A STUDY OF THE EFFECTS OF TWO TYPES OF
EMPHASIS IN COUNSELOR TRAINING USED IN
CONJUNCTION WITH SIMULATION AND VIDEOTAPING

Thesis for the Degree of Ph. D.
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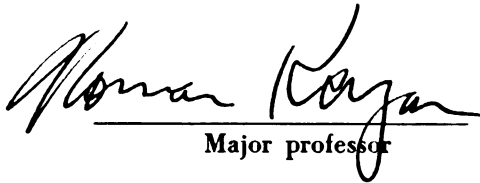This is to certify that the

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ABSTRACT

A STUDY OF THE EFFECTS OF TWO TYPES OF EMPHASIS

IN COUNSELOR TRAINING USED IN CONJUNCTION

WITH SIMULATION AND VIDEOTAPING

By

Alfred Edward Grzegorek

The purpose of this study was to determine the
effects of two approaches to counselor training on the
subsequent counseling behaviors of prison counselors.
One approach, designated experiential-accepting, emphasized
counselor personal growth. A second approach, called
cognitive-intellectual, emphasized cognitive learning of
client dynamics and counseling technique. Both approaches
were used in conjunction with stimulated recall and
simulation, procedures developed by Kagan *et al.* (1967)
as part of the Interpersonal Process Recall technique
(IPR).

In this study, two quite similar treatments were
compared. The focus of training was different for the
two experimental treatments and the tasks were used in
different ways by the groups. The emphasis of training
in the cognitive-intellectual (CI) groups was on client
dynamics and counseling techniques. The CI group
supervisors used the tasks to help the trainees increase
their awareness of clients' feelings and reactions, and

to help the trainees develop more effective ways of dealing with clients. The emphasis of training in the experiential-accepting (EA) groups was on counselor self-awareness. Although the EA group supervisors used the tasks to help the trainees develop a greater awareness of client dynamics and counseling techniques, the primary purpose of task involvement was the development of trainee self-awareness and an understanding of self-dynamics in interpersonal interactions. It is important to point out that these two treatments were compared not only because they encompass two competing points of view but because the EA approach is normally thought of as more difficult to implement. It requires more supervisor skill to face (with a trainee) the trainee's own feelings than it does to talk about client dynamics and counselor techniques. Is the EA emphasis worth the effort?

The experimental treatments of study consisted of four basic tasks. The first series of tasks included a lecture presentation of the dimensions of facilitative counseling as defined in the work of Truax and Carkhuff and the Counselor Verbal Response Scale (Kagan, Krathwohl *et al.*, 1967), videotaped models of "expert" counseling, and exercises in rating counseling behavior. These tasks were designed to help the counselor-trainees gain an understanding of the elements of effective communication--a foundation from which they could work in developing their counseling skills. A

second series of tasks was called simulated confrontation recall. The trainees were asked to watch a film which simulated a variety of stressful interpersonal encounters. After watching the film, the trainees were asked to examine and discuss their reactions to the film. It was expected that this task would sharpen the counselor-trainee's ability to be sensitive to his own feelings as well as client feelings. It was also expected that the task would help the trainee become more capable of dealing with stressful emotional situations in an effective manner. A third series of tasks was called Interpersonal Process Recall (IPR). In this task a trainee and his client were videotaped while in counseling. When the interview was completed, the videotape was replayed for the participants. They were encouraged by an interrogator to explore the underlying dynamics of their interactions. Client recalls, counselor recalls, and mutual recalls were conducted through the course of the training sequence. In addition to helping the trainee become more sensitive to his own feelings and to client feelings, the IPR task was designed to aid the trainee gain a better understanding of the bilateral nature of the counseling relationship. A final series of tasks included group review of individual client contact. On each day of the program a different trainee was videotaped while conducting a counseling session with his client. The videotape of the session

was replayed in a group setting. The purpose of the task was to initiate discussion among the trainees and to provide models of various approaches and techniques in counseling. It was also expected that contact with "real" clients would help the counselor-trainees see the association between classroom and laboratory theory and actual clinical practice.

The trainees in this study were forty-four counselors in the Michigan Department of Corrections. Two counselor supervisors were used in the study to conduct the treatments. One was an experienced Ph.D. in counseling and the other was a doctoral student in counseling. Both had training and experience with the IPR techniques as well as with traditional counseling methods.

The experimental procedures were carried out twice. Half of the counselors in the Michigan Department of Corrections were involved in each program. Each counselor was randomly assigned to one of the two programs and one of the two experimental procedures.

A pre-post design was used to test the research hypotheses. Each of the counselors completed the Affect Sensitivity Scale pre and post-treatment. In addition, audio tapes of initial contacts with prison inmate clients were collected at the beginning and at the end of treatment for each counselor. Finally, the trainees in the first program were asked to audio record an initial

counseling interview four weeks after the completion of training. The latter tapes were to be used for delayed post-treatment comparisons of the groups. All of the tapes were rated by two independent judges (advanced doctoral students in counseling psychology) on the Affect-Cognitive, Understanding-Nonunderstanding, Specific-Nonspecific, and Exploratory-Nonexploratory dimensions of the CVRS, and on the Empathic Understanding In Interpersonal Processes Scale.

The analysis of pre to post change within groups was done by means of an analysis of variance. The results of the analysis indicated significant differences (.05 level) pre to post treatment on all measures taken as a total for the experiential-accepting training groups, but not for the cognitive-intellectual training group.

Significant differences (.05 level) were found between the groups on empathic understanding and on the understanding, specific, and exploratory dimensions of the CVRS. The EA training groups made significantly greater gains than did the CI training groups on the EUIPS and on the understanding, specific, and exploratory dimensions of the CVRS. Significant differences between groups were not found on the Affect Sensitivity Scale and on the affect dimension of the CVRS.

An analysis of variance of post to delayed post-treatment change and pre to delayed post-treatment change indicated that no significant differences (.05 level) existed between groups over time and treatment. It was noted that this analysis was based on groups of six subjects each. The small subject numbers suggested that the results of the analysis be interpreted very cautiously. An examination of the raw data indicated that, when the total pre-treatment to delayed post-treatment interval was considered, the EA training groups maintained numerically higher scores than did the CI training groups on all measures. Comparisons of between group differences on individual measures were not appropriate.

In essence, the experiential-accepting treatment had a significant overall effect on counselor performance in training. Although the two treatments did not appear to differ when the ability to perceive client feelings and reactions (as defined and measured by the Affect Sensitivity Scale) was considered, the treatments did appear to differ when counselor performance (as defined and measured by the EUIPS and the CVRS) was considered. Trainees in the experiential-accepting groups made significant gains pre to post treatment on all of the criteria taken as a total. The members of the experiential-accepting training groups made significantly

greater gains in empathic understanding and on the number
of understanding, specific, and exploratory responses
made to clients.

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A THESIS

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DEDICATION

To my wife, JoAnne.

"More..."

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JoAnne, my wife, who shares the laughter and the tears, the hopes and the disappointments; and who cares enough to understand.

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CHAPTER I

THE PROBLEM

This study will compare the effectiveness of two

approaches to counselor training. No distinction will

be made in this study between counseling and psycho-

therapy and counselor and therapist. This is based on

the work of Patterson (1966, p. 3) who has concluded:

"...There are no essential differences between counseling

and psychotherapy in the nature of the relationships,

in the process, in the methods or techniques, in goals

or outcomes (broadly conceived), or even in the kinds of

clients involved."

The effectiveness of counseling and therapy has been

seriously questioned in the past two decades. After

reviewing and evaluating the research literature dealing

with the treatment of adult neurotics, Eysench (1952,

p. 323) concluded: "The figures fail to support the

hypothesis that psychotherapy facilitates recovery from

neurotic disorder." Later evaluations led Eysench (1961;

1965) to similar conclusions. Levitt (1957; 1963) studied

the effects of psychotherapy with neurotic children. He

too concluded that treatment was ineffective. Shlien

(1966, p. 125) summarized the situation by saying:

"Continued subscription to psychotherapy is based upon
personal conviction, investment, and observation rather
than upon general evidence."

Attempts to explain why some research has failed to
demonstrate the efficacy of counseling have been made.
A number of researchers (Paul, 1967; Hoch and Zubin,
1964; Edwards and Cronbach, 1952) have pointed out the
inadequacies of research methodology and statistical
procedure. They argue that it is unfair to judge the
effectiveness of counseling services on the basis of
research that was incorrectly done. Although there is a
great deal of agreement that methodology and statistical
procedures in counseling research must be improved, an
ever increasing amount of evidence is being presented to
demonstrate that the ineffectiveness of counseling ser-
vices is the result of inadequacies in clinical and
counseling training programs (Carkhuff, 1966; Berenson
and Carkhuff, 1967; Truax, Carkhuff and Douds, 1964;
Krumboltz, 1966; Krasner, 1962). Evidence has been
produced to support the hypothesis that training programs
have generally failed to develop professionals who can
be beneficial to clients, and that such programs may
even be developing practitioners who are harmful to
clients. Carkhuff summarizes (1966; p. 360): "It is
clear that traditional counseling and clinical training

programs of all kinds have simply not established their

efficacy in terms of client benefits." If effective

training procedures were developed it is possible that

such training could be given to people other than

doctoral students in counseling programs. Carkhuff

points out:

> "Nevertheless, the overwhelming preponderance
> of systematic evidence available today indi-
> cates that the primary conditions of effec-
> tive treatment are conditions which minimally
> trained non-professional personnel can
> provide. The conditions are not the
> monopoly of doctoral training, and there is
> strong reason to believe that they are often
> not achieved in doctoral training. In some
> cases graduate training may even retard or
> contribute to the deterioration of the
> trainee's ability to offer these conditions."
> (1966, p. 364)

Other researchers (Appleby, 1963; Harvey, 1964;

Mendel and Rapport, 1963) have also pointed out that lay

counselors demonstrate counseling outcomes that are at

least as constructive to clients as their supervisors or

professional practitioners in general.

Recent research (Goldberg, 1966; Kagan, 1967)

supports the observations that a videotaping technique

called Interpersonal Process Recall (IPR) can intensify

and accelerate counselor training. IPR involves two basic

procedures. One procedure uses the video playback of a

counseling session in order to stimulate recall of the

dynamics of the client-counselor interaction. A second

procedure involves recall of simulated interpersonal
confrontations. Both procedures have been found to be
effective in helping trainees develop more facilitative
behaviors for working with clients in therapy.

One result of the IPR research was the formulation
of a theory of counselor developmental tasks. This
theory resulted in the construction of a paradigm for
counselor education and supervision. The IPR model is
used in this study as the framework within which the two
approaches in counselor training are compared.

There have been relatively few well designed,
controlled, and implemented studies assessing the efficacy
of clinical or counseling training programs (Carkhuff,
1966; Payne and Gralinski, 1968). Effective assessment
is necessary in order to make certain that trainees are
not receiving inadequate training and consequently pro-
viding inadequate services to clients.

Purpose

One way in which training programs in counseling and
psychotherapy can be categorized is to consider these
programs as emphasizing either cognitive-intellectual or
experiential-accepting (Truax, Carkhuff and Douds, 1964;
Rogers, 1957) approaches. Recent research has indicated
(Kagan *et al.*, 1963; Kagan *et al.*, 1967; Walz and
Johnston, 1963) that both types of learning can be

achieved by the use of videotaping in the training situation.

The purpose of this study is to determine the effects of each of the two approaches to counselor training, each used in conjunction with innovative training techniques, on the subsequent counseling behaviors of prison counselors. The following question will constitute the focus of this study: Is training that emphasizes cognitive learning (cognitive-intellectual) more effective in training counselors than training that emphasizes counselor personal growth (experiential-accepting).

Definition of Terms

In this study special terms are defined as follows:

(1) Counseling - in this study counseling is the relationship between a person who asks for help with a psychological problem or concern (the client or patient) and a person who is trained to provide that help (the counselor or therapist). The concern can be educational-vocational or personal-social in nature.

(2) Cognitive-Intellectual Training - an approach to counselor training. Typically emphasizes a shaping of therapist behaviors according to principles of general psychology and human interaction. That is, trainees are didactically and cognitively taught

techniques of intervention calculated to achieve specific outcomes (Truax, Carkhuff and Douds, 1964). This type of training does not suggest that the counselor's role is didactic or cognitive, only that his training for that role is of this nature.

(3) <u>Experiential-Accepting Training</u> - an approach to counselor training. Typically includes some shaping of counselor behavior but emphasizes therapist personal growth (Rogers, 1957). The trainee is required to himself experience and achieve the growth (usually affective) which he is trained to help client experience and achieve.

(4) <u>Training Program</u> - a structured series of contacts between a counselor trainee and a supervisor (an experienced counselor) designed to help the trainee become an effective professional.

(5) <u>Counselor Behavior</u> - the quantitatively measurable communications of the counselor during an interview situation.

(6) <u>Interpersonal Process Recall</u> - a series of tasks developed to intensify and accelerate counselor training. IPR uses video playback of a counseling session in order to stimulate recall of the dynamics underlying a client-counselor interaction.

(7) <u>Stimulated Recall Session</u> - a phase of the IPR procedure where the videotape of a counseling session is played back and an interrogator stimulates participant examination of the underlying dynamics of the interaction.

(8) <u>Interrogator</u> - the third person in the client-counselor relationship. The interrogator conducts the videotaped recall session for either or both of the participants. The interrogator's function is to facilitate examination of underlying dynamics, and not to establish another relationship like the one being reviewed.

(9) <u>Stimulus Films</u> - a series of vignettes depicting various kinds and degrees of emotional situations. A videotaped playback of the trainee's reactions to the vignettes is used in order to stimulate recall in the trainee of his reactions to and means of dealing with the emotional situations. The films contain four emotions varying in degree from mild to very intense. The emotions are hostility, affection, fear of hostility, and fear of affection.

<u>Basic Hypotheses</u>

The hypotheses to be tested are:[1]

(1) There will be significant growth in the counseling behavior of counselors exposed to an experiential-

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[1]Hypotheses will be formally stated in testable null form in Chapter IV.

accepting emphasis in training when that behavior is rated by expert judges on the dimensions of facilitative communication.

(2) There will be no significant growth in the counseling behavior of counselors exposed to cognitive-intellectual emphasis in training when that behavior is rated by expert judges on the dimensions of facilitative communications.

(3) Counselors exposed to training emphasizing experiential-accepting learning will respond to clients with significantly more empathic understanding than do counselors exposed to training emphasizing cognitive-intellectual learning when such understanding is rated by expert judges on the dimensions of empathic understanding in interpersonal relationships.

(4) There will be significantly more growth in the counseling behavior of counselors exposed to the experiential-accepting emphasis in training than in the behavior of counselors exposed to the cognitive-intellectual emphasis in training when such behavior is rated by expert judges on the dimensions of facilitative communications.

(5) There will be no significant difference in sensitivity to client affect as measured by the Affect Sensitivity

Scale between counselors exposed to an experiential-
accepting emphasis in training and counselors exposed
to a cognitive-intellectual training emphasis.

(6) Counselors exposed to training which emphasizes
experiential-accepting learning will maintain signifi-
cantly higher levels of empathic understanding and
facilitative counseling behaviors than will counselors
exposed to training which emphasizes cognitive-
intellectual learning when such behaviors are rated
by expert judges.

Assumptions

The basic assumptions of this research are:

(1) Behavior can be measured and changes in behavior
determined.

(2) Judgments about counselor performance can be validly
made from audio tapes of random samples of behavior
taken from a total interview session.

(3) The random selection of twenty responses from the
middle third segment of the total interview con-
stitutes a representative sample of the quality and
productivity of the total interview.

(4) Judgments on counselor affect sensitivity can be
validly made through objective standardized testing.

(5) Other elements, i.e., motivation to learn counseling,
problem presented by client, education and experiences
of trainee, ability to benefit from group training

experience, will tend to distribute their effects
randomly throughout the treatment groups, if the
group members are randomly assigned.

(6) The counselors used in this study are similar to
prison counselors in other parts of the country.

Theoretical Framework

The theoretical framework for the training procedures
to be used in this study is a synthesis of concepts in
counseling theory and functionalism in learning theory.
The concepts apply to both approaches. The operational
difference between the methods is a matter of emphasis.
That is, the cognitive-intellectual training model
follows the paradigm and tasks outlined below but
emphasizes the need to understand client feelings and
problems and de-emphasizes the need for a counselor to
account for his own feelings and needs in the counseling
interaction. The experiential-accepting approach follows
the paradigm but emphasizes the necessity for the counselor
to be aware of his own needs and feelings as well as the
needs and feelings of the client in counseling.

At least four major developmental tasks have been
identified in the counselor training process. The
counselor must accomplish these tasks if he is to become
effective in his interpersonal communications (Kagan,
Krathwohl *et al.*, 1967). The tasks are defined as:

(1) <u>Achieving an awareness of the elements of effective counseling (communication)</u>. The trainee must recognize the implementation of theory into practice and understand the elements of an effective interpersonal communication. This is the basis of the counselor's operational definition of counseling. Without such a definition the counselor flounders, not knowing how or when he can most effectively use his responses. All of the factors that determine a facilitative interpersonal experience have not as of yet been completely delineated or operationalized. Researchers (Rogers, 1951, 1957; Carkhuff, 1966, 1967) have identified several conditions, however, that are necessary (though perhaps not sufficient) for a facilitative client-counselor encounter. Gottesman (1962), Fleming (1953), Fleming and Hamburg (1958), Adams (1964), and Truax, Carkhuff and Douds (1964) emphasize the need for counselor trainees to have a model of therapy rated high in therapist-offered conditions. The model would serve as a framework within which the counselor could evaluate his own therapy during and after practicum.

(2) <u>Achieving an awareness and sensitivity to all relevant aspects of client communication</u>. The critical importance of counselor sensitivity to client verbalization is basic to counseling but sensitivity

to all of the dimensions of client communication has become increasingly apparent in recent years. The counselor has become aware of the necessity to develop a "third ear" in counseling as well as a "third eye." The meaning of client postures and gestures has become data as relevant to the counseling process as the verbal symbols presented to the counselor (Hamlin, 1966). The training practicum must sensitize the counselor to perceive and understand the total presentation of the client. Kagan, Krathwohl *et al.*, (1967) summarize by saying:

> "...Both clinical experience and experimental investigations into kinesics and linguistics have led to the recognition that more occurs during a counseling session than an inter-personal interchange based solely on the lexical meaning of verbal communication. Although it is obvious that the counselor must be aware of the cognitive aspects of the client's problems he must also be cognizant of the connotive implications and affective themes permeating such client behaviors as body movements, posture, hand gestures, eye movements, tone of voice, and rate of speech. In essence, the counselor must be trained to hear with a third ear. Indeed, all the counselor's training in human behavior and dynamics goes for naught if he lacks such critical perceptive ability." (p. 39)

(3) Achieving an awareness of and sensitivity to one's own feelings. The counselor must be aware of his own feelings for two reasons. First, the counselor must be cognizant of the subtle ways in which he communicates his feelings to the client. Second, the

therapist is better able to understand client feelings and problems if he is sensitive to and aware of his own affect. One way of achieving sensitivity to self occurs through involvement in counseling as a client. Dewey (1916, p. 390) stated that all learning "is an active personally conducted affair." A person learns by involving himself as an individual in the process of understanding. In counseling, the theory is functionalized when the trainee learns about counseling by being actively involved in the process of counseling itself (Betz, 1963). The counselor must have a depth of understanding about himself in order to make the best use of his cognitive learnings and personal experiences when dealing with clients (Carkhuff, 1967; Arbuckle, 1963). Arbuckle (1968, p. 434) states: "Any core of knowledge should be related to, and built around actual clinical practice, in which the major question is 'Who is me?' rather than 'Who is he?'" The counselor trainee might well first be a counselee, experiencing the same feelings and changes as a counselee, in order to be facilitative with clients.

(4) Achieving an awareness of the bilateral nature of the counseling interaction. The trainee must understand the importance of the here and now experience between himself and the client in order to help the client

learn about his typical behaviors and how the behaviors
might be modified. This observation is maintained by
theorists who otherwise differ in major ways in their
thinking on counseling process, e.g., those who feel
that the counselor is a shaper or reinforcer of
desired behavior (Alexander, 1963; Shoben, 1949; Allen,
1967; Blocher, 1967; Krumboltz, 1966a, 1966b, 1967;
Shaffer and Shoben, 1956; Whitely and Allen, 1968) and
those who see the counselor as a person who provides
an atmosphere for non-threatening exploration of
thoughts and feelings (Foreman, 1967; Rogers, 1957;
Truax, Carkhuff and Douds, 1964; Kell and Mueller,
1966; Sullivan, 1953). All of these theorists point
out that client and counselor have a reciprocal
impact upon one another and that each is a stimulus
to the other in eliciting the activities of ongoing
counseling sessions. Kell and Mueller (1966)
summarize the point:

> "The course of a developing counseling
> relationship is one in which the counselor's
> stimulus value triggers response patterns
> in the client, which, in turn, have an
> impact on the counselor. The reciprocal
> impact of these responses is effecting
> behavioral responses in the participants
> at a number of levels... As the client
> continues to relate to his counselor, his
> responses are increasingly governed by and
> specifically related to this particular
> relationship... Consequences of the
> developing relationship also manifest
> themselves in the client." (p. 21).

The client-counselor relationship may be typical of other relationships that the client has in the environment. The relevant dimensions of the counseling relationship may, then, serve as the laboratory sample from which the client's difficulties can be determined and evaluated and, modifications in behavior explored and tested out.

The Training Program

The training program developed for this study consists of four series of tasks. Each exercise is designed to promote "learning" of one or more of the developmental sub-tasks in the counselor growth schema which serves as the basis of this research.[2]

The first series of tasks is designed to help counselors gain an understanding of the elements of effective communication. The tasks include a lecture presentation of the dimensions of facilitative counseling as defined in the work of Truax and Carkhuff and also the dimensions and concepts of the Counselor Verbal Response Scale (Kagan, Krathwohl *et al.*, 1967)[3], videotaped models of "expert" counseling, and exercises in rating counseling behavior. All of these tasks are didactically presented.

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[2]The different ways in which the cognitive-intellectual and experiential-accepting groups will deal with the training exercises is described in Chapter III.

[3]A detailed description of the lecture material presented to the trainees is found in Appendix I.

That is, a training supervisor presents the material to the trainees and points out the relevant aspects of the presentation that should be noted by each counselor. Although the trainees are allowed to raise questions or argue certain points of information, the supervisor presents the material as fact. The object of presenting these tasks in this manner is to provide the trainees with a stable foundation from which they can work in developing their counseling skills. It is expected that these tasks will aid the counselors in: (a) operationally defining facilitative counseling behavior, (b) determining how and when responses can be most effectively used in the counseling interaction, (c) developing a framework from which "good" and "bad" communications can be evaluated, and (d) establishing a guide which each therapist can use in judging his own behavior.

A second series of tasks is simulated confrontation. The trainees are shown a film which simulates a variety of stressful interpersonal encounters. After watching the film, the counselors are asked to respond to what they saw. The trainees can be asked to respond in either a cognitive-intellectual or experiential-accepting manner to the film. If cognitive-intellectual "learning" is emphasized the trainee is asked to focus on what the filmed "client" was saying and feeling and on how a therapist might most effectively respond to the client.

It is expected that dealing with the task in this way
will sharpen the counselor's ability to be sensitive to
client feelings. The counselor also receives practice
in dealing with difficult situations during the coun-
seling interview. If experiential-accepting "learning"
is to be emphasized the counselors are asked to recall
their own thoughts, feelings, and reactions to the film.
It is expected that the experiential-accepting focus
will enable the trainees to more easily and accurately
identify and deal with their own feelings and behaviors.
The counselor receives reinforcement for access to
feelings and openness. He overcomes his fears of dealing
with stressful emotional situations. Simulated confron-
tation promotes such awareness because it provides the
trainee with a chance to explore his reaction to inter-
personal threat from a position of safety. The situation
that the counselor is reacting to is simulated, not
"real". The trainee can, therefore, have his emotions
and explore those emotions without having to be responsible
for the consequences of his reactions. In the process of
exploring his own feelings the counselor may also deal
with client feelings and effective ways of responding
to clients who present special difficulties in the
counseling interaction.

The third series of tasks is called Interpersonal
Process Recall (IPR). In this task a client and counselor

are videotaped while conducting a counseling session.
When the session is concluded a third person, called
the interrogator[4], conducts a recall of the interview.
The interrogator's function is not to establish another
relationship like the one being reviewed but to facilitate
exploration of the underlying dynamics of the interaction.
The interrogator may conduct <u>client recall</u>, <u>counselor</u>
<u>recall</u>, or <u>mutual recall</u>. During client recall the
counselor leaves the counseling area and watches the
interrogator-client interaction. A client often cannot
relate certain feelings that he was having during the
interview to the counselor directly because the counselor
may have been the object of those feelings. If the
counselor conducts a recall of the session, the client
may still avoid the feelings he was having toward the
counselor. The interrogator can by-pass this difficulty
by reviewing the videotape without the counselor in the
room, by not establishing another client-counselor
relationship, by focusing the client on the videotape,
and by limiting discussion to what had gone on during the
counseling session. By functioning in this manner the
interrogator moves the client to a greater understanding
of his "here and now" behavior with another person. By
watching the recall the counselor can gain a greater

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[4]A detailed description of the interrogator role is
found in Appendix II.

awareness of relevant client communications and how a client might express his feelings. During counselor recall the client is asked to leave the counseling room and the interrogator replays the videotape of the interview with the counselor. The usual IPR procedure is to focus the counselor on his own thoughts, feelings, and reactions during the session, e.g., provide an experiential session for the trainee. It is expected that the counselor will achieve a greater awareness of what is happening "here and now" between himself and the client, and that he will gain a greater understanding of his own dynamics as a person. In the mutual recall procedure the video replay is conducted with both client and counselor. Initially the counselor is asked to take a passive role during recall. As the client begins to identify affectual material, the interrogator begins to involve the counselor by asking him to comment on what he had felt or thought during the videotaped counseling session. As the client and counselor begin to communicate and explore their feelings and reactions during the videotaped session, the interrogator takes a less active role. When client and trainee begin to discuss the "here and now" of the recall session instead of the "there and then" of the videotaped session the videotape is stopped, the monitor turned off, and the interrogator withdraws completely from the session. This task helps the therapist recognize the bilateral

nature of the counseling relationship. Both counselor recall and mutual recall can be presented to the trainee as cognitive tasks (as opposed to experiential, self-understanding tasks). With both types of recall the interrogator can focus solely on client feelings, disregarding counselor feelings. This orientation to the tasks would help the counselors gain a greater awareness of client feelings and reactions. Counselor self-understanding would, however, be minimized.

A final series of tasks in this study include group review of counseling and individual client contact. Each trainee will be assigned a client for counseling for one hour a day for the duration of the training program. Each counselor will have at least one of these sessions videotaped and reviewed in a group setting (in addition to the IPR procedure outlined above). The group review will allow each therapist to receive a variety of feed-back on his counseling behavior, the opportunity to hear how others might deal with the problems he is facing, and the opportunity to compare his counseling behavior with the counseling of the other trainees. Contact with "real" counseling clients is expected to provide trainees with a chance to try out new counseling approaches and to identify problems that still prevent them from being effective communicators.

Table 1.1. The relationship between the training program
exercises and the counselor developmental
tasks.

Counselor Developmental Task	Training Exercise Relevant to Task Development
Achieving an awareness of the elements of effective communication	Lecture presentation; "expert" counseling models; rating exercises; group review; individual client contact.
Achieving an awareness and sensitivity to all relevant aspects of client communication.	Simulated interpersonal confrontation; client recall; group review.
Achieving an awareness of and sensitivity to one's own feelings.	Counselor recall; simulated interpersonal confrontation; mutual recall.
Achieving an awareness of the bilateral nature of the counseling interaction.	Mutual recall; simulated interpersonal confrontation; counselor recall; "expert" counseling models.

Overview

A review of the literature pertinent to counselor

training is found in Chapter two. Chapter three contains

the procedures and design to be used in this study, and

the statistical procedures to be used in the analysis of

the obtained data. Results of the statistical analysis

are presented in Chapter four. Conclusions, summary, and

implications are discussed in Chapter five.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The theoretical background for this study was
presented in Chapter I. Chapter II contains a review of
the literature of the following areas relevant to the
study: (1) counselor development; (2) the role of self-
understanding and cognitive learning in the training
process; (3) stimulated recall in counselor education;
(4) simulation as a training device; (5) role playing;
and (6) the use of group procedures in training.

Counselor Development

Before the relative effectiveness of counselor
training procedures can be investigated, it is necessary
to determine whether the training of counselors is in
fact possible. The question has not been entirely resolved
in the research literature. Studies citing both positive
and negative results can be found, although the majority
of recent work seems to suggest that the results of
counselor training have, for the most part, been negative.
Two obstacles seem to prevent a satisfactory evaluation
of training programs: (1) the disagreement of various
schools of counseling on the goals and purposes of

counseling and (2) the inability to operationalize the definitions that do exist in such a way as to effectively measure whether the goals have been attained (Whitely, 1967; Truax, 1967).

The counselor has been defined as having one of two functions, i.e., as a <u>social reinforcer</u> (or agent of behavioral change), or as a facilitator of client self-understanding.

The Counselor as a Social Reinforcer

Proponents of this position (Krumboltz, 1967; Krasner, 1962; Shoben, 1949) believe that the primary purpose of counseling is to help the client deal more effectively with his environment. They feel that the goals of counseling can be formulated in terms of observable behavioral changes, and that training should focus on helping counselors develop a variety of methods for effecting behavioral change in clients.

Blocker (1967) indicates that the "historical" or "insight" approach in therapy has limited the behaviors and consequently the influence that a counselor can exert on his client. Calia (1966) states that it is not necessarily true that talk is the primary vehicle of the client and counselor's work; or that self-exploration is the *sine que non* of therapy. They suggest that the counselor's work should include (a) helping a client

define the problems that he is experiencing, (b) deter-
mine the behaviors that the client must engage in if the
problems are to be solved, and (c) encourage the client
to engage in those problem solving behaviors. Allen
(1967) indicates that positive client gains occur most
dramatically when the counselor, working from the
framework of an S-O-R theory, incorporates techniques of
persuasion, conditioning, reinforcement, and motivation.

Attempts to demonstrate the efficacy of this treatment
approach have generally met with little success. A study
conducted by Winkler *et al.* (1965) appears to be
representative of the research in this area. Winkler *et
al.* randomly assigned 121 fourth graders, classified as
underachievers, to five treatments: (1) individual client-
centered counseling; (2) client-centered group counseling;
(3) a reading instruction group; (4) a Hawthorne control
group; and (5) a no treatment control group. Change in
grade point average was the criterion of success in the
study. It was hypothesized that the reading instruction
group would be the only group to show a significant
increase on the criterion measure. Pre-post program
comparisons revealed no significant differences between
the treatment groups. The only group to show improvement
was the no treatment control group. One question raised
is whether the lack of difference between treatments is

the result of the treatments, the criterion used, or a combination of both factors.

A number of researchers (Zax and Klein, 1960; Krumboltz, 1966) have noted that research using behavior change as a measurement criterion has encountered one major difficulty, i.e., finding a unit of behavior that is meaningful and representative of a wide range of functioning, yet circumscribed enough to be reliably measured. Krumboltz (1967) has noted that studies that have used behavior change as a measurement criteria have used behavioral units that are either (1) too gross and dependent upon a large number of factors beyond the control of treatment procedures, or (2) too specific and inapplicable for a wider evaluation of the treatment processes.

It appears that the methodological difficulties in measurement prevent an adequate evaluation of the counselor in this role.

The Counselor as a Facilitator of Client Self-Exploration

Those who advocate this counselor function (Truax and Carkhuff, 1964; Blau, 1953; Seeman, 1949) believe that the primary purpose of counseling is to provide the client with the opportunity to explore his own feelings, attitudes, and thoughts. They indicate that more successful clients tend to increase explorations of their feelings, thoughts, and problems, while less successful clients tend to

decrease the level of their self-explorations. Truax and
Carkhuff (1967) make the point:

> "In successful therapy, both individual and
> group, the client spends much of his time
> in self-exploration - attempting to under-
> stand and define his own beliefs, values,
> motives, and actions, while the therapist,
> by reason of his training and knowledge,
> is attempting to facilitate this
> process." (p. 189)

Rogers (1954) conducted a study in which ten subjects
were exposed to an average of 19 client-centered
individual therapy sessions. Two control groups were
used: (1) the subject group during a waiting period prior
to the beginning of therapy, and (2) a group of individuals
not involved in therapy. At the end of therapy, ratings
were obtained on each client from two friends, from the
client himself, and from the client's counselor. These
ratings were compared with self and friend ratings
obtained on each person in the two control groups. Rogers
reported that, where therapy was judged to be successful,
an observable change toward more mature behavior was seen
in the client by his friends, by himself, and by his
counselor. When therapy was not judged to be successful,
deterioration in the maturity of client behavior was
noted.

This type of research has been criticized on the
grounds that results have been derived from a single
therapeutic approach (client-centered), and measurements
have been obtained by researchers disposed toward the

client-centered theory. Researchers less dedicated to
the client-centered precepts have generally been unable
to find support for the relationship between client self-
exploration and success in therapy. For example, Vargus
(1954) measured the increases in self awareness in ten
subjects exposed to individual client-centered therapy.
Each subject was seen for at least nine but no more than
41 sessions. At the end of therapy, every client was
rated on five criteria instruments: (1) counselor
ratings; (2) TAT ratings based on the Freudian theory of
psychosexual development; (3) a Q-sort adjustment score;
(4) TAT ratings based on a mental health scale (Dymond,
1954); and (5) a client self-awareness scale. The TAT
(psychosexual development) ratings were done by
psychoanalytically-oriented clinicians; the Q-sort adjust-
ment ratings were done by non-client-centered eclectic
clinicians; and the TAT (mental health) ratings were done
by client-oriented therapists. Each client evaluated
himself on the client self-awareness scale. Vargus
reported that the ratings done by the client-centered
therapists indicated a positive correlation between
success in counseling and increasing self-awareness, that
the ratings done by the non-client-centered eclectic
counselors indicated no correlation between success in
therapy and self-awareness, and that ratings done by the
psychoanalytically-oriented therapists resulted in a

negative correlation between level of self-awareness and
success in counseling. A question arises as to whether
the results indicate basic weaknesses in the criteria
measures or rater bias. The research literature provides
no answers to the problem.

It appears that methodological difficulties prevent
an adequate evaluation of the counselor as a facilitator
of client self-exploration.

The Role of Self-Understanding and Cognitive Learning in the Training Process

Differences in conceptualizing the role of the
counselor has led to differences in defining the goals of
training. Those who view the counselor as a social
reinforcer emphasize training that promotes the develop-
ment of cognitively taught communication and information
skills (Shoben, 1949; Wolberg, 1954; Ivey *et al.*, 1967).
Other researchers, who perceive the function of the
therapist as that of a catalyst for client self-exploration,
advocate training in which the emphasis is on the
development of counselor self-understanding (Rogers,
1957; Foreman, 1967; Arbuckle, 1963, 1968; Fiedler, 1950).

Cognitive Learning as a Training Goal

The cognitive learning approach to training assumes:
(1) that effective counseling behavior is characterized
by communication and information skills that can be

cognitively taught, and (2) that those skills can be applied in the context of a counseling relationship in such a way as to either produce new learnings in the client, or reinforce those existing client behaviors, which promote resolution of the difficulties being experienced by the client (Foley and Adams, 1970; Krumboltz, 1966). The goal of this training is the development of "behavioral engineers" whose job it is to "arrange the rearrange the environment in order to bring about desired changes in behavior (Bijou, 1966).

A number of studies have been conducted which support the hypothesis that trainees exposed to a cognitive training program can develop communication and information skills considered important in therapy. A series of studies conducted by Ivey, Normington, Miller, Morril and Hause (1968) appear to be representative of this research. Ivey *et al.* (1968) attempted to evaluate the development and effect of three skills taught according to a microcounseling model. The skills were: (a) attending behavior - included eye contact, counselor posture, and counselor movements and gestures; (b) reflection of feelings; and (c) summarization of feelings. The subjects of the study were dormitory counselors and beginning counselors in guidance at a Western college. The subjects were broken down into three groups, each group concentrating on one of the three skills. Six basic

exercises were used in the program: (1) five minute
videotaped interviews with clients; (2) readings and
discussions of the skills; (3) viewing video models of
the skills; (4) supervision of the counselors using the
videotapes of the client-counselor interviews; (5) role-
playing exercises which were videotaped and discussed;
and (6) supervision of the counselors using the video
tapes of the role-playing exercises. Three evaluation
procedures were used: (1) the counselors' videotaped
interviews were rated for the appropriate skills by two
independent judges; (2) at the conclusion of the five
minute interviews, each client rated his counselor on
a semantic differential scale, a counselor effectiveness
scale, and on a relationship scale; and (3) at the end
of the five minute interviews, each counselor in the
reflection of feeling program and the summarization of
feeling program completed a semantic differential scale,
a self-concept scale, and an accurate reflection of
feelings scale. Test results indicated that, for those
in the attending behaviors program, client-counselor
eye contact increased significantly. No differences
were observed in counselor postural positions or body
movements and gestures. Client ratings of the counselors
in the reflection of feelings program and the summarization
of feelings program indicated that the trainees' ability
to establish and maintain relationships increased

significantly over the course of the programs. The judges' ratings of the counselors in these programs indicated significant increases in the reflection and summarization skills.

It appears that beginning counselors can be cognitively taught communication and information skills. It is unclear, however, if the acquisition of these skills is related to effectively helping a client resolve the problems he is experiencing. No evidence has been found in the literature to show that a counselor taught attending behaviors, reflection of feelings, or any other specific skill is better able to help his client deal with the concerns that bring him to a counselor. The lack of such evidence makes it difficult to assess the role or value of the cognitive approach to counselor training.

Self-Understanding as a Training Goal

The major assumption underlying the self-understanding approach to training is that effective counseling depends on the nature of the helper's attitudes and his ways of perceiving himself, his client, and the goals that he has as a counselor (Rogers, 1957; Patterson, 1964). The use of a specific technique or the adherence to a particular theory of counseling is considered unimportant since the counselor's effectiveness is believed to rest on his

ability to understand and evaluate his own attitudes and experiences. The goal of training is seen as providing the trainee with the opportunity to develop the openness and honesty to understand and evaluate his attitudes and experiences. Rogers (1957) states:

> "The student should develop his own
> orientation to psychotherapy out of his
> experiences. In my estimation every
> effective therapist has built his own
> orientation to therapy within himself
> and out of his own experiences with his
> own clients or patients. It is quite
> true that this orientation as finally
> developed may be such that it closely
> resembles that of others, or closely
> resembles the orientation to which he
> was exposed. Nevertheless, the response
> made by the effective therapist in his own
> interviews are not made in a certain way
> because that is the psychoanalytic way,
> or the client-centered way, or the
> Adlerian way. They are made because
> the therapist has found that type of
> response effective in his own experience.
> Likewise, he does not put on certain
> attitudes because they are the attitudes
> expected of an analyst or client-
> centered therapist or an Adlerian. He
> discovers and uses certain attitudes in
> himself which have developed because they
> have been rewarded by the effective out-
> come of earlier experiences in carrying
> on therapy. Thus the aim of a training
> program in therapy should be to turn out
> individuals who have an independent and
> open attitude toward their own experience
> in working with clients. If this is
> achieved, then they can continually
> formulate and reformulate and revise their
> own approach to the individuals with whom
> they are working in such a way that their
> approach results in more constructive and
> effective help." (p. 87)

Although most of the literature has been theoretical and descriptive in nature, a number of experimental studies have been conducted (Boehm, 1961; Towles, 1962; Wessel, 1961; Patterson, 1964) which generally support the hypothesis that training in which self-understanding is emphasized can lead to positive change in counselors' attitudes toward self and others. As an example, Hurst and Jensen (1968) exposed three groups of subjects to three types of experiences. The subjects of the study were "house counselors" at a residential school for eighth grade boys. None of the subjects had ever been involved in counselor education courses. The first group, designated the "theory methodology" group, participated in an eleven week program consisting of selected readings in the theory and methods of counseling. A weekly seminar was also conducted for the group. The sessions consisted of didactic reviews of counseling theory, role playing exercises, and listening to tapes of counseling conducted by "expert" counselors of various counseling orientations. At the same time, the second group of subjects, referred to as the "personal growth" group, was involved in a Relationship Improvement Program developed to promote better understanding of self and others, a greater appreciation of self and others, an appreciation of one's potential, and an ability to apply the new learnings and abilities to real life situations. The program was ten

weeks long. The group participated in weekly T-group sessions designed to enhance the learnings of the Relationship Improvement Program. A third group, designated as a no-treatment control group, received no training at all. The members of the control group functioned in a routine way, carrying out staff duties and student contact responsibilities. Three self-report inventories were administered to the subjects in a pre-post design. The inventories were: (1) the Berger Scales of Expressed Acceptance of Self and Others; (2) the Attitude Toward Self (As) and Attitude Toward Others (Ao) scales of the MMPI, and (3) the Self Acceptance and Other Acceptance Scales (Butler and Haigh, 1954). Clients seen by the trainees were pre and post tested on measures of intellectual achievement, personal and social adjustment, and self-acceptance. Test results indicated that the trainees in the personal growth group showed significant increases in self acceptance and acceptance of others. No significant increases on these dimensions were noted in the theory methodology and control groups. None of the clients seen by the trainees made any changes in intellectual achievement, personal and social growth, or self-acceptance.

It has been noted that research in this area has demonstrated little or no support for the assumed

relationship between counselor self-understanding and successful counseling outcomes, however measured (Krumboltz, 1967). While the research demonstrates that counselor attitudes toward self and others can be changed in a positive direction, there has been little evidence that attitudinal changes in the counselor result in more effective counselor performance. The difficulty is similar to that noted with the research on training which emphasizes cognitive learning. As in that case, the lack of such information makes it difficult to assess the role or value of this approach to counselor education.

A number of researchers (Carkhuff, Truax and Douds, 1964; Demos and Zuwaylif, 1963; Hansen and Barker, 1964; Jones, 1963; Berensen and Carkhuff, 1967) have suggested that neither self understanding or cognitive learning of communication and information skills alone are sufficient ingredients in the training process. They suggest that an integrated training curriculum should be established. The integrated program would provide for the development of counselor self-understanding through the supervisory process and the development of communication and information skill learning through modeling, rating, etc. A number of studies (Truax, 1963; Truax and Carkhuff, 1964a, 1964b, 1965a, 1965b) have indicated that both self-understanding and a knowledge of communication and information skills are important in the counseling

situation. For example, four characteristics in the counselor have been measured and demonstrated to be related to the outcomes of counseling (Patterson, 1967). These conditions are: (1) empathy, or the ability to understand accurately the clients' inner experiences; (2) unconditional positive regard, or nonpossessive warmth and acceptance of the client; (3) self-congruence, or genuineness in the counseling relationship; and (4) concreteness, or specificity of expression. It appears that the nature of these conditions might demand both self-understanding and communication and information skills. The literature indicates that a program of counselor self-understanding can modify attitudes of the counselor in the direction of greater acceptance of self and others. A trainee exposed to such an experience might be better able to relate to a client in a self-congruent, warm, and accepting way. The teaching of communication and information skills might help the counselor respond to clients in an empathic and concrete manner. Although studies such as those cited above support the efficacy of an integrated training curriculum, no research was found that operationalized and evaluated an integrated training approach.

Stimulated Recall in Counselor Education

A variety of videotaping techniques have been used in the supervision and training of counselors and psychotherapists.

The use of the technique provides at least three ad-
vantages: (1) <u>enhancement of the supervisory process</u> -
Gruenberg, Liston and Wayne (1969) point out that
videotaping helps the supervisor become a more effective
consultant to the trainee. The more specific, first-
hand knowledge that the supervisor can have about the
client who has been videotaped the more likely is the
supervisor to be a co-therapist in the treatment. The
trainee benefits since the supervisor is better able to
help him arrive at a "therapeutic result." The client
benefits since the supervisor protects him from the
therapist-trainee's non-facilitative behaviors; (2) <u>under-</u>
<u>standing interview dynamics</u> - Schiff and Revich (1964)
and Suess (1966) state that videotaping helps the trainee
get a more clear understanding of the multitude of
dynamics that can occur in the therapy situation. They
point out the special value of this technique with non-
verbal communication occurring in the counselor and
client. This area is available to the trainee for study
in a way that was not formerly possible with audiotaping
or note taking; (3) <u>development of insight</u> - Waltz and
Johnson (1963) and Landsman and Lane (1963) conducted
separate studies which indicated that trainees who viewed
videotapes of their counseling interviews gained new
understanding into their own dynamics and behaviors.
Although there was no indication of what the new

understandings meant in terms of later counseling behavior,
it was assumed that such learnings might be beneficial in
the training process.

The stimulated recall technique used in this study
is part of the Interpersonal Process Recall (IPR) method
developed by Kagan *et al.* (1967). The method has its
origins in the work of Bloom (1954), who used stimulated
recall to examine the thought processes of students, and
Nielsen (1962), who studied perceptual change as a func-
tion of self-confrontation.

The uniqueness of the IPR method is that it provides
the counselor with immediate feedback on his therapy
behavior as well as role structures for counselor self-
discovery. It is this approach to video feedback which
serves as the stimulus for the counselor's investigation
of the underlying dynamics of his behavior with the client.

In the original research done by Kagan in counselor
education, the following procedure was used: a counselor
and client were videotaped in a counseling session.
Immediately after the interview, the counselor left the
room and a third person, called the interrogator, entered
the room. The playback of the interview was started. The
videotape could be stopped or started at any point by
either the interrogator or the client, by means of a
remote control switch. The purpose of the playback was
to help the client explore the underlying dynamics of the

counseling interaction. After the recall session was completed, the counselor listened to an audio tape of the recall and then watched the videotape of the interview. This procedure was compared with (1) traditional supervision (supervisor and trainee review an audio tape of an interview), and (2) traditional supervision after the interview was videotaped. No differences were found between treatments. Later investigations indicated that a crucial element in an effective training procedure was not just feedback for the counselor-trainee but a sequence of experiences each designed to help a trainee learn a specific but dynamic counselor attitude or skill. Kagan *et al.* also found that if trainees observed and participated in the interrogation sessions, statistically significant gains could be derived from the use of videotaping in training. Observation and participation in the recall procedure made it possible for a trainee to get a greater understanding of the client and the relevant aspects of his presenting problem. The trainee could also learn directly about the fears and aspirations that the client had about him. In this way the trainee began to understand the client's actions in the interpersonal encounter, and the trainee began to realize some of his own reactions and feelings toward the client.

A question arises as to what effect videotaping has on the client-counselor interactions. Moore *et al.* (1965)

have noted that anxiety levels increased in hospitalized psychiatric patients who viewed themselves on videotape, but they also report that the use of videotaping in therapy promoted significant client gains. Poling (1968) examined the effects of videotaping in three different environments and found that anxiety levels increased in both counselors and clients during videotaping. He noted that counselor anxiety levels were higher than those of clients, and that clients saw videotaping as less threatening and more conducive to counseling than did counselors. Poling concluded that, although video-taping increased participants' anxiety, the physical environment had little effect on the success of the counseling interview, if counseling was conducted in a progressional manner. Kagan *et al*. (1967) have observed no differences in the anxieties of clients and counselors when they are videotaped or when they are not being videotaped.

Goldberg (1967) evaluated the concept that "counselor developmental" tasks can be effectively implemented by the use of television in counselor supervision. In Goldberg's study, 18 trainees received six supervisory sessions structured in the traditional manner, while 18 trainees received six supervisory sessions structured using IPR methods. Once a week each trainee interviewed a client for 30 minutes. The members of the traditionally

supervised group audio recorded their counseling sessions, and immediately after the interview, spent 60 minutes with their supervisors reviewing the audio tapes of the sessions. The members of the IPR group had their counseling interviews videotaped. Immediately after the sessions were completed, recalls were conducted. During the first two supervisory sessions a 15 minute client recall was conducted by the supervisor while the trainees watched through a one-way mirror. This was followed by a 45 minute counselor recall led by the supervisor. During the third and fourth supervisory sessions the counselors paired up and conducted client recall sessions for one another. During the fifth and sixth supervisory sessions the counseling interviews were followed by a 60 minute client recall session, with supervisor and trainee participating in the session. Pre and post audio tapes of initial counseling sessions were obtained for subjects in both groups. Those subjects in the IPR group were found to have significantly improved in counselor performance when compared to the traditionally supervised trainees. Members of both groups were rated as more affective, understanding, specific, exploratory, and effective, but the IPR group change was significantly greater than the control group change.

In summary, it appears as if videotaping can be an effective tool for counselor education if playback and

recall are structured in such a way as to implement a counselor education theory, provide immediate feedback to the trainee, and maximize the opportunity for exploration of underlying dynamics.

Simulation as a Training Device

Simulation has been used for many years in military and industrial training (Kersh, 1965). In addition to protecting human lives and valuable equipment, e.g., astronaut training (Kersh, 1963) simulation can reduce training time as well as broaden the scope of learning (Greenlaw, Huron and Rawdon, 1962). Simulation reduces training time by allowing trainees to increase their involvement in the decision making process. After making a decision in a simulated situation, the trainee can receive immediate feedback on the results of his decision. The positive and negative aspects of the decision can be immediately examined. Learning is more quickly accomplished since the trainee does not have to wait for the results of his decision to evolve, as is the usual case in the "real world." Simulation also broadens the scope of learning by allowing participants to make a greater variety of responses or decisions about a problem. Greenlaw *et al.* indicate that every decision or response made by an individual leads to some ramifications in the environment. For example, a person who makes a good decision may

reap positive benefits from his response, while a poor
decision might mean a financial set back, loss of a pro-
motion, marital discord, etc. Part of the difficulty in
the decision making process is the fear of the
ramifications of a decision for the present or the future.
Those who deal with others often fear the consequences of
their decisions on the lives or careers of the people who
they are trying to help. A decision made in a simulated
situation does not usually present the decision maker
with the possibility that his response will lead to
negative consequences. The simulated situation offers the
participant the opportunity to make and examine a number
of decisions free from much of the fear of negative con-
sequences.

Most of the work done on the development of simulation
techniques for training has been on teacher education.
Simulation has been used to: evaluate the impact of
individual or innovative approaches in the teaching
process (Fattu, 1965); develop methods of assessing pupil
functioning levels (Utsey, Wallen and Beldin, 1966);
develop categories for the classification of different
behaviors (Wallen, 1966); and prepare student teachers
to handle different classroom behaviors (Gustafson, 1969).
Delaney (1969) believes that such goals are meaningful to
counselor education. He has concluded that:

1. Simulation is effective as an instructional technique;

2. The use of a television monitor for stimulus presenta-
   tion is appropriate;

3. Realism is not a primary requirement for the transfer
   of learning;

4. Simulation positively affects actual performance;

5. Simulation provides economy of time and reduces long-
   term expense;

6. The application of stimulation techniques to counselor
   education has shown to be feasible and effective (p. 185).

Despite such "testimonials", there has been little
research into the development of a simulation technique
for counselor education. Of the work that has been done,
most involves the use of simulation in the therapy pro-
cess. Kagan *et al.* (1967) have developed a series of
video vignettes which portray emotional situations which
typically concerned the client in the counseling relation-
ship.[1] These concerns are: (a) that the counselor might
hurt or reject him, (b) that the counselor might make an
affectionate, dependent, or seductive approach toward
him, (c) that the client's own hostile impulses toward
the counselor might emerge, and (d) that the client's own
affectionate, dependent, or seductive impulses toward the
counselor might be expressed or acted out. Each concern

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[1]The films were developed as part of the ongoing
Interpersonal Process Recall Project at MSU.

was depicted across a number of intensity levels ranging from mild to extreme. The films were tested on a number of subjects, and observations were made to determine the extent of subject involvement (Kagan and Schauble, 1969). The authors report that there is little difficulty in involving a subject with such simulation material. They also indicate that subjects involved in simulation followed by recall appears to gain rapid insight into what was probably their typical reactive behaviors in situations such as those depicted through the simulation materials. Danish and Kagan (1969) report additional benefits of the simulation films. These include "focusing on particular problem areas, (2) exploring alternate ways of dealing with feelings, and (3) helping the counselor better understand his client's mode of reacting to the "generalized other" depicted in the vignettes.

One wonders what applications a structured simulation experience might have in counselor education. Kagan *et al.* (1967) suggest that beginning counselors experience conflicting feelings parallel to those of their clients. If this is the case, trainees may be able to derive the same benefits from simulated interpersonal encounters as do clients in therapy; and such benefits might translate into effective counselor performance. The implications are intriguing but they await research for validation.

Role Playing

A number of researchers have supported the use of role playing in counselor education. Sperle (1933), Wrenn (1962), Rogers (1951), and Hoppock (1957) suggest that role playing is effective in helping students solve and analyze problems, develop attitudes and feelings for the counseling relationship, and develop interviewing skills. Thompson and Bradway (1950) indicate that role playing is especially valuable in helping trainees develop an increased awareness and understanding of non-verbal behaviors.

Kay and Schick (1945) and Bridgwater and Crookston (1952) advocate the use of role playing as an introduction to the counseling experience. They believe that the technique allows prospective counselors to develop skills that would normally be gained only through extensive trial and error. Role playing is seen as a process which gives trainees a common frame of reference from which discussion is stimulated. It was believed that the technique helped trainees make an easier entrance into the actual counseling situation by giving them some confidence and practice in simulation situations.

Lippett and Hubbell (1955) reviewed the research literature on role playing as a training technique for personnel and guidance workers. They concluded that although role playing is widely accepted in theory and

practice, there is very little experimental evidence to substantiate its validity as a training technique.

Studies that do report experimental results have generally used self-report evaluation procedures in their analyses. Self-report technique have a great many limitations which make the results of analyses difficult to evaluate. For example, Musselman (1961) involved a group of secondary school counselors in an in-service training program which emphasized role-playing. At the end of the program, each counselor evaluated the training on a rating scale devised for the program. Musselman reported that 97 percent of the participants felt that they benefited from the role-playing exercises. One wonders whether the results reflect a "halo effect" or some other factor which was not accounted for by the author.

There are many unanswered questions about the value of role playing in training. In general, it appears as if those who make use of the technique believe that they benefit from it.

Group Procedures in Training

Group counseling has been widely used in training. Those who support the technique believe that it benefits the trainee in a number of ways. Gazda and Ohlsen (1961) report the following trainee-benefits to be derived from a group experience.

(1) To discover that others like themselves have problems, that they can be helped by counseling; and that by solving these problems, they can live more richly;

(2) To extend their knowledge of human behavior and to apply this understanding to their peers;

(3) To observe, while obtaining help themselves, how qualified counselors assist various clients; and

(4) To apply their knowledge of counseling techniques by assuming the co-therapist role in attempting to help others.

Only a few well controlled studies have been done evaluating the impact of group procedures on trainees. Those that are available tend to cast some doubt on the efficacy of this procedure as a tool for developing effective counseling behaviors. Parker and Kelly (1965) studied the effects of group counseling on counselor awareness of feelings. Seegers and McDonald (1963) examined the effects of group on counselor emotional growth and self-awareness. They separately concluded that group counseling can aid counselors gain insight into their own thoughts, feelings, and behaviors. Betz (1963) examined the effects of two types of group counseling on the subsequent counseling performance of NDEA counselor candidates. Fifteen counselors were exposed to affective group counseling (defined as counseling that focused on the expression of feeling by treatment group members) while

fifteen counselors experienced cognitive group counseling (defined as counseling in which the focus was on the content rather than on the feelings expressed or implied by the group members). Both groups received fourteen hours of counseling. Pre-post ratings on the subjects indicated that the affective counseling group significantly modified counseling behavior. The group significantly increased affective responses to clients as compared to pre-treatment behavior. No pre-post differences were found in the cognitive counseling group. Betz reported no significant differences between groups in degree of lead or variability of technique. He concluded that the focus of group counseling does effect subsequent counselor behavior with clients.

From the research reviews, it appears that group counseling is desirable in counselor training if counselor self-awareness and response to affect are seen as goals of the training process. Little evidence is available to demonstrate that such gains are translated into effective counselor performance.

Conclusions and Implications of the Literature

Despite the lack of controlled research in many of the areas related to counselor education, a number of implications can be drawn from the literature.

There does not appear to be a satisfactory answer to the question of counselor function or role. A number

of attempts have been made to demonstrate the efficacy of
the counselor as a social reinforcer, but criteria pro-
blems have prevented a satisfactory evaluation of the
counselor in this role. In a similar manner, attempts have
been made to support the counselor's function as that of
a catalyst for client self-exploration. The research in
this area has failed to withstand the test of replication.
For example, researchers who are not client centered in
orientation have generally been unable to find support
for the notion that successful counseling clients increase
their levels of self-exploration.

The difference in conceptualizing the role of the
therapist has led to differences in conceptualizing the
goals of counselor training. Those who see the counselor
as a social reinforcer espouse training that emphasizes
cognitiviely taught communication and information skills.
Those who hold the counselor to be a facilitator of self-
exploration advocate counselor self-understanding as a
primary goal of training. Research was cited which
supported the notion that a number of communication and
information skills can be cognitively taught to trainees.
Studies were also found which indicated that counselor
attitudes toward self and others could be changed in a
positive direction though training in which counselor
self-understanding was emphasized. No support was found
for the assumption that the development of either self-

understanding or communication and information skills
led to more effective counselor behavior. The most
promising approach to counselor training appears to be
the "integrative approach" advocated by Truax, Carkhuff
and Douds (1964). Truax *et al.* indicate that the effec-
tive counselor possesses self-understanding <u>and</u>
communication and information skills. They have conducted
a number of studies which indicate that effective coun-
selors characteristically behave in ways that reflect
both types of development.

A number of techniques have been used in an attempt
to improve the quality of counselor training. Group
counseling for trainees has been widely used, but there
is little evidence that a group experience helps the
counselor increase his counseling skills with clients.
Role playing appears to have limited value in training.
Although it has proved beneficial for introductory and
illustrative purposes, Black (1953), Landy (1953), and
Kirk (1955) indicate that it is less beneficial to
trainees than is actual client contact. Videotaping and
simulation appear to have a great deal of potential for
counselor education. The use of stimulated recall of
videotaped interviews in counselor education has been
extensively researched with the IPR process (Kagan
et al., 1967; Kagan and Schauble, 1969; Goldberg, 1967).
The technique formulates an approach which provides

immediate feedback to the trainee and maximizes the opportunity to explore the underlying dynamics of an interpersonal encounter. The simulation materials developed by Kagan *et al*. have been primarily used in therapy. There are indications, however, that the simulated interpersonal encounters could be fruitfully used with counselors-in-training.

In conclusion, the IPR procedure, which maximizes feedback to the counselor, provides the opportunity for a trainee to obtain a better understanding of himself, his client, and the obstacles which prevent effective communication between them in the counseling interview. Combined with the simulation exercises, which provide a variety of difficult situations and emotions for the counselor to deal with, and with didactic experiences, the IPR procedure appears to have a great deal of potential for enhancing the counselor in training process and incorporating many elements advocated or experimented with by researchers who represent a variety of different theoretical positions.

CHAPTER III

DESIGN AND METHODOLOGY

In order to test the hypotheses stated in Chapter I, a research design was formulated that would permit comparisons of affect sensitivity and counseling behavior within experimental groups over time and treatment, and between experimental groups after treatment. The two types of counselor training procedures, cognitive-intellectual and experiential-accepting, constitute the independent variable of this study. Counselor performance is the dependent variable.

There are two reasons for using a pre-post design as the basis for answering the research questions. First, the counselors participating in this study had a varying amount of education and experience as therapists. It is necessary to have an initial measure of their performance in order to assess the effectiveness of either type of training. The initial measures of affect sensitivity and counseling behavior provide a base-line from which change in performance can be determined for each experimental group. Second, a pre-measure allows for a comparison of the relative effectiveness of each type of training program. It is necessary to determine the amount

of growth in counselors exposed to a cognitive-intellectual training program in order to measure the relative effectiveness of experiential-accepting training.

Table 3.1. Schematic representation of the experimental design.

Groups	Treatment	Analysis
Experiential-Accepting treatment (N=22)	0_1 developing cognitive 0_2 skills and personal growth	$0_1 - 0_2 = D_1$
		Analysis between treatments
Cognitive-Intellectual treatment (N=22)	0_1 developing cognitive 0_2 skills	
	Analysis over time and treatment	

Description of the Experimental Procedures

The treatment procedures were carried out twice, i.e., two separate training programs were conducted. The subjects of this study were prison counselors in the Michigan prison system. The nature of the counselors' work demanded that at least one-half of the counseling staff of each institution in the system maintain normal work routines at all times. Since training required counselor participation for ten, eight hour days, only half of the counselors in the system

could be involved at any one program. Each institution
chose half of its counseling staff for inclusion into
the first training program. The remaining counselors at
each institution were designated as second program
participants.

Two critical issues had to be dealt with in the
research. First it was necessary to verify that the two
experimental operational definitions of counselor training
were actually enacted. Three individuals were primarily
responsible for the execution of the program. One was
designated supervisor of the cognitive-intellectual group,
the second as the supervisor of the experiential-accepting
group, and the third as the program coordinator. To make
certain that each person understood the differences in
the experimental definitions, each group supervisor was
separately involved in a pre-program planning session
with the coordinator to clarify role expectations of
cognitive-intellectual and experiential-accepting
counselor training. The cognitive-intellectual group
leader was instructed to focus on the content of issues
and questions raised by group members but to emphasize
counselor techniques and client dynamics. The supervisor
was to ignore or de-emphasize feelings expressed or
implied by group members (Kagan, 1962). Affective con-
cerns would not be totally ignored. If expressed, such
concerns were accepted; but they were not probed, reflected,

or interpreted by the group supervisor. Emphasis was to
be placed on the cognitive content of issues and questions
and on the implications of the issues for the counseling
process. The experiential-accepting group supervisor
was asked to focus on the content of issues raised by the
group members, but he was also requested to encourage
the expression of feelings by group members. Affective
concerns were to be enhanced, probed, reflected, and/or
interpreted. The cognitive and affective content of
issues and questions was to be emphasized and the impli-
cations for the counseling process discussed.

As a check on the actual existence of different
training procedures, the work of the groups' supervisors
was observed during training by the program coordinator.
Every training day the coordinator sat in on at least
one session conducted by each supervisor. The observer
viewed a different session each day. His function was
to determine whether the supervisors were acting in
accordance with the framework established above. "Outside"
observers were also asked to monitor the supervisors' work
at certain points during training. All agreed that the
two operational definitions of counselor training were
being enacted. Finally, the supervisors participated in
"briefing" and "de-briefing" sessions at the beginning and
end of each day. In the "briefing" session the supervisors
verbally reviewed what and how they would involve their

groups during the day. During "de-briefing" each super-
visor recounted what had transpired in his group during
that day. These sessions provided another means of
assuring that the supervisors were functioning in the
way prescribed by the operational definitions of the
research.

The system of checks described above also aided in
the solution of a second problem that had to be dealt with
in the research. The problem was to verify that the
counselors who participated in the second training program
received training that was the same as that received by
the counselors who participated in the first program.
The plan of the study was to compare the differences
between training in which the emphasis was cognitive-
intellectual or experiential-accepting in the population
of counselors of the Michigan Department of Corrections.
In order to analyze the results of training across both
programs it was necessary to make certain that counselors
in the first and second programs who were assigned
cognitive-intellectual training faced the same tasks,
presented in the same sequence, and presented in a like
manner by the group supervisor. To control for supervisor
effects in this research, the supervisor who led the
cognitive-intellectual group during the first training
program was assigned the experiential-accepting group
during the second program, and the supervisor who led the

experiential-accepting group during the first program
was assigned the cognitive-intellectual group during the
second program. The coordinator's observations and the
information obtained from the "briefing" and "de-briefing"
sessions of the first program provided information from
which a written description of the tasks that the groups
had been involved with, the sequence of presentation, and
the manner in which the tasks had been presented could
be obtained. Part of the "briefing" sessions of the
second program were devoted to the description of the
activities in the first program. If questions arose,
the supervisors could confer with one another and/or the
coordinator to obtain clarification. During the "de-
briefing" sessions, the supervisors' verbal reports of
what had transpired during the day was compared with the
description of the first program's events. Finally, the
coordinator and "outside" observers again monitored the
supervisors' work during the second program to determine
whether the supervisors were functioning in the prescribed
manner.

Each training program involved 22 counselors and a
total of 80 hours (10 consecutive days) of counselor
involvement. In each program eleven counselors were
randomly chosen for participation in cognitive-intellectual
training and eleven randomly assigned experiential-
accepting training. The two experimental groups participated

in the training tasks independently of one another although they were in the same training facility. A summary of the experimental procedures within the framework of the overall design is presented in Table 3.2.

Day 1

The first day's activities were the same for both the cognitive-intellectual and experiential-accepting groups. In the morning session the counselors (trainees) were told that the purpose of the training program was to help them sharpen their skills as counselors. Questions about the program were answered; supervisors were introduced; general information questionnaires[1] were completed by the trainees; and trainees were assigned to their specific groups. Each trainee remained in his assigned group for the remainder of the program.

Each group then met separately with its supervisor. During this time the supervisors gave their men a schedule of activities for the next ten days. The supervisors reviewed the schedules[2] and answered any questions that arose. Finally the supervisors showed the trainees how to use the audo tape recorders with which they were to audio tape their individual counseling sessions with inmate clients.

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[1]See Appendix III for a copy of the questionnaire used.

[2]See Appendix IV for a copy of the program schedules for group 1 (cognitive-intellectual) and group 2 (experiential-accepting).

During the first part of the afternoon session the Empathy Scale was administered to the twenty-two trainees as a group. The test results were used as a pre-measure on the groups. Upon completion of this scale the members of the cognitive-intellectual group saw an inmate client for approximately 50 minutes. The audio tapes of that first session were collected and used for rating on the Counselor Verbal Response Scale (CVRS) as a pre-program sample of counseling behavior. While the members of the cognitive-intellectual group were seeing inmate clients, the members of the experiential-accepting group were introduced to the videotape equipment used in training. Group members were individually shown how to operate and care for the machinery. When the members of the cognitive-intellectual (CI) group completed their counseling interviews, they were shown how to operate and care for the video equipment. While the members of the CI group were involved in this task, the members of the experiential-accepting (EA) group saw inmate clients in individual counseling for approximately 50 minutes. The audio tapes of those sessions were collected for CVRS rating as a pre-program sample of the counseling behavior of the EA group. At the conclusion of the EA group's counseling interviews the day's program ended.

Day 2

Three activities were scheduled for day 2. They
were:

1) Lecture Presentation - Both groups heard a lecture on
the elements of facilitative communication. The dimensions
of a facilitative personal interaction as defined by
Truax and Carkhuff were reviewed as well as the relation-
ship between the Truax and Carkhuff dimensions and the
factors of effective communication as defined on the
Counselor Verbal Response Scale. The presentation to the
CI group emphasized client feelings and effective
counselor responses. Counselor feelings and the signifi-
cance of those feelings for the counseling interaction was
not discussed. The presentation to the EA group included
a discussion of client feelings and effective counselor
responses but the emphasis of the lecture to this group
was counselor feelings and the significance of those
feelings to the counseling interaction.

2) Description of Program - Both groups were given an
overview of the total training program. Each task in the
program was described and the purposes of the tasks dis-
cussed. The supervisor of the CI group pointed out how
the various exercises promoted the development of skills
in understanding the elements of effective counseling,
understanding client communications, and developing
counseling behaviors that promoted growth in clients.

The supervisor of the EA group provided the same infor-
mation to his group but he emphasized that the training

tasks would also help the trainees gain an awareness of

their own feelings. The EA group was told that an

understanding of one's own feelings helped a counselor

make better use of any other skills developed in training.

Discussion was encouraged in both groups.

3) Individual Client Contact - Members of both groups

counseled clients for approximately 50 minutes. Each

trainee saw the same client that he worked with on the

first day of the program. All sessions were audio

recorded. If any problems arose during the interview, the

trainee was free to bring the audio tape of his session

to his supervisor for individual guidance, but this

practice was not encouraged and very few had individual

appointments. Approximately equal numbers from each

group had such appointments.

Day 3

Four tasks were scheduled for day 3. They were:

1) Training in the Interrogator Role - Each group heard

a lecture on the role and function of the Interrogator from

its supervisor. Questions were answered and discussion

encouraged. When all questions and issues were dealt

with, the group was divided into two smaller units of

five and six trainees. The two small groups then worked

separately in rooms that were equipped for video recording

and playback. One person in each group was asked to role-
play a client. That person was requested to present a
problem that he himself was concerned with, a problem
that he might have had and solved, or a problem that
someone that he knew very well was experiencing. The
remaining members of the group became counselors for the
role-playing individual. Each person counseled with the
role-playing trainee for approximately five minutes with
the other trainees looking on. The session was video
recorded. When each of the group members had an oppor-
tunity to interact with the "client," the video recorder
was stopped and the tape readied for playback. The first
counselor to work with the role-playing client again took
his position as counselor. The trainee who acted as the
second counselor in the series took on the interrogator
role and conducted a recall session for the first coun-
selor. After approximately ten minutes of recall, the
first counselor relinquished his position. The trainee
who acted as the interrogator for the first counselor
took the position as counselor. The videotape was
moved to the point where the second counselor started
to interact with the "client." The trainee who acted
as the third counselor in the series became the interro-
gator and he conducted a recall session for the second
counselor (see Figures 3.1A and B). This procedure
was repeated until all of the group members had an

opportunity to participate in a recall session as a counselor and as an interrogator. The group supervisor divided his time between the groups. His function was to observe, critique, and offer suggestions to the trainee acting as interrogator about the trainee's enactment of the interrogator role.

The focus of interrogation was <u>counselor recall</u>. In the CI group the interrogators questioned the counselors about client thoughts and feelings. Often the trainee who acted as a client would clarify what he was saying or feeling at any particular point in the interaction, but the emphasis was on the counselor's perceptions of what was going on in the client and with the quality (effectiveness) of the counselor's responses and behaviors. In the EA group the interrogators were encouraged to help the counselors explore their own thoughts and feelings during the counseling interaction as well as the client's thoughts and feelings; but the main emphasis of the counselor recall was counselor feelings and the relationship of those feelings to the client-counselor interaction.

Figure 3.1A. A diagramatic representation of the role-played counseling interactions.
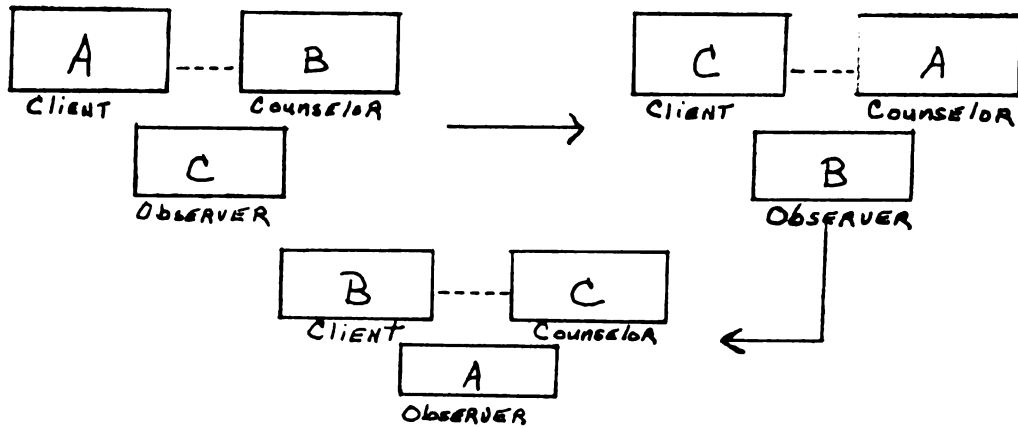
Figure 3.1B. A diagramatic representation of the interrogation training sessions.
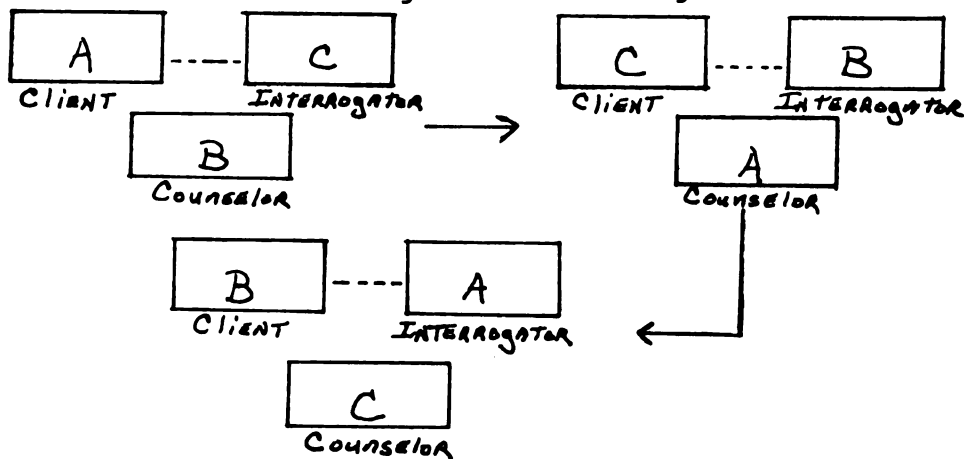
2. **Expert Tape** - Both groups watched a videotaped counseling session and the recall of that session conducted by experienced Ph.D. counselors. The tape served as an example of "expert" counseling. In both the CI and EA groups the supervisors used the tape to give their trainees a chance to interpret client feelings, observe the range of counselor responses and behaviors, rate counselor responses on dimensions of facilitative communication, and

observe a counselor model operationalizing the concepts presented to the groups in the previous day's lectures. The emphasis in the CI group was client feelings and the quality of counselor responses. In the EA group the supervisor emphasized counselor feelings and behaviors and the relation of those feelings and behaviors to the client-counselor interaction.

3) Individual Client Contact - Members of both groups counseled with the same inmates they had seen since the beginning of the program. Two trainees from each group saw their clients in the rooms equipped for video recording and playback. Those trainees (two different trainees each day) saw the clients for approximately 30 minutes. The sessions were videotaped. At the end of the 30 minutes, each client-counselor pair was joined by another trainee who conducted a client recall session. The counselor remained in the room during recall, but he did not participate in the client-interrogator interaction. After approximately 30 minutes the client recall session was terminated. The videotape was set aside for use in the Review Sessions. The trainees not involved in the video procedures audio taped their individual counseling sessions.

4) Review Sessions - The counseling sessions previously videotaped by the trainees were reviewed in a group setting during this task. The supervisor of the CI group used the

tapes to give the group the opportunity to increase their skills in discriminating client feelings. The task also provided the videotaped counselors with feedback from the group on the quality of their counseling. The operation of any of the concepts presented in the previous day's lecture were pointed out in the videotapes of the counseling sessions. In addition to the tasks outlined above for the CI group, the members of the EA group explored their own feelings during the client contacts. The relationship between counselor feelings and the course of counseling was often discussed with the EA group.

Day 4

The following tasks were scheduled:

1) Training in the Interrogator Role - The same procedure was followed on Day 4 as was followed on Day 3.

2) Individual Client Contact - The same procedure was followed on Day 4 as was followed on Day 3.

3) Review Session - The same procedure was followed on Day 4 as was followed on Day 3.

4) Stimulus Films - The film was presented, one vignette at a time, to each total group. Before the presentation of a vignette, the following instructions were given:

> "Pretend that the person on the screen is a
> person you have been talking with. You are
> alone with him. He is speaking to you and
> you alone. Try to forget that this is a
> film. Try to pretend that you are in a real
> life situation. After the film is completed
> you will be asked to recall some of the

feelings that you were having during the encounter."

Videotaping was not used during this exercise.

The supervisor of the CI group focused the trainees on the feelings of the filmed "other" and on effective responses. The counselors were asked to explore what the "client" was saying and why he might be reacting in the way depicted on the film. They were then asked to respond to what the "client" was saying. The various responses offered by the trainees were discussed in relation to the dimensions of facilitative communication. In the EA group the emphasis of the exercise was the counselor's feelings and thoughts during the encounter with the filmed "client." Both groups explored the feelings underlying the "client's" behaviors, the possible reasons for those behaviors, and the responses that might be offered to the "other."

Days 5-9

The groups were involved in the same tasks - training in the interrogator role, individual client contacts, review sessions, and stimulus films--on Days 5-9 as on Day 4. Several variations, however, were incorporated into the interrogator role and stimulus film exercises. The variations were:

1) Training in the Interrogator Role - The basic procedures described above were followed on all days. The focus of the recall sessions changed however. On Day 5 the

interrogators practiced conducting <u>client recall</u> instead of counselor recall. On Days 6-9 the interrogators practiced conducting <u>mutual recall</u>.

2) <u>Stimulus Films</u> - On days 7-8-9 the stimulus films were used for half of the session. During the time remaining in the session, the trainees recreated their own stimulus material (on videotape) of encounters that were especially difficult for them to deal with in their work situation. These tapes were then dealt with in the same way as the vignettes of the stimulus films. The procedures followed in each group were the same as those described above. The CI group concentrated on client affect and counselor technique while the EA group concentrated on their own reactions to the vignettes.

Day 10

Two basic tasks were scheduled:

1) <u>Testing with the Empathy Scale</u> - The affect sensitivity scale was administered to both groups. The results of the testing were used as a post-measure on the groups' affect sensitivity.

2) <u>Individual Client Contact</u> - All members of each group interviewed inmate clients for approximately 50 minutes. Clients not previously known to any person in the groups were seen by each trainee. Each counseling session was audiotaped. The tapes were collected and used for rating on the CVRS as a post-program same of trainee counseling behavior.

At the end of Day 10 supervisors met with individual trainees to answer any questions that the trainees had about their own counseling or the training program.

Delayed Post Tapes

An attempt was made to obtain some estimate of the amount of learning lost after the completing of training. On Day 10 of the first training program each trainee was given a new audio tape. The trainees were asked to keep the tapes for four weeks and then tape record a routine counseling session of their choice. The counselors were instructed to return the tape to the investigator upon completion of the task. These audio tapes were rated on the same scales and at the same time as the pre- and post-tapes obtained during the regular programs.

There were some questions as to whether or not the delayed post tapes could be obtained. Several of the institutions had strict security rules and the use of audio recording equipment was prohibited. Other institutions (prison camp programs) had no access to audio tape recorders. A complete return of this same was not, therefore, possible. Nevertheless, it was felt that even a partial return of the data could provide some preliminary types of information concerning any extinction of training skills.

Table 3.2. A summary of the experimental procedures.

	Didactic-Intellectual Group	Experiential-Accepting Group
	Day 1	
10:00 a.m.	General group meetings. Questionnaires answered, trainees divided into experimental groups, supervisors introduced, and general purpose of the program discussed.	
11:00 a.m.	First group meeting with supervisor. Schedules reviewed and use of audio recorders demonstrated.	First group meeting with supervisor. Schedules reviewed and use of audio recorders demonstrated.
11:45 a.m.	Lunch Break	
1:00 p.m.	Empathy Scale (A.S.S.) administered to all trainees as a group.	
2:30 p.m.	Individual client contact.	Introduction to video tape equipment.
3:30 p.m.	Introduction to video tape equipment.	Individual client contact.
4:30 p.m.	Sessions End	
	Day 2	
8:00 a.m.	Lecture presentation.	Description of program.
10:30 a.m.	Lecture presentation.	Individual client contact.
11:30 a.m.	Lunch Break	
1:00 p.m.	Description of program.	Lecture presentation.
3:30 p.m.	Individual client contact.	Lecture presentation.
4:30 p.m.	Sessions End	

Table 3.2 (cont'd).

	Didactic-Intellectual Group	Experiential-Accepting Group
	Day 3	
8:00 a.m.	Training in interrogator role.	Expert tape presentation.
10:30 a.m.	Individual client contact.	Review session.
11:30 a.m.	Lunch Break	
1:00 p.m.	Review session.	Individual client contact.
2:00 p.m.	Expert tape presentation.	Training in interrogator role.
	Sessions End	
	Days 4-9	
8:00 a.m.	Training in the interrogator role.	Stimulus films.
10:30 a.m.	Individual client contact.	Review session.
11:30 a.m.	Lunch Break	
1:00 p.m.	Review session.	Individual client contact.
2:00 p.m.	Stimulus films	Training in the interrogator role.
4:30 p.m.	Sessions End	
	Day 10	
8:30 a.m.	Individual client contact.	Empathy Scale administered.
10:00 a.m.	Empathy Scale administered.	Individual client contact.
11:30 a.m.	Lunch Break	
1:00 p.m.	Supervisors available to all trainees. Program ends.	

Setting

The counselors were trained in a facility especially constructed by the Michigan Department of Corrections for training purposes (see Figure 3.2). Included in the facility were:

(1) <u>Two large meeting rooms</u> - equipped with tables and chairs, the rooms were used for lecture purposes.

(2) <u>Two small rooms</u> - each room was equipped with a video-tape recorder, a television camera, a video monitor, two chairs, and a small table upon which a microphone was placed. The rooms were used for video recording and playback during the interrogator training sessions and the individual counseling sessions.

(3) <u>Twelve sleeping rooms</u> - two chairs and an audio tape recorder were placed in each room. The rooms were used for the individual client contacts that were not videotaped.

(4) <u>Large basement meeting room</u> - the review sessions and stimulus film sessions were conducted in this room. Equipment was available for film projection and video recording and playback.

(5) <u>A central office</u> - the administrative aspects of the program were coordinated from this location.

(6) <u>Kitchen-recreation area</u> - the inmate-clients could

make use of the area while waiting to be

seen by their counselors.

The training facility was located away from any other
prison installation. The counselors participating in
training were, therefore, separated from this distraction
and pressures of their routine duties.

<div align="center">

<u>SAMPLE</u>

</div>

<u>Supervisors</u>

All training in the study was conducted by two
counselors. One counselor was an experienced counselor
educator and held a Ph.D. and the other was an advanced
doctoral student in counseling. Both counselors were
schooled in the "traditional" form of counseling and had
additional training and experience in using the IPR
procedures in counseling and counselor training.
Crossing counselors and training procedures across the
treatment programs provided a method of controlling the
differences in the counselors' backgrounds, skills, and
experience. Both counselors were familiar with the
research hypotheses and, because of the differences in
experimental procedures, knew the treatments to which
the trainees were assigned. Strict adherence to the
established description of the experimental procedures and
a reliance on the professional attitudes of the counselors

seemed more advisable, however, than using counselors inexperienced in the IPR theory and methodology.

Figure 3.2. Diagram of the training facility.
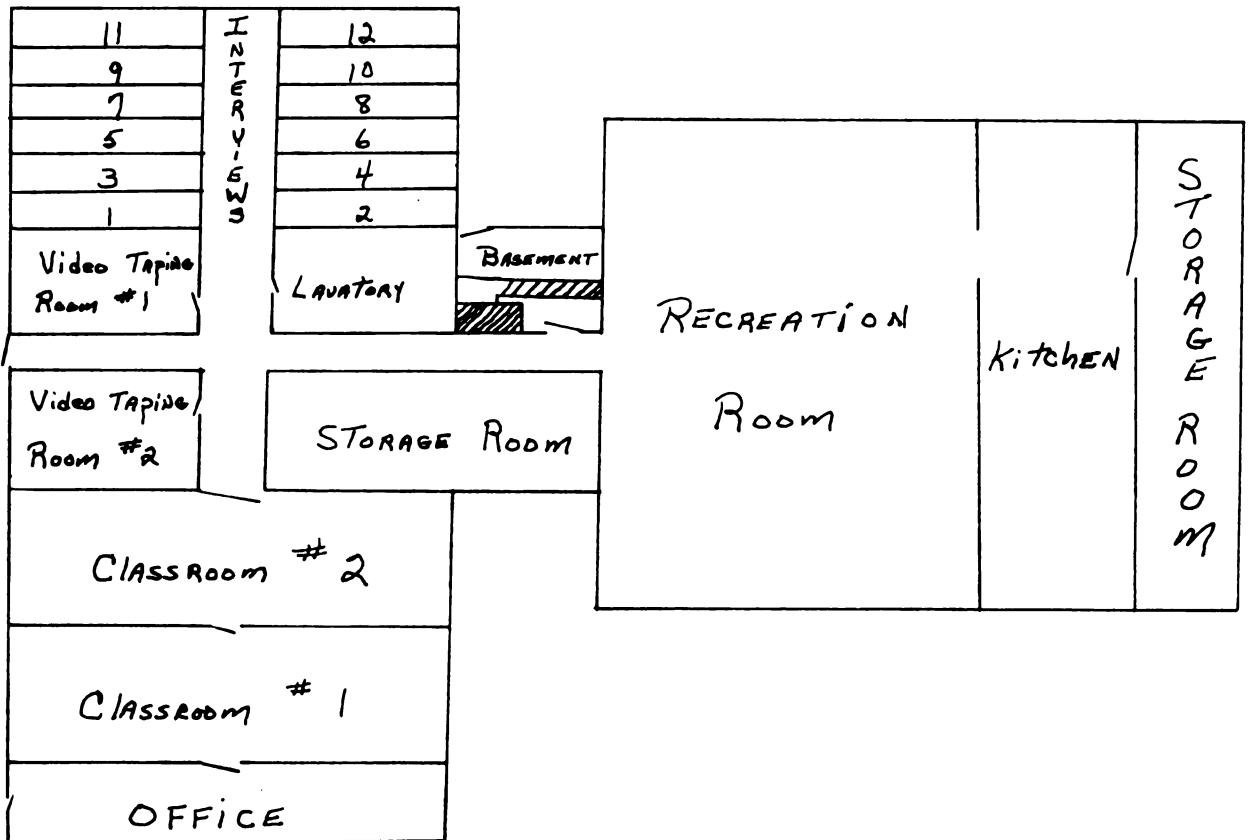
Raters

Two advanced doctoral candidates in counseling were used as judges for rating outcomes. Both judges were experienced in the use of the CVRS and the EUIPS. Immediately before rating the tapes of this study, the judges completed over 80 hours of rating with the CVRS and the EUIPS in another study. Their ratings were known to
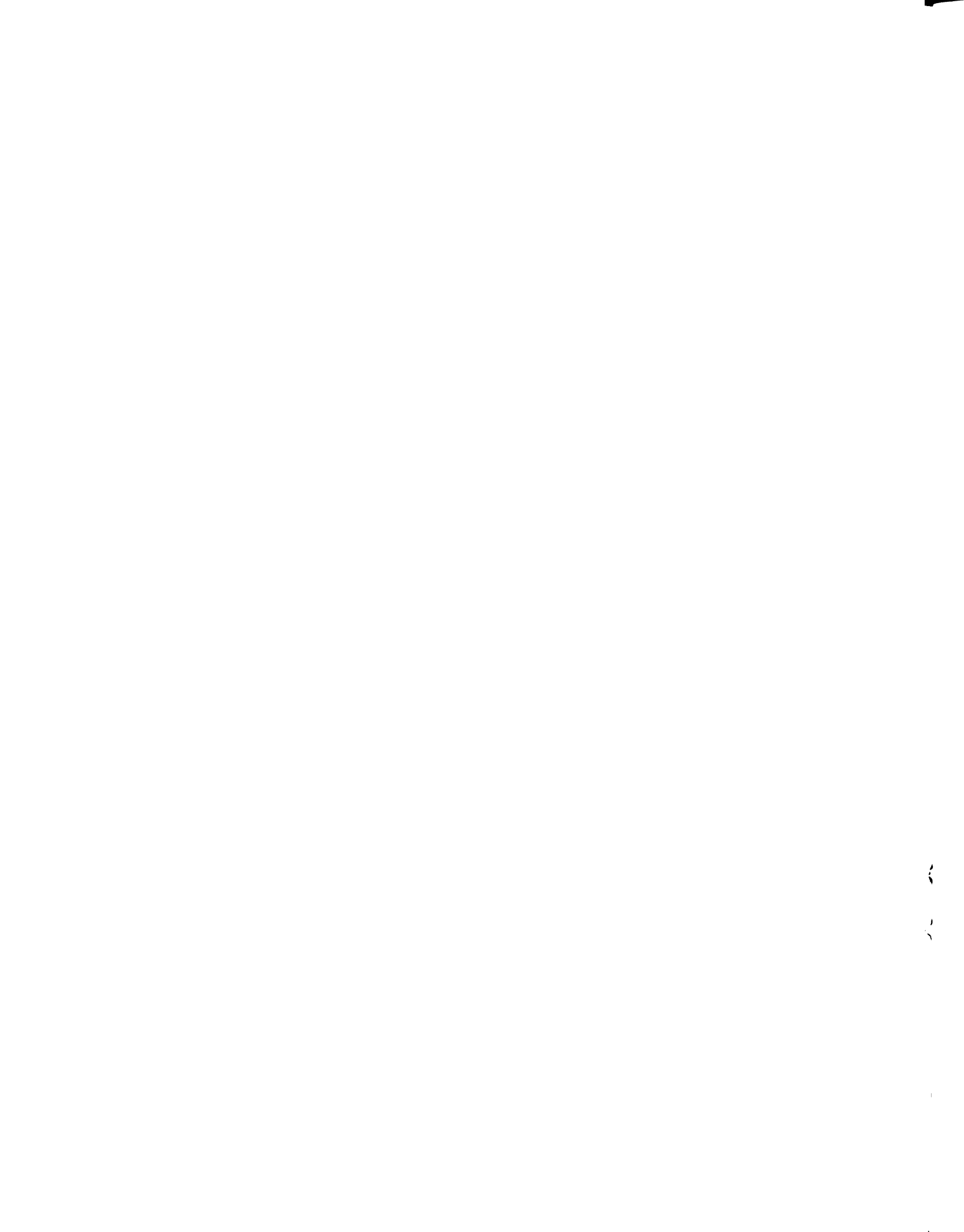
correlate very highly with one another. Training sessions
were not, therefore, conducted by this investigator.
Neither rater was familiar with the research hypothesis,
the group assignments, or the trainee-supervisor assign-
ments.

Trainees

The trainees who participated in the study functioned
in one of three capacities in the Michigan prison system:
(a) associate counselor - less than one year's experience
as a counselor in the prison system; (b) counselor - more
than one year's experience as a counselor in the prison
system; and (c) director of counseling - a minimum of
three years of experience in counseling and/or social work
in the prison system. All of the counselors were required
to participate in the study by the central office of the
Department of Corrections. The subject group could not,
therefore, be characterized as volunteer. It should be
noted, however, that while the use of a non-volunteer
sample might limit the generalizability of results, none
of the counselors demonstrated a lack of motivation,
enthusiasm, or interest in the program. Out of a total
of 46 counselors in the prison system, only two men did
not participate in this study. Family difficulties
prevented each from participating in the complete training
sequence. One person reported to the training facility

3 days after the program had started and the second individual reported on the 5th day of the program. Of the remaining 44 subjects attendance was near perfect. As an additional indication of the subjects' attitude toward training it should be noted that almost all of the trainees wanted to spend more than the allotted amount of time in the various training tasks, all requested reading materials from the staff, and many used the equipment during the evening hours.

The CI and EA training groups were randomly assigned to experimental treatments and then compared on variables which might have influenced the outcome of training. The variables were: (1) age, (2) years of education, (3) number of credits in counseling courses, (4) number of credits in counseling practicum courses, and (5) number of years of experience as counselors. Table 3.3 summarizes this data. The groups appear reasonably comparable.

Table 3.3.   Comparison of training groups according to mean age, mean years of education, mean number of credits in counseling courses, mean number of credits in counseling practicum courses, and mean number of years experience as counselors.

	CI Training Group	EA Training Group
Mean Age	37.6	32.9
Mean Years of Education	16.1	15.9
Mean Number of Credits in Counseling Courses	7.1	6.1
Mean Number of Credits in Counseling Practicum Courses	1.1	1.6
Mean Number of Years Experience as Counselors*	5.7	3.8

*In the prison system.

Instrumentation

Three measures were used as criteria in this study: (1) The Affect Sensitivity 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 (EUIPS, Truax and Carkhuff, 1967).

The Affect Sensitivity Scale

The Affect Sensitivity Scale[3] purports to measure a subject's ability to perceive the feelings of another.

The subjects being tested with the A.S.S. view a videotaped segment of a client-counselor interaction. At the end of each vignette the testee answers two items about the interaction. The test contains 67 multiple-choice items, each item consisting of one correct answer and two distractors. There are two items for each vignette; one of the items refers to the client's feelings about himself and the other refers to the client's feelings about the counselor with whom he was working. The testee's score is determined by the number of correct responses made.

Kagan, Krathwohl *et al.* (1967, pp. 173-175) conducted a number of investigations into the reliability of form B of the A.S.S. Table 3.4 summarizes the data obtained. Seven sample groups were selected: two NDEA groups (J and K in table) tested pre and post their institute programs; one group of university undergraduates tested one week apart (P in Table 3.4); three groups in NDEA institutes tested once (groups I, L. M in Table 3.4); and one group of practicing school counselors (N in Table 3.4) tested once. Reliability coefficients range

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[3]See Appendix V for a copy of the Affect Sensitivity Scale.

from .53 to .76, indicating, according to Kagan,

Krathwohl *et al.* sufficient reliability for further use.

Form C of the A.S.S. (described earlier in this

chapter) was used for this study. This form combines

Form B's value as a measure of affect sensitivity with

the benefit of reducing testing time.

The Counselor Verbal Response Scale

The CVRS consists of five separate dimensions which

are purported to characterize productive counselor behavior

in counseling.[4] The dimensions are: (1) Affective-

Cognitive; (2) Understanding-Non-understanding;

(3) Specific-Non-specific; (4) Exploratory-Non-exploratory;

and (5) Effective-Non-effective. The Effective-Non-

effective dimension was not used in the CVRS ratings done

for this study. The Empathic Understanding in Interpersonal

Processes Scale was used instead.

The CVRS is rated on the basis of a series of

individual client-counselor verbal units (client statement

and counselor response) during the course of a counseling

interview. The usual procedure is to rate twenty client-

counselor units from the middle third segment of an interview.

A judge is required to describe every counselor response

to a client verbalization on each of the dimensions

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[4]See Appendix VI for a copy of the CVRS rating scale.

Table 3.4. Kuder-Richardson Formula 20 Reliability Coefficients for Seven Sample Groups.

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

described. After twenty counselor responses are rated,
the totals on each dimension are obtained. A maximum
score of 20 and a minimum score of 0 is possible for each
dimension.

The dimensions are defined as: <u>Affective-Cognitive</u>
<u>Responses</u>. An affective counselor response is one which
refers to any affective component (emotion, feeling,
fear, etc.) of a client's communication. Cognitive
counselor responses deal with the cognitive (information
oriented) elements of a client's verbalizations.
<u>Understanding-Nonunderstanding</u>. Understanding is
characterized by the counselor's ability to convey to
the client his awareness of and sensitivity to the client's
feelings and concerns. The counselor acts in a non-
understanding way when he fails to be aware of and
sensitive to what the client is saying. <u>Specific-</u>
<u>nonspecific</u>. A specific counselor response is one which
deals with the core of the client's concerns. A non-
specific response is one which peripherally deals with
the client concerns or a response that completely
disregards the client's concerns. Specific responses deal
with the verbal and non-verbal aspects of the client's
explicit or implicit communications. <u>Exploratory-Non-</u>
<u>exploratory</u>. An exploratory counselor response encourages
the client to explore the critical dimensions of his
concerns. A nonexploratory response limits or prohibits
exploration by the client.

The CVRS has been used in previous research to measure the change in counselor behavior within and between various approaches to training. In a study conducted by Goldberg (1967), two groups of counselor trainees were exposed to different methods of supervision (this study is described in detail in Chapter II). Pre and post audio tapes of initial counseling sessions were obtained for both groups. Nine advanced doctoral candidates were used to rate the tapes on the CVRS. The judges were divided into three groups and reliability measures for each group were obtained through the use of Ebel's intraclass correlation technique. The results are reported in Table 3.5. Reliabilities reported are sufficiently high to indicate that use in future analysis is warranted.

Table 3.5. Intraclass correlation reliability estimates of individual and average ratins calculated for judges' ratings across tapes on each dimension of the CVRS.

	N	Aff Cog	Und N Und	Spec N Spec	Exp N Exp	Eff N Eff.
I Average	16	.93	.96	.90	.81	.95
Individual	16	.82	.90	.76	.59	.86
II Average	28	.93	.96	.93	.96	.96
Individual	28	.81	.87	.80	.87	.89
III Average	28	.93	.94	.92	.92	.93
Individual	28	.83	.83	.80	.79	.82

The Empathic Understanding in Interpersonal Processes Scale

The facilitative counselor is defined as one who responds to a client with complete and accurate empathic understanding of the client's innermost thoughts, feelings, and concerns. Effective counselor responses (behaviors) are defined as those behaviors which can be characterized by accurate empathic understanding of client communications (Carkhuff, 1967). The most recent form of the EUIPS[5] is a five point scale, where a rating of one is the lowest possible score and a rating of five the highest possible score.

At Level 1 the counselor's responses do not attend to or significantly detract from the verbal and behavioral expressions of the client. At Level 2 the counselor responds in such a way that affect is noticeably subtracted from client communications. At Level 3 the counselor responds to the client with affect and meaning that is essentially the same as that expressed by the client. The counselor neither adds nor subtracts from the feelings communicated by the client, but the counselor does not accurately describe how the client feels beneath the surface feelings. This is the minimal level of facilitative interpersonal functioning. At Level 4 the counselor expresses client meaning and affect at a deeper

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[5]See Appendix VII for a copy of the scale description.

level than the client was himself able to express. At
Level 5 the counselor's responses add significantly to the
feelings expressed by the client. At this level the
counselor accurately expresses feelings at a level deeper
than the client himself is able to express, or in ongoing
and deep self-exploration, the counselor is fully sharing
with the client, even in the client's deepest thoughts
and feelings.

A number of studies have been done testing the
reliability of the EUIPS (Truax and Carkhuff, 1967).
Truax (1966) examined the reliability of ratings on
accurate empathy using Patient-Therapist-Patient, Therapist-
Patient-Therapist, and Time units of analysis. Table 3.6
contains the results of the reliability estimates. The
reliabilities reported ranges from .84 to .92, indicating
that the ratings are sufficiently reliable to be used in
further analysis.

Table 3.6. Reliabilities of rating scales for accurate
empathy using patient-therapist-patient,
therapist-patient-therapist, and time units
of analysis.

Unit	N samples	N patients	N therapists	Correlation
TPT	283	63	8	.84
PTP	305	65	8	.89
Time	384	80	8	.92

Reliability of Tape Ratings

All of the audio tapes from the study were coded by
the investigator in order to prevent the judges from making
a pre or post-study identification. The same procedure
was followed for each tape rated: a five minute excerpt
from the first third of the interview was presented to
the judges in order to familiarize them with the client
voice, counselor voice, and presenting problem; the tape
was moved to the middle third segment of the interview and
the judges independently rated 20 consecutive counselor
responses on the four dimensions of the CVRS (described
earlier in this chapter) and 20 responses on the EUIPS;
the totals for each dimension were calculated. The average
of the judges' ratings on each dimension were calculated
and used as the unit of analysis.

For the purposes of this investigation, Ebel's intra-
class correlation technique was used. The technique
provides a reliability estimate of each judge's rating
as well as the average ratings for judges across tapes
and individual segments or responses.

Since the average of the two judges' ratings on each
dimension for each tape was used as the unit of analysis
for evaluating counselor growth, the interview (across-
tape) reliability rather than the reliability of individual
responses was calculated. The sample used to obtain the
reliability estimates consisted of the ratings of the

88 pre and post and the delayed post interview tapes for the 44 trainees in this study. The results of the reliability test are presented in Table 3.7.

Table 3.7. Interjudge reliabilities of ratings on the counselor verbal response scale and the empathic understanding in interpersonal processes scale.

| Scales | Rater Intercorrelations | | |
	Pre-tapes	Post-tapes	Delayed Post-tapes
EUIPS	.98	.98	.78
Affect	.93	.99	.99
CVRS Understanding	.96	.98	.97
Specific	.96	.98	.98
Exploratory	.96	.98	.98
Total	.96	.99	.98

Table 3.7 indicates that the interjudge reliabilities for the CVRS and the EUIPS ranged between .78 and .99 (average of ratings). These figures show that there was a high degree of stability between judges' ratings.

Analysis of Data

The following statistical analysis were performed on the data of this study:

1) **The Affective Sensitivity Scale**

In order to test the differences between groups in affect sensitivity, a 2 x 2 analysis of variance (with equal cell frequency) of change scores (pre to post measures) was performed.

2) The Counselor Verbal Response Scale

The same procedure was used for the CVRS as that
described for the Affect Sensitivity Scale.

3) The Empathic Understanding in Interpersonal Relationships
Scale

The same procedure was used for the EUIPS as that
described for the Affect Sensitivity Scale.

4) In order to test differences within groups across all
measures, a 2 x 2 analysis of variance (with equal cell
frequency) of change scores (pre to post measures) was
performed for each group.

5) Post-post Tape Ratings on the CVRS and EUIPS

In order to test the differences within and between
groups over treatment and time (training time and no-
training time), an analysis of variance (pre to post
to delayed post) was performed. A descriptive analysis
of the within group change scores was also attempted.
The analysis of variance was the most powerful statistic
that could be used on this data (Hays, 1963). No
evidence was found to indicate that the assumptions of
the statistical model were violated. The hypothesis
related to analysis #1 is non-directional and a two-
tailed test for significance at the .05 level was used.
The hypothesis related to analyses #2, 3, and 4 are
directional. In these analyses, a one-tailed test for
significance at the .05 level was used.

Hypotheses

The specific hypotheses of this study are presented in research form.

H_1 No significant difference in scores on affect sensitivity (as measured by the Affective Sensitivity Scale) will be found between counselors exposed to an experiential-accepting emphasis in training and counselors exposed to training emphasizes cognitive-intellectual learning.

H_2 Counselors exposed to an experiential-accepting emphasis in training will score significantly higher on empathic understanding (as measured by the Empathic Understanding in Interpersonal Processes Scale) than will counselors exposed to a cognitive-intellectual emphasis.

H_3 Counselors exposed to an experiential-accepting emphasis in training will score significantly higher on each dimension of facilitative counseling (as measured by the Counselor Verbal Response Scale) than will counselors exposed to training which emphasizes cognitive-intellectual learning.

H_4 A significant difference in scores on all measures taken as a total (as indicated by the sum of the A.S.S., the EUIPS, and the CVRS) will be found (pre to post treatment) in counselors exposed to an experiential-accepting emphasis in training.

H_5 No significant difference in scores on all measures taken as a total (as indicated by the sum of the A.S.S.,

the EUIPS, and the CVRS) will be found (pre to post treatment) in counselors exposed to a cognitive-intellectual emphasis in training.

H_6 Counselors exposed to training which emphasizes experiential-accepting learning will maintain significantly higher scores in empathic understanding (as measured by the Empathic Understanding in Interpersonal Processes Scale) than will counselors exposed to training which emphasizes cognitive-intellectual learning.

H_7 Counselors exposed to training which emphasizes experiential-accepting learning will maintain significantly higher scores on each dimension of the CVRS than will counselors exposed to training which emphasizes cognitive-intellectual learning.

Summary

Forty-four counselors were randomly assigned to two treatments: (1) training emphasizing experiential-accepting development through trainee self-examination and (2) training emphasizing cognitive-intellectual development through trainee examination of client dynamics and counselor techniques. A randomized block design incorporating change scores pre to post treatment was used to measure the differences in change within and between groups on: (1) The Affective Sensitivity Scale

(A.S.S.), (2) The Counselor Verbal Response Scale (CVRS) and, (3) The Empathic Understanding in Interpersonal Processes Scale (EUIPS). Each trainee completed the A.S.S. pre and post training. Audio tapes of initial counseling interviews were obtained from each trainee pre and post experimental treatment. Two independent judges completed the CVRS and EUIPS ratings for all of the audio tapes collected from the trainees.

Analysis were done on the mean change score differences pre to post treatment for both groups on all criteria.

CHAPTER IV

ANALYSIS OF THE DATA

An analysis of the data is presented in Chapter IV.
This analysis is based on the statistical procedures
described in Chapter III. The results of the analysis
are presented in the following sequence:

(1) (a) An analysis of variance of pre-treatment to post-
treatment change in scores across all measures
is presented for the CI (cognitive-intellectual)
training groups and the EA (experiential-
accepting) training groups to determine within
group differences of each treatment on the outcome
criteria.

(b) Graphic representations of trainee performance on
each of the criterion measures employed (the
A.S.S., the EUIPS, and the CVRS) are presented to
indicate differences in patterns of change within
the treatment groups.

(2) (a) An analysis of variance of pre-treatment to post-
treatment gains across all measures is presented
to determine change differences between groups.

(b) D-tests of pre-treatment to post-treatment gain
on each criterion measure are presented for the

CI training groups and the EA training groups to determine change differences between treatments on each measure of counselor performance.

(3) (a) An analysis of variance of post-treatment to delayed post-treatment change in ratings and pre-treatment to delayed post-treatment change in ratings on the EUIPS and on each dimension of the CVRS is presented to determine change differences between treatments over time and treatment.

(b) A descriptive analysis of post-treatment to delayed post-treatment change in ratings and pre-treatment to delayed post-treatment change in ratings on the EUIPS and on each dimension of the CVRS is presented to indicate differences in patterns of change between treatments over time and treatment.

Pre-treatment to Post-treatment
Change Within Groups

The null hypotheses tested for within group differences were:

Ho_1: No difference in pre-treatment to post-treatment change scores (summed across all measures) will be found in counselors exposed to an experiential-accepting emphasis in training.

Ho_2: No different in pre-treatment to post-treatment change scores (summed across all measures) will be

found in counselors exposed to a cognitive-intellectual emphasis in training.

The hypotheses were tested by means of an analysis of variance. An F-value of 4.08 for a one-tailed test of significance with 1 and 42 degrees of freedom is necessary before chance differences of mean change can be rejected at the .05 level of confidence.

Table 4.1 contains the results of the analysis of variance. The results indicate that a significant inter-action exists between groups and times (pre-treatment to post-treatment) and that a non-significant interaction exists between groups, times, and measures.

Table 4.1. Analysis of variance of pre-treatment to post-treatment change within groups summed across the A.S.S., the EUIPS, and the CVRS.

Source	Sum of Squares	df	Mean Square	F
Time	1384.74	1	1384.74	85.837*
Groups * Times	81.68	1	81.68	5.063*
Error	677.55	42	16.13	– – – –
Times * Measures	488.81	3	162.94	16.719*
Groups * Times * Measures	92.58	3	17.53	1.798
Error	1227.96	126	9.75	– – – –

*Significant at .05 level.

The significant F-value for the groups and times interaction indicates that it is statistically appropriate to use post-hoc comparisons to determine the nature of the differences in the groups across time. Such comparisons

were done by means of Tukey's Honestly Significant

Difference (HSD) test of comparisons.[1] An HSD value of

3.24 must be equaled or excelled before chance differ-

ences in mean change can be rejected at the .05 level of

confidence. Figure 4.1 and Table 4.2 contain the results

of the comparisons. Figure 4.1 indicates that the ex-

periential-accepting groups started at a point lower

(in terms of numerical, not statistical, values) than

did the cognitive-intellectual groups in pre-treatment

testing and finished at a point higher than the cognitive-

intellectual groups in post-treatment testing. Table 4.2

indicates that the change in mean score observed in the

experiential-accepting groups is statistically signifi-

cant, while the change in mean score observed in the

cognitive-intellectual groups is not significant. Because

significant differences were noted in the experiential-

accepting group pre to post treatment, null hypotheses #1

can be rejected. Because no significant differences were

noted between pre-treatment and post-treatment scores in

the cognitive-intellectual groups, null hypothesis #2

cannot be rejected.

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[1]See Hays (1963).

Figure 4.1. Combined scores of trainee performance
over time for the experiential-accepting
training groups and the cognitive-
intellectual training groups.
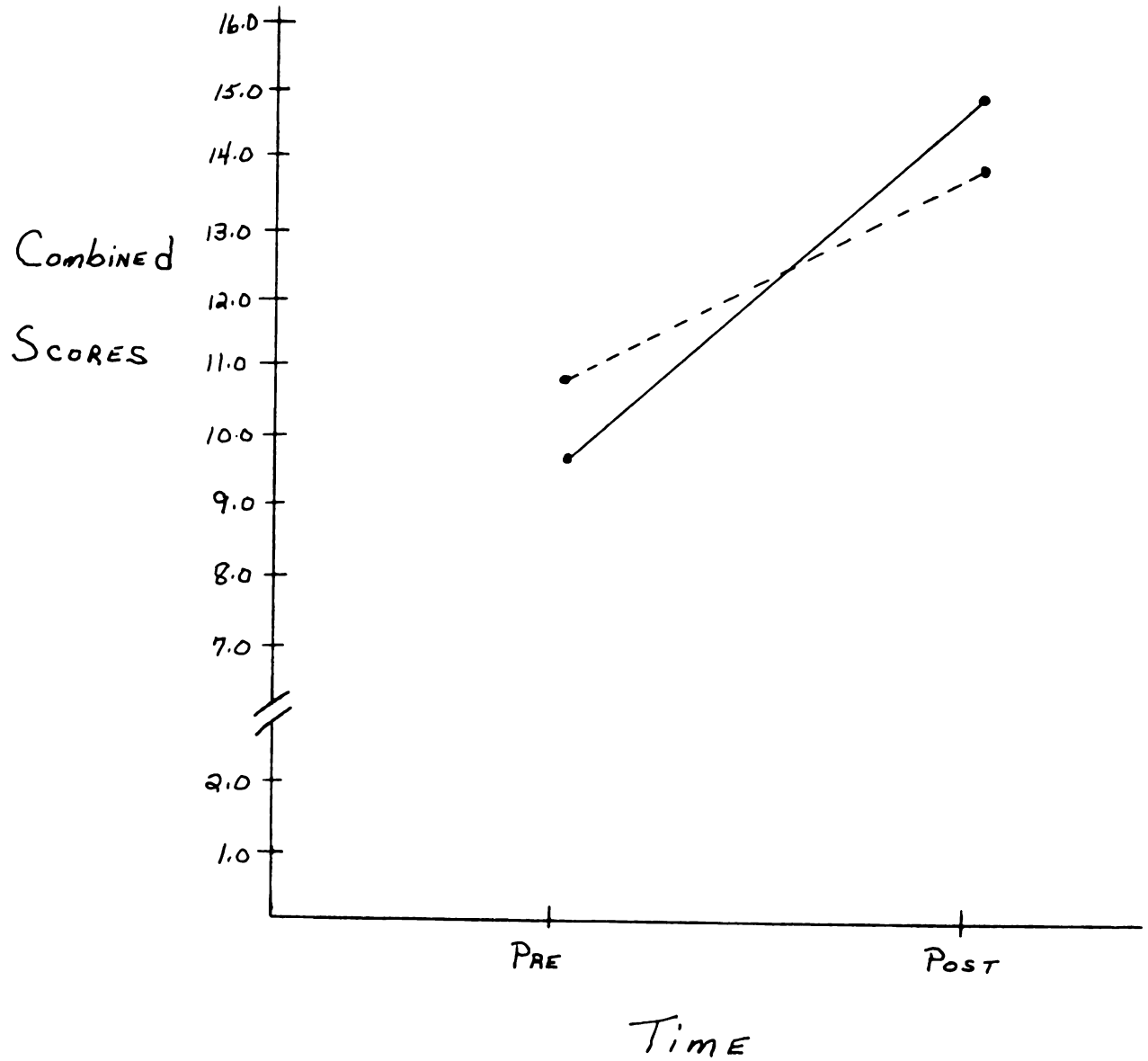
LEGEND:

——————————— = EXPERIENTIAL - ACCEPTING TRAINING GROUPS

————————— = COGNITIVE - INTELLECTUAL TRAINING GROUPS

Table 4.2. Tukey's HSD test of pre-treatment to post-
treatment change in scores within experi-
mental groups.

Group	N	Pre-mean	Post-mean	HSD	Difference
Experiential-accepting	22	9.791	14.722	3.24	4.931*
Cognitive-intellectual	22	10.860	13.864	3.24	3.004

*Significant at .05 level.

Because of non-significant F-value was obtained for

the groups, time, and measures interaction, it was

inappropriate to use post-hoc statistical comparisons to

determine pre to post differences with each group on the

individual criterion measures. Graphic representations

of trainee performance on each of the criterion measures

can be employed, however, to indicate patterns within

the treatment groups. Figures 4.2a and 4.2b represent

treatment group changes over time on the A.S.S., the

EUIPS, and on each dimension of the CVRS. The figures

indicate that both the experiential-accepting groups and

the cognitive-intellectual groups made gains pre-

treatment to post-treatment on each of the criterion

instruments employed in this study. The graphs also

demonstrate that, although the experiential-accepting

groups scored lower in pre-treatment testing, the

experiential-accepting groups post-treatment testing

scores were higher than those of the cognitive-intellectual

Figure 4.2a. Scores on the affect sensitivity scale over time for the experiential-accepting training groups and the cognitive-intellectual training groups.
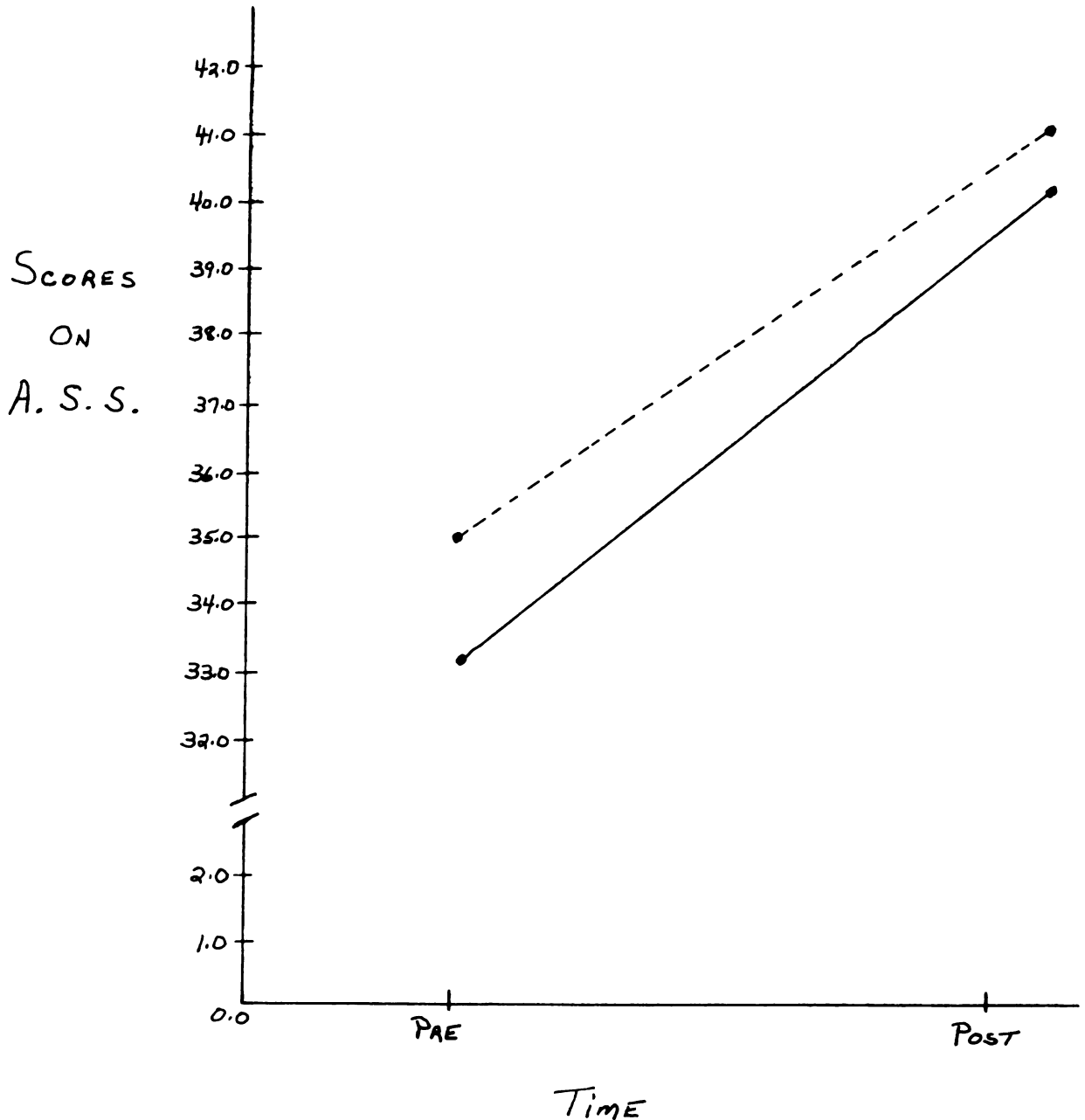
Figure 4.2b. Scores on the EUIPS and on each dimension of the CVRS over time for the experiential-accepting training groups and the cognitive-intellectual training groups.
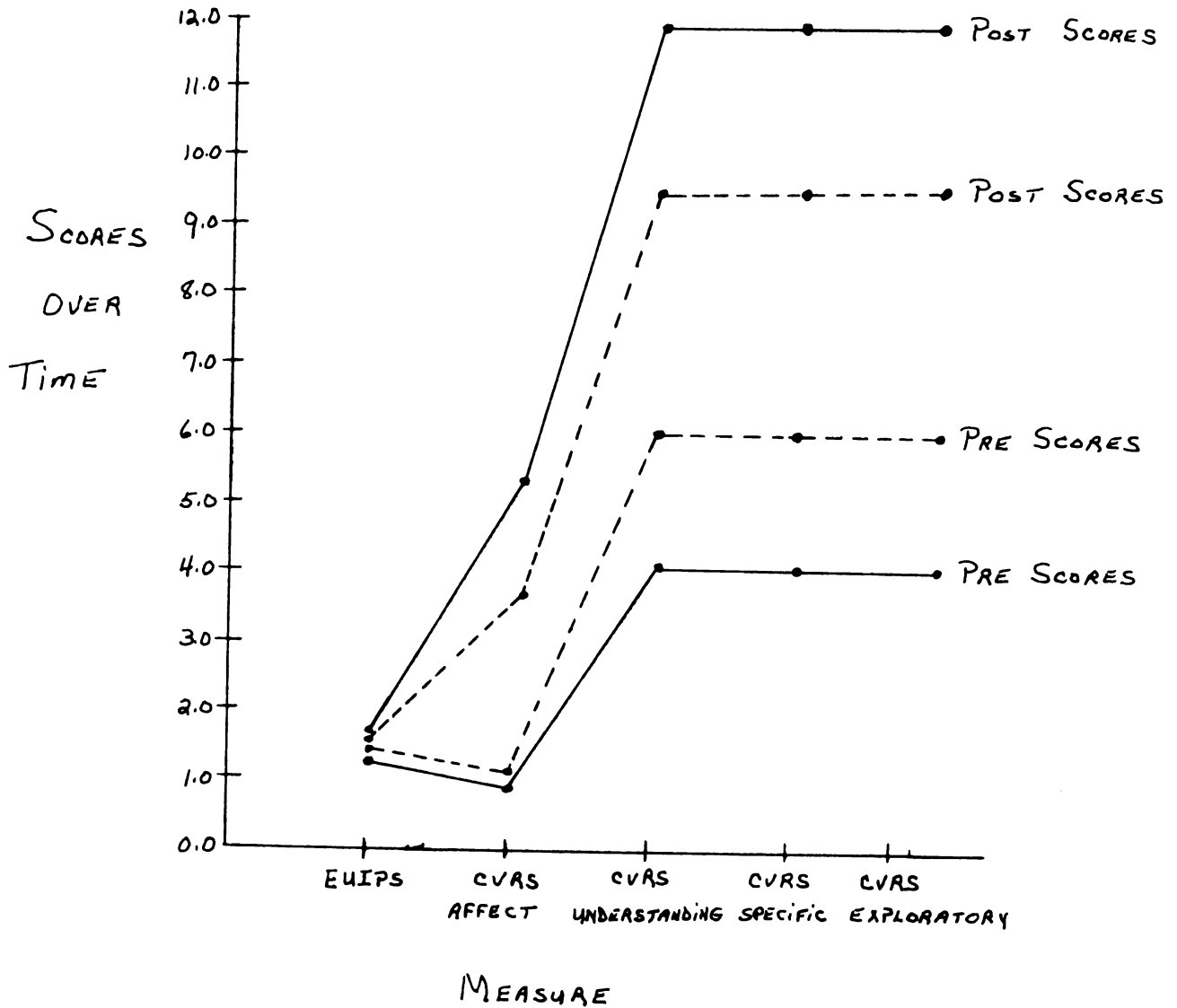
LEGEND :

——————— = EXPERIENTIAL-ACCEPTING TRAINING GROUPS

– – – – – – – – = COGNITIVE-INTELLECTUAL TRAINING GROUPS

groups on all measures except the A.S.S. Between group differences are more fully discussed in the following section.

Pre-treatment to Post-treatment

Changes Between Groups

An analysis of variance was done to compare pre-treatment to post-treatment gains between the experimental groups. An F-value of 2.68 for a one-tailed test of significance with 3 and 126 degrees of freedom is necessary before chance differences in gains can be rejected at the .05 level of confidence.

Table 4.3 contains the results of the analysis of variance. The analysis indicates that the measures-programs and the measures-programs-treatment interactions are significant at the .05 level of confidence. Post hoc comparisons of factors within significant inter-actions are statistically appropriate, and such comparisons were made by means of D-tests of pre-treatment to post-treatment gains between groups on each criterion measure.

The null hypotheses and the comparisons used to test the hypotheses are individually presented for each scale (the A.S.S., the EUIPS, and the CVRS) used in this study.

Table 4.3. Analysis of variance of pre-treatment to post-treatment change between groups in scores on the A.S.S., the EUIPS, and the CVRS.

Source	Sum of Squares	df	Mean Square	F
Treatments * Programs	18.324	1	18.324	0.52
Error	1404.863	40	35.122	- -
Measures * Treatments	69.533	3	23.178	1.31
Programs * Treatments	175.248	3	58.416	3.29*
Measures * Programs * Treatments	173.515	3	57.383	3.26*
Error	2130.250	120	17.752	_ _

*Significant at .05 level.

Affect Sensitivity Scale (A.S.S.)

The null hypothesis tested for between group differences in affect sensitivity was:

Ho_3: No difference in pre-treatment to post-treatment gain in scores on the Affect Sensitivity Scale will be found between counselors exposed to an experiential-accepting emphasis in training and counselors exposed to a cognitive-intellectual emphasis in training.

A $\bar{D}$ value of 2.02 for a two-tailed test of significance with 42 degrees of freedom is necessary before chance differences in gains can be rejected at the .05 level of confidence.

Table 4.4 contains the results of the D-test comparisons. The results indicate that no statistically significant difference exists between the EA training groups and the CI training groups in sensitivity to client affect. Because no significant differences were noted between the training groups, null hypotheses #3 cannot be rejected.

Table 4.4. D̄-tests of pre-treatment to post-treatment changes in scores on affect sensitivity between experimental groups.

Program	CI Group Mean	EA Group Mean	Error	df	D̄	P less than
1 & 2	5.955	6.902	1.93	42	0.49	0.50
1	2.818	5.909	2.52	20	1.22	0.20
2	9.091	7.909	2.72	20	0.43	0.50

The performance of the EA and CI training groups was also compared for each program. In individual program comparisons, a D̄-value of 2.08 for a two-tailed test of significance with 20 degrees of freedom is necessary before chance gains can be rejected at the .05 level of confidence. As indicated in Table 4.4, no significant differences were found between experimental groups in affect sensitivity in either program 1 or program 2 on this measure.

Empathic Understanding in Interpersonal Processes Scale

(EUIPS)

The null hypothesis tested for between group differences in empathic understanding was:

Ho_4: No difference in pre-treatment to post-treatment gain in scores on the Empathic Understanding in Interpersonal Processes Scale will be found between counselors exposed to an experiential-accepting emphasis in training and counselors exposed to a cognitive-intellectual emphasis in training.

A $\bar{D}$-value of 1.68 for a one-tailed test of significance with 42 degrees of freedom is necessary before chance differences in gains can be rejected at the .05 level of confidence.

Table 4.5 contains the results of the $\bar{D}$-test comparisons. The results indicate that a significant difference exists between the EA training groups and the CI training groups in empathic understanding. Since significant differences were noted between the experimental groups, null hypothesis #4 can be rejected.

Table 4.5. D̄-tests of pre-treatment to post-treatment changes in scores in empathic understanding between experimental groups.

Program	CI Group Mean	EA Group Mean	Error	df	D̄	P less than
1 & 2	0.130	0.544	0.140	42	2.96*	.005
1	0.117	0.414	0.204	20	1.46	.09
2	0.132	0.674	0.221	20	2.45*	.025

*Significant at .05 level.

Experimental group gains were also compared for each program. A D̄-value of 1.72 for a one-tailed test of significance with 20 degrees of freedom is necessary before chance gains in individual programs can be rejected at the .05 level of confidence. The D̄ values in Table 4.5 indicate that in program 1 the EA training group gained more from pre to post-treatment than did the CI training group. The difference in gain is not significant, but it is in the hypothesized direction at $p < .09$. In program 2, a significant difference exists between the experimental groups in empathic understanding.

Counselor Verbal Response Scale (CVRS)

The null hypotheses tested for between group differences on each dimension of the CVRS were:

Ho_5: No difference in pre-treatment to post-treatment gain in the number of affective responses rated on

the CVRS will be found between counselors exposed
to an experiential-accepting emphasis training and
counselors exposed to a cognitive-intellectual
emphasis in training.

Ho$_6$: No difference in pre-treatment to post-treatment
gain in the number of understanding responses rated
on the CVRS will be found between counselors exposed
to an experiential-accepting emphasis in training and
counselors exposed to a cognitive-intellectual
emphasis in training.

Ho$_7$: No difference in pre-treatment to post-treatment
gain in the number of specific responses rated on
the CVRS will be found between counselors exposed to
an experiential-accepting emphasis in training and
counselors exposed to a cognitive-intellectual
emphasis in training.

Ho$_8$: No difference in pre-treatment to post-treatment gain
in the number of exploratory responses rated on the
CVRS will be found between counselors exposed to an
experiential-accepting emphasis in training and
counselors exposed to a cognitive-intellectual emphasis
in training.

A $\bar{D}$-value of 1.68 for a one-tailed test of signifi-
cance with 42 degrees of freedom is necessary before chance
differences in gains can be rejected at the .05 level of
confidence.

Table 4.6 contains the results of the D̄-test comparisons for the affect dimension of the CVRS. The results indicate that no significant difference exists between the EA training groups and the CI training groups on the affect dimension of the CVRS. Because no significant differences were found between groups, null hypotheses #5 cannot be rejected.

Table 4.6. D̄-tests of pre-treatment to post-treatment changes in scores in affect responses between experimental groups.

Program	CI Group Mean	EA Group Mean	Error	df	D̄	P less than
1 & 2	2.459	3.991	0.988	42	1.56	0.090
1	3.000	3.300	1.510	20	0.19	0.500
2	1.918	4.682	1.290	20	2.14*	0.025

*Significant at .05 level.

The experimental groups performance on the affect dimension of the CVRS was also compared for each program. A D̄-value of 1.72 for a one-tailed test of significance with 20 degrees of freedom is necessary before chance gains in individual programs can be rejected at the .05 level of confidence. The values in Table 4.6 indicate that significant differences on the affect dimension of the CVRS do not exist between groups in program 1, but that significant differences between the EA and the CI training groups on the affect dimension of the CVRS do

exist in program 2. In each case, the EA training groups were in the direction of greater gains on the affect dimension than were the CI training groups.

Table 4.7 contains the $\bar{D}$-test comparisons for the Understanding, Specific and Exploratory dimensions of the CVRS. The values in the table indicate that a significant difference exists between the experimental groups on the Understanding, Specific and Exploratory dimensions of the CVRS. Since significant differences were found between groups, null hypotheses #6, 7 and 8 can be rejected.

Table 4.7. $\bar{D}$-tests of pre-treatment to post-treatment changes in scores in understanding, specific, and exploratory responses between experimental groups.

Program	CI Group Mean	EA Group Mean	Error	df	$\bar{D}$	P less than
1 & 2	3.432	7.155	1.94	42	1.93*	0.050
1	5.709	6.064	2.57	20	0.13	0.500
2	1.155	8.245	2.95	20	2.40*	0.025

*Significant at .05 level.

During the analysis of this data, it was found that no difference existed between ratings on the Understanding, Specific, and Exploratory dimensions of the CVRS. That is, if the judges rated a counselor's interview response as understanding, they also rated the response as specific and exploratory; and, if a response was rated

non-understanding, it was also rated as non-specific and non-exploratory. The lack of difference in these ratings indicated that the judges might have developed a "set" in rating the audio tapes in this study. Two procedures were used to examine the possibility of the existance of a rater "set." First, the judges used in this study were asked to rate five audio tapes obtained from another study on the CVRS. Differences were found in those ratings between the Understanding, Specific, and Exploratory dimensions. As a second check, two different judges, experienced in the use of the CVRS, rated five audio tapes randomly selected from all of the tapes collected for this study. The ratings obtained from the new pair of judges corresponded to the ratings of the judges used in this study. On the basis of these observations, it was assumed that the ratings on these dimensions of the CVRS were independent and not the result of rater bias or error.

Comparisons were also made of the experimental groups' performance in each program. The values found in Table 4.7 indicate that, although the EA training group made greater gains on the Understanding, Specific, and Exploratory dimensions of the CVRS than did the CI group, no significant between group difference was found on these dimensions in program 1. It is noted, however, that the difference between the groups is in the hypo-thesized direction at a P<.50. In program 2, the EA

training group made significantly greater gains in Understanding, Specific and Exploratory responses than did the CI training group.

As stated in Chapter III, it was important to verify that the counselors who participated in the second training program received training that was the same as that received by the counselors who participated in the first program. To check on the consistency of each treatment over the course of the two programs, the treatment-program interaction was examined through the analysis of variance done between group differences. The results of the treatment-program analysis is found in Table 4.3. The results of the analysis indicate that there was no significant difference between the treatments over the two programs. That is, there is no difference between the cognitive-intellectual treatment in program 1, and the cognitive-intellectual treatment in program 2, and the experiential-accepting treatment in program 1 did not differ from the experiential-accepting treatment in program 2.

Post-treatment to Delayed Post-treatment and
Pre-treatment to Delayed Post-treatment
Changes Between Groups

A number of difficulties were encountered in collecting the delayed post-treatment audio tapes. One maximum security institution did not allow its counselors

to use tape recorders. Several other institutions did not have access to audio recorders. As a result of these difficulties, only sixteen audio tapes were collected. Of this number, four were inaudible and could not be rated by the judges. The remaining twelve tapes (six from the EA training group and six from the CI training group) comprise the sample from which the delayed post-treatment data was obtained.

The results of analyses based on groups of small subject number must be cautiously interpreted.[2] The reliability of statistics computed on experimental groups of six subjects each is questionable. The analysis described below was done more as a basis for generating future hypotheses than as a test of true differences between groups.

The null hypotheses tested for post-treatment to delayed post-treatment and pre-treatment to delayed post-treatment changes between groups were:

Ho_9: No difference in post-treatment to delayed post-treatment gain in scores on the EUIPS and on each dimension of the CVRS will be found between counselors exposed to an experiential-accepting emphasis in training and counselors exposed to a cognitive-intellectual emphasis in training.

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[2]See Hays (1963).

Ho_{10}: No difference in pre-treatment to delayed post-treatment gains in scores on the EUIPS and on each dimension of the CVRS will be found between counselors exposed to an experiential-accepting emphasis in training and counselors exposed to a cognitive-intellectual emphasis in training.

The hypotheses were tested by means of an analysis of variance. An F-value of 4.96 for a one-tailed test of significance with 1 and 10 degrees of freedom is necessary before change differences in gains can be rejected at the .05 level of confidence.

Table 4.8 contains the results of the analysis of variance. The results indicate that no significant factors or interactions were found between groups for either the post-treatment to delayed post-treatment interval or the pre-treatment to delayed post-treatment interval when scores were summed for the EUIPS and each dimension of the CVRS. Null hypotheses #9 and 10 cannot be rejected.

Table 4.8. Analysis of variance of post-treatment to
           delayed post-treatment and pre-treatment to
           delayed post-treatment changes between
           samples on the EUIPS and on each dimension
           of the CVRS.

Source	Sum of Squares	df	Mean Square	F
Intervals	19.740	1	19.740	0.74
Groups * Intervals	28.956	1	28.956	1.09
Error	264.982	10	26.498	- -
Measures * Intervals	10.564	2	5.282	0.49
Groups * Measures * Intervals	12.321	2	6.160	0.57
Error	215.355	20	10.768	- -

Because non-significant F-values were obtained in
the analysis, it was inappropriate to use post-hoc
statistical comparisons to examine between group differences
on the individual criterion measures in each interval
under consideration. Graphic representations of trainee
performance on each criterion measure in each interval can
be used, however, to indicate the direction of change bet-
ween the treatment groups.

Table 4.9 contains the post-treatment to delayed
post-treatment losses of the experiential-accepting
training group and the cognitive-intellectual training
group on the EUIPS and on each dimension of the CVRS.
Figure 4.3 is the graphic representation of the Table 4.9
values.

Figure 4.3. Change in scores on the EUIPS and on each
dimension on the CVRS over the post-treatment
to delayed post-treatment interval for the
experiential-accepting training groups and
the cognitive-intellectual training groups.
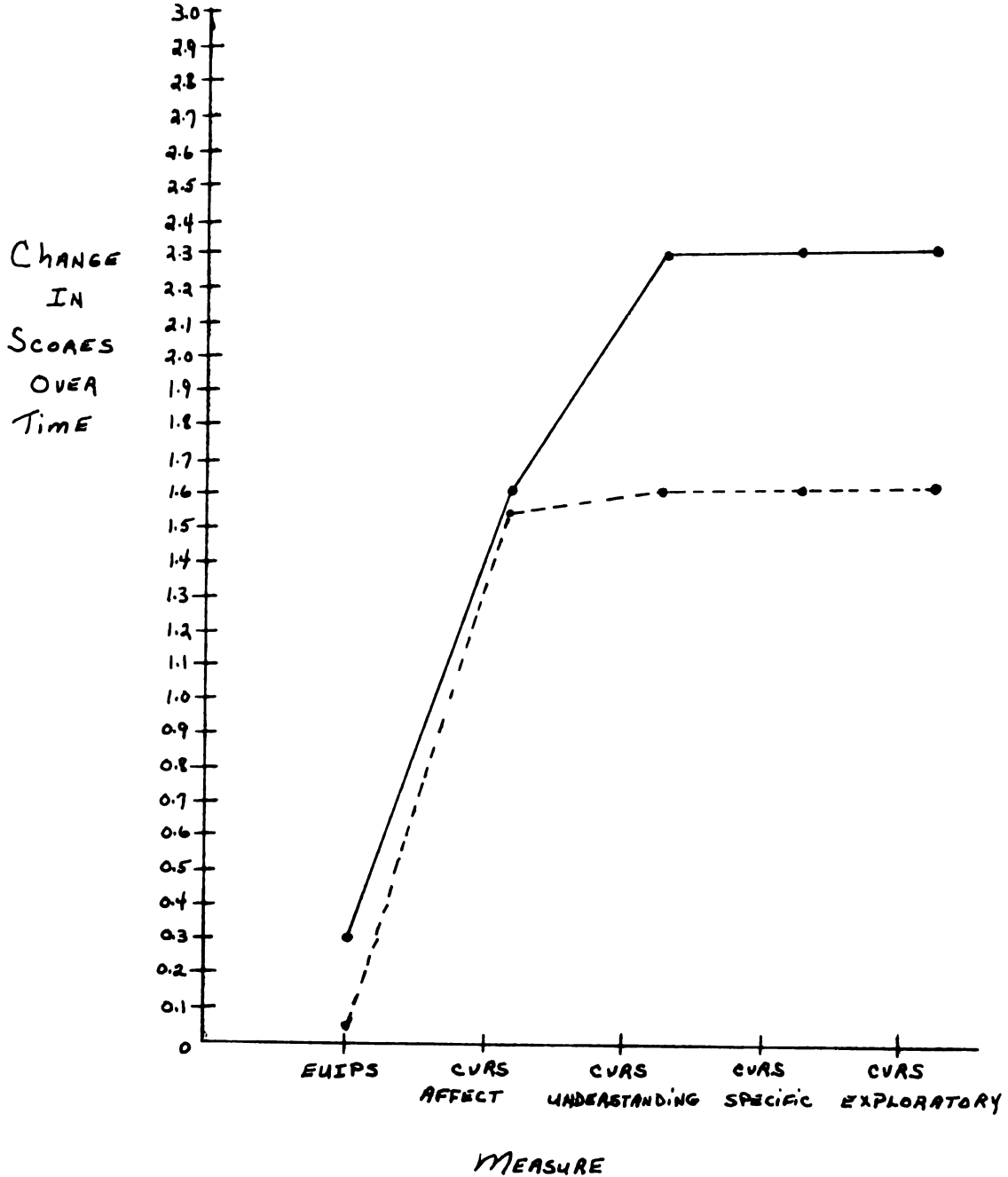
LEGEND:

———————— = EXPERIENTIAL- ACCEPTING TRAINING GROUPS

- - - - - - - - - = COGNITIVE- INTELLECTUAL TRAINING GROUPS

Table 4.9. Post-treatment to delayed post-treatment losses of the experimental groups on the EUIPS and on each dimension of the CVRS.

| Group | N | EUIPS | CVRS | | | |
			Affect	Under-standing	Specific	Explora-tory
Experiential-Accepting	6	-0.13	-1.60	-2.30	-2.30	-2.30
Cognitive-Intellectual	6	-0.02	-1.55	-1.53	-1.53	-1.53

An examination of Table 4.9 and Figure 4.3 indicates that the six EA trainees had greater losses in scores on the EUIPS and on each dimension of the CVRS than did the six CI trainees in the post-treatment to delayed post-treatment interval.

Table 4.10 is a description of the pre-treatment to delayed post-treatment gains of the experiential-accepting training group and the cognitive-intellectual training group on the EUIPS and on each dimension of the CVRS. Figure 4.4 is the graphic representation of the Table 4.10 values. An examination of Table 4.10 and Figure 4.4 indicates that when the pre-treatment to delayed post-treatment interval is considered, the six EA trainees made greater gains on the EUIPS and on each dimension of the CVRS than did the six CI trainees.

Figure 4.4. Change in scores on the EUIPS and on each
dimension of the CVRS over the total pre-
treatment to delayed post-treatment interval
for the experiential-accepting training
groups and the cognitive-intellectual
training groups.
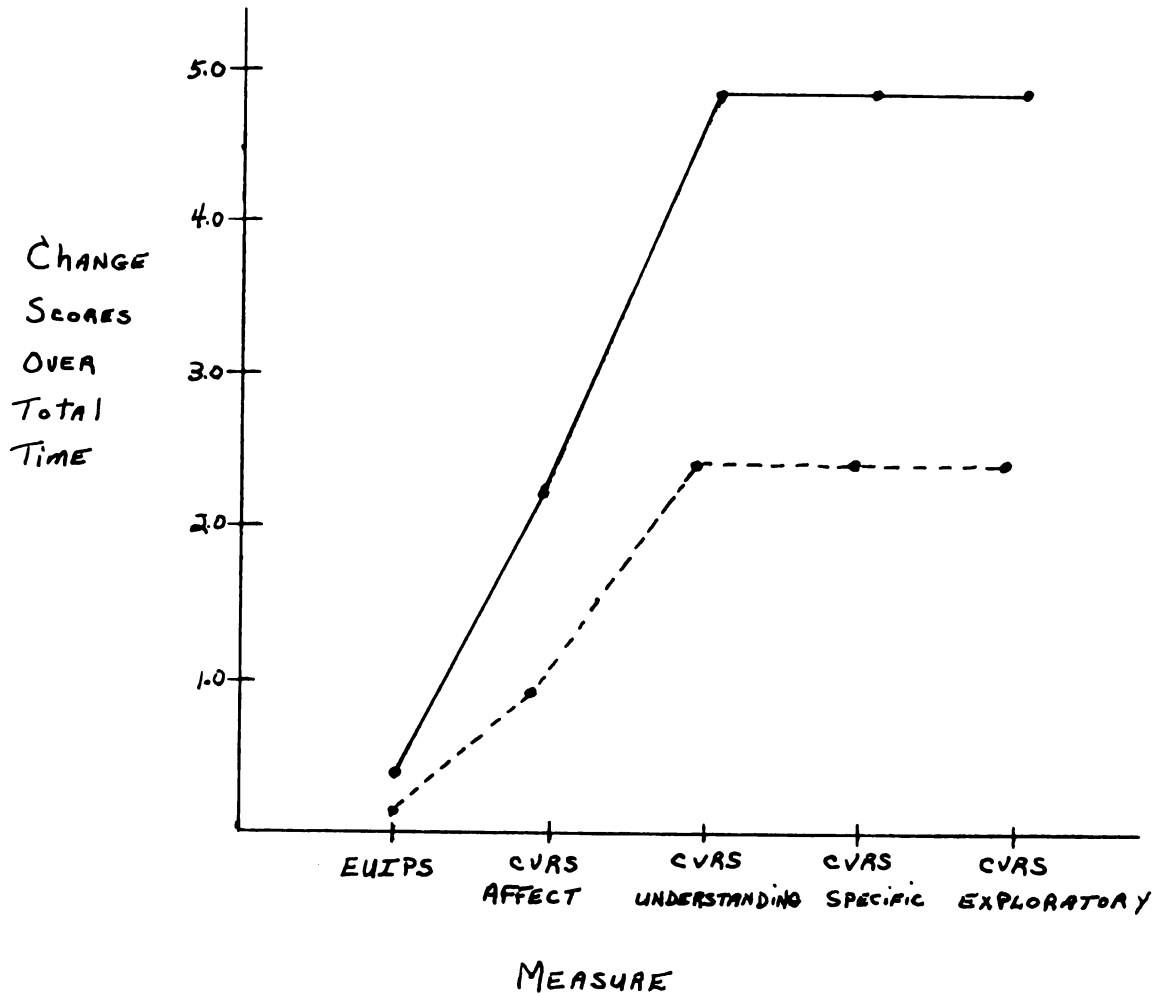
Table 4.10. Pre-treatment to delayed post-treatment gains of the experimental groups on the EUIPS and on each dimension of the CVRS.

Group	N	EUIPS	CVRS			
			Affect	Under-standing	Specific	Explora-tory
Experiential-Accepting	6	1.52	2.21	4.88	4.88	4.88
Cognitive-Intellectual	6	1.46	.91	2.36	2.36	2.36

Combining the data in Table 4.9 and 4.10 and

Figures 4.3 and 4.4, it appears that the six EA trainees

incurred greater losses on the EUIPS and on each dimension

of the CVRS in the post-treatment to delayed post-treatment

interval than did the six CI trainees; but, when the total

pre-treatment to delayed post-treatment interval is

considered, the six EA trainees made greater gains on the

EUIPS and on each dimension of the CVRS than did the six

CI trainees. Statistical comparisons of between group

differences are inappropriate.

Summary

The hypotheses for pre-treatment to post-treatment

differences within the experimental groups were tested by

means of an analysis of variance. The experiential-

accepting training groups made significant gains pre to

post-treatment in scores summed across the Affect Sensitivity

Scale, the Empathic Understanding in Interpersonal Processes

Scale, and on each dimension of the Counselor Verbal Response Scale. Significant pre-treatment to post-treatment changes in scores were not found for the cognitive-intellectual training groups. Post-hoc statistical analyses of changes within groups on individual measures were not possible. A graphic comparison of group performance on each of the criterion measures was presented. Both experimental groups made positive gains pre to post-treatment on all of the criterion instruments used in the study. It was also noted that the experiential-accepting training groups scored numerically lower than did the cognitive-intellectual training groups in pre-treatment testing, but scored higher (numerically) than the cognitive-intellectual training groups on all scales except the A.S.S. in post-treatment testing.

A second set of hypotheses related to pre-treatment to post-treatment changes between groups. An analysis of variance was done, and the results of the analysis indicated a significant measures-programs-treatments interaction. Post-hoc comparisons were done by means of $\bar{D}$-tests. The experiential-accepting training groups were found to have made significantly greater gains than did the cognitive-intellectual training groups on the Empathic Understanding in Interpersonal Processes Scale and on the Understanding, Specific and Exploratory dimensions of the Counselor Verbal Response Scale.

Differences in pre-treatment to post-treatment gains
between the experimental groups on the Affect Sensitivity
Scale and on the Affective dimension of the Counselor
Verbal Response Scale were not found to be significantly
different. No overall treatment-program interaction was
observed, but the experimental groups in the first training
program tended to behave somewhat differently on individual
scales than did the experimental groups in the second
training program.

A final series of hypotheses related to the post-
treatment to delayed post-treatment and pre-treatment to
delayed post-treatment changes between groups. The null
hypotheses were tested by means of an analyses of
variance. No significant differences between six subjects
from the experiential-accepting training group and six
subjects from the cognitive-intellectual training group
were found for either the post-treatment to delayed post-
treatment interval or the pre-treatment to delayed post-
treatment interval. A descriptive analysis was presented
in order to indicate patterns of change between the
treatment groups. It was observed that the trainees from
the experiential-accepting treatment showed greater losses
than did the trainees from the cognitive-intellectual
treatment on the EUIPS and on each dimension of the CVRS
in the post-treatment to delayed post-treatment interval.
In the total pre-treatment to delayed post-treatment

interval, however, the trainees from the experiential-accepting treatment appear to have made greater gains on the EUIPS and on each dimension of the CVRS than did the trainees from the cognitive-intellectual treatment. Statistical analysis of the differences between the experimental groups was not possible.

CHAPTER V

SUMMARY, DISCUSSION, AND IMPLICATIONS

Summary

The purpose of this study was to determine the effects
of two approaches to counselor education on the subsequent
counseling behaviors of prison counselors. One approach,
designated experiential-accepting, emphasized counselor
personal growth. A second approach, called cognitive-
intellectual, emphasized cognitive learning of client
dynamics and counseling technique. Both approaches were
used in conjunction with stimulated recall and simulation,
procedures developed by Kagan *et al.* (1967) as part of the
Interpersonal Process Recall technique (IPR).

Few well designed and controlled studies have been
done assessing the efficacy of clinical or counseling
training programs (Carkhuff, 1966). In those done, two
different approaches to training seem to be delineated.
In one approach the counselor's role is conceptualized
as that of a social reinforcer, while in the second
approach the counselor is assumed to be a catalyst for
client self-exploration. Each approach has been demon-
strated to be effective for educating counselors to
function either as a social reinforcer or as a catalyst

for client self-exploration. Neither approach, however, has been demonstrated to be effective in terms of actual counseling outcomes.

Truax and Carkhuff (1967) have suggested that effective counselor training must promote the development of a counselor-trainee's personal growth as well as an understanding of client dynamics and counseling techniques. In a study of counseling behavior, Truax (1967) found that effective counselors behave in a manner that demands self-understanding and an understanding of client dynamics and counseling techniques.

Recent research (Goldberg, 1966; Kagan, 1967) indicates that a videotaping technique called Interpersonal Process Recall (IPR) can intensify and accelerate counselor training. IPR involves two basic procedures. One procedure uses the video playback of a counseling session in order to stimulate recall of the dynamics of the client-counselor interaction. A videotape of a counseling session is replayed to a counselor-trainee, who, with the aid of a clinically trained "interrogator," examines the underlying dynamics of his interaction with a client. The trainee can use the procedure to examine his own dynamics, the client's dynamics, and the counseling techniques he employed during the interview. A second procedure involves recall of simulated interpersonal confrontations. The trainee is confronted with a film

that simulates difficult interpersonal encounters. After watching the film, the counselor-trainee is encouraged to examine his reactions to the film. As with the stimulated recall procedure, the simulation films can be used to help the trainee to focus upon his own dynamics, the dynamics of the filmed "client," or on techniques dealing with the situation. Both procedures have been found to be effective in helping trainees develop more facilitative behaviors for working with clients in therapy.

In this study two quite similar treatments were compared. The focus of training was different for the two experimental treatments and the tasks (described below) were used in different ways by the groups. The emphasis of training in the cognitive-intellectual (CI) groups was on client dynamics and counseling techniques. The CI group supervisors used the tasks to help the trainees increase their awareness of <u>clients</u> feelings and reactions, and to help the trainees develop more effective ways of dealing with clients. The emphasis of training in the experiential-accepting (EA) groups was <u>counselor</u> self-awareness. Although the EA group supervisors used the tasks to help the trainees develop a greater awareness of client dynamics and counseling techniques, the primary purpose of task involvement was the development of trainee self-awareness and an understanding of self-dynamics in

interpersonal interactions. It is important to point out that these two treatments were compared not only because they encompass two existant and competing points of view, but because the EA approach is usually thought of as more difficult to implement. It requires more supervisor skill to face (with a trainee) the trainee's own feelings than it does to talk about client dynamics and counselor techniques. Is the EA emphasis worth the effort?

The experimental treatments of this study consisted of four basic series of tasks. The first series of tasks included a lecture presentation of the dimensions of facilitative counseling as defined in the work of Truax and Carkhuff and in the Counselor Verbal Response Scale (Kagan, Krathwohl *et al.*, 1967), videotaped models of "expert" counseling, as well as exercises in rating counseling behavior. These tasks were designed to help the counselor-trainees gain an understanding of elements of effective communication--a foundation from which they could work in developing their counseling skills. A second series of tasks was called simulated confrontation recall. The trainees were asked to watch a film which simulated a variety of stressfull interpersonal encounters. After watching the film, the trainees were asked to examine and discuss their reactions to the film. It was expected that this task would sharpen the counselor-trainee's ability to be sensitive to his own feelings as

well as client feelings. It was also expected that the task would help the trainee become more capable of dealing with stressful emotional situations in an effective manner. A third series of tasks was called Interpersonal Process Recall (IPR). In this task a trainee and his client were videotaped while in counseling. When the interview was completed, the videotape was replayed for the participants. They were encouraged by an interrogator to explore the underlying dynamics of their interactions. Client recalls, counselor recalls, and mutual recalls were conducted through the course of the training sequence. In addition to helping the trainee become more sensitive to his own feelings and to client feelings, the IPR task was designed to aid the trainee gain a better understanding of the bilateral nature of the counseling relationship. A final series of tasks included group review of individual client contact. On each day of the program a different trainee was videotaped while conducting a counseling session with his client. The videotape of the session was replayed in a group setting. The purpose of the task was to initiate discussion among the trainees and to provide models of various approaches and techniques in counseling. It was also expected that contact with "real" clients would help the counselor-trainees see the association between classroom and laboratory theory and actual clinical practice.

The trainees in this study were forty-four counselors in the Michigan Department of Corrections. Only three had taken academic courses in counseling. None of the subjects had even been involved in a counseling practicum. Two counselor supervisors were used in the study to conduct the treatments. One was an experienced Ph.D. in counseling and the other was a doctoral student in counseling. Both had training and experience with the IPR techniques as well as with traditional counseling methods. In order to control for the difference in experience between the supervisors, each supervisor trained both an EA training group and a CI training group during the treatment or the replication.

The experimental procedures were carried out twice. Half of the counselors in the Michigan Department of Corrections were involved in each program. Each counselor was randomly assigned to one of the two programs and one of the two experimental procedures.

A pre-post design was used to test the research hypotheses. Each of the counselors completed the Affect Sensitivity Scale pre and post-treatment. In addition, audio tapes of initial contacts with prison inmate clients were collected at the beginning and at the end of treatment for each counselor. Finally, the trainees in the first program were asked to audio record an initial counseling interview four weeks after the completion of

training. The latter tapes were to be used for delayed post-treatment comparisons of the groups. All of the tapes were rated by two independent judges (advanced doctoral students in counseling psychology) on the Affect-Cognitive, Understanding-Nonunderstanding, Specific-Nonspecific, and Exploratory-Nonexploratory dimensions of the CVRS, and on the Empathic Understanding In Interpersonal Processes Scale. The basic hypotheses of this study were:

Hypothesis I: There will be significant growth in the counseling behavior of counselors exposed to an experiential-accepting emphasis in training when that behavior is rated by expert judges on the dimensions of facilitative communication.

Hypothesis II: There will be no significant growth in the counseling behavior of counselors exposed to a cognitive-intellectual emphasis in training when that behavior is rated by expert judges on the dimensions of facilitative communication.

Hypothesis III: Counselors exposed to training emphasizing experient-accepting learning will respond to clients with significantly more empathic understanding than will counselors exposed to training emphasizing

cognitive-intellectual learning when
such understanding is rated by expert
judges on the dimensions of empathic
understanding in interpersonal relation-
ships.

Hypothesis IV: There will be significantly more growth
in the counseling behavior of counselors
exposed to the experiential-accepting
emphasis in training than in the behavior
of counselors exposed to the cognitive-
intellectual emphasis in training which
such behavior is rated by expert judges
on the dimensions of facilitative
communication.

Hypothesis V: There will be no significant difference
in sensitivity to client affect as
measured by the Affect Sensitivity Scale
between counselors exposed to an
experiential-accepting emphasis in
training and counselors exposed to a
cognitive-intellectual training emphasis.

Hypothesis VI: Counselors exposed to training emphasizing
experiential-accepting learning will
maintain significantly higher levels of
empathic understanding and facilitative
counseling behaviors than will counselors

exposed to training emphasizing cognitive-
intellectual learning which such
behaviors are rated on the dimensions
of empathic understanding in interpersonal
relationships and on the dimensions of
facilitative communication.

The analysis of pre to post change within groups was
done by means of an analysis of variance. The results of
the analysis indicated significant differences (.05 level)
pre to post treatment on all measures taken as a total for
the experiential-accepting training groups, but not for
the cognitive-intellectual training group. That is, after
treatment the trainees in the EA training groups were
significantly higher on the Affect Sensitivity Scale and
on the CVRS and EUIPS ratings, taken as a total. The
scores of the trainees in the CI training groups showed
no differences pre to post treatment.

The analysis of pre to post change between groups was
done by means of an analysis of variance. Statistical
post-hoc comparisons were done by means of Tukey's
Honestly Significant Difference Test and D-tests of gain
score differences. The results of the analysis indicated
that significant differences (.05 level) existed between
groups on empathic understanding and on the understanding,
specific, and exploratory dimensions of the CVRS. That
is, the EA training groups made significantly greater
gains than did the CI training groups on the EUIPS and on

the understanding, specific, and exploratory dimensions
of the CVRS. Significant differences between groups were
not found on the Affect Sensitivity Scale and on the
affect dimension of the CVRS. That is, the EA training
groups did not make significantly greater gains than did
the CI training groups on the Affect Sensitivity Scale
and on the affect dimension of the CVRS.

An analysis of variance of post to delayed post-
treatment change and pre to delayed post-treatment change
indicated that no significant differences (.05 level)
existed between groups over delayed time and treatment.
In other words, the EA training groups did not maintain
significantly greater gains than did the CI training
groups over time. Unfortunately this analysis was based
on groups of six subjects each (most of the subjects
could not get tape recorders or permission to use them
in their field settings). The small subject numbers
suggested that the results of the delayed post analysis
be interpreted very cautiously. An examination of the
raw data indicated that, when the total pre-treatment to
delayed post-treatment interval was considered, the EA
training groups maintained numerically higher scores than
did the CI training groups on all measures. Comparisons
of between group differences on individual measures were
clearly not appropriate.

In essence, the experiential-accepting treatment had a significant overall effect on counselor performance in training. Although the two treatments did not appear to differ when the ability to perceive client feelings and reactions (as defined and measured by the Affect Sensitivity Scale) was considered, the treatments did appear to differ when counselor performance (as defined and measured by the EUIPS and the CVRS), was considered. Trainees in the experiential-accepting groups made significant gains pre to post treatment on all of the criteria taken as a total. The members of the experiential-accepting training groups made significantly greater gains than did the members of the CI groups in empathic understanding and on the number of understanding, specific, and exploratory responses made to clients.

Discussion

Before conclusions and implications can be drawn from the data, several questions must be answered about the research design and methodology. One question concerns the extent to which possible supervisor bias influenced the results of this study. Both supervisors knew the research hypotheses and the treatment groups to which their trainees were assigned. It was possible that the supervisors could have exerted some control over the outcomes.

Although the possibility of supervisor bias cannot be completely discounted, there are several factors which limit the likelihood of such supervisor control. First, the briefing, de-briefing, and monitoring checks built into the design were developed in order to assure the existance and operation of the experimental conditions. Any significant deviation from the established procedures would have been noted, especially in the de-briefing and monitoring activities. No irregularities in procedure were observed by the training staff. External checks were also employed. The activities at the training facility were open for inspection to the officials of the Department of Corrections and to the faculty of Michigan State University. A large number of visitors from both agencies observed the training procedures at various stages in each program. All of the visitors indicated that they observed the enactment of the defined experimental conditions. If the possibility of supervisor bias is accepted, one would also have to assume that the supervisors exerted enough control over the trainees to accomplish a degree of change with the CI training groups, but significantly more with the EA training groups on some but not all criteria. In view of our current state of knowledge about counselor education, it appears unlikely that the supervisors could exert this degree of control over their trainees, even if they wished to do so.

A second question concerns the possibility that the supervisors preference for the experiential-accepting treatment was conveyed to the counselors, affecting the counselors' interest or motivation in training. Clinical observations of the trainees' behaviors does not indicate that differences in motivation or interest existed between groups. Members of both groups requested the use of the videotape equipment for study in the evenings and on weekends. Attendance was near perfect for all trainees, and requests for applications to graduate school were received from members of both groups. Finally, a number of letters were received up to three months after the completion of training from participants in both groups. The comments indicated that (regardless of treatment) counselors saw their training as positive and beneficial, not only professionally but also personally. Although reports such as these are subject to a halo effect, they tend to indicate that the supervisors acted in ways which reflected interest and concern, irrespective of the type of training being offered.

Another consideration relating to trainee interest and motivation is the characteristic of the subject sample and the environment in which it functioned. Clinical observations indicated that the trainees were extremely suspicious, at first. They were ordered to report for training by their work supervisors, and had many questions

about the purpose of the programs and the ways in which
the results of the training would be used. Although
the trainees were labeled as "counselors" in the prison
system, they were seen, by the prison officials and by
themselves, as "paper shufflers" and "report writers."
The effective counselor was defined by the number of
reports he had completed, and not by the number of
individual or group counseling contacts he had made.
The concept of rehabilitation was often defined in terms
of retrobution. That is, the inmate who acted out or had
difficulties in adjusting to prison life was often locked
up or denied privileges. Few attempts were made to listen,
understand, and communicate with the prisoner. Finally,
those counselors who did attempt to respond to inmates
in a facilitative manner were often scorned and mocked
for their attempts by both staff and inmates alike. The
concepts, attitudes, values, and beliefs presented in the
training programs were largely alien to the work situation
from which the trainees had come and to which they would
return at the completion of the programs, at least for
a period of time until current efforts by the Department
of Corrections to improve treatment conditions take hold
on a prison system. While counselor attitude would not
affect the observed differences between the experimental
groups, it suggests that this particular group of
counselor-trainees was less receptive, initially at least,

to either type of training program. In view of the
observed differences in behavior for both groups pre to
post treatment, it does not appear that the situation
described above caused no change to occur for either
group. Instead it seems more likely that the situation
may have affected the motivation and interest of the
trainees as reflected in the amount of change rather than
the fact of change. In other words, it may be possible
that greater changes in behavior would be observed with
other groups of counselor-trainees. Thus while cautions
must be taken in generalizing from a sample of prison
counselors to the general population of counselors
everywhere and prison counselors elsewhere, conclusions
about the differences between treatments probably can be
generalized.

A number of questions can be raised about the
evaluation procedures used to measure pre to post treatment
differences. One question concerns the adequacy of
using judges' ratings of one interview, and only a small
part of that interview, to make determinations on
differences in counselors' behaviors. In this study
twenty counselor responses comprised the unit of evaluation
for each trainee on the CVRS and on the EUIPS. Twenty
responses represent a fifteen to twenty minute segment
of a counseling interview. Validity studies done on the
CVRS (Kagan *et al.*, 1967) indicate that differences in

interview behavior can be observed in segments of time
shorter than that used in this study. There are some
indications (Goldberg, 1967) that a four minute segment
is as effective as a ten or fifteen minute segment of
interview behavior for determining changes in counselor
performance.

Another difficulty concerns using counselor responses
as the sole basis for rating progress in counseling.
There are some indications (Schauble, 1969; Truax and
Carkhuff, 1967) that the course of counseling is at least
in part dependent upon the client's level of self-
exploration and motivation to participate in counseling.
The same counselor might receive high ratings on the
dimensions of facilitative communication when working
with a highly motivated client and low ratings when
working with a less motivated client. Truax and
Carkhuff (1967) suggest that the Therapist-Patient-
Therapist unit is a more acceptable basis for rating
counselor performance. The possibility of this type of
error cannot be discounted in the interpretation of the
results of this study. The random assignment of clients
to counselors, however, reduces the likelihood that this
client-variable significantly affected the outcomes of
the study.

Another question concerns the validity of using the
same instruments in training and in evaluation. The

dimensions of facilitative communication as defined on the
EUIPS and CVRS were presented to all of the trainees in
a lecture session. While it would be difficult to
determine what (if any) part of the observed pre to post
treatment change in both treatment groups was the result
of the lecture presentation, there is little evidence to
indicate that the lecture session contributed any more
than the other tasks in the study to the observed outcomes.
The lecture itself represented only 3 1/2 out of the eighty
hours of training received by the counselors. Training
for both treatment groups was broad in scope, covering
subjects which ranged from addiction to black militancy.
It seems unlikely that the observed pre to post-treatment
changes for both experimental groups on the CVRS and the
EUIPS was due to the presentation of these dimensions
during the course of training. If so, pre to post
differences but certainly not between group differences
would be the only ones affected.

A final question concerns the gains made by the
counselors in this study on the EUIPS. Although the
gains made by both treatment groups were in the right
direction, the gains (significant for the EA groups)
were small. Neither group reached the 3.0 (minimally
facilitative) level described by Truax and Carkhuff
(1967). Do these results indicate that the treatments
used in this study were ineffective in teaching empathic

understanding? Although this possibility cannot be completely discounted, there is little evidence to support this position at this time. The subject sample used in this study was an unselected sample. If a training group with higher initial scores on the EUIPS were selected for treatment, post-program scores might have been higher, possibly reaching or surpassing the 3.0 level.

In summary, then, the differences observed in the behaviors of counselors in the experiential-accepting training groups, and the differences between the two treatment groups on the EUIPS and on the CVRS strongly suggest that an experiential-accepting emphasis in training when used in conjunction with the IPR tasks employed in this study, is an effective means of training counselors.

Implications

Before discussing the implications of the results of this study, it is appropriate to discuss some of the observations made during the course of training and during the evaluation of the audio tapes. The observations may be of some benefit in determining why the experiential-accepting approach (used in conjunction with the IPR methodology) was more effective than the cognitive-intellectual approach (used in conjunction with the IPR techniques) in changing counselor behavior.

Clinical Observations

The training program presented many of the trainees with a difficult problem. For the most part, the trainees had little understanding of what a counselor did and what was expected of them in the course of training. In the initial training sessions all of the trainees were given a lecture on the dimensions of client-counselor communication. In addition, the counselors were shown a video taped counseling session conducted by an "expert" counselor and were then involved in rating exercises. These latter tasks were designed to help the trainees see the concepts, theoretically presented in the lecture, put into operation. It appeared that the tasks gave the counselors a direction to follow. The concepts seemed to provide a foundation on which the counselors could begin to develop their skills and a reference that they could use in evaluating their counseling behaviors. At the end of training some of the counselors indicated that not enough time was devoted to the discussion of the dimensions of inter-personal communication. They seemed to feel that with a better understanding of the foundations of client-counselor communication, they would be better prepared to attempt a real counseling interaction. A closer examination of the counselors' comments indicated that they did not feel that too little information was presented but that the information was presented over too short a period

of time. It appears as if the wealth of information concentrated into 3 1/2 hours of training made assimilation of the information very difficult. If, as the counselor's comments indicate, these tasks were helpful in providing a framework for understanding the dynamics of interpersonal communication, it may be that the initial tasks served not only an introductory purpose but that they also served to bring the counselors to a point of readiness for other training experiences.

The trainees indicated that the simulation films exposed them to some of their worst nightmares--the homosexual inmate, the aggressive inmate, and the inmate who accuses the counselor of acting in a homosexual or aggressive way towards him. For the members of the EA training groups the films served as an introduction to the emphasis of training. Each trainee was asked to examine his own reactions in an interpersonal encounter. Since the films represented a simulated or "unreal" situation, a trainee could explore his emotional reactions free from the fear of having to be responsible for the consequences of his reactions on a client. While the films did offer the trainees a chance to "safely" explore their own emotional reactions, a great deal of anxiety was still observed in the trainees reactions. One trainee sat very quietly and impassively through the first several vignettes in the seduction sequence (male actor). As the

actor's message became more clear, the trainee seemed to become more uncomfortable in his seat. When an overt homosexual advance was finally portrayed, the trainee became flushed and said: "Wow! I knew he was leading up to that but I didn't want to say it. I was afraid that I was the only one who saw it. He (the actor) finally did it." The trainee was aware of the actor's feelings long before those feelings were overtly expressed. The trainee's own fears, however, prevented him from dealing with the situation. As the members of the EA training groups began to identify and deal with their feelings and behaviors, the feelings became less threatening and less a source of anxiety for the counselors when working with actual clients.

For the CI groups, the simulation task was also an invaluable aid in helping the counselors become more aware and understanding of client dynamics. The uncomfortableness in dealing with the simulation materials did not seem to ease as much with the CI groups as it did with the EA groups. The CI groups used the films to focus on client dynamics and counseling technique. Comments made by the CI group trainees during training indicated that dealing with client dynamics (and de-emphasizing counselor feelings) was often not satisfactory for the counselor. For example, one CI group trainee, after watching a simulated aggression vignette, remarked:

"I know what's going on with him (the actor) and maybe
I can make some guesses why he's acting that way. I know
what I should say to him but I've got some feelings too.
Maybe I'd just send the guy to the hole (isolation)."
Similar comments made by other CI group trainees seemed
to indicate that, as a group, these trainees were less
able to identify and deal with their feelings and
behaviors.

The EA training groups used the IPR (interrogator
training) sessions to bridge the gap between listening
and responding. It was observed that the members of both
treatment groups seemed equally capable of perceiving
what clients, whether simulated or real, were saying and
feeling. This observation was supported through the
results of testing on the A.S.S. (Table 4.4.). It was
observed, however, that the trainees in the EA training
groups seemed to be responding to clients (as observed
in the group review and interrogator training sessions)
more facilitatively than did the trainees in the CI training
groups despite the emphasis on counselor response in the
CI treatment. This observation was supported through
statistical analysis which indicated that significant
differences existed between experimental groups in empathic
understanding and on the understanding, specific, and
exploratory dimensions of the CVRS (Tables 4.5 and 4.7).
Why did differences in responding occur between the groups?

Perhaps it is not too far fetched to suggest that the difference in emphasis between the experimental groups had its greatest effect in the interrogator training sessions. The CI training groups used the interrogator training sessions to focus on client dynamics and counseling techniques. The EA training groups used the interrogator training sessions to focus not only on client dynamics and counseling techniques but primarily on counselor reactions in the interview session. Counselor feelings were, in fact, emphasized in the EA groups' interrogator training sessions. The effects of this emphasis were most easily seen in the mutual recall sessions. The members of the EA training groups were helped in the interrogator training sessions to identify and deal with those feelings and fears within themselves which were preventing communication with clients. An excerpt from a mutual recall session illustrates the potential of the experiential-accepting emphasis, when structured according to the IPR model, for establishing effective client-counselor communications.

Interrogator: "What are thinking here?"

Client: "I'm wondering whether he (the counselor) is even paying any attention to what I'm saying."

Counselor: "I'm thinking about what I can say to him."

Interrogator: "Say?"

Counselor: "Yea...well...I'm kind of confused
                right now."

Interrogator: "Confused."

Counselor: "Yea...Well it's like this. He
                keeps on saying that white men
                don't really respect him...that
                they don't listen to him, just tell
                him that he's dumb and doesn't know
                the score. Oh, I don't know."

Interrogator: "What is he feeling?"

Counselor: "He's feeling that I'm like the
                other white men he's met. I didn't
                want him to think that. I wanted
                to be careful in what I said. But
                it came across wrong. Guess I should
                have said something...let him know
                what I was feeling...or find out if
                he feels that all white men are like
                that."

Client: "I didnt know you were thinking that.
                I guess I felt, well there's
                another one tuning me out."

Counselor: "I guess I should have said something."

Client: "Or maybe I should have asked."

Counselor: "Do you ever really find out what

people are thinking about you?"

Client: "You know, I really don't."

The interrogation session helped the counselor identify some of the feelings and fears that he was experiencing during his interaction with the client. Knowing those feelings, the counselor was able to use the client's comments to see how the communication between them was being blocked. At the end of the excerpt, the counselor and client were dealing more openly and honestly with one another. The interrogator had dropped out of the conversation, and the counselor and client were sharing the goal of becoming more aware of feelings and behaviors.

In the CI training groups counselor feelings were dealt with only incidently. As a result, the CI group counselors did not have the opportunity to make the same realizations as did the EA group counselors. One can only speculate that this difference in emphasis in the interrogator training sessions led to the differences observed between the groups on the EUIPS and on the CVRS. Observations made in the group review sessions, however, indicated that unresolved personal concerns created more difficulties in responding to clients for the CI training groups than for the EA training groups. For example, a trainee in the CI group was asked (during a group review session) why he had completely disregarded some obviously

strong feelings being expressed by his client. The

trainee said:

> "Well, here he's talking about his friend
> getting killed in the Detroit riots. I know
> he's really hurt. My daughter was killed in
> the riots. Well...it's not good to keep on
> thinking about those things...He really got
> me to re-live those times. I didn't want to
> tell him about it...it couln't have helped
> him. Anyway, I thought we could start
> dealing with his problems by going another
> route."

The trainee's own feelings were obviously preventing him

from responding to the client in an empathic, understanding,

specific and exploratory way. The EA emphasis in the

interrogator training sessions may have helped the coun-

selor deal in a more open and honest way with the client.

As it was, the counselor and client had reached an impasse

in their communication.

During the group review sessions the trainees had

the opportunity to discuss the particular difficulties they

were experiencing with "real" clients. The task simulated

a great deal of discussion as the trainees began to

discover common problems and concerns in dealing with

their clients. Typically, however, the review sessions

gave each man the opportunity to closely examine his own

interactions with an actual client. It often turned out

that the trainee would get a number of different prospec-

tives of his client after his videotaped interview was

seen by the group. The trainees, through their comments

and behaviors, appeared to seek for such aid from the group.

Although the task was structured so that each trainee would have two videotape counseling sessions reviewed by the group, trainees for both treatments requested additional time with specific counseling problems they were experiencing.

Although difficult to interpret, the clinical observations seem to suggest some possible factors which contributed to the greater success of the experiential-accepting treatment in this study. It seems possible that the IPR techniques intensified and accelerated the benefits which could be derived from the experiential-accepting approach. The IPR methodology specifically focuses upon the three types of awareness required of the trainee in the experiential-accepting treatment: (1) an awareness of client dynamics; (2) an awareness of self-dynamics; and (3) an awareness of counseling technique. In addition, IPR increases the amount and the immediacy of feedback to the trainee. The feedback that the trainee receives is increased, first of all, by the use of videotape. Where once the trainee could only listen to a recording of his counseling behavior, the use of video now allows him to listen and watch his interactions with a client. The trainee can observe his reactions to the client, and the client's reactions to him. The trainee can note changes in the client's behavior and the behaviors in himself that may have caused the client

reactions. The amount of feedback to the trainee is also increased by the recall sessions. Where once the trainee received feedback on his behavior only from his supervisor, the client recall procedure allows the counselor to receive feedback on his behaviors directly from the counselee. When the trainee attempts new behaviors, he receives immediate feedback on the behavior from the video, from his supervisor, and from the client. As the trainee moves through client recall and counselor recall to mutual recall, he begins to see the bilateral nature of an interpersonal interaction. The trainee becomes more aware of the client's feelings and what reactions are aroused in him in response to those feelings. Finally, the counselor becomes more aware of the client's reactions to him as a person. He becomes aware of those feelings and behaviors in him which act on the client to either prevent or encourage open and honest communications.

The simulation material confronts the trainee with extremely difficult interpersonal situations. The advantage of the films is that emotional reactions can be explored in the "safety" of a simulated or "unreal" situation. A counselor can explore his reactions to the simulated encounter without fearing the consequences of his emotional reactions on others. As the counselor begins to identify and deal with the intense feelings evoked in him through the films, he learns that he can

manage his feelings and use them in a constructive way.
He begins to have less anxiety about his own feelings
and reactions in counseling, and he begins to feel more
comfortable in the counseling relationship. It is
difficult to say how long it would take a trainee in
traditional training to achieve these ends. It is thus
assumed that the simulation films accelerate the process
by focusing the trainee directly upon situations which
evoke intense emotional reactions.

In essence, clinical observations and interpre-
tations tend to support the data that an experiential-
accepting emphasis in training, used in conjunction with
the IPR methodology, has a positive effect on counselor
performance. The experiential-accepting emphasis helps
the trainee gain an awareness of counseling techniques,
client dynamics, and the personal dynamics which act on
counselor-client communications. The IPR techniques
provide the structure in which trainee development can
be intensified and accelerated.

Implications for Counselor Education and Supervision

In view of the changes in the counseling behavior of
counselors exposed to an experiential-accepting emphasis
in training and the differences between these changes
and the changes in the counseling behavior of counselors
exposed to a cognitive-intellectual emphasis in training,
it is assumed that an experiential-accepting emphasis in

training, used in conjunction with the IPR procedures,
is a potentially effective means of attaining the goals
of counselor education and particularly as a potent in-
service training process for prison counselors. The
data presented in Chapter IV indicate that the changes
are significant. Even in the light of the limitations
discussed in Chapter I, the fact that significant
differences were found in subjects such as those in
this study after only fifty-two hours of actual training
time is meaningful.

A basic implication of the study is that the EA
treatment be used as a part of a regular program in
counselor education (the detailed program is presented
in Chapter III, p. 71-2). A number of basic dimensions
of the counselor-client interaction have been defined.
There is general agreement among theoreticians that a
counselor who refers to client affect, communicates an
understanding of the client's concerns, helps the client
delineate the specifics of his concerns, and promotes
client self-exploration is acting in a facilitative way
twoard the client. Although trainees are usually familiar
with theories of counseling, few have actually seen the
behavioral correlates of theory. That is, trainees
often have not been exposed to a concrete model of client-
counselor communication. The comments of the trainees
in this study support the recommendations of Truax and

Carkhuff (1967), that it is important for the trainee to have a model of the client-counselor interaction before attempting such an interaction himself. In a sense, having such a model frees the counselor from the anxiety of not knowing what to do. He has a direction or goal to follow. The trainee is brought to a stage of "readiness" to explore how he can implement the counselor role and why he may be having difficulties in doing so.

A pre-practicum program based on the EA treatment would include lecture presentations, videotapes of counseling sessions conducted by "expert" practitioners, and rating exercises. The lecture presentations would serve to key the trainees to the important dimensions of counseling behavior and the factors that should be identified on the videotapes. Videotapes of counselors of different theoretical orientations could be presented not only to demonstrate variations between approaches but to also illustrate the existance of the dimensions across theoretical persuasions. Initially the trainees' tasks would be to identify the dimensions of facilitative communication. Next counselors could begin to rate the responses of the videotaped counselors. Trainees might then videotape their own roled-played interviews and use those tapes for rating purposes.

While it is important for the trainee to know what he should be doing as a counselor, it is also important

for the counselor to know how to implement the role. The
present study and the works of others (Truax, 1967;
Berenson and Carkhuff, 1967; Kagan *et al.*, 1967) suggests
that the trainee needs an understanding of client dynamics
and self-dynamics in order to effectively implement the
role. A possible way of providing such awareness to the
trainee would be to incorporate the simulation and IPR
procedures in a practicum experience. In some ways it is
more logical to involve trainees in simulation exercises
before proceeding to the IPR tasks with real clients.
First, the simulation exercises provide an introduction
to the emphasis of training--the exploration of underlying
dynamics of an interpersonal encounter. Second, the
simulation materials represent a situation which is one-
step removed from reality in the sense that the person
being reacted to exists only on film. The anxiety
associated with this type of interpersonal encounter is
less than would be expected if the trainee were forced to
interact with a real individual. The lowered level of
anxiety helps the trainee to explore his emotional
reactions. Once the trainee learns to identify and deal
with some of his more intense emotions, he becomes more
comfortable and confident that he need not fear his
emotional reactions in other less intense interpersonal
encounters. The counselor is then ready to deal with the
real client in a more open and honest way and at least not

hampered by his own interpersonal fears. Client recall
helps the counselor trainee become more aware of all of
the feelings that the client is having, including the
feelings that the client has toward the therapist.
Counselor recall gives the trainee the opportunity to
explore his own reactions and feelings toward the client.
The counselor becomes more aware of all of his behaviors,
verbal and non-verbal, and the dynamics which underlie
the behaviors. Finally, mutual recall helps the coun-
selor become more aware of the bilateral nature of the
counseling interaction. The counselor sees all of the
elements put together in the here-and-now experience of
the relationship itself.

The training program implemented in this study did
not include individual supervisory experiences. If self-
understanding is a goal of counselor education, it seems
possible that this goal could be attained through
individual supervisor contact. Supervision has tradition-
ally focused on client dynamics and counselor response
techniques. Kell and Mueller (1965) suggest that the
supervisory experience should be structured to allow the
trainee to gain a better understanding of how he relates
with others. The video confrontations (the recall
procedures) and the group interactions can serve as
resources and motivators for the trainee to gain greater
insights about himself and be ready to use the individualized

supervisor-trainee relationship to advantage. The
supervisory relationship would serve as a source for
checking perceptions about self obtained through recall
and group participation.

Traditionally, counselor educators have assumed that
a trainee needs an understanding of counseling theories
before the practicum experiences. The subjects of this
study had little if any contact with counseling theory
before training. The significant changes observed in
the counseling performance of the EA group trainees
suggest that theory, if properly placed within the frame-
work of a structured program of counselor training, does
not have to be a pre-requisite to a practicum experience.
The possibility exists that counseling practicum could
well be taught in conjunction with the teaching of
counseling theories.

In addition to the implications for professional
training, this study has obvious implications for
educating paraprofessioals, e.g., university residence
hall advisors, prison inmates, uniformed personnel, etc.
The results of the study indicate that a group of
relatively naive subjects can be trained to establish
more facilitative interpersonal relationships. If lay
individuals could be involved in training programs such
as the program described in this study, the professional
counselor would benefit by having the skills of a trained

aide to help in carrying out his duties. The general community would benefit by having access to a greater number of understanding and empathic individuals.

Implications for Future Research

While the results of this study indicate that the experiential-accepting emphasis used with IPR techniques is an effective method of training counselors, a number of questions were raised which could be considered in future research.

1. A replication of this study should be done using another sample of subjects. The subjects in this study were largely naive with regard to counseling theories, the role of the counselor, and an orientation to rehabilitation. Using a sample such as graduate students in counseling, an initially motivated group, or a carefully selected lay group would answer the question of whether the cognitive-intellectual approach would be somewhat effective.

2. The very small N in the delayed post-treatment sample made interpreting the effects of the two treatments over time a highly speculative procedure. A longitudinal study should be done to determine the permanence of behavior change over time.

3. Audio recall procedures were not used in this study. As a result, it is difficult to assess whether changes noted through the recall sessions were due to the video

<u>confrontations</u> or to the recall procedures themselves. A study might be done in which training with audio IPR procedures is compared to training with video IPR procedures. This research could provide information on the unique contributions of video in counselor education.

4. Other criteria of behavior change could be operational-ized and used as dependent variables in future research. One such study might focus on changes in counselor behavior in non-counseling relationships. That is, are changes noted in counselors' behavior with friends or family?

5. The ordering of the tasks used in this study was based on clinical observations and intuition. Other investi-gations might examine the significance of different ordering of tasks in training.

6. It was observed that each task presented the trainee with a different experience and focus with regard to the interpersonal relationship. Subsequent research might look at the contribution of each task to the observed outcome. Research on this question would provide information as to whether tasks have to be added, deleted, or modified in future counselor training programs.

7. It was observed that the counselors in the experiential-accepting groups significantly increased on the

dimensions of facilitative communication and empathic understanding pre to post treatment. In other words, the trainees appeared to become more effective counselors. Another study might go a step further and attempt to determine whether the same counselors could then train others using the same tools and methods with which they were trained.

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APPENDICES

APPENDIX I:

Lecture material presented to the trainees

IPR COUNSELOR VERBAL RESPONSE SCALE

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.

Description of Rating Dimensions

I. Affect-cognitive dimension

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

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

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

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

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

(d) Presents a model for the use of affect by the client.
    Example: "If somebody treated me like that I'd probably 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 <u>not</u> represent responses which would be judged "affective."

B. <u>Cognitive responses</u>--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.
<u>Example</u>: "So then you're thinking about switching your major to chemistry?"

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

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

II. Understanding--nonunderstanding dimension

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

A. <u>Understanding responses</u>--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 communication which exhibit understanding.
    Example: CL: "I guess then when people criticize me, I'm afraid they'll leave me."
             CO: "I see you're beginning to make some connection between your behavior and your feelings."

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

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

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

(c) Squelch client understanding or move the focus to another irrelevant area.
Example: CL: "I guess I'm really afraid that other people will laugh at me."
CO: "We're the butt of other people's jokes sometimes."

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

III. Specific--nonspecific dimension

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

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

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

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

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

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

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

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

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

IV. Exploratory-Nonexploratory dimension

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

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

(a) Encourage the client to explore his own concerns.
    Example: Cognitive--"You're not sure what you want
              to major in, is that it?"
              Affective--"Maybe some of these times
              your'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 have to history as a
              major?"
              Affective--"In these situations do you
              feel angry, mad, helpless, or what?"

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

B. <u>Nonexploratory responses</u>--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.
> <u>Example</u>: Cognitive--"You want to change your major to history."
> Affective--"You <u>really</u> resent your parents treating you like a child."

V. 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 <u>not</u> 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 the client progress not inhibits it, while a rating of 1

indicates a response which not only lacks basic under-

standing of the client's concerns but which in effect

may be detrimental to the specified goals of client growth.

APPENDIX II:

A description of the interrogator role

The interrogator role was developed as a part of a
project supported by a grant from the U. S. Depart-
ment of Health, Education, and Welfare, Office of
Education, "Exploration of the Potential Value of
Interpersonal Process Recall Technique (IPR) for the
Study of Selected Educational Problems." (Project
Nos. 7-32-0410-270.) This description is taken
from that project report.

Interrogation

We believe that basic to obtaining significant data and learning from video recall is the introduction of a third person into the counselor-client relationship who conducts the videotape recall sessions for either or both of the participants.

Role and Function

The third person's function is to facilitate a self-analysis by the client of his underlying thoughts, feelings, images, expectations and his general pattern of interaction with the counselor--it is not to establish another relationship like the one being reviewed. The interrogator avoids establishing another counselor-client relationship. The interrogator tries to keep the client focused on the feelings or the content of the original relationship. He helps the client relive the original experience and talks only about what transpired then. He reminds the subject of the task to keep him from straying and especially to keep him from focusing his attention on the interrogator. The subject needs to be encouraged to pay attention to the T.V. monitor as much as possible and to the third person as little as possible. The questions the interrogator asks are very brief to keep the client focused on the T.V. monitor. Although clinical skill is needed by the interrogator to help the client recognize his underlying feelings, the third person needs to structure carefully his relationship and act more like a clinical interrogator than like a counselor or a therapist-- in fact, because this third person in the counseling dyad must delimit his clinical function to actively probing the immediate past, we chose to name "interrogator" to describe his role.

Those interrogators who are most effective in assisting the client in recall and examination of feelings are usually competent clinicians able to identify and understand the client's cues and commentary. Although it appears that the effective interrogator must possess the same perceptive abilities and empathic qualities as the counselor, as more experience with the process was gained clearer differentiation was made between the roles of counselor and interrogator.

First, the interrogator is not as concerned as the counselor with the total dynamics of the client but rather with teaching the client how to interrogate himself and how to gain insight through the "self-confronting" experience afforded by videotape. No attempt is made to relate the recalled thoughts and feelings to the client's

life in general. Only the relationship on videotape is studied, although major elements of the dynamics within that relationship are sought (thus the interrogator usually encourages the client to deal with basic recurring or persistent fears, aspirations, etc., rather than spend much of the interrogation session focusing in on one or two responses or gestures about which the client might choose to be extremely verbal).

Second, whereas the counselor may allow the client more freedom to "set the pace" in the investigation of areas of client concern, the interrogator tends to actively "push" the client for greater clarity in describing and understanding specific behaviors. Since the interrogator has the videotaped behavior, he may choose to examine any client response by asking the client to stop the playback and to elaborate on the meaning of a piece of behavior the interrogator considers important.

Interrogation can be a learning situation where the client comes to be intensely aware of his own behavior and personal idiosyncracies. The more he examines himself in interaction with the counselor, the more he may consciously choose to alter or redirect his behavior with the counselor and with others. It is the interrogator's function to create within the client this "intense aware- ness of his own behavior" in one relationship, and it is the counseling relationship within the IPR process that uses that "awareness" to help the client enter a new relationship with the counselor and to promote client growth in his total life situation.

As experience with IPR interrogations was gained, it seemed to be helpful if clients were given an explana- tion which might help them understand the purpose of the process, especially since helping clients to become self- interrogating seemed the most productive way to help them toward self-exploration and insight. At the beginning of each recall session, and repeated as necessary, the following assumptions are therefore made explicit to the client before recall is begun:

"1. We know that the mind works faster than the voice.

2. 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.

3. 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.

4. 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.

5. If we ask you at this moment just when you felt the counselor 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 your interview, you will find it possible to recall these thoughts and feelings in detail. Stop and start the playback by means of the switch as often as you remember your thoughts and feelings. The recorder is on remote control so that 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."

Clients appear to differ widely in their abilities to engage in this process. While some become involved rather easily, others need to be prompted, for example, "I know that's what you said, but what were you _feeling_ as you said it?"

After the client has successfully recalled some of his feelings, the interrogator can broaden the spectrum of areas for recall, e.g., "If ever any pictures came to your mind as you spoke, please tell me what they were as you remember them." When the client has described a feeling state or pictures which came to mind, the interrogator may encourage the client to "trace" the movement of the feelings, e.g., "Are you still feeling the same thing? Has it changed? When did it begin to change?" The interrogator encourages the client to talk about what it is the client likes about his behavior with the counselor as well as the behaviors he dislikes. The image the client maintains or wants to maintain about himself often

is revealed during the interrogation session. The interrogator may gradually expand the field of recall into what may have been subtler dynamics, "What did you want the counselor to think or feel about you?" Generally, this last "mirror image expectation" seems quite a fruitful area for recall, although it is also a difficult area for some clients to deal with. Finally, the interrogator may also encourage the client to try to recall any fantasies he was having about the counselor, however momentary.

Client involvement in the interrogation process, then, develops around:

1. The client's feelings: their origin and development within the interview.

2. The client's thoughts: their origin and development within the interview.

3. The way the client sees himself. The things he likes, dislikes and fears about himself.

4. The way the client would <u>like</u> the counselor to see him.

5. The way the client believes the counselor actually <u>does</u> see him.

Thus the interaction between the interrogator and client is structured to enable the client to become aware of his behavior in relating to the counselor.

APPENDIX III:

The informational questionnaire

QUESTIONNAIRE

Name_____ Age_____

Address_____ Marital Status_____

_____ Phone_____

Name of Institution at which you are employed_____

Your position_____

How long have you worked at this position?___mos. ___years

Name of other positions held in the prison system:

        Position   Time in Position

_____

_____

_____

_____

_____

Do you plan to remain in the Department of Corrections in

you present capacity? ____ Yes ____ No. If no, what

position within the system do you hope to obtain (name)

_____

_____

EDUCATION:

What is your last completed degree?_____

From which institution did you receive it?_____

Year degrees conferred_____

Have you taken any additional college courses for credit

after completing your last degree? ____ Yes ____ No. If

yes, how many credits_____, at what institution_____,

and in what course areas (e.g., psychology, counseling,

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sociology, etc.)_____

_____

_____

Are you planning to obtain another degree? ____ Yes ___No.

If yes, what degree_____, major area of study_____

_____, institution from which you will

receive the degree_____, year you

expect to receive the degree_____.

SPECIALIZED TRAINING:

Have you ever taken practicum (supervised training) courses

in the counseling area while in college? ____Yes ____No.

If yes, how many credits of supervised practicum did you

take_____, at what institution_____,

in which department_____,

and when (year)_____

_____

Briefly describe the supervision or special training you

received before assuming the duties of your present

position._____

_____

_____

_____

Briefly describe your present duties._____

_____

_____

Briefly describe what you hope to get out of this training
program:

_____

_____

_____

_____

_____

_____

APPENDIX IV:

Program schedules for:

Group 1 (cognitive-intellectual)

and

Group 2 (experiential-accepting)

SCHEDULE - GROUP I

DAY 1

10:00 a.m.	Meeting for all counselors in the training program.	Large meeting room #1.
10:30 a.m.	Group #1 meeting.	Large meeting room #1.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Testing session.	Large meeting room #2.
2:30 p.m.	Individual counseling with clients.	Individual counseling rooms.
3:15 p.m.	Terminate counseling session Hand in audio tapes of session.	Large meeting room #1.
3:30 p.m.	Become familiar with video tape equipment.	Video tape rooms #1 and #2.
4:30 p.m.	Sessions end.	

DAY 2

8:00 a.m.	Presentation by Dr. Paul Schauble.	'Basement meeting room.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Individual counseling with clients.	Individual counseling rooms.
2:00 p.m.	Work with video tape equipment.	Video tape rooms #1 and #2.
4:30 p.m.	Sessions end.	

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DAYS 3-9

8:00 a.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
10:00 a.m.	Recall of counseling sessions videotaped on previous day.	Basement meeting room.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Individual counseling with clients.	Individual counseling rooms.
2:30 p.m.	Work with simulation films.	Basement meeting room.
4:30 p.m.	Sessions end.	

DAY 10

8:30 a.m.	Individual counseling with clients.	Individual counseling rooms.
9:15 a.m.	Terminate counseling sessions. Hand in audio tape of session.	Large meeting room #1.
9:30 a.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Testing session.	Large meeting room #2.
2:30 p.m.	Meeting for all counselors in training program.	Large meeting room #2.
4:30 p.m.	Sessions end.	

SCHEDULE - GROUP 2

DAY 1

10:00 a.m.	Meeting for all counselors in the training program.	Large meeting room #1.
10:30 a.m.	Group #2 meeting.	Large meeting room #2.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Testing session.	Large meeting room #2.
2:30 p.m.	Become familiar with video tape equipment.	Video tape rooms #1 and #2.
3:30 p.m.	Individual counseling with clients.	Individual counseling rooms.
4:15 p.m.	Terminate counseling sessions. Hand in audio tape of session.	Large meeting room #1.
4:30 p.m.	Sessions end.	

DAY 2

8:00 a.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
10:30 a.m.	Individual counseling with clients.	Individual counseling rooms.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Presentation by Dr. Paul Schauble.	Basement meeting room.
4:30 p.m.	Sessions end.	

DAYS 3-9

8:00 a.m.	Work with simulation films.	Basement meeting room.
10:00 a.m.	Individual counseling with clients.	Individual counseling rooms.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Recall of counseling sessions videotaped on previous day.	Basement meeting room.
2:30 p.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
4:30 p.m.	Sessions end.	

DAY 10

8:30 a.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
9:30 a.m.	Individual counseling with clients.	Individual counseling rooms.
10:15 a.m.	Terminate counseling sessions. Hand in audio tape of session.	Large meeting room #1.
10:30 a.m.	Work with videotape equipment.	Video tape rooms #1 and #2.
11:30 a.m.	Lunch	SPSM
1:00 p.m.	Testing session.	Large meeting room #2.
2:30 p.m.	Meeting for all counselors in training program.	Large meeting room #2.
4:30 p.m.	Sessions end.	

APPENDIX V:

The Affect Sensitivity Scale

AFFECTIVE SENSITIVITY SCALE

Instructions

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

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

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

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

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

_____ Here is a sample item: _____

CLIENT I
Scene 1

      Item 1
      1. This exploring of my feelings is good.
         It makes me feel good.
      2. I feel very sad and unhappy.
      3. I'm groping and confused; I can't bring
         it all together.
_____

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

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

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

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

After you view the appropriate scenes, you will have <u>thirty</u> seconds to answer each of the first twelve items. For each of the remaining items, you will be allowed <u>twenty</u> seconds.

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

AFFECTIVE SENSITIVITY SCALE REVISED FORM B

CLIENT I
Scene 1

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

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

CLIENT I
Scene 2

Item 3

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

Item 4

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

CLIENT II
Scene 1

Item 5

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

Item 6

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

CLIENT II
Scene 2

Item 7
1. I feel a little uneasy and self-conscious,
   but not much.
2. This scares me. I feel frightened!
3. I feel flirtatious. I like this!

Item 8
1. I feel a little bit embarrassed, but that's
   all right as long as I can keep my composure.
2. I have a feeling of sadness.
3. I feel flustered and embarrassed.

Item 9
1. He's asking for some touchy material, but
   that's all right. It's about time he knew.
2. He's being very frank and open! I'm not
   sure I want that.
3. I want him to leave me alone--I want out of
   here. I don't like this.

CLIENT II
Scene 3

Item 10
1. I'm getting so much attention. I really
   enjoy this. It makes me feel good.
2. I'm scared by what I'm feeling. I feel
   embarrassed and threatened.
3. I have the feeling that what I wanted was
   wrong, and I'm a little ashamed of myself.

Item 11
1. This is good. We're really moving into my
   feelings.
2. He's too perceptive; he's looking right
   through me.
3. He's getting a little sticky; I'm not sure
   I like that.

CLIENT III
Scene 1

Item 12
1. I feel protective and defensive of what
   people may think about my family.
2. All this seems so pointless! I'm puzzled
   and bored.
3. We're having a nice conversation. Some of
   these things really make me think.

Item 13
1. This guy (counselor) embarrasses me with the
   questions he asks.
2. The questions he asks really make me think.
   I'm not sure I like that.
3. I can't follow this guy's line of thought.
   What's he trying to do?

CLIENT IV
Scene 1

Item 14
1. I'm concerned about my physical condition.
   I'm worried about it.
2. I want pity. I want her to think "oh, you
   poor boy."
3. I feel good--nothing's bothering me, but I
   enjoy talking.

Item 15
1. She's too young to be counseling, and she's
   a girl. I'm not sure I like this.
2. She likes me; I know she does.
3. I'd like her to think I'm great.

CLIENT IV
Scene 2

Item 16
1. I'm a little annoyed with my family's
   ambitious for me.
2. That's a hell of a lot to ask! It makes me
   mad!
3. I feel sorry for myself, and I want others
   to feel the same.

Item 17
1. She (counselor) really understands me! She's
   with me now.
2. I don't feel much either way towards the
   counselor; she's not important to me.
3. I wonder if she appreciates the pressure
   that's put on me?

CLIENT IV
Scene 3

Item 18
1. This whole thing just makes me feel sad and
   unhappy.
2. It kind of angers me that they don't
   appreciate me when I feel I did my best. I
   wish I could tell them off.
3. No matter how well I do, I'm always
   criticized. It doesn't bother me too much
   though because I know that I did my best.

Item 19
1. I can tell she understands what I'm saying.
   She's really with me.
2. I wish I could get out of here; I don't like
   her.
3. Understand what I'm saying; I want her to
   know how I feel.

CLIENT IV
Scene 4

Item 20
1. I really want to be successful, and somehow
   I know that I can be.
2. That makes me feel kind of sad, unhappy. I
   don't want to believe that it's true--I want
   to be good.
3. I don't know what I feel here. It's all
   very confusing.

Item 21
1. I feel neutral towards her here. I'm not
   paying any attention to her.
2. Please feel sorry for me and try to help me.
   I wish she would praise me.
3. I like talking to her. She can be trusted
   even to the point of telling her how I really
   feel about myself.

CLIENT V
Scene 1

Item 22
1. I feel rejected and empty inside. Am I
   unloveable?
2. I feel a little lonely. I want my boy
   friend to pay a little more attention to me.
3. I really don't feel much here; I'm just
   kind of talking to fill up space.

Item 23
1. Please say it isn't fair, Mr. Counselor.
2. He really understands me. I can tell him
   anything.
3. I'm not sure I care what he says. It's kind
   of unimportant to me what he feels about me
   at this time.

CLIENT V
Scene 2

Item 24
1. I'm afraid of marriage--insecure; it might
   not work out, and I'd be lost.
2. I really can give him all the affection he
   needs, I feel I'm a worthwhile person to be
   desired. He wouldn't dare step out on me.
3. I'm really not too worried; it'd all work out
   in the end even if we have to go to a
   marriage counselor.

Item 25
1. I don't care if he (counselor) can help me
   or not. I'm not sure I want his help.
2. He's so sympathetic. That makes me feel good.
3. Can you help me?

CLIENT V
Scene 3

Item 26
1. I feel I have some need to be liked, but
   it's not real strong.
2. I'm not loveable; I don't really like
   myself.
3. I'm a good person; I'm loveable. Down deep
   I know I am.

Item 27
1. I feel dejected, kind of insecure. I want
   to be likeable!
2. My main concern is that it's hard for me to
   take criticism. I usually think of myself
   as perfect.
3. I feel a little sad about all this; I do
   kind of want people to like me.

Item 28
1. He thinks well of me; I know he does, I can
   tell.
2. I want the counselor to really like me, but
   I'm not sure he does.
3. I like it when he asks questions like that.
   They make me really think about deeper
   things.

CLIENT V
Scene 4

Item 29
1. I wouldn't want to be treated like he treats
   Mother, but I don't mind him (stepfather)
   too much.
2. I feel very little emotion about anything
   at this point.
3. I hate him (stepfather)!

Item 30
1. Boy, I'm happy that he (counselor) agrees
   with me. He sympathizes with me. I feel
   completely accepted.
2. I'm embarrassed to tell the counselor how
   strong my feelings really are.
3. I'm not sure he'll be able to help me much
   after all. I'll just have to work this out
   by myself.

CLIENT V
Scene 5

Item 31
1. I'm kind of feeling sorry for myself, but
   I'm not really too worried.
2. I want to move out of the house as soon as
   possible. I feel I would be better off on
   my own.
3. My own parents don't want me; I feel cut off
   and hurt.

Item 32
1. I don't feel he's (counselor) helpful at
   all, and if he can't help me and see my
   side, I'm not going to like him either.
2. He's got me in a spot, but I feel I can
   still get him to see me as a good girl who
   is persecuted.
3. I wish the counselor were my father. He's
   listening; he understands how I feel.

CLIENT VI
Scene 1

Item 33
1. Disapprove! She'd kill me!
2. I feel jovial; this is real interesting.
3. I'm not sure how she would feel but the whole idea of her finding out excites me.

Item 34
1. He (counselor) understands me completely. He certainly is relaxed and comfortable.
2. I really don't care what he feels about me. I just want someone to talk to--anyone will do.
3. I was wondering how he would feel about me and what I'm saying.

CLIENT VI
Scene 2

Item 35
1. I think my brother is O.K. We have fun together.
2. I don't know what I'm saying here. I'm a little mixed up and confused.
3. I'm saying something that's important to me. I like Doug.

CLIENT VI
Scene 3

Item 36
1. This is very confusing for me. I'm not sure I understand what is going on.
2. This is how I really feel, I'm kind of starting to be myself.
3. I'm just talking to be talking here; this really doesn't mean much to me.

Item 37
1. I guess he's (counselor) all right, but I'm still not sure he understands me.
2. Let's get going. I'm impatient! I want to move to more important matters.
3. I feel comfortable with him. He understands me.

CLIENT VI
Scene 4

Item 38
1. I love my brother, but not romantically. We
   just have a good brother-sister relationship.
2. I don't know about feeling this way about
   Doug; it feels so good, but it concerns me
   too.
3. I feel better about my relationship with
   Doug now. It helps me to get it out in the
   open. Now I feel it's all right.

CLIENT VI
Scene 5

Item 39
1. I'm not feeling much of anything here. I'm
   just kind of talking to be talking.
2. I'm mad at everyone at this point, and don't
   know which way to turn; I guess I'm mad at
   myself too.
3. Now I'm talking about things that are real.
   I'm not on stage any more. She is a louse!

Item 40
1. He (counselor) feels she's a bad person too.
   I can tell; he agrees with me.
2. Don't you agree with me? I want to know what
   you think.
3. He thinks this all sounds petty. He doesn't
   understand.

CLIENT VII
Scene 1

Item 41
1. I felt angry with my mother, but this made
   me feel guilty. I needed to make an excuse
   for her.
2. I'm really not angry with mother. It's not
   her fault.
3. I'm in a very passive mood. I'm just
   relaxing and talking about things that
   interest me.

Item 42
1. This counselor is all right. I feel I can
   confide in him.
2. I feel uncomfortable. I'm not sure what
   this counselor wants me to do.
3. I feel he wants me to talk about myself, but
   I don't care. I'm going to talk about
   what I want to talk about.

CLIENT VII
Scene 2

Item 43
1. I'm very sensitive; I'm very easily hurt.
2. I'm somewhat sensitive and easily hurt, but
   not deeply so.
3. I'm not sensitive or easily hurt at all. I
   just like to make people think I am.

Item 44
1. That makes me mad, I can do it--I know I
   can, but things just keep getting in my way.
2. It's really all his fault, if he just
   wouldn't have been such a joker.
3. This makes me feel guilty; I need to blame
   someone else instead of blaming myself.

Item 45
1. I'm neutral towards the counselor. I don't
   care what he feels about me.
2. I'm afraid he doesn't like me and what I'm
   saying about myself. I don't want him to be
   harsh with me.
3. He's easy to talk to. He understand what
   I'm like, and he still likes me, I can confide
   in him.

CLIENT VIII
Scene 1

Item 46
1. Say, this is all right. I like this.
2. I'm not feeling anything deeply. I know
   what I need!
3. It's embarrassing and difficult. I feel a
   little annoyed.

Item 47
1. I feel I can rely on this guy, so I'll let
   him talk and I'll just answer his questions.
2. I wonder what you think about this--please
   respond. Give me some help!
3. The counselor is a good guy. I like his
   questions; they make it easier for me.

CLIENT VIII
Scene 2

Item 48
1. I feel very unhappy about what I may eventually
   have to do.
2. I don't know what I feel; I'm confused about
   what I feel.
3. I'm damned uncomfortable; it's so confusing.
   I feel kind of 'blah' about it all.

Item 49
1. He's (counselor) missing the point. He bugs
   me.
2. I can't really tell about this guy. I don't
   know how I feel about him.
3. He seems like a good guy. He asks nice
   questions. I like him.

CLIENT IX
Scene 1

Item 50
1. I'm not sure how I feel about this counselor.
   I don't feel one way or the other about him.
2. I like the counselor very much--he makes me
   feel good.
3. He understands me pretty well and is trying
   to help. I guess I kind of like him.

CLIENT IX
Scene 2

Item 51
1. Goody, goody people don't really know any
   better, so I can't be too disgusted with
   them, but it does make me angry.
2. I don't really mind people feeling superior
   to me. It just makes me a little angry.
3. It tears me up inside when people think
   they're better than I am. I want people
   to be the same as me.

Item 52
1. I'm every bit as good as they are. I really
   feel I am. I know I am.
2. I kind of wished they liked me, but I can live
   without being a member of their group.
3. Those smart kids make me feel stupid.

Item 53
1. I feel sorry for them; they just don't
   realize what they're doing to people like
   me.
2. I feel I'm not as good as they are, and it
   really hurts when people act that way.
3. It makes me a little angry. I'm every bit
   as good as they are.

CLIENT IX
Scene 3

Item 54
1. I feel a little insignificant, and this makes
   me a little unhappy.
2. I'm a nobody. I'm always left out.
3. I'm unhappy with school. That's what is
   really bothering me.

Item 55
1. He (counselor) doesn't quite understand, but
   I don't care. It doesn't matter.
2. I don't feel one way or the other towards
   this counselor, we're just having a nice talk.
3. He (counselor) is really listening to me, and
   I feel he understands what I'm feeling.

CLIENT X
Scene 1

Item 56
1. I'm feeling scared, concerned. Is this for me?
2. I just feel uncertain about what to talk about. If I once get started, I'll be all right.
3. I feel very deeply depressed.

Item 57
1. He (counselor) seems to be listening--can he understand how I feel?
2. He's really with me. I can tell he understands me.
3. He doesn't keep things moving enough. I don't like that.

CLIENT X
Scene 2

Item 58
1. I'd like to think I could make it, but I'm not sure. I feel inadequate.
2. I just have an I-don't-care feeling; that's my real attitude towards all of this.
3. I'm confused here. I really don't have any definite feelings.

Item 59
1. I want to impress the counselor. I want him to believe I can do it.
2. He believes me; he thinks I can do it; I can tell.
3. I really don't care what the counselor thinks. It's not important to me.

CLIENT X
Scene 3

Item 60
1. What's the use of looking ahead? I'm scared
   to think about it.
2. I can accept my situation. Really, things
   aren't so bad. Things may bother me a little,
   but really not much.
3. I enjoy just living for today.

Item 61
1. He's (counselor) all right. He really
   understands me.
2. Nobody can really understand this. I don't
   think he will be any different.
3. I don't care what he thinks or feels; he's
   not important to me anyway.

CLIENT X
Scene 4

Item 62
1. I feel somewhat unhappy. I don't like to
   feel this way.
2. There's something about me; I just don't
   fit in and that makes me feel real
   inadequate.
3. In some instances, I'm unsure of myself.
   I'm afraid I'll do the wrong thing, but I
   can handle this just by avoiding these
   situations.

CLIENT XI
Scene 1

Item 63
1. I'm unhappy about all this, but I'm afraid
   to make a change.
2. It's not that I don't like school, it's just
   that I want to do the things I like most.
3. I'm not the student type. School bores me,
   but it embarrasses me when I say it.

Item 64
1. The counselor is a nice guy. I like him, and
   I think he likes me.
2. I wonder what the counselor thinks of me.
   He'll probably think less of me for saying this.
3. I don't care what he thinks of me. It doesn't
   really matter to me.

CLIENT XI
Scene 2

Item 65
1. I've found some new dimensions. I like to
   feel that I can have some excitement, but
   this kind of scares me too.
2. This doesn't really mean much. I'm not
   feeling must of anything.
3. This makes me feel very guilty; I'm very
   ashamed.

Item 66
1. I suppose he'll (counselor) tell me that's
   wrong, too. I'm not sure he understands
   me very well.
2. He's O.K.; he's listening to what I have to
   say. He really understands me and my
   feelings.
3. I don't care what he thinks or feels; it's
   not important. I don't have any feelings
   towards the counselor.

CLIENT XI
Scene 3

Item 67
1. He's really with me; he understands just
   how I'm feeling.
2. I'm not concerned about what he feels or
   thinks about me. It doesn't matter to me
   one way or the other.
3. I'm afraid of what he'll think or feel
   about what I'm saying.

APPENDIX VI:

The CVRS rating scale

IPR COUNSELOR VERBAL

Judge: _____

Responses	CVRS DIMENSIONS			
	Affect	Cognitive	Under standing	Non-under standing
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
% of Responses				
TOTAL				

RESPONSE RATING SCALE

Subject:_____   Date:_____

CVRS DIMENSIONS				EUIPS Evaluation
Specific	Non-specific	Explora-tory	Non-explora-tory	1 2 3 4 5
			TOTAL _____

APPENDIX VII:

A description of the EUIPS

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES II

A Scale for Measurement[1]

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Level 1

The verbal and behavioral expressions of the first person
either do not attend to or detract significantly from the
verbal and behavioral expressions of the second person(s)
in that they communicate significantly less of the second
person's feelings than the second person has communicated
himself.
Examples: The first person communicates no awareness
of even the most obvious, expressed surface
feelings of the second person. The first
person may be bored or disinterested or simply
operating from a preconceived frame of
reference which totally excludes that of the
other person(s).
In summary, the first person does everything but express
that he is listening, understanding or being sensitive
to even the feelings of the other person in such a way
as to detract significantly from the communications of the
second person.

Level 2

While the first person responds to the expressed feelings
of the second person(s), he does so in such a way that he
subtracts noticeable affect from the communications of the
second person.
Examples: The first person may communicate some aware-
ness 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 under-
          standing of the surface feelings of the
          second person but may not respond to or may
          misinterpret the deeper feelings.
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.

[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 process and outcome research on counseling and psychotherapy (summarized in Truax and Carkhuff, 1967) and in part from an earlier version which has been validated in extensive process and outcome research on counseling and psycho-therapy (summarized in Carkhuff and Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represent a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made, including in particular the change to a systematic focus upon the additive, subtractive or interchangeable aspects of the levels of communication of understanding. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the Truax scale. The remaining levels are approximately correspondent: Level 2 to 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 6 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.