A MODEL FOR THE TRAINING OF UNDERGRADUATE RESIDENCE HALL ASSISTANTS AS PARAPROFESSIONAL COUNSELORS USING VIDEOTAPE TECHNIQUES AND INTERPERSONAL PROCESS RECALL (IRP)

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ABSTRACT

A MODEL FOR THE TRAINING OF UNDERGRADUATE RESIDENCE HALL ASSISTANTS AS PARAPROFESSIONAL COUNSELORS USING VIDEOTAPE TECHNIQUES AND INTERPERSONAL PROCESS RECALL (IPR)

By

Robert Francis Dendy

The study was born out of the recognition that professional counselors at university counseling centers can reach only a small percentage of students with "normal" personal-developmental concerns who are in need of his skills. Some means must be found to meet the increasing demand for mental health services at universities and colleges. Consulting models where professional counselors train and then employ undergraduate students as paraprofessional counselors and educators might be developed. Such models would extend the influence and effectiveness of the professional over a wider population.

The literature, both descriptive and experimental, has been divided between those writers who think the paraprofessional should function strictly as "support personnel" or "case aides" freeing the professional from his "non-professional" administrative duties (APGA Professional Preparation and Standards Committee, 1967; Patterson, 1965; Rosenbaum, 1966; Levison and Schiller, 1966) and

those writers who believe the paraprofessional, properly selected and trained, can function as an effective psychotherapeutic agent (Holzberg, et al., 1964; Carkhuff & Truax, 1965a; Reiff & Reisman, 1965; Magoon & Golan, 1966; Carkhuff, 1966).

This study supports the latter contention and addresses itself to three basic questions: (1) Can undergraduate dormitory resident assistants (R.A.s) be taught to use certain counseling skills which facilitate inter- and intra-personal understanding?; (2) Is a training model extended over six months more effective than similar training given in one week?; and (3) Is there any difference in the level of facilitative functioning between R.A.s exposed to the extended (6-month) training model and professional counselors? If they can be trained to function at an adequate level of facilitative effectiveness as paraprofessional counselors, it was assumed that resident assistants would contribute to a healthier social and interpersonal environment within their residence hall. It was also assumed that they would perform a vital role by providing ancillary services to the professional in the form of preventive therapy and referral services.

Facilitative functioning was defined as the manner in which the paraprofessional counselor (helper) responds to another person's concerns. Empathic Understanding (EU) was accepted on the basis of research literature as a

necessary, although not sufficient, condition for facilitative helping responses. Four other characteristics of the way in which a helper responds to another person's statements were considered to be directly related to facilitative functioning: (1) Affective rather than cognitive; (2) Understanding rather than non-understanding; (3) Specific rather than non-specific; and (4) Exploratory rather than non-exploratory (Kagan, Krathwohl, et al., 1967).

A training model was designed which assumed that four developmental tasks had to be achieved before a person becomes effective as a "helper" in interpersonal relationships. The developmental tasks were: (1) Listening; (2) Understanding; (3) Communicating Understanding; and (4) An Understanding of the bilateral nature of the helping relationship. A series of structured training procedures were used which were considered to be related to the developmental tasks. The training procedures were adaptations from previous studies in counselor training (Kagan, Krathwohl, et al., 1967; Goldberg, 1966; Spivak, 1970; Grzegorek, 1971) and paraprofessional training (Carkhuff, 1969a,b).

The paraprofessional training program developed for this study was called an Extended Training Model (ETM). It was conducted in two distinct phases and took six months to complete. Phase I was 19 hours of training in

four weeks during the spring term of 1970. Phase II was an additional 19 hours of training in four weeks at the beginning of fall term 1970. While the approach to training in this study does not deal explicitly and didactically with personality and process theory, an understanding and insight into such concepts appeared to be obtained by the trainee through the experiential nature of the training procedures. Affect simulation films, a videotape playback methodology called Interpersonal Process Recall (IPR), and the rating of pre-recorded audiotapes were used.

Twenty-two R.A.s from one residence hall at Michigan State University were the subjects of the study. The 11 male and 11 female subjects were randomly assigned to four groups--two groups of 5 and two groups of 6. Except for a two-hour introduction lecture on elements of effective helping relationships, the subjects met in the intact groups throughout the study. The training groups were co-led by advanced doctoral candidates in counseling psychology who had previous experience with the training procedures.

Although the R.A.s were not selected at random because of logistics there was no reason to believe that they were not representative of the more than 400 R.A.s living in 40 residence halls at Michigan State University. One important consideration was that they agreed to participate in a formal training program prior to selection

for their jobs by the residence hall advisory staff in the spring of 1970. Training began one week after their selection and was completed by the end of the third week of classes during fall term of 1970.

The subjects were measured four times on the Affective Sensitivity Scale (Kagan, Krathwohl, et al., 1967); the Counselor Verbal Response Scale (Kagan, Krathwohl, et al., 1967); and the Empathic Understanding Scale (Carkhuff, 1969b). The first measure was given prior to training (pre Phase I). The second, third, and fourth measures were given at the end of Phase I, prior to Phase II, and at the end of Phase II of training, respectively.

Three sets of criterion groups were used to compare the difference in overall functioning of the R.A.s exposed to the ETM. The first group were R.A.s from another dormitory at Michigan State University similar in background and experience to the ETM-R.A.s. There were 9 male and 9 female subjects randomly assigned to three groups of 6. They received training similar to the ETM groups with the exception of the affect simulation films. This model was called Intensive Training Model-I (ITM-I). A second model called Intensive Training Model-II (ITM-II) used an additional 18 subjects from the same dormitory who were also randomly assigned to three training groups. The procedures used in this model were called "empathy training" which consisted largely of rating pre-recorded

audio tapes and role playing. Both ITM-I and ITM-II differed from the ETM in that there were 40 hours of training conducted in one week at the beginning of fall term 1970. Details of these models are reported in a separate study (Scharf, 1971).

The third criterion group consisted of eight professional counselors from the Michigan State University Counseling Center (Ph.D.s). Four of the counselors hold Ph.D.s in counseling psychology and four were nearing completion of a Ph.D. in the same field.

All of the subjects were measured on the same instruments under similar conditions. The CVRS and EU scales were used to rate segments from the first, second, and third portions of 30-minute audio taped counseling interviews. Six advanced doctoral candidates in counseling psychology were trained in the use of the scales. They rated all of the ETM and Ph.D. tapes. Reliability of the judges' ratings was .717 for the CVRS and .607 for the EU. Three of the judges rated the ITM tapes. Reliabilities of .749 and .479 were calculated for the CVRS and EU respectively.

Four sets of hypotheses for the ETM subjects were formulated to determine (1) a difference in means on the combined variables across the four measurement times; (2) a difference in means from pre Phase I to post Phase II (3) a difference in means from post Phase I to pre Phase

II (summer recess); and (4) a difference in means from pre Phase II to post Phase II. A 4x4x3 repeated measures analysis of variance was used to test the overall difference in means. The raw data were transformed to a common metric and averaged across variables. A significant difference in means was found ($p < .05$). There was an overall significant and positive improvement on levels of facilitative functioning for R.A.s exposed to the ETM. Hypotheses 2, 3, and 4 were tested by three separate matched pairs t-tests. A significant difference in means was found from pre to post Phase I ($p < .05$) and from pre to post Phase II ($p < .05$).

There was no significant difference in means from post Phase I to pre Phase II (summer recess--no training). The implication is that increases in facilitative functioning obtained by the R.A.s during Phase I of training did not deteriorate over the summer recess. The facilitative functioning in helping relationships was then significantly increased again during Phase II of the ETM.

Four additional sets of hypotheses were formulated for the ETM groups and the three sets of criteria groups: (5) There will be no difference in means on the combined variables between the ETM, ITM-I, ITM-II, and Ph.D.s; (6) There will be no difference in means between the ETM-trained R.A.s and the ITM-I R.A.s; (7) There will be no

difference in means between the ETM-trained R.A.s and the ITM-II R.A.s; and (8) There will be no difference in means between the ETM-trained R.A.s and the Ph.D.s.

A multivariate analysis of variance was used to test Hypothesis 5. In the multivariate case the null hypothesis was rejected ($p < .0089$, $df = 9, 19.62$). In the univariate case, with each of the three variables treated separately, significant differences in means between the four groups were found on the CVRS and EU ($p < .05$, $df = 3,10$). A series of Scheffé post hoc pairwise comparisons were made on the CVRS and EU between the ETM and the three comparison groups to test Hypotheses 6, 7, and 8.

The only comparison of means found significant was between the ETM and ITM-II on the CVRS ($p < .05$) in favor of the ETM groups which scored 27.95 points higher. Significant differences were not detected between the ETM groups and the Professional Counselor (Ph.D.) groups on any of the variables. At the end of training, then, the undergraduate R.A.s did not differ from Ph.D.-level counselors on the criterion measures used.

Conclusions

The findings of this study indicate that carefully selected undergraduate R.A.s who were given a relatively brief training program (38 hours) over an extended period of time (6 months), learned to function at adequate

levels of facilitative effectiveness in helping relationships. The findings further suggest that the skills learned in the first phase of training do not deteriorate over a three-month recess in the training program. Additional training in the second phase of the program increased the level of facilitative functioning. One of the most encouraging findings of this study was that the R.A.s were taught to function on certain dimensions of helping relationships at levels no different from that of experienced professional counselors at or near the Ph.D. level.

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"Reeling and Writhing, of course, to begin with," the Mock Turtle replied; "and then the different branches of arithmetic--Ambition, Distraction, Uglification, and Derision." There were many times during my long career as a student when it seemed as though Lewis Carrol's Mock Turtle was making an empathic response to me rather than punning with Alice Little. Now that this study is completed it no longer seems to fit as I find myself back to ambition and more hopeful than ever that ambitions can be realized. I am still "reeling and writhing," however, as I try to write this to express my appreciation and gratitude to those who have contributed so much to my personal and professional development. This is no easy task since the written word will probably not communicate effectively enough what I feel, and there are bound to be some oversights. Nonetheless, it is with the warmest of intentions that I wish to express my appreciation to:

Norm Kagan for his leadership, guidance, advice, inspiration, unceasing helpfulness, and friendship during the course of my graduate work.

Bill Kell for teaching me skills without frills, and helping me distinguish between needing and wanting, and, most importantly, for caring.

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Sue Jennings, Dick Pierce, and Paul Schauble, my supervisors, who taught me that counseling can be fun and rewarding.

The R.A.s who made this study and my work at Hubbard Hall an enjoyable and memorable experience. In the body of this study they were discretely referred to as "Subjects n_1 through n_{22}," but they will always be remembered as: Tim, Sue Ellen, Gary, Joanne, Pat, Marty, Debbie, Joe,

Dick, Margot, Kathy, Denny, Marilyn, Harry, Charlie, Marty, Steph, Steve, Lee, Dale, Jo, and Shelly.

I have saved the best for last, not because she deserves honorable mention, nor because she helped in many ways unimaginable, nor because she saw me through the harshest moments of a dissertation and graduate program. But because she means so much. Mary--my wife and my life--whom I love dearly simply because she's Mary.

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CHAPTER I

THE PROBLEM

The basic problem with which this investigation is concerned is the development and validation of methods to positively influence the mental health of large numbers of students on a college campus. Many colleges and universities have not been able to include personal-developmental learning as a co-curricular activity to supplement formal didactic learning processes. The task of providing such learning experiences has usually been delegated to administrators, student personnel staff, and campus counseling and mental health centers. These agencies, staffed with extensively trained professional personnel, can reach only a small percentage of the student population. With an expanding population there is a subsequent increase in demand for the services of mental health workers. Professional agencies cannot meet the demand due to limitations in personnel and facilities.

Using trained paraprofessionals may be one way to help meet personal-developmental needs of college students and the demand for mental health services. Consulting

models should be developed where professional counselors could extend their influence and effectiveness by training and then employing undergraduates as paraprofessional educators and mental health workers. Non-traditional and innovative approaches appear to be needed.

Need

Colleges and universities are searching for ways to provide the personal-developmental learning experiences assumed to be essential for student growth. The Hazen Foundation Report on The Student in Higher Education (1968) is an excellent example of the growing interest in non-cognitive, personal learning:

> . . . the young person becomes what he becomes not only because of what he hears in the classroom and not even mainly because of what he hears in the classroom. His interaction with teachers, his encounter with the social structure of the college administration, the friendship groups in which he becomes integrated, the values he acquires from student culture, the atmosphere of flexibility or rigidity which permeates the school environment, the playfulness or seriousness, the practicality or the spontaneity of operative educational goals of his college--all these have an immense, if not yet precisely measured, impact on the evaluation of the young person's self view and world view, on his confidence and altruism, on his mastering of the needs of identity and intimacy (pp. 5-6).

Carkhuff and Berenson (1967) have summarized statistics which clearly reflect the need to develop systems which attend to an individual's need for "human nourishment."

> An unhealthy society is one in which only 20 percent of its people are free from signs of emotional distress. An unhealthy society is one in which one-third of its members demonstrate distressing psychiatric symptomology. An unhealthy society is one in which half of the hospital beds are occupied by mental patients, and in which one-third of these are second admissions. American society, in which all of these conditions exist, is not healthy.
>
> An unhealthy society cannot provide human nourishment to its members. Ours does not. The clients and patients who seek our inpatient and outpatient treatment centers are largely people who cannot find sources of human nourishment in their everyday life environments. Indeed, they are most often the broken and disabled products of a social system which has disallowed or made difficult their emergence as constructive and potent persons (p. 3).

Purpose

The purpose of this study is to investigate the effectiveness of a model for training undergraduate college students as paraprofessional counselors. Essentially this study addresses itself to three basic questions: (1) Can undergraduate dormitory resident assistants (R.A.s) be taught to use certain counseling skills which facilitate inter- and intra-personal understanding? (2) Is a training model extended over six months more effective than similar training received in one week? (3) Is there any difference in facilitative functioning in specific areas between trained paraprofessionals and professional counselors (Ph.D.s) who are at or near the Ph.D. level?

Delimitations

The models of paraprofessional training developed for this study are intended for a variety of situations and settings but only selected residence halls at Michigan State University were used. The residence halls were selected primarily on the basis of requests for R.A. training from the advisory staffs in residence halls where the training could be most readily implemented. No attempt, therefore, was made to sample R.A.s from different dormitories at Michigan State University or from different universities across the country.

Setting

The "living-learning" orientation of the dormitory system at Michigan State University provides a natural setting in which students trained as paraprofessionals may be used as facilitators in aiding other students to develop more effective interpersonal relationships and communication skills. With the liberalization of dormitory rules and regulations the role and functions of dormitory personnel have shifted dramatically. The undergraduate resident assistant (R.A.) who is assigned 50 or more students on his floor is no longer a "policeman" or disciplinarian. Rather, he is called upon to arbitrate in roommate disputes, listen to personal-social concerns of his peers, provide emotional support to the distraught student, give assistance in crisis situations, and refer students to

appropriate campus agencies when special help is needed.

Definition of Terms

Special terms which are used in this study are defined as follows:

Counseling Relationship.--A helping relationship between a person who is seeking help with a psychological concern (called a client or a patient) and a person who is trained to give help (called a counselor or therapist). The psychological concern can be either educational-vocational or personal-social in nature.

Facilitative Functioning.--Helping responses which attend to the affective elements of the other person's concerns. Facilitative helping responses are those which are affective rather than cognitive, understanding rather than non-understanding, specific rather than non-specific, exploratory rather than non-exploratory, and which demonstrate an adequate level of empathic understanding.

Professional Counselor.--A person who has received advanced graduate training in counseling psychology. The professional counselors used in this study held either a Ph.D. or were advanced doctoral candidates nearing completion of a Ph.D.

Paraprofessional Counselor.--A person who has not received advanced academic training in counseling psychology but who has been trained either formally or informally by professional counselors.

Helper--the Paraprofessional Counselor.--A term used instead of counselor or therapist.

Speaker.--A term used in paraprofessional counselor training usually referring to the person role playing the client or patient.

Resident Assistant (R.A.).--An undergraduate student selected by the residence hall advisory personnel. In return for room and board, the R.A. is expected to oversee the implementation of rules and regulations of the residence halls. The R.A. sometimes functions as a liaison between students living in the residence hall and other departments of the university.

Training Model.--A structured series of training procedures aimed at teaching the paraprofessional certain counseling skills.

Brief Description of Training Models

One model of training undergraduate resident assistants as paraprofessional counselors was developed and evaluated in this study. Two additional models with different subjects and slightly different training

procedures from a separate study (Scharf, 1971) were included here for comparison. A detailed outline of the training procedures for the first model will be given in Chapter III. Theoretical formulations of the training procedures and developmental tasks are included in the theory section of this chapter. The models were as follows:

1. Extended Training Model (ETM). Affect simulation films, a videotape playback methodology called Interpersonal Process Recall (IPR), and the rating of pre-recorded audio tapes were used. The training was conducted in two distinct phases and was extended over six months. Phase I was 19 hours of training in four weeks during the spring term of 1970. Phase II was an additional 19 hours of training in four weeks at the beginning of fall term 1970.

2. Intensive Training Model-I (ITM-I). The format and procedures were similar to the ETM with the exception of the affect simulation films. The primary difference is that the 40 hours of training were conducted entirely in one week at the beginning of fall term 1970.

3. Intensive Training Model-II (ITM-II). A model described by Carkhuff (1969a) which used rating exercises of pre-recorded audiotapes and role played counselor-client interactions. Forty

hours of training were conducted entirely in one week and ran concurrent with the ITM-I (above).

Basic Assumptions

The objective of the three training models described above is to increase the level of facilitative functioning of the R.A.s within a core of conditions considered necessary for effective communication in interpersonal processes and helping relationships. Underlying the objective are the following basic assumptions:

1. Facilitative functioning in helping relationships can be learned.
2. Facilitative functioning is a verbal behavior which can be measured.
3. Undergraduate students at Michigan State University do not differ from undergraduate students at other universities in their ability to meet the objective.
4. The resident assistants selected for the treatments do not differ in their ability to meet the objective from resident assistants in other dormitories at Michigan State University or from resident assistants at other universities.
5. The professional counselors selected for comparison do not differ in their average

level of facilitative functioning from professional counselors at similar institutions or agencies.

6. The doctoral candidates selected as group leaders and trainers do not differ from doctoral candidates in counseling psychology at similar universities in their ability to train paraprofessionals.

7. Elements such as motivation to learn counseling skills, concerns presented by trainees in groups, educational background and prior experience of the trainees, and ability to benefit from a group training experience, will tend to distribute their effects randomly throughout the treatment groups, if the group members are randomly assigned.

8. If they can be trained to function at an increased level of facilitative functioning, it is assumed that the R.A.s would contribute to a healthier social and interpersonal environment within their residence hall. It is assumed they would also perform a vital role by providing ancillary services to the professional in the form of preventive therapy and referral services.

Basic Hypotheses

In broad research form the following hypotheses will be tested:

1. There will be an increase from pretraining to posttraining on dimensions of facilitative functioning for R.A.s who received the Extended Training Model (ETM).

Three additional hypotheses have been generated from Hypothesis 1 for the R.A.s who received the Extended Training Model:

a. R.A.s who received the ETM treatment will demonstrate an increase in facilitative functioning after Phase I (the first 19 hours) of training.

b. R.A.s who received the ETM treatment will demonstrate no change in facilitative functioning during a no treatment period from the end of Phase I (end of spring term) and prior to the beginning of Phase II (beginning of fall term) of training.

c. R.A.s who received the ETM treatment will show an increase in facilitative functioning after Phase II of training.

In graphic form Hypothesis 1 and the three sub-hypotheses will approximate the following:

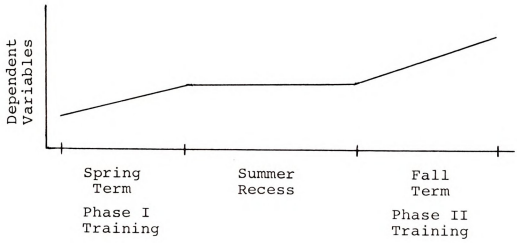

Figure 1.1

Projected Gains for R.A.s Who Received the Extended Training Model (ETM)

2. R.A.s who received the ETM treatment will demonstrate a greater level of facilitative functioning than R.A.s who received similar training within the Intensive Training Model-I (ITM-I).

3. R.A.s who received the ETM treatment will demonstrate a greater level of facilitative functioning than R.A.s who received the Intensive Training Model-II (ITM-II).

4. There will be no difference in level of facilitative functioning between R.A.s after the ETM treatment and traditionally trained professional counselors.

Theory

The theoretical framework for the training procedures described in this study is broadly based on what is considered a relationship theory of counseling. It is closer to the views of neo-analysts (e.g., Sullivan) than

of classical Freudianism, and closer to the views of Jerome Bruner (learning by discovery) than of B. F. Skinner (operant conditioning). Underlying this kind of theory is the assumption that as human beings we not only have the need to be understood, but the capacity to be understood and the capability to understand others. The need for effective interpersonal relationships is clearly summarized by Kell and Burow (1970):

> . . . As human beings we need to be understood phenomenologically, or subjectively. . . . The need to be understood in this way is heightened in the person seeking help with his emotional problems. At such times he has frightening feelings of apartness. . . . Fears of abandonment and isolation are common. . . . Careful listening and sensitive responses by us to these thoughts and feelings of the client help him to feel that there is someone who can know and share with him something of how he feels within himself. . . . Human distress is real and must be understood and accepted as such, but it need not be devastating. Our ability to understand and perhaps to verbalize accurately the feelings of another person does not solve the problem or totally take away the distress, but it does help to rouse in him subjective feelings of hopefulness, tentative coping and thoughts of possible mastery rather than irrational despair (pp. 11, 12).

In establishing a relationship it seems important for one to be able to respond to the affective elements of the other person's concerns. Empathic understanding was accepted here as being a necessary, although not sufficient, response set by a helper to another person's statements. Theoretical formulations by Rogers (1951) and studies by Truax and Carkhuff have indicated that therapeutic change is related to the therapists level

of accurate empathy. Accurate empathy is thus presumed to be a facilitative dimension in helping relationships (Truax & Carkhuff, 1967; Carkhuff & Berenson, 1967; Carkhuff, 1969a,b).

According to Truax and Carkhuff:

> Accurate empathy involves more than just the ability of the therapist to sense the client or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. . . . The therapist's remarks fit perfectly with the client's mood and content. His responses not only indicate his sensitive understanding of the obvious feelings, but also serve to clarify and expand the client's awareness of his own feelings or experiences (Truax & Carkhuff, 1967, p. 46).

Four other characteristics of the way in which a counselor responds to a client's statements were considered to be directly related to facilitative functioning. Research by Kagan, Krathwohl, et al. (1967) has indicated the effectiveness of the following variables in helping relationships:

1. Affective rather than cognitive responses. The counselor makes reference to or encourages some affective or feeling aspect of the client's statements.

2. Understanding rather than non-understanding responses. The counselor conveys to the client his awareness of and sensitivity to the client's concerns.

3. Specific rather than non-specific responses. The counselor deals with the client's concerns in specific and honest terms.

4. Exploratory rather than non-exploratory responses. The counselor encourages the client to become an active participant or partner in the process and to explore the source of his feelings at length. The client is provided with an opportunity to correct or disagree with the counselor.

The above facilitative dimensions represent ways which appear to account for at least some of the therapeutic growth experienced by a person presenting "normal" personal-developmental concerns. Generally, the person who is presenting the concern is "almost honest." That is, he is aware that he is experiencing some kind of discomfort but he may have only the vaguest notion of the source of the discomfort and what he can do to resolve it.

Further research by Kagan, Krathwohl, et al. has suggested that a person may go through a growth process in counseling involving the following phases:

1. Owning of feelings: The person shows immediate and free access to his feelings, expresses them in a genuine way, and is able to identify their origin.

2. Self-exploration: The person actively and spontaneously engages in an inward probing to discover feelings about himself and his world.

3. Internalization: The person knows and trusts his feelings as belonging to him and does not attempt to rationalize them or explain them away as belonging to something or someone outside of himself.

4. Commitment to change: The person is deeply involved in confronting his problems directly and clearly expresses verbally and behaviorally a desire and commitment to change his behavior.

5. Differentiation of stimuli: The person perceives the different stimuli in his world and reacts to them in a variety of differential ways, rather than stereotyping vaguely similar stimuli. He also differentiates between his characteristics and those of others.

6. New behaviors are explored and attempted.

It is assumed that the paraprofessional does not need an in-depth conceptual understanding of personality dynamics in order to be helpful to his peers. The paraprofessional will not conduct clinical diagnoses nor become involved in long range intensive therapy. He does, however,

need to know how to respond to affect in order to facilitate the first phase of growth described above. The objective of the training program is to teach the paraprofessional how to form effective interpersonal relationships so that he can "help to rouse in (another student) subjective feelings of hopefulness, tentative coping and thoughts of mastery rather than irrational despair" (Kell & Burow, supra).

To reach this end, four developmental tasks were identified for the training process. The tasks were defined as:

1. Listening. Before he can communicate understanding it is essential that the helper understand what the other person is saying.[1] In order to understand what the other person is saying it is imperative that he listen. As simplistic as that may seem a helper may often "tune out" what the other person is saying because his own feelings or thoughts interfer with listening. The helper who does not listen carefully is often solution oriented, offers advice before he understands what the other person is saying, is confused about what the person

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[1]A slight shift in terminology has been used here for the paraprofessional which seems more appropriate to his role and setting. "Helper" is synonomous with the professional terms "counselor" or "therapist" and "speaker" is the same as "client" or "patient" (see Definition of Terms, p. 5).

is saying, or simply identifies with the other person in a sympathetic rather than an empathic manner.

2. Understanding. The helper must become aware of and sensitive to all relevant aspects of the speaker's communication. Understanding in this sense refers to the helper sorting out the content, or story line, of the speaker's communication from the meaning behind the communication. That is, the helper attends to innuendoes in the message, voice intonations, postures, and gestures which betray the speakers affect.

3. Communicating Understanding. Responding to the affective components of a speaker's statements with empathic understanding in a specific, direct, and exploratory manner is assumed to be basic to effective and meaningful helping relationships.

4. Awareness of the Bilateral Nature of the Helping Relationship. The helper and the speaker have a reciprocal impact on one another. Each is a stimulus to the other in eliciting the activities and behaviors of a continuing relationship. Kell and Mueller (1966) point out:

> The participants of the therapeutic encounter have an increasingly intense and reciprocal impact on each other. We believe that the counselor and client constantly stimulate each other to behave in ways that may either help or hinder the client's changing. Not only does the counselor activate the conflicted feelings in his client, but the client is similarly stimulating counselor conflicts. The relationship that ensues, then, is a function of the dynamics of both parties (p. 21).

Relationship Between Developmental Tasks and Training Procedures

As previously stated, the approach to paraprofessional training described in this study does not deal explicitly and didactically with personality theory and concepts of process dynamics, an understanding and insight into these concepts is obtained by the trainee through the experiential nature of the developmental tasks (above). The goals of the tasks were met by the following training procedures:

1. Affect Simulation Film

The film consists of a series of vignettes in which an actor or actress portrays varying degrees of emotional states. The emotional states are either subtle or obvious portrayals of rejection or intimacy. The vignettes, which last between one and two minutes, represent four basic fears present to a greater or lesser extent in most helping and interpersonal relationships: (1) rejection--actor rejecting viewer; (2) being rejected--viewer rejecting actor; (3) intimacy received--viewer getting close to actor; and (4) intimacy given--actor getting close to viewer.

When the affect simulation film is used in conjunction with psychotherapy, the client generally perceives the actor's statements as indicative of "interpersonal nightmares" or situations in which he has difficulty handling. In counselor training, and in the

training of paraprofessionals, the film enhances the trainee's understanding of himself and his emotions by enabling him to recognize, identify, and label feelings which he may experience in various interpersonal situations. By labeling and clearly recognizing his own feelings it is assumed that he is then better prepared to respond to another person's feelings with empathic understanding and openness.

2. Rating Pre-recorded Helper Responses

The training procedures in this phase were similar to those reported by Carkhuff in his text Helping and Human Relationships (1969a,b). Student statements and helper responses were written out prior to audiotape recording by doctoral candidates and senior staff members at the Michigan State University Counseling Center. The situations portrayed relevant personal-social concerns most often presented by college students. The situations represented aspects of dating relationships, sex, drugs, roommate and peer relationships, difficulties with parents, and adjustments to college life.

Three rating scales were used: (1) Owning of Feelings in Interpersonal Processes (Pierce & Schauble, 1970);[1] (2) The Counselor Verbal Response Scale (Kagan, et al., 1967);[2] and (3) Empathic Understanding in Interpersonal Processes (Truax & Carkhuff, 1967).[3] The Owning

[1]Appendix A [2]Appendix A [3]Appendix B

of Feelings and Empathic Understanding Scales were modified to three levels of rating rather than the original five levels used for research. It was observed in pilot studies that three levels seemed easier for the trainees to conceptualize and use.

The rating of pre-recorded speaker/helper responses is actually a brief part of the training procedures but appeared to be beneficial in that it provided a conceptual understanding of the style or form of an effective helping relationship.

3. IPR and Recall (Interrogation) Training

The original videotape feedback methodology called Interpersonal Process Recall (IPR) was developed for use in psychotherapy and counselor education in order to expedite ways in which one might gain knowledge about underlying thoughts and feelings in human interactions (Kagan, Krathwohl, et al., 1967). The technique devised consisted of videotaping an interview between counselor and client and playing back the interview session to either the client (client recall), the counselor (counselor recall), or both together (mutual recall). They watched the replay with a third person variously referred to as recaller, interrogator, or inquirer who conducted the recall session.

The recaller is most concerned with "teaching the client how to interrogate himself, and how to gain insight through the 'self-confronting' experience afforded

by videotape" (Kagan, Schauble, et al., 1969, p. 367). The same insight is gained by the counselor trainee when he is the subject of recall.

Recall training is actually a procedure whereby the recaller increases his listening skills. By following a line of questioning aimed at having the person(s) being interrogated discover for themselves what is interfering with effective communication, the recaller learns to take risks he would otherwise not take in trying to form a relationship. Ideally, the recaller remains assertive but neutral in his interaction.[1] He is, therefore, forced to listen and is reinforced for his behavior by witnessing an increased level of interaction between the person(s) being interrogated.

In the group training procedures, each trainee is given the opportunity to role play speaker, helper, and recaller. As speaker it is hoped that he learns to present his concern honestly and with emotional proximity thereby practicing owning of feelings. As helper he practices responding to the speaker on the facilitative dimensions. As recaller it is hoped that he learns to listen and to become more assertive through the gentle probing nature of his questions. Additionally, it is hoped that he discovers the meaning of the bilateral nature of the relationship.

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[1] A description of the role and function of the recaller appears in Appendix A.

The relationship between the developmental tasks and the training procedures is represented by the following table.

Table 1.1

Relationship Between Developmental Tasks and Training Procedures

Procedure	Developmental Task
Tape Rating Speaker Owning of Feelings Stimulus Film	Listening
Stimulus Film Tape Rating Helper Responses	Understanding
IPR Role Play	Communicating understanding
IPR Recaller Training Speaker Recall Helper Recall Mutual Recall	Understanding the bilateral nature of the relationship

Overview

A review of the literature related to the training of paraprofessionals will appear in Chapter II. Chapter III contains the experimental design, research methodology, and a detailed outline of the training procedures. Results of the statistical analyses are presented in Chapter IV. Chapter V contains a summary, conclusions, and discussion of the study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

It was not until the early sixties that the use of paraprofessionals began receiving attention in the professional literature. Prompted by the initial success of Peace Corps Volunteers as effective agents of change (Hapgood & Bennett, 1968) or perhaps due to an increasing awareness of the student volunteer as a viable force in a critical manpower shortage (Aceto, 1962), the paraprofessional, or lay helper, has been the subject of an ever increasing amount of writing and research in recent years.

Recognizing that employment of paraprofessionals may be one way to meet an increase in the demand for counseling services, the American Personnel and Guidance Association published a statement policy concerning support personnel for the counselor (Professional Preparation and Standards Committee, 1967). The statement pointed out the need for greater collaborative efforts from counselors, other professionals, and support personnel. Guidelines

for the functions and activities of support personnel were described. The Committee held that there are certain functions where the counselor must maintain responsibility and which only a counselor can provide. There are certain other services which are more appropriately provided by specially oriented and adequately prepared support personnel. The counselor, therefore, should perform the counseling function which involves synthesis and integration of interrelated parts of the total range of services. He bases his performance on the use of relevant theory, authoritative knowledge of effective procedures, and an evaluation of the total endeavor. The support personnel, however, can contribute to the overall service by functioning in one or more specialized areas. He may tend toward the particular and become an integral part of the whole only as this is developed under the leadership of the counselor. According to the statement limitations must be recognized due to the support personnel's restricted theoretical background.

The Use of Paraprofessionals

While the necessity for support personnel has become evident, the use and training of paraprofessionals has become the locus of controversy. The literature, both descriptive and experimental, has been divided between those writers who think the paraprofessional should function strictly as "support personnel" or "case

aides" freeing the professional from his "non-professional" administrative duties (Beck, et al., 1963; Odgers, 1964; Patterson, 1965; Rosenbaum, 1966; Levinson & Schiller, 1966; Schlossberg, 1967; Gust, 1968; Savino & Schlamp, 1968) and those who believe the paraprofessional, properly selected and trained, can function as an effective psychotherapeutic agent (Holzberg, et al., 1964; Carkhuff & Truax, 1965; Reiff & Reisman, 1965; Magoon & Golan, 1966; Carkhuff, 1966; Sonnet, 1968).

Several studies indicate that sub-professionals can perform in a therapeutic manner. Truax (1967), conducted a survey demonstrating the effectiveness of counselor aides in a rehabilitation service center. Given three sets of conditions: (1) the counselor who works alone, (2) the counselor who shares a case load with an aide, and (3) the aide who works alone under the supervision of a counselor, the best results were obtained by the aides working alone under the supervision of professional counselors. The counselor working alone had the second best results, while the counselor sharing cases with the aide had the least results.

In a mental hospital setting, Beck, Kantor, and Gellineau (1963), described a follow-up survey of chronic psychiatric patients "treated" by college counselor-aide volunteers. Groups of 8-10 Harvard undergraduates had individually seen hopsitalized patients for one hour a week for

an academic year. The extent of their training was to meet as a group for one hour a week and to receive individual supervision once every two weeks. Results of the seven-year study showed that 31% of the 120 patients seen by the students were discharged after having been hospitalized an average of 4.7 years. The authors point out that this is significantly different from previous reports which indicated that after 4 years of hospitalization only 3% of the patients were discharged.

Even though the Beck, et al. study was descriptive rather than experimental, the implications are clear. Beck speculates that the paraprofessional-patient relationship is generally characterized by a looseness of role definition for both members which allows them to engage in a wide range of therapeutic activities. This is in sharp contrast to the more inflexible and limited range of behaviors defined by the role of a psychotherapist.

A more adequately controlled study by Poser (1966) tested the effects of therapist training on the outcome of group therapy. Eleven female undergraduate students with no experience or training in psychotherapy conducted group therapy with psychotic patients. Fifteen professional therapists conducted group therapy under identical conditions with a similar population. Changes in psychological test scores of 295 patients before and after group therapy served as the criterion of therapeutic

behavior change. In comparison to an untreated control group the lay therapists achieved slightly better results than psychiatrists and psychiatric social workers. One serious limitation of this study was that the patients were all male, the professionals were all male, while the lay therapists were all female.

The above studies support the conclusion that lay professionals can be effective therapeutic agents. The literature contains studies on the use of paraprofessionals in a variety of settings. The effectiveness of indigenous lay professionals in social service agencies has received much attention (Brager, 1965; Cantoni, 1965; Levinson, 1965; Riessman, 1965; Truax, 1968). Community mental health centers and hospitals have been the settings for many more studies using paraprofessionals (Halpern, 1969; Holzberg, 1963; Lief, 1966; Magoon, 1966; Rioch, 1963; and Reiff, 1965).

On the college campus the use of undergraduates as paraprofessional mental health workers has just begun to receive recognition. The undergraduate student has been helpful to his peers in many ways from academic advising to therapeutic relationships (Brown, 1965; Harvey, 1965; Sonnet, et al., 1968; Wolff, 1969; and Zunker, 1966). What has been lacking in the literature, however, are descriptions of methods of training the undergraduate paraprofessional and validation of the methods.

The remainder of this chapter will be devoted to a review of training models for professional and paraprofessional counselors relevant to the training procedures used in this study. The principle concepts for the training procedures are adaptations of paraprofessional training studies conducted by Carkhuff and research in counselor training by Kagan.

Carkhuff-Training of Paraprofessionals

Using an integrated didactic-experiential approach to training Carkhuff, et al., have shown a significant increase in the facilitative functioning of college students (Carkhuff, Collingwood, & Renz, 1969), nurses (Kratochvil, 1969), teachers (Carkhuff & Banks, 1969), and psychiatric inpatients (Pierce & Drasgow, 1969). The didactic portion of the training consists of having the trainees rate pre-recorded counselor-client interactions on the assumed "facilitative dimensions" of empathic understanding, communication of respect, concreteness, genuineness, self-disclosure, and immediacy (Carkhuff, 1969b, Vol. I). The purpose of the rating exercises is to teach the trainees to discriminate between facilitative and non-facilitative counselor responses to a client's statements. A 5-point scale is used where a rating of 1 is considered non-facilitative, a rating of 3 minimally facilitative, and a rating of 5 the most facilitative on each of the dimensions.

The facilitative dimensions are process variables and operationalized constructs of Rogers' conditions for client-centered therapy (Rogers, 1957). It was assumed that the variables of effective psychotherapy should be the goal of training. The dimensions were first implemented as research scales to assess the effects of psychotherapy and counseling (Truax & Carkhuff, 1967).

Discrimination training is conceived as being a shaping procedure whereby the trainees' verbal behavior, or communication to a client, is shaped around facilitative responses.

The experiential portion of the Carkhuff model consists of role played client-counselor interactions called communication training. The interaction is audiotaped and played back to the group who then rates the interaction. This stage of the training reportedly contributes to the trainees' personal development and growth.

The length of the training sessions vary from a minimum of 10 hours to what Carkhuff considers an optimal 100 hours. Shorter training sessions emphasize discrimination training with the experiential stage being employed only after the trainees have reached adequate levels of discrimination on each of the dimensions.

Carkhuff reports training programs which ranged in duration from 20 hours to 100 hours where the trainees'

mean level of overall functioning ranged from 1.9 to 3.0 on the 5-point scale (Carkhuff, 1969, Vol. I, pp. 154-155).

While the Carkhuff training procedures comprised only a small portion of the training model described in the current study (9 hours out of a total of 38 hours) his work is cited here for several reasons. He has reported research giving evidence that: (1) paraprofessionals can be trained in a systematic manner to function effectively in helping relationships (1969, Vols. I and II); (2) group training as a mode of treatment is effective (1969, Vol. II, pp. 129-185); (3) the counselor-trainer's level of facilitative functioning is a critical aspect of effective training (1969, Vol. I, pp. 152-157), i.e., the trainer should be functioning at least at the minimally facilitative level (level 3) to be effective with his trainees.

Carkhuff's studies may be criticized on the grounds that the dependent variables used to measure trainee change are also used as an integral part of the treatment. That is, the Empathic Understanding in Interpersonal Processes Scale, for example, is used as an instrument for measurement and as an instrument for training. It might be said that it makes sense to train for the indices of measurement and vice versa. In classroom teaching, the math teacher will teach a unit on quadratic equations and then test for his students' understanding of quadratic equations. Ordinarily he will

not test his students' understanding of trigonometry after a unit on quadratic equations. However, he probably will not test them with the same problems that were used as illustrations during the teaching.

As strong as the evidence in favor of the Carkhuff approach to paraprofessional training may be it is not without theoretical and practical shortcomings. Carkhuff states that "Human relations training focuses upon the core facilitative and action oriented dimensions complemented by anything else that works" (1969, Vol. II, p. 284). The core facilitative dimensions are helper variables. It appears as though the trainee has little opportunity to know just what impact his responses have on another person. His verbal responses are shaped by discrimination training and practice in approximating model responses. It does not follow that the parroting of facilitative responses is necessarily helpful in understanding the dynamics of the other person.

The experiential stage of the training is nebulous. The trainee experiences the difficulty of learning to make facilitative responses but it is not clear if he is given the opportunity to experience and explore his own affective and cognitive processes as he is trying to be helpful. Experiencing the "anything else that works" does not necessarily foster personal development and growth; more important, it suggests that there may be important variables "intuitively" added to the

Carkhuff sessions which are not specified in the written descriptions of the methods.

A helping relationship is a complex, dynamic process. It may be one thing for a trainee to be taught how to initiate a helping relationship--but quite another for him to understand what the relationship means to him and to the person who he is helping. Using the training sessions as an "interpersonal relationship laboratory" where the trainee can experiment and offering the trainee a basic understanding of the skills needed to use the on-going relationship seems to be missing from the Carkhuff procedures.

In summary, the discrimination training and the shaping of facilitative responses does not seem to be designed to lead to an understanding or experiencing of the dynamics of the helper, the client, or the helping relationship as a process. The procedures developed by Kagan and associates might complement the Carkhuff procedures by attempting to provide such understanding and experiencing.

Kagan-Training of Counselors

The original videotape feedback methodology called Interpersonal Process Recall (IPR) was developed for use in psychotherapy and in counselor education. According to the originators the idea was conceived because "Clearly we needed to find better ways to gain

knowledge about underlying thoughts and feelings in human interaction" (Kagan, Krathwohl, et al., 1967, p. 5). With this problem in mind they reasoned that:

> Because it is difficult for a person both to introspect and to interact with another person in a normal manner at the same time, we wondered if there were a way of permitting the mind to interact with a situation at one time and to introspect concerning the reaction at another. We concluded that if we could give a subject enough clues and cues to help him relive the experience, we could explore in depth at a later time various points in the interaction, the thoughts, feelings, changes in thoughts and feelings, and the meaning of various gestures and expressions (Kagan, Krathwohl, et al., 1967, p. 5).

The technique that they devised is a form of stimulated recall consisting of videotaping an interview between counselor and client and playing back the interview session to either the client, the counselor, or both together. The participants watched the replay with a third person, called the recaller, who conducted a recall session.

The recaller is most concerned with "teaching the client how to interrogate himself, and how to gain insight through the 'self-confronting' experience afforded by videotape" (Kagan, Schauble, et al., 1969, p. 367). The same insight is gained by the counselor trainee when he is the subject of recall. In a study comparing IPR with traditionally trained and supervised counselor trainees, Kagan and Krathwohl, et al. (1967) found differences in observed counseling behaviors (significant at the .005 level) and

differences in client perception (significant at the .025 level) between the two groups.

Using IPR techniques, Goldberg (1967) conducted a study based on the concept that "counselor developmental tasks" can be effectively implemented by the use of video-tape playback in counselor supervision. Two groups of counselors in training were studied. One group (n = 18) received six traditional supervisory sessions. The other group (n = 18) received six structured supervisory sessions using IPR methods. Once a week each trainee interviewed a client for 30 minutes. The traditionally supervised group audio-tape recorded their counseling sessions. Immediately after the interview they spent 60 minutes with their supervisors reviewing the audiotape. The IPR group video-tape recorded their counseling sessions. Immediately after the interview IPR recalls were conducted. The first two sessions consisted of a 15-minute client recall with the trainee looking through a one-way mirror. This was followed by a 45-minute counselor recall conducted by the supervisor. During the third and fourth supervisory sessions the trainees paired up and conducted client recall sessions for each other. The fifth and sixth supervisory sessions were mutual recall where the counselor-trainee and his client reviewed the videotape together. Pre- and post-audio tapes of initial counseling sessions were obtained for subjects in both groups.

Members of both groups were rated as being more affective, understanding, specific, exploratory, and effective in their counseling performance. The IPR group change was significantly greater than the control group change.

Spivak (1970) modified the Goldberg study to incorporate newer IPR techniques with traditional classroom methods. Twenty counselors in training were randomly divided into two groups of 10. Group I received 5 weeks of IPR training followed by 5 weeks of classroom lectures on counseling theories. Group II received training concurrent with Group I but in the reverse order. Counselor developmental tasks for the IPR phase of the training consisted of viewing and reacting to affect simulation films, rating pre-recorded audio tapes, and role-played client-counselor interactions. The role-played interviews were videotaped. Counselor and mutual recall sessions were conducted by advanced doctoral candidates who had prior experience and training in the IPR techniques. The IPR phase was conducted in 3 hour sessions once a week for 5 weeks. The traditional classroom procedures consisted of 3 hours of lectures, discussions, and demonstrations once a week for 5 weeks. Pre-, mid-, and post-training counselor interviews of the trainees were audiotaped for evaluation purposes. Coached clients were used for all of the interviews. Results of the study indicated that IPR procedures significantly increased

interpersonal relationship skills of the trainees while the classroom lectures contributed little. The sequence of lectures followed by IPR produced greater gains in interview performance than did the reverse order.

Another counselor training model developed by Grzegorek (1971) included teaching the counselor trainee how to conduct the recall session in role played situations with his fellow trainees. This study stressed the counselor developmental task using IPR techniques similar to the Spivak and Goldberg studies. Grzegorek used 44 prison counselors as subjects. The subjects were randomly divided into four groups where two of the groups received identical treatment and the remaining two groups received a slightly different treatment. One treatment was designated cognitive-intellectual (C-I) which focused on client dynamics and counseling techniques. The other treatment was called experiential-accepting (E-A) with an emphasis on self-awareness. The training procedures in each treatment were similar but the emphasis was considerably different. The training was conducted in eight-hour sessions, five days a week for two consecutive weeks. The results indicated that the E-A treatment had significantly improved counseling performance. The conclusions of the Grzegorok study were that (1) counselor self-awareness is an important variable when added to understanding client dynamics and dynamics of the

relationship process; and (2) understanding client dynamics and the dynamics of the relationship process is not sufficient to effect counselor learning.

Summary

The need for support personnel to assist professionals in the delivery of helping services has been clearly recognized. The use and functions of paraprofessionals is less clear with some writers contending that the activities of the paraprofessional should be limited to administrative tasks. Other writers have claimed that the paraprofessional, properly selected and trained, can function as a facilitative therapeutic agent. Whatever the role of the paraprofessional, numerous studies have indicated that they can serve a variety of useful functions and in a variety of settings.

Effective methods of training paraprofessionals have not received much attention in the literature. Carkhuff is one of the most prolific researchers. He has conducted or supervised research using college students, nurses, teachers, parents, and psychiatric inpatients as subjects in training programs. His method of training is called an integrated didactic-experiential approach. Extensive rating of pre-recorded audiotapes of counselor-client interactions is used to teach the trainee to

discriminate facilitative from non-facilitative helping responses. Role-playing exercises are then used to shape trainee verbal behavior around core dimensions of facilitative responses. The technique appears to be more didactic-conceptual in nature rather than experiential since it focuses primarily on counselor techniques.

The Carkhuff method seems useful in that it provides the trainee a conceptual understanding of facilitative responses. The method does not, however, appear to provide the trainee an opportunity to explore his own phenomenalogical experience. Further, it does not seem to permit the trainee to examine the process of the relationship or the impact of his responses on the client.

The Interpersonal Process Recall technique of counselor training was reviewed. The studies cited focused on systematically implementing counselor developmental tasks. The videotape playback methodology encourages the trainee to (1) become aware of and sensitive to his own thoughts and feelings during the counseling process, (2) become aware of and sensitive to the client's thoughts and feelings, and (3) become aware of and sensitive to the bilateral nature of the counseling relationship with an understanding of the mutual impact between counselor and client.

The training procedures developed for this study attempt to blend the more effective components of the

Carkhuff and Kagan approaches. The experimental design for the study as well as the training procedures are given in Chapter III.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

Population and Sample

The R.A. population at Michigan State University is rather heterogeneous and fairly representative of undergraduates in general. They have varied socio-economic backgrounds but "white-middle-class" seems to predominate. Their major fields of study represent both the sciences and arts, their class standing is either sophomore, junior, or senior, and their average age is less than 20 years. There are no academic pre-requisites or prior experiences needed for the job but some experience in working with people is preferred. They must be a "student in good standing" with at least a 2.0 grade point average (on a 4.0 scale), and they must be at least a sophomore during the year in which they start on the job. Motivation in applying for the job seems to vary--some seek financial rewards, others seek status among peers, while still others are motivated through a desire to help.

The R.A.s are selected for their jobs through a series of competitive interview procedures by residence hall administrators and personnel and, in some cases, a

committee of student representatives. Selection criteria are basically the interviewers' subjective impressions of how well he thinks the candidate might be qualified for the job. The candidates are asked questions such as, "What do you think are your strengths and weaknesses?" "How do you see yourself as an R.A.?" "What do you think will be your biggest problem areas?" During the final selection interviews they are usually given specific common problems which they may encounter on the job and are asked how they might deal with the problem. They are asked, for example, "Suppose a student on your floor continually complains about his roommate. The roommate confides in you and you're put in the middle of their dispute. What would you do?" The intent of the interviews is to get an indication of the level of the candidate's interpersonal functioning.

Twenty-two R.A.s from one dormitory at MSU were selected as subjects to be exposed to the Extended Training Model (ETM).[1] Considering the above characteristics of R.A.s in general, there was no reason to believe that these R.A.s were not representative of the more than 400 R.A.s working in 40 residence halls at MSU. The dormitory was selected on the basis of convenience rather than at

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[1]The focus of this study is on the effects of the Extended Training Model. Thus, more extensive discussion is provided here for the ETM training procedures than for either of the Intensive Training Models. A complete discussion of the ITM will be found in another study (Scharf, 1971).

random. The advisory staff and returning R.A.s requested a formal training program in helping relationships through the counselors from the counseling center who served as consultants to the dormitory during the school year. All of the dormitories at that time were assigned consultants from the counseling center. Consulting counselors may spend anywhere from a half-day a week to a half-day a month in a liaison capacity at their respective dormitories. One factor which may distinguish the particular dormitory selected for this study from other dormitories at MSU is the nature of the consultant's relationship with the advisory staff and the R.A.s. The counselors appeared to be respected, well received, and used effectively by the R.A.s when needed.

The 11 male and 11 female subjects in the ETM were randomly assigned to four training groups with five subjects in each of two groups and six subjects in each of the remaining groups.[1]

The Professional Counselor group (Ph.D.s) was comprised of eight counselors from the Michigan State University Counseling Center. Half of the group held Ph.D.s in counseling psychology while the remaining four were counseling interns who were nearing completion of a Ph.D.

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[1]There were 18 male and 18 female subjects in the ITM treatments. They were randomly assigned to six groups with six subjects per group. Three groups were exposed to ITM-I and three groups exposed to ITM-II.

The counselors had volunteered to take part in the study. They were tested on the same measures and under the same set of instructions as the R.A.s.

Instrumentation

Three instruments were used to measure the subjects' level of facilitative functioning: (1) The Affective Sensitive Scale (A.S.S., Kagan, Krathwohl, et al., 1967); (2) The Counselor Verbal Response Scale (CVRS, Kagan, Krathwohl, et al., 1967); and (3) The Empathic Understanding in Interpersonal Processes Scale (EU, Truax & Carkhuff, 1967).

1. The Affective Sensitivity Scale

This scale purports to measure empathy by a standardized test of affective sensitivity. The instrument is a multiple choice test which requires the testee to judge what the client in a videotaped counseling session is feeling about himself and about the counselor. The test contains 67 items with three foils each. The correct answers to the individual items were taken from three sources: (1) clinical judges; (2) clinical judges with a case history of the client; and (3) protocols of recall sessions where the client explained how he was feeling as he watched the videotape playback of the session.

Concurrent validity figures given for the A.S.S. include an average .53 correlation between therapists'

ratings of affective sensitivity in M.A. counselor training groups and the A.S.S. (Kagan, et al., 1967, p. 177). With eight small groups of NDEA students, Kagan cites correlation coefficients for the relationship between subjective ratings by supervisors and A.S.S. scores as from .42 to .16. With the same groups correlation coefficients range from .64 to -.10 with the A.S.S. and peer ratings of affective sensitivity.

In a predictive validity study Kagan (1967) reports an r of .49 between initial A.S.S. scores of students in a year-long NDEA institute and later peer ratings of counseling effectiveness. Further studies indicated that the A.S.S. was a better predictor of failure than success. That is, low scores were correlated highly with failure while high scores did not necessarily correlate as highly with success. In discussing construct validity he cites pre and post A.S.S. increases significant at the .025 and .05 levels (Kagan, 1967, p. 188) for groups undergoing counselor training (part of which was training in affective sensitivity).

Reliability figures for the eight NDEA groups varied from .53 to .77 with most coefficients falling above .70. These data were on rather homogeneous groups. Kagan (1967, p. 189) predicts a reliability above .70 with reasonably heterogeneous groups. Use of the A.S.S. in this study will be with a more heterogeneous group

(undergraduates with varied backgrounds) than the groups cited in validity and reliability studies.

2. The Counselor Verbal Response Scale

The CVRS requires a judge to rate a counselor's response to client communication in terms of four dichotomized dimensions: (1) Affective/Cognitive; (2) Understanding/Non-Understanding; (3) Specific/Non-Specific; and (4) Exploratory/Non-Exploratory. The unit for analysis is the verbal interaction between the client statement and the counselor response. The usual procedure is to rate 20 client-counselor units from the middle third segment of an audiotaped interview on each of the four dimensions. After 20 counselor responses are rated, the totals on each dimension are obtained. A maximum score of 20 and a minimum score of 0 is possible on each of the dimensions.

The dimensions of the CVRS are defined in Appendix A.

The CVRS has been used in previous research to measure the change in counselor behavior within and between various approaches to training. Kagan reports average interjudge reliabilities on the CVRS ranging from .80 to .96 (Kagan, et al., 1967). Using nine judges to rate tapes in teams of three, Goldberg (1967) reported average rater reliabilities ranging from .81 to .96.

Grzegorek (1971) reported average CVRS inter-judge reliabilities from .96 to .99. The research cited suggests that further use and analysis of the CVRS is appropriate to this study.

3. The Empathic Understanding in Interpersonal Processes Scale

The EU scale was derived by Carkhuff (1969b, Vol. II) from Truax's (1967) Accurate Empathy scale. This 5-point scale measures levels of counselor empathic understanding from tape recordings of counseling or therapy interviews in a manner similar to the CVRS. Empathy was defined as the counselor's or therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. The scale will be found in Appendix B.

This scale has received extensive validation in a variety of counseling settings and counselor training situations. Truax and Carkhuff (1967) have reported reliabilities from .84 to .92. Using two independent judges to rate 3-minute segments from the first, middle, and last third of 30-minute taped interviews, Grzegorek (1971) reported an interjudge reliability of .98. Other studies have indicated reliabilities from .73 to .95 (Truax, 1966; Martin, Carkhuff, & Berenson, 1966). The reliabilities reported indicated that the scale is sufficiently reliable to be used in further analyses.

Experimental Design

In order to test the hypotheses stated in Chapter I, a repeated measures design was formulated to permit pre-, mid-, and post-training comparison of the subjects within the Extended Training Model. To test the effects of training on subjects who received the Extended Training Model with subjects who received Intensive Training Models I and II and with the Professional Counselors (Ph.D.s) a post-test only design was used.

In the notation of Campbell and Stanley (1963) the experimental design schematic is as follows:

ETM	0	X	0	...	0	X	0	
	Phase I			Recess	Phase II			
ITM-I						X	0	
ITM-II						X	0	
Ph.D.							0	

where, X = treatment, and 0 = observation.

Figure 3.1

Schematic of Experimental Design

The four testing times for the R.A.s in the ETM groups were immediately prior to Phase I, one week after Phase I, immediately prior to Phase II, and one week after Phase II. Testing for the other groups was conducted more or less concurrently with the fourth test for the ETM.

Selection of Trainers

There were eight advanced doctoral candidates in counseling psychology who had previous training and experience with the IPR techniques and who served as group leaders or trainers for the ETM treatment in Phase I.[1] In Phase II, two of the trainers were replaced by professional counselors who held a Ph.D. degree. The trainers co-led the groups in pairs for all but three of the training sessions (in Phase II) when they worked alone. All of the trainers were randomly assigned to groups in each of the treatments.

The trainers were selected primarily because of their experience and familiarity with the training procedures. There have been several studies which have indicated that trainees will tend to approach the level of facilitative functioning of their supervisors or trainers (Pierce & Schauble, 1969). It was assumed that the trainers selected for this study were functioning at a level adequate enough to facilitate improvement in the trainees.

Reliability of Tape Ratings

Subjects in all treatments were provided with tape recorders and tapes. They were instructed to tape

---

[1]Six of the ETM trainers also participated in the ITM treatments.

record a 30-minute interview with someone in their residence hall whom they did not know very well. The "client" was instructed to present a personal concern or to permit the R.A. to get to know him. Similar "clients" and instructions were provided for the Trained Professional Counselor group.

Six advanced doctoral candidates in counseling psychology were selected as judges to rate the tapes. Prior to rating the tapes, the judges received nine hours of training in the use of the Counselor Verbal Response Scale and the Empathic Understanding Scale to insure a more or less uniform interpretation of the scales across raters.

The 22 R.A.s in the ETM had four interviews with four different "clients" over the six-month training period in accordance with the schema in Figure 3.1. The 88 tapes were coded by group, subject, and time. Twelve of the tapes were selected to give an estimate of reliability. The reliability tapes were selected so that there was a representative sample across groups and times. That is, three tapes were selected from each of four testing periods. Precautions were taken so that the same subject did not appear more than once and so that there were two or more tapes from each of the four training groups. The 12 tapes were then randomly sequenced from 1 through 12.

Table 3.1 represents the selection and randomization of the reliability tapes.

The 12 tapes selected for an estimate of reliability were rated by all six judges. The remaining 76 tapes were randomly sequenced and equally distributed between the six judges.

In order to save time and fatigue on the judges, and to insure uniformity of responses rated, segments were selected from all of the original tapes and recorded onto master tapes. A 3-minute segment, a 5-minute segment, and a 3-minute segment, were selected from the first, middle, and last thirds of the 30-minute interview, respectively. A total of 20 helper responses were obtained from the three segments to give a CVRS rating. The level of Empathic Understanding was rated for each of the three segments and averaged to give an overall rating.

An intraclass correlation formula for the estimation of reliability ratings was used (Ebel, 1951). For the six judges who rated the ETM and Ph.D. tapes intraclass reliability for the CVRS was calculated at .717. Reliability for the Empathic Understanding Scale was calculated at .607. Three of the six judges who rated the ETM tapes also rated the ITM tapes. Reliability for these judges was calculated at .747 for the CVRS and .479 for the EU. These figures suggest that the data obtained from tape ratings is suitable to provide a reliable statistical analysis for the ETM groups.

Table 3.1

Selection and Randomization of Reliability Tapes

Rater No.	Tape No.											
	1521	1122	4621	4122	3211	2512	2321	3412	4522	2211	1212	1611
1												
2												
3												
4												
5												
6												

Where: 1st digit = group number
2nd digit = subject number
3rd digit = phase of training
4th digit = pre or post measure

E.g., 1521 = 1st group, 5th subject, Phase II, pre-test

Training Procedures

The 22 R.A.s who received the Extended Training Model treatment began training in the spring of 1970 a week after their selection to the job by the residence hall advisory staff. The first two training sessions of Phase I were held in one day. The remaining four sessions were conducted one evening a week for four consecutive weeks. Phase I consisted of 19 hours of training. Except for the introductory lecture, all of the sessions were conducted in small groups. The summer recess provided the R.A.s an opportunity to integrate what they had learned into their own style of relating with people.

During the summer recess a training manual was prepared for the R.A.'s use during Phase II of the treatment. The manual was intended to give the R.A.s an understanding of the concepts underlying the training procedures and as a frame of reference for the remaining training sessions. The training manual is presented in Appendix A.

Phase II of the training consisted of an additional 19 hours in seven sessions. The first three sessions were conducted in three consecutive evenings during the week before the beginning of classes of fall term 1970. Sessions 4 and 5 were conducted in two evenings during the first week of classes. Two hours per week for Sessions 6 and 7 were arranged according to the R.A.'s

schedules since they worked in pairs rather than in groups. Phase II was completed by the end of the third week of classes.

Outline of Training Procedures

The format of the training procedures for the Extended Training Model was as follows:

Phase I

Session	Time	Procedure
	2 hours	Lecture on elements of helping relationships. "Empathic Understanding and Dimensions of CVRS."[1]
1	2 hour	Videotape of counseling interview--occasional interruption to discuss points made in lecture.[2]
	1 hour	Videotape of role played R.A.-Student interaction. Critique interaction on basis of points made in lecture and discussion of previous videotapes.
2	3 hours	Affect simulation film.
3	1 hour 2 hours	Affect simulation film. Interpersonal Process Recall (IPR) via videotape role played R.A.-student interaction. Student recall only.
4	1 hour 2 hours	Affect simulation film. IPR videotape role played R.A.-student interaction and then R.A. recall only.

[1]Content of lecture was similar to theoretical formulations described in Chapter I.

[2]Videotape was of professional counselor and client. Selected because it seemed to illustrate lecture material.

Session	Time	Procedure
5	1 hour 2 hours	Affect simulation film. IPR videotape role played R.A.-student interaction, mutual (R.A. and student) recall.
6	3 hours	IPR-videotape role played R.A.-student interaction. Mutual recall.
		Phase II
1	3 hours	Rate pre-recorded audiotape of speaker (student) statements on dimension of Owning of Feelings.
2	3 hours	Rate pre-recorded audiotape of helping relationships (R.A.-student) on facilitative dimensions of Counselor Verbal Response Scale (CVRS). Discrimination between Affective/cognitive; Understanding/Non-understanding; Specific/Non-specific; and Exploratory/Non-exploratory helper responses.
3	3 hours	Rate pre-recorded audiotape of helping relationships. Discrimination of levels of Empathic Understanding of helper responses.
4	3 hours	IPR videotape role played R.A.-student interaction followed by mutual recall.
5	3 hours	IPR (same as session 4).
6	2 hours	Practicum-IPR with student from dormitory.
7	2 hours	Practicum-(same as session 6).

The Program as Implemented--Description and Some Observations

As mentioned above, the trainees met in intact groups of five or six. In the training sessions which used the affect simulation films, one vignette at a time was shown to the group. Discussion following each vignette lasted 15-20 minutes. The same 14 vignettes were seen by each of the four groups.

In order to gain an understanding into how their own feelings may interfer with or facilitate effective communication the trainees were guided by the group leaders in Sessions 2-5 of Phase I. The leaders used a line of direct questioning similar to the following:

> The actor is talking directly to you. Listen to what he is saying and try to recognize, identify, label, and express the feelings you are having in reaction to the statement.
>
> 1. What was he (the actor) saying?
> 2. What was he thinking?
> 3. What was he feeling?
> 4. Can you separate the content of what he was saying (the actual words) from the meaning (intent or feeling) behind what he was saying?
> 5. What kind of reaction did you have?
> 6. What were you thinking?
> 7. What were you feeling?
> 8. If there was more than one feeling or emotion aroused in you can you sort them out? i.e., recognize, identify, and label the feeling?
> 9. Can you tell where the feeling was coming from? i.e., identify the source?
> 10. How would you respond to that person?
> 11. Can you respond with understanding so that your feelings do not interfere with the communication?
> 12. Can you respond with understanding so that your feelings might facilitate the communication?

Note that the line of questioning goes from an interpretation of what the other person was saying or meaning to what the trainee was himself experiencing. This method seemed to provide a non-threatening atmosphere where the trainee could explore his own affect and trust his feelings without having them validated or evaluated by an outside source. The fact that there are different affective reactions across individuals to the film validates the uniqueness and meaningfulness of one's subjective experience. The objective of the affect simulation film was to clarify the subjective experience in order to minimize innuendos or double messages from the trainee in the communication process.

In one of the rejection vignettes the actor says, "You make me sick! It's you, and people like you who are responsible for all of the filth and misery in this world. . . . If it weren't for some of the proprieties in life I'd climb over this table and punch you right in the mouth."

Initial reactions following the vignette varied, but typical comments were: "He reminds me of my father"; "I can't imagine what I could have done to make him that mad"; "I had the fantasy of a great big Uncle Sam, pointing his finger at me, and he had 'Establishment' stamped across his forehead." After 15-20 minutes of gentle probing by the group leader most of the trainees admitted

feeling either angry, hurt, rejected, small, or humiliated. Their initial behaviors were either "fight" or "flight" reactions but after identifying their feelings they prefered to first express their feelings and then respond with an understanding of what the actor was saying.

During the IPR sessions (Sessions 3, 4, 5, 6, Phase I; 4 and 5, Phase II) each trainee was asked to role play either the speaker (student) or the helper (R.A.) in a helping relationship. As student they were instructed to present a personal concern which they had either resolved or were in the process of resolving. As R.A. they were asked to respond to the student in a manner which showed that they understood and they were to communicate that understanding. The role played interviews were videotaped and played back. Recalls of the first two or three interviews were conducted by the group leaders. Recalls of the remaining interviews thereafter were conducted by the trainee under the supervision of the group leader. Instructions to the group leaders and trainees for the IPR sessions can be found in the manual in Appendix A.

The trainees seemed to have little difficulty in sharing their personal concerns when they were asked to role play the speaker. There were times during the recall sessions when the trainee shared his concern in greater depth and detail then he had originally intended. The distinction between training and treatment occasionally

became difficult. The group leaders appeared to be skilled enough to prevent the training session from becoming a sensitivity group. They kept to the structure provided and used the slight departure as a lesson in communication to the advantage of the trainees. In sharing their fears, apprehension, joys, and sorrows, it appeared as though the trainees learned that they may occasionally experience loneliness but that they were not alone. They discovered that their concerns may be unique to them but that they were experienced by others. In the self-discovery process of the recall sessions they seemed to learn that it was possible to understand, communicate, share, approach interpersonal intimacy, and to be helpful without being rejected by the other person.

The tape rating exercises during Phase II of the training (Sessions 1, 2, 3) were designed to give the trainees some illustrations to help them understand what went into facilitative responses. They reported that they found the tape rating somewhat confusing but helpful. After rating pre-recorded helper responses to speaker statements they were instructed to formulate their own responses to pre-recorded speaker statements. The procedure seemed to help them approximate facilitative responses as indicated in the discussion of the Carkhuff methods in Chapter II. The rating scales and instructions to the trainees can be found in Appendix A.

The last two sessions of Phase II were designated as practicum. This was designed to give the R.A. some practical experience in developing a helping relationship in a relatively safe setting with someone other than another R.A. The R.A.s were instructed to ask someone in their dormitory if they would like to participate in the training by letting the R.A. practice with him. The student presented a concern and the R.A. acted as helper. The interview lasted approximately 30 minutes and was videotaped. The R.A. and his "client" were alone during the interview, i.e., the trainers and other R.A.s were not present. After the interview another R.A. who had been previously designated as recaller entered the room to conduct the recall session. Both the R.A. and the student were told to stop the videotape whenever either one recalled a thought or a feeling they had during the interview but were unable to express at the time (mutual recall). The recall lasted 30 minutes and was under the supervision of one of the trainers. After the one-hour session (30 minutes interview and 30 minutes recall), the procedure was repeated but with the helper and the recaller switching roles. That is, the R.A. who was helper became the recaller and the R.A. who was the recaller became helper for a student whom he had brought in for interviewing.

The thought of actually practicing what they had been taught with someone other than another trainee was initially met with mixed reactions among the R.A.s. Some reported that they were threatened and apprehensive, while others reported that they were challenged and excited. When the experience was over the majority reported that they thought the practicum sessions were a very meaningful highlight of the entire training program. Practicing their skills with someone unfamiliar with the training procedures seemed to bridge the gap from what was occasionally an artificial laboratory setting to the real world. For those who remained somewhat skeptical of the relevancy of the training, the practicum experience seemed to illustrate in real terms the nature of a helping relationship.

Hypotheses

Four sets of hypotheses for within group differences for the ETM were formulated. Four additional sets of hypotheses for differences between treatment groups were also formulated. The specific hypotheses in research form are as follows:

H_1: There will be no differences in means across the four testing times on the variables of the Affective Sensitivity Scale (A.S.S.), Counselor Verbal Response Scale (CVRS), and Empathic Understanding Scale (EU) taken either individually or collectively for R.A.s exposed to the Extended Training Model (ETM).

H_2: There will be no differences in means from testing Time 1 to testing Time 2 (pre to post Phase I) on the combined variables for R.A.s exposed to ETM.

H_3: There will be no differences in means from testing Time 2 to testing Time 3 (post Phase I to pre Phase II) on the combined variables for R.A.s exposed to ETM.

H_4: There will be no differences in means from testing Time 3 to testing Time 4 (pre Phase II to Post Phase II) on the combined variables for R.A.s exposed to the ETM.

H_5: There will be no difference in means of the A.S.S., CVRS, and EU variables between the four training methods (ETM, ITM-I, ITM-II, and Ph.D.).

H_6: There will be no difference in means on any of the variables between the ETM training groups and the ITM-I training groups.

H_7: There will be no difference in means on any of the variables between the ETM training groups and the ITM-II training groups.

H_8: There will be no difference in means on any of the variables between the ETM training groups and the Ph.D. groups.

Analysis

For the ETM pre- to post-training overall difference in means a 4x4x3 repeated measures analysis of variance will be used. This procedure allows for a test of the main effect across times of the repeated measures and for the interaction effect of times and variables. Should both of these effects be significant at $\alpha = .05$ the null hypothesis will be rejected. Hypotheses 2, 3, and 4 were generated from Hypothesis 1 and will be tested only if the overall difference in means is found to be

significant. Three matched pairs t-tests will be used for a post hoc comparison of differences in means.

A multivariate analysis of variance procedure will be used to test the overall difference in means between the three training procedures and the Professional Counselor groups (Hypothesis 5). A separate univariate analysis of variance on each of the three dependent variables being considered (A.S.S., CVRS, and EU) will also be conducted. If a significant difference in means between the four groups is detected on a dependent variable then Hypotheses 6, 7, and 8 will be tested using the Scheffé method of post hoc comparisons. This method is considered most appropriate for pairwise and complex comparisons of means when there are unequal cell frequencies (Scheffé, 1959). All tests will assume a .05 level of probability of Type I error.

The R.A.s in each of the training models were exposed to the procedures in small groups of five or six rather than individually. Therefore, to meet the assumption of independence, group means will be used as the unit of analysis rather than individual subject scores. That is, even though there were 22 R.A.s in the ETM there were four groups and four is thus the "n" for the ETM. The eight professional counselors were randomly assigned to four groups in order to obtain an "n" of four and increased degrees of freedom for analysis. There were three groups for each of the ITM programs.

Summary

Twenty-two R.A.s from one residence hall were randomly assigned to four groups which received the ETM treatment. The ETM treatment consisted of a series of structured training procedures designed to increase the level of facilitative functioning of the trainees. Training was conducted in two distinct phases with 19 hours of training in each phase. The subjects were measured four times on the Affective Sensitivity Scale, the Counselor Verbal Response Scale, and the Empathic Understanding Scale. The first set of measures was given prior to training (pre Phase I). The second, third, and fourth sets of measures were given at the end of Phase I, prior to Phase II, and at the end of Phase II of training, respectively.

Thirty-six subjects from another residence hall were randomly assigned to six training groups. Three groups received the ITM-I and three groups the ITM-II training procedures. These subjects were tested at the end of training on the same variables and under the same conditions as the ETM subjects.

Advanced doctoral candidates in counseling psychology who were familiar and experienced with the training procedures were selected as trainers or group leaders. Most of the trainers were involved with all of the treatments.

Eight professional counselors (Ph.D.s) volunteered as subjects for comparison purposes. They were measured on the same variables and under the same instructions as the R.A.s.

Additional advanced doctoral candidates were selected and trained as judges to independently rate audiotapes of counseling interviews which all of the subjects conducted. The tapes were rated on the CVRS and EU.

A repeated measures analysis of variance will be used to test overall differences in group means for the ETM subjects. Post hoc matched pairs t-tests will be used to detect differences in means from pre to post Phase I, post Phase I to pre Phase II, and pre to post Phase II should the omnibus hypothesis be rejected. A multivariate analysis of variance will be used to test for differences in group means between the ETM and ITM subjects and the Ph.D.s. If there is a significant difference between the treatment levels on separate univariate ANOVAs, post hoc comparisons will be made using the method of Scheffé. The data and results are presented in Chapter IV.

CHAPTER IV

ANALYSIS OF RESULTS

An analysis of the data and a discussion of the results is presented in this chapter. Each research hypothesis tested is restated, the data relevant to the hypothesis, and analyses of the results are presented.

Hypotheses for Pre-, Mid-, and Post-Extended Training Model (ETM)

H_1: There will be no differences in means across the four testing times on the variables of the Affective Sensitivity Scale (A.S.S.), Counselor Verbal Response Scale (CVRS), and Empathic Understanding Scale (EU) taken either individually or collectively for R.A.s exposed to the Extended Training Model (ETM).

A 4x4x3 analysis of variance for repeated measures was used to test the hypothesis. Since the scaling of each variable was different the raw data were transformed to a common metric. This was obtained by dividing the raw score on a variable by the standard deviation of the pooled variances across times for that variable. The transformed scores were, therefore, used in analysis rather

than the raw scores. Both sets of data are presented in Tables 4.1 and 4.2 for comparison.

When an F test is applied to data from repeated measures on the same subjects, there results an F statistic which is too liberal if there are heterogeneous correlations between measures. Unless the levels of repeated measures dimensions are equally intercorrelated, the true distribution of the F statistic lies somewhere between the liberal F statistic and a conservative F statistic which uses reduced degrees of freedom.

In the analysis of variance used to test the null hypothesis the critical value of the liberal F test for the Times (T) main effect was 3.86 with 3 and 9 degrees of freedom. The critical value of the conservative F test for the T main effect was 10.1 with 1 and 3 degrees of freedom. The critical value of the liberal and conservative F tests for the Time x Variables (TxV) interaction were 2.66 and 10.1 (df = 6, 18 and 1, 3), respectively. The critical values of the F statistics needed to reject the null hypothesis are summarized in Table 4.3.

Results of the F tests on the repeated measures analysis of variance indicated a rejection of the null hypothesis on the liberal F test. That is, both the T main effect and the TxV interaction were significant with $p < .05$. Using the critical limits of the conservative F test, however, the T main effect was significant but

Table 4.1

Raw Scores for ETM Treatment Groups Across Times

Group	Phase I						Phase II					
	Time 1			Time 2			Time 3			Time 4		
	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU
1	36.50	23.55	1.38	43.50	23.40	1.44	44.00	29.21	1.78	45.83	56.44	2.33
2	40.60	35.87	1.92	47.00	43.72	2.28	44.60	39.36	2.27	49.96	55.40	2.96
3	35.50	27.68	1.70	42.25	50.26	2.40	40.75	44.50	2.33	45.00	50.25	2.79
4	34.66	27.46	1.47	40.66	40.64	1.85	37.66	38.87	1.88	41.50	45.80	2.44
$\bar{X}$	36.81	28.64	1.61	43.35	39.50	1.99	41.75	37.98	2.06	45.57	51.97	2.63

Note: The standard deviation of the pooled variances was calculated as:

S_{P_1} = 3.02 (A.S.S.) S_{P_2} = 7.47 (CVRS) S_{P_3} = 1.02 (EU)

Table 4.2

Raw Scores Transformed to a Common Variance

Group	Phase I						Phase II					
	Time 1			Time 2			Time 3			Time 4		
	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU	A.S.S.	CVRS	EU
1	12.09	3.15	1.35	14.40	3.13	1.41	14.57	3.91	1.74	15.18	7.56	2.28
2	13.44	4.80	1.88	15.56	5.85	2.23	14.77	5.27	2.22	16.54	7.42	2.90
3	11.75	3.70	1.67	13.99	6.73	2.35	13.49	5.96	2.28	14.90	6.73	2.73
4	11.48	3.68	1.44	13.46	5.44	1.81	12.47	5.20	1.84	13.74	6.13	2.39
$\bar{X}$	12.19	3.83	1.58	14.35	5.29	1.95	13.82	5.08	2.02	15.09	6.96	2.57

Table 4.3

Critical Limits of Liberal and Conservative F Tests*

Source	Liberal		Conservative	
	F	df	F	df
T	3.86	3,9	10.1	1,3
TxV	2.66	6,18	10.1	1,3

*α = .05

The TxV interaction was not. The exact degrees of freedom for the F statistic were not calculated. Table 4.4 contains the results of the analysis of variance.

Table 4.4

ANOVA Table for Repeated Measures With Transformed Scores

	Sources	SS	df	MS	F
G	Groups	9.702	3	3.234	
T	Times	33.148	3	11.049	31.644[a]
V	Variables	1195.260	2	597.629	463.29
GxT	Groups x Times	3.143	9	0.349	
GxV	Groups x Variables	2.664	6	1.277	
TxV	Times x Variables	6.861	6	1.143	4.352[b]
GxTxV	Groups x Times x Variables	4.729	18	0.263	
	Total	1260.507	47	26.419	

[a] H_o rejected, $p < .05$ for conservative test.

[b] No decision, $p < .05$ for liberal test, $p > .05$ for conservative test.

When the common metric data were plotted graphically, it appeared that there was no meaningfully significant TxV interaction regardless of whether or not there was a statistically significant one. The lines for the TxV interaction across Times 1, 2, 3, and 4 seem to be nearly parallel (Figure 4.1). If, however, there actually was significance, it is most likely that a significant TxV interaction would be ordinal rather than disordinal since the rank order of Times means appears to be similar across the three variables. The rank order of means on the EU variable is different for Times 2 and 3, but the difference in means between Time 2 and Time 3 for EU using raw data was only 0.07. The difference does not appear large enough to be meaningful. Means for the Times x Variables interaction are presented in Table 4.5.

Table 4.5

Means for Times x Variables Interaction
(Transformed Data)

	A.S.S.	CVRS	EU
Time 1	12.190	3.833	1.585
Time 2	14.353	5.287	1.950[a]
Time 3	13.825	5.085	2.020[b]
Time 4	15.090	6.960	2.575

[a] 1.99 before transformation.

[b] 2.06 before transformation.

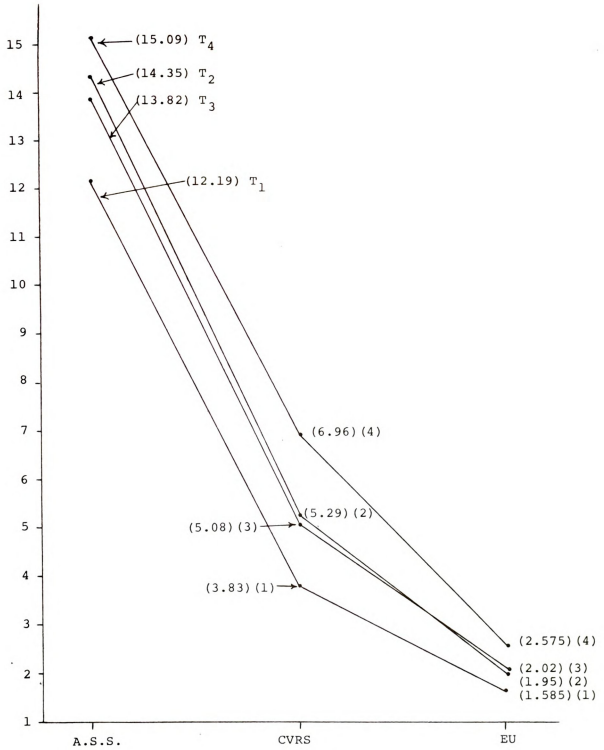

Figure 4.1

TxV Interaction for Transformed Scores Common Metric

On the basis of the analysis of data and the above argument it was concluded that the Time main effect is not variable specific and will be discussed in terms of a single composite variable. The null hypothesis that there is no difference in means across Times is, therefore, rejected ($p < .05$). This was in accordance with prediction. The specific hypotheses can be tested.

Specific Hypotheses

The following hypotheses were generated from Hypothesis 1 for a post hoc analysis of differences in means between the testing times for the ETM:

H_2: There will be no difference in means from testing Time 1 to testing Time 2 (pre to post Phase I) on the combined variables for R.A.s exposed to ETM.

H_3: There will be no difference in means from testing Time 2 to testing Time 3 (post Phase I to pre Phase II) on the combined variables for R.A.s exposed to ETM.

H_4: There will be no difference in means from testing Time 3 to testing Time 4 (pre Phase II to Post Phase II) on the combined variables for R.A.s exposed to the ETM.

Three matched pairs t-tests on the transformed data were used to analyze the differences in means. The three variables (A.S.S., CVRS, and EU) were averaged. The group means are presented in Table 4.6.

The matched pairs t-test offers the greatest power in this analysis since there are only three pairwise comparisons of interest. The procedures for using this

Table 4.6

Group Averages of Variables Across Times for ETM

Group	T_1	T_2	T_3	T_4
1	5.53	6.31	6.74	8.34
2	6.71	7.88	7.42	8.95
3	5.71	7.69	7.24	8.12
4	5.53	6.90	6.50	7.42
$\overline{X}$	5.87	7.19	6.98	8.21

approach require splitting the overall alpha such that it is not exceeded when the alpha levels for the separate post hoc tests are summed. It was decided to give equal weights to each of the three post hoc tests. Thus, with the overall alpha at .05, α', the alpha level of reference for each of the post hoc tests, was set at .0167. The critical values of t at $\alpha' = .0167$ with 3 degrees of freedom are ± 4.893.

The calculated matched pairs t-tests are presented in Table 4.7.

Table 4.7

Matched Pairs t Tests

	Phase I	Summer Recess	Phase II
	Time 1-Time 2	Time 2-Time 3	Time 3-Time 4
t	5.34*	1.01	6.42*

*$p < .05$, $t = \pm 4.893$, $df = 3$, $\alpha' = .0167$

The results indicate that the null Hypotheses 2 and 4 have been rejected. There is a significant difference of means of the combined variables for pre to post Phase I and for pre to post Phase II of the training.

Hypothesis 3 was not rejected indicating that a significant difference in means from post Phase I to pre Phase II has not been detected. The power of the matched pairs t-test used in this analysis seems sufficient enough to avoid a Type II error. Referring to the raw data presented in Table 4.1, the difference in means from Time 2 to Time 3 was -1.60 for the A.S.S. (maximum score 67.00), -1.52 for the CVRS (maximum score 80.00), and +0.07 for the EU (maximum score 5.00). In relation to the maximum scores possible for each variable, the difference in means from Time 2 to Time 3 do not seem large enough to be meaningfully significant regardless of statistical significance. This follows logically, and in accordance with prediction, since there was a four-month recess between Phase I and Phase II. It appears, then, that there was neither a significant difference nor a meaningful difference between the means from the end of Phase I of training to the beginning of Phase II. The graph of the combined means across the four testing times seems to further support this conclusion (Figure 4.2).

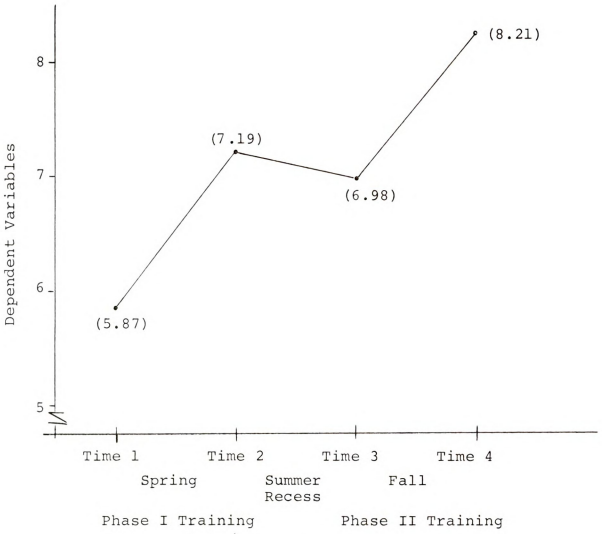

Figure 4.2

Combined Means Across Times for ETM

Hypotheses for Differences Between Training Methods

The following omnibus hypothesis was formulated for a comparison of group means between the Extended Training Model (ETM) and the three criterion groups; the Intensive Training Models I and II, (ITM-I and ITM-II) and the Professional Counselors (Ph.D.s).

H_5: There will be no difference in means of the A.S.S., CVRS, and EU variables between the four training methods (ETM, ITM-I, ITM-II, and Ph.D.).

A multivariate analysis of variance approach was used to test differences in means between the four groups. The multivariate procedure is insensitive to a difference in scaling of variables and the raw data were therefore used rather than transformed data as in the previous procedure. The raw data means for the four treatment groups are shown in Table 4.8.

Table 4.8

Group Means of Training Methods on A.S.S., CVRS, and EU

	A.S.S.	CVRS	EU
ETM (n = 4)	45.57	51.72	2.63
ITM-I (n = 3)	38.06	31.04	1.77
ITM-II (n = 3)	38.29	23.78	1.63
Ph.D.s (n = 4)	45.25	51.04	2.81

The multivariate F test statistic for testing the equality of mean vectors was 3.57, which was significant at the .0089 level for 9 and 19.6205 degrees of freedom. Considering one variable at a time, a significant difference in means between the treatment levels was found on two of the variables--CVRS and EU. This procedure requires that the sum of the alpha levels in the univariate tests cannot exceed the overall alpha level of the multivariate test. Thus, with the overall alpha level set at .05 in the multivariate case, the alpha level in the univariate cases was .0167 with each of the three variables. Results of the univariate analyses of variance are presented in Table 4.9.

Table 4.9

Univariate Analyses of Variance on A.S.S., CVRS, and EU for Four Treatment Groups

Variable	Between Mean Square	Univariate F	p less than
A.S.S.	59.9947	5.4845	0.0173
CVRS	683.4885	8.6425	0.0040*
EU	1.2239	7.2492	0.0073*

*Significant at $p < .05$ with $\alpha = .0167$, df = 3,10.

Since there is a significant difference in means between the four comparison groups in the multivariate case and a significant difference in means on two of the

variables, post hoc comparisons were made to identify which of the comparison groups differed.

Specific Hypotheses

H_6: There will be no difference in means on any of the variables between the ETM training groups and the ITM-I training groups.

H_7: There will be no difference in means on any of the variables between the ETM training groups and the ITM-II training groups.

H_8: There will be no difference in means on any of the variables between the ETM training groups and the Ph.D. groups.

The Scheffé method of post hoc comparisons was used to test the specific hypotheses. This procedure permits all pairwise and complex comparisons with unequal cell frequencies. The Scheffé tests were conducted only on the CVRS and EU since the univariate F test indicated that the A.S.S. differences in means was not significant. As with the univariate F tests, an $\alpha = .0167$ was required for the post hoc analyses. Results of the Scheffé post hoc pairwise comparisons are presented in Table 4.10.

Using the Scheffé formula, the absolute difference in means of the pairwise comparisons had to exceed the values shown in Table 4.11 in order to be significant. The Scheffé post hoc comparisons indicated that the only significant difference on pairs of group means was between the ETM and ITM-II on the CVRS with the ETM having the higher mean. Significant differences were not detected for the

Table 4.10

Difference in Group Means on CVRS and EU

Group	CVRS		EU	
	Mean	Difference	Mean	Difference
ETM (A)	51.73	--	2.63	--
ITM-I (B)	31.04	20.69 (A-B)	1.77	0.86 (A-B)
ITM-II (C)	23.78	27.95 (A-C)*	1.63	1.00 (A-C)
Ph.D. (D)	51.04	0.69 (A-D)	2.81	-0.18 (A-D)

*Significant Scheffé pairwise comparison ($p < .05$).

Table 4.11

Absolute Values Needed for Significant Scheffé Pairwise Comparisons

	CVRS	EU
Comparison (A-B)	27.70	1.28
Comparison (A-C)	27.70	1.28
Comparison (A-D)	25.68	1.37

$F = 5.548$ for 3,10 df and $\alpha = 0.0167$

remaining pairwise comparisons on either the CVRS or the EU. A significant difference ($p < .05$) on the CVRS was found on the complex comparison of the ETM and the average means of the ITM-I and ITM-II; i.e., comparison A - 1/2 (B+C), referring to the notation in Table 4.10. A significant difference ($p < .05$) was found on the EU using the complex comparison of the ETM plus Ph.D. average means against the ITM-I plus ITM-II average means. That is, comparison 1/2 (A + B) - 1/2 (B + C).

The post hoc analyses of between group differences failed to reject Hypotheses 6 and 8. Hypothesis 7 was rejected only in the case of the CVRS. Failure to reject the null hypotheses may have been due to small sample sizes and large variances on the variables. Figure 4.3 is a graphic representation of the differences between the groups on the variables. It appears that while the differences between the ETM and both of the ITM procedures seem to be large they are not large enough to be statistically significant in this study. The curve of the ETM across the variables seems to be similar in shape and parallel to the curve of the Ph.D.s suggesting that the differences of means between the two groups would not have been meaningfully significant even if they had been statistically significant.

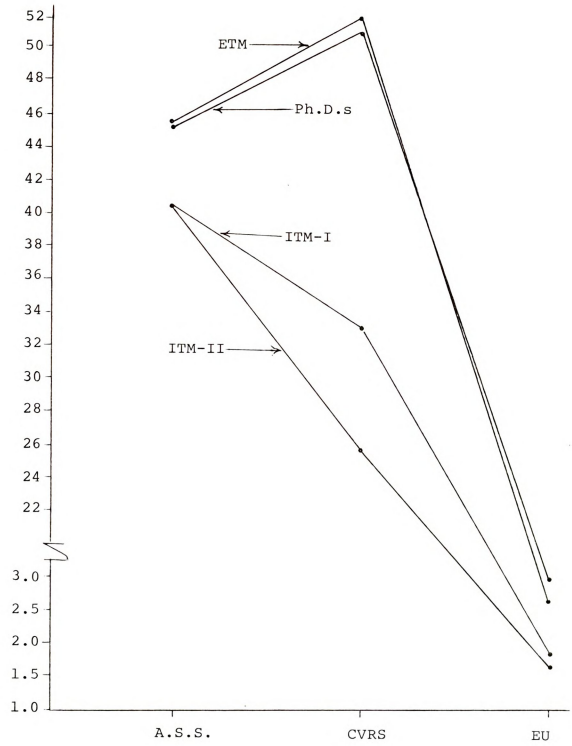

Figure 4.3

Graph of A.S.S. CVRS, and EU for Comparison Groups

Summary

A repeated measures analysis of variance was used to test the omnibus hypothesis of no difference among means across times for the ETM. The hypothesis was rejected ($p < .05$) indicating a significant and positive increase on the combined variables of the A.S.S., CVRS, and EU from pre to post training for the ETM groups. Matched pairs t-tests were used as a post hoc analysis to test the difference in means from pre to post Phase I of training, post Phase I to pre Phase II, and pre to post Phase II. A significant difference was found for pre to post Phase I and pre to post Phase II ($p < .05$). The analysis did not result in a significant difference in means from the end of Phase I to the beginning of Phase II (the summer recess). The trend of gains in facilitative functioning predicted in Chapter I (Figure 1.1) was supported.

A multivariate analysis of variance was used to test an overall difference in means between the three training models for paraprofessional counselors and the professional counseling groups. The null hypothesis that there would be no differences was rejected in the multivariate case ($p < .05$). In the univariate case, when the three variables (A.S.S., CVRS, and EU) were treated separately, means of two of the variables (CVRS and EU) were shown to be significantly different across the four comparison groups.

A series of Scheffé post hoc pairwise comparisons were made between the ETM and the three comparison groups. The only pairwise comparison of means which was significant was between the ETM and ITM-II on the CVRS with the ETM having the higher mean. Significant differences of means were not detected between the ETM groups and the professional counselor (Ph.D.) groups which was one of the objectives of this study. Table 4.12 summarizes the results.

Table 4.12

Summary of Hypotheses and Results

Hypothesis	Test	α	Decision
H_1	Repeated Measures ANOVA	.05	Reject
H_2	Matched Pairs t-test	.05	Reject
H_3	Matched Pairs t-test	.05	Do not Reject
H_4	Matched Pairs t-test	.05	Reject
H_5	Multivariate ANOVA	.05	Reject
H_6	Scheffé Post Hoc	.05	Do not Reject
H_7	Scheffé Post Hoc	.05	Reject for CVRS only
H_8	Scheffé Post Hoc	.05	Reject

A summary and conclusions of the study will be presented in Chapter V.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The study was born out of the recognition that professional counselors at university counseling centers can reach only a small percentage of students with "normal" personal-developmental concerns who are in need of their skills. Some means must be found to meet the increasing demand for mental health services at universities and colleges. Consulting models where professional counselors train and then employ undergraduate students as paraprofessional counselors and educators might be developed. Such models would extend the influence and effectiveness of the professional over a wider population.

The literature, both descriptive and experimental, has been divided between those writers who think the paraprofessional should function strictly as "support personnel" or "case aides" freeing the professional from his "non-professional" administrative duties (APGA Professional Preparation and Standards Committee, 1967; Patterson, 1965; Rosenbaum, 1966; Levison and Schiller, 1966) and

those writers who believe the paraprofessional, properly selected and trained, can function as an effective psychotherapeutic agent (Holzberg, et al., 1964; Carkhuff & Truax, 1965a; Reiff & Reisman, 1965; Magoon & Golan, 1966; Carkhuff, 1966).

This study supports the latter contention and addresses itself to three basic questions: (1) Can undergraduate dormitory resident assistants (R.A.s) be taught to use certain counseling skills which facilitate inter- and intra-personal understanding?; (2) Is a training model extended over six months more effective than similar training given in one week?; and (3) Is there any difference in the level of facilitative functioning between R.A.s exposed to the extended (6-month) training model and professional counselors? If they can be trained to function at an adequate level of facilitative effectiveness as paraprofessional counselors, it was assumed that resident assistants would contribute to a healthier social and interpersonal environment within their residence hall. It was also assumed that they would perform a vital role by providing ancillary services to the professional in the form of preventive therapy and referral services.

Facilitative functioning was defined as the manner in which the paraprofessional counselor (helper) responds to another person's concerns. Empathic Understanding (EU) was accepted on the basis of research literature as a

necessary, although not sufficient, condition for facilitative helping responses. Four other characteristics of the way in which a helper responds to another person's statements were considered to be directly related to facilitative functioning: (1) Affective rather than cognitive; (2) Understanding rather than non-understanding; (3) Specific rather than non-specific; and (4) Exploratory rather than non-exploratory (Kagan, Krathwohl, et al., 1967).

A training model was designed which assumed that four developmental tasks had to be achieved before a person becomes effective as a "helper" in interpersonal relationships. The developmental tasks were: (1) Listening; (2) Understanding; (3) Communicating Understanding; and (4) An Understanding of the bilateral nature of the helping relationship. A series of structured training procedures were used which were considered to be related to the developmental tasks. The training procedures were adaptations from previous studies in counselor training (Kagan, Krathwohl, et al., 1967; Goldberg, 1966; Spivak, 1970; Grzegorek, 1971) and paraprofessional training (Carkhuff, 1969a,b).

The paraprofessional training program developed for this study was called an Extended Training Model (ETM). It was conducted in two distinct phases and took six months to complete. Phase I was 19 hours of training in

four weeks during the spring term of 1970. Phase II was an additional 19 hours of training in four weeks at the beginning of fall term 1970. While the approach to training in this study does not deal explicitly and didactically with personality and process theory, an understanding and insight into such concepts appeared to be obtained by the trainee through the experiential nature of the training procedures. Affect simulation films, a videotape playback methodology called Interpersonal Process Recall (IPR), and the rating of pre-recorded audiotapes were used.

Twenty-two R.A.s from one residence hall at Michigan State University were the subjects of the study. The 11 male and 11 female subjects were randomly assigned to four groups--two groups of 5 and two groups of 6. Except for a two-hour introduction lecture on elements of effective helping relationships, the subjects met in the intact groups throughout the study. The training groups were co-led by advanced doctoral candidates in counseling psychology who had previous experience with the training procedures.

Although the R.A.s were not selected at random because of logistics there was no reason to believe that they were not representative of the more than 400 R.A.s living in 40 residence halls at Michigan State University. One important consideration was that they agreed to participate in a formal training program prior to selection

for their jobs by the residence hall advisory staff in the spring of 1970. Training began one week after their selection and was completed by the end of the third week of classes during fall term of 1970.

The subjects were measured four times on the Affective Sensitivity Scale (Kagan, Krathwohl, et al., 1967); the Counselor Verbal Response Scale (Kagan, Krathwohl, et al., 1967); and the Empathic Understanding Scale (Carkhuff, 1969b). The first measure was given prior to training (pre Phase I). The second, third, and fourth measures were given at the end of Phase I, prior to Phase II, and at the end of Phase II of training respectively.

Three sets of criterion groups were used to compare the difference in overall functioning of the R.A.s exposed to the ETM. The first group were R.A.s from another dormitory at Michigan State University similar in background and experience to the ETM-R.A.s. There were 9 male and 9 female subjects randomly assigned to three groups of 6. They received training similar to the ETM groups with the exception of the affect simulation films. This model was called Intensive Training Model-I (ITM-I). A second model called Intensive Training Model-II (ITM-II) used an additional 18 subjects from the same dormitory who were also randomly assigned to three training groups. The procedures used in this model were called "empathy training" which consisted largely of rating pre-recorded

audio tapes and role playing. Both ITM-I and ITM-II differed from the ETM in that there were 40 hours of training conducted in one week at the beginning of fall term 1970. Details of these models are reported in a separate study (Scharf, 1971).

The third criterion group consisted of eight professional counselors from the Michigan State University Counseling Center (Ph.D.s). Four of the counselors hold Ph.D.s in counseling psychology and four were nearing completion of a Ph.D. in the same field.

All of the subjects were measured on the same instruments under similar conditions. The CVRS and EU scales were used to rate segments from the first, second, and third portions of 30-minute audio taped counseling interviews. Six advanced doctoral candidates in counseling psychology were trained in the use of the scales. They rated all of the ETM and Ph.D. tapes. Reliability of the judges' ratings was .717 for the CVRS and .607 for the EU. Three of the judges rated the ITM tapes. Reliabilities of .749 and .479 were calculated for the CVRS and EU respectively.

Four sets of hypotheses for the ETM subjects were formulated to determine (1) a difference in means on the combined variables across the four measurement times; (2) a difference in means from pre Phase I to post Phase II (3) a difference in means from post Phase I to pre Phase II (summer recess); and (4) a difference in means from

pre Phase II to post Phase II. A 4x4x3 repeated measures analysis of variance was used to test the overall difference in means. The raw data were transformed to a common metric and averaged across variables. A significant difference in means was found ($p < .05$). There was an overall significant and positive improvement on levels of facilitative functioning for R.A.s exposed to the ETM. Hypotheses 2, 3, and 4 were tested by three separate matched pairs t-tests. A significant difference in means was found from pre to post Phase I ($p < .05$) and from pre to post Phase II ($p < .05$).

There was no significant difference in means from post Phase I to pre Phase II (summer recess--no training). The implication is that increases in facilitative functioning obtained by the R.A.s during Phase I of training did not deteriorate over the summer recess. The facilitative functioning in helping relationships was then significantly increased again during Phase II of the ETM.

Four additional sets of hypotheses were formulated for the ETM groups and the three sets of criteria groups: (5) There will be no difference in means on the combined variables between the ETM, ITM-I, ITM-II, and Ph.D.s; (6) There will be no difference in means between the ETM-trained R.A.s and the ITM-I R.A.s; (7) There will be no difference in means between the ETM-trained R.A.s and the

ITM-II R.A.s; and (8) There will be no difference in means between the ETM-trained R.A.s and the Ph.D.s.

A multivariate analysis of variance was used to test Hypothesis 5. In the multivariate case the null hypothesis was rejected ($p < .0089$, $df = 9, 19.62$). In the univariate case, with each of the three variables treated separately, significant differences in means between the four groups were found on the CVRS and EU ($p < .05$, $df = 3, 10$). A series of Scheffé post hoc pairwise comparisons were made on the CVRS and EU between the ETM and the three comparison groups to test Hypotheses 6, 7, and 8.

The only comparison of means found significant was between the ETM and ITM-II on the CVRS ($p < .05$) in favor of the ETM groups which scored 27.95 points higher. Significant differences were not detected between the ETM groups and the Professional Counselor (Ph.D.) groups on any of the variables. At the end of training, then, the undergraduate R.A.s did not differ from Ph.D.-level counselors on the criterion measures used.

Conclusions

The findings of this study indicate that carefully selected undergraduate R.A.s who were given a relatively brief training program (38 hours) over an extended period of time (6 months), learned to function at adequate levels of facilitative effectiveness in helping

relationships. The findings further suggest that the skills learned in the first phase of training do not deteriorate over a three-month recess in the training program. Additional training in the second phase of the program increased the level of facilitative functioning. One of the most encouraging findings of this study was that the R.A.s were taught to function on certain dimensions of helping relationships at levels no different from that of experienced professional counselors at or near the Ph.D. level.

Discussion

What do the results and conclusions of this study mean? This question might be answered best through a discussion of the major aspects of the study.

Extended Time Period of Training

The extended period of training in this study was derived primarily from experience and observations of other training programs. In the Grzegorek study (1971), for example, it was observed that trainees seemed to "peak out," or become saturated with new stimuli, around midway through a 60-hour counselor training program conducted during an intensive two-week period. Similar observations were made during other paraprofessional training programs

conducted by the investigator.[1] One such project, for example, used volunteers from a drug education center and attempted to give 21 hours of intensive training in two and one-half days. The trainees reported that they became "saturated" and needed time to practice what they had learned and to integrate their new skills with their own style of relating to people. They appeared to have an intuitive grasp of the nature of facilitative responses but the mode of verbal interaction they were learning occasionally seemed artificial and stilted. Their implied requests for practice and reinforcement in something other than a "laboratory" setting seemed only sensible.

The exact timing of Phase I and Phase II of the Extended Training Model over the six-month period was due to a combination of fortuitous circumstances, planning, and convenience. It was the practice of the liaison counselors and advisory staff in the residence hall to give the R.A.s some sort of training in the spring term soon after selection. The "training" had usually been discussion groups where returning and non-returning R.A.s would share their experiences with the newly selected R.A.s. Occasionally, several hours would be devoted to semi-structured encounter groups where the R.A.s would be given an opportunity to get to know each other and

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[1]Unpublished pilot studies conducted through Michigan Governor's Office of Drug Abuse and through the Michigan State University Residence Halls Office.

themselves. The intent of these training sessions was to give the new R.A.s and the returning R.A.s loosely defined goals for personal growth and development which they were to think about and work towards during the summer recess. Upon returning to the residence hall in the fall, the R.A.s would be given additional "training" similar in format and objectives to the spring term training. This particular "set," then, of training, summer recess, and additional training, was adapted for the ETM procedures. The 19 hours of training in each of the four-week periods of Phase I and Phase II, however, had been carefully structured and planned in accordance with theoretical formulations of the developmental tasks described in Chapter I.

One of the purposes of this study was to compare the effectiveness of the ETM cycle of training with similar procedures given in a one-week period. Statistically significant results were found on the Counselor Verbal Response Scale between the R.A.s in this study who were trained over an extended period of time and R.A.s trained in the intensive one-week models. It appears as though there are meaningful differences between the two procedures as well. On the CVRS the ETM-R.A.s averaged 51.72 facilitative responses out of a possible 80. R.A.s exposed to the ITM-I and ITM-II procedures averaged 31.04 and 23.78, respectively. The meaningfulness of the data

becomes clear in terms of the kind of impact a helper might have on another person. If the practical implications of the theory are accepted, it seems reasonable to assume that five out of eight facilitative responses would have more of an impact and be more helpful to another person than three out of eight or two out of eight facilitative responses.

The same argument seems logical when applied to the EU scale. Had there been statistical significance between the two procedures on the EU scale, it appears as though the differences would be meaningful as well. The ETM-R.A.s approached the minimally facilitative level (3.0), while the ITM-R.A.s fell below a level 2.0--a level of response which slightly detracts from what the other person is saying.

The differences may be due to differences in training procedures and selection of subjects, but it is also possible that the differences may be due to levels of intensity of the treatments. That is, the length of time in which training is conducted may be just as crucial as the amount of training and the nature of the training procedures. The <u>appropriate</u> length of time needed for training, however, is open to speculation. It is just as likely that training over too long a period of time would be even less effective than too much training in too short a time period.

ETM-R.A.s Prior to Training Compared With Professional Counselors

The ETM-R.A. pre-training scores were not statistically compared with the Ph.D. scores. One of the assumptions of the study was that untrained undergraduates were not functioning at a level equal to that of professional counselors. A look at the raw data in Table 5.1 suggests that this was the case.

Significant differences were found pre-to-post for the ETM-R.A.s. Significant differences were not found between the Ph.D.s' and the ETM-R.A.s' post training scores. This logically implies that there were differences between the Ph.D.s and the ETM-R.A.s prior to training. The differences between the two groups at least appear to be meaningfully significant. The mean differences between the Ph.D.s and the ETM-R.A.s prior to training were 8.44 on the A.S.S., 22.40 on the CVRS, and 2.81 on the EU. Maximum possible scores on each of the measures were 67.00, 80.00, and 5.00, respectively. These differences suggest that if there had been statistical significance, there would be meaningful differences in terms of facilitative functioning as well.

Level of Functioning of the Professional Counselors

Could the results imply that the Ph.D.s were functioning at low levels and were, therefore, not a meaningful criterion group? This does not seem likely. All

Table 5.1

Raw Data Comparison of Ph.D. Groups and ETM-R.A. Groups
(Pre and Post Training)

	Group	A.S.S.	CVRS	EU		A.S.S.	CVRS	EU
Ph.D.	G_1	42.00	60.00	3.25				
	G_2	47.50	50.35	3.16				
	G_3	42.00	61.00	3.00				
	G_4	49.50	32.82	2.67				
	$\bar{X}$	45.25	51.04	2.81				
Pre ETM	G_1	36.50	23.55	1.38	Post ETM	45.83	56.44	2.33
	G_2	40.60	35.87	1.92		49.96	55.40	2.96
	G_3	35.50	27.68	1.70		45.00	50.25	2.79
	G_4	34.66	27.46	1.47		41.50	45.80	2.44
	$\bar{X}$	36.81	28.64	1.61	$\bar{X}$	45.57	51.97	2.63

of the professional counselors work at a university counseling center which has long been one of the most respected in the country. All had served as supervisors of doctoral candidates in beginning practica or of advanced doctoral candidates who were counseling interns. They were all respected by colleagues, students, and clients. One of the Ph.D. groups scored considerably lower than the other three groups on two of the measures (CVRS and EU) which accounts for what appears to be overall low means and high variances.

The Ph.D.s as a group scored below the minimum level considered necessary for facilitative effectiveness on the EU scale (3.0). One must question the validity of the scale in measuring what it purports to measure, i.e., accurate empathy as a facilitative way of responding to client concerns. The "clients" whom the counselors interviewed may have presented concerns more cognitive in nature than affective. That is, the clients may have been seeking advice or information regarding educational-vocational choices rather then asking for help with a personal-social concern. Consequently, the effective counselor did not give his client empathic understanding when it was not needed.

Further, it seems reasonable to assume that the scale is subject to a certain amount of rater bias when judging the audio tapes. Although the tapes were all

coded and randomly sequenced, it is quite possible that the doctoral candidates who rated the tapes were more critical of the professional counselors than necessary. Thus, resulting in lower scores.

Selection

Studies by Carkhuff (1969a) have indicated that helper characteristics are related to dimensions of facilitative functioning in the helping role. The R.A.s used in this study went through a rigorous selection procedure conducted by the residence hall advisory staff and student committees. The selection criteria were not specifically defined but implied judgments of the candidate's interpersonal skills. The competition for R.A. positions is great with over 100 candidates applying for no more than 6 or 7 positions each year. Careful selection of candidates may be one of the factors to take into consideration in the training of paraprofessional counselors.

Readiness for Training

The R.A.s used in this study appeared to be receptive and responsive to the skills they were being taught which indicates a readiness for training. Their apparent readiness may be due in part to a positive attitude of the residence hall advisory staff and in part due to the role of the consulting counselors from the counseling center. The advisory staff recognized a need for the

R.A.s to learn how to develop more effective helping relationships and did not appear to be threatened by the concept of paraprofessional counseling. The consulting counselors seemed to have an effective working relationship with the staff and students of the residence hall. The two counselors would spend an afternoon a week at the dormitory consulting with the advisory staff and R.A.s on topics ranging from colloquies on sex and drugs to personal problems and problems of students in general. It was not uncommon for the counselors to conduct intake interviews or counseling interviews in the dormitory. Additionally, the counselors were involved in previous workshops and informal training programs in the residence hall.

An image of the professional counselor as a person who is willing to meet and work with students in a setting safe and familiar to students could possibly be an important contributing factor to the paraprofessionals' readiness for training and to the overall effectiveness of consulting models in community mental health.

Economy of the Model

Using the training procedures described in this study rather than one which does not use videotape equipment, audiotape recorders, and motion picture projectors, seems to be a subject for further investigation. In light of the findings and observations, however, it appears as

though the cost of equipment and the expenditure of energy is warranted. Videotape equipment is becoming less expensive with the development of smaller, more compact units. Many institutions and agencies have videotape facilities which range in cost from $600 to $2,600.

As far as the investment of time and energy on the part of the professional is concerned, it, too, seems warranted. Eight people working in pairs for 38 hours to train 22 undergraduates seems like a good investment when one considers the impact on the paraprofessionals and the impact they, in turn, can have on others.

Furthermore, the doctoral candidates who led the groups reported that they learned as much from the R.A.s as the R.A.s had from them. Perhaps the structured training procedures used in this study may be one way to provide doctoral candidates with valuable additional experience in group leadership.

Implications

The findings and conclusions of this study have implications for the use and training of paraprofessionals as well as implications for further research.

Implications for the Use and Training of Paraprofessional Counselors

One of the intentions of this study was to determine if undergraduates, properly selected and trained, could be prepared to ultimately contribute to the overall

effectiveness of university mental health services. A study closely related to this one (Archer, 1971) suggested that the R.A.s who were trained under the ETM can have a positive impact on their peers. Results of the study indicated that R.A.s can use structured training procedures (similar to the methods under which they were trained) to effectively teach groups of their peers elements of interpersonal communication. R.A.s using the structured training procedures seemed to produce better gains in interpersonal relationships with their peers than R.A.s who led unstructured "encounter-developmental" groups. This implies that R.A.s not only can be effective as therapeutic agents of change but that the type of training procedures described in this study are more effective in teaching interpersonal skills than procedures which rely on unstructured group processes. Considering the results of this study and the Archer study, it seems safe to assume that the learning and teaching of effective helping skills is not restricted to a special class of professionals with years of formal academic training.

While findings of the studies mentioned above indicate that undergraduates can be trained to function effectively in helping relationships this does not imply that paraprofessionals should replace professionals. Post-training reports from the R.A.s lead one to speculate quite logically that their impact and effectiveness may be

limited. Because of a lack of expertise and experience in working with deep rooted emotional concerns, it may be unreasonable to expect that the paraprofessional, overall, can be as totally effective as the professional. Paraprofessionals would probably be used best in adjunctive and supportive roles and in therapeutic situations that attend to more "normal" developmental concerns of their peers.

Observations by professional counselors who had consulted with the R.A.s in this study after training, reported that the R.A.s made appropriate referrals to the counseling center and that they made effective use of the skills of the professional counselor. Thus, recognizing the limitations of the paraprofessional may be an important factor influencing a smooth delivery of mental health services.

Implications for Further Research

1. Throughout the training program the R.A.s reported that the skills they were learning were as useful to them in their daily lives as they were on the job. They reported being able to form and maintain more effective and meaningful interpersonal relationships with peers, and in some cases, with their families. A further implication of the training seems to be that

the elements of effective helping relationships are a special application of effective interpersonal relationships. This suggests that training as a preferred mode of treatment in therapy should be investigated.

2. Certain portions of the training procedures described in this study seemed to be more effective than others. The IPR recall sessions, for example, appeared to be the most effective. The affect simulation films, recaller training, and the tape rating exercises seemed to be the next most effective, in that order. Rearranging the sequential order of the sessions and adding non-task oriented sessions should be studied.

3. If college undergraduates can be trained as paraprofessional counselors, could similar procedures be used with populations of high school students, teachers, or lay professionals in medical settings or rehabilitation agencies? Would it be as effective with minority groups? This study should be replicated using different populations in a variety of settings.

4. There are many paraprofessional volunteers working in crisis intervention centers and drug education centers which have limited funds and resources. Several shorter training projects

have been conducted in these settings by this researcher which used audiotape equipment rather than videotape.[1] The training seemed to be effective but it was not quite clear how much more would have been gained if video had been used. In order to test the economy and efficiency of the equipment, parallel training programs could be conducted--one program using videotape equipment, and the other, identical in format and procedures, using audiotape only.

5. It was observed during the study that some of the trainees functioned at relatively high levels while others were functioning fairly low. Some seemed to learn the skills more quickly and easily than others. Differential rates of learning the skills and differential levels of functioning should be considered. Perhaps a training program that offers a variable training schedule for high and low functioning trainees should be studied.

6. This study has indicated that undergraduates can be trained to function effectively in helping relationships. The Archer study indicated that

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[1]Unpublished pilot studies conducted through Michigan Governor's Office of Drug Abuse and through the Michigan State University Residence Halls Office.

they can be trained to lead groups and teach their peers elements of effective interpersonal relationships.

7. Can paraprofessionals be trained to train other paraprofessional-counselors who can then teach <u>their</u> peers? Studies such as this can ultimately lead to the development of consulting models where the professional teaches, trains, and supervises relatively "healthy and normal" people to effectively intervene and help others who need understanding and the prospect of interpersonal intimacy.

REFERENCES

REFERENCES

Aceto, T. D. Students in pre-professional staff roles. The Journal of College Student Personnel, 1962, (4), 23-27.

Archer, James, Jr. Undergraduates as paraprofessional leaders of interpersonal communication skills training groups using an integrated IPR (Interpersonal Process Recall) videotape feedback/affect simulation training model. Unpublished doctoral dissertation, Michigan State University, 1971.

Beck, J. C., Kantor, D., & Gelineau, V. Follow-up study of chronic psychotic patients "treated" by college case-aid volunteers. The American Journal of Psychiatry, 1963, (120), 269-71.

Brager, G. The indigenous work: A new approach to the social work technician. Social Work, 1965, 10(2), 33-40.

Brown, W. Student-to-student counseling for academic adjustment. The Personnel and Guidance Journal, 1965, 43, 811-17.

Cantoni, L. J., & Cantoni, Lucile. Lay and professional counseling. Rehabilitation Literature, 1965, (26), 169-71, 179.

Carkhuff, R. R. Helper communication as function of helpee affect and content. Journal of Counseling Psychology, 1969, (16). (a)

Carkhuff, R. R. Helping and human relations. Vol. I & II. New York: Holt, Rinehart, & Winston, Inc., 1969. (b)

Carkhuff, R. R. Training in the counseling and therapeutic processes: Requiem or reveille? The Journal of Counseling Psychology, 1966, 13, 360-67.

Carkhuff, R. R., & Truax, C. B. Lay mental health counseling: The effects of lay group counseling. The Journal of Consulting Psychology, 1965, 29, 426-41. (a)

Carkhuff, R. R., & Truax, C. B. Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. Journal of Consulting Psychology, 1965, 29, 333-36. (b)

Carkhuff, R. R., & Banks, G. The effects of human relations upon Negro parents and white teachers. The Journal of Counseling Psychology, 1969.

Carkhuff, R. R., & Berenson, B. G. Beyond counseling and psychotherapy. New York: Holt, Rinehart, & Winston, 1967.

Carkhuff, R. R., Collingwood, T., & Renz, L. The effects of didactic training in discrimination upon trainee level of discrimination and communication. The Journal of Clinical Psychology, 1969, 8, 104-7.

Ebel, R. L. Estimation of the reliability of ratings. Psychometrike, 1951, 16(4), 407-23.

Goldberg, A. D. A sequential program for supervision of counselors using the interpersonal process recall technique. Unpublished doctoral dissertation, Michigan State University, 1967.

Grzgorek, A. A study of the effects of two types of counselor used in conjunction with simulation and video taping. Unpublished doctoral dissertation, Michigan State University, 1970.

Gust, J. Support personnel vs. the counselor. Counselor Education and Supervision, 1968, 7, 153-54.

Halpern, W. I. The community mental health aide. Mental Hygiene, 1969, 53(1), 78-83.

Hapgood, R., & Bennett, A. Agents of change: A close look at the Peace Corps. New York: Little, Brown & Co., 1969.

Harvey, L. V. The use of non-professional auxiliary counselors in staffing a counseling service. The Journal of Counseling Psychology, 1964, 11, 348-51.

Holzberg, J. D. The companion program. Implementing the manpower recommendations of the Joint Commission on Mental Illness and health. American Psychologist, 1963, 18, 224-26.

Kagan, N., & Krathwohl, D. R. Studies in human interaction. Final Report, Grant No. OE7-32-0420-270). E. Lansing, Mich.: Educational Publication Services, Michigan State University, 1967.

Kagan, N., & Schauble, P. G. Affect simulation in interpersonal process recall. The Journal of Counseling Psychology, 1969, 16, 309-13.

Kell, B. L., & Burow, Josephine Morse. Developmental Counseling and Therapy. Boston: Houghton Mifflin Company, 1970.

Kell, B. L., & Mueller, W. J. Impact and change: A study of counseling relationships. New York: Appleton-Century-Crofts, 1966.

Kratochvil, D. Changes in values and interpersonal function of nurses in training. Counselor Education and Supervision, 1969, 8, 104-07.

Levinson, P., & Schiller, J. Role analysis of the indigenous non-professional. Social Work, 1966, 11(3), 95-101.

Lief, H. I. Subprofessional training in mental health. Archives of General Psychiatry, 1966, 15, 660-64.

Magoon, T., & Golann, S. E. Non-traditionally trained women as mental health counselors' psychotherapists. The Personnel and Guidance Journal, 1966, 44, 788-93.

Martin, J. C., Carkhuff, R. R., & Berenson, B. G. Process variables in counseling and psychotherapy: A study of counseling and friendship. Journal of Counseling Psychology, 1966, 13, 356-59.

Odgers, J. C. Cause for concern. Counselor Education and Supervision, 1964, 4, 144-46.

Patterson, C. H. Subprofessional functions and short term training. Counselor Education and Supervision, 1965, 4, 17-20.

Pierce, R. M., & Drasgow, J. The effects of a didactic and experiential interpersonal functioning of psychiatric in-patients. Journal of Counseling Psychology, 1969.

Pierce, R. M., & Schauble, P. G. Graduate training of facilitative counselors: The effects of individual supervision. Unpublished paper, Michigan State University, 1970.

Pierce, R. M., & Schauble, P. G. Responsibility for therapy: Counselor, client, or who? The Counseling Psychologist, 1969, 1(2), 71-77.

Poser, E. G. The effect of therapists' training on group therapeutic out-come. The Journal of Consulting Psychology, 1966, 30(4), 283-89.

Professional Preparation and Standards Committee. APGA, 1967.

Reiff, R., & Reissman, F. The indigenous non-professional. Community Mental Health Journal, 1965, 1.

Riessman, F. The "helper" therapy principle. Social Work, 1965, 10, 27-32.

Rioch, M. J., et al. National Institute of Mental Health pilot study in training mental health counselors. The American Journal of Orthopsychiatry, 1963, 33, 678-89.

Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.

Rosenbaum, M. Some comments on the use of untrained therapists. The Journal of Consulting Psychology, 1966, 3, 292-94.

Savino, M. T., & Schlamp, F. T. Non-professional rehabilitation aides. The Journal of Rehabilitation, 1968, 34(3), 28-31.

Scharf, K. Training of resident assistants and peer group members in the communication interactional process skills, of empathic understanding of student feeling and student depth of self-exploration. Unpublished doctoral dissertation, Michigan State University, 1971.

Scheffé, H. The analysis of variance. New York: Wiley, 1959.

Schlossberg, N. Sub-professionals: To be or not to be. Counselor Education and Supervision, 1967, 6, 108-13.

Sonnett, E., & Niedenthal, L. The use of indigenous volunteers in a rehabilitation unit for disturbed college students. Community Mental Health Journal, 1968, 4, 232-44.

Spivak, J. The use of developmental tasks for counselor training using interpersonal process recall. Unpublished doctoral dissertation, Michigan State University, 1970.

The Student in Higher Education. The Hazen Foundation Report, 1968.

Truax, C. B. The effects of supportive personnel as counselor-aides in vocational rehabilitation. NRCA Professional Bulletin, 1968, 8(4).

Truax, C. B. Therapist empathy, warmth, genuineness, and patient personality change in group psychotherapy: A comparison between interaction and measures, time sample measures, and patient perception measures. Journal of Clinical Psychology, 1966, 22(2), 225-29.

Truax, C. B. The use of supportive personnel in rehabilitation counseling: Process and outcome in supportive personnel in rehabilitation centers: Current practices and future needs. Pittsburgh, Pa., and Colorado Springs, Co., 1967.

Truax, C. B., & Carkhuff, R. R. Toward effective counseling and psychotherapy: Training and practice Chicago: Aldine Publishing Co., 1967.

Wolff, T. Undergraduates as campus mental health workers. The Personnel and Guidance Journal, 1969, 48, 294-304.

Zunker, V. G., & Brown, W. F. Comparative effectiveness of student and professional counselors. The Personnel and Guidance Journal, 1966, 44, 738-43.

APPENDICES

APPENDIX A

COMMUNICATION SKILLS AND HELPING RELATIONSHIPS TRAINING PROGRAM

TRAINING MANUAL

COMMUNICATION SKILLS AND HELPING RELATIONSHIPS TRAINING PROGRAM

HUBBARD HALL RESIDENT ASSISTANTS' TRAINING MANUAL

Robert F. Dendy

Fall Term 1970

TABLE OF CONTENTS

INTRODUCTION TO TRAINING AND BRIEF OVERVIEW OF THEORY

> An unhealthy society is one in which only 20 percent of its people are free from signs of emotional distress.
>
> An unhealthy society is one in which one third of its members demonstrate distressing psychiatric symptomatology.
>
> An unhealthy society is one in which half of the hospital beds are occupied by mental patients, and in which one third of these are second admissions.
>
> American society, in which all of these conditions exist, is not healthy.
>
> An unhealthy society cannot provide human nourishment to its members. Ours does not. The clients and patients who seek our inpatient and outpatient treatment centers are largely people who cannot find sources of human nourishment in their everyday life environments. Indeed, they are most often the broken and disabled products of a social system which has disallowed or made difficult their emergence as constructive and potent persons.[1]

In the midst of the furor surrounding the issues which are seemingly dividing our society one becomes quickly befuddled with conflicting facts and instant analyses and tends to lose sight of the individual. Generational confrontations over the war, ecology, abortion, sex, drugs, racism, and women's liberation seem to

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[1] R. R. Carkhuff, and B. G. Berenson, Beyond Counseling and Therapy (New York: Holt, Rinehart, and Winston, Inc., 1967), p. 3.

be manifestations of a much larger problem which might be more appropriately labeled a "communication gap." Ineffective methods of interpersonal communication are prevalent within and between all levels of our society.

Before one can communicate understanding, it is essential that he understand what the other person is saying. In order to understand what the other person is saying it is imperative that one listens. As simplistic as that may seem we often "tune out" people because our own thoughts or feelings interfere with listening. One of the purposes of responding to the stimulus film during the spring term training program was to be able to recognize, identify, and label those feelings which may interfere with the listening, understanding, and communication process. The videotaped interview and interrogation training further demonstrated how responding to a person's feelings facilitates interpersonal relationships and the communication of understanding.

The purpose of this training program is to increase your interpersonal skills and to develop those skills further to the point where you can be facilitative and effective in helping relationships so that human nourishment and understanding can be provided to others when needed.

The Helping Relationship

The helping relationship dyad is composed of the person who is presenting the problem, whom we will call the speaker, and the person who is doing the helping, or the helper. Since the shortest distance between two points remains a straight line, the most effective communication between two human beings is direct and honest communication. Generally, the speaker is "almost honest." That is, he is aware that he is experiencing some kind of discomfort but he only has the vaguest notion of the source of his discomfort and what he can do to resolve it.

The Speaker

Before he can arrive at feasible alternatives which may help to alleviate his discomfort, the speaker might go through a growth process involving the following phases:

1. Owning of feelings: The person shows immediate and free access to his feelings, expresses them in a genuine way, and is able to identify their origin.

2. Self exploration: The person actively and spontaneously engages in an inward probing to discover feelings about himself and his world.

3. Internalization: The person knows and trusts his feelings as belonging to him and does not attempt to rationalize them or explain them away as belonging to something or someone outside of himself.

4. Commitment to change: The person is deeply involved in confronting his problems directly

and clearly expresses verbally and behaviorally a desire and commitment to change his behavior.

5. Differentiation of stimuli: The person perceives the different stimuli in his world and reacts to them in a variety of differential ways. He differentiates between his characteristics and those of others.

We will not be focusing on personality dynamics of the person presenting the problem since that is generally the task of the clinician or diagnostician. We will, however, be listening to pre-recorded speaker statements and will learn to differentiate at what level he is owning his feelings. The primary purpose of this exercise is to simply improve listening skills. By listening to the affective, or feeling, aspects of the other person's statements it is easier for one to communicate an understanding of the problem and to facilitate the other person seeking alternative solutions to the problem.

The Helper

Few people function in the above phases at the depth which they want or to the degree which is considered necessary for healthy development. It is not necessary for you as helpers to function at a facilitative level which would foster maximum growth or development in the other person. It will, however, be necessary for you to respond to a person's request for help in a manner which shows that you understand and at a facilitative level which will foster some self-understanding in the other person.

It will also be necessary for you to recognize where the other person is with his problem in order to make best use of referral sources on campus such as the counseling center. For the purposes of this training program facilitative responses which are considered conducive to effective helping relationships are the following:

1. Affective rather than cognitive.
   Affective responses are when the helper makes reference to or encourages some affective or feeling aspect of the speaker's statements.

2. Understanding rather than non-understanding.
   Understanding responses are when the helper conveys to the speaker his awareness of and sensitivity to the speaker's concerns.

3. Specific rather than non-specific.
   Specific responses are when the helper deals with the core of the speaker's concerns.

4. Exploratory rather than non-exploratory.
   Exploratory responses are when the helper encourages the speaker to explain his feelings and provides him an opportunity to do so.

By responding to the other person's request for help in an affective, understanding, specific, and exploratory manner you are generally setting up facilitative conditions whereby the person goes through the five phases described above and ultimately takes responsibility for solving his own problems.

You will be listening to pre-recorded audio tapes of speaker statements followed by several different helper responses. You will be asked to rate the helper responses

on the four facilitative conditions and to discuss the relative merit of the responses. The purpose of this exercise is to increase your understanding of what the speaker is saying and to develop a greater awareness of the elements of effective facilitative responses.

Communicating Understanding

After having learned how to listen and to understand what the other person is saying, you will then learn to communicate that understanding. Empathic understanding is a way of responding to the other person which shows him that you know what he is saying. Responding with empathic understanding means that you are able to feel, react, and interpret the other person's world as he sees it without your own enactment of these perceptions as though you were he. All interpersonal processes may have constructive or deteriorative consequences. It is possible to respond to a person in a manner which (1) detracts or takes away from what he is saying, (2) is interchangeable with what he is saying, or (3) adds significantly to what he is saying, thus facilitating self exploration.

You will be listening to pre-recorded audio tapes of speaker statements followed by several helper responses. Using a scale for measurement called Empathic Understanding in Interpersonal Processes you will be asked to rate the helper responses on the basis of whether they (1) detract

from, (2) are interchangeable with, or (3) add to what the speaker is saying. You will then listen to speaker statements to which you will formulate your own response.

The first three sessions of the training program then are designed to assist you in improving your listening, understanding, and communication skills. The following two sessions will be experiential where you will practice those skills on each other using the video-taped IPR technique. During the two weeks after the last session you will receive additional practice by video-taping a 20-minute interview with a new student on your floor whom you think may be having dormitory adjustment difficulties. Another R.A. whom you previously selected to work with will conduct a 30 minute mutual recall session. The recall session will be supervised by someone from the counseling center at Fee Hall. You will have two such video-taped interviews and mutual recall sessions.

Outline of Training Procedures

Session	Time	Procedure
Wednesday 9/16	11-12 A.M.	Audio-taped Interview--Fee Hall
Wednesday 9/16	1-2:30 P.M.	Affect Sensitivity Scale--Fee Hall
Wednesday 9/16	7-8 P.M.	Orientation to Training Program
Wednesday 9/16	8-10 P.M.	Break into 4 Small Groups

Discrimination of the level at which the speaker is owning his feelings: Ten speaker statements are pre-recorded on audio-tape. You will rate each of the speaker statements one at a time on one of the following three levels:

Level 1--Any expression of feeling of the speaker appears intellectualized, distant and vague.

Level 2--The speaker seems to have an intellectual grasp of his feelings and their origin, but has little emotional proximity to them.

Level 3--The speaker clearly owns his feelings and accurately specifies their source.

Discuss each rating until a group consensus is reached. Refer to Owning of Feelings in Interpersonal Processes, page __.

Session	Time	Procedure
Thursday 9/17	7-10 P.M.	Discrimination between Affective/Cognitive; Understanding/Non-understanding; Specific/Non-specific; and Exploratory/Non-exploratory helper responses.

Five speaker statements are pre-recorded on audio-tape. Each statement is followed by three helper responses. You will rate each of the speaker statements in each of the 4 categories. Discuss the ratings and give a global rating on effectiveness.

After the ratings are completed you will hear three more speaker statements. They are not followed by helper responses. You will write a response which

you think will be the most effective. Refer to Counselor Verbal Response Scale, page ___.

Session	Time	Procedure
Saturday 9/19	9:30-12:30 P.M.	Discrimination of levels of empathic understanding of helper responses.

A pre-recorded audio-tape has been made with 5 speaker statements. Following each speaker statement there will be 3 helper responses. Each helper response will be at one of three levels of empathic understanding:

Level 1--The helper tends to subtract from or respond to other than what the speaker is expressing or indicating. (Detracting level.)

Level 2--The helper responds so as to neither subtract from nor add to the expressions of the speaker--but he does not respond accurately to how the speaker really feels beneath the surface feelings. (Equal or Interchangeable level.)

Level 3--The helper responds so as to add deeper feeling and meaning to the expression of the speaker. (Adding level.)

Rate each helper response and discuss the rating until a group consensus is reached. (Refer to page ___.)

An additional 3 speaker statements are pre-recorded. They are not followed by helper responses. You will practice responding to the speaker statement according to the following instructions:

Practice responding to speaker statement with empathic understanding.

Avoid asking questions such as, "Well, how does that make you feel?" or "You're pretty upset, aren't you?"

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

1st Statement: write response. Try to make response a positive, reflective statement rather than a question.

Leader will give an average group rating rather than individual ratings.

Discuss responses.

Rewrite responses in an effort to move closer to level 3. (Play back speaker statement if necessary.)

2nd Statement: write response--same procedure as above.

3rd Statement: respond verbally without writing first.

Session	Time	Procedure
Monday 9/21	7-10 P.M.	Interpersonal Process Recall (IPR) Video taped interaction. 5 minute role play--video taped. Speaker--presents a personal concern he has either resolved or is in the process of resolving. Helper--responds to speaker in a way which shows that he understands. Should also be aware if his own feelings are interfering with the communication process. If the helper is having some feelings or concerns about the speaker he should be able to express it. 10-15 min. Recall of video taped interaction.

Mutual recall.
Recaller instructs helper and speaker to stop video tape machine whenever they want to:

(1) make a comment.
(2) describe what they thought the other person was saying, feeling, or thinking.
(3) elaborate or explore further some of the feelings or thoughts they were having.
(4) assess the level of interaction.
(5) rephrase a particular response.

10-15 min. Group Discussion.
Speaker gives feedback to helper.
Group discusses and evaluates the interaction giving feedback to speaker, helper, and recaller.

Refer to page 21 for Role and Function of Recaller and instructions recaller gives speaker and helper.

Session	Time	Procedure
Tuesday 9/22	7-10 P.M.	IPR Mutual Recall Training. Procedures identical to Monday, 9/21.
Wednesday 9/23	Arranged	Practicum
Tuesday 10/6 (2 weeks)		

Select another R.A. in your dorm whom you would like to work with in interrogation. That is, you will do interrogation for him and he for you. You will then arrange to video tape a 20 min. interview with another student on your floor. The other student can be either a new student who is having

dormitory or campus adjustment difficulties, a person whom you do not know very well and would like to get to know better, or a friend. After the 20 min. videotaped interview, the other R.A. will come into the room and conduct a mutual recall session for approximately 30 min. Following the recall session he will interview his student for 20 minutes and you will go into the room to conduct the recall session for him.

Each of the recall sessions will be supervised by someone from the Fee Counseling Center.

The entire session should take no longer than two hours (i.e., Interview-Recall, Interview-Recall.)

Be certain that you, the other R.A., and your students have the same two hour period free.

You will be responsible for scheduling your own time.

Sign up for times with Jody Smith, the secretary at the Fee Counseling Center.

You will be asked to conduct <u>two interviews</u> in the two week period. It can be either with the same student or someone different.

OWNING OF FEELINGS IN INTERPERSONAL PROCESSES (Revised)

Paul G. Schauble and Richard M. Pierce

Level 1

The speaker avoids accepting any of his feelings or he expresses feelings vaguely. When feelings are expressed, they are always seen as belonging to others, situational, or outside of himself. He avoids identifying or admitting to any feelings. He discusses or intellectualizes about feelings in a detached, abstract manner.

Example: The speaker, with flushed face, hotly declares, "Angry? Not me! You're the one who's getting angry. I'm just arguing my point of view."

In summary, any expression of feeling appears intellectualized, distant, and vague.

Level 2

The speaker can usually identify his feelings and their source, but tends to express them in an intellectualized manner. He seems to have an intellectual grasp of his feelings and their origin, but he has little emotional proximity to them.

Example: The speaker blandly admits, "Yeah! I think I get a little annoyed when girls don't want to go out with me, but I usually get over it."

In summary, the speaker usually ties down his feelings, but in an intellectual manner.

Level 3

The speaker almost always acknowledges his specific feelings and can express them with emotional proximity. At the same time he shows awareness that his feelings are tied to specific behavior of his own and of others. He shows immediate and free access to his feelings, expresses them in a genuine way, and is able to identify their origin or source.

Example: The speaker says, "It really hurts me when you don't listen to me and you continually

> ask me to do things you know I don't want to do. You make me feel so insignificant and small when you do that."

In summary, the speaker clearly owns his feelings and accurately specifies their source.

IPR COUNSELOR VERBAL RESPONSE SCALE

The Counselor Verbal Response Scale is an attempt to describe a counselor's response to client communication in terms of four dichotomized dimensions: (a) affect-cognitive; (b) understanding-nonunderstanding; (c) specific-nonspecific; (d) exploratory-nonexploratory. These dimensions have been selected because they seem to represent aspects of counselor behavior which seem to make theoretical sense and contribute to client progress. A fifth dimension--effective-noneffective--provides a global rating of the adequacy of each response which is made independently of the four descriptive ratings.

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

AFFECT--COGNITIVE DIMENSION

The affective-cognitive dimension indicates whether a counselor's response refers to any affective component of a client's communication or concerns itself primarily with the cognitive component of that communication.

AFFECTIVE RESPONSES

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

(a) Refer directly to an explicit or implicit reference to affect (either verbal or nonverbal) on the part of the client.
Example: "It sounds like you were really angry at him."

(b) Encourage an expression of affect on the part of the client.
Example: "How does it make you feel when your parents argue?"

(c) Approve of an expression of affect on the part of the client.
Example: "It doesn't hurt to let your feelings out once in a while, does it?"

(d) Presents a model for the use of affect by the client.
Example: "If somebody treated me like that I'd really be mad."

Special care must be taken in rating responses which use the word "feel." For example, in the statement "Do you feel that your student teaching experience is helping you get the idea of teaching?", the phrase "Do you feel that" really means "Do you think that." Similarly the expression "How are you feeling?" is often used in a matter-of-fact, conversation manner. Thus, although the verb "to feel" is used in both these examples, these statements do not represent responses which would be judged "affective."

COGNITIVE RESPONSES

Cognitive responses deal primarily with the cognitive element of a client's communication. Frequently such responses seek information of a factual nature. They

generally maintain the interaction on the cognitive level. Such responses may:

(a) Refer directly to the cognitive component of the client's statement.
Example: "So then you're thinking about switching your major to chemistry?"

(b) Seeks further information of a factual nature from the client.
Example: "What were your grades last term?"

(c) Encourage the client to continue to respond at the cognitive level.
Example: "How did you get interested in art?"

UNDERSTANDING-NONUNDERSTANDING DIMENSION

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

UNDERSTANDING RESPONSES

Understanding responses communicate to the client that the counselor understands the client's communication--the counselor makes appropriate reference to what the client is expressing or trying to express both verbally and nonverbally--or the counselor is clearly seeking enough information of either a cognitive or affective nature to gain such understanding. Such responses:

(a) Directly communicate an understanding of the client's communication.
Example: "In other words, you really want to be treated like a man."

(b) Seek further information from the client in such a way as to facilitate both the counselor's and the client's understanding of the basic problems.
Example: "What does being a man mean to you?"

(c) Reinforce or give approval of client communications which exhibit understanding.
Example: CL: "I guess then when people criticize me, I'm afraid they'll leave me."

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

NONUNDERSTANDING RESPONSES

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

(a) Communicate misunderstanding of the client's basic concern.
Example: CL: "When he said that, I just turned red and clenched my fists."
CO: "Some people don't say nice things."

(b) Seek information which may be irrelevant to the client's communication.
Example: CL: "I seem to have a hard time getting along with my brothers."
CO: "Do all your brothers live at home with you?"

(c) Squelch client understanding or move the focus to another irrelevant area.
Example: CL: "I guess I'm really afraid that other people will laugh at me."
CO: "We're the butt of other people's jokes sometimes."
Example: CL: "Sometimes I really hate my aunt."
"Will things be better when you go to college?"

SPECIFIC-NONSPECIFIC DIMENSION

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

SPECIFIC RESPONSES

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

(a) Delineate more closely the client's basic concerns.
Example: "This vague feeling you have when you get in tense situations--is it anger or fear?"

(b) Encourage the client to discriminate among stimuli affecting him.
Example: "Do you feel _____ in all your classes or only in some classrooms?"

(c) Reward the client for being specific.
Example: CL: "I guess I feel this way most often with someone who reminds me of my father."
CO: "So as you put what others say in perspective, the whole world doesn't seem so bad, it's only when someone you value, like Father, doesn't pay any attention that you feel hurt."

NONSPECIFIC RESPONSES

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

(a) Fail to delineate the client's concern and cannot bring them into sharper focus.
Example: "It seems your problem isn't very clear--can you tell me more about it?"

(b) Completely miss the basic concerns being presented by the client even though the counselor may ask for specific details.
Example: CL: "I've gotten all A's this year and I still feel lousy."
CO: "What were your grades before then?"

(c) Discourage the client from bringing his concerns into sharper focus.
Example: "You and your sister argue all the time. What do other people think of your sister?"

EXPLORATORY-NONEXPLORATORY DIMENSION

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

EXPLORATORY RESPONSES

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

(a) Encourage the client to explore his own concerns.
Example: Cognitive--"You're not sure what you want to major in, is that it?"
Affective--"Maybe some of these times you're getting mad at yourself, what do you think?"

(b) Assist the client to explore by providing him with possible alternatives designed to increase his range of responses.
Example: Cognitive--"What are some of the other alternatives that you have to history as a major?"
Affective--"In these situations do you feel angry, mad, helpless, or what?"

(c) Reward the client for exploratory behavior.
Example: Cognitive--"It seems that you've considered a number of alternatives for a major, that's good."
Affective--"So you're beginning to wonder if you always want to be treated like a man."

NONEXPLORATORY RESPONSES

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

Discourage further exploration on the part of the client.

Example: Cognitive--"You want to change your major to history."
Affective--"You really resent your parents treating you like a child."

EFFECTIVE-NONEFFECTIVE DIMENSION

Ratings on the effective-noneffective dimension may be made independently of ratings on the other four dimensions of the scale. This rating is based solely upon the judge's professional impression of the appropriateness of the counselor's responses, that is how adequately does the counselor's response deal with the client's verbal and nonverbal communication. This rating is not dependent on whether the response has been judged affective-cognitive, etc.

A rating of 4 indicates that the judge considers this response among the most appropriate possible in the given situation while a 3 indicates that the response is appropriate but not among the best. A rating of 2 indicates a neutral response which neither measurably affects client progress nor inhibits it, while a rating of 1 indicates a response which not only lacks basic understanding of the client's concerns but which in effect may be detrimental to the specified goals of client growth.

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES

A Scale for Measurement

Robert R. Carkhuff

Level 1 (Detracting Level)

The verbal and behavioral expressions of the listener either do not attend to or communicate less of the speaker's feelings than the speaker has communicated himself.

Example: The listener may communicate little awareness of even the most obvious expressed surface feelings of the speaker, or he may communicate some awareness of obvious surface feelings of the speaker but his communications drain off a level of the affect and distort the level of meaning. The listener may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the speaker.

In summary, the listener tends to subtract from or respond to other than what the speaker is expressing or indicating.

Level 2 (Equal Level)

The expressions of the listener in response to the expressed feelings of the speaker are essentially interchangeable with those of the speaker in that they express essentially the same affect and meaning.

Example: The listener responds accurate understanding of the surface feelings of the speaker but may not respond to or may misinterpret the deeper feelings.

In summary, the listener is responding so as to neither subtract from nor add to the expressions of the speaker; but he does not respond accurately to how the speaker really feels beneath the surface feelings. The equal level constitutes the minimal level of facilitative interpersonal functioning.

Level 3 (Adding Level)

The responses of the listener add to the expressions of the speaker in such a way as to express feelings deeper than the speaker was able to express himself.

Example: The listener communicates his understanding of the expressions of the speaker at a level deeper than they were expressed, and thus enables the speaker to experience and/or express feelings which he was unable to express previously. In the event of ongoing deep exploration of feelings on the speaker's part, the listener communicates a full awareness of what the speaker is experiencing.

In summary, the listener's responses add deeper feeling and meaning to the expression of the speaker.

ROLE AND FUNCTION OF RECALLER

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

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

A suggested line of questioning might be the following:

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

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

RECALLER INSTRUCTIONS TO SPEAKER AND/OR HELPER

We know that the mind works faster than the voice.

As we talk with people, we think of things which are quite different from the things we are talking about. Everyone does this and there is no reason to feel embarrassed or to hesitate to "own up to it" when it does occur.

We know that as we talk to people, there are times when we like what they say and there are times when we are annoyed with what they say. There are times when we think they really understand us and there are times when we feel they have missed the point of what we are saying or really don't understand what we were feeling or how strongly we were feeling something.

There are also times when we are concerned about what the other person is thinking about us. Sometimes we want the other person to think about us in ways which he may not be.

If we ask you at this moment just when you felt the other person understood or didn't understand your feelings, or when you felt you were making a certain kind of impression on him, or when you were trying to say something and it came out quite differently from the way you wanted it to, it would probably be very difficult for you to remember. With this T.V. playback immediately after you interview, you will find it possible to recall these thoughts and feelings in detail. Stop and start the playback as often as you remember your thoughts and feelings. You are not troubling anyone no matter how often you stop and start the playback. As you remember thoughts and feelings, stop the tape and tell me what they were.

Suggested Rotation for the 3 Roles

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

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

APPENDIX B

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES, II

APPENDIX B

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES, II

A Scale for Measurement[1]

Robert R. Carkhuff

Level 1

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

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[1]The present scale "Empathic understanding in interpersonal processes" has been derived in part from "A Scale for the measurement of accurate empathy" by C. B. Truax which has been validated in extensive processes and outcome research on counseling and psychotherapy (summarized in Truax & Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psychotherapy (summarized in Carkhuff & Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represent a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made, including in particular the change to a systematic focus upon the additive, subtractive or interchangeable aspects of the levels of communication of understanding. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the Truax scale. The remaining levels are approximately correspondent:

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

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

Level 2

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

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

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

Level 3

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

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

Level 2 and Stages 2 and 3 of the earlier version; Level 3 and Stages 4 and 5; Level 4 and Stages 6 and 7; Level 5 and Stages 8 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.

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

Level 4

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

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

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

Level 5

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

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

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