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AN INVESTIGATION OF THREE MODELS FOR TRAINING  
PARAPROFESSIONALS TO CONFRONT ALCOHOL ABUSE

By

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A DISSERTATION

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

DOCTOR OF PHILOSOPHY

Department of Counseling, Personnel Services and  
Educational Psychology

1979

## ABSTRACT

### AN INVESTIGATION OF THREE MODELS FOR TRAINING PARAPROFESSIONALS TO CONFRONT ALCOHOL ABUSE

By

Dennis Joseph O'Hara

This investigation was an attempt to contribute to the alcohol education efforts of colleges and universities by developing and examining the effects of three confrontation training models designed for use with paraprofessionals who confront alcohol abuse in the university setting.

The specific purpose was to evaluate the effectiveness of a Didactic Confrontation Training Model that included a direct verbal presentation; an Experiential Confrontation Training Model that included a role play demonstration of a confrontation and a practicum experience using role play situations as practice; and an Integrated Confrontation Training Model that included a direct verbal presentation and a role play demonstration. The training programs were designed to increase the repertoire of interpersonal skills of paraprofessionals.

A review of the literature indicated that effective therapeutic use of paraprofessionals is well documented,



but no consensus position among researchers exists concerning the elements of paraprofessional training programs; approximately 90% of all college students drink and more than three-fourths of those who drink experience drinking-related problems (Whole College Catalog about Drinking, 1976); and few researchers have examined the skill of confrontation though Rosenthal (1977) reported a recent failure to demonstrate an effective behavioral outcome of confrontation training with college trainees.

The lack of an experimentally supported method for training paraprofessionals to confront alcohol abuse led to this study.

There were several theoretical bases for the confrontation training in this study. The view that the human interaction between confronter and confrontee is a dynamic relationship that has reciprocal impact was based on the research of Kell and Mueller (1966). The guidelines for the confrontation training programs were derived from established theoretical training procedures designed to develop paraprofessionals' repertoire of interpersonal skills. Specifically, Kagan's (1967) four developmental tasks and Carkhuff and Truax's (1967) four conditions of effective helper behavior were used in conjunction with several personality theorists' positions on interpersonal behavior to develop the confrontation training programs.

The training programs and a no training control treatment were administered to 60 randomly selected

resident assistants at Michigan State University during a 10-day period of October 1978. A posttest-only control group design with subjects randomly assigned to treatments was used. Each treatment group met with a trainer for one two-hour session. The trainers were two female advanced psychology graduate students. A measure of confrontation effectiveness after the treatment was taken from an audio-taped interview between each resident assistant and a coached actor trained to present a specific alcohol-related problem that required confrontation by the resident assistant.

Two graduate psychology students served as independent raters and rated the effectiveness of the audio-taped confrontations using a 10-item Confrontation Measurement Scale.

Three hypotheses were formulated to determine (1) a difference in group variances among the four experimental conditions; (2) a difference in group variances between the two trainers; (3) a difference in group variances between the treatment main effect and the trainer main effect. A two-way analysis of variance was used to test these hypotheses. Each of the three hypotheses was tested at the .05 level of significance to guard against the risk of Type 1 Error.

The results of the three two-way analyses of variance indicated that neither treatments, trainers, nor

the interaction of treatments and trainers produced statistically significant differences in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale.

A discussion of the results, conclusions, and recommendations for future research was presented.

## DEDICATION

Dedicated to Robin

## ACKNOWLEDGMENTS

Many people have contributed to my personal and professional development. My parents, family, and friends have offered a wonderful range of interpersonal gifts that have encouraged me and strengthened my aspirations. Relationships with a number of professors, supervisors, and colleagues have also aided me. With this awareness, I want to offer specific acknowledgment and thanks for the gifts provided by:

Norm Kagan: Norm served as the Chairperson of my dissertation committee, gave me considered guidance based on his comprehensive research background, and provided me with professional sponsorship.

Cecil Williams: Cecil offered me many different opportunities to explore myself, counsel when I needed it, and genuine personal concern and friendship.

Lou Ann Simon: Lou Ann provided me with extensive assistance throughout this research and encouragement in managing the rigors of statistics.

Sam Plyler: Sam shared his excitement and interest in psychotherapy and the strength of his human understanding and compassion with me.

Al Aniskiewicz: Al responded to me in a variety of ways, challenging me, teaching me, and experiencing with me the thrill of new discoveries.

Liz Monroe-Cook, Carol Ducat, Pat Forman, and Jaye Hamilton: Liz, Carol, Pat, and Jaye contributed their time, interest, and ideas to the training and rating dimensions of this research as well as their continuing support and friendship.

Robin: Robin opened herself to me, loved me, understood me, and cared for me. Her support and commitment to our marriage have enabled me to grow personally and professionally.

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## CHAPTER I

### INTRODUCTION

#### Statement of the Problem

In this study the ubiquitous problem of alcohol abuse was addressed. History is a chronicle of uncountable incidents of destruction resulting from irresponsible alcohol use. In the United States, alcohol abuse became a problem as early as 1619 with the Massachusetts Bay Colony. Many means for curbing the destructiveness of alcohol abuse have been implemented from the whippings and stock confinement used in the Massachusetts Bay Colony to the ill-fated Prohibition era initiated by the 18th amendment to the U.S. Constitution.

The American society currently grapples with an alcohol problem that costs business and industry \$25 billion per year, claims over 11 million persons as alcoholics, and leads to more than one-half of all fatal driving accidents (Whole College Catalog about Drinking, 1976). College and university personnel are just beginning to sensitize themselves to the problem of alcohol abuse on campus and to mobilize campus resources.

Alcohol education is a fast developing and expanding idea that many universities are embracing with determination if not enthusiasm (North, 1977).

This investigation was an attempt to contribute to the alcohol education efforts of colleges and universities by developing and examining the effects of three confrontation training models designed for use with paraprofessionals who confront alcohol abuse in the university setting.

#### Purpose of the Study

The purpose of this study was to develop and examine the effectiveness of three confrontation training models for use with paraprofessionals who confront alcohol abuse in the university community. More specifically, this study evaluated the effectiveness of a Didactic Confrontation Training Model (DCTM) that included a direct verbal presentation for the paraprofessionals. This study also evaluated an Experiential Confrontation Training Model (ECTM) which included a role play demonstration of a confrontation and practicum experience for the paraprofessionals using role play situations as practice. Finally, this study evaluated an Integrated Confrontation Training Model (ICTM) that included a direct verbal presentation and a role play demonstration. The training measures were designed to increase the interpersonal skill of confrontation of the paraprofessionals. A no treatment control

group served as a reference measure to assess the overall effectiveness of the three treatments.

The use of confrontation training for paraprofessionals who confront alcohol abuse in residence halls is a recent development on campuses. Two primary questions emerge from this use. First, is confrontation training an effective way of preparing paraprofessionals to confront people who abuse alcohol? And second, what model of confrontation training is most effective in preparing paraprofessionals to confront people who abuse alcohol?

This study examined these questions and attempted to identify answers that may be transformed to effective confrontation training models.

#### Need for the Study

The need for this study arises from the awareness that college students are at a point where many have already made the decision to drink or not to drink but few have made the choice of how to drink. That is, paraprofessionals trained to confront alcohol abuse can serve as social models to students, confronting the negative consequences of alcohol abuse and confronting the positive consequences of responsible alcohol use.

The Whole College Catalog about Drinking (1976) summarizes additional reasons for doing alcohol education work at the college level. To begin with, drinking problems do exist on campus. One study conducted at the

University of Colorado reports that over 30% of their college student sample experienced drinking problems during the previous year in at least two of the following areas: frequent drunkenness (five or more times), social complications such as censure from family and friends, difficulties with school work, trouble with the law, and driving after having drunk too much. Engs (1977) reported that 80% of the college students he interviewed indicated at least one problem that was alcohol related during the preceding year and during their lifetime.

Finally, the Whole College Catalog about Drinking (1976) states that since college graduates have a tremendous influence in setting societal priorities, prevention efforts could most expeditiously be directed toward this potentially powerful group.

The "University 50 + 12" project sponsored by the National Institute on Alcohol Abuse and Alcoholism during the 1974-1975 academic year made visits to one college or university in each of the 50 states, plus 12 minority and private institutions. Their objectives were threefold. First, the project gathered information about drinking behaviors and attitudes on college campuses throughout the United States. Second, the project delivered information about alcohol, alcohol use, and alcohol abuse. Third, through the project college and university personnel were encouraged to focus on the issues of alcohol use and abuse and to stimulate new programs in alcohol education.

The researchers discovered that at most schools 87 to 93% of the students drank, compared to approximately 70% of the national adult population reported by the National Institute on Alcohol Abuse and Alcoholism. The project surveys also indicated that moderate-to-heavy drinking was relatively common. These findings led the project coordinators to conclude that "The feelings of large numbers of students that drinking and drunkenness are acceptable or even 'second-nature' behaviors seem to suggest the need for positive and low-key program approaches to the abuse of alcohol."

The present study was an attempt to examine an element of alcohol education that might become an effective part of a "positive and low-key program approach to the abuse of alcohol."

### Theoretical Framework

The theoretical basis for the confrontation training in this study is discussed in this section. In the first part of this section, three variables of the confrontation experience will be examined independently--the confronter, the confrontee, and the relationship between the confronter and the confrontee. The confrontation interaction is examined using the theory of change proposed by Kell and Mueller (1966) as a theoretical base for what occurs in a confrontation. In the second part of this section, guidelines for the development of the confrontation



training are presented. In the third part of this section, a broad overview of the confrontation experience as an interpersonal behavior is discussed.

### The Confronter

The confronter brings an extensive personal history to an encounter with another in confrontation. The history includes past relationships, experiences, developmental strengths and weaknesses, and a variety of coping mechanisms that have helped manage stress, anxieties, and interpersonal problems. The confronter may also bring a philosophy or orientation, techniques of communication, a diverse set of interpersonal skills--and yet ultimately he brings himself/herself (Kell & Mueller, 1966). The confronter is a person who has feelings, fears, concerns, expectations of others, hostilities, and satisfactions and dissatisfactions with his/her interpersonal relationships. Like everyone else, the confronter is all of these things. In addition, the confronter is an individual who takes an interpersonal risk by describing another person's behavior and identifying the consequences of behaviors.

Training in confrontation may help the confronter be aware of the consequences of his/her own behavior. And, the personal strengths, understanding, conflicts, and needs the confronter experiences can be useful to the confrontee if the confronter enters into the confrontation

knowing himself/herself and is willing to share self-understanding in a helpful manner.

### The Confrontee

The confrontee also has a history of past relationships, experiences, developmental strengths and weaknesses, and a variety of coping mechanisms that have helped manage stress, anxieties, and interpersonal problems. The confrontee may bring similar or quite different skills, philosophies, and training experiences to the confrontation than the confronter. The confrontee is different in at least one regard from the confronter, however. That is, the confrontee has developed a pattern of behavior the consequences of which have led the confronter to confront him/her. For this interpersonal interaction, the confrontee is the receiver of feedback about his/her behavior and its consequences. Given the complexities and changing nature of interpersonal relationships, his/her role may change at any time.

### The Confronter-Confrontee Relationship

When the confronter and confrontee engage one another in a relationship, both participants introduce into that relationship their life experiences. Whether these experiences are similar or quite different, the third theoretical construct is the reciprocal impact of the confronter and confrontee. That is, the kind of

impact the confronter has on the confrontee and the kinds of responses the confrontee elicits from the confronter (Kell & Mueller, 1966).

No matter what happens between the participants of the relationships, the consequences of the behaviors are potentially useful for developing a successful relationship. Kell and Mueller (1966) illustrate this point by example: "When the client reports, for example, that he is upset by feelings that the counselor has aroused in me, the counselor's response is a function of how threatened he is by the confrontation."

Appropriate confronter behavior will occur when the confronter is able to listen to what the confrontee has said and examine his/her own behavior to search for what he/she has done to stimulate this type of confrontee response.

Therefore, the reciprocal impact of the relationship suggests that the confronter knows his/her own stimulus value and can confront the confrontee understanding that the confrontee will personalize feedback and express his/her own dynamically determined reactions to the confronter.

### Developmental Tasks

It is important to consider the developmental tasks a person needs to learn in order to be helpful to another person in stress. Kagan's and Carkhuff's theoretical

models differ in their consideration of developmental tasks in the helping process. Both the Kagan model and the Carkhuff model, however, offer valuable guidelines for the development of confrontation training.

Kagan and his associates (1967) posited four developmental tasks that a person needed to learn in order to become effective in his/her interpersonal communications. These tasks apply directly to a paraprofessional in the helping role who may confront alcohol abuse.

1. The paraprofessional confronter needs to be aware and sensitive to the elements of effective communication.

For a paraprofessional to be effective in an interpersonal helping process such as a confrontation, it is important that he/she have some basic theoretical foundation in interpersonal communication. This foundation can be simple or complex; what is essential is that the paraprofessional confronter have a consistent, logical, cognitive system of the elements of basic helping communication. A number of researchers (Kagan et al., 1967; Carkhuff, 1966; Truax, Carkhuff, & Douds, 1964; Ivey, 1971; Rogers, 1957) have identified elements of critical importance to effective interpersonal communication.

2. The paraprofessional confronter needs to be aware of and sensitive to his/her own feelings.

The confronter must understand personal thoughts, feelings, and behaviors and be aware of their impact on him/her, others, and the environment to confront another person with understanding. Rogers (1957) suggests that helper congruence facilitates human interaction.

3. The paraprofessional confronter needs to be aware of and sensitive to the confrontee's communication.

The confronter must be able to listen effectively to the verbal and nonverbal communication of the confrontee. The confronter must also be able to understand the confrontee from his/her position, that is, to have an empathic understanding. Rogers (1957) and Truax and Carkhuff (1967) have posited empathy as a sole element in effective interpersonal communication.

4. The paraprofessional confronter must be aware of the bilateral nature of the confrontation interaction.

In order to be helpful, the confronter needs to realize the confrontation is a dynamic interaction that involves a reciprocal impact of thoughts, feelings, experiences, values, and needs. Kell and Mueller (1966) suggest that not only does the counselor stimulate certain responses in the client but also the client triggers certain responses in the counselor. This reciprocal process mandates that the confronter be sensitive to his/her own stimulus value.

Truax and Carkhuff (1967) explain that in their conceptual model helpers need to communicate at minimally facilitative levels four helper behaviors or conditions. The helper needs to be at least a minimally effective communicator of empathic understanding, respect, concreteness, and genuineness. Empathic understanding is defined as helper awareness and sensitivity to current feelings as evidenced by the ability to respond verbally to the client in a way that is consonant with the client's current feelings. The helper communicates respect when listening to the client and accepting what is said without judging or evaluating the client's experience. The helper is genuine when sincerely himself/herself in the helping relationship, free from defensive feelings. Concreteness is defined as the helper's ability to discuss directly and specifically feelings and experiences related to the client's concern.

The basic helper conditions posited by Truax and Carkhuff (1967) as necessary for minimal facilitative communication were also included in each of the three confrontation training models. Empathic understanding to the confronter means to confront with understanding, knowing the facts regarding the behavior but also being sensitive to the confrontee's subjective experience of the behavior. The respect a confronter conveys for the other person is to be based on firmness, politeness, and a nonjudgmental

attitude. Genuineness in the confrontation is evidenced by the confronter showing personal feelings about the confrontation and being open to further involvement with the confrontee. The specificity, directness, and clear focus on behavior and its consequences in an effective confrontation describes confronter concreteness.

Other researchers have postulated similar guidelines for helper/counselor behavior in interpersonal communication skill training of paraprofessionals (Danish & Hauer, 1973; Egan, 1975, 1976; Gazda et al., 1973; Ivey, 1971). Kagan and Carkhuff, however, are the most prolific researchers in this area and present a frequently cited and widely supported theoretical framework for paraprofessional training of interpersonal skills.

### Interpersonal Behavior

Although nondirective approaches by definition do not include confrontation, their theoretical base suggests that an effective interpersonal confrontation can become part of the perceiver's phenomenological field. The confrontation experience rests on several broad theoretical disciplines. Rogers' (1957) personality theory states that behavior and personality are most influenced by self-concept and the phenomenological field of the perceiver. Thus, people who are confronted are aided in focusing on themselves and recognizing their own behavior and its consequences. By accepting these behaviors and the

accompanying emotions of fear, anxiety, depression, anger, and other feelings they are accepting a part of their self-concepts that may have been previously denied. This increased congruence leads to greater self-confidence and facilitates interpersonal risk-taking behavior. A consequence of their risk-taking is the opening of a wide range of interpersonal behavioral possibilities. This process of accepting one's own feelings of self and greater risk-taking behavior resulting from self-acceptance and congruence is similar to Rogers' description of conditions for therapeutic growth (Rogers, 1961).

The reinforcement theory of Dollard and Miller (1950) identifies the factors of drive, cue, response, and reward as the critical sequence in which habits form and are dissolved. This learning theory directly relates to the experience a paraprofessional encounters when confronting an individual who uses alcohol responsibly. For example, the college student at a keg party experiences a drive to drink and may experience the social peer pressure or cue to drink excessively. The ensuing drinking behavior or response can then be responded to through a confrontation as a reward if the consequences of the person's drinking are positive. That is, the student is rewarded for his/her responsible use of alcohol.

Skinner (1974) suggests that reinforcement can have a powerful impact on targeted behaviors. A positively



valued paraprofessional who confronts specific alcohol use and abuse behaviors can serve as a dispenser of that reinforcement. That is, the confronter who holds a position of authority and status in a group can dispense verbal "rewards" or positive reinforcement for certain responsible drinking behaviors as well as verbal "sanctions" or punishment for specific irresponsible drinking behaviors.

The social learning theory research (Bandura & Walters, 1960) indicates that modeling and vicarious learning resulting from small group interaction can also contribute to the overall effectiveness of a confrontation experience. That is, the paraprofessional confronter becomes a model to others undecided on how to drink. The paraprofessional confronter can be a person who identifies and differentially responds to alcohol use and alcohol abuse in a manner that provides a guide and/or direction for others.

In summary, there were several theoretical bases for the confrontation training in this study. The assumption that the human interaction between confronter and confrontee is a dynamic relationship that has reciprocal impact was examined based upon the research of Kell and Mueller (1966). Each variable of the interaction, the confronter, the confrontee, and the relationship between the confronter and the confrontee was examined independently. In the next section, the guidelines for developing effective interpersonal confrontation training were

reviewed. These guidelines were derived from established theoretical training procedures designed to develop interpersonal skills of paraprofessionals. Confrontation training builds upon basic theoretical procedures by introducing interpersonal behaviors that expand the paraprofessional's repertoire of skills. Kagan's (1967) four developmental tasks and Carkhuff and Truax's (1967) four conditions of effective helper behavior were specifically described while other research was cited. Finally, the third part of this section contained a broad overview of the confrontation experience as an interpersonal behavior. Several personality and learning theories were discussed as general theoretical bases (Rogers, 1960; Bandura & Walters, 1960; Skinner, 1974; Dollard & Miller, 1950).

#### Delimitations of the Study

Three confrontation training models were developed and examined for use with randomly selected resident assistants who confront alcohol abuse as part of their responsibilities at Michigan State University. The paraprofessionals were all new resident assistants. That is, they were in the first month of their positions.

One post treatment measure was administered to the paraprofessionals to evaluate the behavioral effects of the treatment. No delayed post treatment measures were used to measure the retention of these effects. All

paraprofessionals were randomly assigned to the treatment groups and control groups so no pre-treatment measure was used.

As an attempt to reduce trainer inconsistency and bias, two female trainers, advanced psychology graduate students, conducted each of the three confrontation training models. There was no formal assessment of trainer behavior during the training since trainers agreed to act in the prescribed way outlined in the Trainer's Manual for Confrontation Training (Appendix A).

Two coached paraprofessionals were used in the role play demonstration of the Experimental Confrontation Training Model (ECTM) and the Integrated Confrontation Training Model (ICTM).

The investigator served as a program coordinator and reviewed the content and process of each of the three confrontation training models with the trainers.

It was assumed that confrontation training expands the paraprofessional's repertoire of skills; however, it was beyond the scope of this experiment to state that it reduces the problem of alcohol abuse among college students.

The three models of confrontation training for use with paraprofessionals who confront alcohol abuse were intended for a variety of situations and settings. However, all findings in this study must be interpreted within the confines of the above delimitations.

### Definition of Terms

In this investigation special terms were defined as follows:

Alcohol Education.--A teaching procedure designed to provide information about responsible and self-directed decision-making in the use of alcohol.

Confrontation.<sup>1</sup>--The interpersonal process of objectively describing a person's behavior and identifying the consequences of his/her behavior.

Paraprofessional.--A person who has not received advanced academic training in psychology, psychiatry, or social work but who has been trained either formally or informally by professional persons.

Resident Assistant.<sup>2</sup>--An undergraduate student selected and supported by the Residence Hall Programs Office. The resident assistant is expected to serve resident students as a programmer, resource person, paraprofessional helper, and be a liaison between students and other departments in the university.

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<sup>1</sup>Confrontation is often understood to mean a conflict situation, a troubled time, and combative behaviors. In this study, the word refers to an interpersonal skill generally fitting the definition of Egan (1976)--"Anything that you do that invites a person to examine his behavior and its consequences more carefully" and more precisely, the definition stated above.

<sup>2</sup>In this investigation, paraprofessional was considered the set of which resident assistant was a subset.

Training Model.--A structured sequence of training procedure designed to teach the paraprofessional the specific interpersonal skill of confrontation.

#### Assumptions

This investigation of three confrontation training models for use with paraprofessionals who confront alcohol abuse in the university setting was carried out under a set of assumptions briefly outlined here:

1. Confrontation is an interpersonal skill that can be learned.
2. The behavioral effects of confrontation training can be measured.
3. Resident Assistants who confront alcohol abuse in the residence halls at Michigan State University do not differ from resident assistants who confront alcohol abuse in the residence halls at other colleges and universities in their ability to develop the interpersonal skill of confrontation.
4. The three confrontation treatments are definable and replicable treatments.

#### Hypotheses

General hypotheses proposed for this investigation are stated here. Specific research hypotheses will be outlined in Chapter III.

Hypothesis 1:

There will be no significant differences in confrontation skills among the four experimental groups as measured by the Confrontation Measurement Scale.

Hypothesis 2:

There will be no significant differences in confrontation skills due to differences in trainers as measured by the Confrontation Measurement Scale.

Hypothesis 3:

There will be no significant differences in confrontation skills due to an interaction of trainer differences and experimental conditions as measured by the Confrontation Measurement Scale.

Overview

In Chapter II a review of the pertinent literature is presented. Research on the general area of use and training of paraprofessionals, alcohol use and abuse among college students, and the interpersonal skill of confrontation are examined. The experimental design is included in Chapter III with a description of the population and sample, a statement of the research hypotheses, and presentation of the method of analysis. Also included in Chapter III is a detailed explanation of the organizational and operational aspects of the training models. Results of the statistical analysis of data for each research hypothesis is reported in Chapter IV. A discussion and conclusions based on the results of the investigation are stated in Chapter V.

## CHAPTER II

### REVIEW OF THE LITERATURE

The research literature related to both the use of paraprofessionals and the variety of models and methods designed to train paraprofessionals is discussed here. In addition, research regarding the use and abuse of alcohol among college students is reviewed. Also in this chapter is an examination of the literature related to the interpersonal skill of confrontation and confrontation training. These areas are directly related to the theoretical assumptions and hypotheses stated in Chapter I.

Specifically the variables which pertain to this study are delineated, the contributions of previous research are identified, and the limitations of these studies are discussed.

#### Use of Paraprofessionals

Changes in the structure of the delivery of mental health services have resulted in increased use and training of paraprofessional workers in helping skills. This was viewed as a consequence of the "third revolution" in mental health service delivery (Hobbs, 1964) in which

paraprofessional and nonparaprofessional workers dominated as the direct service providers. This "third revolution," however, was a source of much controversy in the literature. Writers were divided between those who thought that paraprofessionals should function strictly as "support personnel" or "case aides" freeing the professional from his "nonprofessional" administrative duties (Beck et al., 1963; Odgers, 1964; Patterson, 1965; Rosenbaum, 1966; Levinson & Schiller, 1966; Schlossberg, 1967; Gust, 1968; Savino & Schlump, 1968) and those who believed the paraprofessional, properly selected and trained, can function as an effective psychotherapeutic agent (Holzberg et al., 1964; Carkhuff & Truax, 1965; Reiff & Reisman, 1965; Carkhuff, 1966; Magoon & Golann, 1966; Poser, 1966; Rioch, 1966; Sonnet, 1968). A number of studies indicated that paraprofessionals can perform in a therapeutic manner in a variety of settings.

Rioch, Usdansky, Newman, and Selber (1963) tested the hypotheses that carefully selected, mature paraprofessionals could be trained within two years to do psychotherapy under limited conditions. The authors described four phases of their investigation--recruitment, selection, training, and evaluation. From a volunteer sample of 80, eight 40-year-old women were selected for training as mental health counselors. Training was intensively focused on psychotherapy; experiences included intensive



supervision, on-the-job training, and course work in theory and practice of psychotherapy. Following the first year of training, these investigators used objective ratings of trainee interview behavior, supervisor ratings, instructors' ratings, and trainees' self-reports to assess trainee growth. Measures of client growth were also used. The results presented in this study were descriptive data on post-therapy diagnostic tests. Six percent of the clients seen by the mental health counselors showed marked improvement. Fifty-five percent of the clients showed slight or moderate improvement. Thirty-nine percent showed no change at all. Average ratings on trainee interview behavior, from supervisors, instructors, and ratings of an interview were in the satisfactory range. Self-ratings of interview behavior tended to be higher.

Magoon and Golann (1966) conducted a descriptive follow-up study on the mental health counselors. The counselors were employed in various mental health settings throughout a three-year period during which the study was under continuous observation. The authors concluded that these paraprofessional trainees provided credible mental health services in the judgment of their supervisors and co-workers. Further, they speculated that perhaps the greatest determination of activity in this direction would be the capacity of mental health professionals and educators to overcome traditional implicit assumptions as

to who must perform various vocational functions in the broad field of mental health.

In a mental hospital setting, Beck, Kantor, and Gellineau (1963) described a follow-up survey of chronic psychiatric patients "treated" by college counselor-aide volunteers. Groups of 8-10 Harvard undergraduates had individually seen hospitalized patients for one hour a week for an academic year. The extent of their training was to meet as a group for one hour a week and to receive individual supervision once every two weeks. Results of the seven-year study showed that 31% of the 120 patients seen by the students were discharged after having been hospitalized an average of 4.7 years. The authors point out that this is significantly different from previous research which indicated that after four years of hospitalization only 3% of the patients were discharged. However, some of the increase in discharges can be explained by factors other than the paraprofessional "treatment." Supervision of the paraprofessional-patient interaction likely brought extra attention from the supervisor and possibly the support staff to the patient. This additional attention then may be an uncontrolled variable in this study. Other questions regarding the selection of patients, privileges afforded participating patients, and diagnosis of the patients were not clearly answered by the authors.

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

More adequately controlled studies by Poser (1966) testing the effects of therapist training on the outcome of group therapy with psychotic patients, by Rappaport, Chinsky, and Cowen (1971) evaluating the interaction of college students and chronic patients, and by Truax (1967) demonstrating the effectiveness of counselor aides in a rehabilitation service center supported the conclusion that paraprofessionals under the supervision of a professional can be effective therapeutic agents.

On the college campus the use of paraprofessional mental health workers has drawn much attention in the literature. The undergraduate student has been reported to be effective in aiding fellow students in academic advisement (Brown, 1965; Zunker & Brown, 1966), the development of communication skills (Scharf, 1971; Archer, 1971; Perkins & Atkinson, 1973), and a general increase in interpersonal functioning (Harvey, 1965; Berenson, Carkhuff, & Myrus, 1966; Sonnet et al., 1968; Wolff, 1969;

D'Augelli & Chinsky, 1974; Moreland, Ivey, & Phillips, 1973; Toukamanian & Rennie, 1975; Mitchell, Rubin, Bozarth, & Wyrick, 1971).

Perkins and Atkinson (1973) investigated the effect of three instructional techniques on resident hall assistants' use of attending behavior, reflection of feeling, and summarization of feeling in a microcounseling session. The three instructional techniques combined a tape-recorded lecture on the criterion behaviors with either a discussion, role-playing or modeling procedure. The absence of any systematic training for the criterion behaviors served as a control procedure. Subjects for the study were 40 resident assistants (20 females and 20 males) chosen at random. Following administration of the treatment conditions, members of each group were videotaped in a microcounseling session with a coached client. The microcounseling session lasted for five minutes and provided for a coached client of the same sex as the resident assistant who presented a predetermined problem. Subjects in all four groups were told to take the part of a resident assistant who had been approached by a student for help and try and be a good listener. The videotaped microcounseling sessions were rated by two independent judges who recorded incidences of the criterion behaviors.

Results of the study indicated that subjects in all three experimental groups maintained eye contact for a significantly longer period of time than controls.

Reflection of feeling responses were recorded a significantly greater proportion of the time for the lecture-discussion and lecture-modeling treatments than for the control group. And males in the lecture-modeling treatment summarized feelings a significantly greater proportion of the time than any other group. The failure of Perkins and Atkinson (1973) to demonstrate increased use of summarization of feeling and reflection of feeling in all treatment conditions may be due to the extended videotaped lecture and comparatively brief discussion, role-playing, or modeling period. A more balanced treatment may allow for increased integration of the didactic information.

Archer (1971) evaluated the effectiveness of undergraduate paraprofessional group leaders with their peers in a college dormitory setting. Two kinds of group experiences were studied; interpersonal communication skills training and encounter-developmental approaches were the treatments used by the two groups of paraprofessionals with their peers. The author questioned how paraprofessionals using a structured training model which employed Interpersonal Process Recall (IPR) videotape feedback, IPR affect simulation, and tape rating would compare with undergraduate group leaders providing an unstructured encounter approach. To assess leader effectiveness, the author used the following measures of peer behavior--affect sensitivity, self-actualization,

psychological insight in relationships, and depth of peer relationships. Students in the structured group experience scored significantly higher than the students in the developmental groups in the depth of their peer relationships. The author concluded that with appropriate training and weekly supervision, undergraduates could function as paraprofessional group leaders for interpersonal skills groups. Yet the effectiveness of these paraprofessional leaders needs further consideration. The structure of the IPR training model used in training may have been a crucial factor in this study. Specific phases of the training model thus need evaluation. For example, the kinds of peer growth evidenced as the result of the IPR videotape feedback experiences as opposed to the growth evidenced as the result of simulation confrontation recall might yield important information in future studies.

Berenson, Carkhuff, and Myrus (1966) investigated the effects of training college student helpers in the research scales assessing the facilitative dimensions of empathy, positive regard, genuineness, concreteness, and self-exploration. Thirty-six trainees were randomly assigned to one of three groups--a group which had been trained in the five facilitative dimensions and had had a four-hour group counseling experience (Group I), a group which had been trained via discussion only (Group II), and a no-training control group (Group III). Pre and post

measures were taken on the following four indices assessing trainee empathic understanding, positive regard, genuineness, and the degree of self-exploration elicited in others; objective tape ratings of interviews; inventory reports of standard interviewees; inventory reports of significant others--roommates; and inventory self-reports. All groups functioned slightly below level two on all dimensions prior to training--below minimal facilitative standards. After 16 hours of training, there was a significant difference between student helpers in Group I and trainees in Group III on all indices. There was a significant difference between Group I and Group II on two indices--the client inventory and roommate ratings. There were significant differences between Group II and Group III on two indices--the client inventory and self-reports. The authors, therefore, concluded that a systematically implemented program in helper behaviors was superior to both a loosely structured program and no training at all. Yet, in this study, the independence of the measures can be questioned. It was not clear which measures differentiated clearly between all the groups. Also the lack of significant differences between groups on the ratings of taped interviews could have indicated that limited training, regardless of the orientation, led to similar results in helper growth.

Each of the three previously discussed studies examined the effectiveness of training undergraduate

paraprofessionals using different training methods and techniques. The theoretical basis for the training methods used in those studies was derived from the work of Ivey et al. (1968), Kagan (1967), and Carkhuff (1965), respectively. In the next section those models are identified more clearly as they relate to specific training elements. Also discussed in this section is the use of several other prominent training models and the controversy regarding the key elements in paraprofessional training.

#### Training of Paraprofessionals

Unsatisfied with the questionable (Carkhuff, 1966, 1968) success of traditional approaches to training in counseling, Truax, Carkhuff, and Douds (1964) attempted to describe a theory of supervision which integrated the didactic and experiential forms of supervision. Training in counseling was itself viewed as a therapeutic process: a learning process which takes place in a particular kind of relationship leading to self-exploration and personality change. The didactic training program relied heavily upon the use of tape-recorded psychotherapy and measurement scales growing out of research designed to quantify essential aspects of the therapeutic relationship. The supervisor-trainee relationship was basically defined as a therapeutic encounter. In the training proposed, an



emphasis was placed on the integration of didactic training within the context of a meaningful relationship.

This proposal preceded the development of the Carkhuff Human Relations Training Model. Carkhuff and Truax (1965) devised a five-step process in the training of paraprofessional and professional helpers. The didactic portion of the training consisted of having the trainees rate pre-recorded counselor-client interactions on the "facilitative dimensions" of empathic understanding, communication of respect, concreteness, genuineness, self-disclosure, and immediacy (Carkhuff, 1969). The purpose of the rating exercises was to teach the trainees to discriminate between facilitative and nonfacilitative counselor responses to a client's statements. A five-point scale was used where a rating of one was considered non-facilitative, a rating of three minimally facilitative, and a rating of five the most facilitative on each of the dimensions.

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

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

The experiential portion of the Carkhuff model consisted of role-played client-counselor interactions called communication training. The interaction was audio-taped and played back to the group who then rated the interaction. This stage of training reportedly contributed to the trainees' personal development and growth.

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

As strong as the evidence in favor of the Carkhuff approach to paraprofessional training may be (Carkhuff, 1965, 1969; Carkhuff & Berenson, 1967; Truax & Carkhuff, 1967), it is not without theoretical and practical shortcomings. Carkhuff states that "Human relation training focuses upon the core facilitative and action-oriented dimensions complemented by anything else that works" (1969, Vol. II, p. 284). The core facilitative dimensions were helper variables. Dendy (1971) noted that it appeared as though the trainee had little opportunity to know just

what impact his/her responses had on another person. Also, the experiential stage of the training was nebulous. The trainee experienced the difficulty of learning to make facilitative responses, but it was not clear if the trainee was given the opportunity to experience and explore personal affective and cognitive processes included in trying to be helpful. Experiencing the "anything else that works" did not necessarily foster personal development and growth; more important, it suggested that there may be important variables "intuitively" added to the Carkhuff sessions which were not specified.

In addition, it seemed that the emphasis on discrimination training could inhibit the trainee from developing personal, experientially based helping responses in lieu of "pre-packaged" facilitative statements.

Kagan and his associates (1967) developed the Interpersonal Process Recall (IPR) method as a proposed training model in counselor education (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes, & Bondy, 1967). The IPR project grew out of a need to provide accurate means of interpreting behavior in interpersonal processes. These researchers wanted to find ways of gaining knowledge about the underlying dynamics of human interactions. They assumed that the ability to understand the total communication of another person was basic to normal functioning in society. They

also assumed that it was important for a person to understand his/her own communication in his/her interaction with others. Because it was often difficult for a trainee or a client to both introspect and interact simultaneously with another person in a normal manner, these authors devised techniques which would allow a person to interact at one time and introspect concerning that interaction at another time. If a trainee was given enough cues or clues to help relive an original experience, then the trainee might be able to explore, in depth, his/her interpersonal interactions. The trainee could focus on the meanings of the thoughts and feelings which were expressed in an interaction. Affect simulation, videotape feedback, and simulated recall techniques were used to facilitate this type of learning.

A four-step training model in facilitative behaviors was developed by Kagan and his associates (1967) and was described by Scharf (1971). The four steps included the following processes. Counselor trainees watched a videotaped counseling session and were didactically taught "dimensions of effective communication." The purpose of this experience was to help trainees become more aware of and sensitive to the elements of facilitative communication. Next, trainees were exposed to simulation confrontation recall. They were videotaped while watching films which engaged the viewer in a simulated

relationship. Actors on these films portrayed various emotions such as hostility, rejection, anger, and seduction. Immediately following this experience, an inquirer recalled the original experience with the trainee and aided the trainee in recalling the feelings and thoughts which he/she experienced during the original session. The aim of this exercise was to sensitize the trainee to his/her own feelings. The third step included counselor or client recall. Trainees conducted an interview with a client, and this interview was videotaped; immediately following the interview, an inquirer recalled the original interaction with the counselor or the client. This technique was used to further sensitize the trainee to his/her own feelings and to the feelings of the client. The final step in the IPR process was mutual recall. Following a videotaped interview, an inquirer or supervisor recalled the original interaction with both counselor and the client. The trainee was thus aided in understanding the bilateral nature of the counseling relationship and the trainee then began to recognize the impact which he/she had on the client and the impact the client had on him/her.

Studies by Scharf (1971), Archer (1971), and Dendy (1971) all supported the notion that the IPR process could be an effective training model with paraprofessional helpers.

Ivey and his associates (1968) developed a new approach to instruction in basic clinical interviewing

skills called Microcounseling. It was designed to provide a hierarchy of well-defined counselor skills, such as attending behavior, reflection of feeling statements, and summarization of content statements (Ivey, Normington, Miller, Morrill, & Haase, 1968). The Microcounseling format included written manuals, poor and good model videotapes, and short videotaped practice interviews between trainees which were immediately reviewed.

Microcounseling used role playing as the focal point of training and hence provided trainees with experiences in counseling from the onset of the training program. Videotaped dyadic transactions made by the trainee before and after training on a given criterion were used by the trainer, the trainee, and peers to analyze and evaluate training level of performance.

The technique was micro in several respects: the trainee learned only one skill per session; the skill was concisely defined in operational terms; the model videotapes portraying good and bad examples of the skill were only five to eight minutes long; and the videotaped practice interviews were only five to eight minutes long.

The six skills in the original microcounseling skills package which has since been modified and expanded by Ivey (1971) included the following: attending behavior, minimal encourages-to-talk, open invitation-to-talk, reflection of feeling, paraphrasing, and summarization.

Research reported by Toukamanian and Rennie (1975), Miller, Morrill, and Uhleman (1970), Ivey (1971), and Haase and DiMattia (1969) indicated that microcounseling training methods could be effective in training paraprofessionals. However, the studies of Authier and Gustafson (1975) and Moreland, Ivey, and Phillips (1973) suggested that while the overall approach may be generally effective with some populations, it was unclear what elements of the training model were responsible for the reported success.

Further, although the training was said to be micro, supportive studies such as Toukamanian and Rennie (1975) reported up to 75 hours of training to demonstrate significant increases in skill acquisition. Finally, there was little supportive experimental research indicating that the confrontation skill identified in the Authier and Gustafson (1975) study could be acquired via the Ivey model of microcounseling.

The Carkhuff model of Human Relations Training, the Kagan model of Interpersonal Process Recall, and the Ivey model of Microcounseling represent the three most researched training paradigms in the training of paraprofessionals. However, training programs developed by Gazda et al. (1973), Danish and Hauer (1973), Egan (1975), Goldstein (1973), as well as studies identifying and comparing various training elements such as modeling, role

playing, lecture, videotaping, audiotaping, and combinations of these strategies in various systematic and unstructured packages (Perkins & Atkinson, 1973; D'Augelli & Chinsky, 1974; Goldstein & Goldhart, 1973; Rappaport, Gross, & Lepper, 1973; Rosenthal, 1977; Whalen, 1969) represent a rapidly expanding genre in research literature.

Rappaport, Gross, and Lepper (1973) investigated three social skills training conditions: videotaped modeling, sensitivity training, or no training. They assigned college student volunteers to one of the three treatment conditions. Students were placed in a small group situation where each student presented a personal problem and attempted to understand the problem of another. Half of the groups received general instructions and half received specific instructions. Under general discussions, modeling and sensitivity trained students performed better than students with no training on both specific behavioral and global qualitative measures. However, under specific instructions all students performed equally well. This finding suggested that elaborate training for an undergraduate student population in the social skills (personal self-disclosure, acceptance of feedback, personal questions, positive feedback) investigated in this study was an inefficient approach to their use as mental health workers. Each of the training methods investigated could lead to the desired performance.



The results of this study that instructions alone and modeling alone were each sufficient to induce the desired performance conflicted with Whalen's (1969) results. She found that only training which employed film modeling plus "detailed instructions" was effective in teaching desired behaviors.

Whalen (1969) studied the effects of modeling on a class of group verbal behaviors such as those examined by Rappaport, Gross, and Lepper (1973). The author explained these results on the basis of a "motivational" and a "cognitive attention-information" hypothesis. That is, on the one hand neither the film itself nor the detailed instructions alone were sufficient disinhibitors to allow performance such as self-disclosure in a potentially embarrassing situation. On the other hand, it may have been that for a complex class of behaviors to be modeled, it was necessary that the student have focused his attention directly on the desired sort of behavior; instructions could have served to focus attention on the "norm-sending process" of the film.

Working with a potential paraprofessional therapist sample of psychiatric nurses, Goldstein et al. (1971) found that modeling procedures, when combined with information about the patient's purported social class, yielded a significant increase in nurse attraction to traditionally unattractive patients, as well as similarly significant

increases in the level of empathy and warmth displayed by the nurses immediately following the observation of an attractive model.

Goldstein and Goldhart (1973) conducted two experiments to examine the effectiveness of Structured Learning (modeling + role playing + social reinforcement) to increase empathy among mental hospital personnel. Subjects for the first study were 74 psychiatric nurses. Half were trained by professional trainers; half by newly trained paraprofessional personnel. Both groups demonstrated significant gains in empathy as measured by two forms of a Hospital Training Questionnaire and responses to 15 tape-recorded "patient" statements derived from actual staff-patient interactions. These gains were still in evidence upon a one-month follow-up. Ninety nurses, attendants and other high patient-contact personnel served as Experiment II subjects. The major findings of Experiment I were replicated. Further, evidence was obtained for the value of in vivo performance feedback as a transfer training procedure, that is, a way to maximize the transfer of the Structured Learning gains in empathy to the ward setting. These findings provided further support for the usefulness of modeling, role playing, and social reinforcement in the training of potential paraprofessional therapists and other personnel situated in high person-contact positions.

D'Augelli and Chinsky (1974) conducted a study to examine two variables deemed important in promoting effective group performance of undergraduate students: the interpersonal skills of group members and the type of pre-group instructions or pretraining received. The study contrasted groups receiving two types of systematic pretraining with groups receiving no pre-group experience. Both forms of pretraining stressed the use of three within-group behaviors important to both group psychotherapy and training: self-disclosure, discussion of the "here and now," and interpersonal feedback. The practice condition detailed these behaviors and provided participants with the opportunity to practice them. The cognitive condition was similar to the practice condition, but it allowed no practice. The control condition provided no information or practice. Group performance was videotaped and analyzed using an adaptation of Whalen's (1969) system for categorizing group discussion. The significant differences among the practice, cognitive and control types of pretraining systematically favored the cognitive. The results of this study which found a significant interaction effect of interpersonal skills and pretraining presented additional cautious support for inclusion of cognitive elements in training. However, several limitations of the study must be considered. The cognitive condition included a summarization process which may have served to promote

better attention to the three behaviors. And, the practice condition was essentially a one-trial learning paradigm with no positive reinforcement or corrective feedback for student responses.

The skill learning model of Danish and Hauer (1973) assumed that having knowledge about the skills was not enough. Effective learning involved acquiring a conceptual understanding of the components of the skill (knowledge), viewing others demonstrate the various aspects of the skill (modeling), and having an opportunity to use the skill (practice). This combination of behaviorally defined constructs, taught in a manner adapted for skill learning, was under research with early evaluation studies (Danish, D'Augelli, & Brock, 1976) offering positive results for overall effectiveness of the training program.

Similar integrations of didactic, experiential, and specific behavioral techniques as well as innovative uses of media characterize the current status of paraprofessional training. However, as in the cases of Carkhuff, Kagan, and Ivey, it remains unclear which specific elements of paraprofessional training models for what populations in what settings comprise the most efficient paradigm for achieving training goals. While the research cited offers guidelines and hints about applicability and overall effectiveness, it appears that further research focusing on specific skills with a specific

population in a specific setting is necessary to determine what elements of a training model are the most efficient.

### The Use and Abuse of Alcohol on Campus

The research literature related to alcohol use and abuse among college students is almost entirely descriptive. For more than 25 years the drinking habits and attitudes of university and college students have been identified and examined. While studies have differed in their points of emphasis, a consistent implication of the research has been that alcohol abuse among students was a problem that college personnel must confront.

Munter (1963) suggested that uncontrollable, excessive, and habitual use of alcohol that interferes with the conscious control of behavior was not a major problem in the university setting. However, he cautioned that a number of college drinkers were "problem drinkers" because of the social pressures of peers. Further, he added that social isolation, experimentation, sexual adjustment problems, sleeping problems, and the desire to escape pressure, drink for status, and be rebellious are basic roots of irresponsible drinking behavior among college students. The responsible use of alcohol could be best attained, Munter reasoned, by faculty and administrators consistently exercising "adult statements and behavior" as a strong positive force in establishing reasonable drinking habits on campus.

Hanson (1975) compared college students' reasons for drinking over a 20-year period. Data from a 1971 survey of 37 colleges and universities in the United States (3,696 students) were compared to the results of a study from a comparable sample of 15,747 students of 27 colleges throughout the country taken between 1949-1951. The percentage of drinkers who reported that they imbibed because they enjoyed the taste, in order to celebrate, or be happy, or to comply with custom increased slightly; while the percentage of drinkers who said they drank to relieve tension or fatigue or to forget worries and disappointments has decreased over 20 years. These findings lend some credence to the hypothesis that the sedative function of alcohol has increasingly been assumed by the use of other drugs among college students.

Penn (1974) conducted an investigation designed to provide information to the student health service and counseling center regarding alcohol use among students preferring different life styles. Life style was assumed to be reflected in type of living unit chosen, dormitory, fraternity, cooperative housing, or off-campus apartments. Subjects were divided into drinking and nondrinking groups. From a return of 1,294 completed questionnaires, results indicated that a large number were drinking and consuming more alcohol more frequently than had been anticipated. Consumption of alcoholic beverages appeared to be consistent across all academic schools and class levels. The data

tended to support the contention that students drink to be sociable. A higher percentage of drinkers was found in fraternities and off-campus housing which was considered to be more social.

Filstead, Rossi, and Golby (1976) did a similar study to that of Penn (1974) and concluded that the problems of alcohol abuse among college students was related to the campus lifestyle they experienced. Instances where social peer pressure was stated as serious led to increased drinking and increased negative consequences of drinking. Proactive alcohol education methods designed to manage these consequences and provide good role models were recommended.

The National Institute on Alcohol Abuse and Alcoholism sponsored a study called the "University 50 + 12" project. This project (Kraft, 1976) involved visits to one college or university in each of the 50 states, plus 12 minority and private institutions. The objectives of the project were: to gather information about drinking practices and attitudes on the campus and about existing programs and needs in this area; to disseminate information about alcohol, alcohol use, and alcohol abuse, and to encourage the university community to focus on the issue of alcohol use and abuse, and to stimulate new education and communication efforts.

Results from the project's investigation revealed that at most schools 87 to 93% of the students sampled

drink. At one school 66% of the students surveyed said they had been drunk during the past month. At another institution 20% of those surveyed said they drink "frequently or occasionally to get drunk." However, students showed little interest in alcoholism but were interested in alcohol and its effects, problems related to misuse, such as destructive behavior, and positive ways to use alcohol. The project coordinators concluded that "the feelings of large numbers of students that drinking and drunkenness are acceptable or even 'second-nature' behaviors seem to support the need for positive and low-key program approaches to curb abusive use of alcohol."

Engs (1977) conducted a follow-up study to the "University 50 + 12" project sampling 1,128 students attending 13 of the 62 colleges who were questioned. Eighty percent of the author's sample indicated at least one drinking-related problem of some kind during the previous year and during their lifetime. Twenty-two percent indicated three or four problems in the past year. A comparison with studies conducted since 1950 indicated that the percentage of students who drink (79%) was similar; larger percentages of women, both Black (52%) and White (82%) were drinking; the percentage of Black men who were heavy drinkers (5%) was smaller; there were fewer differences in the drinking patterns of first- and fourth-year students; the percentage of students who were heavy drinkers appeared to be about



the same; and there appeared to be no increase in negative drinking-related behavior. Engs (1977) suggested the reasons for increased alcohol education efforts may come from a combination of factors including: students drinking more openly and discussing their drinking behavior more openly; the changes in the law affecting the minimum age for alcohol use; and university personnel reacting to the proclamation of alcohol as the student drug of choice in the '70s.

In another study Engs (1976) investigated the effect of a college alcohol education program. The program included a film, discussion, and value clarification exercise all related to the responsible and irresponsible use of alcohol. Fifty students who participated in the program scored significantly higher on the knowledge items of a cognitive outcome measure administered after the program than 33 students who did not participate. No significant differences were found in drinking-related behavior of the two groups using a behavioral evaluation measure. The conclusions drawn in this loosely controlled study suggested that cognitive input that increased student's knowledge about alcohol use and abuse was not sufficient to effect behavior change.

Other researchers (Looney, 1976; Romine, 1976; North, 1977) have recently suggested that alcohol education efforts include a variety of informational, attitudinal,

and behavioral components including training to reduce the negative consequences of alcohol abuse among college students. While these researchers offered suggestions for alcohol education programs, no true experimental research has been done to examine the influence of alcohol education programs on the use and abuse of alcohol among college students.

#### The Interpersonal Skill of Confrontation

The research literature regarding confrontation is both limited and controversial. Berenson and Mitchell (1974) have summarized the minimal amounts of research completed while Egan (1970, 1976) has identified the source of controversy as the lack of a standard definition of confrontation and no agreement in the literature on what results it is supposed to have. Further, confrontation is often described as a video-technique--self-confrontation (Boyd & Sisney, 1967; Waltz & Johnston, 1963; Ward & Bendak, 1964; Baker, Udin, & Vogler, 1975; Vogler, Weissbach, & Compton, 1977); a therapeutic intervention (Gardener, 1966; Kanzer & Blum, 1967); a helper behavior (Carkhuff, 1969; Berenson, Mitchell, & Laney, 1968; Carkhuff & Berenson, 1967; Berenson, Mitchell, & Moravec, 1968); and a human relations skill for group experiences (Egan, 1970, 1976). This broad use of confrontation based on limited research is examined in this section.

Berenson and Mitchell (1974) delineated five major types of confrontation: experiential, didactic, strength, weakness, and encouragement to action. Experiential confrontation was defined as the helper's specific response to any discrepancy between the helpee and the helper's experiencing of the helper-helpee relationship, or to any discrepancy between the helpee's overt statement about himself/herself and the helpee's inner, covert experience of himself/herself, or to any discrepancy between the helpee and helper's subjective experience of either the helper or helpee. A didactic confrontation was defined as the helper's direct clarification of the helpee's misinformation or lack of information about relatively objective aspects of his/her world or the therapeutic relationship. Confrontation of strength referred to an experiential confrontation which focused on the helpee's resources. Weakness referred to an experiential confrontation which focused on the helpee's liabilities or pathology. Encouragement to action involved the helper's pressing the helpee to act on his/her world in some reasonable, appropriate, and constructive manner; and discouraging a passive stance toward life.

These types of confrontation were all viewed as useful when implemented with understanding by a skilled confronter. The research supporting the use and effectiveness of these confrontation types was based on studies

that included first helping interviews of 56 helpers from a variety of helping disciplines. Helpees ranged from minimally disturbed college students to hospitalized chronic schizophrenics. The 56 first helping interviews were rated independently on empathic understanding, positive regard, genuineness, concreteness or specificity of expression and depth of self-exploration (Carkhuff, 1969) by two experienced clinicians with therapists being rated high (above 2.5 on the Carkhuff measurement scale) or low (below 2.5 on the Carkhuff measurement scale) on his use of these facilitative dimensions. A second pair of independent judges later listened to each of the 56 tapes noting the frequency of each type of confrontation. The results of these two ratings were then examined in context of several variables. The researchers found that the level at which a helper demonstrated effectiveness on the dimensions mentioned had a significant effect on all confrontations except action; there was no significant differences on number or type of confrontation as a function of the sex of the helper; helper's experience had little effect on confrontation; and relationship-oriented (by self-report) helpers offered significantly more experiential, didactic and strength confrontations than any other helper group except those who identified themselves as helpee-centered helpers. These results provided some support for the contention of the authors that high-level therapists confront their patients more frequently and more

constructively than low-level therapists--a contention they failed to substantiate previously (Berenson & Mitchell, 1968). The fact that the patient type yielded a significant main effect in the analysis was a weakness in this study; however, the authors (Berenson, Mitchell, & Laney, 1968) suggested that it did not interact significantly with the other major variables in this study.

Another more serious weakness in this research was the identification of 2.5 on the Carkhuff measurement scale as the point where therapists were rated high or low on their use of facilitative dimensions depending on whether they were above or below 2.5. In Carkhuff's previous research (Carkhuff, 1965, 1967, 1969, 1971, 1977) he has consistently stated that 3.0 was the minimal level of effective responding. The digression from this in Berenson and Mitchell's (1974) experiment seemed to have skewed the results positively.

Egan (1970, 1976) described confrontation as "intentional" or a specific skill. "Confrontation is anything that you do that invites a person to examine his behavior and its consequences more carefully." He provided a skill-building unit for teaching confrontation and suggested that it was as much a part of the human relations laboratory as it was life itself. The manner of confronting, responses to confrontation, self-confrontation, confrontation and mutuality, and some pragmatic

hints on how to confront using structured exercises were Egan's primary contributions to the literature. He relied heavily on the research reported by Berenson and Mitchell (1974) to provide an experimental base for his writing.

A recent study by Rosenthal (1977) measured the effectiveness of Structured Learning Training (SLT) for teaching confrontation skills to trainees varying in conceptual development. Both a self-instruction approach and a standard implementation of SLT were found to be effective for teaching general confrontation skills. When trainees' conceptual level was considered, the approaches proved differentially effective as measured by paper-and-pencil tests. Self-instruction SLT was more effective with high conceptual level trainees than with low conceptual level trainees in each treatment. However, differences due to instructional approach and conceptual level failed to reach significance when the dependent variable was assessed via taped role play. That is, counseling interviews with coached clients following the treatment did not indicate that trainees had developed an "extended generalization" of the confrontation skill as measured by two independent judges who rated the audio-tapes using an adaptation of Carkhuff's confrontation in Interpersonal Processes Scale. While the author reported that self- and guided instruction were effective for

teaching confrontation skills, the conclusion was suspect. That is, the successful completion of a paper-and-pencil questionnaire containing written client statements of content-content discrepancies and content-affect discrepancies with an accompanying audio-tape of the statements did not seem to be an accurate representation of skill acquisition. It may have shown that the trainee was able to identify content-content, and content-affect discrepancies, and it may have suggested the trainee could write an appropriate confrontation statement but it did not, as the behavioral outcome measure demonstrated, indicate the acquisition of the skill of confrontation.

### Summary

Paraprofessionals have clearly responded to the challenge for increased delivery of mental health services. The effective therapeutic use of paraprofessionals in a variety of settings including the college campus is well documented in the literature. Training of paraprofessionals, however, remains a controversial issue. Various approaches principally the Human Relations Training of Carkhuff (1965), Kagan's Interpersonal Process Recall (1967), and Microcounseling developed by Ivey (1971) have been in widespread use while other researchers have sought the appropriate combination of didactic, experiential, and technological elements in training paraprofessionals.

At this time, there is not a consensus position regarding training elements, although researchers have suggested that training programs should be specifically tailored to the individual needs of the groups they are intended to train. Evaluation of training paradigms was recommended for the development and implementation of new and existing paraprofessional training programs (Danish, D'Augelli, & Brock, 1976).

The literature regarding the use and abuse of alcohol among college students is almost entirely descriptive. The results of numerous studies conducted throughout the United States indicated that approximately 90% of all college students drink and more than three-fourths of those who drink experience drinking-related problems. Recommendations by the National Institute on Alcohol Abuse and Alcoholism included the development of multi-dimensional alcohol education programs on college campuses that can provide information, training, and support to college students.

Confrontation has a controversial albeit limited place in the literature. Few studies other than the pioneering work of Berenson and Mitchell (1974) examined the use, application, or results of confrontation. Egan (1970, 1976) discussed the skill of "intentional" confrontation in the context of encounter groups and general living. Rosenthal (1977) reported a recent attempt to teach



confrontation skills to college trainees. Failure to demonstrate an effective behavioral outcome of such training suggested that further investigation was necessary.

The lack of an experimentally supported method for training paraprofessionals to confront alcohol abuse has led to this investigation. In Chapter III, the experimental design, methods of analysis, and a detailed description of the procedures of this study are presented.

## CHAPTER III

### DESIGN AND METHODOLOGY

#### Population

The population for this study consisted of all resident assistants hired by the Residence Hall Programs Office at Michigan State University in 1978 and who began their first term in that position in the fall of 1978. This group of "new RAs" was selected as subjects for the present study since most returning RAs have been exposed previously to some form of confrontation training in a nonexperimental condition.

The population included 52% women and 48% men who live in each of the five major residential areas on Michigan State's campus. RAs in this population were students in each of the undergraduate colleges on campus representing both the sciences and the arts. The group was primarily composed of sophomores, juniors, and seniors. Ninety percent of the population were white students while 10% were black students.

The RAs were selected for their positions through a series of competitive interview procedures by residence

hall personnel and student representatives. Basically, selection criteria consisted of each interviewer's subjective impressions of how well the candidate may be qualified for the position based on individual and group performance in a variety of structured and unstructured interviews.

The RAs received an extensive amount of interpersonal skill training in a spring training weekend after selection and a week-long fall workshop before the academic year began as well as in-service training programs during the year. This training included sessions on active listening, conflict mediation, basic counseling strategies, and general communication skills. In addition, many RAs received IPR training as part of their curriculum at Michigan State University.

### Sample

The sample was randomly selected and included 80 "new RAs" and represented each of the resident complexes on the Michigan State University campus. The group included resident assistants who were sophomore, junior, and senior students in 32 different majors with each undergraduate college represented. The RAs were randomly assigned to one of the experimental groups.

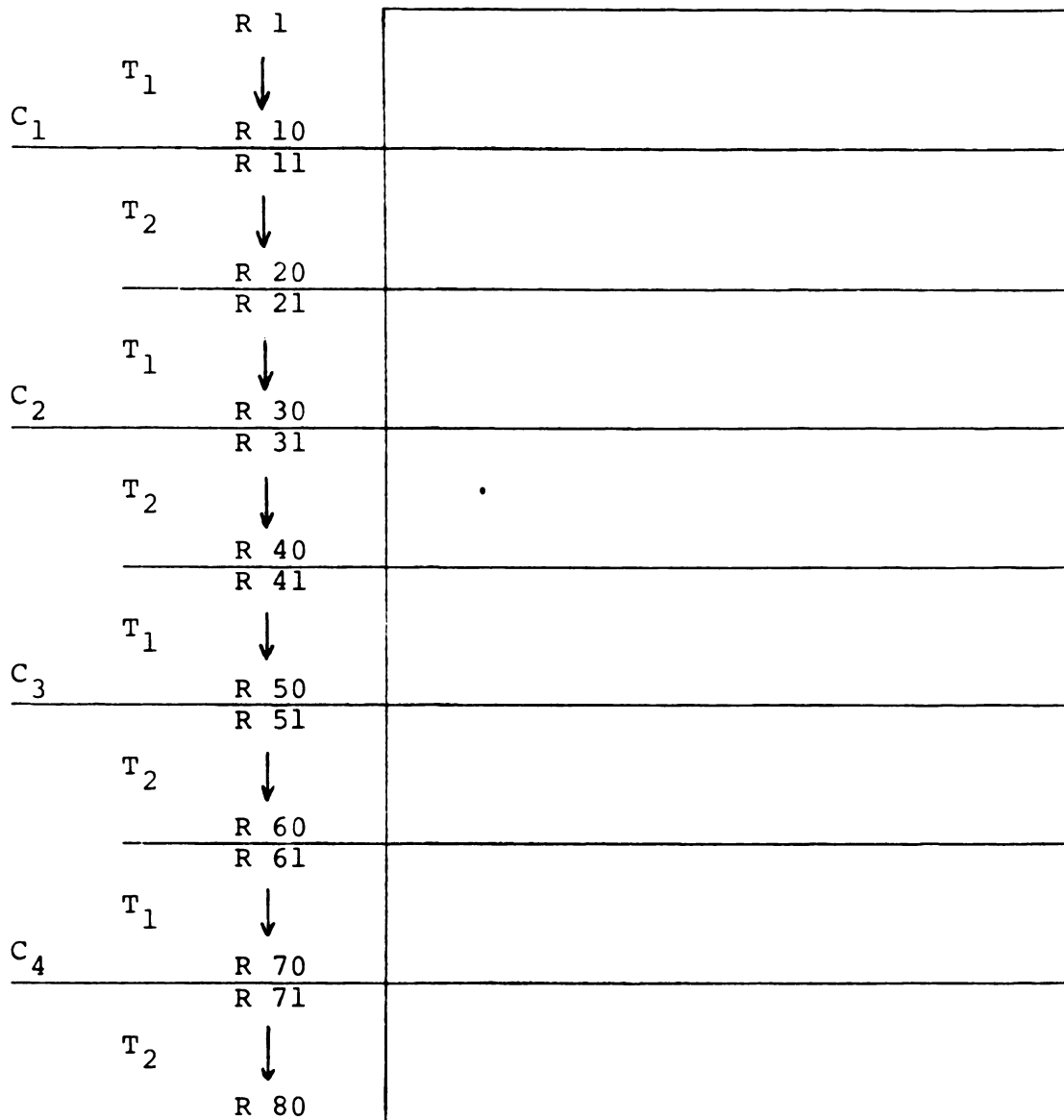
The sample was a finite sample of RAs at Michigan State University. Because the experimenter wished to generalize to a larger hypothetical population of RAs at

other universities the sample was treated as if it were a random sample of an infinitely large, yet definable, population of RAs. The sample was described in detail for the purpose of describing the hypothetical population. That is, in order to generalize the results of this study to groups of people like those sampled here, the Cornfield-Tukey Bridge Agreement was invoked and the analytical model that fits such generalizations was used (Glass & Stanley, 1970).

### Experimental Design

A posttest-only control group design with subjects randomly assigned to treatments was employed to test the general hypotheses stated in Chapter I. This design renders a pretest measurement unnecessary. According to Campbell and Stanley (1969), "The most adequate all-purpose assurance of lack of initial biases between groups is randomization." Further, Campbell and Stanley (1969) stated that this design minimizes the threats to internal validity. Specifically, the posttest-only control group design avoided the reactive effects of testing.

This design was chosen with particular attention to the experimental setting. Since the unit of statistical analysis in this experiment was the individual and treatments were clearly administered to groups of individuals, the independence of the replications was a central issue.



T<sub>1</sub> = Trainer one  
 T<sub>2</sub> = Trainer two  
 R = Resident assistants  
 C<sub>1</sub> = DCTM  
 C<sub>2</sub> = ECTM  
 C<sub>3</sub> = ICTM  
 C<sub>4</sub> = CONTROL

Figure 3.1. Experimental Design

Peckman, Glass, and Hopkins (1969) noted the regularity with which texts on statistics and research design gave little guidance for which the independence assumption holds.

A controversial issue in the literature (Cox, 1958; Campbell & Stanley, 1966; Gage, 1963; Glass & Stanley, 1970), the independence assumption has led to particular trouble in educational research. However, in some educational studies, it was possible to assign subjects randomly to treatments and to arrange circumstances so that the criteria measures were free from systematic carryover effects.

In regard to the design of this study, there were several factors which suggested a nonblatant violation of the independence assumption as stated by Glass and Stanley (1970) was warranted. First, independent random selection and assignment and independent outcome measures were conditions of the assumption that were met, while independence throughout the entire treatment can only be approximated in such a treatment program. Second, groups of 10 resident assistants closely approximated the manner in which the treatment was delivered outside the experimental setting. This factor was addressed by Cox (1958) who suggested, "It may be desirable to introduce more variation than is present among the experimental units initially available, or to introduce specific treatments

to represent the effect of variations in external conditions." Further, any reduction in group size risked the serious threat of "experimental no-shows." Finally, the problem of selecting, training, and scheduling a sufficient number of qualified trainers to expand the design was a practical one of cost, time, and supply.<sup>1</sup>

### Description of Experimental Treatments

Three treatment procedures were used in this study--a Didactic Confrontation Training Model (DCTM), an Experiential Confrontation Training Model (ECTM), and an Integrated Confrontation Training Model (ICTM). The administration of each treatment occurred in a 10-day period of October 1978. Each treatment group met with a trainer for one two-hour session. The treatment groups were randomly assigned to university multi-purpose rooms that served as training facilities.

The succeeding sections describe the training procedures used with each treatment group.

### Didactic Confrontation Training Model

The Didactic Confrontation Training Model began with the trainer introducing herself as a graduate student serving in the role of lecturer for this experiment. She

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<sup>1</sup>For a further discussion of the issue of independence as it applies to this experimental design, the reader is referred to a relevant paper in Appendix B.

explained the purpose of the training saying, "This training program is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol." Participants were encouraged to listen attentively to the verbal presentation but to avoid interacting with any other group members.

The trainer conducted a six-part lecture focusing on the principles and techniques of confronting individuals who abuse alcohol in the residence hall setting. The lecture included a discussion and examples of the following: first, a definition of confrontation; second, the rationales for confrontation; third, the elements of confrontation; fourth, the antecedents of confrontation; fifth, the confronter conditions and confrontee conditions that facilitate confrontation; and sixth, the techniques of confrontation. (A detailed outline of each confrontation training model is presented in Appendix A.)

An emphasis on developing a consistent, logical, cognitive structure for confrontation existed throughout the training procedure. Sources for further reading on the topic were cited by the trainer at various times.

Specific residence hall examples requiring the confrontation of someone using and/or abusing alcohol (suggested by residence hall personnel) were an important part of the training program. At least one example was used to illustrate every major point of the presentation.



### Experiential Confrontation Training Model

The Experiential Confrontation Training Model began with the trainer introducing herself as a graduate student and explaining the modeling and role playing aspects of the training program. She expressed the purpose of the training saying, "This training is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol." Participants were encouraged to observe the modeling carefully and to participate actively in the role playing.

The trainer defined confrontation and followed the outline of Part I of Treatment I. In the second part of this training model, the trained introduced two coached actors to demonstrate first an ineffective confrontation and second an effective confrontation. The coached actors modeled a resident assistant confronting a student on the floor who had withdrawn from other students and who had begun to drink heavily alone in his room, no longer accepting his responsibilities as the floor's representative in the residence hall government.

After the first modeling presentation of four to five minutes, the "confronter's" ineffective performance was critiqued by the trainer. (Appendix A contains a complete list of variables critiqued.)

The trainer made several specific suggestions to the "confronter" who again modeled a confrontation with

the same coached actor, playing the same role. This time the confronter effectively demonstrated the skill of confrontation in four to five minutes. The trainer then critiqued this effective performance, citing specific behaviors of the confronter that enhanced his effectiveness.

The third part of this training model involved role playing. The trainer randomly assigned each participant to a coached actor. The participants were to act as a resident assistant confronting the coached actor. The coached actor role played the following roles: first, a student who vomited on the lounge floor the night before after coming in drunk for the third time in the term; second, a loud and verbally abusive student drinker frightening others at a floor party; third, a student party host who responsibly coordinates a floor party that includes alcohol, soda, food, and entertainment; fourth, a student who isolates himself/herself from other floor members except at parties where alcohol is served; and fifth, the worst fantasy of an alcohol-related problem that the RA has.

This last role play, "the worst fantasy," was included to allow the participant to individualize the program and develop confidence in their ability.

During the role playing the trainer moved from dyad to dyad to keep the participants on their task as well as to answer individual questions related to the task.

### Integrated Confrontation Training Model

The Integrated Confrontation Training Model began with the trainer introducing herself as a graduate student who would first present information directly via a brief lecture and then critique a modeling presentation. She expressed the purpose of the training saying, "This training program is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol." Participants were encouraged to listen attentively to the lecture and observe the modeling carefully.

The trainer's lecture included information and examples relating to the following: first, a definition of confrontation (Part I, Treatment I); and second, the elements of confrontation (Part III, Treatment I).

After the direct verbal presentation, the trainer introduced two coached actors to demonstrate first, an ineffective confrontation and second, an effective confrontation. The modeling procedures used were identical to Part II of Treatment II and are listed in detail in Appendix A.

At the end of the modeling demonstration the trainer concluded the training session by presenting the techniques of confrontation (Part VI, Treatment I).

### Selection and Training of Trainers

The two trainers were female psychology graduate students enrolled in a Ph.D. program. Two women were selected to make the training experience as consistent as possible. Potential sex-difference effects from this selection such as females significantly outscoring males on the outcome measure due to identification with the trainers could be a result of the trainers' sex. This factor is examined in Chapter IV. The trainers were also selected because of their understanding of the resident assistant position and their experience in residence hall training. Each of the trainers had completed an internship at the Michigan State University Counseling Center.

The trainers were instructed by the experimenter who gave them copies of the detailed outline for each training model and examined each model section by section with them. The review of the detailed outline and the instruction to follow it exactly were attempts by the experimenter to make the trainer's presentations as consistent as possible. Specifically, the trainers agreed to follow the outline of the Training Manual and present the training within the confines of the prescribed time, people, and environmental resources. To further insure this consistency, the experimenter and the two trainers reached agreement on which major points to highlight, how to order trainer comments, and how to handle any deviations

that might occur during the administration of the treatment. In this last instance the trainers agreed to directly confront any deviant behavior such as questions, interruptions, and/or small group discussions; identify the negative consequence of the behavior in this experimental setting; and refocus the attention of the group to the treatment procedure. However, the possibility of trainer differences did exist and such variables as personal life experiences, health, and additional work commitments could have introduced some variance in this experiment.

### Instrumentation

#### Confrontation Measurement Scale

The Confrontation Measurement Scale was developed for use in estimating the effectiveness of confrontation training. The scale was based on 10 primary objectives of confrontation training. That is, the instrument was designed to measure trainees' use of the skill of confrontation. Each of the 10 objectives of the scale had face validity. For example, the first item was, "The confronter stated specific consequences of the behavior he/she confronted" and the last item was "The confronter offered further support to the student." While the research of Berenson and Mitchell (1974) provides guidelines for the inclusion of specific confrontation training

objectives, no listing of any such objectives exists. The Confrontation Measurement Scale was used in conjunction with an audio-taped post-treatment interview between each trainee and a coached actor to provide an outcome measure of the treatment effects.

Each trainee taped a four- to five-minute interview with a coached actor. The actor handed the trainee a written description of a particular alcohol-related problem requiring confrontation by the resident assistant (Appendix C). The trainee assumed the role of resident assistant and confronted the actor. The actor was coached to use specific defenses to rebuff the resident assistant. At the end of five minutes, the interview was stopped by the trainer.

### Scoring

The Confrontation Measurement Scale was a continuum on which an individual was judged to have confronted effectively or ineffectively. The minimal level of effective confrontation on the five-level scale was defined to be three. Each trainee received a rating for each of the 10 items on the Confrontation Measurement Scale from two raters. The total sum of the ratings on the scale represented an individual's score by one rater. A second rater also determined a total sum rating for each individual. The mean of each rater's rating for each individual provided a single score for that individual.

### Raters and Reliability

Two psychology graduate students (not the trainers) served as raters of the audio-taped interviews. The raters were trained to identify the 10 training objectives of the Confrontation Measurement Scale by listening to and rating practice tapes with the experimenter. A pre-treatment check indicated that raters had an inter-rater reliability of .80 based on a percentage agreement formula (Ebel, 1951).

### Coached Actors

Undergraduate resident students were solicited by the experimenter to serve as coached actors in this investigation. Actors were used in three separate roles during the study. Two actors were used in the modeling demonstration that was part of the ECTM and the ICTM. Ten different actors were used as role playing partners for resident assistants in the ECTM. Five other actors served as students with alcohol-related problems for resident assistants to confront in the audio-taped interview used as an outcome measure. Actors who served in one role during the investigation were not used in another role.

The actors were trained for their specific roles by the experimenter. A description of the training process is included in Appendix C.

The use of coached actors in research, particularly as part of an outcome measure, was not the ideal. It would have been desirable to measure the effectiveness of the confrontation training by taking observations of the resident assistants confronting students with alcohol-related problems on their floor. However, this was not feasible in this experimental setting.

Yet, there were advantages to the use of coached actors in research designs like this one. In this study, an attempt was made to take advantage of the use of coached actors by standardizing the outcome measure. That is, each resident assistant's confrontation skills were evaluated based on an interview with a coached actor trained to present specific problems in a specific manner.

Furthermore, the judicious use of coached actors can provide a vehicle for activating the learning of the resident assistant. According to Whiteley and Jakubowski (1969):

If the coached clients' role is carefully constructed, it can facilitate the necessary shift in counselor education and evaluation from what the counselor is supposed to be in terms of some static trait model to what he does and how he is to behave in the counseling interview. The counselor who participates in a coached-client interview is required to demonstrate behaviorally what he would do and how he would act in a counseling situation. (p. 19)

It may be possible, then, that "the simulated experience with the coached actor can still maintain the aura of an authentic confrontation, where the resident assistant



is required to behave as facilitatively as possible to the situation and the student concerns" (Spivak, 1970).

### Hypotheses

The hypotheses examined in this study are presented below. These hypotheses were tested at the .05 level of significance.

#### Hypothesis 1:

There will be no significant difference in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale among the four experimental conditions.

$$H_{01} : \alpha_1 = \alpha_2 = \alpha_3 = \alpha_4 = 0$$

$\alpha_1$  = Didactic Confrontation Training Group

$\alpha_2$  = Experiential Confrontation Training Group

$\alpha_3$  = Integrated Confrontation Training Group

$\alpha_4$  = Experimental Control Group

#### Hypothesis 2:

There will be no significant differences between trainer levels in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale.

$$H_{02} : \beta_1 = \beta_2 = 0$$

$\beta_1$  = Trainer one

$\beta_2$  = Trainer two

Hypothesis 3:

There is no interaction between the levels of the trainer factor and the experimental condition factors.

$$H_{03} : \text{All } \alpha_i \beta_j = 0$$

$\alpha_i$  = Experimental conditions ( $i = 1, 2, 3, 4$ )

$\beta_j$  = Trainers ( $j = 1, 2$ )

Method of Analysis

The data gathered from the Confrontation Measurement Scale was analyzed by a two-way analysis of variance.

The two-way analysis of variance examined the effects of the primary independent variable, the treatments, and the secondary independent variable, the trainers. This procedure was chosen because the effect of the first independent variable may not be the same for both levels of the second independent variable. If so, an interaction exists and it can best be analyzed in the two-way analysis of variance model.

The three assumptions associated with the two-way analysis of variance model were that the sample scores came from normal populations, with equal variances, and the different samples were independent (Glass & Stanley, 1970). In this study, it was assumed that the distribution of dependent variables in the population was a normal distribution. And, according to Glass and Stanley (1970) the effect of heterogeneous variances on the level of significance of the F-test was negligible when sample

sizes were equal. The independence assumption was of critical importance in this research since the unit of statistical analysis was taken to be the individual and treatments were clearly administered to groups of individuals. The rationals for a nonblatant violation for part of the independence assumption were described in the Experimental Design section of this chapter as well as in Appendix B.

If there was a main effect for treatment and no interaction between treatments and trainers exists, Scheffé post hoc comparisons were to be used to test the differences between specific treatments. The Scheffé method has the advantages of simplicity, applicability to groups of varying size, and suitability for any comparison. In addition, the Scheffé method was known to be relatively insensitive to departures from normality and homogeneity of variance (Hays, 1963).

### Summary

A sample of 80 resident assistants was randomly selected from all resident assistants hired by the Residence Hall Programs Office of Michigan State University to begin their first term in the position in fall 1978. A posttest-only control group, two-way analysis of variance design with individuals assigned randomly to experimental groups was used to compare the effectiveness of three confrontation training models with a no-treatment

control group. Two female advanced psychology graduate students served as trainers for the study. Each trainer trained resident assistants in confrontation skills, using a didactic confrontation training model, an experiential confrontation training model, and an integrated confrontation training model. Measures of confrontation effectiveness were taken from an audio-taped interview between each resident assistant and a coached actor trained to present a specific alcohol-related problem that required confrontation by the resident assistant. Two psychology graduate students rated the effectiveness of the confrontations using a 10-item Confrontation Measurement Scale. The data gathered from the Confrontation Measurement Scale were analyzed by a two-way analysis of variance.

## CHAPTER IV

### ANALYSIS OF RESULTS

An analysis of the data is presented in this chapter. A restatement of the research problem and a description of the respondent population are included. Each research hypothesis is restated. The data relevant to each hypothesis and analysis of the results are discussed.

#### Restatement of the Problem

The study was designed to compare the effectiveness of three confrontation training models for use with paraprofessionals who confront alcohol abuse in the university community. A posttest-only control group design with resident assistants randomly assigned to experimental groups was used. Measures of confrontation effectiveness were taken from an audio-taped interview between each resident assistant and a coached actor trained to present a specific alcohol-related problem that required confrontation by the resident assistant. Two independent raters evaluated the effectiveness of the confrontations using

a 10-item Confrontation Measurement Scale. The data gathered from the Confrontation Measurement Scale were analyzed by a two-way analysis of variance. One dimension in the analysis was the treatment and the second dimension was trainers.

### Respondent Population

A random sample that included 80 "new" resident assistants was selected from a population of approximately 200 first-term resident assistants at Michigan State University. Each member of the sample was contacted by letter and asked to participate in the experiment (Appendix G). Sixty resident assistants, 32 women, and 28 men participated in the study. The sample had included 40 men and 40 women while the entire population of "new" resident assistants was 49% men and 51% women.

The respondent population included students from each of the resident complexes on the campus. Sixty-one percent of this group were from the junior class, 29% were from the senior class, and 18% were sophomores. As in the sample, each undergraduate college was represented with individuals coming from 32 different majors. The average age of the respondent population was 20.3 years.

The previous training experience of the "new" resident assistants was extensive. Each resident assistant had participated in a spring training weekend after their selection and a fall week-long workshop several

weeks before this experiment occurred. The focus of these training periods was primarily skill building in the areas of basic communication, counseling strategies, and listening awareness. Approximately one-half of the respondent population had received specialized training through an in-service program, classroom experience, and/or other job training. The characteristics of the respondent population were closely matched with those of the sample on the variables of sex, resident complex, and previous training. The experimenter assumed that random sampling resulted in homogeneous assignment of other variables across the groups.

### Reliability

The outcome measure used in this study was a 10-item Confrontation Measurement Scale. This five-point Likert type scale was used by two independent raters to score audio-taped interviews. Inter-rater reliability was calculated using the percentage agreement formula (Ebel, 1951) yielding a coefficient of .74. This reliability coefficient increased to .93 when disagreement of one category was allowed in the rater's scores.

The corrected item-total correlations for the Confrontation Measurement Scale ranged from .24 to .70 with six items correlating above .53 (Table 4.1). These correlations provided an indication of the consistency of the items and their relatedness to one another. The

item with the lowest corrected-item total correlation, item six, dealt with the clarification of misinformation by the confronter. This item produced a large proportion of level three ratings, neither agree nor disagree, on the Confrontation Measurement Scale. Item eight, which dealt with the suggestion of alternative behaviors, also had a low corrected item-total correlation, .28. Because these items had low inter-item correlations, an additional analysis of the Confrontation Measurement Scale with items six and eight deleted was calculated. The results indicated that the reliability of the Scale remained the same, although the two items did not contribute to the unidimensionality of the Scale. Reasons for including items six and eight in the Confrontation Measurement Scale and suggestions for improving the unidimensionality of the scale are presented in the section of this chapter entitled General Research Question.

Table 4.1  
Reliability Item-Total Statistics

Confrontation Measurement Scale Item	Corrected Item- Total Correlation	Alpha if Item Deleted
1	.69984	.78924
2	.65634	.79688
3	.48132	.81319
4	.61458	.80016
5	.65147	.79491
6	.23674	.83083
7	.53431	.80926
8	.28539	.83456
9	.69280	.79121
10	.38970	.83434



Further computations including the alpha coefficients for the Confrontation Measurement Scale if individual items were deleted from the scale are presented in Table 4.1.

An analysis of internal consistency using Cronbach's alpha yielded a reliability coefficient of .83.

In a two-way analysis of variance there were three kinds of hypotheses tested, one for each dimension and one for the interaction of the two dimensions. These hypotheses were tested in order to respond to the question of whether there was a difference in performance of resident assistants due to various confrontation treatments.

#### Hypothesis for Differences between Treatment Methods

$H_{01}$ :

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There will be no significant differences in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale among four experimental conditions.

This hypothesis was formulated to compare group variances between four experimental conditions--the Didactic Confrontation Training Model, the Experiential Confrontation Training Model, the Integrated Confrontation Training Model, and the control group. A two-way analysis of variance was used to test this hypothesis. The hypothesis

was tested at the .05 level of significance to guard against the risk of Type I error, the rejection of a true hypothesis.

In the analysis of variance used to test the null hypothesis, the F-ratio for the treatment main effect was 1.15 with three degrees of freedom. A summary of the analysis of variance for each of the three hypotheses in this experiment is presented in Table 4.2.

Table 4.2

ANOVA Table for CMS Scores (Confrontation Measurement Scale)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F
Main Effects				
Treatment	1.546	3	.515	1.152*
Trainer	1.593	1	1.593	3.561*
2-Way Interactions				
Treatment, Trainer	1.332	3	.444	1.569*
Within	23.269	52	.447	
Total	28.182	59	.478	

\*Not significant at  $\alpha \leq .05$ .

Results of the F-test using a two-way ANOVA indicated a failure to reject the null hypothesis. That is, the treatment effect failed to produce a statistically significant difference among the four experimental

conditions. Because there was no statistical difference among the four experimental conditions, post hoc procedures were not used.

A computation of mean scores for the experimental conditions indicated that the Didactic Confrontation Training Group had a mean of 3.83 (N=11), the Experiential Confrontation Training Group had a mean of 3.30 (N=18), the Integrated Confrontation Training Group had a mean of 3.50 (N=15), and the control group mean was 3.47 (N=16). Since the grand mean for the sampled population was 3.50, two of the three treatment groups scored at or above the grand mean.

The standard deviations for the treatment groups' mean scores ranged from .62 to .79, with the standard deviation for the entire population .69. A summary of the mean score values for the treatment main effect is presented in Table 4.3.

Table 4.3  
Mean Scores for Treatment Main Effect

Treatment	Mean	Standard Deviation	N
DCTM	3.8409	.6437	11
ECTM	3.3028	.6260	18
ICTM	3.5033	.7907	15
CONT	3.4750	.6651	16
Total	3.4975	.6911	60

Note. DCTM = Didactic Confrontation Training Model, ECTM = Experiential Confrontation Training Model, ICTM = Integrated Confrontation Training Model, CONT = Control Model.

Hypothesis for Differences  
between Trainers

Ho<sub>2</sub>:

There will be no statistical difference between trainer levels in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale.

This hypothesis was formulated to compare group variances between the two trainers. A two-way analysis of variance was used to test this hypothesis. The alpha level was set again at .05.

In the analysis of variance used to test the null hypothesis, the F-ratio for the trainer main effect was 3.56 with one degree of freedom. Results of the F-test indicated a failure to reject the null hypothesis. The difference between trainers was not statistically significant.

A calculation of treatment means for each trainer showed the trainers had a mean difference across all experimental conditions of .37. The greatest mean difference between trainers occurred in the Experiential Confrontation Training condition. The mean difference between the two Experiential Confrontation Training Groups was .71. The standard deviations for this condition was .62. A summary of trainer differences is included in Table 4.4.

Table 4.4  
Mean Scores for Trainer Effects

Treatment	Trainer I	Trainer II
DCTM	3.76 (n=4)	3.89 (n=7)
ECTM	2.99 (n=10)	3.70 (n=8)
ICTM	3.34 (n=9)	3.75 (n=6)
CONT	3.49 (n=8)	3.46 (n=8)
Total	3.32 (n=31)	3.69 (n=29)

Note. DCTM = Didactic Confrontation Training Model, ECTM = Experiential Confrontation Training Model, ICTM = Integrated Confrontation Training Model, CONT = Control Model.

Hypotheses for Differences in the Interaction  
of Treatment Levels and Trainer Levels

Ho<sub>3</sub>:

There will be no interaction between the levels of the trainer factor and the experimental condition factor.

This hypothesis was formulated to compare group variances between the treatment main effect and the trainer main effect. A two-way analysis of variance was used to test this hypothesis. This hypothesis was also tested at the .05 level of significance.

In the analysis of variance used to test the null hypothesis, the F-ratio for the interaction effect was .99 with three degrees of freedom. Results of the analysis indicated that there was no statistically significant difference due to the interaction of the trainer factor and the treatment factor.

### General Research Question

The general research question addressed in this experiment was "Does Confrontation Training increase the paraprofessional's repertoire of interpersonal skills?" The analysis of results for the three hypotheses stated above shows that the three confrontation training models-- the Didactic Confrontation Training Model, the Experiential Confrontation Training Model, and the Integrated Confrontation Training Model did not produce a statistically significant difference in paraprofessional skill level when treatment groups were compared to control groups.

The Confrontation Measurement Scale was developed to measure the acquisition of the confrontation skill. The 10-item scale contained two items which did not contribute to the unidimensionality of the scale. Items six and eight had the lowest corrected item--total correlations on the scale. Their inclusion in the Confrontation Measurement Scale was important, however, because the items represented important elements of the interpersonal confrontation experience. Item six involved the clarification of misinformation, while item eight included the suggestion of alternate behaviors.

Future research work with this scale could be improved by a re-definition of those items and increased training emphasis on their application in the confrontation process. Additional training of raters using the

Confrontation Measurement Scale to help them identify opportunities the confronter had to demonstrate each of the elements of the skill described may also be useful.

The experimenter hypothesized in Chapter I that there would be statistically significant difference in treatment main effects. Results of the two-way analysis of variance indicated there was not a statistically significant difference in treatment main effect. The null hypothesis was not rejected.

Hypothesis 2 predicted no differences in trainer main effect. Trainers were selected and instructed in a manner to guard against differences in trainer levels. The Confrontation Training Manual (Appendix A) provided a detailed and agreed-on format and content for the trainers.

An analysis of the trainer factor indicated there was not a statistically significant difference between trainer levels.

Interaction of the treatment factor and the trainer factor produced differences that were not statistically significant.

### Summary

A two-way analysis of variance was used to test the differences in group treatment variances among the four experimental groups of 60 randomly selected resident assistants--a Didactic Confrontation Training Group, an Experiential Confrontation Training Group, an Integrated

Confrontation Training Group, and a control group. The results indicated a failure to reject the null hypothesis that there would be no difference among the four experimental conditions as measured by scores on the Confrontation Measurement Scale.

A two-way analysis of variance was used to test the group treatment variances between the two trainers. The results indicated a failure to reject the null hypothesis that there would be no difference between trainer levels. The difference in groups due to trainer effect was not statistically significant.

A two-way analysis of variance was used to test the group variances between the treatment main effect and the trainer main effect. The results indicated a failure to reject the null hypothesis that there would be no difference due to interaction of the treatment factor and the trainer factor.

Each of the three hypotheses was tested at the .05 level of significance.

A summary of the hypotheses in this study and the results of the analysis are presented in Table 4.5.

The summary and conclusions of this investigation are discussed in Chapter V.



Table 4.5  
Summary of Hypotheses and Results

Hypothesis	Test	$\alpha$	Actual Level of Significance	Decision
1	2-way ANOVA	.05	.337	Failed to reject
2	2-way ANOVA	.05	.065	Failed to reject
3	2-way ANOVA	.05	.404	Failed to reject

## CHAPTER V

### SUMMARY AND CONCLUSIONS

#### Summary

This investigation was an attempt to contribute to the alcohol education efforts of colleges and universities by developing and examining the effects of three confrontation training models designed for use with paraprofessionals who confront alcohol abuse in the university setting. The need for this study arose from the awareness that many college students have already made the decision to drink or not to drink but few have made the choice of how to drink. Therefore, paraprofessionals trained to confront alcohol abuse are in a position to serve as social models to students, confronting the negative consequences of alcohol abuse and confronting the positive consequences of responsible alcohol use.

The specific purpose of this study was to evaluate the effectiveness of three confrontation training models, a Didactic Confrontation Training Model that included a direct verbal presentation for the paraprofessionals; an Experiential Confrontation Training Model that included a role play demonstration of a confrontation and a practicum

experience for the paraprofessionals using role play situations as practice; and an Integrated Confrontation Training Model that included a direct verbal presentation and a role play demonstration. The training programs were designed to increase the repertoire of interpersonal skills of the paraprofessionals.

The effective therapeutic use of paraprofessionals in a variety of settings including the college campus is well documented in the literature. Training of paraprofessionals, however, remains a controversial issue. No consensus position among researchers exists regarding the elements of paraprofessional training programs. But evaluation of training paradigms was a recommended procedure for the development and implementation of new paraprofessional training programs (Danish, D'Augelli, & Brock, 1976).

The literature regarding the use and abuse of alcohol among college students is almost entirely descriptive. The results of numerous studies conducted throughout the United States indicated that approximately 90% of all college students drink and more than three-fourths of those who drink experience drinking-related problems (Whole College Catalog about Drinking, 1976).

Few studies other than the pioneering work of Berenson and Mitchell (1974) examined the use, application, or results of confrontation. Rosenthal (1977) reported a

recent attempt to teach confrontation skills to college trainees. After her failure to demonstrate an effective behavioral outcome of the training, she suggested further investigation was necessary.

The lack of an experimentally supported method for training paraprofessionals to confront alcohol abuse led to this study.

The primary research question this investigation addressed was: Does confrontation training increase the repertoire of interpersonal skills of paraprofessionals on college campuses?

There were several theoretical bases for the confrontation training in this study. The view that the human interaction between confronter and confrontee was a dynamic relationship that has reciprocal impact was based on the research of Kell and Mueller (1966). The guidelines for the confrontation training programs were derived from established theoretical training procedures designed to develop paraprofessionals' repertoire of interpersonal skills. Specifically, Kagan's (1967) four developmental tasks and Carkhuff and Truax's (1967) four conditions of effective helper behavior were used in conjunction with several personality theorists' positions on interpersonal behavior to develop the confrontation training programs.

The confrontation training programs developed for this study were called a Didactic Confrontation Training Model, an Experiential Confrontation Training Model, and an Integrated Confrontation Training Model. These training programs and a no training control treatment were administered to 60 randomly selected resident assistants at Michigan State University during a 10-day period of October 1978. A posttest-only control group design with subjects randomly assigned to treatments was used. Each treatment group met with a trainer for one two-hour session. The trainers were two female advanced psychology graduate students selected because of their understanding of the resident assistant position and their experience in residence hall training. A measure of confrontation effectiveness after the treatment was taken from an audio-taped interview between each resident assistant and a coached actor trained to present a specific alcohol-related problem that required confrontation by the resident assistant.

All of the subjects were measured on the same instrument under similar conditions. Two graduate psychology students functioned as independent raters and rated the effectiveness of the audio-taped confrontations using a 10-item Confrontation Measurement Scale. Interrater reliability using a percentage agreement formula (Ebel, 1951) was .74. This reliability increased to

.93 when a one-place differential was considered on the five-point Likert-type Confrontation Measurement Scale.

Three hypotheses were formulated to determine (1) a difference in group variances among the four experimental conditions; (2) a difference in group variances between the two trainers; (3) a difference in group variances between the treatment main effect and the trainer main effect. A two-way analysis of variance was used to test these hypotheses. Each of the three hypotheses was tested at the .05 level of significance to guard against the risk of Type I Error.

There were no statistically significant differences in group variances among the four experimental conditions. The difference in group variances due to trainer effect was not statistically significant and there were no statistically significant differences in group variances due to an interaction of the treatment factor and the trainer factor.

The results of the three two-way analyses of variance indicated that neither treatments, trainers, nor the interaction of treatments and trainers produced statistically significant differences in confrontation skills learned by trainees as measured by the Confrontation Measurement Scale.

### Discussion

The results of the investigation are discussed in this section. Observations and limitations of the study are presented in the context of the general research question, Does confrontation training increase the repertoire of interpersonal skills of paraprofessionals on college campuses?

The results of a two-way analysis of variance indicated that the confrontation training models did not produce a statistically significant difference among the experimental groups.

The skill of confrontation included several elements that were components of other interpersonal skills. In the development of the confrontation training programs, some of the complex issues of interpersonal training such as the personal vulnerability of the confronter and the confrontee, the risk-taking aspects of the skill, and the dynamics of the reciprocal impact suggested by Kell and Mueller (1966) may not have been solidly integrated. That is, the didactic presentation of the caring, human element and its role in the confrontation interaction may not have been sufficiently explained and linked to the trainees' experience of the role play practice and demonstration.

The confrontation training programs were designed to build on already existing skills of assertiveness, giving constructive feedback and empathy. It may be that

the training paradigms did not include all the necessary specific characteristics of these skills and relied too much on the trainee's intuitive abilities to relate the skills.

The overlap of the confrontation skill with other interpersonal skills may have led to a generalized response by the trainees to the training experience. That is, the actual training topic of confrontation may not have made a significant difference because the training experiences were not different enough from the training experiences of other generic helping skills. It was possible the trainees were unable to discriminate the specific applications of the confrontation skill.

This raised the possibility that what was measured was not the trainees' acquisition of the confrontation skill but the acquisition of generalized helping skills.

The two-hour training period may not have been a sufficient amount of time for the trainee to acquire the skill of confrontation. That is, confrontation is a complex skill that requires sophisticated understanding, integration, and practice. The brief training period and subsequent audio-taped interview did not facilitate an in-depth understanding of the skill and may have left the trainee with an incomplete integration of the confrontation skill.

The Confrontation Measurement Scale may not have been sophisticated enough to measure some of the more



complex training variables addressed previously. The Confrontation Measurement Scale was based on 10 primary objectives of confrontation training and while it may measure those objectives, it was unclear whether it made the fine discrimination between the confrontation skill and other interpersonal skills.

The low corrected-item total correlations of items six, clarification of misinformation, and eight, suggestion of alternate behavior, suggested that the Confrontation Measurement Scale may have included items that were not consistent with the other items on the Scale. This may be a function of those two items not being important objectives in an effective confrontation of someone who abuses alcohol or an indication that the level of complexity of problems confronted by trainees was not high.

The former possibility suggested that clarification of misinformation and suggestion of alternate behavior may be present in some effective confrontations but unnecessary in others. The raw data which showed a high proportion of level three ratings, neither agree or disagree, seemed to indicate this may be so. That is, raters often scored a confrontation effective or ineffective without noting whether the trainee clarified misinformation or suggested alternate behaviors.

The latter possibility, regarding complexity level of problems confronted by trainees in the audio-taped

interview with a coached actor, may be a related but different issue. It was possible the level of difficulty and complexity of the alcohol-related problems represented an entry-level type of problem, that is, a more general problem. More complex alcohol-related problems that require more specific applications of the confrontation skill may have led to differences in this study.

The Experiential Confrontation Training Model which included role playing with coached partners and a demonstration of the confrontation skill seemed to have specific problems. The inclusion of up to ten "role playing partners" to a newly forming training group in the middle of a training program appeared to instill some confusion and apprehensiveness in the trainees. It seemed that trainees were hesitant initially to begin their role play practice with their partners and appeared to need additional direction from their partners regarding each person's role.

The decision to include coached actors as role playing partners in the Experiential Confrontation Training Model was based on the experimenter's concern with maintaining the independence of the experimental units. Role play practice among the trainees using one another as partners would have violated the assumption of independence, though it would have more closely approximated the actual training paradigm used outside the experimental conditions.

The results of a two-way analysis of variance indicated that the difference in treatment groups due to trainers was not statistically significant. However, the F-ratio indicated that there was a statistically significant difference in treatment groups due to trainers when the alpha level was set at .10. This trainer difference may have resulted from the personal life stresses of each of the trainers at the time of the training. Because the trainers did follow the format and content of the Confrontation Training Manual as agreed prior to training, it was difficult to identify other sources of variance. No unusual incidents or interruptions occurred in any of the treatment programs.

Finally, the small sample, a total of 60 resident assistants with no more than 18 per treatment group, did not give as firm a picture of the results as a larger sample size could. However, the sample size was adequate to perform the planned analyses.

From these observations, it was clear that the discriminations involved in training paraprofessionals in a helping skill must be fine ones.

The confrontation skill training included three definable and replicable methods, the Didactic Confrontation Training Model, the Experiential Confrontation Model, and the Integrated Confrontation Training Model. The three models appeared to lack the internal sophistication necessary to distinguish the skill of confrontation

from the other interpersonal skills it builds upon. Similarly, it was evident that the Confrontation Measurement Scale, a reliable instrument for measuring the achievement of certain confrontation training objectives, was not sensitive to the fine discriminations between the acquisition of the confrontation skill and the acquisition of more generalized helping skills.

The investigation also suggested that the problem of alcohol abuse among college students was a real one of practical, everyday significance to many resident assistants. This affirmation of a personal awareness came from numerous comments by resident assistants that the examples used in the training program were real situations they faced in their residence halls.

### Conclusions

Based on the literature, the analyses of results, observations and discussion of the study, and the limitations of the experiment, the following conclusions are presented.

The results of the study indicated that three confrontation training models, the Didactic Confrontation Training Model, the Experiential Confrontation Training Model, and the Integrated Confrontation Training Model, did not produce statistically significant differences in confrontation skills among randomly selected resident assistants.

The results further suggested that the Didactic Confrontation Training Model and the Integrated Confrontation Training Model which each included an extended verbal presentation produced greater mean scores on the Confrontation Measurement Scale than the Experiential Confrontation Training Model. Resident assistants tended to respond more effectively in the audio-taped interview when they received an extended verbal presentation rather than a modeling demonstration.

The findings of the study also indicated that the confrontation skill was difficult to discriminate from other helping skills. Further, the study may have measured generic helping skills rather than the addition of a specific skill to the paraprofessional's repertoire of interpersonal skills.

The limitations of the Confrontation Measurement Scale, the complexity of the confrontation training experience with regard to alcohol abuse, and the recent failure of Rosenthal (1977) to demonstrate the acquisition of the confrontation skill among undergraduate trainees suggests that the general research question (Does confrontation training increase the repertoire of interpersonal skills of paraprofessionals on college campuses?) is still an open question.

While it cannot be stated that there would be a statistically significant difference among treatments if

the limitations of the study were controlled for, it is a conclusion of this study that the problem needs to be studied further.

### Recommendations

The results of this study raise several questions for further research in the area of confrontation training. Recommendations for future research based on this investigation are presented in this section.

An attempt to replicate this study should include additional confrontation training elements that directly address the complex issues of personal vulnerability, risk-taking, and the reciprocal impact of a confrontation interaction. Such additions would necessarily expand the brief training period examined in this investigation, but could provide a clearer distinction between confrontation and other related helping skills.

Such a distinction could stimulate further examination of the basic issue of dynamics versus skill training. That is, the findings of this study and the Rosenthal (1977) investigation suggested that confrontation may involve more complex behaviors than other helping skills and also that more in-depth work was necessary to develop the skill. Therefore, traditional skill training methods may not be sufficiently sophisticated to handle the complex behaviors involved in confrontation.

Carkhuff (1966) demonstrated that traditional modes of training individuals--one-to-one supervision, course work, eclectic supervisory sessions, and personal awareness experiences--in helping skills were not the only effective modes. However, his training techniques of tape-rating and modeling did not attend to the dynamics of the helping situation.

Kagan (1967) developed the Interpersonal Process Recall method in order to discover ways of gaining knowledge about the underlying dynamics of human interactions so he could train others to function more effectively. He developed the techniques of affect simulation, videotape feedback, and stimulated recall to facilitate an understanding of these dynamics.

Since the dynamics of a confrontation included the risk-taking and personal vulnerability of the confronter and the confrontation interaction has a reciprocal impact like that described by Kell and Mueller (1966), the skill may be too complex to teach by the traditional skill training methods. That is, the findings of this investigation suggested that the skill of confrontation could require a more dynamic understanding of self than previously imagined.

Therefore, additional investigations studying methods of confrontation training could benefit from the inclusion of an element of self-reflection in the training

program. The stimulated recall experience of Kagan's Interpersonal Process Recall was an example of such a self-understanding technique.

A replication of this study should include an expanded training paradigm such as a five-week 10-hour training program. This program could focus on the cognitive aspects of the skill, the demonstration and practice of confrontation, the affective aspects of the skill as seen in an investigation of personal dynamics involved in confrontation, the discussion and extended practice of confrontation, and the review and summarization of the confrontation skill. An extended training period program like the one described may facilitate a more comprehensive understanding and complete integration of the confrontation skill than the brief training program examined in this investigation.

An experimental design that controls for prior experience by using a pretest could also help researchers more clearly delineate the acquisition of the specific skill of confrontation from a generalized acquisition of helping skills.

Further research using the Confrontation Measurement Scale could lead to its advanced development and enhance its research usefulness as an instrument to measure the acquisition of confrontation skills. More specifically, re-definition of items six, clarification



of misinformation, and eight, suggestion of alternate behavior, on the Confrontation Measurement Scale to align them more closely with the other Scale items could improve the unidimensionality of the Scale. For example, item six could be re-defined to state "The confronter identified missing information and/or inaccurate information expressed by the student and described the consequences the misinformation had on the student's behavior." A re-definition of item eight could state, "The confronter identified choices of behavior the student has that do not lead to the consequences of the behavior being confronted." Also, expanding the training of raters who use the Confrontation Measurement Scale to assist them in identifying the application of items six and eight could increase the accuracy of the instrument.

The presentation of more complex alcohol-related problems in the modeling demonstration and again in the audio-taped interview could increase the chances of finding treatment differences. Complex interview problems would require specific applications of the confrontation skill regarding alcohol abuse.

Replicating the experiment with a larger sample would give the experimenter an opportunity to increase the overall strength of the experimental design by including more trainer levels and providing larger cell sizes.

In addition, if sample size was sufficiently large to consider the group as the experimental unit, role playing in the Experiential Confrontation Training Model could occur among the trainees rather than including "coached actors" as role playing partners.

Finally, since the problem of alcohol abuse is an ubiquitous one, the confrontation training models could be applied to the general population. A random selection of the general population is not likely to produce a sample with the extensive interpersonal skill training experiences of the resident assistants in this investigation and, therefore, may more clearly indicate the acquisition of the skill of confrontation.

## APPENDICES

APPENDIX A

TRAINER'S MANUAL FOR CONFRONTATION  
TRAINING MODELS

## APPENDIX A

### TRAINER'S MANUAL FOR CONFRONTATION

#### TRAINING MODELS

The procedures for a Didactic Confrontation Training Model, an Experiential Confrontation Training Model, and an Integrated Confrontation Training Model are presented in this appendix in the form of a trainer's manual.

#### DIDACTIC CONFRONTATION TRAINING MODEL

The trainer introduces herself as a graduate student and lecturer for this training session. She explains the purpose of the training saying, "This training program is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol. For the purposes of this study, it is important that we be able to see how the presentation affects each of you individually. Therefore, we ask you not to discuss the training with someone else until after you have audio-taped an interview and completed a one-page questionnaire.

I. The trainer defines confrontation as the interpersonal process of describing another person's behavior and identifying the consequences of his/her behavior. The trainer also says the following:

- A. Confrontation is a process between people. (Interpersonal behavior)
- B. Confrontation focuses on observable behavior rather than values, morals, or attitudes. (Description of behavior)
- C. Confrontation involves the identification of specific behavioral consequences of an action. (Identification of consequences)
- D. Confrontation can be positive or negative depending on the specific consequences of the action.

Examples of behaviors being confronted and specific consequences are:

- A. A student drinks before exams (Behavior) and as a consequence fails his/her courses. (Consequence)
- B. A student hosts a party and offers alcoholic and nonalcoholic beverages. (Behavior) Other students at the party thank the host for the choice and provide him/her with positive recognition. (Consequence)

II. The trainer defines six rationales for confrontation training and offers an example of each.

- A. Confrontation can deepen interpersonal honesty if the confronter is committed to personal growth.

Example 2.1 A student asks his/her date why they always seem to "go drinking" for dates, and often drink before dates. The student identifies his/her desire to develop their relationship and reveals concerns about not being honest with one another in the relationship.

- B. Confrontation is a method of conflict resolution. It focuses the attention of people in conflict on their behavior and specific consequences of their behavior.

Example 2.2 One student argues about his/her rights "to drink and party" in their dorm room while the roommate argues his/her right to study. The confronter identifies the specific conflict behavior, use of the room, and suggests a way of changing the consequences rather than continuing a general argument.

- C. Confrontation of alcohol abuse is a job responsibility of staff members. Staff members are expected to be proactive and make constructive interventions in potential problem situations.

Example 2.3 A resident assistant notices that a student who is not seen on the floor regularly has a trash can full of empty liquor bottles outside his/her door. The resident assistant confronts the student identifying his/her concern and awareness of the student's isolation and drinking behavior.

- D. Confrontation can facilitate social awareness by making students aware of the consequences of their behavior and providing students with the interpersonal skills to increase one another's awareness.

Example 2.4 A student who observes the resident assistant confronting another student about some destructive behavior that followed drinking can learn to model that behavior when another student's problem behavior makes it difficult for him/her to study. The student learns to take responsibility for himself/herself.

- E. Confrontation is everyone's personal right. Each person has the right to express their own view and accept responsibility for the way he/she expresses it.

Example 2.5 A student's parent may have lost his/her job, spouse, and savings as a result of excessive drinking. The student has the personal right to identify his/her parent's drinking behavior as a problem with the specific negative consequences stated above. The student also has the responsibility to confront his/her parent in an honest and direct manner.

- F. Confrontation is an impactful interpersonal skill that can enrich one's own personal development through the process of recognition, risk, caring, and support.

Example 2.6 A student may isolate himself/herself from others, and frustrate attempts of students to get to know him/her. The resident assistant who recognizes these behaviors and risks being rejected by the student by confronting the student's behaviors expressing concern about the consequences of the behaviors can learn something about himself/herself as well as aiding the student. Risk-taking in confrontation can lead to growth.



III. The trainer describes the three elements of confrontation and offers an example of each.

A. Confrontation is assertive, proactive behavior. It involves asserting one's own rights while not infringing on the rights of others.

Example 3.1 A student may drop out of all activities and retreat to the isolation of his/her room. The resident assistant needs to recognize this behavior and note the consequences of it and then approach the student isolating himself/herself. The resident assistant has the right to expect the student to modify his/her behavior if it seriously impacts on him/her but not to expect the student to stop drinking.

B. Confrontation includes the delivery of constructive feedback that is descriptive, specific, and timely.

Example 3.2 A student who vomits on the lounge floor after returning to the residence hall drunk needs to have that particular behavior and its specific negative consequences presented to him/her the next morning rather than hearing general and evaluative comments about the behavior throughout the next week.

C. Confrontation involves a caring and sensitive confronter.

Example 3.3 The resident assistant who shares personal concerns about another student's increased drinking and loud, argumentative interpersonal behavior after drinking and describes the negative impact he/she perceives the behavior having on others, confronts in a caring way.

IV. The trainer describes the antecedents of confrontation and offers an example of each.

- A. Clear expectations and sanctions (when known) should be stated and explained before confrontation.

Example 4.1 The resident assistant who explains the residence hall policy for registering guests at parties before the parties are held increases the likelihood of an effective confrontation of a violation of the policy later in the year.

- B. Tentative realistic goals for the confrontation should be set in advance whenever possible.

Example 4.2 The resident assistant who adopts the realistic perspective of getting a drunk and disorderly student out of the hall commons and into his/her room helps the confrontation proceed smoothly.

- C. A decision regarding the best person available to confront should be made before confrontation.

Example 4.3 A resident assistant's relationship with another student may be characterized by several interpersonal problems such as hostility and/or jealousy and therefore another staff member may be a more effective confronter of that student's drinking behavior that results in destructive consequences on the floor.

- D. Confrontation should occur in appropriate, private settings whenever possible.

Example 4.4 The resident assistant who selects his/her room or office rather than the lounge, cafeteria, gym or the student's room to confront a student's drinking behavior

places the confrontation in an appropriate, private setting. However, a situation where a floor meeting is disrupted by a drunk student's verbal behavior may necessitate a confrontation at that time and place.

V. The trainer explains the conditions that are facilitative in confrontation and offers an example of each.

A. The confrontee who views confrontation as an opportunity to explore himself/herself and to see what consequences his/her behavior has on others generally learns about himself/herself.

Example 5.1 A student who listens to the resident assistant's comments about the student's isolation on the floor and its impact on others and carefully examines that information, uses the confrontation as an opportunity to know himself/herself better.

B. The confrontee who does not distinguish between confrontations, that is, feedback takes on all good or all bad form which is either totally accepted or totally rejected, requires numerous effective confrontations to break down his/her rigid defense structure and increase self-awareness.

Example 5.2 The student who hears a description of how his/her drinking behavior led to two missed hall government meetings, delaying the start of a hall project and begins to totally depreciate his/her entire personality, often needs repeated effective confrontations to change his/her view of constructive criticism.

- C. The confrontee's psychological state as observed in nonverbal and verbal communication, sleeping, eating and drinking patterns, interpersonal relationships, personal behavior change in appearance, extreme weight loss or weight gain, and work or study behavior indicates external changes that likely have internal consequences which effect his/her ability to tolerate the anxiety of an effective confrontation and benefit from it.

Example 5.3 The student who displays a pattern of external behavior change is likely to be feeling internal changes. A drinking pattern such as only drinking to get drunk, often indicates that some internal processes are mediating the behavior. These internal processes effect confrontation.

- D. The confronter who views confrontation as a way to "even a score," put a person "one down," demonstrate interpersonal "skillfulness," and/or hide a personal weakness rather than using the skill to genuinely assist another person misunderstands the process.

Example 5.4 The resident assistant who confronts a former roommate's boisterous behavior after drinking as a way to show who is "in charge" confronts from a dishonest position.

- E. The confronter who identifies the appropriate issues or behavioral consequences and the appropriate motives for confronting them, confronts in a congruent manner.

Example 5.5 The resident assistant who confronts the destructive behavior at a party rather than the student's moral right to drink confronts in an effective manner.

- F. The confronter who identifies feelings as feelings and behaviors as behaviors and demonstrates an understanding of the feelings during the confrontation establishes an atmosphere conducive to self-exploration.

Example 5.6 The resident assistant who describes his/her own feelings about confronting a student and who is able to point out to the student how changes during the confrontation process have affected their relationships and the student's behavior establishes conditions that facilitate self-exploration.

- VI. The trainer summarizes and identifies the techniques of confrontation.
  - A. Proactive. Confront directly, simply, and clearly.
  - B. Respect. Confront firmly, politely, and nonapologetically.
  - C. Preparation. Confront calmly and confidently after reviewing a confrontation plan. (Use staff meetings, discussions, and role plays.)
  - D. Objectivity. Confront specific, observable behaviors.
  - E. Sensitivity. Confront with care, concern, and a nonjudgmental attitude.
  - F. Nonverbals. Confront squarely with eye contact and a moderate tone of voice.
  - G. Positive focus. Confront constructively identifying strengths and alternatives to current behavior. (Provide support and encouragement for choosing alternative behaviors.)

- H. Group dynamics. Confront behavior inconsistent with group goals and process group behaviors as it develops. (Clarify misinformation and provide direction when group confrontation becomes inconsistent.)
- I. Interruptions. Confront interruptions such as denial, rationalization, and personal attack, by identifying them as interruptions and refocusing the interaction to the behavior being confronted.

#### EXPERIENTIAL CONFRONTATION TRAINING MODEL

The trainer introduces herself as a facilitator for this training session and explains the modeling and role playing aspects of the training program. She explains the purpose of the training saying, "This training program is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol. For the purposes of this study, it is important that we be able to see how the presentation affects each of you individually. Therefore, we ask you not to discuss the training with someone else until after you have audio-taped an interview and completed a one-page questionnaire."

- I. The trainer defines confrontation as the interpersonal process of describing another person's behavior and identifying the consequences of his/her behavior. The trainer also says the following:

- A. Confrontation is a process between people. (Interpersonal behavior)

- B. Confrontation focuses on observable behavior rather than values, morals, or attitudes. (Description of behavior)
- C. Confrontation involves the identification of specific behavioral consequences of an action. (Identification of consequences)
- D. Confrontation can be positive or negative depending on the specific consequences of the action.

Examples of behaviors being confronted and specific consequences are:

- A. A student drinks before exams (Behavior) and as a consequence fails his/her courses. (Consequence)
- B. A student hosts a party and offers alcoholic and nonalcoholic beverages. (Behavior) Other students at the party thank the host for the choice and provide him/her with positive recognition. (Consequence)

II. The trainer introduces the modeling demonstration explaining that the coached actors will demonstrate first an ineffective confrontation and second, an effective confrontation. The coached actors are used to model a resident assistant confronting a student on the floor who had withdrawn from other students, and begun to drink heavily, alone in his room, no longer accepting his responsibilities as the floor's representative in the residence hall government. Each of the modeling demonstrations lasts for four to five minutes and is stopped by the trainer.

In the first demonstration, the coached actor modeling a resident assistant confronting a student uses evaluative language ("You're irresponsible"); assumes a nonassertive physical position

(Shuffles feet, looks at the floor): speaks in a judgmental tone of voice (Uses a patronizing, superior tone of voice); focuses on liabilities with no discussion of strengths ("You don't even talk with your roommate"); provides no clarification of misinformation ("Are government meetings every Thursday or every other Thursday?"); expresses no encouragement to change in a constructive way ("Is this what we can expect of you?") becomes distracted by interruptions. ("I really do care about hall government despite my misgivings last year."); and fails to accurately identify the behavioral consequences of the student's behavior ("You don't come to meetings and you stay alone in your room.")

Following this demonstration the trainer critiques the confrontation identifying the above variables which made the confrontation ineffective. The trainer is not limited to this critique but will address each of these behaviors.

The trainer then asks the group to observe the effective demonstration of confrontation focusing on the same situation.

In the second demonstration, the coached actor modeling a resident assistant confronting a student uses simple, direct, and descriptive language. ("I am real concerned about your drinking and the way I see you pulling away from people"); assumes an assertive physical position (Stands squarely in front of the student and looks directly at him); identified strengths and alternative behaviors ("Your experience with social committee planning could be very helpful to the dorm"); clarified misinformation ("Meetings are every Thursday at 10 p.m. and not every



other Thursday at 10 p.m."); provides encouragement and support to change in a constructive way ("I'd really like to see you get back involved with the floor and I'm willing to support you in your attempt to do that."); identified interruptions and refocuses interaction to the confronted behavior ("We're not talking about my involvement with government last year but your involvement with your own floor and government this year."); accurately described consequences of behavior ("Since you have spent most of your time alone in your room and missed the last three hall government meetings your floor has not had any input in the planning of the Spring Weekend."); provided his own reactions to the confrontation ("It was hard for me to say all this to you but I felt it was important and wanted you to know I was concerned about you.")

Following this demonstration the trainer critiques the confrontation identifying the above variables which made the confrontation effective.

- III. The trainer introduces the role playing by assigning each participant to a coached actor. The participant was instructed to act as a resident assistant confronting the coached actor who role played the following roles: first, a student who vomited on the lounge floor the previous night after coming in drunk for the third time in the term; second, a loud and verbally abusive student drinker frightening others at a floor party; third, a student party host who responsibly coordinates a floor party that includes alcohol, soda, food, and entertainment;

fourth, a student who isolates himself/herself from other floor members except at parties where alcohol is served; and fifth, the worst fantasy of an alcohol-related problem that the resident assistant has.

The trainer moved from dyad to dyad during the role playing to keep the participants on their task as well as to answer individual questions related to the task.

The trainer concludes the role playing when each participant has had an opportunity to complete each of the five role plays.

#### INTEGRATED CONFRONTATION TRAINING MODEL

The trainer introduces herself as an instructor who would first present information directly via a brief lecture and then critique a modeling demonstration. She explains the purpose of the training saying, "This training program is designed to teach you confrontation skills that can be effectively used with individuals who use and abuse alcohol. For the purposes of this study, it is important that we be able to see how the presentation affects each of you individually. Therefore, we ask you not to discuss the training with someone else until after you have audio-taped an interview and completed a one-page questionnaire."

I. The trainer defines confrontation as the interpersonal process of describing another person's behavior and identifying the consequences of his/her behavior. The trainer also says the following:

A. Confrontation is a process between people. (Interpersonal behavior)

- B. Confrontation focuses on observable behavior rather than values, morals, or attitudes. (Description of behavior)
- C. Confrontation involves the identification of specific behavioral consequences of an action. (Identification of consequences)
- D. Confrontation can be positive or negative depending on the specific consequences of the action.

Examples of behaviors being confronted and specific consequences are:

- A. A student drinks before exams (Behavior) and as a consequence fails his/her courses. (Consequence)
- B. A student hosts a party and offers alcoholic and nonalcoholic beverages. (Behavior) Other students at the party thank the host for the choice and provide him/her with positive recognition. (Consequence)

II. The trainer defines six rationales for confrontation training and offers an example of each.

- A. Confrontation can deepen interpersonal honesty if the confronter is committed to personal growth.

Example 2.1 A student asks his/her date why they always seem to "go drinking" for dates, and often drink before dates. The student identifies his/her desire to develop their relationship and reveals concerns about not being honest with one another in the relationship.

- B. Confrontation is a method of conflict resolution. It focuses the attention of people in conflict on their behavior and specific consequences of their behavior.

Example 2.2 One student argues about his/her rights "to drink and party" in their dorm room while the roommate argues his/her right to study. The confronter identifies the specific conflict behavior, use of the room, and suggests a way of changing the consequences rather than continuing a general argument.

- C. Confrontation of alcohol abuse is a job responsibility of staff members. Staff members are expected to be proactive and make constructive interventions in potential problem situations.

Example 2.3 A resident assistant notices that a student who is not seen on the floor regularly has a trash can full of empty liquor bottles outside his/her door. The resident assistant confronts the student identifying his/her concern and awareness of the student's isolation and drinking behavior.

- D. Confrontation can facilitate social awareness by making students aware of the consequences of their behavior and providing students with the interpersonal skills to increase one another's awareness.

Example 2.4 A student who observes the resident assistant confronting another student about some destructive behavior that followed drinking can learn to model that behavior when another student's problem behavior makes it difficult for him/her to study. The student learns to take responsibility for himself/herself.

- E. Confrontation is everyone's personal right. Each person has the right to express their own view and accept responsibility for the way he/she expresses it.

Example 2.5 A student's parent may have lost his/her job, spouse, and savings as a result of excessive drinking. The student has the personal right to identify his/her parent's drinking behavior as a problem with the specific negative consequences stated above. The student also has the responsibility to confront his/her parent in an honest and direct manner.

- F. Confrontation is an impactful interpersonal skill that can enrich one's own personal development through the process of recognition, risk, caring, and support.

Example 2.6 A student may isolate himself/herself from others, and frustrate attempts of students to get to know him/her. The resident assistant who recognizes these behaviors and risks being rejected by the student by confronting the student's behaviors expressing concern about the consequences of the behaviors can learn something about himself/herself as well as aiding the student. Risk-taking in confrontation can lead to growth.

- III. The trainer describes the three elements of confrontation and offers an example of each.

- A. Confrontation is assertive, proactive behavior. It involves asserting one's own rights while not infringing on the rights of others.

Example 3.1 A student may drop out of all activities and retreat to the isolation of his/her room. The resident assistant needs to recognize this behavior and note the consequences of it and then approach the student isolating himself/herself. The resident assistant has the right to expect the student to modify his/her behavior if it seriously impacts on him/her but not to expect the student to stop drinking.

- B. Confrontation includes the delivery of constructive feedback that is descriptive, specific, and timely.

Example 3.2 A student who vomits on the lounge floor after returning to the residence hall drunk needs to have that particular behavior and its specific negative consequences presented to him/her the next morning rather than hearing general and evaluative comments about the behavior throughout the next week.

- C. Confrontation involves a caring and sensitive confronter.

Example 3.3 The resident assistant who shares personal concerns about another student's increased drinking and loud, argumentative interpersonal behavior after drinking and describes the negative impact he/she perceives the behavior having on others, confronts in a caring way.

- IV. The trainer introduces the modeling demonstration explaining that the coached actors will demonstrate first an ineffective confrontation and second, an effective confrontation. The coached actors are used to model a resident assistant

confronting a student on the floor who had withdrawn from other students, and begun to drink heavily, alone in his room, no longer accepting his responsibilities as the floor's representative in the residence hall government. Each of the modeling demonstrations lasts for four to five minutes and is stopped by the trainer.

In the first demonstration, the coached actor modeling a resident assistant confronting a student uses evaluative language ("You're irresponsible"); assumes a nonassertive physical position (Shuffles feet, looks at the floor); speaks in a judgmental tone of voice (Uses a patronizing, superior tone of voice); focuses on liabilities with no discussion of strengths ("You don't even talk with your roommate"); provides no clarification of misinformation ("Are government meetings every Thursday or every other Thursday?"); expresses no encouragement to change in a constructive way ("Is this what we can expect of you?") becomes distracted by interruptions. ("I really do care about hall government despite my misgivings last year."); and fails to accurately identify the behavioral consequences of the student's behavior ("You don't come to meetings and you stay alone in your room.")

Following this demonstration the trainer critiques the confrontation identifying the above variables which made the confrontation ineffective. The trainer is not limited to this critique but will address each of these behaviors.

The trainer then asks the group to observe the effective demonstration of confrontation focusing on the same situation.

In the second demonstration, the coached actor modeling a resident assistant confronting a student uses simple, direct, and descriptive language. ("I am real concerned about your drinking and the way I see you pulling away from people"); assumes an assertive physical position (Stands squarely in front of the student and looks directly at him); identifies strengths and alternative behaviors ("Your experience with social committee planning could be very helpful to the dorm"); clarified misinformation ("Meetings are every Thursday at 10 p.m. and not every other Thursday at 10 p.m."); provides encouragement and support to change in a constructive way ("I'd really like to see you get back involved with the floor and I'm willing to support you in your attempt to do that."); identifies interruptions and refocuses interaction to the confronted behavior ("We're not talking about my involvement with government last year but your involvement with your own floor and government this year."); accurately describes consequences of behavior ("Since you have spent most of your time alone in your room and missed the last three hall government meetings your floor has not had any input in the planning of the Spring Weekend."); provides his own reactions to the confrontation ("It was hard for me to say all this to you but I felt it was important and wanted you to know I was concerned about you.")

Following this demonstration the trainer critiques the confrontation identifying the above variables which made the confrontation effective.



- V. The trainer summarizes and identifies the techniques of confrontation.
- A. Proactive. Confront directly, simply, and clearly.
  - B. Respect. Confront firmly, politely, and nonapologetically.
  - C. Preparation. Confront calmly and confidently after reviewing a confrontation plan. (Use staff meetings, discussions, and role plays.)
  - D. Objectivity. Confront specific, observable behaviors.
  - E. Sensitivity. Confront with care, concern, and a nonjudgmental attitude.
  - F. Nonverbals. Confront squarely with eye contact and a moderate tone of voice.
  - G. Positive focus. Confront constructively identifying strengths and alternatives to current behavior. (Provide support and encouragement for choosing alternative behaviors.)
  - H. Group dynamics. Confront behavior inconsistent with group goals and process group behaviors as it develops. (Clarify misinformation and provide direction when group confrontation becomes inconsistent.)
  - I. Interruptions. Confront interruptions such as denial, rationalization, and personal attack, by identifying them as interruptions and refocusing the interaction to the behavior being confronted.

## APPENDIX B

### THE RELATIONSHIP OF THE INDEPENDENCE ASSUMPTION AND THE EXPERIMENTAL UNIT

## APPENDIX B

### THE RELATIONSHIP OF THE INDEPENDENCE ASSUMPTION AND THE EXPERIMENTAL UNIT

The relationship of the independence assumption and the experimental unit as it pertains to this research is reviewed by the experimenter and presented in this appendix.

The purpose of this paper is to present arguments from the literature concerning the question of independence and how it is affected by the determination of the experimental unit. This paper is presented for discussion as it relates to a single proposed research design. That design appears below following this brief description of the research. Newly selected resident assistants (RAs) are to be randomly selected from a total population of approximately 110 and randomly assigned to three different confrontation training treatment groups and one no treatment/control group. A score on an independently administered interview with a coached client will serve as an outcome measure for each of the RAs in the experiment. The treatments include a didactic confrontation model (Trainer lectures to RAs;  $T_1$ ), a modeling and experiential confrontation training model (Coached actors provide modeling and coached clients provide individual, one-to-one role playing partners for each RA;  $T_2$ )

and a combination didactic and modeling confrontation model (Coached actors provide modeling and trainer lectures to RAs;  $T_3$ ).

Proposed Design

$T_1$	$T_2$	$T_3$	C
25	25	25	25

Glass and Stanley (1970) define experimental units as "The smallest divisions of the collection of experimental subjects that have been randomly assigned to the different conditions in the experiment and that have responded independently of each other for the duration of the experiment." In examining the experimental unit in analysis, Peckman, Glass, and Hopkins (1969) include the following addendum to the above definition; "or which if allowed to interact during the experimental period, have had the influence of all extraneous variables controlled through randomization."

Given this definition, independence is the central issue and it is the researcher's difficult task to make a cautious and considered judgment of the degree of independence of the replications based on knowledge of the dynamics of the experimental setting.

Peckman, Glass, and Hopkins (1969) note the regularity with which texts on statistics and research design give little guidance for which the independence assumption holds. In each of the following books there are examples of designs in which the unit of statistical analysis was taken to be the individual in experiments where the treatment was clearly administered to groups of individuals: Cooley & Tohnes, 1962, p. 90; Cornell, 1956, pp. 260-264; Ferguson, 1959, p. 247; Guenther, 1964, p. 151; Harp, 1963, pp. 460-462; Kirk, 1968, pp. 465-468.

Throughout the literature (Cox, 1958; Campbell & Stanley, 1966; Gage, 1963; Glass & Stanley, 1979) examples are cited warning of the dangers of considering individuals in classrooms as the experimental units rather than classrooms. The argument quite cogently points out the potential impact of a single troublemaker in a classroom, an equipment failure and other factors such as Gagne's (1963) "lawnmower effect" which effects interdependency of the sample.

These arguments are sometimes misread as a prohibition for "representative" experiments and an encouragement for "nonrepresentative" experiments (Brunswik, 1955). Rather, they present a theoretically pure acceptance of the mathematical model. This conservative interpretation of the model represents the ideal in research design and offers the practical researcher a guide to measure his departure from that model (due to the limitations of the research setting) as well as an indicator of the consequences of such departures.

The conditions of independence of responses are described by Peckman, Glass, and Hopkins (1969). "Operationally, independence of the error components obtained by randomly assigning subjects to treatment, by randomizing the influences of extraneous variables, such as "time," "place," etc., by administering identical treatments within each treatment group to individuals who are insulated from their peers during treatment, and by being sure that there is no communication or carryover among subjects when the response measures are obtained. In educational research, it is often possible to randomly assign subjects to treatments and to arrange circumstances so that the criterion measures are free from systematic carryover effects. However, it is often impossible to administer treatments individually."

(It is also undesirable in some situations, since it would severely restrict external validity, i.e., we usually want to generalize to treatments administered to subjects in a class or group.)

In regard to the design proposed there are four factors which suggest a nonblatant violation of part of the assumption of independence may be warranted. Independent random selection and assignment and independent outcome measures are conditions met while independence throughout the entire treatment can only be approximated in such a treatment program. Second, groups of 25 RAs rather than a comparative design (represented below) of six groups of four RAs more closely approximates the manner in which the treatment is delivered outside the experimental setting. That is, the proposed design is a more accurate representation of the way the treatments are presented in "the real world," while the comparative design does not adequately reflect the process. This factor is addressed by Cox (1958) who suggests, "That it may be desirable to introduce more variation than is present among the experimental units initially available, or to introduce special treatments to represent the effect of variations in external conditions."

Comparative Design

$T_1$	$T_2$	$T_3$	C
4	4	4	6
4	4	4	
4	4	4	
4	4	4	
4	4	4	
4	4	4	

Third, the value of a large N, a point of statistical compromise, seems in favor of the proposed design when degrees of freedom and ultimately the source of the statistical test are considered (Hays, 1963). A further "reality" concern is the serious threat "no shows" pose to the comparative study where group size is already at a minimal level of four. Fourth, the problem of selecting, training, and scheduling a sufficient number of qualified trainers for use in the experiment is a practical one of cost, time, and supply.

In an illustrative example cited by Glass and Stanley (1970) comparing two treatments with 120 pupils divided equally into four classrooms--a design similar to the comparative design discussed in this paper, they conclude that a "valid statistical inferential analysis is possible, but hardly worth the bother . . ." and that, "the experimental results should be better for the 120 pupils than they would have been for just four, one in each class."

While this paper makes no attempt to lay the broad question of independence to rest, it does suggest experimental "trade-offs" that are pertinent to the proposed design. Since research most often is a compromise between theory and reality, this paper attempts to examine the literature that identifies the relevant theoretical constructs and discuss them in combination with the realistic parameters of the proposed experimental setting.

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## APPENDIX C

### INVOLVEMENT OF COACHED ACTORS

## APPENDIX C

### INVOLVEMENT OF COACHED ACTORS

The training paradigms of the coached actors used in this experiment, an outline of the interview actors' role behaviors, attitudes and defenses, and the guidelines for the confrontation interview are included in this appendix.

#### Training of Coached Actors

The experimenter conducted training for all 17 coached actors involved in the study--10 role-playing partners, two models, and five interview actors. Each group of actors met separately for an initial one-hour session where the purpose of the study, the general outline of the training programs, and the specific roles of the actors were presented.

The training of the 10 role-playing partners for resident assistants during the Experiential Confrontation Training included practice and discussion sections. The group practiced serving as role-playing partners by picking specific roles and role playing with one another under the supervision of the experimenter. An important part of the supervision was the identification of role behaviors that a resident assistant is likely to confront in an alcohol-related behavior problem. Information regarding the specific procedures and guidelines for role playing during the Experiential Confrontation

Training was also described and discussed during this two-hour session. Another review of procedures occurred at the time of the Experiential Confrontation Training.

The training of the two actors used in the demonstration part of the Experiential Confrontation Training and the Integrated Confrontation Training included the experimenter modeling the roles for the demonstration, the actors practicing the roles and a discussion of how to organize the roles to maintain consistency. While the actors practiced their roles, their interactions were critiqued by the experimenter who helped them shape both an ineffective confrontation demonstration and an effective confrontation demonstration. During this phase of the training, the actors discussed the importance of providing consistent demonstrations from one experimental group to another and agreed to maintain their positions as much as possible throughout the experiment. A final review of the demonstration procedures occurred at the time of the experimental programs.

The training of the five actors serving as students with alcohol-related problems for resident assistants to confront in the audio-taped interview had several phases. The initial phase was similar to that for the other actors except that the significance of these actors' involvement in the collection of outcome data was particularly highlighted.

The second phase of training included three hours of demonstration, role playing, and discussion of the actors' specific roles. Each actor received an outline of the role and the experimenter worked with each of them individually to explain and model the specific behaviors, attitudes, and defenses appropriate to the role. The

actors also practiced their role with one another and gained an understanding of the types of interactions they were to be a part of during the experimental programs. During this part of the training, actors discussed the relative difficulty of each of their roles and arrived at a consensus agreement with the experimenter of a standard of difficulty. This discussion and statement of agreement on the standard of difficulty was an attempt of the experimenter to achieve as much consistency in the collection of data as possible.

The final phase of their training included a review of the procedures in the experiment, a discussion and a demonstration of the audio-tape equipment, and a review of the Guidelines for Confrontation Interview.

Role I            20-year-old woman, sophomore transfer student

#### Role Behaviors

1. She drinks almost every day alone in her room.
2. She leaves empty wine bottles outside the room each day.
3. She is seen walking around the dorm apparently incoherent at various times during the day and evening.
4. She stops attending classes and tells people she can graduate without ever going to class.
5. She tells residents she "has to get out of Michigan, especially the dorms."
6. She mentions to a resident that she is going to hitchhike to Florida to get away from all her problems in Michigan.

#### Role Attitudes

1. She is apathetic and unwilling to accept responsibility for even her personal security ("I'm not worried." "So what, I don't care." "Who needs college anyway." "I'm tired of all the crap that goes on here.")

2. She resents interventions made by the RA ("I don't need another mother." "You live your life I'll live mine.")
3. She is resistant to alternatives proposed by RA ("Stopping drinking isn't going to help." "Lots of people skip classes, so can I.")

#### Role Defenses

1. She says the "social butterflies" on the floor are phonies and that RAs seem only to care about social activities.
2. She says she has no alternative to drinking since she doesn't get along with anyone on the floor and she is too far behind academically to do anything about it.

Role II                      23-year-old man, junior

#### Role Behaviors

1. He returns to the dorm drunk and frequently blares his stereo after midnight.
2. He shouts obscenities out his window to nearby dorm residents.
3. He is argumentative and verbally abusive with residents who ask him to stop shouting and/or turn down his stereo.
4. He flagrantly violates the alcohol policy by walking around the floor drinking beer and offering beer to anyone willing to drink with him.
5. He is not seen in the dorm unless he is drinking or appears to have been drinking.

#### Role Attitudes

1. He is hostile toward any authority in the dorm ("Who the hell do you think you are?" "Who says you are in charge?").
2. He feels put upon by the alcohol policies and believes they are totally formulated by administrators to restrict students. ("These alcohol rules are just administrative chains to keep students in line." "The alcohol policy takes away my personal freedom.")
3. He resents being confronted about his abuse of alcohol ("This is my business, not yours." "I don't have any drinking problems.")

#### Role Defenses

1. He says everyone drinks illegally in the dorm and he is being picked on.

2. He argues that he only shouts out windows when others are making noise.
3. He complains that the RA was a big party person last year and this year became the "hard-guy authority figure."

Role III                      18-year-old man, freshman

#### Role Behavior

1. He begins to skip meals and appears to be losing weight rapidly and always looks tired.
2. He is seen drinking early in the morning by the RA.
3. He drops out of intramurals following an active start.
4. He wanders around the dorm between the hours of 12-8 a.m., sleeps during the day, and is gone in the evening.
5. He stops going home on weekends and gets drunk on most Saturdays and Sundays.

#### Role Attitudes

1. He is defensive about his current behavior changes ("Nothing has happened." "I just wanted to lose some weight.")
2. He is noncommunicative about his drinking behavior. ("I don't drink anymore than anyone else." "What's the big deal?")
3. He appears sensitive to the perceptions of residents and worries about being seen as "unfriendly." ("I like everyone on the team, I just can't play anymore." "I want to be around more, but I can't right now.")

#### Role Defenses

1. He says that most of the guys get drunk on the weekend.
2. He says that he is losing weight on purpose and doesn't need to eat any regular meals.
3. He suggests that too much emphasis is placed on "alcohol education" and that the staff seems prohibitionistic.

Role IV                    18-year-old woman, freshman

Role Behaviors

1. She goes to bars four or five nights a week to drink.
2. She gets drunk most times that she drinks.
3. She plans social activities around drinking.
4. She begins to drink before dates.
5. She begins to hide some of her drinking from her roommate by sneaking drinks.

Role Attitudes

1. She feels confused about people's interest in her and her drinking behaviors. ("What's the big deal, am I a problem to you?" "Why does anyone care if I drink?")
2. She is embarrassed about getting drunk and her crying about an alcoholic mother when she is drunk. ("I feel like everyone must think I'm no good." "I just can't help myself, I'm as worthless as my mother.")
3. She is frightened about her drinking problem and finds it hard to trust anyone.

Role Defenses

1. She says she is going to stop drinking as she has in the past.
2. She says that she just needs to find a major that she really likes.
3. She explains that her drinking is the only way she can cope with a huge impersonal university.

Role V                    22-year-old man, pre-med student

Role Behaviors

1. He begins to withdraw from all activities after being an active student leader in the dorm.
2. He misses three consecutive government meetings as a floor representative.
3. He begins to drink before and after tests.

4. He starts to stay at the library later and later concluding each night with a stop at a bar before returning to the dorm at 2 or 3 AM.
5. His neat appearance becomes increasingly unkept and dissheveled.
6. He mentions the pressures of pre-med are overwhelming.

#### Role Attitudes

1. He feels defensive about his drinking. ("I just use alcohol to relax me." "Alcohol isn't important in my life.")
2. He seems anxious and conflicted about ending previous dorm responsibilities. ("I wanted to stay in government but I just can't." "I know I'm letting people down.")
3. He describes social activities as not important. ("I can socialize later; right now I need to get into Med School." "Drinking is a real convenient way for me to socialize.")

#### Role Defenses

1. He says that stopping for "a drink" each night helps relax his body and that physiologically alcohol is good for people.
2. He denies drinking before tests.
3. He says that others can't understand his needs because they aren't in pre-med.

### GUIDELINES FOR CONFRONTATION INTERVIEW

- I. Check recorder to be sure you understand how it operates.
  1. Place tape in recorder side 1 or side A up.
  2. Rewind tape until it stops.
  3. Record 30 seconds of silence to advance tape.
- II. Begin interview by introducing yourself to the participant and handing him/her the description of your role as a student on his/her floor.
  1. Say to each participant: "Take a couple of minutes to think about how you would confront me as a student on your floor."
  2. Check to be sure participant understands his/her position as an RA confronting you because of the alcohol-related behavior problems.
  3. Explain that the confrontation will be 4 or 5 minutes long.



- III. During the interviews, strive to be consistent in your role. Do not attempt to block everything the RA says. Offer the participant openings as discussed and practiced during your training session. The objective is to role play a single role as consistently as possible.
- IV. End the interview after 5 minutes. Stop the tape, thank the participant and check to be sure he/she has completed the questionnaire. (Yellow sheet - questionnaire first; white sheet - interview first.)
- V. Advance the tape by recording 60 seconds of silence before beginning another interview. Remember to always say what group the participant is from before each interview. (Grp. 4, 6 PM, Liz, 132; Grp 8, 7 PM, Carol, 133; Grp. 1, 7 PM, Liz, 132; Grp. 5, 8 PM, Carol, 133.)

## APPENDIX D

### CONFRONTATION MEASUREMENT SCALE

## APPENDIX D

### CONFRONTATION MEASUREMENT SCALE

1. The confronter stated specific consequences of the behavior he/she confronted.

strongly 1	disagree 2	neither 3	agree 4	strongly 5
disagree		agree or disagree		agree

2. The confronter used descriptive words to confront the student.

strongly 1	disagree 2	neither 3	agree 4	strongly 5
disagree		agree or disagree		agree

3. The confronter had a nonjudgmental tone of voice when confronting the student.

strongly 1	disagree 2	neither 3	agree 4	strongly 5
disagree		agree or disagree		agree

4. The confronter stated discrepancies in what the student did and what the student said he/she did.

strongly 1	disagree 2	neither 3	agree 4	strongly 5
disagree		agree or disagree		agree

5. The confronter identified the student's defense mechanisms as interruptions and directed the confrontation back to the student's behavior.

strongly 1	disagree 2	neither 3	agree 4	strongly 5
disagree		agree or disagree		agree

6. The confronter provided clarification of misinformation expressed by the student.

strongly	disagree	neither	agree	strongly
1	2	3	4	5
disagree		agree or disagree		agree

7. The confronter expressed his/her own feelings about the confrontation.

strongly	disagree	neither	agree	strongly
1	2	3	4	5
disagree		agree or disagree		agree

8. The confronter suggested alternatives to the behavior confronted.

strongly	disagree	neither	agree	strongly
1	2	3	4	5
disagree		agree or disagree		agree

9. The confronter verbally encouraged the student to change his/her behavior.

strongly	disagree	neither	agree	strongly
1	2	3	4	5
disagree		agree or disagree		agree

10. The confronter offered further support to the student.

strongly	disagree	neither	agree	strongly
1	2	3	4	5
disagree		agree or disagree		agree

APPENDIX E

CONFRONTATION MEASUREMENT SCALE RATING SHEET

# APPENDIX E

## CONFRONTATION MEASUREMENT SCALE RATING SHEET

Rater \_\_\_\_\_ Group Number \_\_\_\_\_

<u>Statement</u>	<u>Rating</u>				
	<u>SD</u>	<u>D</u>	<u>ND/A</u>	<u>A</u>	<u>SA</u>
1	1	2	3	4	5
2	1	2	3	4	5
3	1	2	3	4	5
4	1	2	3	4	5
5	1	2	3	4	5
6	1	2	3	4	5
7	1	2	3	4	5
8	1	2	3	4	5
9	1	2	3	4	5
10	1	2	3	4	5

APPENDIX F

CONFRONTATION TRAINING QUESTIONNAIRE

## APPENDIX F

### CONFRONTATION TRAINING QUESTIONNAIRE

- I. Please respond to the following items
1. Age \_\_\_\_\_
  2. Sex \_\_\_\_\_
  3. Class \_\_\_\_\_
  4. Major \_\_\_\_\_
  5. College \_\_\_\_\_
- II. Please describe in two or three sentences any previous experiences in confrontation training. (Include the time, place, and purpose of training.)
- III. Please describe in two or three sentences any previous experiences in alcohol education programs. (Include the time, place, and purpose of the program.)
- IV. Please describe in two or three sentences the interpersonal skill training you have received as a Resident Assistant. (Include type of training, time, and purpose of training.)



APPENDIX G

LETTER TO SAMPLE

APPENDIX G

LETTER TO SAMPLE

October 2, 1978

Dear Resident Assistant,

The problem of alcohol abuse among college students has been a topic of much discussion, examination, and research during the past decade. At Michigan State University, an Alcohol Education Project has been active since 1975. As Director of Training for the Project, I have been concerned with determining the most effective method of training residence hall staff to confront alcohol abuse. My experience with the Project and the Residence Hall community at Michigan State has led to this dissertation research.

I would like you to consider participating in this research. If you agree to participate, commitment will consist of meeting for one two-hour training and evaluation session in October. Your involvement would include attending a training program, completing a one-page questionnaire, and conducting an audio-taped interview with another student to demonstrate the effect of the training.

Your responses to the questionnaire and the audio-tapes made are strictly confidential. I can assure you your responses will be used anonymously in this research.

You have been randomly selected to participate in this research study from the group of "all new resident assistants for 1978-1979." I have contacted your Area Director and Head Advisor to advise them of your selection.

While I am fully aware of the serious demands of time already made on resident assistants, I believe that you will find this two-hour experience to be worthwhile.

In summary, your participating--attending a training program, filling out a one-page questionnaire, and conducting an audio-taped interview with another student--will involve no more than two hours on a single evening in October. If you have any questions about this study, please contact me at the Alcohol Education Office, 302 Student Services (353-3780).

Please indicate your decision on the enclosed sheet and return it to the Alcohol Education Office by October 11.

Thank you for considering participating.

Sincerely,

Dennis J. O'Hara

Norm Kagan, Ph.D.  
Research Chairperson

Please sign your name, check the appropriate box, and return this paper to:

Dennis J. O'Hara  
Alcohol Education Office  
302 Student Services

You can use the same envelope you received this letter in and send your response to me through campus mail.

\_\_\_\_ I will attend the training program at \_\_\_\_\_, in the  
on the

\_\_\_\_ I will not attend the training program at \_\_\_\_\_, in the  
on the

---

Name

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