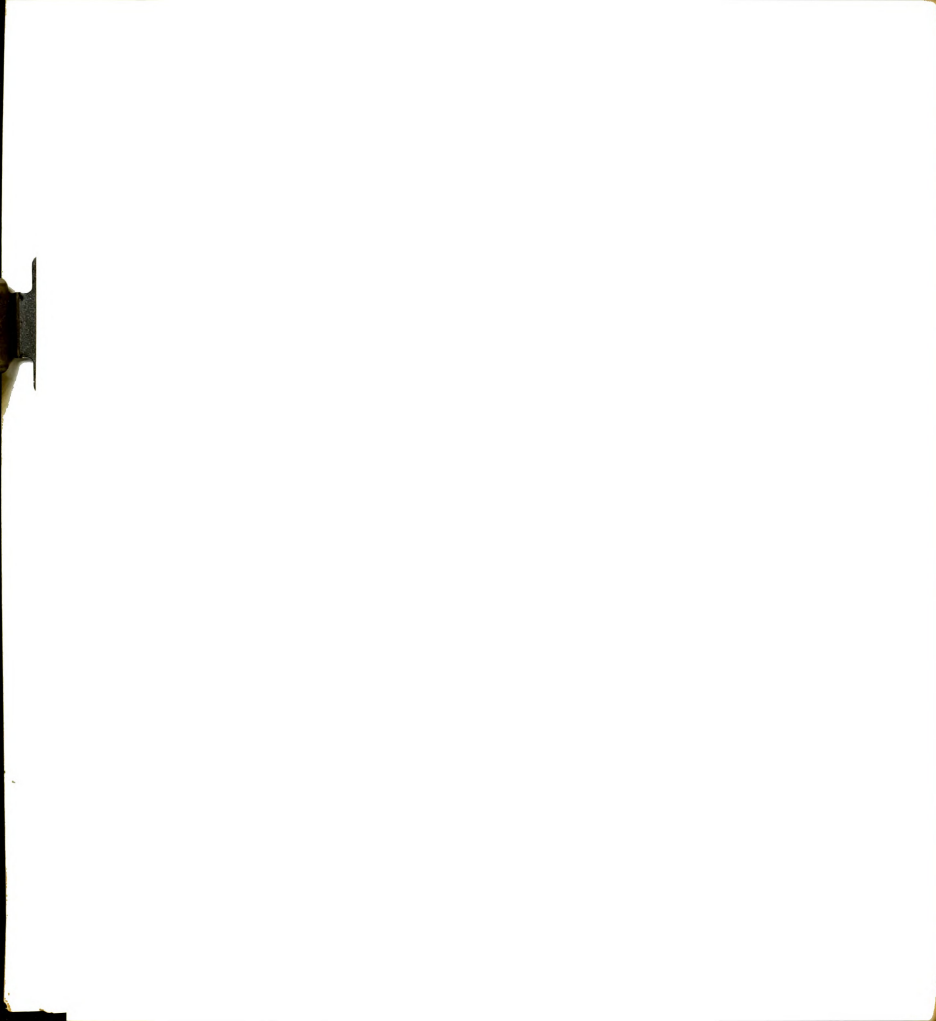
Helper - "Sure sounds like you're going off the deep end emotionally. Better play it cool and be ready for that bubble to burst."

Level 2

The helper communicates a positive respect and concern for the helpee's feelings, experiences, and potentials. The helper makes clear that who the helpee is and what he does matters to the helper. The helper communicates respect for the helpee's ability to express himself and to deal constructively with his life situation.

Example: Helpee - same as above

Helper - "You really feel good about this guy and can enjoy more of life now."



Level 3

The helper communicates a very deep respect and caring for the helpee's feelings, experiences, and potentials as a worthwhile person. He enables the helpee to feel free to be himself and to experience being valued as an individual.

Example: Helpee - same as above

Helper - "Others may not understand, but that doesn't change how you feel--which is exciting and wonderful--so much more alive and like a woman."

GENUINENESS

The level of genuineness is the degree to which the helper communicates, in a non-destructive manner, his real and spontaneous self in response to the helpee.

Level 1

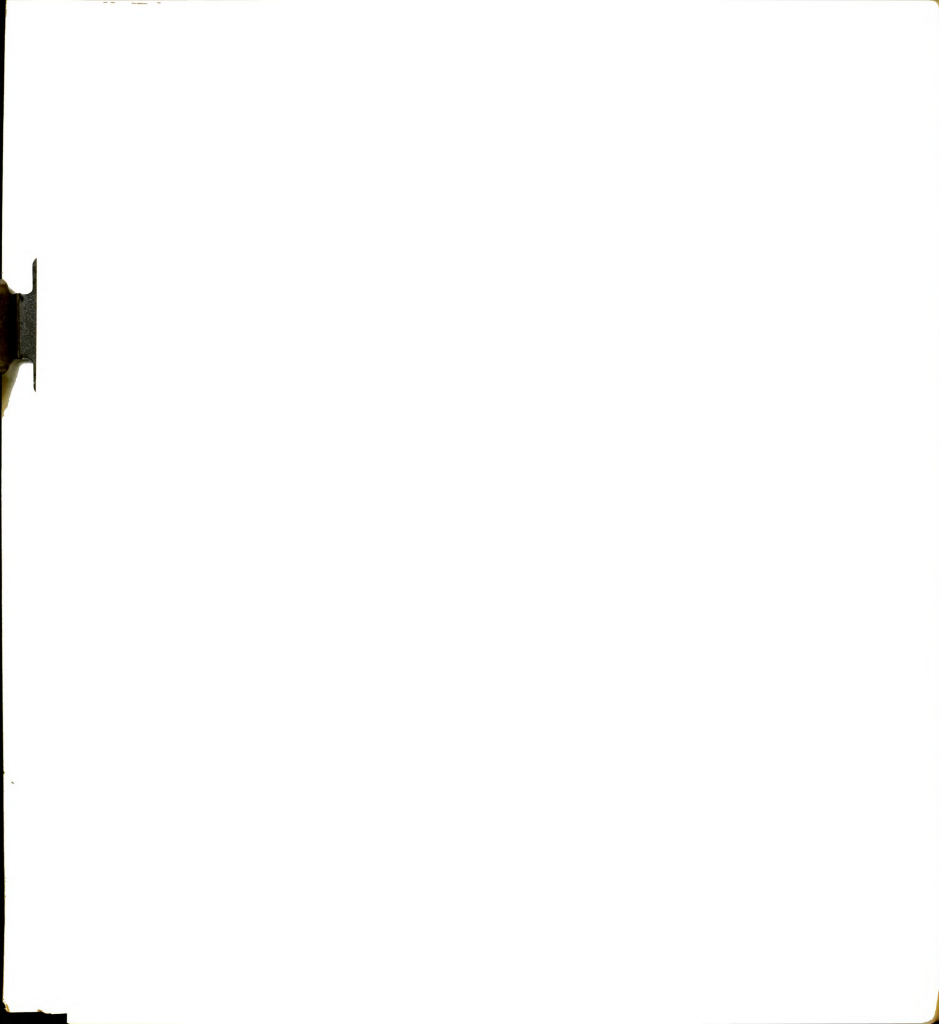
The helper's verbalizations are unrelated to what he is feeling at the moment, or he is genuine only with his negative responses to the helpee. The helper may be defensive and respond according to a prescribed role rather than to what he is actually experiencing. The helper does not give honest or sincere feedback to the helpee, and may engage in "playing games" to avoid being genuine.

Example: Helpee - "Darn it, I feel so rotten about being overweight. And I just know that others can really get turned off by someone who looks like he doesn't take care of himself. Sometimes I just feel like a no good slob."

Helper - "Come on now, that's not true. It's the real you that counts."

Level 2

The helper provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to what the helpee has expressed. The helper doesn't seem insincere, but does not reflect any real involvement either.



Example: Helpee - same as above

Helper - "Sounds like you're pretty disgusted with yourself."

Level 3

The helper provides some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the helpee. The helper is open to what he himself is experiencing and employs this constructively. The helper is being deeply himself in a non-exploitive relationship.

Example: Helpee - same as above

Helper - "I know you feel really low right now, and I guess I can feel some of that frustration and loneliness that's yours . . . but, I know I also feel some disappointment and even anger for you not acting on what you know you must do for yourself."

CONCRETENESS

The level of concreteness is the degree to which the helper enables the helpee to consider personally relevant material in specific and complete terms.

Level 1

The helper leads or allows discussion to deal with vague and anonymous generalities. The helper does not attempt to consider feelings, experiences, and situations in specific terms. The helper keeps the interaction with the helpee abstract or intellectualized.

Example: Helpee - "I've always put out a 100% to get good grades, and I've done it. My folks and classmates must think I'm doing just fine--but I'm not! I feel like something's really missing, something important, and I don't know what to do."

Helper - "There are bound to be times when we feel rather distant from all that we've accomplished, in fact, psychologists have a name for this phenomenon."



Level 2

The helper at times enables the helpee to deal with personally relevant material in specific and concrete terms. At times the helper may promote specificity and direct problem solving, while at the same time encourage some obtuseness and gross generalizations.

Example: Helpee - same as above

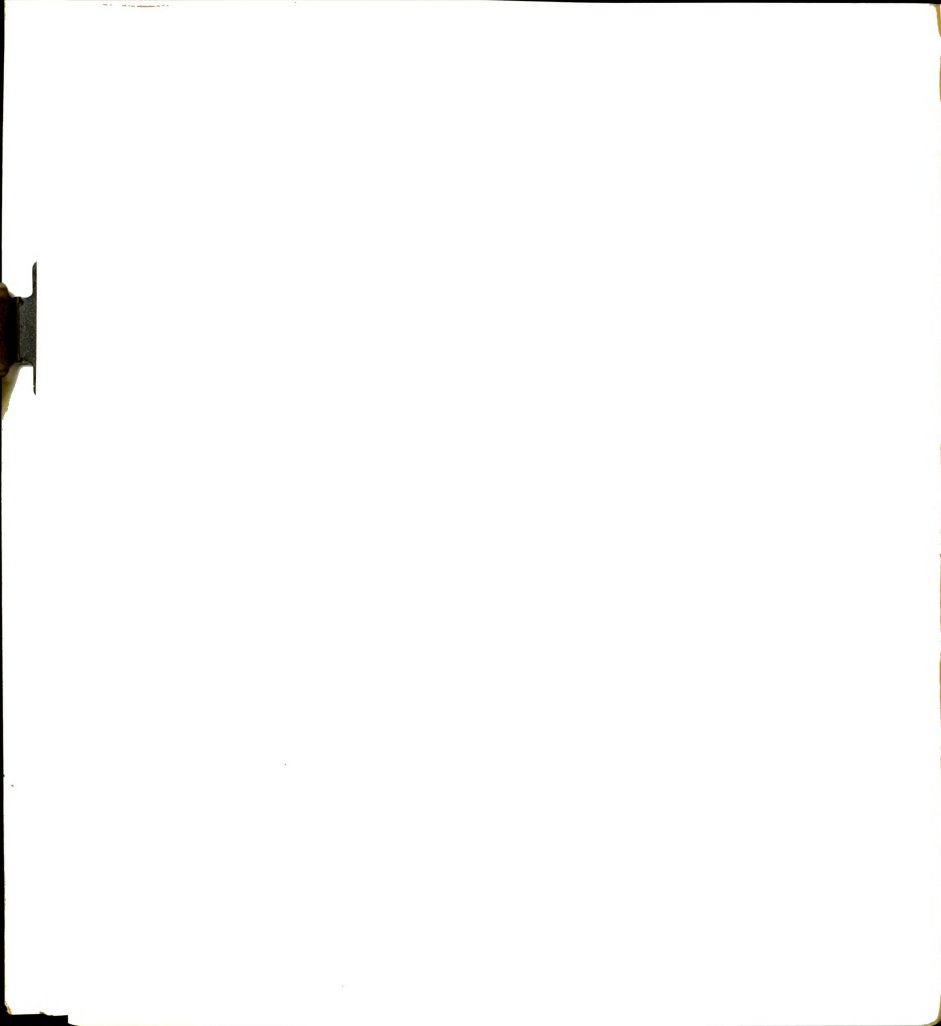
Helper - "Sounds like what's missing is related to your interactions with people. You haven't taken the time to develop much interpersonally, and you're beginning to feel it."

Level 3

The helper is usually helpful in enabling the helpee to fully develop in concrete and specific terms almost all instances of concern. When specific problems are clearly understood the helper assists in direct problem solving, at times helping in the development of specific skills which are needed.

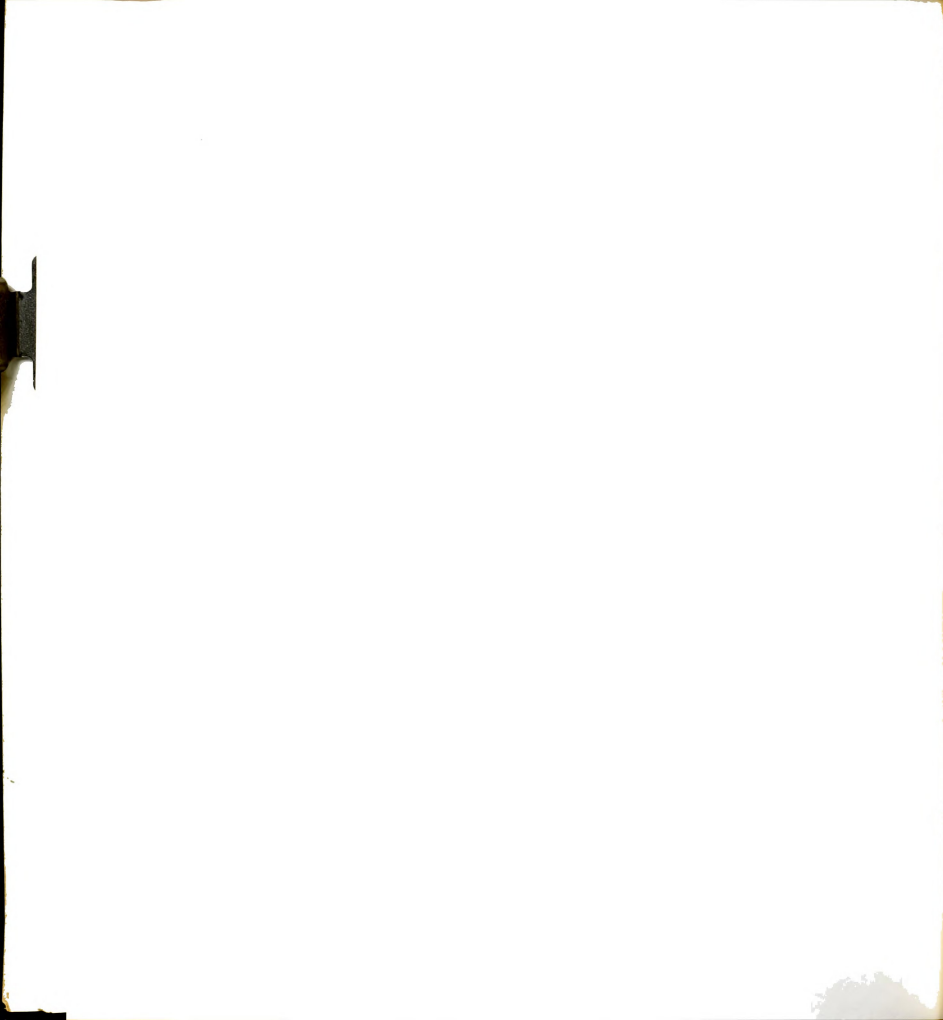
Example: Helpee - same as above

Helper - "What I'm hearing is that the 100% academic world of yours is also a very lonely one. People know your record, but they don't know you. There are some skills you haven't been learning up to now, and they have to do with relating to people in ways that are satisfying to you--satisfying on a very human level."



APPENDIX J

LETTER TO SIGNIFICANT-OTHER OBSERVERS



Room 207
Student Services Building
Michigan State University

March 5, 1971

NAME
ADDRESS

Dear _____:

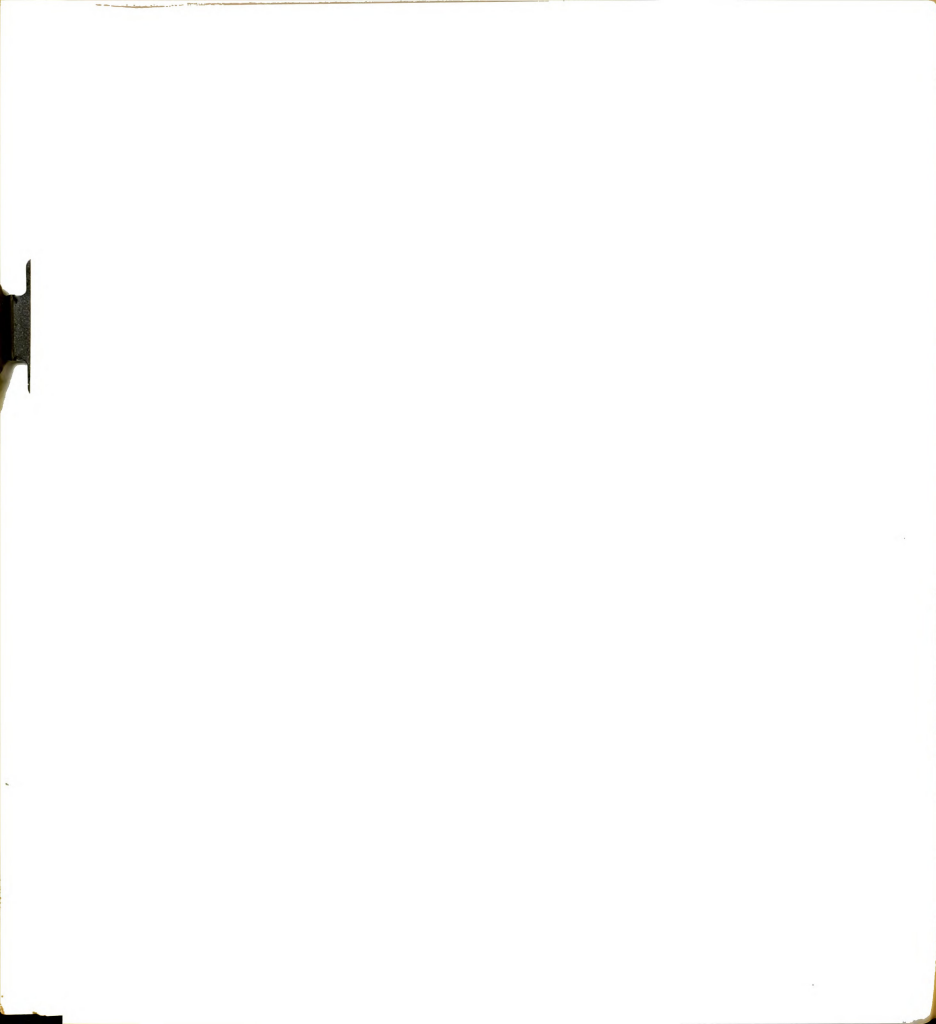
Your name was given to us several weeks ago by _____ who is currently a participant in a social science research project on campus. _____ believed you would be willing to cooperate by completing the enclosed form and returning it to us.

Your responses will be kept confidential and used for research purposes only. We ask that you complete the form independently. _____ will not see your responses nor will he/she know how you marked them unless you choose to discuss it with him/her after the project is over.

Quite frankly, _____, the number of subjects in this project is relatively few, which makes every response vital to its success. We greatly appreciate your prompt cooperation. Thank you!

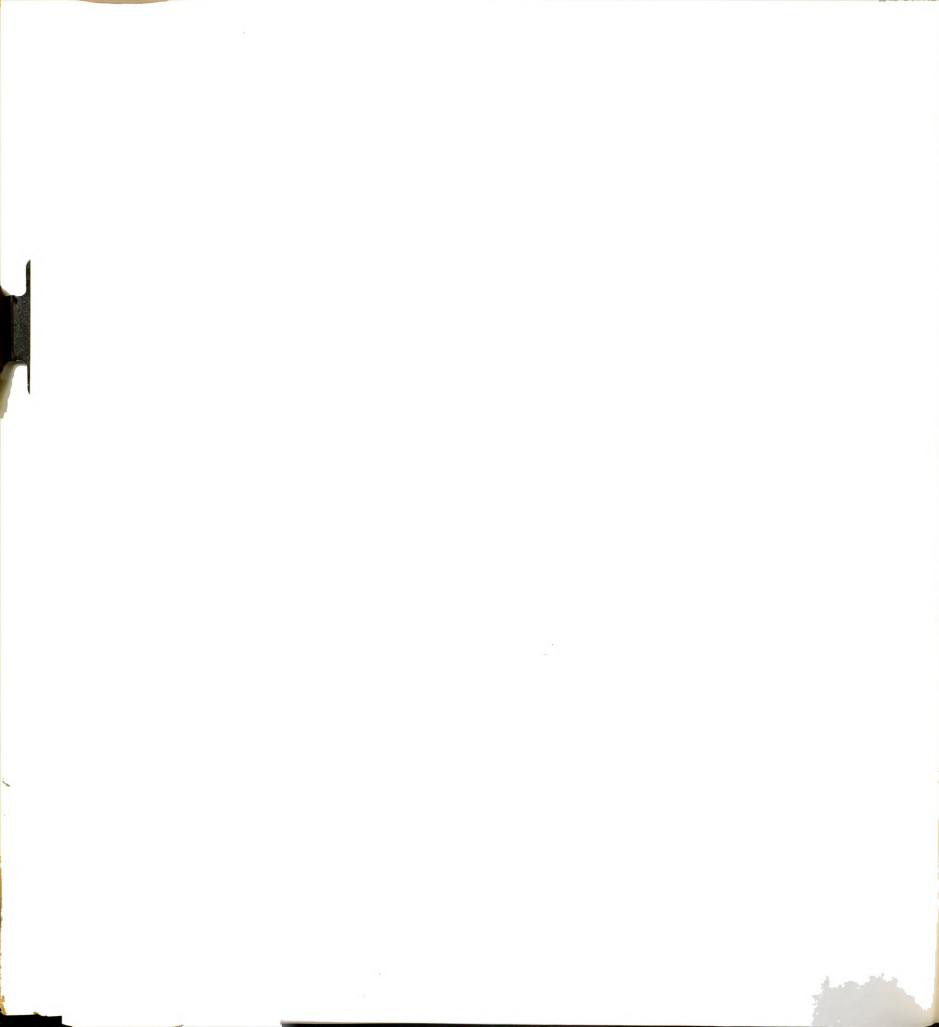
Sincerely,

David W. Cabush
and
Dr. C. Williams,
Research Sponsor



APPENDIX K

INSTRUCTIONS FOR BEHAVIOR RATING FORM--SUBJECT



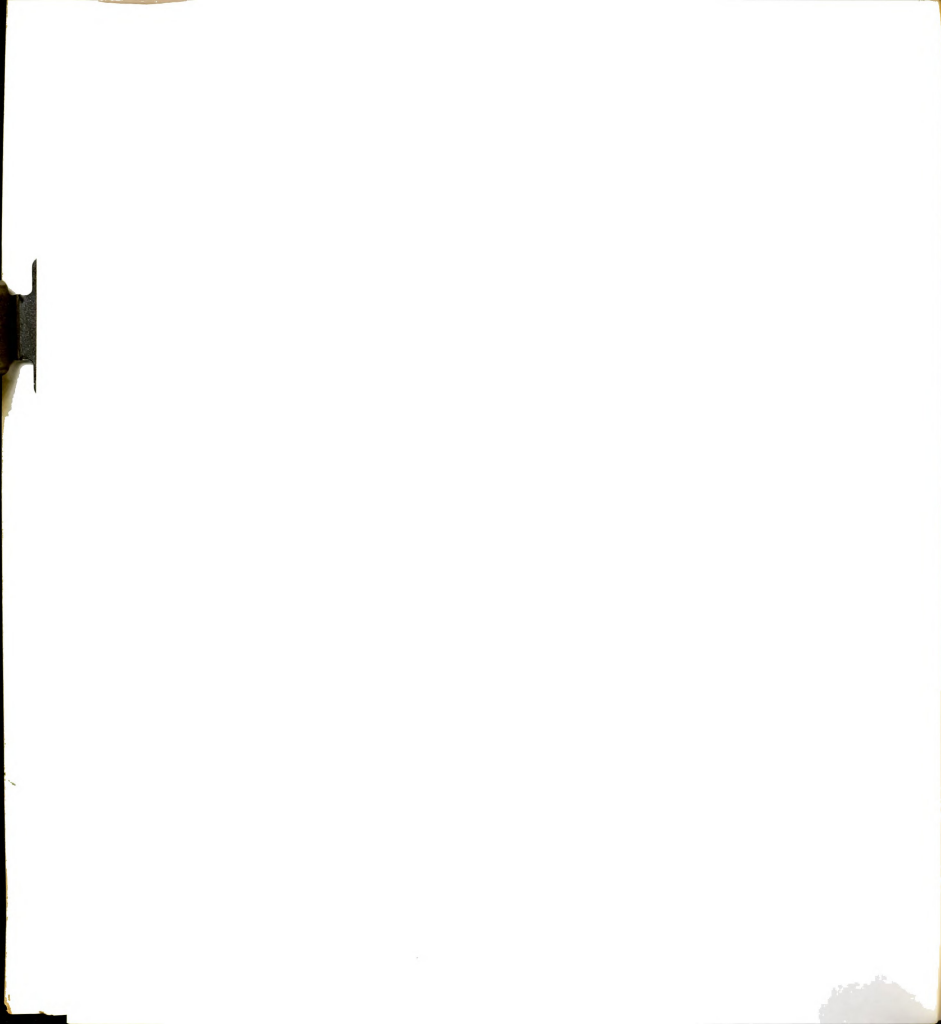
On the attached form are a number of statements that can describe a person's behavior. Many of them focus upon how a person may act or feel towards others, some may not directly involve others.

Consider carefully your behavior over the past three weeks. Now, please respond to every statement using the scale 1-6 as indicated. You will note the statements are written in the third person, but you should consider them as referring to you.

On the following page, write in the blank the number which best represents your response to each statement.

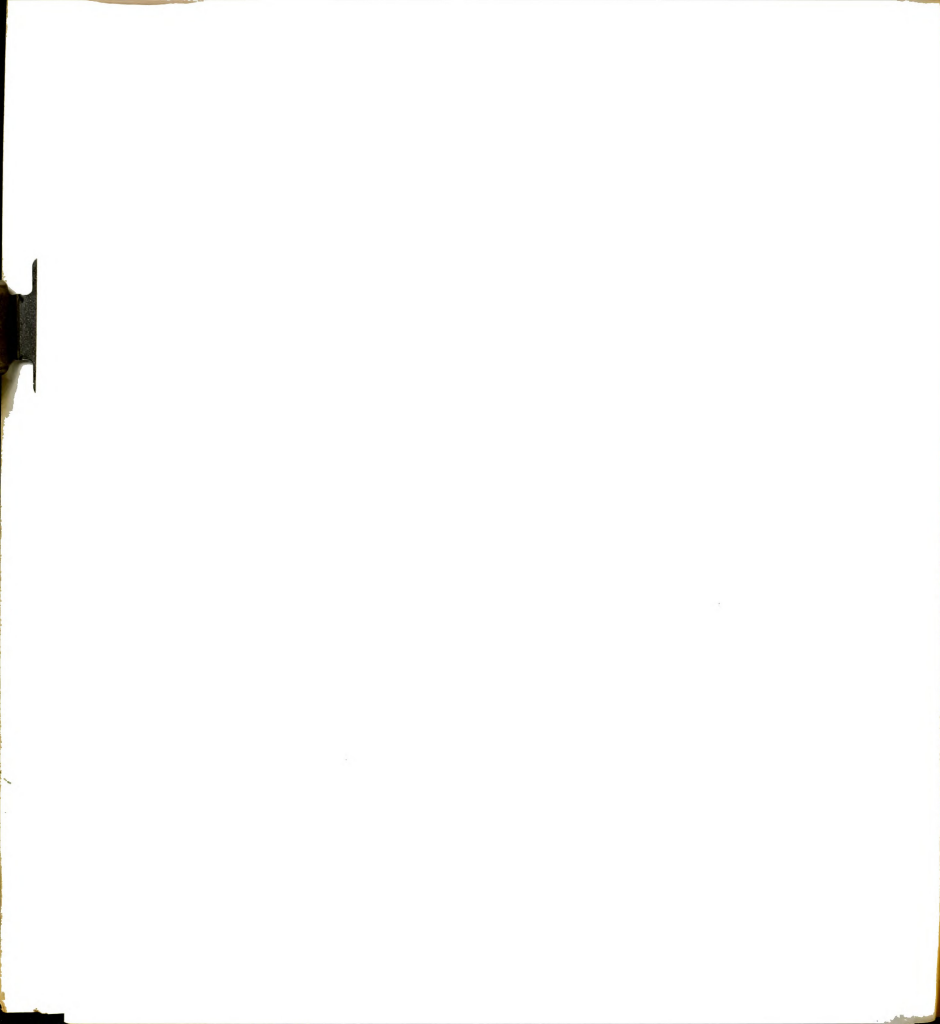
1. I strongly feel it is not true.
2. I feel it is not true.
3. I feel it is probably not true, or more untrue than true.
4. I feel it is probably true, or more true than untrue.
5. I feel it is true.
6. I strongly feel it is true.

When you have completed this form, please respond as indicated on the last page. Remember, your responses will be kept anonymous.



APPENDIX L

INSTRUCTIONS FOR BEHAVIOR RATING FORM--OBSERVER



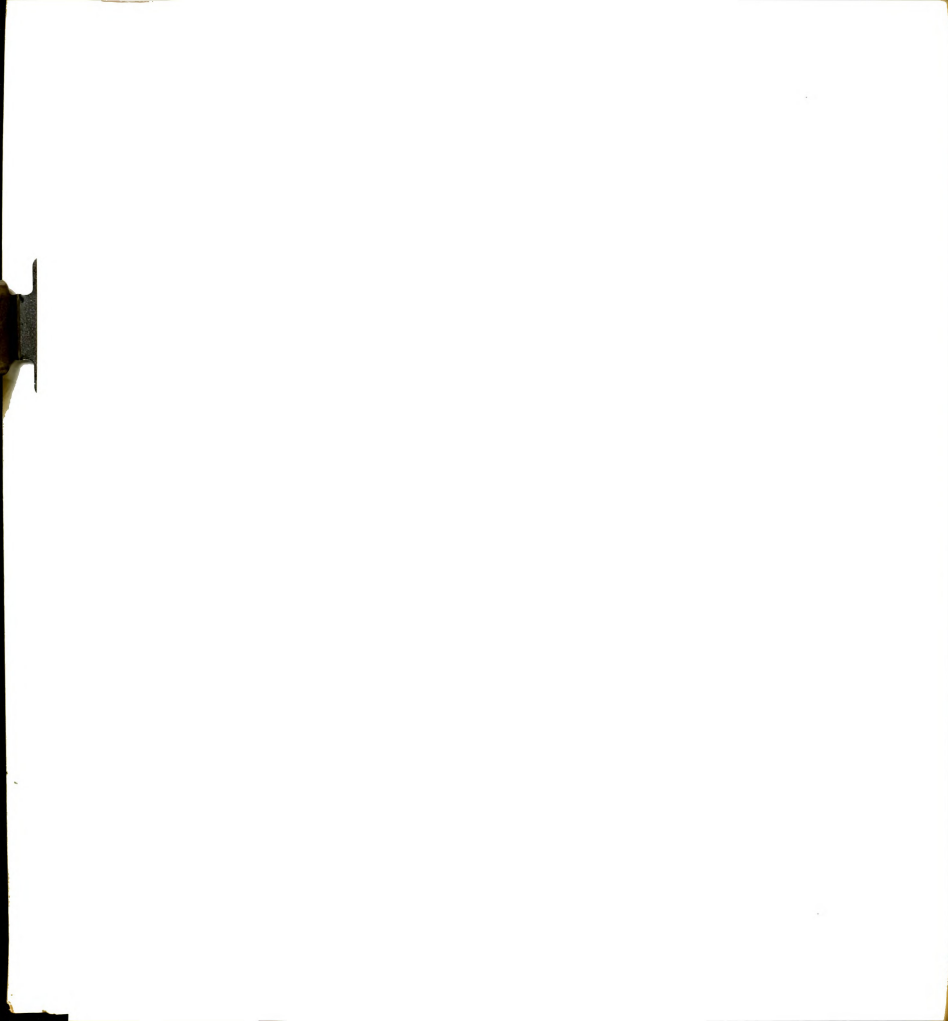
On the attached form are a number of statements that can describe a person's behavior. Many of them focus upon how a person may act or feel towards others, some may not directly involve others.

Consider the behavior of _____ that you have been able to observe over the past three weeks. Your best reference of course is his/her behavior in relation to you, but this need not be your only consideration. Now, please respond to every statement using the scale 1-6 as indicated.

On the following page, write in the blank the number which best represents your response to each statement.

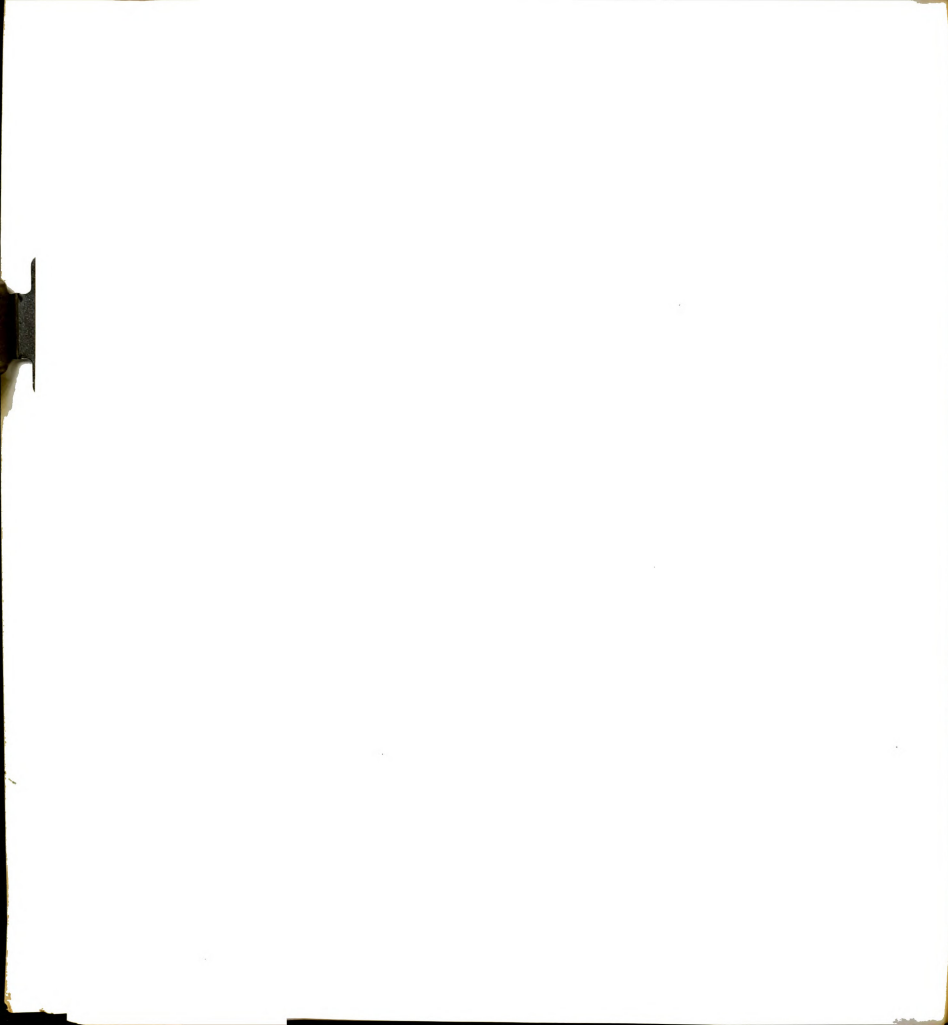
1. I strongly feel it is not true.
2. I feel it is not true.
3. I feel it is probably not true, or more untrue than true.
4. I feel it is probably true, or more true than untrue.
5. I feel it is true.
6. I strongly feel it is true.

PLEASE RETURN THE COMPLETED FORM IN THE ENCLOSED, STAMPED ENVELOPE. THANK YOU FOR YOUR PROMPT COOPERATION!



APPENDIX M

ITEMS ON BEHAVIOR RATING FORM BASED ON
IDIOSYNCRATIC COUNSELING GOALS

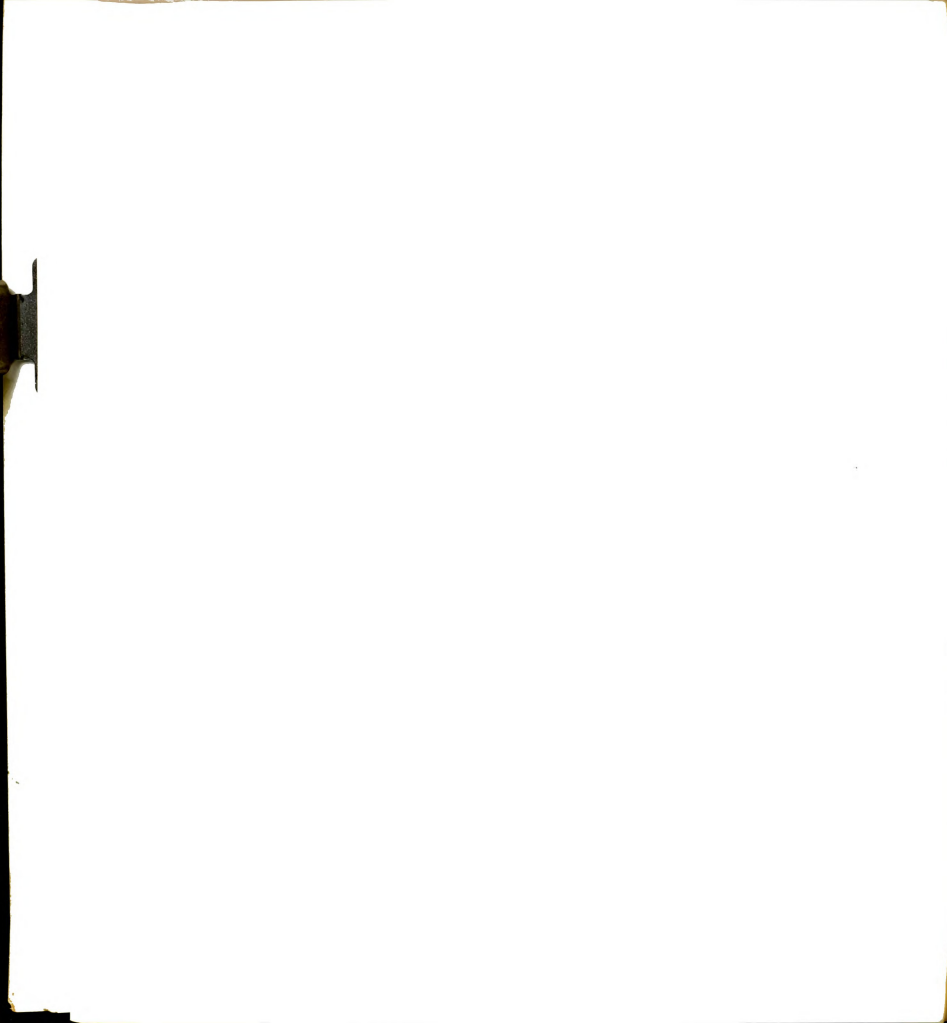


ITEMS ON BEHAVIOR RATING FORM BASED ON
IDIOSYNCRATIC COUNSELING GOALS

Subject No.

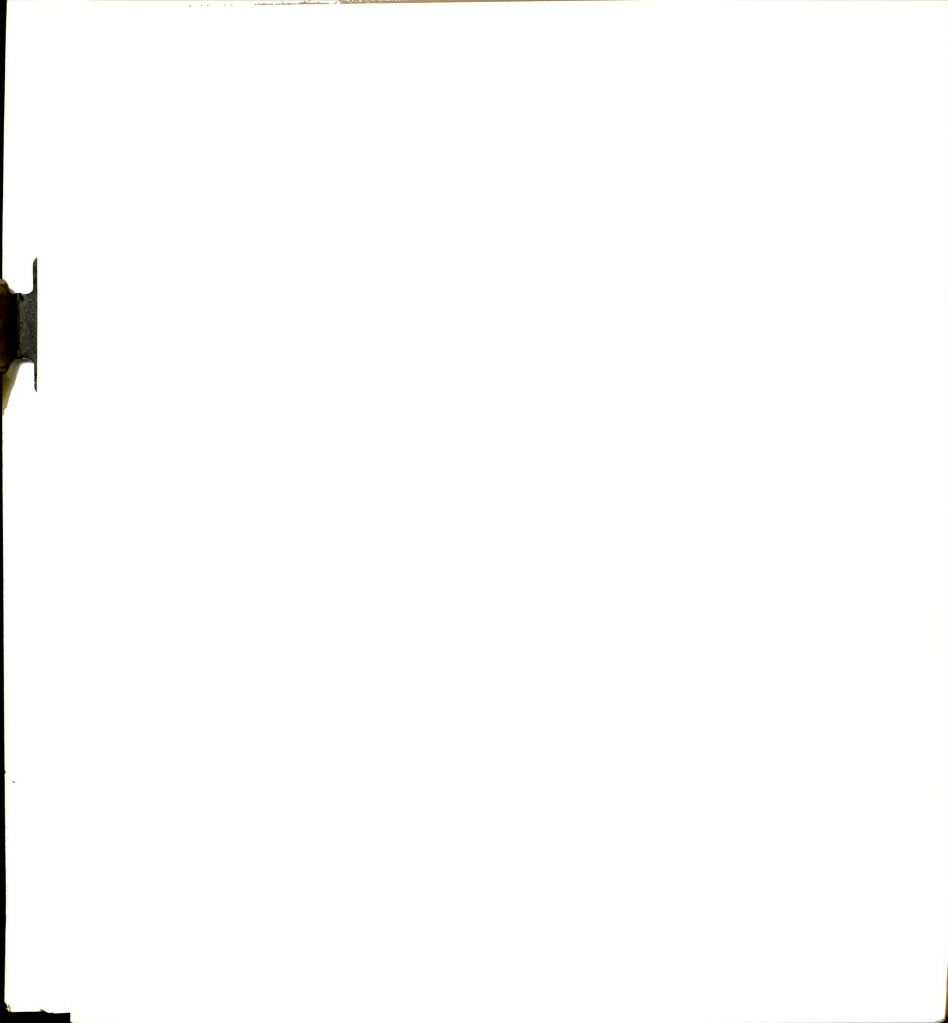
Experimental

1.
 - a. He seems to have a better understanding of himself.
 - b. He appears to have greater trust in his own feelings and judgment.
 - c. He is better able to make independent decisions without feeling guilty.
 - d. He is more open about his educational experiences and potentials.
2.
 - a. She seems to be more at ease around almost everyone.
 - b. She appears to feel more self-confident.
 - c. She is less cynical than before.
 - d. She is more likely to tell others what she is genuinely thinking or feeling.
3.
 - a. He takes more action and does less self-analyzing.
 - b. He appears to be less threatened by others, more self-assured.
 - c. He becomes more involved on a feeling level with people and activities.
 - d. He appears to be less self-critical.
4.
 - a. He more frequently does things which are important to him, rather than just think about them.
 - b. He is more willing to assume responsibility for his part of relationships.
 - c. He is more assertive in his relationship with others, less dependent.
 - d. He is more likely to make decisions and follow through with them.
5.
 - a. She talks more freely about her feelings with her close friends.
 - b. She has changed her eating habits so as to eat less.
 - c. She appears less anxious when interacting with people socially.
 - d. She is not as likely to read something into a situation which, according to the others involved, isn't there.



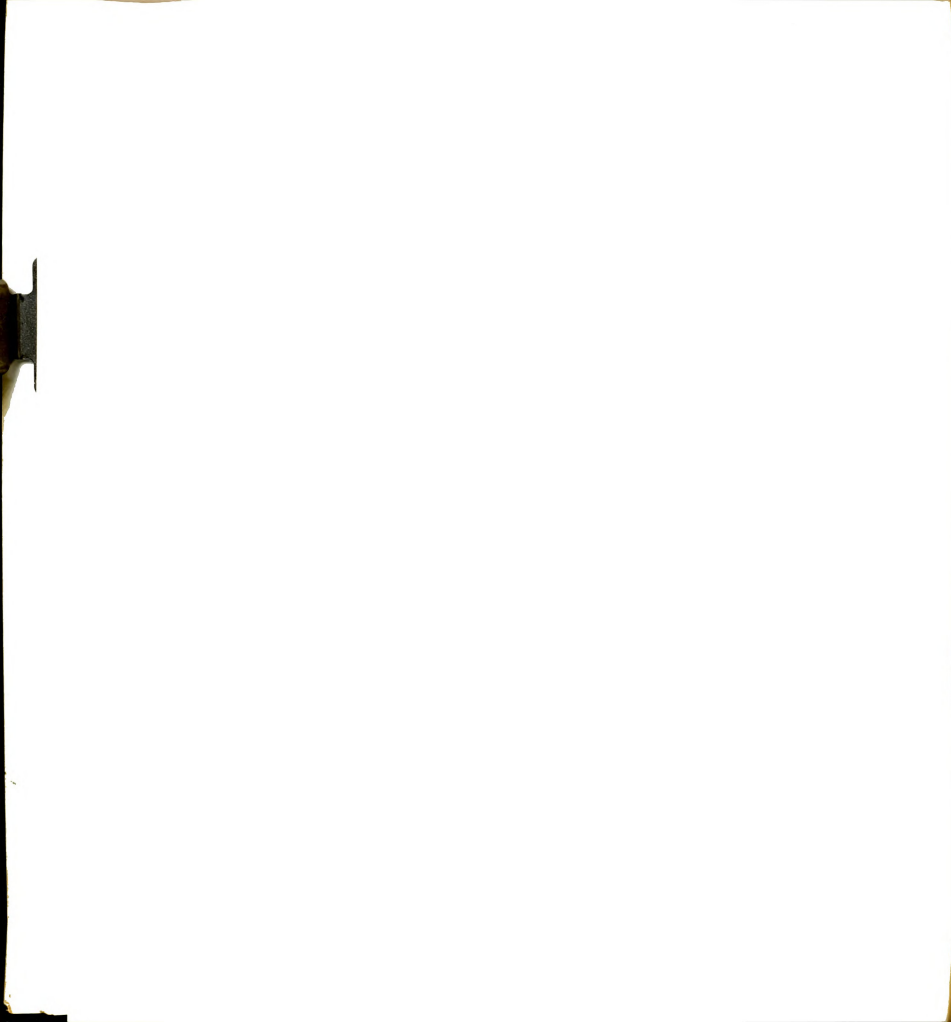
Subject No.

- 6
- a. He has better control of his temper.
 - b. He has a better understanding of his direction in life, has set some goals.
 - c. He is more able to face up to problems when it is important to do so.
 - d. He is less sensitive to just the negative things people might say.
- 7
- a. She is more likely to express her strong negative feelings in ways that are genuine, yet respectful of others.
 - b. She is more assertive in terms of what she wants and doesn't want in relationships with others.
 - c. She seems to have better control over her moods and feelings.
 - d. She appears to communicate more honestly and directly with guys.
- 8
- a. She seems to better understand when others are being genuine and honest with her, and can respond in the same manner.
 - b. She reflects a more positive attitude about herself as a woman, is less likely to assume an inferior role.
 - c. She appears less anxious in her relationships with others.
 - d. She seems to be establishing more mutually caring relationships with others.
- 9
- a. He is more self-assured, less concerned about failure.
 - b. He reflects a more positive attitude toward girls.
 - c. He is less fearful of talking with "authorities," such as professors.
 - d. He is more realistic with himself--faces the realities of various situations.
- 10
- a. She seems to reflect a more positive attitude about herself--likes herself more.
 - b. She is less likely to "run" when others seem to want a strong or close relationship with her.
 - c. She is less demanding of others than before.
 - d. She is more responsive to the needs and feelings of others.



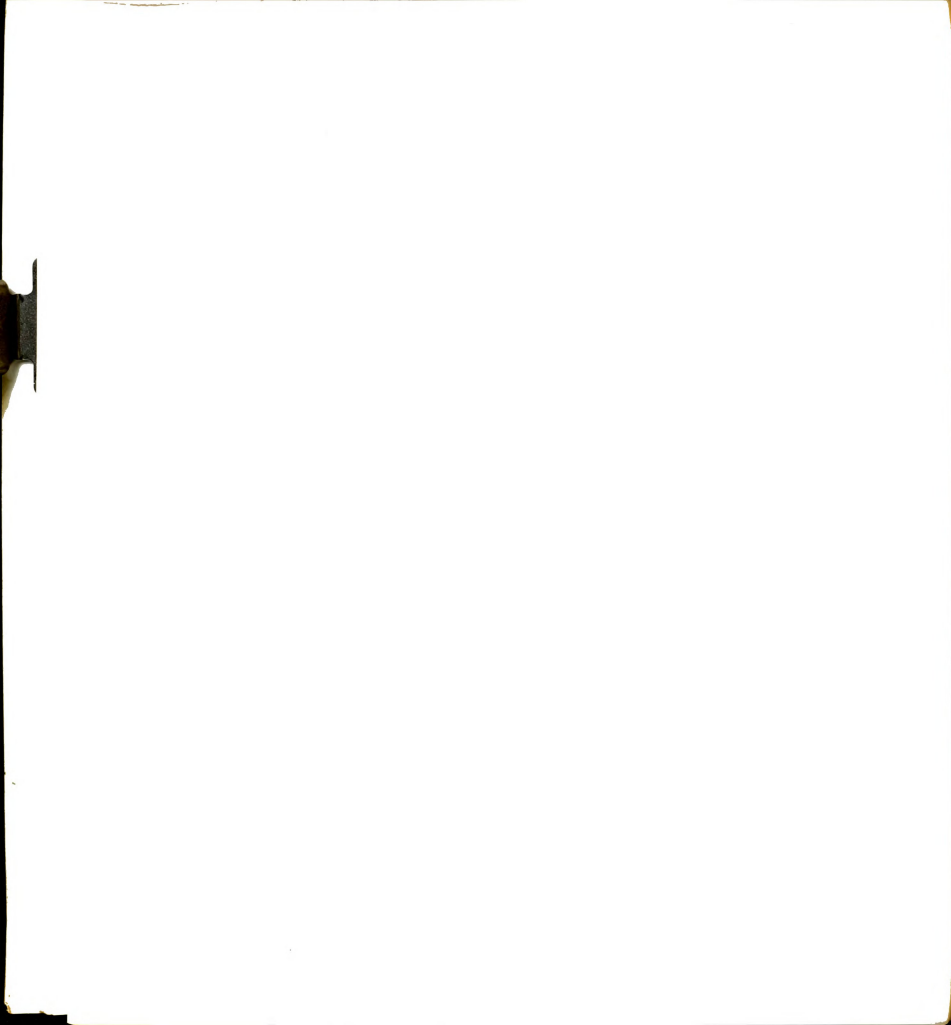
Subject No.Control

- 11
- She appears to act with greater confidence, particularly in regard to her beliefs and values.
 - She seems to have a better understanding of her relationship with close friends.
 - She has a greater understanding of her own actions and feelings.
 - She has a clearer sense of direction and purpose in regard to her presence at MSU.
- 12
- She has a better relationship with her husband.
 - She seems better able to cope with disagreements in relationships with others.
 - She appears to have a better understanding of what she contributes to a difficulty within a relationship.
 - She appears to understand her relationship with her husband in such a way so as to improve the relationship.
- 13
- He has been able to accept the loss of a girlfriend--is much less troubled by that situation now.
 - He is more optimistic and reflects a positive attitude toward life.
 - He is able to get sufficient and restful sleep.
 - He is generally more relaxed, even smokes less.
- 14
- She appears less fearful about sharing what she is really feeling with others.
 - She appears to have greater confidence in herself and is less dependent upon others.
 - She is more assertive and seems less fearful of confrontations or arguments.
 - She gives a more favorable first impression to others.
- 15
- He has made new friends.
 - He reflects a greater feeling of self-confidence in what he says and does.
 - He is more talkative with people, whether he knows them well or not.
 - He is better able to retain concepts and information, particularly in regard to course work at school.



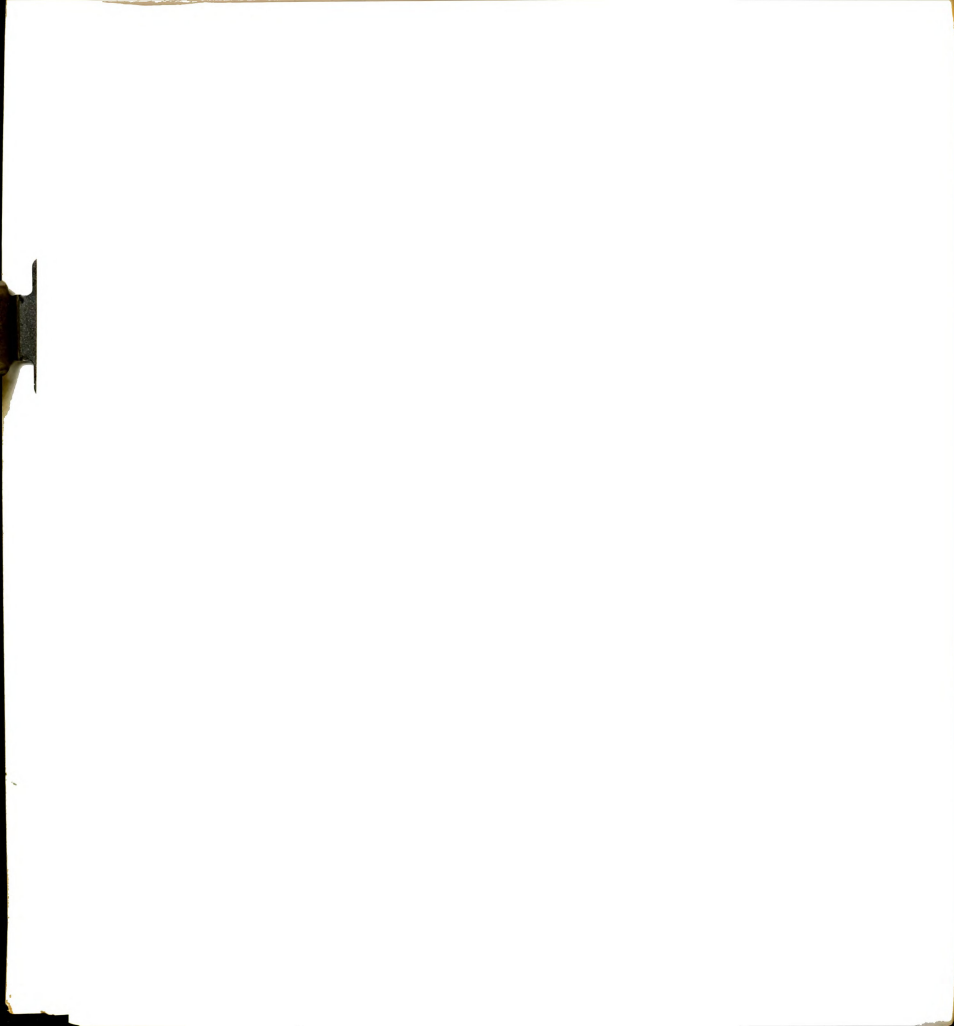
Subject No.

- 16 a. She reflects a more positive feeling about herself.
 b. She is more assertive in terms of what she feels or wants in relationship with others.
 c. She seems to have a better understanding of what she wants out of life--what to do in the future.
 d. She chooses relationships in such a way so as to be more enhancing and rewarding for both.
- 17 a. He studies more often and more intensely.
 b. He is less insulting and negative in his conversations with others.
 c. He appears more relaxed and talks more freely in groups of people.
 d. He attends class more often.
- 18 a. She willingly offers more assistance to others.
 b. She more consistently is active and seems to feel "alive."
 c. She more often faces up to problems, even when she is feeling down.
 d. She is genuinely more cheerful.
- 19 a. He takes a more aggressive role with others, particularly girls.
 b. He responds more to others in ways that make them feel significant.
 c. He uses more humor in his conversations with others.
 d. He helps and encourages others to express their feelings while conversing with him.
- 20 a. She is more open about her feelings, particularly with her close friends.
 b. She appears to be less self-conscious.
 c. She seems to be more relaxed, not taking everything so seriously.
 d. She has become more aggressive, taking the initiative more often.



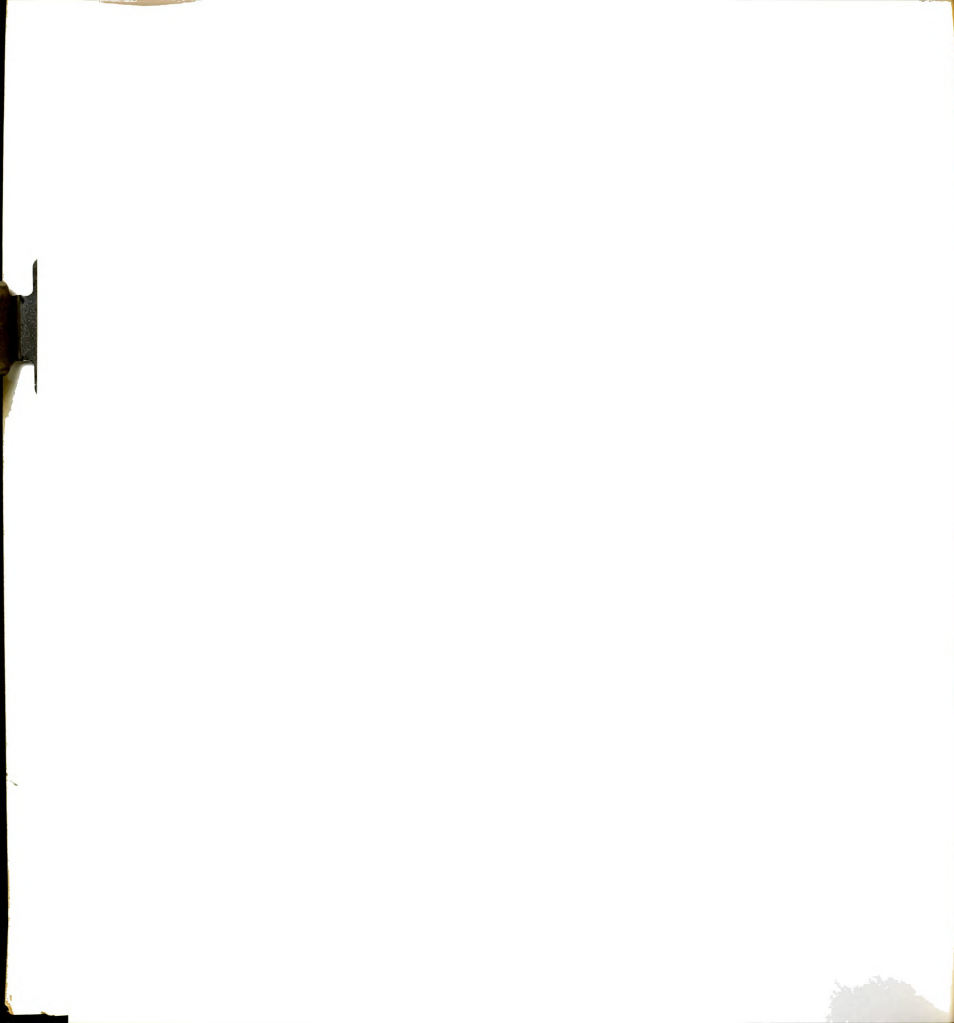
APPENDIX N

BEHAVIOR RATING FORM--EXAMPLE



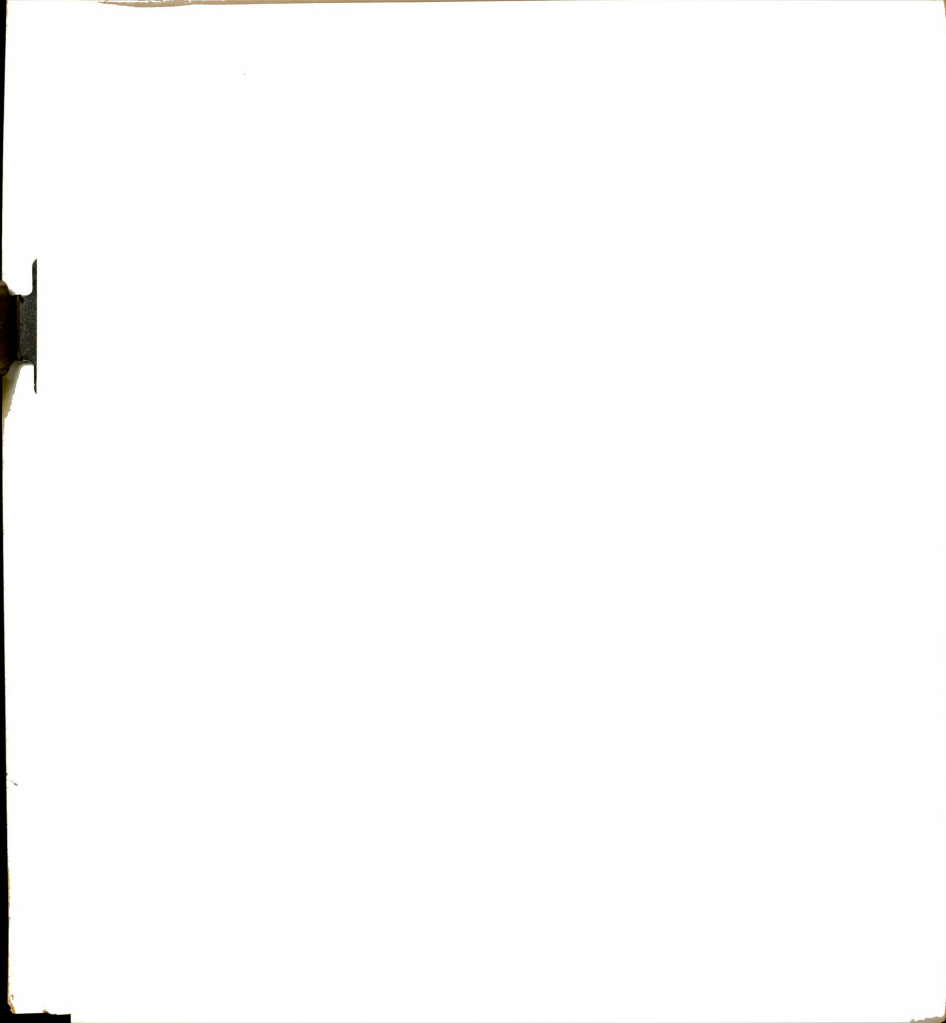
- _____ 1. What she says is different than what she seems to be feeling.
- _____ 2. She really seems to care about the feelings, experiences, and potentials of others.
- _____ 3. She is spontaneous, expressing what she seems to be actually experiencing at the time.
- _____ 4. What she says does not seem to fit what others are feeling.
- _____ 5. Goal item
- _____ 6. Goal item
- _____ 7. She gives genuine feedback, not keeping back her ideas and feelings just because she assumes they will make others feel one way or another.
- _____ 8. Even when others cannot quite say what they mean, she seems to know what they feel.
- _____ 9. I have had at least as much contact with her over the past three weeks as is usual for us.
- _____ 10. She is able to help others get the right words for what they are feeling.
- _____ 11. She communicates a respect for what others have to say, whether she agrees with them or not.
- _____ 12. She does not get down to concrete terms, often remaining general and vague.
- _____ 13. Goal item
- _____ 14. Others do not feel free to be themselves around her.
- _____ 15. When discussing a concern with others, she gets down to what really seems to be going on--what the specific issues and feelings are.
- _____ 16. Goal item
- _____ 17. She sometimes understands others so well that she seems to know what they are feeling, even when they try to hide their feelings.
- _____ 18. I consider myself in as good a position to make the above responses as most other of her acquaintances.

DETACH AND RETURN THIS SHEET ONLY. THANK YOU!



APPENDIX O

STANDARD INSTRUCTIONS FOR POSTTESTING
ON SELF-HELP RESPONSES



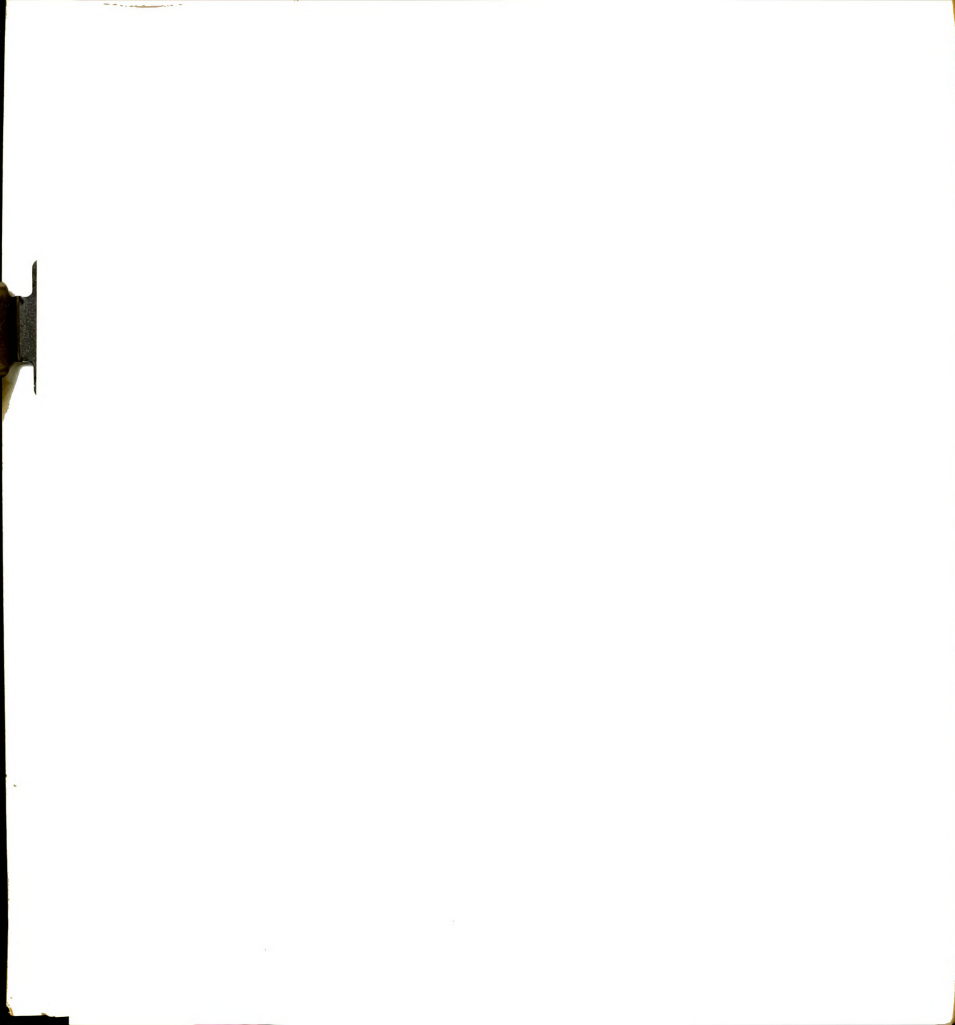
The purpose of this exercise is to estimate the level of helpfulness of your responses to your own problems. To accomplish this, we are asking you to respond as helpfully as you can to three statements. These statements are excerpts from a tape recording of your initial interview here at the Center.

This exercise is organized as follows: You will hear a statement, followed by a tapping sound--"tap-tap." When you hear this sound you will know the statement has ended and you will then have two minutes to make a response. Your response will automatically be recorded. When the two minutes are up, you will hear another "tap-tap," indicating that your voice is no longer being recorded and that another statement will begin in about thirty seconds. This procedure will be followed for three statements; it can be illustrated as follows:

Statement	/	"tap- tap"	/	2 minutes for your response	/	"tap- tap"	/	30-second pause
-----------	---	---------------	---	--------------------------------	---	---------------	---	--------------------

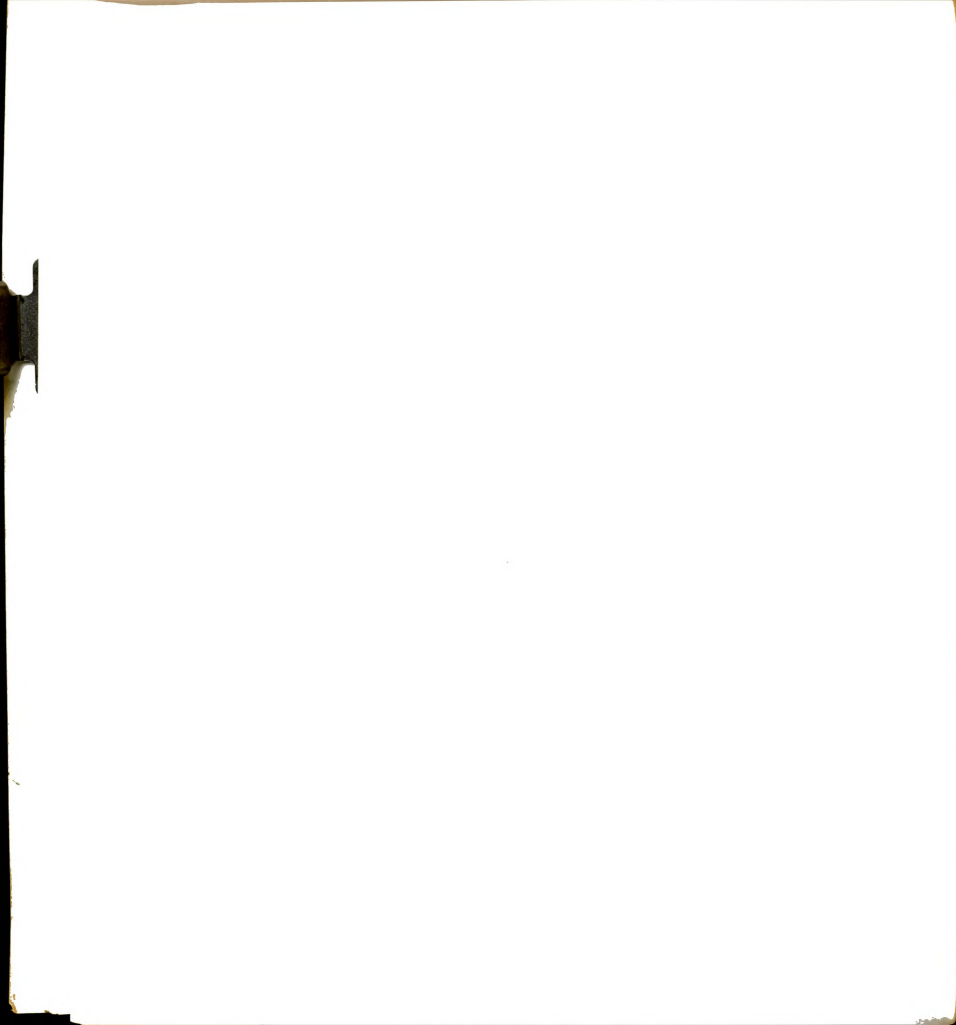
Listening to one's own voice can make a person feel tense, and seldom are we ever asked to respond to our own voice. To minimize this "distraction" we suggest you listen to a statement as if it were being made by a friend who is seeking your help. Listen for the thoughts and feelings being expressed in the statement, then respond as helpfully as you can. Speak in the second-person, as if he or she were in the room with you and you were speaking directly to them. You are not expected to come up with "the answer" to what is expressed, simply a helpful response to that statement. The two minute response period is yours to use as you wish--you are not expected to respond instantly, nor for the entire two minutes.

If you have any questions, please ask them now.
Thank you.



APPENDIX P

RATING FORM FOR TAPE RATINGS



RATING FORM

Subject No. _____

RATER /1/ /2/ /3/

Counselor No. _____

Statement/Excerpt 1

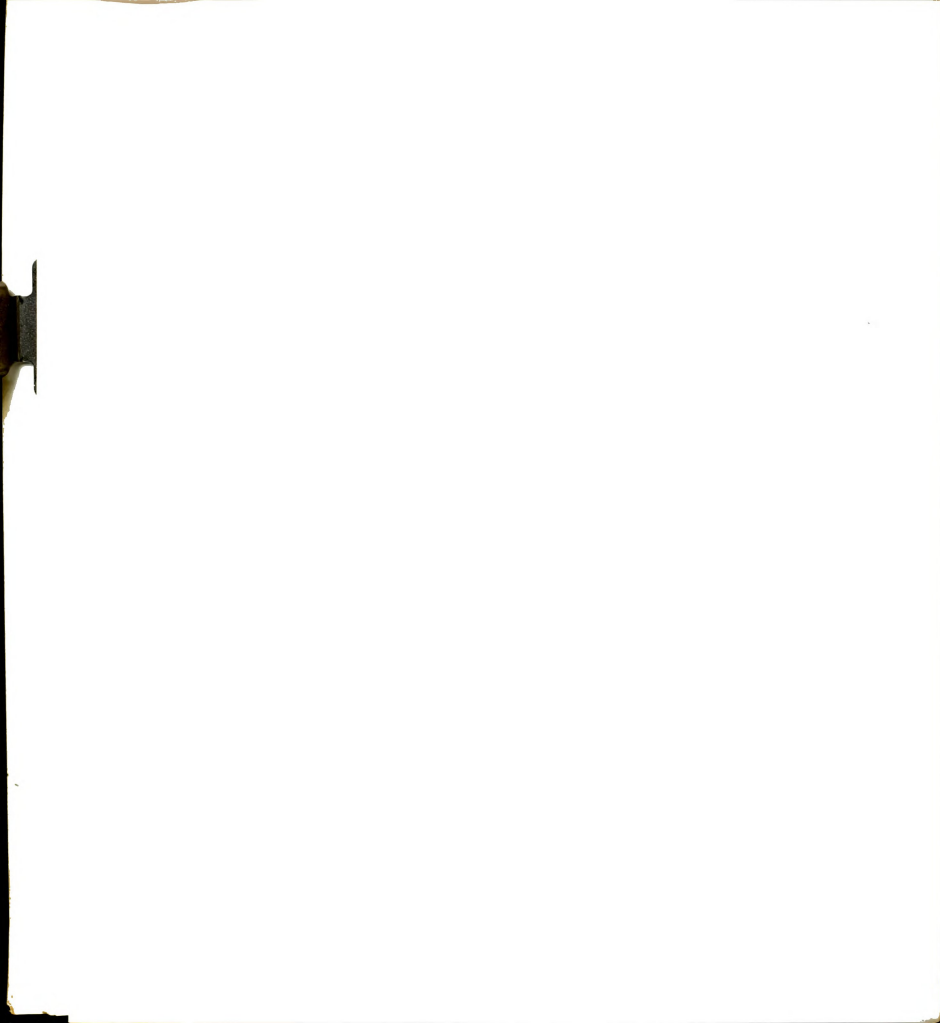
	1	2	3	4	5
EMPATHY					
RESPECT					
GENUINENESS					
CONCRETENESS					

Statement/Excerpt 2

	1	2	3	4	5
EMPATHY					
RESPECT					
GENUINENESS					
CONCRETENESS					

Statement/Excerpt 3

	1	2	3	4	5
EMPATHY					
RESPECT					
GENUINENESS					
CONCRETENESS					



APPENDIX Q

RAW SCORES ON DEPENDENT MEASURES ACCORDING TO
SUBJECT, COUNSELOR, AND TREATMENT GROUP

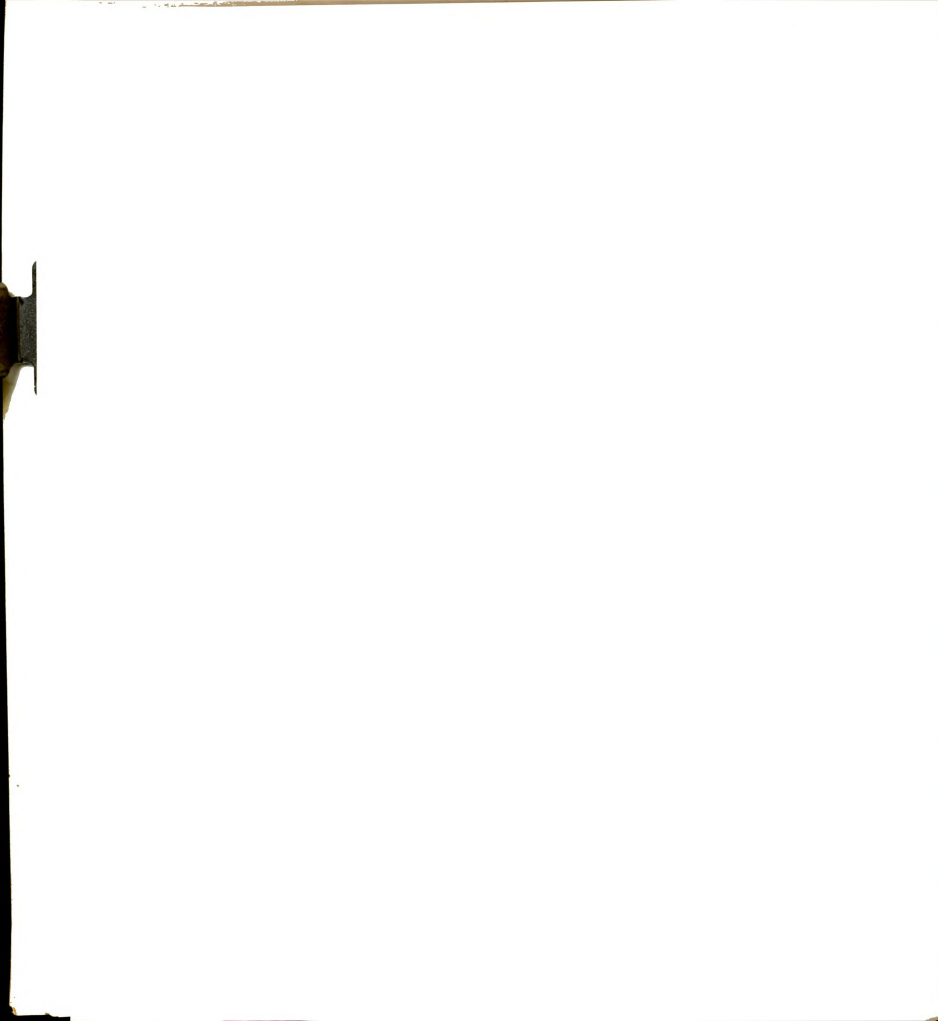
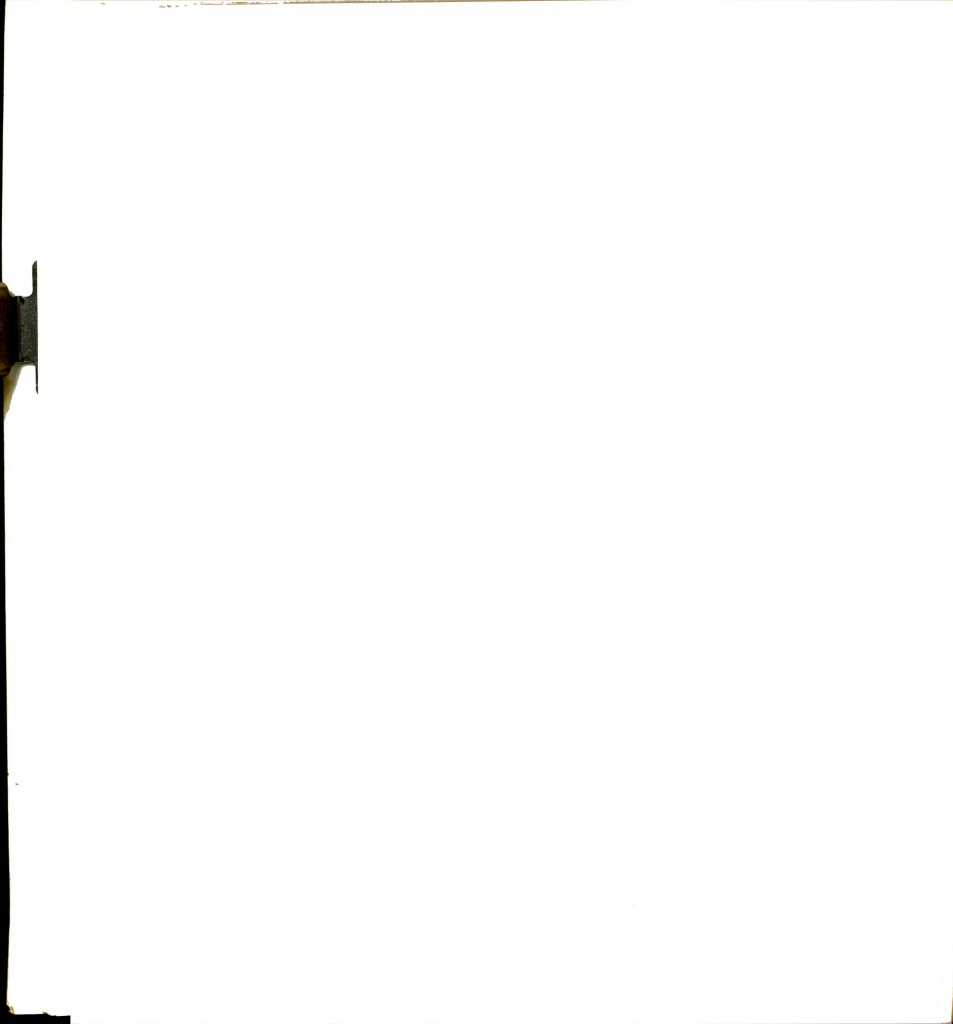


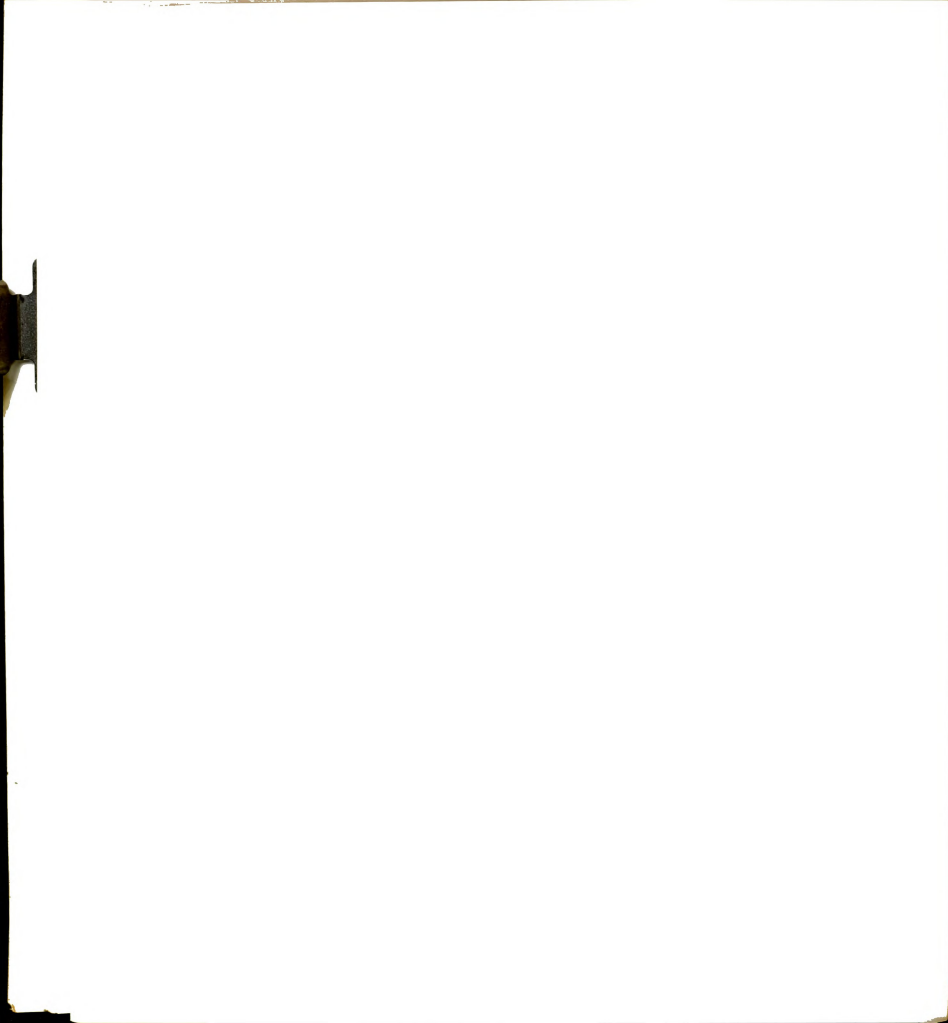
TABLE 13

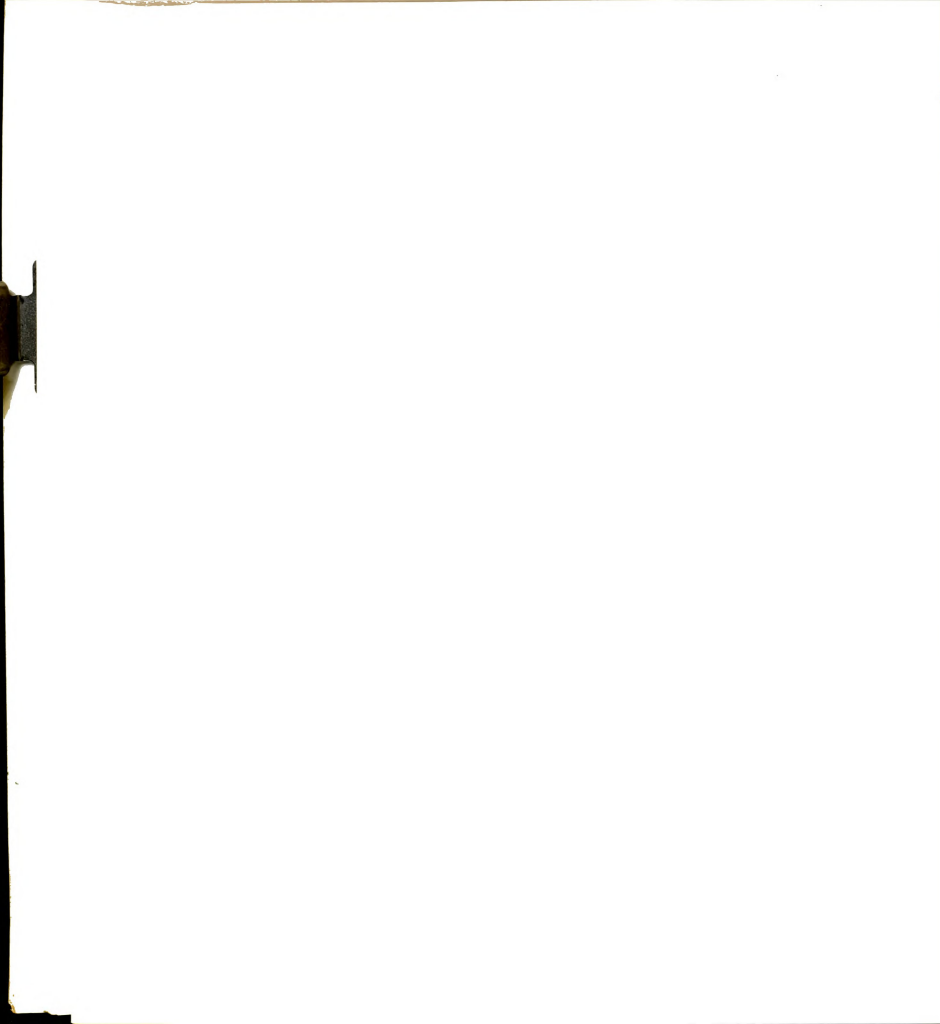
Raw Scores on Dependent Measures According to
Subject, Counselor, and Treatment Group

Subject	Counselor	Treatment Group	M1	M2	M3	M4	M5	M6	M7	M8
1	1	1	3.61	3.21	3.55	3.61	4.41	4.45	3.75	3.75
2	1	1	2.44	2.00	2.33	2.50	4.58	5.04	4.50	3.87
3	1	1	2.66	2.94	2.88	2.77	4.58	5.00	5.25	4.62
4	1	1	3.27	2.88	3.00	3.22	5.16	4.66	5.00	4.87
5	1	1	2.94	3.11	3.11	2.83	4.41	4.58	5.00	4.75
6	2	1	3.38	3.00	3.11	3.33	4.66	4.75	4.50	4.37
7	2	1	2.44	2.33	2.77	2.61	4.51	4.41	4.00	3.25
8	3	1	3.27	2.77	2.88	3.16	4.66	4.95	5.00	4.37
9	4	1	3.05	2.77	3.00	2.94	4.41	5.08	3.25	4.50
10	4	1	3.16	3.11	3.27	3.05	5.16	4.66	3.75	4.25
11	5	2	1.27	1.55	1.72	1.50	5.16	3.25	4.50	4.00
12	5	2	1.22	1.50	1.44	1.27	3.91	3.58	3.50	2.75
13	5	2	1.27	1.61	1.72	1.38	4.00	3.75	3.25	3.00
14	6	2	1.16	1.66	1.83	1.16	4.50	4.91	4.25	3.62
15	6	2	1.33	1.77	1.72	1.66	4.50	4.37	4.50	4.12
16	7	2	1.83	1.77	1.94	1.50	4.50	4.58	3.75	3.62
17	7	2	1.66	1.88	2.22	1.88	3.83	3.12	5.50	1.87
18	8	2	1.83	2.61	2.33	2.11	4.66	3.12	3.50	2.75
19	8	2	1.33	1.61	1.72	1.44	3.91	4.16	4.75	3.75
20	9	2	1.83	2.00	2.16	2.00	3.75	3.62	4.75	2.25

KEY: M1 = Empathy level, self-help response
M2 = Regard level, self-help response
M3 = Genuineness level, self-help response
M4 = Concreteness level, self-help response
M5 = Interpersonal functioning, by self
M6 = Interpersonal functioning, by observers
M7 = Change on goal behaviors, by self
M8 = Change on goal behaviors, by observers









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