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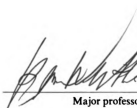
A STUDY OF COMMUNICATION ACCOMMODATION THEORY  
WITH DOMESTIC VIOLENCE SHELTER CLIENTS

presented by

ELIZABETH M. MURRAY JOHNSON

has been accepted towards fulfillment  
of the requirements for

Ph.D. degree in Communication



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**A STUDY OF COMMUNICATION ACCOMMODATION THEORY  
WITH DOMESTIC VIOLENCE SHELTER CLIENTS**

**BY**

**Elizabeth M. Murray-Johnson**

**A DISSERTATION**

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

**DOCTOR OF PHILOSOPHY**

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## **ABSTRACT**

### **A STUDY OF COMMUNICATION ACCOMMODATION THEORY WITH DOMESTIC VIOLENCE SHELTER CLIENTS**

**By**

**Elizabeth M. Murray-Johnson**

**Communication Accommodation Theory posits that the demonstration of accommodative behaviors by individuals in an interaction leads to positive evaluations of the interaction as well as positive evaluations for those performing the accommodation. Domestic violence counselors who were trained in accommodation behaviors were compared against a wait-list control group to determine if demonstrations of verbal and nonverbal accommodative behaviors would increase their shelter clients' ratings of counselor perceived accommodation, improve counselors' ratings of perceived liking, similarity, empathy and trust by their clients, increase clients' willingness to continue therapy and enhance clients' amount of self-disclosure during therapy. Results indicated that clients in the counselor-trained accommodative behavior condition did perceive their counselors to be significantly more accommodative than those clients in the wait-list control group. Clients in this condition also reported a greater willingness to continue therapy, increased counselor trust, and more self-disclosure. No differences were found for the evaluations of counselor perceived liking and empathy between the conditions. Client counselor similarity was achieved through a group by age interaction. This dissertation is an important first step in understanding how actual accommodation functions in the counseling setting.**

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To Jeff, my husband and best friend, who taught me to believe in my dreams;  
To Rita, my beautiful daughter, who taught me there is more to life than work;  
To Barbara, my amazing and loving mother, who taught me to believe in myself.  
To all the survivors of domestic abuse, you have not been forgotten.

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## KEYS TO SYMBOLS OR ABBREVIATIONS

|               |          |                                                      |
|---------------|----------|------------------------------------------------------|
| <b>BCBSMF</b> | <b>=</b> | <b>Blue Cross/Blue Shield of Michigan Foundation</b> |
| <b>CAT</b>    | <b>=</b> | <b>Communication Accommodation Theory</b>            |
| <b>DV</b>     | <b>=</b> | <b>Domestic Violence</b>                             |
| <b>IAT</b>    | <b>=</b> | <b>Interaction Adaptation theory</b>                 |
| <b>IP</b>     | <b>=</b> | <b>Interpersonal position</b>                        |
| <b>MSU</b>    | <b>=</b> | <b>Michigan State University</b>                     |
| <b>SAT</b>    | <b>=</b> | <b>Speech Accommodation Theory</b>                   |
| <b>(*)</b>    | <b>=</b> | <b>Reverse-scored questionnaire items</b>            |

## **CHAPTER 1: INTRODUCTION**

Prior studies utilizing Communication Accommodation Theory (CAT) (Giles, Mulac, Bradac & Johnson, 1986), have established that convergent behaviors are preferred in communicative interactions over divergent ones (Ball, Giles, Byrne, & Berechree, 1984; Bourhis, 1985; Bourhis & Giles, 1977; Bourhis, Giles, Leyens, & Tajfel, 1979; Coupland, 1984; Giles & Street, 1985; Giles & Smith, 1979; Hewstone & Giles, 1986; Natale, 1975b; Purcell, 1984; Scotton, 1985; Street, 1982; Street, Brady, & Putnam, 1983; Welkowitz & Kuc, 1973). Convergent behaviors refer to those behaviors that are produced by a person to match or closely approximate another's behaviors. Divergent behaviors refer to those behaviors that are produced by a person to demonstrate uniqueness or difference with another person. The use of convergent and divergent behaviors is at the heart of Communication Accommodation Theory.

For example, Street (1983) demonstrated that matched speech rates or convergent speech rates enhanced sales dialogue exchanges between Franco-Canadian and English-Canadian speakers. In another example, Jones, Gallois, Barker and Callan (1994) found that the matching of utterance length and pause latency between students and their instructors reduced the length of the discussion time. Similar studies have been conducted assessing posture (Condon & Ogston, 1967), head nodding and facial affect (Hale & Burgoon, 1984), vocal intensity (Natale, 1975b), and information density (Aronson et. al., 1987). Overall, there is a broad contention that matching, or making a close approximation to another's communicative behaviors, provides the impetus for further collaboration, as well as positive evaluations of the individuals performing the convergence (Ball, Giles, & Hewstone, 1985).

While Communication Accommodation Theory explains why individuals should be motivated to accommodate one another (due to improved communication efficiency and social approval) (Giles, 1973; Giles, Mulac, Bradac & Johnson, 1986), there have been conceptual challenges to the theory. One criticism leveled against the theory is that most studies using CAT do not test if the accommodation behaviors are perceived during an interaction. Most studies have assumed that accommodation behaviors are perceived because the interaction continues; however, this may or may not equate with participants' actual perceptions of accommodation (Gallois & Giles, 1998). This paper attempts to answer this question by conducting a field study in which perceived accommodation is measured between domestic violence counselors and their shelter clients.

The counseling context is chosen for this dissertation because a greater understanding of the accommodation processes may be a powerful predictive tool for counselors interested in measuring client progress (Ferrara, 1991). This setting is ripe for assessment because communication is the mechanism by which diagnosis occurs and treatment is delivered. Counselors use communication to engage their clients and then to access their frames of reference, enabling the counselor to determine which thoughts, beliefs, and feelings require change. And, without accommodation on some communicative level, there is a chance that communication confusion, attribution difficulties, or relational breakdown could ensue (Pederson, 1999). Hence, communication accommodation becomes a necessary correlate of the counseling process, whereby counselors and clients must accommodate one another to understand each other's frame of reference for counseling to occur.

Domestic violence counseling is a sub-specialty of this domain. Domestic violence counselors perform a free, short-term service (less than two weeks) to those individuals who seek the shelter of a domestic violence program. Often, the clients who need support are those living with an abusive partner and need counseling to change their thoughts about being a victim of violence as well as to create new behaviors to remain safe from the violence (Jory & Anderson, 1999). Testing communication accommodation in this context may provide greater understanding of how domestic violence shelter counselors are able to meet their clients' needs by accessing their clients' frames of reference through the accommodative process. It may also provide insight regarding how receptive the shelter clients' are to their domestic violence counselors' therapeutic offerings once that frame of reference is accessed. This study is a vehicle for extending Communication Accommodation Theory in this setting.

This dissertation explores how communication accommodation between counselors and their clients affects client appraisals of the interaction (i.e., do they perceive accommodation) as well as their evaluation of their counselor in terms of perceived liking, similarity, empathy and trust. This study also assesses whether or not the demonstration of accommodative behaviors by the shelter counselors affects their clients' willingness to continue the counseling sessions and how much the clients' self-disclose to their counselors during the sessions.

To test these outcomes, 32 domestic violence shelter counselors from the State of Michigan domestic violence shelters received two days of communication accommodation training with an additional 32 shelter counselors placed in a wait-list control condition. Then, the shelter counselors from both groups interacted with 88



domestic violence shelter clients (45 experimental condition and 43 in the wait-list control condition) and collected a client posttest survey rating both the interaction with the counselor (i.e., perceived accommodation and willingness to continue counseling sessions) and the counselor (i.e., ratings of perceived liking, similarity, empathy, and trust) as well as journal writing about their abuse experience (i.e., self-disclosure).

To accomplish these purposes, this first chapter reviews and analyzes selected literature and studies on Communication Accommodation Theory and the counseling process as it relates to domestic violence. The review and analysis form the basis for the study and formulating the hypotheses. Chapter 2 presents the methods used in conducting the study. Then, the findings of this study are presented in Chapter 3. Finally, Chapter 4 discusses the important findings and presents implications for Communication Accommodation theory and practice in the counseling domain.

## **CHAPTER 2: COMMUNICATION ACCOMMODATION THEORY**

Communication Accommodation Theory (CAT), developed by Giles, Mulac, Bradac and Johnson (1986), was originally born out of Speech Accommodation Theory (SAT) (Giles, 1973). In its initial formulation, SAT was concerned with the phenomenon of interpersonal accent convergence in initial job interview situations. From his initial observations, Giles (1973) found that successful job interviewees used accent mobility with their interviewers to gain a second interview. This finding led to subsequent studies by Giles, Taylor and Bourhis (1973) and Giles and Powesland (1975) that found people altered their communication style depending on with whom they were interacting. Prior to these studies, it was assumed that language use was a function of social class and child rearing and it could not be altered once a style had been mastered (Labov, 1966).

Giles' (1973) Speech Accommodation Theory focuses on the social cognitive processes affecting individuals' perceptions of themselves in their surroundings and their communication behaviors. The theory seeks to clarify the motivations underlying, and constraints operating on, speech shifts during social interactions and the consequences of enacting those behaviors. Giles (1973) demonstrated the value of merging social psychological concepts with speech diversity concepts to understand communication in social settings.

Over time it became apparent that Speech Accommodation Theory needed to be reformulated to address its shortcomings. First, the theory only explained linguistic convergence or divergence; it did not address nonverbal convergence or divergence. Second, the theory only recognized the production of convergent behaviors as accommodating and divergent behaviors as contra-accommodation. This dichotomy

represented only a small portion of the range of strategies available to individuals to communicate. Third, SAT did not explain how individuals produced convergent or divergent behaviors (i.e. the specific steps needed to perform convergent or divergent behaviors). Hence, Communication Accommodation Theory was constructed to address each of these three areas. At this time, the different concepts of Communication Accommodation Theory are examined.

### Convergence

According to the theory, convergence is the process whereby individuals “adapt to the other’s communicative behaviors in terms of a wide range of linguistic/prosodic/non-verbal features” (Giles & Coupland, 1991, p. 61). It demonstrates a speaker’s desire for social approval, communication efficacy, and a shared self-presentation with the other person (Giles et. al., 1986). Convergence can be mutual in that two speakers can choose a speech pattern that is complementary, or non-mutual, meaning that only one speaker chooses to use speech that is complementary to the other. Further, convergence can occur as a result of another’s overt behavior, or the perception of another’s style as suggested by a belief, expectation, or stereotype. For example, one can choose to converge to another’s pause length because the behavior is enacted, or because s/he perceives that it is expected of him or her due to social roles or power (i.e., either the belief alone or stereotyping is affecting the perception which results in the behavior). Individuals can also choose to converge their speech pattern partially or fully, depending on the social climate or context. For example, if someone exhibits a speech rate of 75 words per minute, s/he could move fully to the other’s speech rate of 150 words per minute or partially converge and speak at a rate of 100 words per minute. Finally, convergence can

occur uni-modally or multi-modally (Giles & Johnson, 1987). Individuals can choose to accommodate or converge only one speech behavior, such as accent, or many behaviors at the same time, such as rate, vocal intensity and accent.

SAT proposes that convergence reflects an individual's need for social integration or identification of another or a group, or need for communication efficiency. That is, the greater the need for one of these desired outcomes, the more convergent behaviors should be enacted. For example, the motivation to be similar to another person (i.e., the need for identification with someone), which is derived from Byrne's (1971) attraction-similarity postulate, should lead to greater coordination of communication behaviors to influence the other's attitudes and behaviors related to perceptions of similarity. At the same time, the converse should also occur. Those who perceive themselves as similar should be motivated to perform those behaviors which instantiate their similarity. This outcome was demonstrated by Welkowitz, Feldstein, Finkelstein and Aylesworth (1972) who found that individuals who perceived themselves as similar converged in their vocal intensity more than those individuals who did not perceived themselves as being similar. This was tested through random pairing in a laboratory experiment. Hence, converging one's language behaviors because of the need for social approval, identity or communication efficiency can lead to further convergence as the performed behaviors reify the perceptions they create.

Yet, a person's convergence abilities are limited to his or her behavior repertoire or the skills needed to perform a particular convergence. To demonstrate convergence behaviors, a person must have the ability to identify that the other's behavior is currently similar or different from one's own; and second, to recognize how to adjust their

language to create a desired effect on the other person (Giles et. al., 1986). If a person does not possess the skills to demonstrate a convergence behavior, then even if they are motivated, the convergence can backfire and lead to negative instead of positive perceptions or behaviors. Thus, it is crucial that individuals understand how to perform convergences that are deemed appropriate in the context in which they are offered.

For those individuals who both possess the motivation and the skill to create a convergent behavior, they next need to be able to decode the other person's language and behaviors to determine which behaviors should be chosen for convergence and then sent in a response message (O'Keefe & Delia, 1985). [Note: This is not to suggest that all behaviors are performed or evaluated consciously with fully awareness. Behavior is organized and processed at many levels simultaneously, it can be intended, yet, involve low cognitive processing (Berger & Roloff, 1980)]. Often, context plays a large role in determining which behavior or behaviors should be chosen for convergence. For example, Bradac and Mulac (1984) found that when a "powerful" speaker attempted to match the "powerless" verbal style of another speaker, the "powerful" speaker was evaluated poorly. Instead the "powerful" speaker received a much more favorable evaluation for continuing their "powerful" style. As a result, convergence must be used when the rewards or benefits of the behavior far outweigh the costs and are appropriate to the social context under scrutiny.

During this decoding process it is not unusual for individuals to choose different convergent behaviors. For example, Thakerar, Giles and Cheshire (1982) found that high status speakers converged to low-status speakers by means of slowing down their speech rates to enhance communication efficiency. In contrast, low-status speakers standardized

their accents and increased their speech rates to be perceived as competent in the eyes of the high-status speakers. Thus, as long as individuals possess both the skill and motivation to perform convergent behaviors, CAT says that individuals choose those behaviors for convergence if they are considered socially appropriate.

### Divergence

Divergence, in contrast, is defined as a person's desire to not adjust his or her personal communication style to accommodate others. The most recognizable form of divergence is speech maintenance, also known as passive non-responsivity (i.e., not attending to the conversational other) (Bourhis, 1979). Divergent communication demonstrates the speaker's desire to present a contrasting self-image, to dissociate from others, or be viewed as different from another person's speech behavior (Giles et. al., 1986). Similar to convergence, divergence can also occur as a result of an overt speech manifestation or be based on a belief, expectation or stereotype. Divergence can occur partially or fully, as well as uni-modally or multi-modally. In addition, the divergences chosen in a given encounter are a function of an individual's goals and repertoire for carrying out the divergent behavior.

Sometimes, an individual will choose divergence or speech competition when they identify a conversational other as a representative of a different social group. According to Tajfel and Turner (1979), individuals are more likely to perceive others as belonging to an out-group when specific behaviors are assumed to belong to members of that out-group. Yet, what is considered a prototypical speech pattern of an in-group or out-group may be quite incorrect from an objective standpoint (Turner, 1982). Thus,

speakers must use caution when assigning beliefs or stereotypes to communication interactants where artificial divergences can occur.

In other situations, divergent behavior may be used to create order and meaning in the communicative interaction. By highlighting differences, individuals come to understand that they are not the same and interactions should be treated with respect and decorum (Giles et. al., 1986). In particular, divergences can occur to improve one's communicative behavior and bring it in line with what is customary, according to the prevailing social norms and roles expected in a particular setting. Hence, divergent strategies, like convergent ones, are subjected to the social context, participants' repertoire, and goals for the interaction as seen in Figures 1 and 2.

Figure 1. The Process of Communication Accommodation

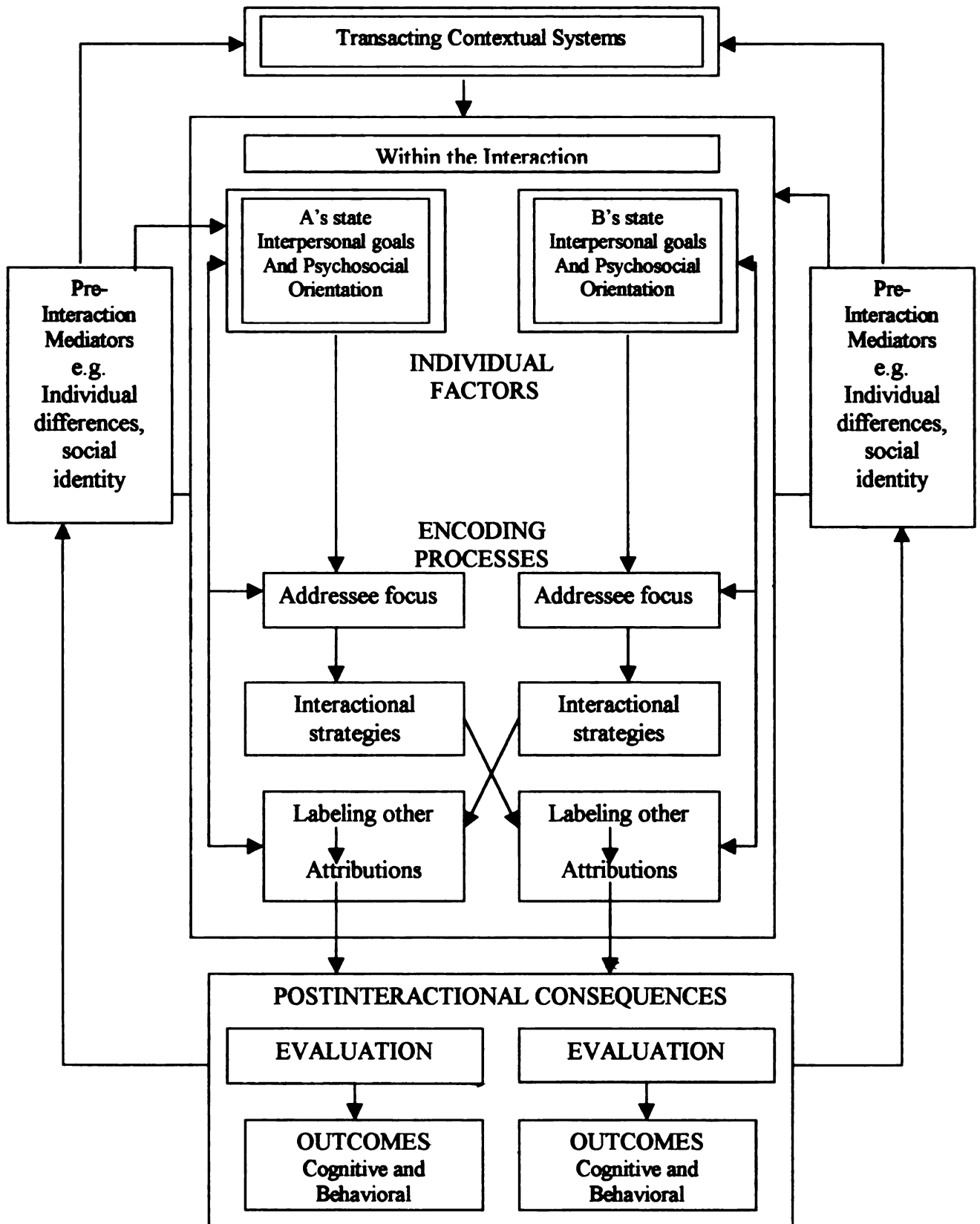
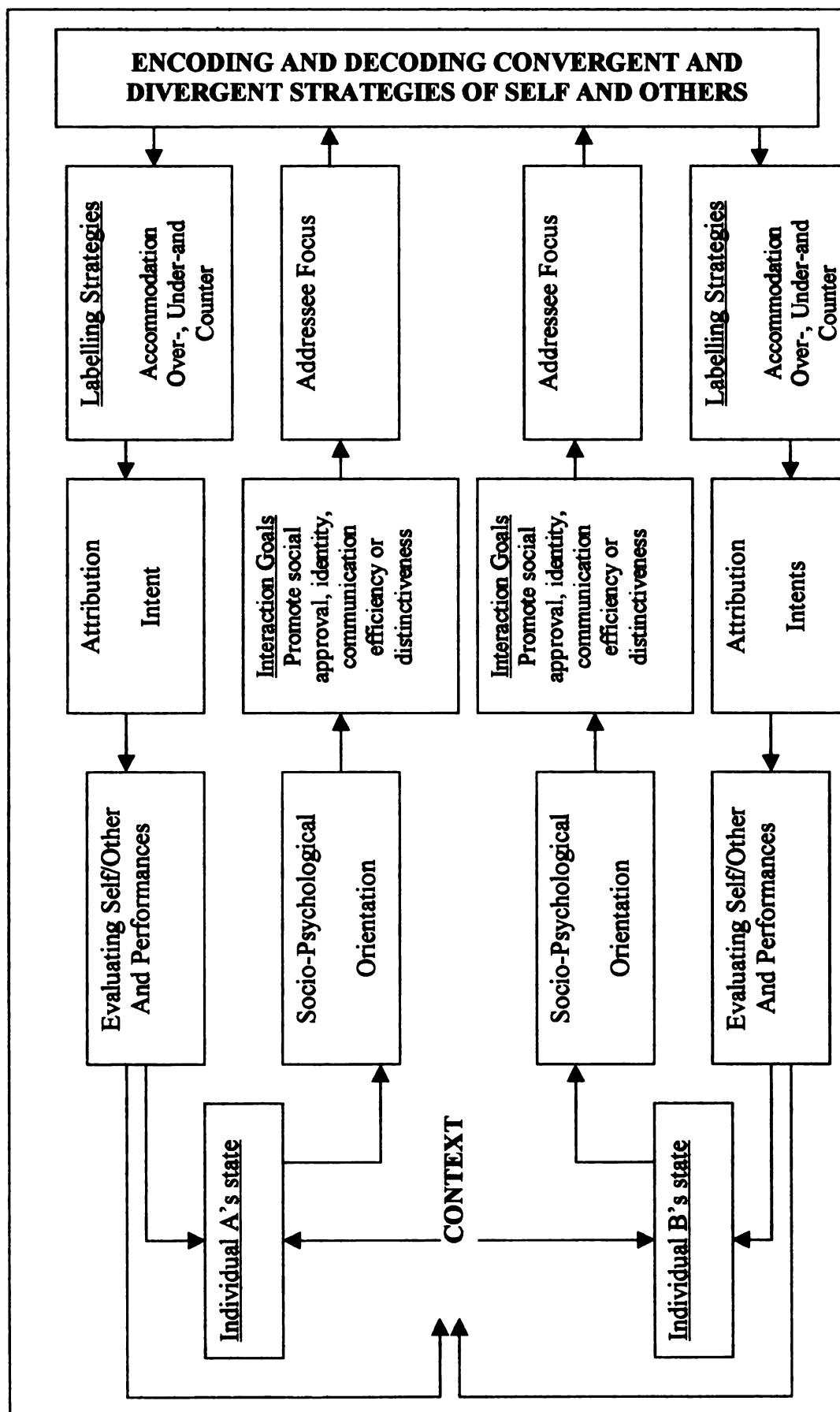


Figure 2. Sociolinguistic Stances of the Communication Accommodation Process  
(Coupland, Coupland, Giles and Henwood, 1988, p. 28)





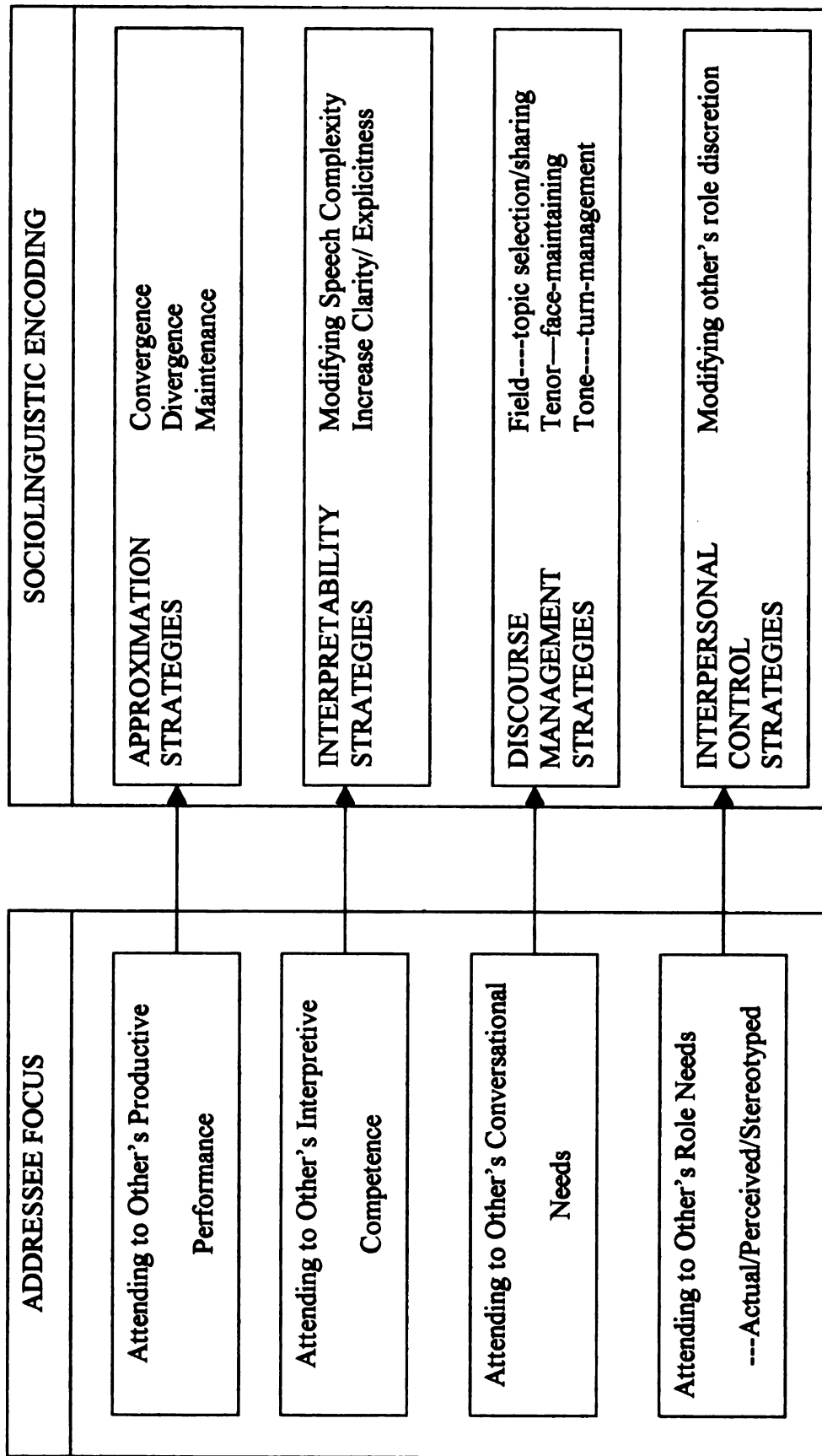
## The Process of Accommodation

Whether convergence or divergence is sought in an interaction (although this study focuses on convergence), the process of accommodation is the same. Figures 1 and 2 show the process of communication accommodation. When two individuals enter into an interaction with one another, both of them first attempt to assess the psychological state, goals and motivations of the other. This occurs because it is understood that pre-interaction mediators exist that can affect how the interaction is generated as well as played out (Coupland & Coupland., 1990). Pre-interaction mediators are individual differences, social identity and group membership, and personal preferences for communication style and pattern. They are used to determine the amount of motivation an individual has to engage in an interaction as well as to extract information to be successful in the accommodation process. Without some information about the communicative other, an interaction is likely to disintegrate before the accommodation process has a chance to occur because of the likelihood of embarrassment and/or social reprimand for inappropriate behaviors (Giles & Coupland., 1991).

Through the use of pre-interaction mediators, each person creates and sends communication messages that match the other's perceived psychological state, perceived goals, and perceived motivation for the interaction (Coupland, Coupland, Giles, & Henwood, 1988). The ability for each person to be understood is a function of how easy it is for the messages to be interpreted both verbally and nonverbally. Linguistically, concentration is placed on how easy is to interpret the message (e.g., vocabulary and jargon), the appropriateness of the discourse sent (e.g., topic selection and development), and the extent to which s/he can gain interpersonal control through the interaction (e.g.,

role flexibility) (Coupland & Coupland, 1990). Once the message is received, the other participant is given the opportunity to react to and evaluate both the message and its sender. The process continues with each person taking turns sending and receiving messages, determining the appropriateness of the messages sent, and evaluating the interaction as well as each another. Communication Accommodation Theory argues that the most successful interactions occur when both individuals mutually accommodate (i.e., converge) each other's communication behaviors. Hence, accommodation is an ongoing event concerned with the adaptation behaviors that stem from each person's motivations, goals and skills for carrying out the process.

Figure 3. Attuning Strategies of Communication Accommodation, (Coupland, Coupland, Giles and Henwood, 1988, p. 28)



### Incorporation of Nonverbal Behaviors

Communication Accommodation Theory gives the foundation for the study of both verbal and nonverbal components of a communication interaction. The verbal components that have been studied include: pronunciation and speech rate (Giles, 1973), dyadic adaptation (Burgoon, Stern & Dillman, 1993), lexical diversity (Bradac, Mulac & House, 1988), speech rate (Webb, 1970), pause and utterance duration (Woodall & Burgoon, 1983), pitch patterns (Gregory, 1983, 1997), song registers (Yaeger-Dror, 1994) and speech latency (Natale, 1975b). The nonverbal components that have been studied include: gaze (Mulac, Studley, Wiemann, & Bradac, 1987), facial expression (Hale & Burgoon, 1984—although not associated with CAT initially), and body language (Patterson, 1995). Although nonverbal behaviors are being tested in the same context as the verbal ones, little research to date has examined the combinations of verbal and nonverbal communication behaviors involved with convergence and divergence. While it is not the goal of this study to elucidate these combinations, it is important to recognize that greater use of complementary verbal and nonverbal communication behaviors strengthen an individual's ability to demonstrate convergence or divergence in an interaction (Giles, et. al., 1991).

### Forms of Accommodation

Individuals can choose to take one of four stances when engaging in a communication interaction: accommodation, over-accommodation, under-accommodation or contra-accommodate (Coupland et. al, 1988; see Gallois, Franklin-Stokes, Giles, & Coupland, 1988, for additional elaboration see Figure 2). Accommodation refers to one or both individuals in an interaction converging in some

form verbally or nonverbally to one another. Together, the individuals construct a functional communication pattern that incorporates both of their individual communication styles (Giles et. al., 1986). Over-accommodation occurs when one person accommodates another through the use of stereotypes. For example, if someone interacts with a much older person and believes that all older people are hearing-impaired, then he or she may talk louder, regardless of the older person's actual hearing ability. Under-accommodation, in comparison, occurs when an individual maintains his or her own style, despite the potentially negative impact it could have on other individuals. Using the same example, suppose the older person did have a hearing impairment. In this instance, the under-accommodating individual would choose to not modify his or her volume or pitch to make it easier for the older person to hear him or her, even if this could cause detriment to an interpersonal relationship. Contra-accommodation, occurs when an individual takes special effort to ensure style differences exist between himself or herself and others. Again, using the above example, the contra-accommodating individual might make his or her volume softer and thus, more difficult to understand for the older person. According to Coupland, Coupland, Giles and Henwood (1988), and Gallois, Franklyn-Stokes, Giles and Coupland (1988), different forms of accommodation can be used during a single interaction, depending on the goals for the encounter. Yet, only accommodation, a sign of convergence, traditionally receives positive evaluations for the goals of social approval, communication efficiency or identification (Street, Brady & Putnam, 1983; Edwards & Noller, 1993; Giles, Henwood, Coupland, Harriman & Coupland, 1990).

### Strategies Used for Accommodation

While convergence and divergence have been labeled as approximations to the accommodation process, individuals can use a variety of strategies to attune their communicative behaviors. Attuning refers to the process of individuals making minor speech modifications during an interaction to make their communications more understandable or easier to interpret. Coupland, Coupland, Giles and Henwood (1988) identified these attuning strategies as interpretability, discourse management and interpersonal control. See Figure 3.

Interpretability, discourse management and interpersonal control affect how well a person is able to attune to another's communication pattern. The rationale behind the attuning strategies is that Communication Accommodation Theory is inherently receiver-focused and therefore attuning is necessary for effective communication (Coupland et. al., 1988; Giles, Coupland & Coupland, 1991). When the strategies are used during an interaction, they enable both people to modify their verbal and nonverbal behaviors so the convergences are deemed effective. In communicative play, each employed attuning strategy is based on one person's interpretation of another's prior behavior. Using the prior example of speaking with an older person who may or may not have a hearing impairment, the other person could choose to modify his or her volume or pitch, an interpretability strategy to improve the interaction, or modify the amount of information contributed in each dialogue turn, a discourse management strategy. Another alternative would be giving the older person "control of the floor" so s/he could clarify the prior information discussed, which is an interpersonal control strategy. Thus, the attuning strategies support message receipt because each person's contributions can be endorsed

and understood through back-channeling or more explicit communication behaviors (Coupland et. al., 1990). At this time, each strategy is further reviewed.

Interpretability strategies require speakers to attend to their partners' interpretability competence or ability to understand. Often, interpretability comes into play because our ability to understand another is based on our group memberships (e.g., ethnicity or education). Hence, interpretability is a function of group membership; we modify our behaviors based on the common ground we can find with others. Prior research on the interpretability strategy has found that individuals who make their speech less complex, use a slower speech rate, more pauses between speaking turns, and keep the selection of topics to the familiar, are more likely to have their communication messages deciphered correctly by others because it reduces the disparity between individuals' group memberships (Giles & Coupland, 1991; Jones et. al., 1999; Williams, Giles, Coupland, Dalby & Manasse, 1990). Each sub-attuning strategy (e.g., pitch or speech rate) can be used alone or in combination during an interaction.

Discourse management strategies refer to how individuals select and develop topics, manage conversational turns, and handle conversational breakdown to meet their interaction goals (Gallois et. al., 1995). They often interact with interpretability strategies to enhance an interaction by structuring talk so that it facilitates greater understanding and further discussion. Discourse management refers to a broad set of options individuals have in interactions, which include: offering more turn-taking, eliciting information, repairing prior turns that were evaluated as inappropriate or face threatening, or supporting the other person's face needs (Brown & Levinson, 1987; Giles, et. al., 1991). Hamilton (1991) and Jones and colleagues (1999) have found that the use of questions,

the monitoring turn length, and longer speech latencies greatly improve discourse management. Subcategories of discourse management exist, including: field (i.e., the content of talk), tenor (i.e., management of position and face) and mode (i.e., the structure of talk), but they are not addressed in this dissertation.

The last strategy, interpersonal control, refers to use of communicative behaviors to maintain a single role or change roles during an interaction (Gallois, Giles, Jones, Cargile, & Ota, 1995). Too much or too little interpersonal control can be negative because a person may either feel their identity has been taken over by the group or they are not a unique individual. Yet, a balance between the two extremes can be positive if it establishes a shared identity with someone. Jones and colleagues (1999) found that perceptions of interpersonal control heighten with longer conversational turns, increased interruption, and faster speech rates.

The easier it is for participants to interpret one another's verbal messages, share in the constructed discourse, and have moderate levels of interpersonal control, the more likely convergence or accommodation is to occur (Coupland et. al., 1991). However, even if both parties desire convergence, one or both parties may perform this task inappropriately. As there are four stances of accommodation, four attuning strategies also exist (Coupland et. al., 1988). Individuals can demonstrate successful attuning that brings them psychologically closer together, and enhances communication efficiency and identity maintenance. Under- or over-attuning occurs when one person utilizes the strategies in a manner that is perceived as inappropriate. For example, over-clarifying or over-simplifying conversation can be viewed as patronizing. Finally, contra-attuning is possible in which one person deliberately uses the strategies inappropriately or counter to

what is needed to develop communication efficiency, social approval or identity maintenance. As these four attuning outcomes have not been thoroughly evaluated in prior research, only the attuning strategies themselves (i.e., interpretability, discourse management and interpersonal control) will be explored.

Overall, the inclusion of nonverbal behavior, the addition of the forms of accommodation and the strategies used to attune during interactions significantly strengthened the theoretical framework since its initial inception. With the inclusion of these additional components, it becomes possible to capture a broader range of perceptions and experiences individuals have in their interactions, as well as to ground the motives and methods by which accommodation occurs.

#### Criticisms of Communication Accommodation Theory

Although Communication Accommodation Theory has been used over the past 20 years as a framework for understanding how accommodation is used to reach the goals of social approval, identity, and communication efficiency, it has been criticized by the authors of Interaction Adaptation Theory (IAT) (Burgoon, Stern & Dillman, 1995). Before identifying the criticisms, however, I will review the similar footholds in terms of assumptions and basic definitions of IAT and CAT.

IAT is similar to CAT in that it presupposes that similar styles of verbal and nonverbal communication are necessary to develop meaning and ground a shared experience. Individuals need to be motivated to engage in a conversation and each person's behavior is dependent on the expectations of appropriateness in a social context. IAT likewise seeks to explain how communicators adjust and adapt behavior to one another. IAT emphasizes adaptation, which enables individuals to match or mirror

another's behavior and create accommodation. Individuals who maintain divergent behaviors demonstrate non-adaptation or non-accommodation (Burgoon, Stern & Dillman, 1995). Further, IAT acknowledges that adaptive or non-adaptive behaviors can be unidirectional or mutual, partial or full, and uni-modal or multi-modal. However, this is where the similarity between the two theories ends.

IAT introduces two terms that form the basis for CAT's largest criticism: interpersonal reciprocity and interpersonal compensation. The term reciprocity is defined as "a response in a similar direction, to a partner's behaviors with behaviors of comparable functional value" (Burgoon, et. al., 1995, p.129). Interpersonal reciprocity refers to the "process of behavioral adaptation in which one responds in a similar direction to a partner's behaviors of comparable functional value" (Burgoon, Dillman & Stern, 1993, p.302). The term compensation has been defined as "a response with behaviors of comparable functional value but in the opposite direction" Burgoon, et. al., 1995, p. 129). Interpersonal compensation refers to the "process of behavioral adaptation in which one responds with behaviors of comparable functional value but in the opposite direction" (Burgoon, Dillman & Stern, 1993, p. 302). According to CAT, the terms convergence and divergence refer to the adoption of behaviors that become more similar or more different to that of a partner. IAT's criticism of CAT is that CAT does not measure if the convergent and divergent behaviors (reciprocity and compensation) are 'behaviorally contingent'. CAT assumes that all communicative activities are contingent because their production during an interaction is based on the continuous reactions of individuals. According to IAT, however, if convergent and divergent behaviors are to identified as behaviorally contingent, then each enacted behavior must be exactly linked

to the prior communication turn of the other. Without this link, CAT studies could be examining people's reactions to socially prescribed situational norms, instead of how people are affected by others' communication patterns (Burgoon et. al., 1995). This study attempts to overcome this criticism by measuring convergence/accommodation behaviors that meet the definition of behavioral contingency.

A second criticism of CAT arises from the motivation for behavior. CAT maintains that accommodation is driven from one or a combination of three goals: social approval, identification and/or communication efficiency. IAT, in contrast, argues a biological basis for communication behavior. According to Burgoon, Stern and Dillman (1995), humans are predisposed to coordinating their behaviors. In other words, the matching of behaviors is due to synchronized efforts needed for survival. As a result, they are semiautomatic. Thus, humans do not need to think about the behaviors undertaken in a given interaction. Communication Accommodation Theory differs in the driving mechanism for behavior in that enacted behaviors are intentional. CAT does not subscribe that all behaviors are the result of highly managed self-presentations; rather, some level of awareness is present. While this dissertation is unable to determine if behaviors are biologically-based or not, it does attempt to uncover whether or not the individuals are of their behaviors during an interaction.

A third criticism by IAT is that CAT argues for behaviors determined by the social context. According to CAT, if an individual is motivated to engage in an interaction, then the individual uses the social context as a guide for the appropriateness of the behavioral display. IAT, in comparison, argues that a person has an interaction position that affects his or her behavior. The interaction position (IP) is based on three

types of factors which are a person's requirements (R), expectancies (E) and desires (D) for engaging in the interaction (Burgoon et. al., 1995). Requirements refer to a person's physical and psychological needs that must be satisfied. These are identified as basic needs for food, water, clothing, shelter, and safety/security. Expected factors refer to current social norms as well as idiosyncratic expectations based on the history of the relationship. For example, different behavioral expectations exist for those individuals dining at an upscale restaurant than at a fast food place. Finally, desires refer to a person's personal preferences, goals and plans for engaging in the interaction. When combined, the RED reflect the psychological, social and personal factors that both facilitate and constrain the production of certain behaviors. According to IAT, if the RED are congruent with one another, then it is immaterial which of the three factors is affecting the interaction; otherwise, IAT makes it possible to know the factor affecting interaction, which CAT is unable to distinguish.

In fairness to CAT, the theory does account for pre-interaction mediators, such as each person's psychological state for entering the interaction (labeled as requirements) and their goals (labeled as desires). However, CAT contends that these pre-interaction factors affect the shape and form of the behavior and not the behavior itself. For example, most individuals would believe that it is inappropriate to interrupt someone when they are talking and it is this belief of appropriateness that has led to the one person talks at a time rule. An occasion in which this rule is violated though would be affected by pre-interaction mediators (e.g., length of interruption, size of speech contribution during the interruption. Hence, this dissertation will measure some pre-interaction mediators, such as interaction effects due to sex, culture/race, socioeconomic status and motivation (i.e.,

desire) that affect behavior deemed appropriate in the given social context. In addition, this dissertation is able to control for IAT's expectancies as the population under study consists of first-time interaction (i.e., no history effects) in a narrow context (i.e., domestic violence counseling).

In summary, many of the criticisms of CAT from the theoretical framework of IAT can be controlled in this dissertation. First, behavioral contingency can be measured to ensure that the behaviors enacted by one partner are reflective of another's behaviors and not the mere process of reciprocity in a social interaction. Second, there is measurement of behavioral awareness to assess that behaviors are not a product of semiautomatic functioning. And third, many of the pre-interaction mediators (RED) that form IAT's interaction position are either measured or controlled for to determine what type of effect they have over behavior in a given social context. At this time, the discussion turns to the social context itself and rationale follows as to why Communication Accommodation Theory is an appropriate framework for studying this setting.

### Moving Outside the Traditional Realm of Communication Accommodation

#### New Focus on the Clinical Setting

The majority of CAT research has focused on inter-group accommodative relationships. The studies often involve individuals from different cultural or ethnic groups, or individuals from sub-groups that differ on a particular communication characteristic (e.g., the use of slang language). To date, research has been extended to language attitudes among Australians (Ball et. al, 1984), code switching in Montreal (Bourhis & Genesse, 1980), linguistic diversity among Italo-Australian and Greek-

Australian bilinguals (Callan & Gallois, 1982), intergenerational talk (Coupland, et. al., 1988; Coupland et. al, 1990), style shifting in Cardiff (Coupland, 1980), accent differences among U.S. natives versus immigrants (Gallois & Callan, 1985), speech evaluation differences between aborigines and white talk (Gallois, Callan, & Johnstone, 1984), differences between U.S. African American and Caucasian speech patterns (Hewitt, 1986), accent differences between English and Mexican American speech (Ryan & Carranza, 1975), lexical differences among ethnic Hawaiian groups (Yum & Wang, 1983), differences in North American versus British English (Shockey, 1984), language stereotypes of Hong Kong (Bond, 1985), language divergence among doctors and nurses (Bourhis, Roth & McQueen, 1988), language difference among the U.S. and Japan (Hildebrandt & Giles, 1984; White, 1989), language use of Chinese bilinguals (Pierson & Bond, 1982), speech evaluations between adults and children (Street, 1983), and language accommodation among Israeli groups (Yaeger-Dror, 1988). When combined, they present an impressive array of the different populations and contexts explored through the use of Communication Accommodation Theory. However, no study to date has evaluated the communication behavior of counselors and clients using this framework.

This begs three questions, “Is Communication Accommodation Theory an appropriate theoretical framework for informing us about the client and counselor relationship, especially in domestic violence counseling?” Second, “Do domestic violence survivors perceive the accommodative behaviors of their counselors?” and third, “How does it affect client perceptions of counselor liking, similarity, empathy, and trust?” It is this author’s opinion that CAT provides the vehicle for answering these

questions. The discussion first turns to the two areas in which Communication Accommodation Theory functions in counseling. These include: (a) assistance with the pragmatics of counseling to access clients' frames of reference and (b) clients' willingness to pursue therapy. Then perceptions and evaluations of accommodation are discussed.

### The Pragmatics of Counseling to Access Clients' Frames of Reference

Communication Accommodation Theory is appropriate for studying the counseling session because it enables counselors to engage clients during therapy by accessing their frame of reference. According to Watzlawick, Beavin and Jackson (1967) *how* language is used to create particular meanings is the art of pragmatics. Each message contains both a content-level as well as relational-level that gives information about the interaction itself as well as about the individuals. In terms of the content, a communication message refers to *what information is being conveyed*. The relationship-level, in comparison, refers to meta-communication, or *how one communicates about communication*. Meta-communication can be either verbal or nonverbal. While the content-level of a message can transmit any type of information on any number of topics, the relational-level of the message conveys how the message should be understood based on how the individual feels about him or herself and the communicative partner. For example, if a client says to a counselor, "you are a good person", the content-level information being conveyed is that the person in question is believed to be a morally upstanding person. On the relational-level, information has been conveyed that the client not only thinks the counselor is "good." Using a nonverbal example, a smile may answer a content-level question, but also provide relational information about those involved in

the discussion. It is this form and function of communication that serves as the vehicle for developing lasting interpersonal interactions because the act of communication itself enables individuals to create meaningful relationships between informational items and those exchanging the information (Watzlawick, Beavin & Jackson, 1967).

Communication Accommodation Theory assists in the pragmatics of domestic violence counseling by providing a communication framework for how counselors can accommodate their clients' content-level and relational-level messages. In order to help domestic violence clients overcome the psychological scars of abuse, counselors need to construct messages that promote an atmosphere of acceptance and mutuality in order to get their clients to discuss their abusive experiences (Ferrara, 1991). As survivors are often afraid to communicate because of retaliation of their abusive partner or spouse, they pay particular attention to the verbal and nonverbal behaviors displayed during the counseling interaction. According to Mearns and Thorne (1988), demonstrating behavioral congruence as a counselor is desired because it conveys the message that it "is not only is it permissible to be genuine in one's behaviors, but that it is desirable to be oneself" (p. 14). Counselors who are able to behave similarly to their client demonstrate social approval and validate client identity. When clients do not perceived their counselor as superior, clients are more likely to discuss both their issues and the resources available to deal with those issues (Means & Thorne, 1988). This may be due to clients perceiving a balance of power in the client-counselor relationship. Thus, by teaching domestic violence counselors how to be accommodative, survivors of abuse may be more likely to feel safe in exploring their thoughts, beliefs and feelings about the violence in their lives and how it has impacted them. These outcomes are considered to be foremost in the

domestic violence counseling arena because without engagement, there can be no healing (Webb, 1992).

If counselors are unable to produce a content and relational message congruent with their client's frame of reference, then misunderstanding and the misinterpretation of the message can occur. The penalty for such misunderstanding can be severe, leading to negative evaluation of the interaction itself as well as the persons involved (Gallois et. al., 1988; Giles et. al., 1986). It can also lead to clients becoming reticent, resisting therapy, or leaving the interaction all together (Ferrara, 1991). Communication accommodation theory prevents these disasters from occurring by enabling counselors to create messages acceptable to the client through the attuning strategies of interpretability, discourse management and interpersonal control as well as accommodative nonverbal behaviors. Hence, teaching counselors *how to communicate* with clients is essential; it is not enough for counselors to only know what to say, or the general meaning ascribed to a client's messages. Counselors need communication accommodation to aid clients' understanding of the self, and their relation of self to the world and their counselor.

As this dissertation involves counselors with first-time clients, it is inappropriate to test clients' ability to fully deal with their abuse because they often unaware of the emotional scars created by the abuse (Johnson, Crowley, & Sigler, 1992). However, client discussion about details of their abusive experiences may be an appropriate first-step for counselors to access their clients' frames of reference (Whiteman, Fanshel, & Grundy, 1987). According to Whiteman, Fanshel, and Grundy (1987), talking through the ordeal is an important first step in cognitive-behavioral interventions that help abused

individuals to attribute less negative meaning to an experience. This leads to the following hypothesis:

**H1: Counselors who are trained to produce both verbal and nonverbal communication accommodation behaviors are more likely to engage clients in their stories about their abuse than counselors who are not trained in verbal and nonverbal communication accommodation behaviors as measured through journal writings.**

#### Clients' Willingness to Pursue Therapy

A second rationale for the importance of Communication Accommodation Theory in the counseling context is that it helps counselors in keeping clients in therapy. In counseling, most clients enter the interaction perceiving less power than their counselor (Mearns, 1993). It does not matter if actual power differences exist between the individuals or involved groups; the perception of that power imbalance is enough to affect the interaction (Giles et. al., 1988). A counselor's responsibility then is creating a manageable equilibrium so clients perceive their communicative contributions as meaningful and not a waste of the counselor's time (Kelly, 1994).

Counselors can rely on the principles of Communication Accommodation for helping clients attain feelings of social approval, identity maintenance, as well as communication efficiency. That is, counselors can produce messages to make clients feel those goals are attainable. Communication Accommodation assists in this process by providing a mechanism for achieving manageable equilibrium in the counselor-client relationship. Using a cross-cultural example to illustrate this point, Kinkaid, Yum, Woelfel, and Barnett, (1983) conducted a study analyzing the convergence behaviors between native Hawaiians, who were perceived to have more power, than immigrant

Koreans in Hawaii. The authors found that the native Hawaiians converged with Korean behavior to create successful conversational interactions. The Korean immigrants, who considered themselves a subordinate group to the Hawaiian natives, were able to find power through the majority group's demonstration of accommodation. In reference to counseling, counselors who show accommodation to the clients they serve may be able to create the same effect. Thus, the creation or restoration of power between dissimilar individuals may create the perception that both groups of individuals are accessible, and their communicative messages possess social worth.

Client feelings of social worth are critical for gaining the client's willingness to pursue therapy. According to Mearns (1993), the development of social worth is considered a core condition of the counseling process. When clients make communication contributions during therapy, they are constantly concerned with face-issues (Goffman, 1959). Face refers to an individual's self-presentation in a given context, and it is generally assumed that most social beings strive to present a positive face or self-image (Goffman, 1959). Through the process of communication, counselors have the opportunity to ratify their clients' messages, on a relational-level, even if the content of the message is considered destructive (Mearns, 1993). For example, if clients communicate to their counselors' self-responsibility for their relational abuse, counselors can demonstrate accommodation to the clients' feelings and behaviors, without validating the perception itself. If, on the other hand, counselors do not acknowledge their client's feelings, then clients tend to believe that not only are their communications not validated, but that they themselves are not validated (Kelly, 1994). Similar to low power perception groups, once clients perceive a lack of social worth, they often find no reason to continue

the interaction, and hence, this becomes reflected in their lack of willingness to continue therapy. This leads to the following hypothesis:

**H2:** Counselors who are trained in verbal and nonverbal communication accommodation behaviors are more likely to have clients willing to continue therapy than those counselors who are not trained in verbal and nonverbal communication accommodation behaviors.

### Perceptions of Accommodation

When counselors demonstrate accommodative behaviors, the question still remains as to whether or not their clients perceive the accommodation as it was intended. The reason this question has not been answered in prior CAT studies is that one's actual accommodative behavior is based on one of three variables: the other's actual behavior, the perception of the other's behavior, or the anticipation of the other's behavior (often stereotyped behavior) (Giles et al., 1986). When an individual modifies his or her behavior based on the other person's actual behavior, an assumption is made that accommodation has occurred because of the existence of measurable behavior, also known as productive performance (Coupland, et. al., 1988). In the other two situations in which behavior is perceived or anticipated, accommodation is assumed to occur based on interpretive competence, or an individual's ability to possess receptive competence and then anticipate the next behavioral move (Coupland et. al., 1988). Moreover, when an individual modifies his or her behavior, such as in convergence, it is a sign that there is a need to be met in terms of social approval, identification or communication efficiency. The greater the degree of convergences, the more it is assumed that the social actors are being cooperatively productive in reaching the goal or goals. Yet, in making such a broad

assumption, CAT falls prey to the criticism lobbied by IAT regarding behavioral contingency.

As previously mentioned, IAT argues that all enacted behaviors should be a function of behavioral contingency (Burgoon et. al., 1995). The premise of behavioral contingency states that an individual's behavior is in direct response to another's and not merely the reciprocity norm derived in a social context. Hence, by not measuring perceived versus actual behavior using the CAT framework, it is possible that the prior studies have not demonstrated convergent behaviors as a result of the accommodation process, but various outcomes of reciprocity. Given the importance of the counselor-client relationship in domestic violence counseling, this dissertation measures perceived accommodation in an attempt to verify social actors perceive the behavioral accommodations of others. Thus, the following hypothesis is offered:

**H3:** Clients who interact with counselors trained in verbal and nonverbal communication accommodation behaviors are more likely to perceive accommodation than those clients who interact with counselors not trained in verbal and nonverbal communication behaviors.

As the attuning strategies of interpretability, discourse management and interpersonal control also serve to facilitate the accommodation process, it is important to demonstrate that their use does affect the perception of accommodation. Two prior studies have identified some of the individual behaviors that display these attuning strategies as well as perceptions of accommodation (Jones et. al., 1999; Murray-Johnson, 2001). This dissertation seeks to verify that attuning strategies are produced more often when accommodative behavior occurs. This leads to the following hypothesis:

**H4: Counselors who are trained in verbal and nonverbal accommodation behaviors are more likely to produce the attuning strategies of interpretability, discourse management and interpersonal control during client interactions than counselors who are not trained in verbal and nonverbal accommodation behavior.**

#### **Evaluations of Accommodative Behaviors**

Given that CAT specifies the processes of perception and evaluation, it is useful to determine how the production of accommodation behaviors affects the evaluations a client has for one's domestic violence counselor. Prior research, although not always using the CAT framework, has demonstrated that behavior adaptive to another's style produces the evaluations of liking (Byrne, 1971; Putnam & Street, 1984), attractiveness (Dabbs, 1969), predictability (Berger & Bradac, 1982), intelligence (Triandis, 1960), and similarity (Coupland, 1980; Welkowitz et. al., 1972). However, it is not known whether or not these favorable evaluations would extend to domestic violence counseling given the emotional state of the client receiving therapy.

Often, when abused persons seek counseling, they come to a shelter unsure of the counselor because their interpersonal relationships have been violated by the acts of abuse (Hutchinson, & Hirshel, 1998). This lack of comfort affects clients' help seeking behavior. Wauchope (1988) reported that it may take more than ten episodes of violence before help seeking exceeds 50%. And even then, domestic abuse survivors are most likely to seek only legal help for physical protection (e.g., police) but not counseling for the emotional scars. Ferraro and Johnson (1983) and Mitchell and Hodson (1983) have found that this lack of help seeking is related to the devastating feelings of inferiority and self-worth caused by the abuse. As a result, some domestic violence clients are severely

disconnected in their personal relationships and with the outside world (Campbell, 1989; Miller 1988). However, Loeske and Berk (1983) argue that counselor skill determines the ease and speed with which communication involvement is developed.

According to Giles and colleagues (1986), most accommodation behavior is motivated by the desires of self-presentation and the need to extend social influence through those individual self-presentations. As CAT postulates that individuals have beliefs about what behavior is appropriate in a given context, it also implies that individuals have beliefs about what constitutes 'good' versus 'bad' behavior. As counselors are aware of appropriate counseling behavior, it should follow that counselors who demonstrate accommodation would be rewarded with positive client evaluations.

For example, when counselors engage in accommodative behaviors, they demonstrate how they can be similar to the client. By finding common ground with a client, the client may perceive their counselor as similar in other personal attributes or characteristics (Kelly, 1994). In addition, the use of convergent behavior can also have the tendency to promote liking between individuals (Byrne, 1971). As people continue to adapt their behaviors in a mutually responsive manner, it shifts the focus of an interaction from the "me" position to the "we" position which fosters solidarity (Johnson et. al., 1992; Pederson, 1999). Thus, it would not be unusual for clients to develop liking for their counselors or rate their counselors as likeable for performing these behaviors.

Accommodation has also been known to foster positive evaluations of empathy or communication responsiveness (Daly, Vangelisti, & Daughton, 1988). Empathy serves to "cement social relations" (Oatley & Johnson-Laird, 1987, p. 46) between counselors and clients by creating a positive atmosphere for interaction (Segrin, 1998). Under these

conditions, clients experience maximum self-exploration, self-understanding, and articulation of feelings (Carkhuff & Berenson, 1977). Empathy has been described as a multidimensional concept that incorporates four sub-dimensions: perspective taking, emotional contagion, empathic concern and fictional involvement (Stiff, Dillard, Somera, Kim & Sleight, 1988). For this study, empathy is limited to the sub-dimensions of perspective taking and empathic concern. Perspective taking is defined as one person's ability to adopt the viewpoint of another (Carkuff & Traux, 1967). Empathic concern is defined as a person's ability to possess general concern for the welfare of another without paralleling the other's experience (Stiff et. al., 1988). Both perspective taking and empathic concern reduce the stigma associated with abuse by reframing the experiences without assigning blame to the client (Hutchinson & Hirschel, 1998).

Finally, accommodative behaviors can affect trust because adaptation signifies a measure of interdependence in the interaction. Interdependence is defined as the situation where the interests of one person in the relationship cannot be achieved without the reliance upon another (Rousseau et. al., 1998). Hence, interdependence promotes risk-taking as partners establish a willingness to be vulnerable with their shared information due to the confident expectation it will not be violated. Domestic violence counselors depend on their clients to accept risk and vulnerability with sensitive information to build interdependence. Counselors can promote this shared understanding by validating the survivors' nonculpability for their abuser's behavior (Austin & Dankwort, 1999), by supporting the "we" concept in accommodative communication behavior (Nozick, 1989), and by sharing in the rewards of their interaction (Lafollette & Graham, 1986). As a

result, accommodative behavior can motivate further investment in the relationship to enhance counselor-client interaction.

Given that similarity, liking, empathy and trust can enhance relational cohesion, social integration, identity maintenance and improve communication efficiency (all goals of the counseling interaction to encourage client involvement and maintain therapy) the following hypothesis is offered:

**H5:** Counselors who are trained in verbal and nonverbal communication accommodation behaviors are more likely to receive high ratings of client perceived counselor similarity, liking, empathy and trust than those counselors who are not trained in verbal and nonverbal communication accommodation behaviors.

### CHAPTER 3: METHODS

**Study Design:** An experiment was conducted with randomly assigned domestic violence shelters to the training session and their domestic violence counselors randomly assigned to either the experimental condition or wait-list control. The independent variables taught in this training workshop were the accommodation of verbal and nonverbal communication patterns. The dependent variables include: client-rated variables of counselor perceived similarity, liking, empathy, and relational trust, as well as perceptions of counselor accommodation, and client willingness to pursue therapy. Counselors from both conditions were asked to collect paper-and-pencil surveys of their the initial counseling session with first-time clients as well as keep a journal of their interactions with those clients. Clients were also asked to write their thoughts of their interaction with their counselor in a separate sealed journal.

Below is a brief description of what the study looks like:

|                                | Pretest | Intervention | Immediate Posttest |
|--------------------------------|---------|--------------|--------------------|
| Trained Counselors (N=33)      |         | X            | O1                 |
| Wait-list Control (N=32)       |         |              | O2                 |
| Clients of intervention (N=45) | O3      | x            | O4                 |
| Clients of control (N=43)      | O5      |              | O6                 |

O1, O2 = counselor assessment of demographic information and abuse experiences  
O3, O5 = client survey assessment of demographic information and abuse experiences  
O4, O6 = client surveys and journals measuring liking, similarity, empathy, trust, perceptions of accommodation and willingness to continue therapy, as well as counselor journals commenting on the interaction experience  
X = intervention (counselors trained)  
x = clients of trained counselors

**Participants:** All domestic violence shelters in the State of Michigan (N=51) were invited to participate in this study, of which 32 chose to participate. One half of the shelters (N=16) were invited to a two-day training workshop with two counselors attending from each shelter (N=33, one shelter brought three counselors). Counselors from the wait-list

control condition were told they would participate in a later training session (N=32).

Regardless of the condition in which shelters were randomly assigned, each shelter was asked to enlist at least five shelter clients to participate in the study. Shelter clients could be residents or nonresidents of the shelter (i.e., seeking support services or counseling but not staying overnight), but needed to be at least 18 years of age, have been in relationship with the abuser for at least six months, and have been abused within the past six months. Due to the high attrition rates (30%) of shelter clients for therapy, more than four times as many clients as needed were recruited for this study.

Counselors who received workshop training (N=33) were female (although male counselors were invited) ranged in age from 24 to 57 (M =31), and were ethnically identified as Caucasian (N = 25), African American (N=5), Hispanic (N=2) and Native American (N=1). Most counselors had been in their profession from 4-7 years, practicing at their shelter for an average of 4 years, and reported servicing an average of 11-20 clients per week or between 26 and 75 clients per month. Shelter counselors reported receiving an average salary of less than \$30,000 per year. The education of the counselors varied widely with some reporting only a high school degree (N = 4), some college (N = 4) or an associates degree (N =2), bachelors degree (N=16), or masters degree (or masters degree in progress) (N = 7). Most counselors reported that there was some education provided on counseling through their shelter, but the training was not continuous. While some counselors reported that there was no training offered through their shelter (N = 9), many reported that some training was offered once every three months (N = 6) to six months (N = 5). Only the largest shelters with the most resources provided training on a monthly (N = 9) or weekly basis (N = 4). Approximately half of the experimental training

counselors were also prior survivors of abuse (N=18), reporting the abusive relationship lasting one to three years in length, having been terminated more than five years ago, and involving physical abuse (N=18), emotional abuse (N=16), sexual abuse (N=11), financial abuse (N=12), and frequent threats (N=13). Twelve counselors reported seeking counseling themselves to deal with their own abuse issues.

Counselors who were in the wait-list control group (N=32) were also female and ranged in age from 22 to 49 (M =33), and ethnically labeled as Caucasian (N = 22) and African American (N=9), and Hispanic (N=1). Most counselors also reported being in their profession from 4-7 years, had been practicing at their shelter for an average of 4 years, and reported servicing an average of 11-20 clients per week or between 26 and 75 clients per month. Shelter counselors in the wait-list control also reported receiving an average salary of less than \$30,000 per year, although four individuals reported receiving between \$30,000 and \$40,000 per year. The education of the counselors also varied widely with some reporting only a high school degree (N = 5), some college (N = 4) or an associates degree (N =3), college degree (N=14), or masters degree (or masters degree in progress) (N = 6). Most counselors reported that there was some education through their shelter, but training was not continuous. While some reported that there was no counseling training offered through their shelter (N =12), many reported that there was some training offered once every three months (N = 6) to six months (N = 7). Again, only the largest shelters with the most resources provided training on a monthly (N = 5) or weekly basis (N =2). Approximately half of the wait-list control counselors were also prior survivors of abuse (N=16), reporting the abusive relationship lasting one to three years in length, having been terminated more than five years ago, involving physical

abuse (N=16), emotional abuse (N=16), sexual abuse (N=9), financial abuse (N=11), and frequent threats (N=14). Nine counselors reported seeking counseling themselves for dealing with their own abuse issues.

Overall, the shelter clients ranged in age from 19 to 53 with a mean age of 27 years. Clients reported their ethnicity as Caucasian (N=49), African-American (N=28), Hispanic (N=6), Asian (N=2), and other (N=3). All of the clients were female, mostly describing heterosexual abuse by a male partner (N=84), although a few did seek shelter assistance due to same sex abuse (N=4). A majority of the clients reported receiving an income of less than \$30,000 per year (N=56), while some received \$30,000-\$40,000 (N=20) and the remaining made \$41,000 to \$50,000 (N=12) per year.

Almost 41% of the clients identified their current relationship as their first abusive one (N=36). Of the 52 clients who had experienced domestic violence before, 24 reported it was their second abusive relationship, 13 reported having had three to five abusive relationships and 15 reported experiencing six to ten prior abusive relationships.

Approximately 44% of the population reported being with their current abusive partner for more than seven years (N=39), with 18 reporting they had been with their partner four to six years, 14 reporting being with their partner one to three years and 14 reporting being with their partner less than one year, but more than six months (3 clients did not answer the question). For most of the population surveyed, the abuse had been occurring for less than one year (N=34) or one to three years (N=30), although 23 reported experiencing abuse for four to six years and four (N=4) reported experiencing abuse for more than seven years.

The vast majority had children with their abusive partner (N=63), of which 51 were reared by the client and partner. Most clients reported their children not being abused by the partner (N=46). Of those children who were reported as being abused by the client's abusive partner, 45% of clients reported that their children had received some counseling to overcome the abuse (N=28).

Approximately 85% of the clients surveyed in this study (N=74) reported staying at the shelter, 8% reported living with their partner (N=6), 5% reported living with other family members (N=4), and 2% reported living with friends (N=2). Of those who reported staying at the shelter, 70% reported that it was their first time staying at any shelter and at that particular shelter (N=60). The remaining clients reported staying at a shelter one to three times (N=20) with several reporting staying at a shelter more than 10 times (N=8). Most clients coming to the shelter reported wanting assistance with safety plan development, self-protection, understanding patterns of abuse, parenting support, and abuse documentation.

There were no significant differences between the two groups in term of either physical abuse ( $t(1,87) = .276, p=.784$ ) or emotional abuse reported ( $t(1,86) = 1.12, p=.234$ ). There were also no significant differences between the two groups in term of length of relationship with abusive partner  $t(1,86) = .872, p=.366$ , shelter use ( $t(1,85) = .808, p=.432$ , prior counseling  $t(1,85) = .167, p=.842$ , number of prior abusive relationships  $t(1,86) = .768, p=.577$ , age  $t(1,87) = 1.09, p=.192$  or income  $t(1,87) = .467, p=.648$ .

TABLE 1

## Domestic Violence Counselors Descriptive Data

|                                                                      | Experimental Condition                                                                           | Wait-List Control                                                                                |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Number of Participants                                               | 33                                                                                               | 32                                                                                               |
| Mean Age                                                             | 31                                                                                               | 33                                                                                               |
| Age Range                                                            | 24-57                                                                                            | 22-49                                                                                            |
| Education                                                            | High school (4)<br>Some college (4)<br>Associates (2)<br>Bachelors (16)<br>MA/MA in progress (7) | High school (5)<br>Some college (4)<br>Associates (3)<br>Bachelors (14)<br>MA/MA in progress (6) |
| Salary as a counselor                                                | Less than \$30,000/year                                                                          | Less than \$30,000/year;<br>Four indicate \$30,000-<br>\$40,000/year                             |
| Ethnicity                                                            | Caucasian (25)<br>African-American (5)<br>Hispanic (2)<br>Native American (1)                    | Caucasian (22)<br>African-American (9)<br>Hispanic (1)                                           |
| Years of Practice as a Counselor                                     | 4-7 years on average                                                                             | 4-7 years on average                                                                             |
| Years of Practice at Shelter                                         | 4 years on average                                                                               | 4 years on average                                                                               |
| Number of clients serviced per week/month                            | 11-22 clients/week<br>26-75 clients/month                                                        | 11-22 clients/week<br>26-75 clients/month                                                        |
| How often is education provided at your shelter?                     | No training (9)<br>One to three months (6)<br>Every six months (5)<br>Monthly (9)<br>Weekly (4)  | No training (12)<br>One to three months (6)<br>Every six months (7)<br>Monthly (5)<br>Weekly (2) |
| Are you are prior survivor of abuse?                                 | Yes (18)<br>No (15)                                                                              | Yes (16)<br>No (16)                                                                              |
| If yes, how long did abusive relationship last? (average)            | One to three years                                                                               | One to three years                                                                               |
| How long ago did you experience this abusive relationship? (average) | More than five years ago                                                                         | More than five years ago                                                                         |
| Types of abuse experienced?                                          | Physical (18)<br>Emotional (16)<br>Sexual (11)<br>Financial (12)<br>Threats (13)                 | Physical (16)<br>Emotional (16)<br>Sexual (9)<br>Financial (11)<br>Threats (14)                  |
| Did you seek counseling for your own abuse?                          | Yes (12/18)<br>No (6/18)                                                                         | Yes (9/16)<br>No (7/18)                                                                          |

TABLE 2

**Domestic Violence Survivor Descriptive Statistics (Across Conditions)**

|                                                                                   |                                                                                                                      |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Number of Participants</b>                                                     | <b>88 (45 in experimental condition)<br/>(43 in wait-list control)</b>                                               |
| <b>Mean Age</b>                                                                   | <b>27</b>                                                                                                            |
| <b>Age Range</b>                                                                  | <b>19-53</b>                                                                                                         |
| <b>Education</b>                                                                  | <b>High school (4)<br/>Some college (4)<br/>Associates (2)<br/>Bachelors (16)<br/>MA/MA in progress (7)</b>          |
| <b>Ethnicity</b>                                                                  | <b>Caucasian (49)<br/>African-American (28)<br/>Hispanic (6)<br/>Asian (2)<br/>Other (3)</b>                         |
| <b>Yearly income</b>                                                              | <b>Less than \$30,000 (56)<br/>\$30,000-\$40,000 (20)<br/>\$41,000-\$50,000 (12)</b>                                 |
| <b>Where are you currently living?</b>                                            | <b>Shelter (74)<br/>Partner (6)<br/>Family members (4)<br/>Friends (2)</b>                                           |
| <b>If staying at a shelter is this your first visit?</b>                          | <b>Yes (60) No (18)</b>                                                                                              |
| <b>If not, how many times have you been to a shelter? (any shelter)?</b>          | <b>One to three times (20)<br/>More than 10 times (8)</b>                                                            |
| <b>Why do you come to a shelter?</b>                                              | <b>Safety, support, protection, document abuse, understand abuse, parenting support</b>                              |
| <b>First abusive relationship?</b>                                                | <b>Yes (36) No (52)</b>                                                                                              |
| <b>If not, record prior experiences?</b>                                          | <b>Second abusive relationship (24)<br/>Three to five (13)<br/>Six to ten (15)</b>                                   |
| <b>How long have you been with your current partner?</b>                          | <b>Less than one year (14)<br/>One to three years (14)<br/>Four to six years (18)<br/>More than seven years (39)</b> |
| <b>How long has abuse been occurring in this relationship?</b>                    | <b>Less than one year (34)<br/>One to three years (30)<br/>Four to six years (23)<br/>More than seven years (4)</b>  |
| <b>Do you have children with this partner that are living with you currently?</b> | <b>Yes (63) No (25)</b>                                                                                              |
| <b>Are your children being abused?</b>                                            | <b>Yes (17) No (46)</b>                                                                                              |
| <b>If yes, have your children received counseling?</b>                            | <b>Yes (8/17) No (9/17)</b>                                                                                          |

**Recruitment of Counselors:** Each shelter across the State of Michigan received a pre-workshop phone survey where they were asked to provide basic information about the operation of their shelter (i.e., number of clients served, number of counselors, types of services offered, counselor training, size of shelter, and types of abuse counseled) for a new booklet being created about MI shelters. During the telephone survey, either a counselor or the shelter director was probed further about the training counselors received with the question, “Does your shelter provide communication training for your counselors?” If the respondent was unsure of what this question meant, they were provided with the following response, “ Some shelters talk with their counselors about what verbal and nonverbal behaviors help counselors reach clients during the counseling process. Does your shelter provide this type of assistance?” Despite clarifying the question, all shelters reported they did not provide communication training. Thirty-two shelters reported interest in participating in a study that would involve communication training. Counselors were told that if their shelter was willing to participate, they would receive all of the materials, \$100 for the shelter plus the cost of postage for materials sent between the shelter and Michigan State University, as well as communication training within the next six months (funding provided by Blue Cross/Blue Shield of Michigan Foundation Grant). Shelter counselors or directors were not told they would be randomly assigned to either the experimental or wait-list control condition.

**Recruitment of Shelter Clients:** Shelters and their counselors were told that clients who chose to participate in the study would be asked to fill out a survey and write briefly in a journal about their interaction with their counselor. For their participation, clients would have their names placed in a weekly drawing for cash prizes ranging from \$50 to \$150

per week, with a total of approximately \$1,000 distributed over the course of the study (funding provided by Blue Cross/Blue Shield of Michigan Foundation Grant). To protect the identity of clients, counselors were told that client would be assigned numbers and the primary investigators would never know the clients names unless they won a cash prize (i.e., the name was needed to furnish a check for the cash prize). Those winning a cash prize would have their checks mailed to the shelter so that no address for any client would be on record. Counselors were also assured that the information provided by their clients would remain in a locked file cabinet of the primary investigators.

Procedure: One counselor at each shelter (for both the experimental and wait-list control) was asked to coordinate the materials coming to and leaving the shelter during the study. This person was responsible for the collection of surveys, journals mailing of materials, and correspondence with the lead investigator (i.e., Murray-Johnson).

All counselors and participating clients first received and signed informed consent letters. Next, all participants (both counselors and clients) took a short survey which asked about demographic information and assessed abuse experiences. Then, counselors from both conditions would interact with their client for the duration of a typical counseling session, ranging from 30 to 60 minutes. Each counselor was asked to meet with five clients during the study. Immediately after the session, each of five clients was asked to complete posttests and write briefly in the journals about the experience. If clients were going to stay at the shelter, they were instructed to immediately complete the posttest, but to continue writing in their journal after each meeting with the counselor (if this was acceptable to them). Clients who were not staying at the shelter were asked to turn both the journal and the posttest in once they were completed. Clients from both

conditions were immediately debriefed at the end of the counseling session. Counselors were debriefed at the conclusion of the study.

Intervention: The two counselors from each shelter randomly assigned to the experimental training condition were invited to attend a “Building Bridges: Improving Communication with Clients” workshop. The workshop taught verbal and nonverbal communication strategies associated with Communication Accommodation theory. The workshop was held at the Okemos Comfort Inn and Suites in Okemos, Michigan from 8am until 5pm both days, incorporating both mini lecture and practice sessions, under the training direction of the lead investigator and co-investigator (i.e., Kim Witte) for this study. The workshop was free to domestic violence counselors, including meals and an overnight stay (funded by Blue Cross/Blue Shield of Michigan Foundation). Primary training facilitator, Lisa Murray-Johnson has done research with the independent and dependent variables of interest. Dr. Kim Witte, co-facilitator, has been trained extensively in the independent and dependent variables of interest and is certified and licensed in specific communication accommodation strategies. At the end of the workshop, counselors were rated on their accommodation skills by two trained coders. Counselors also received a participation certificate, a sealed envelope containing client pretests and posttests, and client and counselor journals.

#### Communication Accommodation Behaviors used in the Experimental Training

Workshop. Convergent verbal and nonverbal communication behaviors were based on Murray-Johnson’s (2001) coding scheme for accommodative behaviors (attributed to Jones and colleagues (1999)). Jones and colleagues (1999) identified 11 nonverbal behaviors for coding, including turn length, response latency, speech rate, short pause and

long pause frequency, interruption frequency, simultaneous speech frequency, smiling, laughing, nodding, gesturing while speaking and listening, and dominant posture (see Jones et. al., 1999 for details). For verbal behaviors, the authors chose a selective analysis and measured behaviors by topic. Some of the topics were developed inductively from the data while others used a standard process. Topics coded were topic management, shared viewpoint, topic content, analysis of open and close-ended questions and self-disclosure (see Jones et. al, 1999 for details).

Nonverbal Coding Scheme. In this study, counselors were tested for convergence on nonverbal behaviors of dominant posture, nodding, speech rate, gesturing while speaking or listening, smiling, and eye gaze. Dominant posture was defined as the extent to which participants oriented their body towards one another when sitting, such as slouching, side tilts, and/or straightness of physical frame. Nodding was defined as a continuous up and down movement of the head in sync with the other. Speech rate was defined as how many syllables participants spoke during the length of a turn, by the length of a turn, no more than one minute in length. Gesturing was broken down into two categories: gestures with the hands, or arm/shoulder region, to better assess the types of movements made by individuals in sitting positions. Gestures were identified by the extent to which both participants use the same or similar continuous gestures for touch, clasping, shrugs, or resting. Smiling was defined as a relaxation of the facial features, or upturn of the lips or mouth

Verbal Coding Scheme. Study counselors were also assessed on convergent verbal communication moves for topic management, in terms of topic selection and development, back-channeling, vocabulary, vocal pitch, and vocal flexibility. Topic

selection referred to one person selecting a topic for discussion and the other person nodding that that topic was acceptable. Topic development was defined by participants desire to add information or share an opinion on the subject matter presented. Back-channeling was defined as actively responding to the topics with a brief vocal response, such as “uh-huh”, “yes”, and “I see”. Vocabulary was defined as same or similar use of words by partners during the conversation. Vocal pitch was defined as the use of same or similar tonal frequency when speaking, which included adjustments for answering and asking questions. Vocal flexibility referred to the use of appropriate tempo for moving between speech turns and speech pauses.

The operationalization of each behavior is listed in the Appendices. Although Jones and colleagues (1999) used the time unit of one minute for analysis and then coded the first three minutes and last three minutes of an interaction, counselors were assess every twenty seconds for three minutes of an interaction during the training workshop. This was done for two reasons: first, to provide a thorough assessment of how verbal and nonverbal behaviors are organized over a period of time, and second, to assess not only how one person behaved, but also both partners verbal and nonverbal behavior as a dyadic unit.

Premeasure: Counselors were asked to only collect data from clients who were new to the shelter. This was done to prevent differences in attachment between counselors and clients. To ensure that only stranger clients were used, counselors were to ask clients if they had ever been to the shelter before. If the responses was “no”, then the client would be invited into the study. If the response was “yes”, then the counselor was asked to assess how well the counselor and client knew one another from “1” equals “not at all” to

“7” equals “very much”. If the counselor could report a score greater than “2” (“barely”), then they would not invite the client into the study.

Manipulation checks: There were several manipulation checks conducted in this study.

First, an assessment was made to determine that the counselors who attended the experimental training workshop were able to produce the communication accommodation behaviors taught during the workshop. To this end, each counselor was paired with another counselor at the beginning and end of the workshop for twenty-five minutes and asked to have a conversation on a topic of their choice. During this time, two trained coders watched each pair and rated them on their ability to converge (match) their verbal and nonverbal communication patterns with one another for three minutes. Coders were undergraduate and graduate communication students ( $N = 8$ , 4 sets of two coders each) who had conducted coding for a prior communication accommodation study.

A second manipulation check was used to assure that counselors who participated in the experimental workshop continued to practice those behaviors before engaging clients in counseling sessions with them. The counselors were asked to practice performing convergent behaviors for 10 hours and asked to keep a page in their journal for recording these practice hours. Although the counselors were told to be honest in their appraisal of time spend (i.e., they would not be punished for performing less than ten hours), the primary investigators took notice of both the hours and manner the hours were recorded (i.e., using the same pen or no change in writing style for documentation).

A third manipulation check was conducted during this study to ensure that clients engaging in the counseling session were motivated to participate in therapy. Clients were assessed for motivation to engage in the interaction with their counselor with three

questions, “I am looking forward to talking with this counselor”, “I feel motivated to talk with this counselor”, and “I feel that I am going to have a good interaction with this counselor today”. Answers were recorded on a 7-point scale from “1” equals “strongly disagree” to “7” equals “strongly agree. Confirmatory factor analysis was performed on this scale using Hamilton and Hunter’s CFA program (1998). All of the items met the criteria for content, internal consistency and parallelism. No items were dropped from this scale due to the error table produced. The scale’s coefficient alpha was .90.

Coordination of Study Materials: One counselor at each shelter received two sets of materials: one set for themselves, and one set for each of their five clients. In each set of materials, there was a pre-numbered pretest, posttest and envelope corresponding to client numbers, plus the informed consent letter and debriefing sheet. In addition, each counselor received one copy of the cheat sheet for communication accommodation behaviors. Packets were numbered for each participating shelter, and counselor from each shelter (i.e., counselor #1 or #2). Email and phone calls were made to the counselor to remind them to fill out their materials and send them back to Michigan State University.

Client Pretest Measures: Shelter clients were asked their age, sex, salary, race, education, number of children, living arrangements, use of counseling services, and types of abuse experienced in their relationship using the Abusive Behavior Inventory Form (Shepard & Campbell, 1992) Index. The Index was subjected to Hamilton and Hunter’s CFA program (1988). Individual items were assessed for content internal consistency and parallelism. As all items met the criteria, no items were dropped from the scale.

Abuse Index: The Abusive Behavior Inventory Form (Shepard & Campbell, 1992) was used to determine the range of physical (10 items) and psychological

behaviors (20 items) used by the abusive partner on the client in the relationship. The 30-item scale is anchored on a five-point Likert scale from (1) equals “never” to (5) equals “very frequently”. Physical abuse items ranged from “pushed, grabbed or shoved you” to “threatened you with a knife, gun, or other weapon”. The psychological abuse items include the sub-categories of emotional abuse (i.e., humiliation or degradation—“told you that you were a bad parent”), isolation (i.e., restriction of social contact—“stopped you or tried to stop you from going to work or school”), intimidation (i.e., frightened with actions or gestures—“said things to scare you”), threats (i.e., harm to self or others—“used your children to threaten you”) and use of male privilege (i.e., compliance demanded based on patriarchal entitlement—“ended a discussion with you and made the decision himself”). Prior studies using the scale have reported reliabilities ranging from .71 to .91 (cite here). Coefficient alpha for the scale is .85.

Counselor Journals. Counselors in both the experimental and control conditions were asked to describe their initial encounter with each client. Counselors in the experimental condition were also asked to report if they noticed their accommodative behaviors having an effect on their clients.

Client Journals. Clients were asked to specify their reason for seeking the services of the domestic violence shelter (in general) and then answer one question in their journal. The question posed was, “What thoughts do you have about the counselor you just spoke with and your counseling session with that counselor?”

Posttest Measures. Both counselors and clients received the following scales in their posttests to measure the independent and dependent variables described above. All scales used in the posttest measurement underwent confirmatory factor analysis. The CFA was

conducted using Hamilton and Hunter's CFA program (1988) that assesses individual items for content, internal consistency and parallelism. Items that did not meet these criteria were dropped. The table below shows the items that we dropped from each of the scales used in this study.

For text brevity, each of the scales and their individual items are listed below.

Items that were reverse-scored are denoted with they symbol (\*) after it.

TABLE 3

Items dropped from Pretest and Posttest Measures.

**Pretest Measure**

Abusive Behavior Inventory Form (Sheppard & Campbell, 1992):

No items were dropped from this scale

**Posttest Measures**

Perceived Liking Scale:

No items were dropped from this scale

Perceived Similarity Scale:

Q19. "Our outlook on life is similar."

Perceived Empathy Scale: Perspective-Taking (Barrett-Lennard, 1962):

Q25. "This counselor connects with me."

Perceived Empathy Scale: Emotional Concern (Barrett-Lennard, 1962):

Q30. "The counselor I talked to treated me like a friend."

Perceived Trust Scale:

Q38. This counselor was not sincere.

Communication Accommodation Strategies Scale (Jones et. al., 1994):

Q45. "The counselor was on common ground with me." (Interpretability)

Q47. "The counselor tried to find common ground with me."

(Discourse Management)

Q58. "The counselor made it hard for me to know how to behave."

(Interpersonal Control)

Communication Accommodation Strategies Scale: A revised version of the Communication Accommodation Scale (Jones et. al., 1994) was used to measure the interpretability, discourse management and interpersonal control between the counselor and client. The 18-item scale has six statements per dimension, on a 7-point scale, anchored with “1” equals “not at all” to “7” equals “very”. Interpretability includes the statements that the other’s language was “easy to understand”, “too formal\*”, “appropriate for our conversation”, “easy to relate to”, “ambiguous/not clear\*”, and “on common ground with mine”. Discourse management determined how a person behaved conversationally, including the statements: “did all the talking\*”, “treated me like a conversational equal”, “tried to find common ground with me”, “let me turn the topic in a new direction”, “made it easy for me to expand on a topic” and “used appropriate language for our conversation”. Interpersonal control asks how control and role flexibility contribute to dialogue as demonstrated by ranking the following statements: “demonstrated respect for me”, “talked down to me\*”, “saw information from my point of view”, “emphasized power\*”, “made it hard for me to know how to behave”, and “let me express myself in different ways”.

This scale was revised in two ways. Jones and colleagues (1994) initially intended the scale for use between faculty and students, so introduction lines were changed from this “faculty” to this “counselor”. Second, the original scale contained the statements “did not move an inch toward the faculty/student” and “tried to take the faculty’s/student’s power”. These were replaced with the statements, “made it easy for me to expand on a topic” and “let me turn a topic in a new direction”, both indicative of a

speaker's communicative ability in a stranger interaction. Coefficient alphas were .82 for interpretability, .88 for discourse management and .82 for interpersonal control.

Perceived Accommodation Scale. A 12-item perceived accommodation scale was created to assess the extent to which clients thought their counselor was accommodating to them. The 7- point Likert scale was anchored with "1" equals "strongly disagree" to "7" equals "strongly agree" with statements focusing on how the client "felt about the counselor you communicated with during the conversation". Clients rated how "connected", "in-sync", and "responsiveness" they felt talking with the counselor, as well as how "easy it was to communicate", whether the counselor "behaved like she was interested in my opinions", if person was "attentive to my communication needs", "listened to what I had to say", "tried hard to cater to my needs", "treated me like a friend", "seemed to understand me", "did not match well in communication\*", and communicated like they did not like me\*". Coefficient alpha for the perceived accommodation scale was .90.

Comfort. An eight-item scale was created to measure the client's level of comfort with the counselor. Participants rated counselors on how "secure", "safe", "tense\*", "comfortable", "distant\*" and "relaxed" they felt with them, as well as clients' beliefs about counselor's ability to "relate to me" and "unwind during conversation". Coefficient alpha for the comfort scale was at .92.

Willingness to talk with the counselor again. A one-item response was asked of clients to determine how greatly their communication skills affected willingness to engage with the confederate again. A seven point Guttman scale was used to assess their strength of preference for the confederate, ranging from "I never want to talk to this

counselor again”, “I would prefer not to talk with this counselor again”, “It doesn’t matter if I talk to this counselor again or not”, “It would be okay if I talked to this counselor again”, “I would like to talk to this counselor again”, “I want to talk to this counselor again”, and “I can’t wait to talk to this counselor again”.

Perceived Liking. Six items were asked of clients to determine counselor perceived liking. A seven point Likert scale was used to assess their degree of liking for the counselor with anchors from “1” equals “strongly disagree” to “7” equals “strongly agree”. Statements were, “I like this counselor”, “this counselor is likeable”, “this counselor is easy to like”, “this counselor is pleasant”, “I don’t like the counselor I talked to\*”, and “this counselor was enjoyable. Confirmatory factor analysis produced a coefficient alpha = .90.

Perceived Similarity. Six items were asked of clients to determine counselor perceived similarity. The same seven point Likert scale described above was used to assess their degree of similarity. Statements included, “I am similar to this counselor”, “I am like this counselor”, “this counselor shares similar opinions”, “this counselor shares similar interests”, “this counselor is completely different from me\*”, and “our outlook on life is similar”. Confirmatory factor analysis produced a coefficient alpha = .86.

Perceived Empathy. Empathy has been operationalized with the Barrett-Lennard Relationship Inventory (BLRI) (Barrett-Lennard, 1962) to measure counselor perceived empathy. The 32-item scale consists of 16 positively and negatively worded item statements describing client perceptions of the counselor’s perspective taking, empathic concern, fictional involvement and emotional contagion. A 10-item revised BLRI is used for the present study, which includes only the perspective taking and empathic concern

constructs. Prior studies using the questions from these two constructs have been deemed valid with reported reliabilities in the .62-.87 range (Barrett-Lennard, 1962, 1964).

Five items were asked of clients to determine counselor perspective taking. The same seven point Likert scale described above was use to assess their level of perspective taking. All statements began with the “the counselor I talked to” and were completed with the following phrases “understands me”, “understands how I view the world”, “takes no notice of my perspective\*”, and “could sense what I was feeling”. Confirmatory factor analysis produced a coefficient alpha of .86.

Five items were also asked of clients to determine how accommodative behaviors affected perceptions of counselor empathic concern. The same seven point Likert scale described above and statement beginning phrase was use to assess their level of empathic concern. Statements were completed with the following phrases: “seemed concerned about how I was feeling”, “seemed interested in my well-being”, “understood my feelings without becoming affected herself”, and “seemed more concerned about her feelings than mine\*.” Confirmatory factor analysis produced a coefficient alpha = .84.

Perceived Trust. Nine items were asked of clients to determine counselor perceived trust. The same scale as described above (liking) was used.. The statements included, “I trust this counselor”, “this is a counselor who can keep information private”, “I can talk about my fears with this counselor”, “this counselor won’t repeat what I told her to others”, “I feel I can trust this counselor”, “I think this counselor is trustworthy”, “this counselor was not sincere in our conversation\*”, “this counselor would keep private information confidential”, and “I kept information from this counselor\*.” Confirmatory factor analysis produced a coefficient alpha = .84.

## CHAPTER 4: RESULTS AND DATA ANALYSIS

Statistical Analysis. Data collected from the counselor surveys and client pretests and posttests were assessed using SPSS for Windows: Statistical Package for the Social Sciences. Differences between the experimental training workshop condition and wait-list control were compared with T-tests. ANOVA and ANCOVAs were also used to assess differences due to age, education, ethnicity, socioeconomic status, prior abuse, types of abuse experienced, length of abuse, and prior counseling.

Setting alpha and beta at their conventional standards of .05 (one-tailed) and .80 respectively, a minimum of 28 counselor-client dyads were needed to adequately assess significant differences between the groups following the intervention (Cohen, 1988). To adjust for unequal cell sizes, the regression approach to analysis of variance was used, “where each cell mean is given equal weight regardless of its sample size” (Tabachnick & Fidell, 1989, p. 340). A 5% level of significance is used for all tests, and multiple range tests were also conducted (e.g., Tukey b) to assess significant differences between groups when there were more than two groups.

Journal Analysis: Post-hoc analyses of the journals were conducted by the primary investigator (i.e., Murray-Johnson) and two undergraduate coders. Journals were analyzed turn by turn using an adaptation of Bales’ (1970) Interaction Process Analysis (IPA) developed by Burris, Gallois, Woodall, & Markel (1979). The IPA was initially developed as a method for observing interaction in small face-to-face groups. It focuses on the process of interactions in addition to the interaction’s content. This coding scheme was applied to the written journals of this study. The IPA provides a standardized set of

categories for classifying behaviors. The first six categories reflect socioemotional activities, including behaviors that focus on interpersonal relationships. These behaviors include the showing of solidarity, showing tension, tension release, agreement, disagreement, and demonstrations of antagonism. The other six categories focus on task activities based on what individuals in a group or dyad are doing. These behaviors include giving or asking for suggestions, opinions, and information, and how the discourse was managed based on whether the giving and asking for suggestions, information and opinions was shared. Through the use of the IPA it is possible to determine the extent to which participants are responsive to one another by used of self-disclosures and dyadic roles.

To measure perceived accommodation, a subset of the IPA was used. From the 12 available categories, four were chosen based on their relevance to this study. These include: showing of solidarity, showing antagonism, and agreement and disagreement. The question asked of each client “What thoughts do you have about the counselor you just spoke with and what thoughts do you have about your counseling session with that counselor?” was broken down into these six areas for analysis in an attempt to recognize the verbal and nonverbal behaviors that were demonstrations of perceived accommodation. The same question was also analyzed by counselors with substitution of the word “counselor” for “client.” It should be noted that not all of the verbal and nonverbal behaviors were coded from the journals; rather, only the behaviors coded were those in which counselors received training.

As some of the behaviors uncovered in this study could be coded through multiple IPA categories (i.e., a smile for agreement could demonstrate solidarity) each behavior

was coded twice. First, a behavior was coded for content that was reciprocated or between clients and counselors (i.e., both the counselor and client smiled) and second for its relational-level meaning (i.e., the smile indicated solidarity). Hence, the IPA was primarily used for relation-level meaning, given its socioemotional and task categories.

For a verbal or nonverbal behavior to be designated to a particular category, stringent definitions of each term were identified. Each behavior was first identified as a positive or negative reaction of the other dyadic partner. Once positivity or negativity was established, behaviors were then coded by agreement or disagreement. Agreement refers to a demonstration of behavioral convergence. This means that the counselor or client attempted to make their behavior more similar to the other. Disagreement refers to a demonstration of behavioral divergence. For this study, over-accommodation, under-accommodation, and contra-accommodation were not separately coded but lumped into the behavioral divergence category. Inter-coder agreement on the coding scheme was acceptable at .87.

The journals were also analyzed for common abuse themes, and the amount of detail of their abuse (e.g., self-disclosure). The content was coded by dyad for each new topic discussed in reference to the IPA categories of giving and receiving information, suggestions and opinions. For this study, these categories were simplified into two steps. First, it was asked whether or not information was given by a counselor or client (i.e., yes/no) on a particular topic and second, if information was provided, then it was coded on a one (little information) to five (highly informative) scale. The inter-coder agreement for this portion of the coding scheme was acceptable ( $\kappa=.89$ ) (Cohen, 1988).

**Manipulation Checks.** There were several manipulation checks for this study. First, an assessment was made to determine if counselors could approximate the verbal and nonverbal communication accommodation behaviors taught during the training workshop. T-tests were conducted to assess if counselors could perform the accommodative behaviors during their counseling interactions. All counselors were able to produce the verbal and nonverbal behaviors they were taught during the Building Bridges Workshop. The tables below list the t-tests for each behavior and the means and standard deviations for each behavior.

**TABLE 4**

**T-tests of Counselor Verbal and Nonverbal Accommodation Behaviors  
from the Training Workshop**

| <b>Group 1</b>    | <b>Verbal accommodation</b>                                     |
|-------------------|-----------------------------------------------------------------|
| Vocal rate        | T(32) = 10.01, $p < .001$ (M1=2.27, SD=.85 ), (M2=4.48, SD=.62) |
| Vocal pitch       | T(32) = 8.22, $p < .001$ (M1=1.91, SD=.77 ), (M2=3.61, SD=.75)  |
| Vocabulary        | T(32) = 7.55, $p < .001$ (M1=2.27, SD=.95), (M2=3.91, SD=.97)   |
| Topic selection   | T(32) = 8.53, $p < .001$ (M1=2.55, SD= 1.14) (M2=4.56, SD=.67)  |
| Topic development | T(32) = 13.13, $p < .001$ (M1=1.78, SD= .82), (M2=4.12, SD=.78) |
| Back-channel      | T(32) = 5.19, $p < .001$ (M1=2.72, SD=.85), (M2=3.73, SD=.69)   |
| Vocal flexibility | T(32) = 9.60, $p < .001$ (M1=1.84, SD=.80 ) (M2=3.96, SD=.91)   |

| <b>Group 1</b> | <b>Nonverbal accommodation</b>                                  |
|----------------|-----------------------------------------------------------------|
| Posture        | T (32) =7.53, $p < .001$ (M1=2.42, SD=1.43), (M2=4.54, SD=.79)  |
| Hand           | T (32) =9.16, $p < .001$ (M1=1.45, SD=.71), (M2=3.60, SD=1.00)  |
| Nodding        | T(32) = 6.64, $p < .001$ (M1=2.57, SD=1.45), (M2=4.27, SD=.72)  |
| Arm            | T(32) = 8.39, $p < .001$ (M1=2.01, SD=1.34), (M2=4.06, SD=.71)  |
| Smiling        | T(32) = 4.98, $p < .001$ (M1=2.78, SD=1.26), (M2=4.00, SD=1.06) |
| Eye            | T(32) = 6.63, $p < .001$ (M1=2.82, SD=1.23), (M2=4.57, SD=.86)  |

\*Means represent number of actual matches of behavior during 9 timed intervals of 20 seconds each between two counselors

TABLE 5

Assessment of Counselor's Ability to Produce Actual Accommodative Behaviors  
Means and (Standard Deviations) for 9 timed intervals  
(3 minutes @ 20 seconds per interval)

**Before Workshop Training**

|                   | <b>Convergence</b> | <b>Divergence</b> | <b>Can't tell</b> |
|-------------------|--------------------|-------------------|-------------------|
| Vocal rate        | 2.27 (.85)         | 2.24 (.61)        | .48 (.61)         |
| Vocal pitch       | 1.91 (.77)         | 2.36 (.61)        | .66 (.65)         |
| Vocabulary        | 2.27 (.95)         | 2.06 (.67)        | .67 (.60)         |
| Topic selection   | 2.55 (1.14)        | 1.85 (.97)        | .66 (.14)         |
| Topic development | 1.78 (.82)         | 2.63 (.83)        | .63 (.69)         |
| Back-channel      | 2.72 (.85)         | 1.87 (.70)        | .40 (.61)         |
| Vocal flexibility | 1.84 (.80)         | 2.18 (.91)        | .94 (.71)         |
| Posture           | 2.42 (1.43)        | 2.24 (1.27)       | .36 (.48)         |
| Hand              | 1.45 (.71)         | 2.87 (1.07)       | .63 (.49)         |
| Nodding           | 2.57 (1.45)        | 1.96 (1.28)       | .45 (.56)         |
| Arm               | 2.01 (1.34)        | 2.36 (1.27)       | .64 (.61)         |
| Smiling           | 2.78 (1.26)        | 1.91 (1.15)       | .36 (.74)         |
| Eye               | 2.82 (1.23)        | 1.61 (.94)        | .57 (.76)         |

**After Workshop Training**

|                   | <b>Convergence</b> | <b>Divergence</b> | <b>Can't tell</b> |
|-------------------|--------------------|-------------------|-------------------|
| Vocal rate        | 4.48 (.62)         | .45 (.50)         | .45 (.50)         |
| Vocal pitch       | 3.61 (.75)         | 1.06 (.49)        | .33 (.48)         |
| Vocabulary        | 3.91 (.97)         | .85 (.72)         | .24 (.43)         |
| Topic selection   | 4.56 (.67)         | .40 (.65)         | .07 (.24)         |
| Topic development | 4.12 (.78)         | .72 (.72)         | .15 (.36)         |
| Back-channel      | 3.73 (.69)         | .75 (.70)         | .51 (.50)         |
| Vocal flexibility | 3.96 (.91)         | .60 (.61)         | .43 (.61)         |
| Posture           | 4.54 (.79)         | .40 (.65)         | .05 (.49)         |
| Hand              | 3.60 (1.00)        | 1.30 (.86)        | .09 (.29)         |
| Nodding           | 4.27 (.72)         | .61 (.63)         | .12 (.41)         |
| Arm               | 4.06 (.71)         | .94 (.72)         | .00 (.00)         |
| Smiling           | 4.00 (1.06)        | .88 (.92)         | .12 (.33)         |
| Eye               | 4.57 (.86)         | .30 (.58)         | .12 (.30)         |

A second manipulation check was conducted to determine if the counselors who participated in the experimental counseling session practiced the same or a similar number of hours, which could have affected their ability to produce accommodative behaviors during a counseling session. In counselor journals, the 33 counselors from the training workshop self-reported 13.2 practice hours, with a range from 8 to 15 practice hours before beginning the study. Approximately 75% of the counselors practiced more than requested 10 hours (N=27). None of the journal entries appeared suspect by the primary investigators for inappropriate reporting of practice hours.

A third manipulation check was done to assess client motivation to engage in counseling with the therapist. T-tests were conducted to determine if there were differences in client motivation across both conditions at the beginning of the interaction. No differences were found in client motivation across the two conditions  $T(1,87) = 1.37$ ,  $p = .542$ . ( $M_1 = 5.14$ ,  $s.d. = .25$ ;  $M_2 = 4.94$ ,  $s.d. = .26$ ) Thus, it was assumed that clients in both groups were equally motivated to participate in their client-counselor session.

Hypothesis 1. Client and counselor journals were analyzed to determine if counselors who were trained to produce both verbal and nonverbal communication accommodation behaviors were more or less likely to engage clients in telling their counselors.

The content themes across the journals could be divided into numerous categories, including: types of physical abuse (e.g., “he came after me with a gun”) (N=57), types of emotional abuse (e.g., “I can’t tell how many times he told me I was worthless”) (N=44), threats to self (e.g., “one day he says he’s gonna do it”) (N=19), threats to children (e.g., “he hasn’t hit them yet, but you never know”) (N=8), fear for self and child safety (e.g., “I don’t want nothing to happen to my babies”) (N=31), family or

friend involvement (e.g., “my sister wants me to leave him”) (N=24), impact on life (e.g., “it’s been very rough the last 3 years”) (N=21), methods for avoiding violence (e.g., “I just stay away”) (N= 14), methods for accessing help (e.g., “I can here (to the shelter) because of a friend who drove me”) (N=11), and caring about the abuser (e.g. “without the occasional slip-ups (i.e., abuse) he’s great”) (N=19). There did not appear to be any differences across the groups in terms of content across the groups. Clients from the workshop trained and wait-list control group were equally as likely to provide a response from one of the above categories as the reason for seeking shelter assistance.

As there did not appear to be differences by groups, the journals were again analyzed for content by their length of abuse and number of abuse experiences in relation to the Abusive Inventory conducted in the pretest measure. Clients who had been abused more than three years were more likely to provide information about emotional abuse (N=13), threats to self (N=18) and care for the abuser (N=16) than those who had been abused for a shorter length of time. For clients who had responded through the inventory multiple abuse experiences, these individuals were more likely to report on concerns for their children (N=22) and where to access help (N=9).

Although clients were prompted to discuss their primary reason for seeking the services of a shelter, many clients chose to discuss in depth the details of their abuse (N=46). To control for differences between those who had multiple abuse experiences versus a single abuse experience, these were separately analyzed. Journals were also separately analyzed for short-term (less than three years) or long-term (more than three years) abuse.

In the provided pre-marked lined journals, clients in the experimental condition who had a single instance, short-term abuse experience (N=34; E=16, C=18) were compared with the same population in the control group. Within this group, approximately 215 statements were made that contained information which could be coded as providing little information about their abuse experience (“1”) or a great deal of information (“5”) about their abuse experience in terms of self-disclosure. Clients in the experimental group provided more information about their abuse than those in the control condition ( $M_1=3.56$ ,  $s.d.=.43$ ,  $M_2=2.14$ ,  $s.d.=.55$ ). Thus, clients in the experimental condition appeared to be more willing to discuss their abuse in general as compared to the clients in the control condition.

Clients who had experienced multiple-abuse in the short-term (i.e., less than three years but with more than one partner) (N=27; E=15, C=12) had 189 abuse statements which could be coded on the one to five scale. Clients in the experimental group again produced greater information statements about their experience than those in the control group ( $M_1=3.32$ ,  $s.d.=.25$ ;  $M_2=2.77$ ,  $s.d.=.39$ ). Finally, clients who experienced abuse with multiple partners over the long-term (i.e., more than three years) were analyzed (N=24; N=14, C=10). Approximately 350 coded statements reveals that the amount of information disclosed to counselors did not differ between the experimental and control groups ( $M_1=4.66$ ,  $s.d.=.56$ ,  $M_2=4.23$ ,  $s.d.=.61$ ).

Overall, H1 is partially consistent with the data. Clients in the experimental group were more willing to be engaged by their counselors in telling their abuse stories if they were either single-instance or multiple-instance but short-term abuse experiences. There

were no differences in information disclosures by those female clients who had experienced multiple-abuse, long-term abuse.

Hypothesis 2. When assessing the extent to which accommodation was perceived through a single item which measured the client's willingness to see the counselor again in another interaction, clients in the counselor workshop trained condition reported greater willingness to continue therapy than those clients who interacted with non-workshop trained counselors  $T(1,87) = 4.59, p < .001$  ( $M_1 = 5.73, s.d. = .89, M_2 = 4.10, s.d. = 1.33$ ). Clients in the counselor workshop trained condition were most likely to report "I would like to talk with this counselor again" ( $N=27$ ) or "I want to talk with this counselor again" ( $N=12$ ) and "It would be okay to talk with this counselor again" ( $N=6$ ). Clients in the counselor non-workshop trained condition were most likely to report "It would be okay if I talked with this counselor again" ( $N=20$ ), "It doesn't matter if I talk to this counselor again" ( $N=14$ ) and "I would prefer not to talk with this counselor again" ( $N=5$ ). Seven clients, however, did report that they "would like to talk with this counselor again". Thus, H2 was consistent with the data.

Hypothesis 3. T-tests were conducted to assess if clients who interacted with counselors trained in verbal and nonverbal communication accommodation behaviors were more likely to perceive accommodation than those clients who interacted with counselors not trained in verbal and nonverbal communication behaviors. The results indicated a significant difference between the groups  $T(1,87) = 4.12, p = .05$  ( $M_1 = 5.01, s.d. = .66; M_2 = 4.26, s.d. = .70$ ) such that the clients in the experimental group did perceive slightly greater accommodation than those in the control group. Further analysis conducted with ANOVA revealed a group by first-time abuse experience interaction (F

(2,85) = 5.55,  $p > .05$ ,  $\eta^2 = .08$ . Clients for whom this was their first-time abuse experience were more likely to perceive accommodation than those for whom it was their second or greater abusive relationship. An interaction of group by education interaction was also indicated  $F(2,84) = 6.32$ ,  $p > .05$ ,  $\eta^2 = .07$ . Clients who possessed a bachelor's degree or masters education were also most likely to perceive the accommodative behaviors of their counselor. There were no other main or interaction effects indicated in the data.

In analysis of the journal question, "What thoughts do you have about the counselor you just spoke with and what thoughts do you have about your counseling session with that counselor?", responses were analyzed by group association, number of abuse experiences and the length of reported abuse. As previously described, journal statements for both counselors and clients were rated twice. First, they were coded as being a positive or negative statement regarding the counselor or client (by the other party). Overall, most of the client responses were coded as positive 357 as opposed to negative 63. Counselors responded in a similar fashion. Two hundred and twenty counselor statements were coded as positive and 71 statements were coded as negative. Second, statements were coded for their socio-emotional action. Of the 357 positively coded clients' statements, 296 demonstrated some form of agreement or behavioral convergence with the counselors' statements. For example, one client wrote "my counselor repeats what I say using my words to make sure that I am on track with her." Another client reported, "she (my counselor) was willing to share my experiences. She even sits like I do on the floor." Similarly, the counselor wrote, "she seemed more relaxed with me/less tense when I started to sit like her" and "she is becoming more responsive to my questions when I talk like her." The 61 positive statements that did not

indicate agreement were often reports of unreciprocated behavior, not a sign of disagreement or behavioral divergence. For example, one client wrote “she really encouraged me to be honest and then listened to me with out making me feel bad or uncomfortable for saying the stuff. I think I smiled for the first time all week.” When reading the counselor’s interpretation of the session, there was no mention of the smile or some of the behavioral techniques that led to the client’s smile.

In analyzing these statements by group, length of abuse, and number of abuse experiences, clients who had experienced first-time, short-term abuse (less than 3 years) reported 90 convergence statements. When this number was further analyzed by group placement, 53 convergence statements were attributed to the experimental group and 37 convergence statements were attributed to the control group. Those who were identified as multiple-abuse, short-term abuse experience clients, reported 182 convergence statements. Of the 182 convergent behavior statements, 101 convergent statements were attributed to clients in the experimental group and 81 convergent statements were attributed to the control group. Finally, in the multiple-abuse, long-term clients reported 185 convergent statements. Approximately 98 convergent statements were identified from the experimental group and 87 convergent statements were identified in the control group. Thus, it appears that women who had a single-instance, or multiple-abuse, short-term experience were more likely to report convergent statements over those women who experienced multiple-abuse, long-term abuse experiences.

Seventy-one of the counselors’ statements and 63 of the clients’ statements were negative. Of the 71 counselors’ statements, 49 indicated disagreement or behavioral divergence. From the 63 client statements, 41 indicated disagreement or behavioral

divergence. One example of divergence came from a client who had endured more than four years of abuse. She wrote, “after about 20 minutes the counselor smiled at me. My life is falling apart and she smiles.” The counselor noted the discrepancy in her own journal, “I smiled at the woman and she became very angry. I felt I had to start over again gaining her trust.” Of the 21 disagreement statements identified in counselor journals and 21 disagreement statements in the client journals, only seven matched between the dyads. That is, only seven of the disagreements were marked by both counselors and clients over the same event as illustrated above. The remainder of these statements appeared to be one-sided in that something bothered the counselor or client but did not make their feelings known. To illustrate this different form of disagreement, one counselor wrote, “I don’t know if my client liked me very much. I really tried to connect with her but she didn’t want to participate in the session.” In reading the client’s journal and analyzing her posttest there was no mention of the client not liking her counselor.

When analyzing these negative statements by group, by number of abuse experiences and length of abuse, first-time, short-term clients reported 12 negative statements of which 4 were reported in the experimental group and 8 were reported in the control group. Those clients who reported multiple-abuses, short-term reported 23 negative statements of which 10 were reported in the experimental group and 13 were reported in the control group. Finally, in the multiple-abuse, long-term category, 28 negative or disagreement statements were made by clients. Twelve of these statements were in the experimental group and 16 were in the control group. Thus, only single-instance, short-term abuse experience clients in the experimental group were less likely to produce divergent statements than women in the other groups. Women who experienced

multiple-instance, short-term and multiple-instance, long-term abuse did not appear to differ in the number of divergent behavior statements produced.

An additional analysis was conducted on the journals for an indirect test of behavioral contingency. As shelter clients and counselors could not be observed directly because of anonymity concerns, the author attempted to match convergent and divergent of clients and their counselors. Recall that IAT's concept of behavioral contingency assumes that one person's behavior is the cause of another's and it is not the result of other indirect or external influences. In addition, the behavior recognized as contingent must be of comparable functional value, either reciprocal towards the behavior or as compensation and a reaction to it.

In the experimental condition, across the counselor and client dyads, there were 121 acts that could be identified as behaviorally contingent. Of these 121 acts, 89 were identified as being interpersonally reciprocal. An example of a interpersonal reciprocity behavior that was contingent was, "At first, she was nervous so I sat the way she did (the client), waiting for her to start (talking), and then after a few moments she seemed to relax and took a deep breath to get rid of the tension" (counselor journal) and "my counselor thankfully wasn't all proper so I felt like I could relax right away " (client journal). Another example was, "I told (the counselor) some bad jokes and she seemed to respond to them" and "once she started telling jokes I gave her some of mine so she wouldn't have old material" (client journal). Approximately 32 of the behaviors identified were interpersonally compensated. An example of interpersonal compensation was, "the client was talking so softly that I moved my chair forward" and "she (the counselor) got to(o) close so I talked while walking" (client journal).

In the control condition, there were 54 acts that could be identified as behaviorally contingent. Of these 54 acts, 38 were interpersonally reciprocal. An example of interpersonally reciprocity was “when she thought I understood her, she (the client) smiled” (counselor journal) and “I really liked my counselor, she made me feel good about myself. She got me to smile for the first time in weeks” (client journal). Similar interpersonal compensation behaviors were seen as in the experimental condition, such as “she (the counselor) kind of was staring me down, so I spent most of the conversation not looking at her” (client journal) and “she was having a difficult time talking about her abuse....she wouldn’t even look at me” (counselor journal).

Given the congruence between counselor and client journals, there appears to be some awareness of the enactment of these behaviors. This is congruent with CAT’s premise that even if behaviors are processed at different levels, there is some low lying awareness of their existence. However, there is no way to determine if these behaviors are based on reciprocity norms or IAT’s genetic basis. This author leaves this question open to future research. Thus, although there is no way for certain to determine if perceived accommodation is a function of the enactment of interpersonally reciprocated or compensated behaviors between clients and their counselors, convergent behaviors were produced more often in the experimental condition over control condition.

To ensure that perceived accommodation was not a measure of perceived comfort with the counselor, t-tests were also conducted. Clients in the experimental group did not report greater comfort with their counselor than those clients in the control group, given the positive ceiling effect for the variable  $T(1,85) = .287, p = .723$ . ( $M1 = 5.43, s.d. = .52$ ;  $M2 = 5.41, s.d. = .61$ ). However, clients in both conditions reported strong perceptions of

comfort. Hence, this study is unable to determine how perceived comfort affected the ratings of perceived accommodation, given the strength of its reported value.

Thus, H3 was partially consistent with the data. Clients in the experimental condition were more likely to produce convergent statements signifying perceived accommodation than clients in the control condition but only for single-instance short-term abuse. There were no differences for women who had experienced multiple-instance, long-term abuse for behavioral convergence or divergence in the control and experimental groups. Women who had experienced multiple-instance, short-term abuses produced more convergent statements in the experimental group over the control group, yet there were no differences in the number of divergent statements. Further, this author is unable to determine the extent to which perceived comfort affected client and counselor statements related to perceptions of accommodation.

Hypothesis 4. T-tests were conducted to determine if counselors who were trained in the verbal and nonverbal accommodation behaviors were more likely to produce the attuning strategies of interpretability, discourse management and interpersonal control during client interactions than counselors who were not trained in verbal and nonverbal accommodation behavior. Analyses revealed that counselors in the experimental condition did demonstrate greater interpretability strategies than those counselors in the control condition  $T(1,84) = 9.67, p < .001$  ( $M_1 = 5.83, s.d. = .66$ ;  $M_2 = 4.81, s.d. = 1.1$ ). However, there was no difference between counselors in the experimental and control conditions in terms of discourse management  $T(1,83) = 1.29, p = .294$  ( $M_1 = 5.20, s.d. = .68, M_2 = 5.00, s.d. = .90$ ) or role flexibility  $T(1,83) = .495, p = .486$  ( $M_1 = 4.31, s.d. = .25, M_2 = 4.25, s.d. = .46$ ). Only clients who possessed a bachelor's degree

or masters (or masters in progress) experienced role flexibility with their counselor  $F(1,34) = 9.56, p > .01, \eta^2 = .10$  ( $M1 = 4.68, s.d. = .31$ ;  $M2 = 3.95, s.d. = .42$ ). A weak trend was detected for role flexibility for those experienced their first abusive relationship but it was not significant  $F(1,34) = 3.94, p = .06$  ( $M1 = 4.06, s.d. = .19$ ;  $M2 = 3.85, s.d. = .21$ ). There were no other main effects or interactions evident.

Hence, H4 was partially consistent with the data. Clients in the experimental group experienced greater counselor attuning strategies of interpretability than the control group, but not discourse management or role flexibility, with the exception of those who were highly educated.

Hypothesis 5. T-test were conducted to assess if counselors who were trained in the verbal and nonverbal communication accommodation behaviors were more likely to received high ratings of client perceived counselor similarity, liking, empathy and trust than those counselors who were not trained in verbal and nonverbal communication accommodation behaviors. Results indicated that there was no difference between groups for counselor perceived liking  $T(1,84) = .657, p = .542$ . ( $M1 = 5.88, s.d. = .43$ ;  $M2 = 5.74, s.d. = .56$ ), due to a ceiling effect for the variable. Clients in both groups reported high perceived liking for their counselors. ANCOVA analysis also found that comfort significantly influenced liking  $F(1,85) = 16.45, p > .001, \eta^2 = .14$  ( $M1 = 5.20, s.d. = .32$ ,  $M2 = 4.61, s.d. = .48$ ). There was also a weak education by group interaction such that those clients who had at least a bachelors degree liked their counselor more than those clients with less education  $F(1,21) = 3.12, p = .05, \eta^2 = .05$  ( $M1 = 6.02, s.d. = .31$ ;  $M2 = 5.54, s.d. = .36$ ).

There was also no difference between groups in terms of counselor perceived similarity  $t(1,83) = .62, p = .546$  ( $M1 = 4.26, s.d. = .84; M2 = 4.08, s.d. = .83$ ). Clients in both groups perceived their counselors to be of less than average similarity (scale mean = 4.5). However, there was an age by group effect in that those clients who were closer in age to their counselor perceived greater similarity  $F(1,42) = 13.81, p < .01, \eta^2 = .10$  ( $M1 = 5.48, s.d. = .43; M2 = 4.64, s.d. = .68$ ). To control for similarity in victimization, counselors were asked not to tell their clients if they had also been previously abused in a relationship during the first interaction. All counselors reported that they did not tell their clients about their abuse history. An ANOVA confirmed that shelter counselors did not reveal this information during the first interaction as there was no difference in perceived similarity between those clients who interacted with previously abused counselors over those who had no prior abuse history ( $F(1, 79) = 1.32, p = .587$  ( $M1 = 3.56, s.d. = .49; M2 = 3.87, s.d. = .41$ )). In most instances, clients did not perceive their counselors to be former survivors of abuse themselves.

In assessing client perceived empathy, there were no differences between the groups  $F(1,85) = .637, p = .537$  ( $M1 = 4.52, s.d. = .43; M2 = 4.41, s.d. = .61$ ). Clients perceived their counselor to possess an average amount of empathy during the interaction. As empathy was composed of counselor perceived perspective taking and counselor perceived emotional concern, each of these variables were analyzed separately. There were no differences evident in counselor perceived perspective taking between the experimental and control groups  $T(1,85) = .609, p = .456$  ( $M1 = 5.04, s.d. = .82; M2 = 4.93, s.d. = .71$ ). Clients in both groups thought their counselors were able to align themselves with their perspective during the interaction. However, there was a group by previous

shelter stay interaction  $F(1,24) = 3.92, p = .05, \eta^2 = .048$ . Clients who had been to a shelter before did perceive the counselor in the experimental group as more able to demonstrate the client's perspective taking than a counselor with whom they had previously interacted. There were also no differences between the groups in terms of emotional contagion  $T(1,85) = 1.32, p = .187$  ( $M_1 = 5.27, s.d. = .49$ ;  $M_2 = 5.02, s.d. = .52$ ). Clients in both groups believed that their counselors seemed genuinely able to understand their feelings without becoming emotionally involved in the conversation. There were no other main effects or interactions indicated with ANOVA or ANCOVA analyses.

When assessing counselor perceived trust, significant differences were evident between the two groups  $T(1,84) = 4.36, p > .05$  ( $M_1 = 6.28, s.d. = .49$ ;  $M_2 = 5.41, s.d. = .61$ ). Clients in the experimental condition reported greater trust for their counselor than those clients in the control group. No other main effects or interactions were indicated with ANOVA or ANCOVA analyses.

Thus, H5 was not consistent with the data. No differences were reported between the conditions for perceived liking, similarity and empathy. The variable of perceived trust was the only one for which a significant difference was obtained between the experimental and control conditions.

## **CHAPTER 5: DISCUSSION**

### **Summary of Results**

This dissertation explored the communication accommodation proposition that accommodation is perceived when accommodative behaviors are performed. Although this has been assumed in prior studies, this dissertation was the first to measure its existence. In addition, the behaviors enacted during counselor-client interaction were identified as contingent and not a mere exchange based on the norm of reciprocity. This dissertation also explored the evaluation of accommodative behaviors in terms of counselor perceived liking, similarity, empathy and trust. Clients in the counselor trained communication accommodation condition did report greater trust in their counselor but no differences were reported between the two groups for counselor perceived liking, similarity and empathy. In addition, counselors' accommodation was tested to see if it affected client willingness to continue counseling. Communication accommodation led to increased client reports of greater willingness to continue therapy. It also led to more explicit and longer journaling of client abuse stories.

The participants in this study were quite typical of the domestic violence population. Forty one percent of the women were first time clients at any shelter; this was in line with the 50% first-time shelter use rate (Hotelling, et. al., 1992). Their age, education and ethnicity were also in line with typical domestic violence survivors characteristics: many of them were young (i.e., mean age was 27), their education level varied from a high school diploma to higher education, and their ethnicity was reflective of their geographic region (i.e., Michigan has a high Caucasian population). In addition, these women experience a wide diversity of abuse experiences ranging from the physical,

emotional, and sexual to the financial. Yet, one interesting characteristic of these clients was their number of prior abusive relationships.

Approximately 52 of the 88 clients reported at least two and as many six to ten prior abusive relationships. One or two abusive relationships would not be unusual for these women, however, six to ten abusive relationships suggests a behavioral pattern. And, many of these women had reported repeated use of shelters. According to Strube and Barbour (1984) one third of the women in shelters return to their partners within several weeks of an abusive event, and were back in the shelter in approximately two months for repeated support. Hutchinson and Hirschel (1998) have also found that most women leave their abusive partner five times before engaging in active and deliberate changes for permanent relationship abandonment. While it is possible that many of these women were not ready to actively deal with decisions of relational termination or able to engage the partner in behavior modification counseling, it is equally as likely that the counseling they received at previous shelters was not effective. A lack of effective counseling is both time-consuming (i.e., counseling takes longer), expensive (i.e., keeping counselors employed to service the same person repeatedly reduces shelter resources) difficult (i.e., client may leave counseling without progress). As this study demonstrated that communication accommodation was successful in engaging clients in counseling, it is recommended that counselors need to actively manage their presence when they are with their clients.

Those counselors who received the communication accommodation training workshop appeared to have a wider skill base or communication repertoire from which to access their clients' frame of reference as demonstrated by the clients posttests and

journals. This could be the result of some counselors being more adept in interacting with their clients, or particular training and education in counseling they have received. It would be interesting to track these newly trained counselors over time to determine if the use of communication accommodation during therapy speeds up the healing process by engaging clients more actively in counseling and thus, helping these women make faster decisions about their desire to remain in these abusive relationships. To strengthen these results, it would also be important to measure different areas of a counselor's training in an effort to explicate which counseling behaviors produced the effects obtained in this dissertation.

In terms of the journal writings, clients across all conditions were very forthcoming with information to counselors about their abuse histories. While clients who had experienced single-instance or multiple-instance abuse in the short-term demonstrated differences between the control and experimental groups, no differences were reported for those clients in the multiple-instance, long-term abuse category. It is likely that the clients in the single-instance and multiple-instance, short-term abuse categories have not been as psychologically damaged by the abuse as those in the multiple-abuse, long-term abuse category and this is why the communication skills of the counselors may have impacted their behavioral responses. However, clients in the multiple-instance, long-term abuse category produced highly informative statements regarding their abuse. This suggests that these clients were active participants in the therapy process and already willing to continue counseling regardless of the variables under study.

Yet, this author must caution that the outcomes obtained could be a function of individual differences (i.e., those clients in the experimental condition enjoyed writing more than those in the control condition). It is possible that their responses were a summary of what they had communicated to their counselor and not a reflection of the communication skills under study.

For the most part, the information contained in the accounts across both conditions was similar. This could be the result of only asking one long question (2 parts) about the interaction to not burden the clients as they are beginning therapy. It is also plausible that client journal accounts are only a reflection of what counselors were able to access in their clients during the session. Hence, as the context of the interaction was narrowly scripted, clients may have only reported those pieces information that were salient. Thus, even though some of the clients in the experimental condition appeared to be more engaged in telling their stories, the journals only identify part of the interaction between clients and their counselors.

Hypothesis two argued that counselors use of accommodative behaviors would increase a clients' willingness to continue therapy. Those clients in the experimental condition did report greater willingness to continue therapy over those in the control condition. This finding demonstrates that the use of accommodative behaviors by an individual signals to the other that they possess social worth, which in turn, affects their motivation to continue the interaction. According to CAT, this motivation is central to an individual wanting to pursue an interaction further. Counselors, through their behaviors, were able to create some level of motivation with their clients. Jones and colleagues (1994) found that accommodative behavior increased ratings of interaction continuance

between students and their lecturers during grade discussions. This study was unable to determine if motivation affected interaction continuance as this dissertation did not involved scripted behaviors between the pair as Jones and colleagues (1994) had done in their videotape stimulus. Future studies involving the counseling setting, especially longitudinal ones, should attempt to discern if accommodative behaviors affect, and to what extent they affect, the length of the interaction between counselors and their clients, and if this impacts reports of willingness to continue therapy or actual continuance of therapy. Still, it was positive to learn that even in the control condition clients demonstrated some level of willingness to continue therapy. This indicates that even though accommodation does influence willingness, most counselors possess enough skill to entice clients into thinking they should continue therapy after a first session (i.e., “it would be okay to meet with this counselor again”).

Hypothesis three argued that verbal and nonverbal accommodation behavior by counselors would result in perceived accommodation by clients. The data seem to suggest that clients do perceive accommodation through both the questionnaire and their journal writings. This finding overcomes the previous shortcomings of many CAT studies which assume that accommodation is perceived by individuals if they enact a behavior that is reactive (either convergent or divergent) to another. It does not, however, answer the criticism of IAT regarding behavioral contingency. While clients and counselors appeared to have an awareness of these behaviors as evident through both sets of journal writings, this finding is an important first step for both clarifying that perceived accommodation exists as well as how perceived accommodation can be measured.

Moreover, it was important to identify that those individuals for whom it was their first abusive relationship were more receptive to the counselor's accommodation behaviors. This finding reinforces other studies that demonstrate the effects of long-term abuse. According to Gelles and Straus (1990), domestic violence creates psychological trauma in their victims. It affects how they think and react to others, often resulting in lower self-esteem, depression, anxiety, stress and psychological entrapment (Gelles, 1976; Gelles & Straus, 1988; Hamberger & Potente, 1994). Perhaps, those clients who were previously abused were too self-absorbed in unpacking their abuse experiences to recognize their counselors' use of accommodative behaviors. However, it is also possible that some counselors were more adept at making their clients feel comfortable. Although a path model was not conducted on this data, it is likely that perceived comfort leads to greater openness to the counselor and receptivity to the counselor's behaviors. Future studies should utilize a thought listing task after the counseling session to determine what clients were thinking about during the interaction and if they were focused on the conversation and the counselors' role during the interaction.

Another important finding was that there was an education by group effect in that clients with more higher education were more receptive to the counselor's accommodation behaviors. It is possible that education may make clients more aware of their communicative behaviors and/or made them more adaptive in their communication repertoires. Future studies should examine if education enhances both participant awareness and participant behavior adaptation, and the extent to which education affects the amount of perceived accommodation one experiences during an interaction.

Finally, as the journal accounts demonstrated far more accommodation than came across in the survey results, this author contends that the operationalization of perceived accommodation should be strengthened in its measurement. Although the scale used in this study did generate the outcome of perceived accommodation and had been used in a prior study (Murray-Johnson, 2001), additional outcomes such as personal interviews or greater questionnaire structure should be used to access the level of both quantity and quality of perceived accommodation. One example of this would be to further differentiate the relationship of comfort to perceived accommodation. In this study, both groups reported similar levels of comfort that were scaled as above average. Hence, this study can only assume that feelings of comfort by clients did affect the perceived accommodation of counselors; yet, one can not establish the extent to which comfort influenced the clients' perceived accommodation ratings.

Hypothesis four argued that counselors who had used more attuning strategies would be rated higher in terms of interpretability, discourse management and role flexibility than those counselors who did not use these strategies as widely in their sessions. Only one of the three results was obtained; counselors in the experimental group did reported significantly higher ratings of interpretability by their clients than those counselors in the wait-list control group. Discourse management and role flexibility of counselors were rated to be very similar across the two groups. The discourse management strategies displayed by counselors were very strong, probably attesting to their professional counseling training and/or years of experience as a counselor. Interpersonal control strategies (i.e. operationalized as role flexibility) results were only average, and most likely a function of this study's interaction being a first-time

interaction for both participants, and the scope of the interaction limited to unpacking the clients abuse experience.

Although this study was unable to determine which specific accommodative behaviors contributed to these findings, it was encouraging to learn that most counselors already have adequate interpretability, discourse management and interpersonal control strategies to use in their counseling interactions. Again, it was found that education played a significant role in enhancing receptivity of one of the strategies; namely, role flexibility. Clients who possessed at least a bachelor's degree rated counselors higher in their use of interpersonal control strategies than those in the control group. However, the ratings still hover around the average (i.e.,  $M=4.68$  as compared to scale  $M=4.5$ ). Yet, these results are encouraging when compared with clients who possess less education and rated their clients well below average ( $M=3.9$ ). Thus, use of interpretability, discourse management and role flexibility do assist counselors in demonstrations of accommodative behavior with clients. Future studies should determine the extent to which these strategies also assist in developing perceptions of accommodation in this population.

Finally, Hypothesis five argued that counselors in the experimental condition who were trained in accommodative behaviors would be evaluated more positively than counselors in the wait-list control condition in terms of client perceived liking, similarity, empathy, and trust. Results indicated that there were no differences in perceived liking as both sets of counselors were highly liked by their clients. This could be the result of clients feeling that they were validated and socially supported by their counselors in terms of their abuse experienced (Johnson, Crowley, & Sigler, 1992). It could also be the

effect of clients feeling comfortable with their counselors, despite it being a first-time interaction (as demonstrated by the ANCOVA results).

In terms of similarity, it was interesting to find that the majority of shelter clients did not perceive themselves to be similar to their counselors, despite many similarities across the groups in terms of victimization, education, socioeconomic status and prior use of counseling. Only age served as a factor to affect perceived similarity in that those who believed themselves to be the same as their counselor thought their counselor was more similar to them. Comfort with the counselor did not affect the outcome of similarity as it did with the variable perceived liking.

One reason clients may not have perceived themselves as similar to their counselors could be that they were entering the shelter in a state of crisis. While most clients may have liked their counselor at the end of their first session, many may not have thought about what could have made them similar. In addition, as this study controlled for actual similarity by asking shelter counselors not to divulge their prior abuse experience, telling this information to clients may arguably help to increase these ratings. However, these findings do not suggest that counselors share their sensitive histories with clients during a first interaction. It may be better to first understand the client's frame of reference and then use this information to determine if telling this information would serve as a benefit to the client.

There were no differences in terms of perceived empathy due to perceived perspective taking or emotional contagion or the effects of both variables. Clients in both conditions believed their counselors possessed an above average ability to demonstrate perspective taking as well as demonstrate emotional concern. This could be the result of

counselor training, counselor experience and/or the population under study.

Accommodative behaviors did not appear to influence the outcomes of this variable. Yet, it was interesting to note the interaction effect created by condition and prior shelter use. Clients who used shelters before believed the current counselors were more empathic than their previous ones. This could be the result of a counseling recency effect in which the most recent interaction is rated as more preferred than a prior interaction. Yet, as this study was unable to track these clients abuse and counseling use history, the counselors in both conditions may or may not have been more empathic. This author contends that this interaction effect must be analyzed in future studies.

Despite the lack of differences in the variables of liking, similarity and empathy between the two groups, a significant difference was found for the trust variable. Clients in the experimental condition were far more likely to trust their counselors than those clients in the wait-list control condition. Yet, the levels of trust were relatively high between both conditions demonstrating that even in a first- time interaction, domestic violence clients are willing to place some level of trust in their counselors.

Surprising, the variable of comfort did not affect the outcomes of trust. Trust appeared to be solely influenced by the performance of accommodation. This is a valuable contribution to both the domestic violence as well as communication accommodation literature. If the use of accommodation behaviors by counselors improves the outcomes of trust, then counselors may be able to rely on trust to motivate change in client cognitions. It may have the potential to increase the number of counseling sessions for treatment by improving client retention. In terms of the communication accommodation literature, trust may be used to improve communicative

goals between of heterogenous individuals or homogenous individuals operating in specific contexts (e.g., doctor-patient communication).

### Implications for Counselors

The results obtained in this study demonstrate that communication accommodation may be one tool for counselors to use to engage their clients in an interaction. There are several implications generated from these findings. First, counselors need to carefully assess their clients' educational background. Those clients who possessed higher education (i.e. college and beyond) are more likely to respond favorably to the accommodative behaviors than those clients who have less education. Second, counselors' must attend to their clients' age if perceived similarity is a goal of the encounter. Counselors are more likely to achieve perceived similarity if they are within several years of their clients' ages. Third, counselors must pay attention to clients' prior use of shelter services. Those clients who had used a shelter's services before were more apt to perceive counselor empathy than those who had not. Thus, counselors must understand how demographic information can greatly assist them in finding connections with their clients to make counseling sessions more productive.

As noted in the results, counselors did not tell their clients about their own prior victimization that, if discussed, could have positively influenced this outcome. Unfortunately, many of the counselors with whom the investigators interacted during this study, did not appear to be reticent with clients on this issue. In fact, many candidly admitted that they often used this information as an icebreaker for subsequent interactions. It is likely that counselors should continue to present this information if they

believe that their clients would benefit from knowing it (i.e., increase perceived similarity).

The accommodative behaviors generated in this study for one-on-one interactions should be used cautiously in a group setting. Although group therapy is a very productive method for providing clients with social support, peer mentoring, and information about how to reduce violence and increase self-sufficiency (Blau & Long, 1999), directing accommodation behaviors in group counseling can be difficult at best. While it is possible to focus accommodation behaviors at one or two individuals simultaneously, not accommodating everyone could lead to client perceptions of isolation or counselor lack of interest. Again, this is in reference to CAT's concern about power differentials in a communication relationship. If recalled, it is enough for a perception of a power difference for individuals to perceive their communication contributions as having less social worth. If counselors demonstrate accommodation to say half the group, this could be very detrimental to the other half; it could slow down client progress, increase reticence or have clients end therapy all together. Thus, it is recommended that counselor-client accommodation remain a therapeutic tool for only dyadic interactions.

Finally, it appeared that counselors' who modified their verbal and nonverbal behavior to be convergent with their clients' created greater bonds of trust with them. This meant clients were willing to take greater risks in self-disclosing information to their counselors (i.e., vulnerability). Through the act of self-disclosure it increased interdependence between the counselors and their clients because clients perceived that their information would not be divulged. Although this study could not determine if perceived accommodation led to greater comfort that built the bonds of trust,

accommodation influenced stronger trust between counselors and their clients. If communication accommodation behavior is able to improve trust in such a short period of time, it is recommended that counselors pay attention to how their verbal and nonverbal displays affect their clients. As trust can be build through communication activities, it can also be damaged by poor attempts or inappropriate behavior displays during interactions.

### Limitations

The results of this study must be interpreted cautiously given the limitations of performing field research. There were many variables that could not be controlled in working with this population (i.e., number of prior relationships, shelter use, types of abuse experienced) and any number of them could have enhanced or reduced the effects found in this study. Although several limitations have already been discussed, additional factors bear mentioning.

First, there was a strong selection bias for both the counselors as well as their client. Shelters were allowed to select which counselors were able to attend the experimental training or participate in the control condition. Some of the counselors in the experimental condition were very experienced (i.e., 15 years) while others were sent to the training to improve their skills (i.e., the shelter had identified these counselors as having a deficit in their role as a counselor). Thus, the results might have been different with a different set of counselors. Similarly, the clients who chose to participate may have done so for different reasons (i.e., altruism or potential monetary compensation). Their motivation may not have been to engage in the counseling interaction (i.e., in line with Communication Accommodation Theory's motivations of social approval, identity,

and communication efficiency) but to win a lottery drawing. With a different set of participants, the results of this study may have been altered.

Second, there was little ability to control any of the counselors' actual behavior during the study. As the investigators were unable to observe the interactions due to client anonymity and confidentiality, there is no way to determine how many or which of the accommodative behaviors were most effective in producing the study's outcomes. There was also an inability to control counselors' content-level and relational-level messages. It is possible that some of the results were due to other counselor behaviors and not a product of the experiment itself. Thus, the investigators hesitate promoting a large shift in counselor behavior until the behaviors can be further analyzed in another study.

Third, the outcomes produced in this study can not be generalized to other populations or other contexts. The clients were women who predominantly experienced heterosexual abuse. It is not known how same sex violence (i.e., male-male or female-female) or female-male violence counseling would differ. Moreover, all of the counselors were females and it is not known if cross-sex interactions would have produced different results. According to Pederson (1999), male counselors sometimes take a different stylistic approach to counseling; often, there is less time spent on discussing the issues and more time spent on creating methods to solve them. Thus, future studies focusing on communication accommodation need to utilize different populations within the counseling setting to determine if the results obtained in this study can be replicated.

## Conclusion

Overall, this dissertation focused on the used of verbal and nonverbal accommodative behaviors by counselors in the domestic violence counseling arena to produce perceived accommodation in clients as well as create positive evaluations for the counselors by their clients. It was found that the production of accommodative behaviors by counselors did increase client perceptions of accommodation as well as increase client perceptions of counselor trust. These results are important for build rapport during the interaction which is central for creation a counseling 'relationship' (Pederson, 1999). According to Pederson (1999), by synchronizing "a sense of language and reality in which people can communicate there can be cooperative social influence processes that evolve over time" (p.5). Communication accommodation is the method by which counselors develop this sense of shared language and reality. In accessing their clients' frame of reference they can engage the client in the interaction and renew that client's motivation to jointly participate in the dialogue. Over time, one would expect that the clients also begin to share in the language of their counselors, although this was not the direct focus of this study. Hence, the use of communication accommodation can be a vital tool for helping counselors and clients merge their behaviors in a manner that is both appropriate and acceptable to the other.

Future studies need to uncover how long it takes clients and counselor to agree upon the accommodative behaviors most important for their interaction. In addition, participant observation of these interaction would be beneficial for determine how accommodation affects the quantity and quality of self-disclosure by a client. This dissertation was a first step in highlighting the important of perceived accommodation in

the counseling context as well working with a vulnerable population that could benefit from the use of accommodative behaviors to begin the healing process.

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## APPENDIX A

### Pre-Intervention Shelter Telephone Survey

Person Completing Form \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Director's Name: (if different) \_\_\_\_\_ Number of Counselors: \_\_\_\_\_

Shelter Name \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

#### About the individuals who are counselors at your shelter....

Are your counselors paid for their time? \_\_\_\_ Yes \_\_\_\_ No

How many hours a week does each counselor spend with clients ? \_\_\_\_\_ A month? \_\_\_\_\_

How many clients does each counselor work with, on average? \_\_\_\_\_

On average, how long (time period) does each counselor see a client? \_\_\_\_\_

What is the rate of return for most of your clients? \_\_\_\_\_ (# of times)

#### About the training your counselors received.....

Did they have training before coming to your shelter? Yes/Number \_\_\_\_ No/Number \_\_\_\_

If Yes, where did they receive their training? \_\_\_\_ Degree program \_\_\_\_ Another shelter \_\_\_\_  
Certificate Program \_\_\_\_ Government/(fed/state/local) Organization \_\_\_\_ Domestic Violence  
Prevention Program \_\_\_\_ other \_\_\_\_

If No, what steps did your shelter take to provide training? \_\_\_\_\_

About how many hours of training did they receive? \_\_\_\_\_

How long ago did this training occur? \_\_\_\_ 6 months, \_\_\_\_ year \_\_\_\_ 1-4 years \_\_\_\_ 5+ years \_\_\_\_

About how many total hours did you train your counselors? \_\_\_\_\_

Do your counselors receive communication training? Yes No (circle one)

If yes, please describe training: \_\_\_\_\_

If yes, how many hours of training has been received in this area? \_\_\_\_\_

In what areas of abuse/prevention were they trained? Can you name some specifically? (Let them tell you and just check off all that apply; if they can't tell you, ask from the checklist)

|                                             |                                             |                                                            |
|---------------------------------------------|---------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Cycles of Violence | <input type="checkbox"/> Patterns of Abuse  | <input type="checkbox"/> Homosexual/Transgendered Violence |
| <input type="checkbox"/> Safety Plans       | <input type="checkbox"/> Emotional support  | <input type="checkbox"/> Legal support                     |
| <input type="checkbox"/> Shelter services   | <input type="checkbox"/> Parenting help     | <input type="checkbox"/> Child care                        |
| <input type="checkbox"/> Safety at work     | <input type="checkbox"/> Behavioral change  | <input type="checkbox"/> Battering behaviors               |
| <input type="checkbox"/> Mutual abuse       | <input type="checkbox"/> Marital counseling | <input type="checkbox"/> Substance use and abuse           |
| <input type="checkbox"/> Male abuse         | <input type="checkbox"/> Self-protection    | <input type="checkbox"/> Building rapport with a client    |

If you were to provide additional training to your staff counselors, would you consider strategies that:

☐ build counselor-client rapport  
☐ build the client's skill development  
☐ build the client's emotional processing (e.g., overcome blocking)  
☐ monitor client progress through new behavior measures

(GO TO SCRIPT FORM)

(Fill this in after the phone call)

Was the shelter interested in coming to the training? ☐ Yes ☐ No ☐ Not sure

If no, what reason was indicated? \_\_\_\_\_

If unsure, when might they know about participation? \_\_\_\_\_

Was the shelter receptive to the mail survey? ☐ Yes ☐ No

If not receptive, what reason was indicated? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Please mark here ☐ once mail survey has been sent to the shelter. Date: \_\_\_\_\_

For reminders to return survey: Call back ☐ #1; ☐ #2; ☐ #3; ☐ #4

## APPENDIX B

### Pre-Intervention Shelter Telephone Survey Script

**Introduction:** Hello, this is \_\_\_\_\_ calling from Michigan State University. The reason I am calling is that Michigan State has received a grant from Blue Cross/Blue Shield of Michigan Foundation to better understand how counselors assist those facing domestic abuse. We would really like your support in this project. Do you have about five minutes for us to talk?

**Yes:** Wonderful. I have a few short questions to ask you before telling you more about the grant.

**No:** Is there a time later today or tomorrow that would be more convenient for you?

**Date and Time:** when person can be reached again? \_\_\_\_\_

**Call back** \_\_\_\_ #1; \_\_\_\_ #2; \_\_\_\_ #3; \_\_\_\_ #4 **Date completed:** \_\_\_\_\_

#### (GO to DOMESTIC VIOLENCE SHELTER FORM)

Thank you for answering these questions. The reason we are so concerned with counselor training is that Blue Cross/Blue Shield of Michigan wants to help shelters update the communication skills used to help counselors build rapport with their clients. Our goal is to make your job easier and more effective.

To accomplish this goal, we were wondering if your shelter would be interested in participating in a study that would involve the communication skills of your counselors. Do you think this is something your shelter would be interested in?

**Yes:** Fabulous. What we will do now is send you a survey, in a self-addressed stamped envelope with questions similar to what you just answered. We ask that you return your answers within two weeks so we can discuss the next step in the process in March. You will receive more information in the mail next week.

**No:** Do you have a barrier that is preventing your participation? (If yes, mark it down here)

Is there anything we at Michigan State can do to make it possible for your shelter to join the others around this state in this study? Needs we can help them with:

\_\_\_\_\_

If yes, I will contact the grant supervisor and see if we can meet those needs.

If no, may we still send you a survey so that your shelter needs can be accounted be addressed and included in a report that may affect future funding for Michigan shelters?

Thank you very much for your time. We greatly appreciate your support of this project and continued work to help so survivors of violence. (If they are coming, thank them for their participation). Have a nice day.

## APPENDIX C

### Informed Consent for Domestic Violence Female Clients

The purpose of this research is to find out how communication with your counselor can make a better counseling experience. We would like you to participate in taking a pretest before your counseling session and then a posttest afterward. If you choose to participate in this study, your total time commitment will be less than 30 minutes.

Your participation is completely voluntary, and you may choose to not participate at all. You may refuse to participate in certain procedures or answer certain questions during the study. You may choose to discontinue the surveys at any time. If you choose not to participate it will not affect any of the services that you will receive at this shelter.

There are very few risks for participation if you should choose to join this study. We understand that you may feel uncomfortable discussing your experiences with your new counselor as part of the therapy process. You may also find yourself having positive or negative attitudes towards your counselor that could affect your desire to continue counseling. We have attempted to overcome these risks by talking about them with your counselor and she is prepared to help you every way possible. By answering today's pretest and posttest, we hope to gain answers about how counselors can better help you through this counseling experience.

The counselor with whom you will interact with has also been asked to participate in this study and sign a consent form similar to yours. The shelters at which you are residing has also agreed to participate in this study. They will receive a one-time payment of \$100 for their participation even if no clients choose to participate. If the counselor with whom you are interacting has pressured you to participate in this study, you are to report her behavior to the shelter Director. If you choose to participate it should be of free choice.

If you chose to participate, the counselor you will speak to will not have access to any of your answers at any time during this study. Once you complete the questionnaires, we ask that you put them back in the sealed envelopes provided to you and hand them to the counselor, who will then immediately give them to the shelter Director. The shelter Director will hold these materials until they are sent back to Michigan State University. During the time that the shelter Director possesses these materials, they will be kept in either a locked cabinet or locked drawer. No one else will have access to your responses.

To protect you, we ask that you do not put your name anywhere on the materials associated with the study. Your pretest and posttest will be pre-numbered in a sealed envelope. The numbers that you were given on your pretest and posttest have been recorded along with your name by the shelter Director. Only the shelter Director will be aware of whose name matches with each set of materials. Your counselor can not see your pretest and posttest. They are for your eyes only.

Once the data is sent to Michigan State University, the data collected will be kept in a locked file cabinet that only can be accessed by those listed below. There will be no way for us to contact you after this study, unless you wish to received the results that will then be mailed to the shelter. All data collected will be used in aggregate form; this means that there will be no way to match you with your answers after the study is completed.

All of your answers on the pretest and posttest are completely anonymous. Please answer all questions truthfully and completely. If you choose to participate, your client number will be entered into a lottery for the duration of the study. If your number is drawn, the shelter will be contacted and only then will your name be provided for a check to be written. One cash prize of \$50 and \$100 each will be awarded a week. Your check will be sent to the shelter as we will not have any contact information for you. The shelter you are at will give you the check. The cash prizes provided for this study are sponsored by the Blue Cross/Blue Shield of Michigan Foundation.

I voluntarily agree to participate in this study. If my client number is drawn in the weekly lottery, I agree to **Michigan State University** writing a check to the shelter at which I am located from which I will receive payment for participation. (Note: If at the Alpina or Ironwood shelters **only**, MSU will write a check to you directly, hence, agreeing to participate in this study means that your name would be released for the check to be written to you.)

If you have any questions or concerns related to your rights as a participant in this research study, please contact Ashir Kumar, Chair of the University Committee on Research Involving Human Subjects: telephone 517-355-2180, or email <[ucrihs@msu.edu](mailto:ucrihs@msu.edu)>.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Shelter: \_\_\_\_\_

If you would like to obtain copies of the results or have questions regarding this study, please contact:

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## APPENDIX D

### Informed Consent Experimental and Control Condition Counselors

The purpose of this research is to find out how survivors of violence are affected by their experiences. We would like your participation in a short study that will talk about this important topic. If you choose to participate in this study, your total time commitment will be approximately less than 5 hours.

Your participation is completely voluntary and may choose not to participate at all. You may refuse to participate in certain procedures or answer certain questions during the study. You may choose to discontinue the experiment at any time.

To protect you, we ask that you do not put your name anywhere on any materials associated with the study. Data collected will be treated with the strictest confidence, held only by the primary investigators, and kept in a locked cabinet in the Department of Communication. All data collected during the study will only be use in aggregate form; this means that there will be no way to match you with your answers after the study is completed.

If you choose to participate, you will be asked to fill out a series of questionnaires and write in a journal three days a week regarding your attitudes, opinions, and thought about domestic abuse. Your questionnaire and journal entries will be returned in a series of sealed envelopes, of which no one but the primary researcher will have access. We ask that you only photocopy the pages in the journal provided to keep your information anonymous.

All answers on the questionnaire are completely anonymous. Please answer all questions truthfully and completely. If you choose to participate, you will receive \$100 in a check written to your shelter, plus the cost of postage. This study will be conducted for eight weeks. The study will be discussed more fully at its completion, and at that time, you may ask additional questions.

I voluntarily agree to participate in the described study.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Shelter : \_\_\_\_\_

If you would like to obtain copies of the results or if you have questions regarding this study, please contact:

Kim Witte, Ph.D.  
467 Communication Arts & Sciences  
Michigan State University  
East Lansing, MI 48824  
(517) 355-9659

Lisa Murray-Johnson, M.A.  
468 Communication Arts & Sciences  
Michigan State University  
East Lansing, MI 48824  
(517) 355-3480

Thank you. We greatly appreciate your assistance in this important study.

## APPENDIX E

### Experimental and Wait-List Control Counselor Survey

Part I. Please answer the following demographic information below about yourself.

1. Sex:                   a. Male                   b. Female
2. Age:                   a. 18-25                   b. 26-34                   c. 35-44                   d. 45-54  
                              e. 55+
3. Ethnicity:   a. Caucasian                   b. African American   c. Hispanic                   d. Asian  
                              e. Native American                   f. other \_\_\_\_\_
4. Current salary:   a. <\$30,000   b. \$30,00-\$40,000   c. \$41,000-\$55,000   d. \$55,000+
5. Years as a counselor:                   a. 1-3 years                   b. 4-7 years                   c. 8-15 years                   d. 15+
6. Years at current shelter:                   a. < 1 year                   b. 1-4 years                   c. 5-10 years                   d. 10+
7. Number of clients/week:                   a. <10                   b. 11-20                   c. 21-30                   d. 31-50
8. Number of clients/month:                   a. <25                   b. 26-75                   c. 76-100                   d. 101-150
9. Number of crisis calls/month:   a. <25                   b. 26-75                   c. 76-130                   d. 131-200+
10. Continuing education at shelter?   a. Yes                   b. No
11. If yes, how often: \_\_\_\_\_
12. Highest education attained: a. high school   b. college degree   c. masters degree   d. other
13. If other, please specify: \_\_\_\_\_
14. Have you been a victim of abuse?                   a. Yes                   b. No

If you answered "yes" to the question above, please answer the following:

15. How long were you in the relationship:   a. <1 yr   b. 1-3 yrs   c. 4-6 yrs   d. 7+yrs
16. Types of abuse experienced: (circle all that apply)  
                  a. physical                   b. emotional   c. sexual   d. financial   e. threats
17. Were children also subjected to abuse:   a. Yes                   b. No
18. Type of abuse experienced (circle all that apply):  
                  a. physical                   b. emotional   c. sexual   d. financial   e. threats
19. Did you seek counseling for your abuse:   a. Yes                   b. No

Thank you for your time!

## APPENDIX F

### Experimental and Wait-List Control Client Pretest

**Part I. Please answer the following demographic information below about yourself.**

1. Sex: a. Male b. Female
2. Age: a. 18-25 b. 26-34 c. 35-44 d. 45-54 e. 55+
3. Current salary: a. <\$12,000 b. \$13,00-\$20,000 c. \$21,000-\$30,000  
d. \$31,000-\$40,000 e. 41,000-50,000 f. \$51,000-\$60,000 g. 60,000+
4. Ethnicity: a. Caucasian b. African American c. Hispanic d. Asian  
e. Native American f. other \_\_\_\_\_
5. Are you staying at this shelter? a. Yes b. No
6. If no, where are you living? a. with partner b. other family c. friends d. neighbors  
e. co-workers f. church g. other \_\_\_\_\_
7. Been to this shelter before: a. Yes b. No
8. If yes, how many times: a. 1-3 times b. 4-6 times c. 6-10 times d. 10+ times
9. Been to other shelters before: a. Yes b. No If yes, name \_\_\_\_\_
10. If yes, how many times: a. 1-3 times b. 4-6 times c. 6-10 times d. 10+ times
11. Had counseling before a. Yes b. No
12. If yes, how often: \_\_\_\_\_
13. Participate in group counseling: a. Yes b. No
14. If yes, how often: \_\_\_\_\_
15. Which of the following services have you received at this shelter? (check all that apply)
- |                               |                               |                          |
|-------------------------------|-------------------------------|--------------------------|
| _____ Understanding violence  | _____ Learn patterns of Abuse | _____ Same sex violence  |
| _____ Safety Plan development | _____ Emotional support       | _____ Legal support      |
| _____ Shelter stay            | _____ Parenting support       | _____ Child care support |
| _____ Safety at work          | _____ Behavioral change       | _____ Substance abuse    |
| _____ Self-protection info    | _____ Medical attention       | _____ Document abuse     |
16. Highest education attained: a. some high school b. high school degree c. some college  
d. college degree d. vocational e. masters education
17. Is this your first abusive relationship? a. Yes b. No

18. If no, how many have you had?      a. 2-3              b. 4-5              c. 6-10              d. 10+
19. How long have you been with partner? a. <1 year      b. 1-3 year      c. 4-6 years      d. 7+years
20. How long has abuse occurred?      a. <1 year      b. 1-3 years      c. 4-6 years      d. 7+years
21. Do you have children with partner?              a. Yes              b. No
22. Do your children live with you?              a. Yes              b. No
23. Were children also abused?              a. Yes              b. No
24. Have children received counseling?              a. Yes              b. No

25. I am excited about talking with this counselor.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

26. I feel motivated to have a conversation with this counselor.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

27. I feel that I am going to have a good interaction with this counselor today.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**Part II.** Below is a list of behaviors that many women report have been used by their partners or former partners. We would like you to estimate how often these behaviors occurred during the past six months. Circle the number that corresponds to how often these behaviors occurred. Use the scale below:

1=Never      2=Rarely      3=Sometimes      4=Often      5=Very Frequently

**28. Called you a name or criticized you**

Never 1      2      3      4      5 Very Frequently

**29. Tried to keep you from doing something you wanted to**

Never 1      2      3      4      5 Very Frequently

**30. Gave you angry stares or looks**

Never 1      2      3      4      5 Very Frequently

**31. Prevented you from having money for your own use**

Never 1      2      3      4      5 Very Frequently

**32. Ended a discussion with you and made the decision himself**

Never 1      2      3      4      5 Very Frequently

**33. Threatened to hit or throw something at you**

Never 1      2      3      4      5 Very Frequently

- 34. Pushed grabbed or showed you**  
Never 1 2 3 4 5 Very Frequently
- 35. Put down your family and friends**  
Never 1 2 3 4 5 Very Frequently
- 36. Accused you of paying too much attention to someone**  
Never 1 2 3 4 5 Very Frequently
- 37. Put you on an allowance**  
Never 1 2 3 4 5 Very Frequently
- 38. Used your children to threaten you**  
Never 1 2 3 4 5 Very Frequently
- 39. Became upset because a household chore was not done when he wanted or the way it should be**  
Never 1 2 3 4 5 Very Frequently
- 40. Said things to scare you**  
Never 1 2 3 4 5 Very Frequently
- 41. Slapped, hit or punched you**  
Never 1 2 3 4 5 Very Frequently
- 42. Made you do something humiliating or degrading**  
Never 1 2 3 4 5 Very Frequently
- 43. Checked up on you**  
Never 1 2 3 4 5 Very Frequently
- 44. Drove recklessly when you were in the car**  
Never 1 2 3 4 5 Very Frequently
- 45. Pressured you to have sex in a way you didn't want or didn't like**  
Never 1 2 3 4 5 Very Frequently
- 46. Refused to do housework or childcare**  
Never 1 2 3 4 5 Very Frequently
- 47. Threatened you with a knife, gun or other weapon**  
Never 1 2 3 4 5 Very Frequently
- 48. Spanked you**  
Never 1 2 3 4 5 Very Frequently
- 49. Told you that you were a bad parent**  
Never 1 2 3 4 5 Very Frequently
- 50. Stopped you or tried to stop you from going to work or school**  
Never 1 2 3 4 5 Very Frequently

51. Threw, hit or smashed something you owned  
Never 1 2 3 4 5 Very Frequently
52. Kicked you  
Never 1 2 3 4 5 Very Frequently
53. Physically forced you to have sex  
Never 1 2 3 4 5 Very Frequently
54. Threw you around  
Never 1 2 3 4 5 Very Frequently
55. Physically attacked the sexual parts of your body  
Never 1 2 3 4 5 Very Frequently
56. Choked or strangled you  
Never 1 2 3 4 5 Very Frequently
57. Used a knife, gun, or other weapon from you  
Never 1 2 3 4 5 Very Frequently

## APPENDIX G

### Experimental and Wait-list Control Client Posttest

Thank you for participating in today's study. Please answer the following questions; there are no right or wrong answers. We are very interested in your opinions about the conversation you just had.

**Part I.** Please indicate the degree to which the following statements reflect with how you feel about the counselor you communicated with today. Use the scale below:

1 = Strongly Disagree    2 = Disagree    3 = Somewhat Disagree    4 = Neither agree nor disagree  
5 = Somewhat Agree    6 = Agree    7 = Strongly Agree

#### Perceived Liking

**1. I like this counselor.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**2. This counselor is likable.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**3. This counselor is easy to like.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**4. This counselor is enjoyable.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**5. This counselor is pleasant.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**6. I did not like the counselor I talked to.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

#### Comfort with the Counselor

**7. I felt really comfortable with this counselor.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**8. I could establish a friendly relationship with this counselor.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**9. This counselor would not fit into my circle of friends or acquaintances.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**10. I did not match well with the counselor I talked to.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**11. I felt safe communicating with this counselor.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**12. I felt comfortable talking with this counselor.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**13. I felt relaxed with this counselor.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**Perceived Similarity**

**14. I am similar to this counselor.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**15. I am like this counselor.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**16. We share lots of similar opinions.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**17. We share similar interests.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**18. The counselor I talked to is completely different from me.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**Perceived Empathy—Perspective taking**

**19. This counselor understands me.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**20. This counselor understands how I view the world.**

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

**21. This counselor takes no notice of my perspective.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**22. This counselor could sense what I was feeling.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**Perceived Empathy-Emotional Concern**

**23. The counselor I talked to seemed concerned about how I was feeling during the conversation.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**24. The counselor I spoke with genuinely seemed interested in how I experienced the interaction.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**25. The counselor I talked to understood my feelings without being affected herself.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**26. The counselor I talked to is more concerned about her feelings than mine.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**Perceived trust**

**27. I trust this counselor.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**28. This counselor tells the truth.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**29. This is a counselor who could keep secrets.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**30. I can talk about my fears with this counselor.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

**31. This counselor won't repeat what I tell her to others.**

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

32. I feel that I can trust this counselor.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

33. I think that this counselor is trustworthy.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

34. I think this counselor would keep private information confidential.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Attuning Strategies Scales: interpretability, discourse management and interpersonal control  
(in respective order)

Part II. Please indicate the degree to which the following statements reflect with how you feel  
about the counselor you communicated with today. Use the scale below:

1 = Never      2 = Rarely      3 = Somewhat      4 = Neutral or couldn't tell  
5 = Often      6 = Mostly      7 = Always

This counselor's language was \_\_\_\_\_.

35. Easy to understand

Never 1 2 3 4 5 6 7 Always

36. Too formal

Never 1 2 3 4 5 6 7 Always

37. Appropriate for our conversation

Never 1 2 3 4 5 6 7 Always

38. Easy to relate to

Never 1 2 3 4 5 6 7 Always

39. Was ambiguous/ not clear

Never 1 2 3 4 5 6 7 Always

When we talked, this counselor \_\_\_\_\_.

40. Did all of the talking

Never 1 2 3 4 5 6 7 Always

41. Treated me like an equal

Never 1 2 3 4 5 6 7 Always

42. Let me turn the topic into a new direction

Never 1 2 3 4 5 6 7 Always

**43. Made it easy for me to expand on a topic**

Never 1 2 3 4 5 6 7 Always

**44. Used appropriate behaviors for our conversation**

Never 1 2 3 4 5 6 7 Always

**During our conversation, this counselor \_\_\_\_\_.**

**45. Demonstrated respect for me**

Never 1 2 3 4 5 6 7 Always

**46. Talked down to me**

Never 1 2 3 4 5 6 7 Always

**47. Saw information from my point of view**

Never 1 2 3 4 5 6 7 Always

**48. Let me express myself in different ways (i.e., as a student, friend, acquaintance, etc.)**

Never 1 2 3 4 5 6 7 Always

**Perceived Accommodation Scale**

**Part III. Please indicate the degree to which the following statements reflect with how you feel about the counselor you communicated with today. Use the scale below:**

1 = Strongly Disagree    2 = Disagree    3 = Somewhat Disagree    4 = Neither agree nor disagree  
5 = Somewhat Agree    6 = Agree    7 = Strongly Agree

**49. I felt really connected with this counselor.**

Strongly Disagree \_\_\_\_\_ Strongly Agree  
1 2 3 4 5 6 7

**50. I felt I could relate to this counselor.**

Strongly Disagree \_\_\_\_\_ Strongly Agree  
1 2 3 4 5 6 7

**51. I felt "in sync" with this counselor.**

Strongly Disagree \_\_\_\_\_ Strongly Agree  
1 2 3 4 5 6 7

**52. I felt that communicating with this counselor took no effort.**

Strongly Disagree \_\_\_\_\_ Strongly Agree  
1 2 3 4 5 6 7

**53. I could be myself around this counselor.**

Strongly Disagree \_\_\_\_\_ Strongly Agree  
1 2 3 4 5 6 7

54. I felt tense talking with this counselor.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

55. I felt this counselor tried hard to cater to my needs.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

56. I felt that this counselor was very attentive to my communication needs.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

57. It was clear from the way this counselor responded that she really listened to what I had to say.

|          |   |   |   |   |   |   |   |          |
|----------|---|---|---|---|---|---|---|----------|
| Strongly |   |   |   |   |   |   |   | Strongly |
| Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Agree    |

Willingness to meet with the counselor again

**Part IV.** Please indicate the degree to which you would be willing to talk with this counselor again.

58. Place a check (3) next to the statement you most agree with.

- ☐ I never want to talk this counselor again.
- ☐ I would prefer to not talk with this counselor again.
- ☐ It doesn't matter if I talk to this counselor again or not.
- ☐ It would be okay to talk this counselor again.
- ☐ I would like to talk with this counselor again.
- ☐ I want to talk with this counselor again.
- ☐ I can't wait to talk with this counselor again.

## APPENDIX H

### Counselor Journal Instructions

**Journals:** Each journal is numbered so no names will be used for data collection. The numbers seen on the inside of each journal corresponds to numbers we have given to: (a) your shelter (#01-19), (b) counselor (#01 or 02) and client served (#01-05). Through this numbering system we will be able to tell where the information came from and from whom (the counselor). Clients are fully protected because we will never meet them and will never have known their names. Counselors are protected because there is only one list that specifies this information which is kept in a locked file by Kim and Lisa. Information released will never be associated with a particular shelter or counselor.

#### Counselor Journals:

1. Following this conference, we are asking the counselors to practice matching and mirroring behaviors for about 5 hours with different people. Do not tell them what you are doing! Those you practice with can be friends, family members or other counselors who have not attended this workshop. Write down how many hours you practiced (honestly) on the first page of your journal. If you practice less than 5 hours, that is fine but we need you to tell us.

To document practice hours: provide dates and amounts of time. Please be honest.

- a. We also ask that you document in your journal, your thought about the interaction you have with each client. Please describe what you see as their issues, your ability to connect with this person, and how you think the client views you after this first interaction. If you meet again with the client we ask that you continue to use this journal to track any changes that you identify with your clients in terms of behavior, feelings expressed about abuse, or feelings the client expresses about your and your counseling relationship.

To document these areas per client: Please number your clients (#1-5) in the journal and provide the information above with a blank page between each client's information. This way we will know you have completed your thoughts about a particular person. You do not need to write a lot of information for each section, just enough so that we can gain an appropriate perspective of the client's situation, your involvement and progress that has been made in each area (if any). If you choose, you can substitute your notes from a session for the journal, just staple copies of the notes to the page(s). We ask that you write about each client after each interaction. If you meet with a client once per week, we will expect one entry. If the client is residing at the shelter, we ask that you document information two or three times a week as changes are noticed. Please write in the journal for two weeks (unless they leave the shelter).

## APPENDIX I

### Client Journal Instructions

Thank you for participating in this research, we value your thoughts and life experiences related to domestic violence. Your shelter counselor will provide you with a journal so you can write your thoughts about your counseling session with this counselor.

When you open your journal, you will see that it is numbered in the upper left-hand corner. Journals are numbered so we will not be able to determine who you are; we will only know what shelter you are at in the State of Michigan. This was done to protect your identity from other people. Everything you write will be held in the strictest confidence by two people at Michigan State University. We will use your information to teach others about domestic violence and find methods to help others in situations similar to your own.

In the journal you have received, please answer the following question:

“What thoughts do you have about the counselor you just spoke with and your counseling session with that counselor?”

To answer this question, you may want to describe what you shared with your counselor and how that counselor made you feel in that sharing process. Was there anything in particular that you noticed about the counselor that made it easy or difficult for you to talk to them? What would have made communication easier? Do you feel you were honest with the counselor? Did you feel comfortable with this counselor? Would you be willing to speak with this counselor again, why or why not?

#### Directions

- a). If you meet with this counselor once, write in the journal immediately after completing the pretest and posttest, place the seal in the middle of the journal after you are finished, and give it back to the counselor who will mail it to Michigan State University.
- b). If you are stay at the shelter, we ask that you answer the same question after each session. Please provide dates for multiple entries. Please place the seal on the journal when you are finished and give it to the counselor who will mail it back to Michigan State University.

Once you have completed the pretest, posttest and journal, your number will be sent to Michigan State University for entry into the weekly cash prize drawing. If you number is drawn, the shelter will be contacted with the winning number. They will let us know who to make the check out to and verify the address where it should be sent. Individuals at Michigan State University will not have personal contact with prize winners to protect them and their information.

## APPENDIX J

### Debriefing Form for Counselors and Clients

Thank you for participating in this study. We appreciate your time and attention to this important matter. The purpose of this study was to determine how counselor communication skills affect perceived liking, similarity and empathy between counselors and clients. Second, we wanted to determine the extent to which perceived liking, similarity and empathy lead to increased relational trust between counselors and clients, as well as increased client self-disclosure.

At the end of this study you are to speak with the Director of the shelter you are at for a further debriefing. This person will allow you to switch counselors if you have been made uncomfortable as a result of this study. You may also contact those investigators listed below with any questions.

All data collected during the study will only be use in aggregate form; this means that there will be no way to match you with your answers after the study is completed. In addition, all of the materials associated with the study will be held with the strictest confidence, held only by the primary investigators, and kept in a locked cabinet in the Department of Communication.

If you have any further questions regarding your rights as a subject of research, please contact Ashir Kumar, Chair of UCRIHS at Michigan State University at 517-355-2180.

If you would like to receive results of this study or have further questions for the primary investigators listed below, please fill out the following information so we can contact you directly. Or, if you choose to contact us, our information is listed below.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Kim Witte, Ph.D.  
467 Communication Arts & Sciences  
Michigan State University  
East Lansing, MI 48824  
(517) 355-9659

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Thank you again. We greatly appreciated your assistance

## APPENDIX K

### Workshop Information for Experimental Group Counselors

#### “BUILDING BRIDGES: COMMUNICATING WITH CLIENTS”

A two-day, free workshop to enhance communication skills with clients:

- Focus on how to build rapport with clients through verbal and nonverbal communication
- Discuss the nature of trust in interpersonal encounters
- Explore individual learning styles and communication systems for receiving messages
- Teach skills for working with different communication system from your own
- Teach skills for actively engaging non-responsive clients
- Discuss repeated behavior patterns and working with behavior change
- Demonstrate anchoring techniques for clients new decision-making behaviors
- Roundtable discussion of issues affecting shelters

#### Workshop Presenters:

**Kim Witte, Ph.D.:** Kim has been a Professor in the Department of Communication at Michigan State. She has undertaken hundreds of hours of addition training to be certified to offer this type of workshop. Kim’s focus is using communication to enhance decision-making and behavioral choice as it affects personal health and wellness. She has spent her life’s work educating other professionals on how to get the most information, compliance and satisfaction out of an interpersonal encounter.

**Lisa Murray-Johnson, M.A.:** Lisa finishes her Ph.D. in May and will be an Assistant Professor at Ohio State University this Fall. She has worked with MSU Safe Place domestic violence shelter for five years in various roles and initiated the relationship with Blue Cross and Blue Shield to fund this workshop.

#### WHY:

Communication is how we build bridges between people! What one says and how one communicates has a direct effect on how clients think about and relate to the world. As a counselor, mastery of communication is critical. We want to help you in your jobs.

This type of workshop has been popular with business professionals, managers, sales and marketing agents, therapists, and public relations personnel for years, but they are expensive! Similar workshops often charge more than \$500-\$1000 for each person to participate. We know this is unreasonable, especially for non-profit and volunteer organizations, who do the most good in a community, with the fewest resources. The Department of Communication at Michigan State University and Blue Cross Blue Shield of Michigan view this workshop as our way to assist in your daily interaction with clients.

## **WHO:**

We invite both degree-certified counselors and in-house trained counselors to this workshop. The cost will be picked up for two counselors from each organization. This is what the grant allows. However, if more are interested in attending, we will provide a cost estimate for participation.

## **WHEN AND WHERE:**

**COMFORT INN AND SUITES (DATE TBA)  
OKEMOS, MI (3 MILES FROM MSU CAMPUS)  
9AM TO 5PM**

Hotel Amenities include:

- Exercise facility
- Indoor swimming pool
- Cable television
- In room coffee pots/tea service
- Free local calls
- Free meals (paid by MSU)

Directions to the Comfort Inn and Suites:

**Comfort Inn & Executive Suites**

2209 University Park Drive  
Okemos, MI 48864  
Phone 517.349.8700 Fax 517.349.5638

**From the East:** Take I-96 West to Exit 110 (Okemos Road), turn right onto University Park Drive where the Comfort Inn and Suites are located (500 feet).

**From the South:** Take Route 127 North to US 96E to Exit 110 (Okemos Road), and turn left going over the bridge towards Okemos. On your right side is University Park Drive where the Comfort Inn is located (500 feet).

**From the West:** Take I-96 East to Exit 110 (Okemos Road) and turn left going over the bridge towards Okemos. On your right side is University Park Drive where the Comfort Inn is located (500 feet).

**From the North:** Take 127 South to I-96 East to Exit 110 (Okemos Road), and turn left going over the bridge towards Okemos. On your right side is University Park Drive where the Comfort Inn is located (500 feet).

## APPENDIX L

### Experimental Counselor Workshop Registration Form

#### BUILDING BRIDGES: COMMUNICATING WITH CLIENTS

COMFORT INN AND SUITES (DATE TBA)

2209 University Park Drive

OKEMOS, MI

9AM TO 5PM

---

#### Conference Registration Information

☐ YES. We would love to participate      ☐ NO. We are sorry but can not participate.

##### Counselor # 1:

Name: \_\_\_\_\_ Badge Name Preference \_\_\_\_\_

Job Title: \_\_\_\_\_

Shelter: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Room Preference: Smoking ☐ Non-Smoking ☐

Dinner Meal Choice: Vegetarian Lasagna ☐ Braised Beef Tips ☐ (select one only)

##### Counselor #2:

Name: \_\_\_\_\_ Badge Name Preference \_\_\_\_\_

Job Title: \_\_\_\_\_

Shelter: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Room Preference: Smoking ☐ Non-Smoking ☐

Dinner Meal Choice: Vegetarian Lasagna ☐ Braised Beef Tips ☐ (select one only)

Do you prefer to share a room with a counselor from your organization? Yes or No

#### PLEASE FAX YOUR REGISTRATION TO:

DEPARTMENT OF COMMUNICATION AT MICHIGAN STATE UNIVERSITY

ATTN: Lisa Murray-Johnson

Fax: (517) 432-1192; Phone: (517) 355-3480

Additional questions??? Please phone number above or email Lisa at: [murrayel@msu.edu](mailto:murrayel@msu.edu)  
We'll fax back confirmation of your room arrangements and meals.

**APPENDIX M**  
**Building Bridges Workshop Materials**

# **BUILDING BRIDGES**

**COMMUNICATING WITH  
DOMESTIC ABUSE SURVIVORS:  
A TRAINING WORKSHOP**

**Comfort Inn, Okemos, Michigan  
9am – 5pm**

**Workshop Created/Presented by:  
Lisa Murray-Johnson, M.A.  
Kim Witte, Ph.D.**

**Workshop Sponsored by:  
The Department of Communication  
Michigan State University**

**Blue Cross/Blue Shield of Michigan Foundation**

# Building Bridges Workshop Agenda

## Day 1 Events

### Morning Session:

8:30am-9:15am:

Conference Registration

9:15-9:30am:

Welcome and Introduction to Building Bridges Workshop (Lisa)

- Kim and Lisa's background, purpose of workshop
- Dumping your to-do list

### Being a good communicator

- sender, receiver and bi-directional messages
- we, as communicators, have agenda in our minds of the *content* of the message we plan to send, not *how to communicate*
- *better* communicators tailor messages to fit the receiver's perception, receiver's words and the intention of your message
- active listening and awareness of perception are key (Ex. 1)

9:30am-10:00am:

Introduction of Conference Participants

10:00am-10:45am:

How to be a good communicator and develop rapport with others

- Pair up with someone you have just met and develop rapport

10:45am-11:00am:

Morning Break

11:00am-12:30pm:

Discussion of communication accommodation skills

### Why is accommodation so important?

- How your brain uses language depends on how you view the world, your use of verbal and nonverbal communication and how you process interactions with others.
- Accommodation enhances interpersonal attraction plus: (1) comfort, (2) increased listening, (3) trust, (4) moving from 'stranger' qualities to 'kinship' or 'friendship', and (5) a bond, leading to better mutual understanding of thoughts and processing
- It creates patterns of influence in therapy; counselors needs to take information in, process and give information back to client... in a way to let the client *know* that the counselor is processing all information (matching versus mismatching communication behaviors)
  - Consciously- following speech patterns, being understandable, listening, non-verbal body language that is apparently conveying attentiveness
  - Unconsciously- the "feeling" one gets when they are with other people who they feel *comfortable* around
  - Moving from the unconscious to conscious state

- Unconscious activation: through the five senses: touch, taste, sight, hearing, smell- the first four of which are plausibly alterable

Communication is based on response that you get through feedback. You will never truly know their interpretations, you can just “learn” your client as best as you possibly can. Just because your intention is “x” does not mean the clients interpretation will match “x”

- 1<sup>st</sup> position: your own point of view through your thoughts, feelings and processing
- 2<sup>nd</sup> position: seeing the world through the eyes of another person- using all 5 senses
- 3<sup>rd</sup> position: disassociate yourself from own thoughts and feelings and those of which whom you are interacting. You are an objective observer

“Learn your client.” The quicker that you can read the people you are working with, the more conscious cues you learn to interpret. When the conscious cues become second nature, you can focus more on revealing unconscious cues and characteristics

**Exercise # 2: Calibrating yourself with others**

**Exercise # 3: Working with the styles**

12:30pm-1:30pm: Lunch

1:30pm-3:00pm: Learning how to matching and mirroring of accommodative styles

**Exercises #4, # 5 and # 6: More work with verbal communication style**

3:00pm-3:15pm Afternoon break

3:15pm-4:00pm Adding paralinguistic cues to verbal communication style

Paralinguistic cues

- Vocal pitch: the tonality of the voice
- Vocal rate: how fast you are speaking
- Vocal pace: how you use your voice to lead others in conversation

**Exercises # 7 and # 8: Verbal and paralinguistic communication style**

4:00pm-5:00pm Introduction to nonverbal communication (Kim)

Nonverbal Communication

- According to communication experts (Mehrabian/ Burgoon)
  - 7-10 % of what people take in are verbal words
  - 30-40 % are non-verbal qualities of voice (tone, pitch, rate, volume, etc.)
  - 50-60 % are non-verbal qualities of body language

Important nonverbal behaviors

- Posture
- Breathing
- Body movement: head/neck, arms/hands, legs/feet
- Facial Expression: eyes, eyebrows, cheeks and mouth

**Exercises # 9 and # 10: Working with nonverbal communication styles**

End of session

Dinner served 5:15-5:30pm

# Building Bridges Workshop Agenda

## Day 2 Events

### Morning Session:

9:00am-9:30 am:

Recap Day 1 activities and answer questions

9:30am-10:45am:

More on rapport building (Kim and Lisa)

- Levels of Matching:
- (1) content, match what the client wants to talk about
- (2) words, match client word style
- (3) word sequence/ sentence structure, tag question ending (It is nice out, isn't it?) or starting with run on sentences in speaking turn
- (4) non-verbal vocal cues, pitch, tone, rate of speech, volume, volume change, pitch change from beginning of statement to end (end down or up pitch)
- (5) non-verbal body language, sitting style, arm position, shoulder movement, eye movement, eye contact positioning, eyebrow movements, alterations in sitting position, slouching, upright, head tilt, etc.
- (6) size of phrases, "chunk size"- compare run-on statements to small blurbs
- (7) value matching, if the person is speaking of something you do not particularly like, match with personal experience that is similar so that you have something to talk about
  - makes the person feel as though you are listening and including in conversation
- (8) gestures, hand movements (K), outlining of motions and/or descriptives (V)
- (9) key words of each verbal communication style
- (10) incidentals (breathing, breaths per minute, eyebrow cues, etc.)

### **Exercise # 11: Building rapport**

The mind does not process negative language

Stay away from the word "don't" in conversation

- The word "but" gives the impression that something in the previous statement was either wrong, in your mind, disagreed with, or you have something better to say... leaves a bad impression (or starts with a bad impression for the statement upcoming, and then the content of the message is not heard)
- The word "should" implies persuasion or direction
- You want to give autonomy and freedom of choice
- Give encouragement, but do not use the word "try".
- Substitute the word "when," for the word "if"

- if- means that it is a request, maybe, possibility
- when- distinct time frame, expectation, set goals, mutual understanding
- Use tag questions to clarify information “I think so, don’t you?”

**Exercise # 12: Working on Verbal matching and mirroring**

10:45m-11:00am: Morning break

11:00am-12:30pm: Putting it all together

**Exercises # 13 & # 14: Verbal, nonverbal, and paralinguistic styles**

12:30pm-1:30pm: Lunch break

1:30pm-2:30pm: Counselor evaluation of verbal and nonverbal communication

2:30pm-2:45pm: Afternoon break

2:45pm-3:00pm: Hand out materials to counselors for data collection

3:00pm-4:30pm: Discussion of counselor duties for data collection

4:30pm-5:00pm: Wrap-up workshop and final comments

End of session

## EXERCISE # 1

### Active listening

|                                      |                                                           |
|--------------------------------------|-----------------------------------------------------------|
| 1.                                   | 2.<br><br>_____                                           |
| 3.<br><br>PB          MB          BB | 4.<br><br>Table          Dog          Child          Drum |

How many "f's" are there in this sentence?

**FEATURE FILMS ARE THE RESULT OF YEARS OF  
  
SCIENTIFIC STUDY COMBINED WITH THE  
  
EXPERIENCE OF YEARS.**

## EXERCISE # 2

### Calibrating Yourself with Others

The purpose of this exercise is to help you become aware of the verbal and nonverbal behaviors that accompany a person's answers:

1. Ask a partner 10 questions that you believe will get a **yes** response.

How does this person respond verbally and nonverbally?

2. Ask a partner 10 questions that you believe will get a **no** response.

How does this person respond verbally and nonverbally?

3. Ask a partner 10 questions that will produce **neither a yes or no** response.

How does this person respond verbally and nonverbally?

Do this exercise again choosing three different memories you have. Tell your partner the subject of your memory and have them ask you the same set of questions above and see how you respond verbally and nonverbally. Then switch and redo the exercise with the partner.

## EXERCISE # 3

### Different Communication Styles

Please read the following paragraph and then identify the communication style.

“I had a dream last night where a black asphalt road was bringing me close to the edge of a big town. I suddenly realized that there was a big thunderstorm brewing. The air hung heavy and close all around me and I could feel my lungs straining with every breath I took. My skin seemed to tingle in anticipation. Soon, I was able to feel the cool, moist tongue of the breeze running before the storm the storm began to lap insistently at my face and neck.”

“I was only about a block from the first house when the thunderstorm began in earnest. I started running when icy mist tickled my upper arms and I shivered. I couldn’t run anymore as the sidewalk became a slippery goo and the rain penetrated my shoes, soaking them. At once, I felt in touch with nature and felt no need to run from the storm. The rain cleansed my sweating back.”

**What is the person’s communication style?**

**If asked to continue this story, what words would you choose and why? How could you match and mirror their style?**

## EXERCISE # 4

### More on Communication Styles

The purpose of this exercise is to help you become aware of the verbal and nonverbal behaviors that accompany a person's communication style:

Ask a partner the following questions and determine what communication style the person is using to answer them. Then switch and re-do the exercise.

1. What is your earliest childhood memory?
2. Can you tell me about a funny experience?
3. What is your favorite food and why?
4. Can you describe your favorite vacation?
5. Who have been the most influential people in your life?
6. Can you tell me about an important goal you have set for yourself?
7. How do you imagine yourself in 10 years?
8. What are the three most important characteristics a person can have?
9. How do you find beauty or pleasure in your life?
10. What is your favorite sport or hobby?

**In answering these questions, this person used \_\_\_\_\_ communication style.**

**Describe why you believe this person uses this style:**

## EXERCISE # 5

### Accommodation Exercises

The purpose of this exercise is to help you become aware of the verbal and nonverbal behaviors that accompany a person's communication style:

Directions: In pairs have one person read the following statements while the other marks the verbal and nonverbal (including paralinguistic behaviors) that are used. Then switch roles and redo the exercise. What do you observe? We will discuss answers as a group in a few minutes.

1. I'm afraid I don't have a very good memory of my mom. We were never very close.
2. I don't see myself in school; that's for sure. I picture myself having a job.
3. I would walk to the end of the line to the music of my classmates' laughter.
4. Mom and Dad were always yelling at each other. I hate for people to nag and scream, so I tune them out.
5. I always looked up to my older brother. He was a 6 foot tall guy with brown twinkling eyes and blond hair.
6. Grandpa used to tickle us grandkids until tears rolled down our cheeks. He gave the warmest hugs as he'd swoop us off the carpet.
7. It is hard for me to picture being single for very long, I get lonely when I see people holding hands.
8. Our big, white house had a huge yard with red, pink and yellow roses in the front.
9. Dad's harmonica playing soft melodies on quiet summer nights is one of my favorite memories.
10. My grandma said it is bad to gossip, so I don't do it but I still listen to it.

## **EXERCISE # 6**

### **More on Accommodation**

Below is a list of topics for you to talk about with a partner. Select one person to start on the topic and then match and mirror their verbal communication style. Then switch and re-do the exercise.

#### **Topics**

Shoes  
Flowers  
Ice cream  
Furniture  
Heaven  
Music concerts  
Books  
Movies  
Football  
Divorce  
Childbirth  
Getting a cold/flu  
Famous people  
Someone you admire

#### **Guidelines**

1. Use 3 of the topics listed above, and speak completely in a accommodative communication style.
2. Use 3 of the topics listed above, and speak completely in an overaccommodative communication style.
3. Use 3 of the topics listed above, and speak completely in a counteraccommodative communication style.
4. Have one person talk in their own style on a topic. Can you identify their style?  
Switch topics with the same person talking. Did their style change based on the topic?

## **EXERCISE # 7**

### **More on Paralinguistics**

**Talk with a partner for several minutes about any topic. Write down what you observe for the following categories, then switch positions.**

- 1. How fast is this person talking?**
- 2. Does the voice go up or down when asking questions?**
- 3. Does the voice go up or down when finishing a sentence or giving an answer?**
- 4. Does the person change their speed of talk depending on the topic? What types of changes can be observed?**
- 5. When the person talks, does this person talk in chunks or provide long answers/questions?**
- 6. Who talks more during the interaction? How does this person use their voice to signify it is your turn to talk?**
- 7. Are there any vocal habits that you can identify (i.e., clearing throat constantly, humming through their words, etc.)?**
- 8. How do their vocal patterns mirror facial expression? (we'll get to this next)**

## **EXERCISE # 8**

### **Paralinguistic Calibration**

Use Exercise #7 to help you with this activity.

1. Discuss what you learned about your partner through the activity. What behaviors did you have that were similar or different?
2. Share in a supportive manner what vocal habits might be problematic and why. For example, constantly clearing the throat may become distracting and appear as an interruption to the conversation.
3. Share with your partner the vocal habits that appeared to be positive to enhance the conversation. For example, did the person use a relaxed vocal tone which is soothing on the ears?
4. Get into a group with two or four other people and discuss one another's paralinguistic styles. What similarities and differences can you identify? Generate a list that can be shared at the end of this exercise.
5. In your group, pair off with a different partner and talk with them for a few minutes. Attempt to match and mirror their paralinguistic style. Without telling your partner, then switch into a mismatch form after several minutes. See how the partner reacts to your mismatches. After a few more minutes talk about how you both feel when someone matches versus mismatches your vocal style.

**Vocal style similarities**

**Vocal style differences**

## EXERCISE # 9

### Cheat Sheet on Accommodation

Practice with a partner for the next few minutes not talking but matching and mirroring their nonverbal communication behaviors, using the chart below.

| Nonverbal Accommodation |                                              |                                                                                                               |
|-------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Dominant Posture        | Sitting similar to one another               | Slouching, sitting upright, tilting to the side                                                               |
| Hand movement           | Similar movement of hands                    | Touch body holding hands/objects, resting hands in lap, cracking knuckles, pointing at people/objects         |
| Arm/Shoulder movement   | Similar movement of upper body while sitting | Shoulder shrugs, relaxed shoulders, stretching, flexing muscle, shaking out arms                              |
| Nodding                 | Similar movement of head                     | Direction head is facing, head tilting, head nodding or shaking, neck cracking, shaking out hair, neck strain |
| Smiling                 | Similar lower face expression                | Smiling or corner in sides of mouth (open or closed)                                                          |
| Eye Gaze                | Similar eye expression                       | Looking toward or away from person, closed eyes,                                                              |

| Verbal Accommodation |                                                        |                                                                                       |
|----------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| Vocabulary           | Choosing similar words to describe items/people/events | Same vocabulary, jargon                                                               |
| Topic Selection      | Agreement to stay on same topic or move to a new one   | Invite to change subject                                                              |
| Topic Development    | Agreement to add more details to topic or abandon it   | Describe items/people/events                                                          |
| Vocal Rate           | Same <i>tempo</i> of speech                            | Fast, slow or moderate rate                                                           |
| Vocal Pitch          | Similar use of voice <i>frequency</i> when talking     | High or low, voice cracking with emotion, normal changes when asking/answer questions |
| Vocal Flexibility    | Same <i>rhythm</i> of speech                           | Synchronized pattern of talk and pauses during or after talk turn                     |

What did you learn about this person? How did it feel to interact with them without talking? Did you notice repetitive behaviors or did they constantly change?

## EXERCISE # 10

### Nonverbal Communication

With your partner, choose a topic to discuss. The topic can be from Exercise # 6.

1. Spend 4 or 5 minutes carrying on a conversation with this person on the topic and write down what you observe below.
2. Switch topics and repeat the process. How does their nonverbal style change?

#### First Pass:

Posture:

Breathing:

Hand movement:

Arm/shoulder movement:

Leg/hip movement:

Foot movement:

Head/neck movement:

Mouth/cheek expression:

Eye/eyebrow expression:

#### Second Pass:

Posture:

Breathing:

Hand movement:

Arm/shoulder movement:

Leg/hip movement:

Foot movement:

Head/neck movement

Mouth/cheek expression:

Eye/eyebrow expression:

3. Look at the behaviors you have marked above, begin a new topic and begin to match and mirror those behaviors used by your partner.
4. If feeling confident, continue to repeat the process but adding matching and mirroring of paralinguistic cues. (rate, pitch, pacing)
5. If time is still available, continue to move from topic to topics, but begin to add verbal communication styles.

## EXERCISE # 11

### Building Rapport

- A. Get into groups of four to six people and have one person read the following statement. Monitor verbal, nonverbal and paralanguage behaviors that accompany these statements. If time allows, switch the person who reads the statements and continue to monitor accompanying behavior.
1. "Don't make a mess" and "be a good boy" were my mother's favorite sayings.
  2. I couldn't see very well at the swimming pool without my glasses so I memorized the color of my friends' swimming suits. I had some embarrassing moments when the color of the suit did not match the face when I was close enough to see who it was.
  3. First, I'd clear out a bunch of buildings and then plant some green grass and colored flowers. I'd feel great about it.
  4. I felt like all the demands of my work were closing in on me.
  5. There was a scratch at my door, then the door creaked as it opened and my heart beat with fear as I heard my name whispered.
  6. Painting is a hobby of mine. I like mixing colors, playing with different shades and intensities of the colors.
  7. Dancing is one of my greatest emotional releases, moving to the different rhythms.
  8. That dream was so vivid the way white ghosts appeared with glowing green eyes.
  9. My first car purred like a tiger and as far as I was concerned, the louder the better. That sound was the only way I could get back to the frustrations in my life.
  10. She had long, rich brown hair, olive-colored skin, and eyes that seemed to notice everyone but me.

Work out any disagreements among the group and agree on each answer to these statements. We will discuss them in a few moments.

- B. Have two people in the group pair up, and have them begin a conversation. At any point during the conversation, others in the group can request the pair talk in a visual, auditory, kinesthetic, or any combination style. After five minutes, switch the talking pair with others in the group until everyone has been in the hot seat.

## EXERCISE # 12

### Putting It All Together

From this point forward, do not be overly obvious (if you have been) about moving from one style to the other. Talk in a normal conversational voice, and maintain awareness that your partner in this exercise may move between conversational styles.

- A. Using the chart below, one quickly realizes that communication style is one method to matching and mirroring another to build rapport. Choose which partner will lead this exercise. Have a conversation with a partner attempting to account for vocabulary, topic selection, topic development and role flexibility (we'll explain). Incorporate communication subtly during this conversation noting changes in your partner's behavior.

|                              |                                                        |                                                                                                                                                                                                                                                       |
|------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Verbal Accommodation:</b> |                                                        |                                                                                                                                                                                                                                                       |
| Vocabulary                   | Choosing similar words to describe items/people/events | Same vocabulary, jargon                                                                                                                                                                                                                               |
| Topic Selection              | Agreement to stay on same topic or move to a new one   | Invite to change subject                                                                                                                                                                                                                              |
| Topic Development            | Agreement to add more details to topic or abandon it   | Describe items/people/events                                                                                                                                                                                                                          |
| Role Flexibility             | Talk about the self multiple ways during conversation  | Self seen as parent, child, friend, worker, survivor, etc.                                                                                                                                                                                            |
| Communication style          | Match verb by visual, auditory or kinesthetic type     | Visual: See, look, picture, colors, light/dark, describing visual settings<br>Auditory: Hear, sound, explain, spell out, said, describing hearing settings<br>Kinesthetic: Feel, touch, gut feeling, becoming, thinking, describe kinesthetic setting |

- B. Go back over the list discussed in lecture about how certain words can be problematic during a conversation. Get into a group with four to six people and have them listen for those words that can affect a client's response to information. Repeat the activity remembering to switch the speaking pair and who is leading the conversation.

## EXERCISES # 13 & #14

### The Finale

- A. Role play the following scenarios with another person, attempt to keep track of the person's verbal, nonverbal and paralinguistic communication styles. Remember, that as a counselor you will be following the client's lead. Pair up with another group and have them record your ability to match the other person or persons verbally, nonverbally and paralinguistically.

Scenario # 1: A repeat client has just come back to the shelter because her ex-partner will not stop his stalking behaviors. She has been threatened repeatedly with body harm and is nearly hysterical because of a violent note left on the hood of her car.

Scenario # 2: You get a crisis call at the shelter (verbal and paralinguistic only) from a young mother who says her partner has just hit her for the first time. She is not sure if she is in an abusive situation or not. As you gather information from her, she admits that she has had forced sex on several occasions. Convince her to come to the shelter.

Scenario # 3: You are on your way to a meeting and you hear two clients arguing over something (pick an item). One client is much more dominant in the argument than the other and using their body to demonstrate how strongly they feel. Figure out how to diffuse the interaction and persuade the more dominant client to calm down without alienating the other client.

Scenario # 4: You have just walked down to the kitchen area when a client who has been doing much better lately, seems very depressed. She has been through a difficult custody battle with her husband. Although it seems like she will win full custody, she is worried about her ability to provide for them.

- B. Have the group provide feedback on your skills. Have the person who was the "client" comment on which behaviors made her feel most comfortable with you (a good sign of rapport). Switch partners in the group and repeat the activity.

## APPENDIX N

### Verbal and Nonverbal Communication Accommodation Checklist

For each of the behaviors below, place an (X) in the match or mismatch column each time during the interaction a match or mismatch occurred. If you couldn't tell, place your (X) in the third column.

Match = demonstrating the identical behavior or a very similar behavior as the client

Mismatch = demonstrating a dissimilar or opposite behavior as the client

#### Verbal/Paralinguistic Communication

|                          | Counselor/Counselor Match | Counselor/Counselor Match | Can't tell |
|--------------------------|---------------------------|---------------------------|------------|
| <b>Vocal Rate</b>        |                           |                           |            |
| <b>Vocal Pitch</b>       |                           |                           |            |
| <b>Vocabulary</b>        |                           |                           |            |
| <b>Topic Selection</b>   |                           |                           |            |
| <b>Topic Development</b> |                           |                           |            |
| <b>Back-channel</b>      |                           |                           |            |
| <b>Vocal Flexibility</b> |                           |                           |            |

#### Nonverbal Communication

|                            | Counselor/Counselor Match | Confederate/Subject MisMatch | Can't tell |
|----------------------------|---------------------------|------------------------------|------------|
| <b>Dominant Posture</b>    |                           |                              |            |
| <b>Hand/Wrist Movement</b> |                           |                              |            |
| <b>Arm Movement</b>        |                           |                              |            |
| <b>Nodding</b>             |                           |                              |            |
| <b>Smiling</b>             |                           |                              |            |
| <b>Eye Gaze</b>            |                           |                              |            |

## APPENDIX O

### Cheat Sheet for Communication Accommodation Behaviors

| <b>Nonverbal Accommodation</b> |                                              |                                                                                                               |
|--------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Dominant Posture</b>        | Sitting similar to one another               | Slouching, sitting upright, tilting to the side                                                               |
| <b>Hand movement</b>           | Similar movement of hands                    | Touch body holding hands/objects, resting hands in lap, cracking knuckles, pointing at people/objects         |
| <b>Arm/Shoulder movement</b>   | Similar movement of upper body while sitting | Shoulder shrugs, relaxed shoulders, stretching, flexing muscle, shaking out arms                              |
| <b>Nodding</b>                 | Similar movement of head                     | Direction head is facing, head tilting, head nodding or shaking, neck cracking, shaking out hair, neck strain |
| <b>Smiling</b>                 | Similar lower face expression                | Smiling or corner in sides of mouth (open or closed)                                                          |
| <b>Eye Gaze</b>                | Similar eye expression                       | Looking toward or away from person, closed eyes,                                                              |

| <b>Verbal Accommodation</b> |                                                        |                                                                                       |
|-----------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Vocabulary</b>           | Choosing similar words to describe items/people/events | Same vocabulary, jargon                                                               |
| <b>Topic Selection</b>      | Agreement to stay on same topic or move to a new one   | Invite to change subject                                                              |
| <b>Topic Development</b>    | Agreement to add more details to topic or abandon it   | Describe items/people/events                                                          |
| <b>Vocal Rate</b>           | Same <i>tempo</i> of speech                            | Fast, slow or moderate rate                                                           |
| <b>Vocal Pitch</b>          | Similar use of voice <i>frequency</i> when talking     | High or low, voice cracking with emotion, normal changes when asking/answer questions |
| <b>Back channel</b>         | Similar acknowledgement of contributions to talk       | Use of “hmm”, “uh-huh”, “yes/no”, etc.                                                |
| <b>Vocal Flexibility</b>    | Same <i>rhythm</i> of speech                           | Synchronized pattern of talk and pauses during or after talk turn                     |

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