EFFECTS OF PRESENTING VARYING DEGREES OF CUE SIMULATION BY MEANS OF AN IMPLOSIVE - LIKE PROCEDURE FOR REDUCTION OF ADMINISTRATOR - RELATED ANXIETY IN COUNSELOR TRAINEES

Dissertation for the Degree of Ph. D.

MICHIGAN STATE UNIVERSITY
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1974

This is to certify that the

thesis entitled

EFFECTS OF PRESENTING VARYING DEGREES OF CUE SIMULATION BY MEANS OF AN IMPLOSIVE-LIKE PROCEDURE FOR REDUCTION OF ADMINISTRATOR-RELATED ANXIETY IN COUNSELOR TRAINEES

presented by

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has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Counseling, Personnel Services and Educational Psychology

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Date June 28, 1974

APR 3 0 2017

ABSTRACT

EFFECTS OF PRESENTING VARYING DEGREES OF CUE SIMULATION BY MEANS OF AN IMPLOSIVE-LIKE PROCEDURE FOR REDUCTION OF ADMINISTRATOR-RELATED ANXIETY IN COUNSELOR TRAINEES

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The purpose of this study was to examine the effects of ability to visually imagine and simulation level in their relationship to implosive-like treatment as a training technique to reduce counselor anxiety in counselor-administrator relationships. Anxiety reduction in such interpersonal relationships is considered useful, since it enhances the counselor's ability to work effectively with administrators in an organizational setting to implement programs that will meet the needs of clients.

The first independent variable, type of medium, consisted of three levels (control, audiotape, and slide-audiotape) representing different degrees of simulation. There were two levels of the second independent variable, ability to visually imagine (high and low), as determined by the Betts' Questionnaire Upon Mental Imagery. Multivariate analysis of covariance was employed, utilizing as a covariate the ability to resolve, in writing, various

counselor-administrator conflict situations. The six implosive-like treatments, arranged in a graded hierarchy of anxiety induction, were administered to the two experimental groups. Then all subjects, including those in the control group (no treatment), assumed the role of counselor in an eight-minute roleplay session with an actor who posed as an administrator in a predetermined aversive situation. This session was audiotaped. Upon completion of that experience, the subject was given the Stai Form X-1 of the State-Trait Anxiety Inventory. This self-report measure and the ratings from the audiotaped roleplay session were the dependent measures detecting posttreatment anxiety levels.

The subjects were 48 master's degree candidates from the Counseling and Consulting Strategies course at Michigan State University during the Winter term, 1974 who volunteered to participate upon solicitation. These volunteers were randomly assigned to each level of the six cells generated by the 2 X 3 factorial design. Forty-eight of the 50 initial respondents completed all tasks of the study. However, to create a fully crossed and balanced design, an equal cell design of 42 subjects was used in the multivariate approximation to the F-distribution using Rao's Approximation to Wilk's Llambda (Λ). Using the double blind method, three raters judged the covariate and

the audiotaped roleplay sessions. Hoyt's analysis of variance technique was employed to estimate interrater reliability.

The hypotheses of interest were:

H_1: There will be no significant interaction effect between the independent variables (type of medium and visual imagery ability).

H_2: Those subjects participating in the slide-audiotape treatment will experience less anxiety on both posttests than those participating in the audiotape treatment.

H_3: Subjects participating in the slide-audiotape and audiotape treatments will experience significantly less anxiety on the posttest measures than those participating in the control group.

H_4: Subjects in the high visual imagery ability group will demonstrate significantly less anxiety on both posttest measures than those in the low visual imagery ability group.

The results of the data analysis indicated that no significant differences among treatment groups existed at the .05 level. Only the hypothesis predicting no significant differences for the type of medium by ability to visually imagine interaction was supported. Inspection of the adjusted cell means for each dependent variable indicated

no significant trends toward statistical significance. The covariate was found to have no significant linear relationship to either dependent variable. Neither planned treatment was more effective than the control group, but the effects of the ability to visually imagine in regard to successful implosive-like treatment are still subject to speculation.

Limitations which possibly affected the statistical outcomes were sample size, measures, previous research participation, roleplaying philosophy, roleplay actor, and previous organizational experience. Recommended modifications for future replication of the study include substituting more effective covariates, employing videotape in place of audiotape recordings of the posttest roleplaying session, pretreatment screening of potential subjects, using a pretest-posttest design, increasing interrater reliability through more thorough rater training and greater specification of rating form terminology, and expanding levels of simulation through additional treatments.

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David Allen Fitch

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

1974

DEDICATION

To my wife, Mary, whose support helped me to persevere the rigors of being a doctoral student, and whose friendship is shared in the happiness of success.

ACKNOWLEDGMENTS

An important part of a doctoral candidate's experience in terms of both academic and practical learning is the doctoral committee. At this time, I wish to express my sincere gratitude to my committee which included Dr. Herbert Burks, chairman; Dr. Lawrence Alexander; Dr. James Costar; and Dr. Bob Winborn. Despite many academic responsibilities, they were willing to perform duties essential to any doctoral committee, but beyond that, they provided valuable experiences which will positively influence my professional career.

It would have been impossible to implement my dissertation project without the unselfish, enthusiastic help of the following friends: Harry Berman, John Cole, Steve Elson, Sandra Elton, Mary Fitch, Edward Harris, Pam Highlen, Henry Kretchmar, Lorraine Kudwa, Robert Kudwa, John Malacos, David Oegema, Lyman Rate, Verne Schmickley, James Stiles, and Nancy Voight.

Various members of the Office of Research Consultation and the Instructional Media Center provided special services and consultation which were beyond my expertise.

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CHAPTER I

RATIONALE

Purpose

The value of the implosive technique for reducing anxiety has been demonstrated by a number of studies (Demoor, 1971; Kirchner & Hogan, 1966; Levis & Carrera, 1967). Not only has implosion served as a general therapeutic tool, but also it has been used in at least one instance as a successful training device in a counselor education program (Rihani, 1972).

Rihani's use of implosive therapy as a training device seems to be a logical extension of the use of implosive therapy in the therapist-patient relationship, since precisely the same learning principles are applicable in both settings for the reduction of anxiety. In training persons to engage in interpersonal relationships, abnormal levels of anxiety arousal influence perceptions, which in turn influence overt and covert behaviors.

The focus of this study was to decrease debilitating anxiety which often affects counselor-administrator relationships so that within the professional environment the counselor may more effectively communicate with administrative personnel. Improved communication should help the counselor

to implement his professional role of helping students, a role which frequently requires frank and unintimidated interaction with administrators.

In the public school setting, reasons for the differing perceptions of counselors and principals have been suggested by several investigators. Kemp (1962) noted that perhaps the most important trait in terms of counselor-principal conflicts is the principal's desire to promote conforming behaviors, while the counselor is interested in the expression of individual differences. Hart and Prince (1970) agreed that differences between counselors and principals occur as a result of the principal's need for student conformity. Furthermore, the principal expects the counselor to share confidences as well as to perform clerical functions. Chenault and Seegar (1962) noted that principals and counselors both demonstrate dominant personalities, with the counselor emphasizing helping tendencies and the administrator emphasizing competitive tendencies. Filbeck (1965) found that principals value decision making and advice giving, while counselors value understanding. Moreover, principals perceive the school environment in terms of dealing with group conformity in a controlled situation, while counselors maintain an interest in the individual.

Hence, several studies document that incompatible viewpoints exist between the counselor and principal. Kemp (1962) attributes this incongruence to differing need

structures. Principals have a greater need for achievement, endurance, deference, order, and aggression, while counselors have a greater need for intraception, exhibition, and affiliation. Principals need to evaluate, and counselors need to understand. Whatever the basis for disagreement, the differing viewpoints lead to debilitating anxiety in the counselor-principal relationship (Filbeck, 1965).

Counselor-administrator interpersonal conflicts are not limited to educational settings. Samler (1966), in commenting specifically about counselor-administrator relationships in vocational counseling settings but applying his remarks to counselors in all settings, stated:

> The irritation of counseling personnel with administrators, and the frustration of administration with counselors is well known. There are, of course, situations where there is mutual respect for persons and roles and appreciation of the commitments of each by each. But this is not the rule, which seems to be rather that misunderstanding and suspicion are pervasive and that now and again there is open hostility. Clearly neither counselors nor administrative personnel can do their most effective work (p. 715).

Samler (1966) further elaborated reasons for these interpersonal difficulties by stating that the vocational counselor has developed and defined his own role, but that this role definition is not necessarily suitable to his supervisor. Some administrators are fault-finders; they see counseling as totally unnecessary, serving some contrived need. Other administrators understand the value of counseling but feel that counselors, by their nature and training, make problems

overly complex. This type of administrator feels that tasks would be much simpler if counselors dealt with them at a more practical, realistic level. Samler (1966) further stated that conflict evolves because the counselor thinks only in terms of the needs of his programs and how the supervisor's policies will affect these programs, while the supervisor must think in terms of how his boss will react and how his actions toward counseling programs affect the total program. Furthermore, the administrator has an unfulfilled need to exercise power, which may intimidate the counselor and cause him to have self-doubts which contribute to feelings of anxiety.

In another setting, a comprehensive rehabilitation center, Constantine (1970) found a conflict between counselors and administrators over role definition. Counselors felt that they should be less involved in clerical-administrative duties. They sought a greater concentration of time and personal commitment in professionally related and self-growth activities. However, the administrators felt that clerical-administrative duties and case recording were tasks that must be performed as part of the counselor's job. Although this conflict existed, there was much variation in the extent to which counselors saw their real role as matching their ideal.

Again in a rehabilitation setting, job satisfaction among counselors was found to be dependent upon the leadership

style of the supervisor. Pacinelli (1968) found that rehabilitation counselors who viewed their supervisors as being high in the leadership style of conjoint consideration and initiating structure rated themselves significantly higher in job satisfaction than those who did not.

Finally, Kledaras (1971), who investigated conflict between supervisors and master's and bachelor's degree supervisees, found that bachelor's degree personnel showed more strain on the job when a greater amount of their time was spent with procedural requirements rather than in the performance of valued job duties.

Thus, one notes that in various settings the counselor and administrator have different needs and perceptions of the counselor's job and its relationship to the total organizational work setting. Such differences can result in anxiety and frustration, leading to inappropriate interpersonal behaviors. These behaviors have an unsettling effect on counselor-administrator relationships, resulting in a lessened ability of the counselor to provide the highest level of performance for both the organization for which he works and the clients who need his services.

It was of particular interest in this study, using implosive-like treatment as a counselor training device, to compare the independent variables of (a) ability to imagine visually and (b) various media employing implosive-like treatment in order to determine under which conditions of

cue simulation counselor trainees benefit most in terms of reduced administrator-related anxiety. If counselors feel less anxiety in their interaction with administrators, their behaviors should be more appropriate, thus creating a better professional climate between them and the administrator which will beneficially affect counseling programs in the organizational setting.

Theoretical Formulation

Implosive Therapy

Implosive therapy is one of several techniques resulting from the application of learning theory to the therapeutic setting. The implosive technique is based primarily on the two-factor learning theory of Mowrer (1947). In its original form, this theory is derived from the classical conditioning model which states that when an unconditioned stimulus is paired with a neutral stimulus, the previously neutral stimulus takes on the characteristics of the unconditioned stimulus, thus becoming a conditioned stimulus. Thus, when a person experiences a noxious stimulus in the presence of a neutral stimulus, the neutral stimulus takes on the aversive characteristics of that noxious stimulus. Furthermore, according to Mowrer's theory an overt or covert conditioned emotional response generates a need for a symptomatic behavior to occur in order to reduce this conditioned state. Although Mowrer later revised his two-factor

theory, the original formulation is commonly accepted as the theoretical basis for implosive therapy (Stampfl, 1970).

Beyond the strictures of the two-factor theory, implosive therapy relies on the concept of generalization. The originally conditioned cue pairs with previously neutral cues, creating a series of conditioned cues or stimuli which are related to that original pairing. The cues acquire to a lesser degree the aversive characteristics of the original event. Eventually, through the processes of generalization, stimuli such as thoughts, objects, smells, and sounds will become associated to varying degrees with the original event, producing anxiety-generated symptomatic behavior in the wide variety of settings in which these cues are elicited.

Stampfl (1970) proposed that since the pairing of the aversive unconditioned stimulus with the neutral stimulus produced the conditioned stimulus, the presentation of the conditioned stimulus in the absence of the aversive unconditioned stimulus will bring about the neutralization of the conditioned stimulus. This procedure results in the extinction of the symptomatic behavior engaged in by the subject, since there is no longer the need for fear reduction through avoidance.

Traditionally within the therapeutic setting, it has been desirable to identify cues which precipitate the client's avoidance behavior by various means, including physiological and psychological testing devices (Fazio, 1970). The

identified cues are then built into a hierarchy from lowest to highest level of fear induction. Verbal descriptions of each cue by the therapist, starting at the lowest level of anxiety in the hierarchy and progressing upward, are visually imagined by the client, thus producing a high degree of anxiety at each hierarchical level. However, there is evidence (Wolpin & Raines, 1966) which indicates that a progression along a graded hierarchy is no more effective than a nongraded hierarchy in the reduction of client anxiety through implosive therapy. Regardless of which strategy is employed, since the client experiences no aversive effects resulting from these imagined cues, a decrease in anxiety will occur over a series of treatment sessions. Therefore, when a like or similar cue is presented to the client in the future real-world situation, he will experience little or no anxiety, since the conditioned stimuli have been neutralized. Also, there will be a cessation of the avoidance behavior associated with that cue, since the conditioned response--anxiety--will have been minimized.

Implosive-like Treatment

Although the theory underlying implosive therapy provided the basis for the anxiety reduction treatments in this study, several modifications in the theoretical formulations dictated that these treatments be considered "implosive-like" rather than implosive. This distinction is underscored by Bernstein and Paul's (1971) argument that

analogue research with anxiety reduction therapies which does not duplicate strictly the variables of the clinical process cannot be honestly described as research in that theoretical mode. From this viewpoint, much of the research cited herein might be argued to involve implosive-like rather than implosive treatment. Thus, although implosive theory provided the theoretical foundation for anxiety reduction procedures employed in this study, the modifications necessary in order to utilize those treatments as a training device dictate that they be termed implosive-like procedures.

Cue Simulation

In the duplication of cues, the implosive technique has usually involved the verbal presentation of anxiety-provoking cues in a setting in which the client has the task of visually imagining these verbalized scenes with as much detail and clarity as possible. Several examples of this technique are available (Hogan & Kirchner, 1968; Hogan, 1969; Fazio, 1970; Levis & Carrera, 1967). The use of verbal presentation by the implosive therapist constitutes a simulation of cues which the patient perceives as aversive because of his past learning experience. Although the therapist in attempting to reproduce such cues realistically has relied mainly on visual imagery, such simulation might be accomplished by other media. Any medium, including slides, animated models, role playing, or other presentation modes which

present the anxiety-producing cue to the client in the absence of the unconditioned stimulus, could qualify as a simulator of the aversive cue.

At least one literature citation indicates the relevance of using a multimedia approach to implosive therapy. Hogan (1968) touched on the use of such an approach when he described his use of the sound of a lawn mower outside his office to add realism to a session with a particular female client. In this regard, he stated, "The use of a natural cue in this manner is ideal since the CS (conditioned stimulus) compound includes more elements capable of eliciting a strong emotional effect (p. 425)." Thus, it would seem feasible to use as many sensory elements as possible from a cue to simulate that cue for a client.

For several reasons, the degree of realism needed to induce anxiety may not be attained through visual imagery. In the first place, one cannot assume that all therapists descriptively verbalize on a level which will produce the desired amount of cue simulation. It seems reasonable to assume that there is variation in this ability across therapists, with some achieving a predefined level of cue simulation while others exceed or fail to meet that level. Furthermore, it cannot be assumed that all clients can visually imagine the cue at the desired level. Again, instruments have been devised which detect individual differences on this variable (Rimm & Bottrell, 1969; Sheehan, 1966, 1967,

1972; Evans & Kamemoto, 1973; McCullough & Powell, 1972; Danaher & Thoreson, 1972).

Also, there remains a problem of mental avoidance by the client, which may persist even when physical avoidance is not possible. It is extremely difficult, if not impossible, to force the attention of a client onto a particular therapy topic under reasonable verbal therapeutic conditions if mental avoidance persists, although some methods have been outlined for reducing mental avoidance (Hogan, 1968). A more concrete presentation of a cue might be of added benefit in reduction of mental avoidance in the presence of an aversive cue.

However, one should not interpret the substitution of explicit visual stimuli by the multimedia approach as a rejection of visual imagery. The use of visual imagery in the traditional implosive therapy session has indeed been effective, as previously noted. It is possible that under certain circumstances the highest level of cue simulation available might be visual imagery. In such cases, the cue would be one that prohibits a multimedia approach because of financial, environmental, or ethical constraints. Or a client might be able to imagine a scene with a great degree of clarity as a result of the therapist's unusually high descriptive ability or because of the client's high ability for visually imagining. In these cases, a visually imagined

cue might be more relevant to the client, since he could tailor the cue to his particular therapeutic need.

Identification of Therapy Level

An important consideration in the discussion of cue simulation is the concept of therapy level. This concept may be illustrated by a continuum on which one extreme is defined as the farthest degree of generalization from the original pairing, while the other end of the continuum is represented by the original event (Stampfl & Levis, 1967). The point on that continuum at which a cue is identified for simulation at a given time is the therapy level.

Originally, it was theorized that the extent to which extinction of anxiety occurred depended on how closely the original traumatic experience was duplicated in therapy (Stampfl & Levis, 1967). Another source (Rachman, 1969) has indicated that the high level of emotional arousal is the determining factor in the successful extinction of anxiety and not the matching of the presented material to the original event, since a considerable amount of generalization of extinction across cues occurs during therapy.

Stampfl (1970) has pointed out quite logically that the cue of importance in the therapeutic process is a cue which arouses a predefined emotional response from the client. Since identification and replication of the original traumatic event are difficult, a more reasonable criterion

to be followed is that the therapy level is established on the basis of a predetermined level of anxiety arousal which a particular cue elicits.

Identification of Cue Simulation Level

Note that Figure 1.1 represents the various levels of cue simulation. Its narrowest point represents the lowest level of simulation, while the widest point portrays the highest level of simulation. At the next level of representation, the real-world event occurs. The width at any point along the vertical plane represents the number of elements for the cue which is depicted. As more elements of that cue are presented, further dimensions of realism are added to the cue. The degree to which a medium simulates the cue depends on the number of elements of that real-world event represented to the client. A simulation of an event is effective only to the extent that the simulation is designed in relationship to a goal. Thus, in the design of a simulation, cues must be selected which approximate the real event in terms of the task as defined by the goal of the simulation experience. Horan (1972) and Silvern (1973) have supported this contention. Inbar and Stoll (1972) used the term "validity" in discussing the degree to which a simulation approximates the real-life task--the higher the approximation of the task the higher the validity of the simulation. Silvern (1973) summarized this point by noting

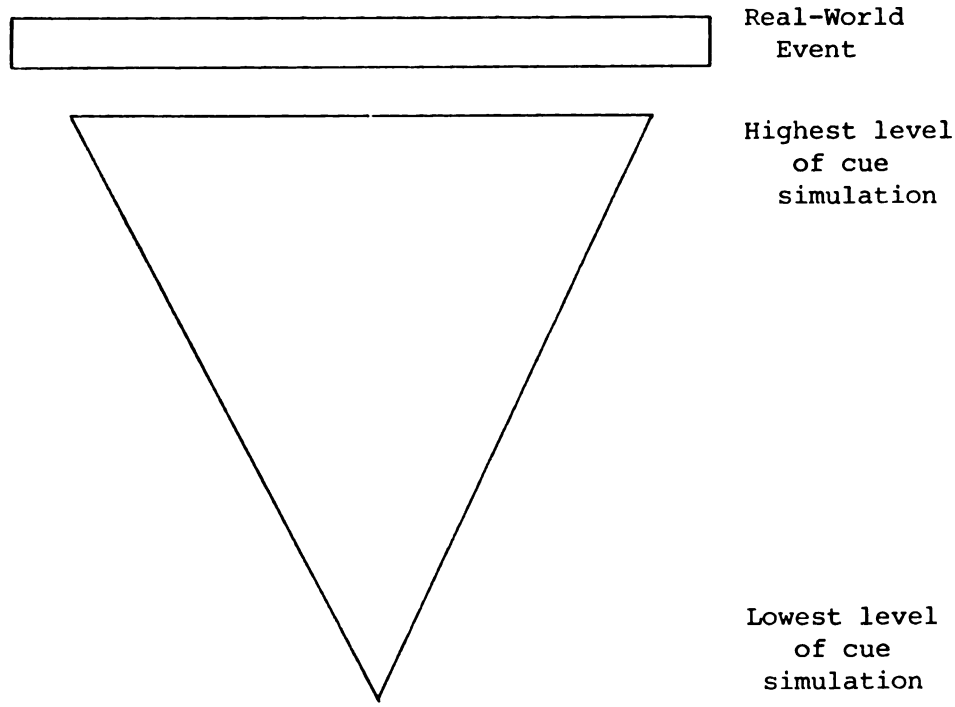

Figure 1.1.--Cue simulation hierarchy.

that ". . . if the model has high fidelity, the solutions will be realistic and of value. If the model is poor, the solutions will be worthless (p. 73)."

Hypotheses

Based upon current knowledge of implosive therapy, two independent variables were selected for examination in the present study: (a) level of visual imagery, and (b) type of medium. Two levels of visual imagery were defined: high and low. Type of medium consisted of three levels: control, audiotape, and slide-audiotape. Through the two types of media (audiotape and slide-audiotape), implosive-like scenes were presented.

The hypotheses were as follows:

H_1: There will be no significant interaction effect between the independent variables (visual imagery ability and type of medium).

H_2: Those subjects participating in the slide-audiotape treatment will experience less anxiety on both posttests than those participating in the audiotape treatment.

H_3: Subjects participating in the slide-audiotape and audiotape treatments will experience significantly less anxiety on the posttest measures than those participating in the control group.

H_4: Subjects in the high visual imagery ability group will demonstrate significantly less anxiety on both posttest

measures than those in the low visual imagery ability group.

The critical level for statistical significance for all hypotheses was .05.

CHAPTER II

METHODOLOGY

Subjects

From volunteers in the Winter term, 1974, master's degree counselor training program at Michigan State University, 50 subjects from the course in Counseling and Consulting Strategies participated in the study, which commenced during the third week of that term.

The subjects varied in age and professional work experience, but most had had no counseling experience in an organizational setting. Twenty-three males and 25 females--48 subjects--completed the study. Both subjects not completing the study were female. One discontinued the master's degree program, while the other subject completed all treatments but was unable to participate in the posttest because of scheduling problems. Most of the subjects were caucasian, with two Mexican-Americans and five blacks taking part. Subjects completing all tasks of the study earned .5 credit toward their final course grade in the Counseling and Consulting Strategies course taught during that term.

Procedure

During the first week of the term, both sections of the course were given a presentation as part of the course

introduction in which the purpose and major steps of the research project were outlined by the experimenter. At the conclusion of the presentation, the course instructor further reinforced the beneficial effects of participating in the research project. At that time, volunteers were sought, with a total of 52 initial respondents. At the next class meeting, subjects signed up to take the pretests: (a) The Betts' Questionnaire Upon Mental Imagery, and (b) the Counselor-Administrator Situational Relationship Test. Fifty of the original volunteers took the tests during the next few days. The Counselor-Administrator Situational Relationship Test served as a covariate, while The Betts' Questionnaire Upon Mental Imagery served as an estimate of the subject's ability to visually imagine. Based on the results of The Betts' Questionnaire, the participants were divided into high and low levels in terms of visual imagery ability. Scores ranged from 55 to 182, with lower scores indicating a higher ability to visually imagine. Scores from 182 to 95 were classified as indicating low visual imagery ability, while scores from 92 to 55 were determined to fall within the high ability to visually imagine range. Twenty-five subjects were assigned to each level of this variable. Using a table of random numbers, subjects were then assigned equally to each of the three levels of the variable, type of medium. The two remaining subjects were assigned to the

control group, one to the low level and the other to the high level.

All testing, as well as each treatment, was individually administered, using the rooms available for testing and counseling in the Reading and Guidance Center in Erickson Hall, Michigan State University. Each subject receiving a planned treatment was allowed seven days in which to complete the treatment sessions. In no case was a subject permitted to take more than two treatments on a day, and a time span of at least two hours elapsed between treatment sessions. This precaution provided a safeguard against a subject's hurried completion of treatments over a short span of time while giving only slight attention to the task of the session. However, in terms of the theoretical formulation underlying implosive therapy, brief intermissions between sessions should have had no negative effects on the results of the treatment. Presumably, any such effects should have been positive.

Treatment Groups

Control group. Those subjects randomly assigned to the control treatment group came to what was considered the first treatment session for all subjects. However, at this time they simply were informed that they need not return until the day of posttesting and were allowed to sign up for the posttesting session. Thus, control group subjects participated only in the testing experience and did not

participate in any planned anxiety reduction treatment at any time during the study.

Slide-audiotape group. The individuals in this group were exposed to six treatment sessions in which a slide carousel and 2550 Wollensak tape recorder, a unit with an automatic slide changer, displayed color slide scenes in which actors portraying administrators confronted the subject in aversive interpersonal situations. Appendix A shows the script for one of these scenes. The sessions lasted between 25 and 30 minutes. During each treatment session, the subject was requested to reply aloud with feelings and responses to the statements of the administrator. Various males and females, all caucasians, provided the tape narration and visual stimulation for this treatment group. There were two female and four male administrators portraying scenes in a wide variety of office settings. No actor was employed in more than one slide presentation. Six persons were employed to read the scripts for the audiotape accompanying the slides, sharing the duties of narrator and supervisor.

Audiotape group. Those subjects randomly assigned to this group received the same six counselor-administrator scenes and in the same order as did the slide-audiotape treatment group. For each session, the subject was instructed to relax in a comfortable chair that was provided. The room was darkened, and the subject with his eyes closed throughout

the session was asked to visually imagine the events of the scene. As with the slide-audiotape treatment, at times the subject was to think about his feelings and respond aloud with either feelings or replies to the supervisor's statements. The content of the material for this treatment differed from the slide-audio script only in that description was added with a request to visually imagine all that occurred. The length of these treatments was between 30 and 35 minutes. One male advanced graduate student provided the narration for this treatment. A script for this treatment is shown in Appendix B.

Hierarchical Arrangement

In the theoretical discussion, a consideration of the arrangement of the anxiety-evoking sessions presented two viewpoints. One supported the assumption that the sessions must be graded from lowest to highest level of anxiety induction for client presentation. The other viewpoint explained that similar degrees of anxiety reduction were attained in the nonranked presentations. While there is support for a nongraded scene presentation, the scripts for the scenes were presented to three raters, who individually ranked the scripts from lowest to highest level of anxiety elicitation.

Two raters, professors in counselor education, were in high agreement as to the order of ranking, while the third judge, a practicing counselor in the specialist degree program in the Department of Counseling, Personnel Services,

and Educational Psychology, rated the scenes in an order of low agreement with the other raters. The experimenter compiled the data from these raters, relying most heavily on the two judges in highest agreement, to determine a graded hierarchy of increasing anxiety induction. Both the audiotape and slide-audiotape programs were then shown in that order. It is possible that the same order of presentation of both treatments was not appropriate, since the same scene presented in the audiotape and slide-audiotape format may not have elicited anxiety on the same hierarchical level. However, this concern was not primary, in view of previously cited research supporting the nongraded format as being equivalent in anxiety induction to that of a graded presentation.

Posttesting

The posttest sessions were conducted on two consecutive days. The subjects were involved in a three-part posttesting process which was executed in the same rooms in which they had received treatments.

When each subject arrived for his appointment, he was sent to a room where he privately read posttest instructions as displayed in Appendix C. These instructions outlined the roleplaying process in which the subject was to participate, along with information that he might use at his discretion to support his viewpoint during the roleplaying posttest. The second activity of this phase of the

project involved the subject's engagement in the eight-minute roleplaying experience in a second room with an actor portraying an aversive administrator. The session was audiotaped with the subject's knowledge. Only the microphone was visible in the room, since the tape recorder was operated by a third person outside the room. Upon a prearranged signal, the session was terminated, and the participant went into another room where he immediately took the State Anxiety Inventory subtest (Stai-1). This experience concluded the participation of the subject in the study.

Roleplayer

A middle-aged male caucasian served as the roleplaying supervisor for all 48 roleplaying sessions. He was pretrained for his role generally through various real-life experiences, including administrative work and paraprofessional counseling in group and individual encounters. Specifically for this study, the experimenter provided him with an orientation sheet (Appendix D) outlining his role and answered his questions concerning his role and the study.

The actor was asked to remain aversive throughout each session and to maintain a consistent performance. He presented an aversive performance roughly equivalent to levels four and five on the treatment hierarchy, as judged by the experimenter.

Data Analysis

A 2 X 3 factorial design consisting of two levels of visual imagery (high and low) and three levels of type of medium (control, audiotape, and slide-audiotape) was employed in this study. Each subject was randomly assigned to one of six cells. Since there were 50 subjects at the beginning of the study, eight subjects were assigned to all cells, and the two remaining subjects were assigned to each level of the control treatment group, thus providing nine subjects initially in each level of the control group. However, because of the withdrawal of two subjects, one in the high visual imagery ability control group and one in the high visual imagery ability slide-audiotape group, there was an unequal number of replications per cell at the completion of the study. This design (Table 2.1), as well as an equal replication per cell design (Table 2.2) with seven subjects per cell, was analyzed by the use of a two-way analysis of covariance. Replications were randomly eliminated to achieve the fully crossed and balanced design of seven subjects per cell.

Measurement Devices

The Betts' Questionnaire Upon Mental Imagery (Short Form)

This self-report device directs one to visually imagine a scene and rate himself on a scale from 1 to 7 as

Table 2.1.--Unequal cell design.

		Type of Medium		
		Control	Audiotape	Slide-Audiotape
Visual Imagery Ability	High	8	8	7
	Low	9	8	8

Table 2.2.--Equal cell design.

		Type of Medium		
		Control	Audiotape	Slide-Audiotape
Visual Imagery Ability	High	7	7	7
	Low	7	7	7

to how well he has visualized the scene. The instrument is shown in Appendix E.

The reliability of this instrument has been assessed on at least three different occasions. A readministration of the instrument after a one-week interval to 27 students in the Grand Rapids section of the Michigan State University counselor training program during Fall term, 1973, yielded a reliability coefficient of .92. Sheehan (1967), using the Pearson correlation method with a test-retest period of seven months, reported a coefficient of .78. Evans and Kamemoto (1973), using 35 male and female undergraduates at the University of Hawaii, reported a .91 reliability rating with a six-week time span. Juhasz (1972) found an internal reliability rating of .95.

Validity estimates between The Betts' Questionnaire and vividness ratings given to images of experimental stimuli under conditions of prior analysis-no prior analysis and image-reimage range from .14 to .52 (Sheehan, 1966). The Questionnaire visual rating correlates with a Block Test self-report of vividness of .38 (Block Test Practice), .45 (Block $Test_1$), and .57 (Block $Test_2$). The correlation between the Betts' Questionnaire visual rating and the Betts' Questionnaire overall is .43 (Danaher & Thoresen, 1972). The correlations between the original form and the shortened version range from .92 to .99 (Sheehan, 1967, 1967a).

Counselor-Administrator
Situational Relationship Test

Pretreatment assessment of subjects in counselor-administrator relationships was based on the hypothesis that this behavior was a source of variance that correlated highly in a linear relationship with the two dependent variables. The test (Appendix F) was originally piloted on students in a tests and measurements course and a principles of guidance course conducted through the Michigan State University Extension Program. The two problems delineated in the test were presented in essay form to a quarter of the students and in short answer form to another quarter of the students, while half of the students were administered both forms of the test.

The results of these administrations were analyzed, and the short answer form was judged by the experimenter to be the most effective in terms of amount and quality of information divulged. This form of the test was then revised and administered to subjects in the study.

The subjects cooperating in the pilot study were, with the exception of one person, public school teachers who had taken not more than two counseling courses. Eight males and 13 females took part in the pilot study. The form used to rate this test is shown in Appendix G.

Rating Form for Counselor-Administrator Roleplaying Session

A rating instrument (Appendix H) was devised to assess the degree of situational anxiety that would occur in a simulation of an actual counselor-administrator encounter. The audiotape recordings of the subjects completing the study were judged according to the aforementioned scale by three raters in a double blind manner. All raters were advanced male doctoral candidates in the Counselor Education program at Michigan State University.

State-Trait Anxiety Inventory

Subtest Stai Form X-1, which measures situational anxiety, was administered as a post-treatment test of anxiety elicited as a result of the interpersonal interaction between the subject and the actor portraying an administrator. This instrument is shown in Appendix I. The other subtest of the State-Trait Anxiety Inventory, which measures one's anxiety level in general situations, was not administered.

The State Anxiety subtest has been normed on several populations, including a college student population. For that population, the test-retest reliability for a 20-day period was .27 for females and .54 for males. For a 104-day interval, it was .33 for males and .31 for females. Reliability coefficients for other populations are available in the test manual (Spielberger, Gorsuch, & Lushene, 1970). With most tests, the reliability coefficient should approach

1.00 as closely as possible. However, since this subtest was designed to measure an unstable trait, a coefficient approaching 0.00 is highly desirable.

The validity of this subtest was determined for a college undergraduate population at Florida State University in which the test was first administered according to normal instructions, followed by a re-administration in which the subjects were told to respond as they would immediately before a final examination. The validity coefficients were reported as .60 for males and .73 for females. A detailed accounting of the conditions and populations of these coefficient derivations as well as others is available in the Stai Manual for the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970).

Needed Modifications in Procedure

The procedures described in this chapter were considered, at the time of the study, to be fully adequate and appropriate to meet the stated purposes of this investigation. However, in retrospect it is clear that a number of changes in procedure should be considered by an investigator who might wish to replicate the study. Recommended changes and an accompanying rationale are described in Chapter V.

CHAPTER III

RESULTS

Each subject participated in the pretest, which determined on a low simulation level his pretreatment behaviors in interpersonal relationships with administrators. The responses to the Counselor-Administrator Situational Test were judged by three raters in a double blind manner. The sum of the three ratings provided the covariate estimate of pretreatment behaviors. The two dependent variables were provided by an eight-minute audiotape interaction, with a roleplayer posing as an administrator in an aversive interpersonal situation. The audiotapes were rated by a second set of independent judges in the double blind manner. In the analysis of results, the sum of the three ratings was tabulated for the evaluation of each subject. The second dependent variable was the total score of the State Anxiety subtest of the State-Trait Anxiety Inventory by Spielberger, Gorsuch, and Lushene (1970). This measure was administered immediately following the roleplaying session in order to detect anxiety induced by the interpersonal interaction with the actor.

Treatment Effects

A two-way analysis of covariance procedure derived from a multivariate approximation to the F-distribution using Rao's approximation to Wilk's Llambda (Λ) was employed in this study. This procedure assessed treatment influences on the two dependent variables: (a) subject roleplaying behavior and (b) state anxiety induced by the counselor-administrator interaction. The main effects and interactions are presented in Table 3.1.

Table 3.1.--Multivariate approximation to F distribution.

Source of Variance	Multivariate df	Multivariate F Statistic	P<
A (Visual Imagery Ability)	2, 34	.0047	.9954
B (Type of Medium)	4, 68	.1429	.9656
AB	4, 68	.3916	.8140

These results indicate that no significant differences were attained for any of the sources of variation of interest--type of medium, visual imagery ability, and their interaction. The use of audiotape treatments and a slide-audiotape presentation were no more effective in the reduction of anxiety related to counselor-administrator interpersonal relationships than the control treatment in which no planned experimental intervention was administered. Thus, the following hypotheses were rejected:

H_2: Those subjects participating in the slide-audiotape treatment will experience less anxiety on both posttests than those participating in the audiotape treatment.

H_3: Subjects participating in the slide-audiotape and audiotape treatments will experience significantly less anxiety on the posttest measures than those participating in the control group.

H_4: Subjects in the high visual imagery ability group will demonstrate significantly less anxiety on both posttest measures than those in the low visual imagery ability group.

However, since the p value for the type of medium by visual imagery ability group interaction was not significant at the .05 level, the following hypothesis was not rejected:

H_1: There will be no significant interaction effect between the independent variables (visual imagery ability and type of medium).

The multivariate analysis of covariance was performed for both the equal cell design and the unequal cell design, which included all subjects completing the study. Since the results of both analyses yielded no significant differences for any of the F tests, and since the original research proposal declared interest in an analysis of an equal cell design with seven replications per cell, further

analysis and discussion will deal with the equal cell design except where otherwise indicated.

Since none of the F tests attained significance, it was appropriate to study the adjusted raw cell means to ascertain if any trends were apparent. Table 3.2 displays the adjusted means for the roleplay tape ratings, and Table 3.3 shows those for the State Anxiety Inventory subtest.

Table 3.2.--Adjusted means for audiotape ratings.

Visual Imagery Ability	Type of Medium		
	Control	Audiotape	Slide-Audiotape
High	61.46	61.32	61.03
Low	60.46	60.75	62.17

Table 3.3.--Adjusted means for State Anxiety subtest.

Visual Imagery Ability	Type of Medium		
	Control	Audiotape	Slide-Audiotape
High	29.49	27.21	25.35
Low	27.78	26.49	28.49

For the roleplay tape ratings, differences in the adjusted mean scores indicate virtually no differences. The mean scores are highly similar. Thus, there is no trend whatsoever for this dependent variable. There is, however,

a slight although statistically non-significant trend for the adjusted cell means for the State Anxiety subtest. The high visual imagery ability slide-audiotape group manifested the lowest degree of anxiety, while the high visual imagery control group demonstrated the highest level of anxiety. As would be expected, subjects in both levels of the audiotape group showed relatively low states of anxiety. Curiously, the low visual imagery control and slide-audiotape groups achieved slightly noticeable differences in the opposite direction from the high visual imagery groups. Thus, a slight trend toward a reasonable degree of difference was noted.

In summary, although there are some differences in the adjusted cell means for the dependent variables measuring anxiety, these differences do not approach either statistical or meaningful significance. At least eight points would be considered an acceptable meaningful difference. Further analysis and discussion of the adjusted mean scores would be highly speculative in view of the equality of adjusted means on the audiotape ratings and minimal differences on the state anxiety measure.

The use of analysis of covariance was designed to increase precision. In order for a covariate to be effective in this task, it must have a high correlation with the dependent measures. Table 3.4 identifies the degree of relationship between the covariate, the Counselor-Administrator Situational Relationship Test, and the two dependent variables.

Table 3.4.--Correlation matrix for covariate and dependent measures.

	Roleplay Tapes	State Anxiety	Covariate
Roleplay Tapes	---		
State Anxiety	.19	---	
Covariate	.22	-.12	---

One should note that there is a correlation between the audiotape ratings and the covariate of .22, which allowed for an inconsequential gain in precision. On the other hand, the -.12 correlation between the covariate and the state anxiety measure resulted in a slight loss in precision. Thus, the covariate in this instance did not effectively aid or inhibit the attainment of statistical significance. This can readily be seen in Table 3.5 by noting the small degree of decrease in the error variance for the audiotape rating in the comparison of the mean square unadjusted and mean square adjusted. Table 3.5 also shows the increase in the error term in the adjusted mean square for the state anxiety variable. Although it is noted that little change occurred in the mean square error terms, it is difficult to estimate the effects of the loss of one degree of freedom resulting from the use of analysis of covariance, other than to state that the error term was larger than it would have been if analysis of variance had been employed. It is doubtful,

however, that employing the analysis of variance technique would have significantly increased the probability of attaining significant differences.

Table 3.5.--Comparison of adjusted and unadjusted error terms.

Dependent Variable	Mean Square Error	
	Unadjusted	Adjusted
Roleplay Tape	22.43	21.98
State Anxiety	41.94	42.54

Relationship between Dependent Measures

Table 3.4 indicates a correlation between the state anxiety measure and the roleplay audiotape ratings of .22. This calculation indicates that the two instruments measured different aspects of anxiety, the roleplaying tape measuring audio detection of performance during the roleplaying encounter, and the State Anxiety Inventory subtest measuring a transitory state of anxiety induced immediately following the subject-actor interaction. This occurrence is desirable, in that one seeks in multivariate analysis to employ measures that are not redundant, thus increasing the independent probability of attaining statistical differences.

Interrater Reliability

Using Hoyt's technique for estimating test reliability by analysis of variance (Hoyt, 1941), the interrater reliability was derived for both the roleplay audiotape ratings (Table 3.6) and the Counselor-Administrator Situational Relationship Test (Table 3.7).

Table 3.6.--Hoyt's reliability coefficients for audiotape ratings.

Visual Imagery Ability	Type of Medium					
	Control		Audiotape		Slide-Audiotape	
	r	n	r	n	r	n
High	.40	8	.04	8	.76	7
	.30	7			.75	6
Low	.72	9	.92	8	.21	8
					.26	7

Table 3.7.--Hoyt's reliability coefficients for performance anxiety ratings.

Visual Imagery Ability	Type of Medium					
	Control		Audiotape		Slide-Audiotape	
	r	n	r	n	r	n
High	.57	8	.61	8	.36	7
Low	.91	9	.86	8	.70	8

This reliability estimate is given along with the number of subjects per cell used in the derivation of each coefficient. For both visual imagery levels of the slide-audiotape group and the high visual imagery level of the control group in the audiotape ratings, one rating was not completed by the same rater as a result of technical difficulties. The average of the other two raters was therefore calculated to secure a third rating for each of these three subjects. Except for the high visual imagery ability control group, the coefficients were highly similar for the estimates, both with and without the inclusion of the estimated replication.

There is notable disparity between cells for both rating devices. The average reliability coefficient for the tape ratings including the estimated data is .50. For the Counselor-Administrator Situational Relationship Test, the average coefficient was .66. There are no apparent factors which would indicate reasons for the disparity within cells for each set of ratings. All judges for a particular variable were given the same criterion by which to complete their task, and the double blind technique was used. Five of the judges were advanced graduate students from the counselor education program. The one remaining judge was a recent recipient of the doctoral degree from the Department of Counseling, Personnel Services, and Educational Psychology at

Michigan State University. No rater was employed to rate both variables.

Summary

No significant differences were evidenced on either independent variable of interest. An inspection of the adjusted cell means indicated that no significant trends were found, with virtually no numerical differences for the role-play ratings and no meaningfully significant differences for the evaluation of state anxiety. The variable selected for analysis of covariance did not significantly correlate with either dependent measure, and, except for the loss of a degree of freedom, there was no important gain or loss of precision attributable to the use of this technique.

The interrater reliability correlations for the audiotape roleplay posttest and Counselor-Administrator Situational Relationship Test were moderately adequate, although cell coefficients in both instances were highly inconsistent across levels.

CHAPTER IV

DISCUSSION

Conclusions

Two major components of the implosive model as it pertains generally to implosive therapy and particularly as it pertains to the training of counselors were studied. These were ability to visually imagine and type of medium.

Visual Imagery

Although learning theorists have espoused the importance of visual imagery in covert conditioning, systematic desensitization, and implosive therapy, this study does not support the claim that the ability to visually imagine is a determinant of the outcome of implosive therapy. This finding complements evidence provided by research initiated to explore the relationship of visual imagery and systematic desensitization by McLemore (1972) and Hekmat (1972), but contradicts research following the same theme by Jones (1972). McLemore (1972) and Hekmat (1972) found no positive relationship between systematic desensitization and ability to visually imagine, but Jones (1972) noted that subjects with high visual imagery ability had significantly higher reductions in anxiety than subjects with low visual imagery ability. Of course, some degree of inference is necessary, because the

previously cited studies examined systematic desensitization, while the present study utilized an implosive-like procedure. A review of the literature suggests that there are currently no other studies except the present which have examined the relationship between the ability to visually imagine and an implosive-like treatment.

Type of Medium

The proposal of this study that the effectiveness of implosive-like treatment would be significantly increased if presented at a higher level of simulation was not substantiated by the findings. There were no meaningful or statistically significant differences between groups. Furthermore, the adjusted mean scores on the state anxiety test averaged 27.46, with a range from 25.35 to 29.49, thus indicating only moderate anxiety for all groups. The highest possible unadjusted score for that test is 80, indicating high anxiety states, and the lowest possible unadjusted score is 20, indicating lowest anxiety states. The mean of the adjusted cell means for the audiotape ratings was 61.19, with the highest unadjusted score of 60 indicating the lowest degree of anxiety and the lowest unadjusted score of 1 indicating the highest level of performance anxiety for the sum of the three raters.

In terms of a strict interpretation of the data, the control procedure (no treatment) is as effective as a tape

presentation or a slide-audiotape presentation with the population defined in this study. However, on the basis of reported results of previous studies (Rihani, 1972; Mylar, 1972; Kirchner & Hogan, 1966) using audiotape treatments with significant differences in favor of these treatments, it appears probable that had not certain factors intervened there would have been significant differences at least between the audiotape treatment group and the two other treatments. This supposition must, of course, be tempered by the reality of the statistical findings, which are not influenced by the bias of the researcher, whatever that bias might be. Thus, it remains that within this study the slide-audiotape and audiotape presentations must be concluded to be no more effective than no planned treatment in reducing counselor anxiety attributable to the counselor-administrator relationship with the population represented by the 48 master's level counselor training candidates who served as the sample for this study.

Limitations

With the above consideration in mind, the lack of statistical significance for both variables of interest must be viewed in the light of the following constraints which influenced the outcomes to varying degrees.

Sample Size

While this study was executed with what might be considered a respectable sample size in the light of the problems

which confront the contemporary researcher, the 42 subjects in the equal cell analysis provided only seven subjects per cell. This number of replications is generally considered small. A greater number of replications per cell would have been a definite asset, especially in view of the fact that the unequal cell analysis, although not approaching significance, had a smaller p value for most hypotheses than the smaller sample with the equal replication design.

Measures

Although for its purposes the low reliability of the state anxiety measure employed was desirable, such low reliability did not enhance the attainment of statistical significance. This conclusion can further be applied to the inter-rater reliability of both rating scales utilized in the experiment. The Counselor-Administrator Situational Relationship Test with a coefficient of .66 and the roleplay audiotape ratings with a coefficient of .50 can be considered only moderately helpful in gaining stability for these measures.

Previous Research Participation

Another factor that must be considered is that many of the participants in the present study had cooperated in previous research studying the effects of implosive-like treatment for anxiety reduction in counselor relationships with black clients. The in vivo implosive experience of that

posttest roleplaying situation in which the subjects interacted in a 10-minute roleplaying experience with a black actor posing as a client may have imploded the subjects to aversive interpersonal relationships on a more generalized level than situations involving only blacks. This line of reasoning would agree with Stampfl's (1970) argument that the effects of an anxiety reduction treatment should generalize to other events by the same logic which permits one to theorize that anxiety originally generalized from a specific cue to others eliciting avoidance behavior from the subject. Unsolicited comments from the subjects of this study following their roleplaying experience support the above contention.

Roleplayer

A dilemma faces the researcher who utilizes an actor in a roleplaying experience as a posttest designed to elicit anxiety in the interpersonal experience. There are two viewpoints concerning the design of such an experience. The researcher can present a roleplay situation in which the actor presents a low probability experience in which an extremely aversive situation is presented. Such a presentation would most commonly implode the subject at a level near the apex of an implosive hierarchy. Under normal conditions, the roleplaying experience would not represent a real-life experience of high probability occurrence. Such a presentation increases the chances that significant differences

will occur. However, from the standpoint of researching a training technique, if a low probability experience must be used to achieve significance, its value as a training technique is questionable in terms of the amount of material which must be taught in training programs. Since the likelihood of a student encountering such an experience in his professional experience is minimal, other more relevant material must be given priority.

The second viewpoint, which represents the position of this researcher, is that a roleplaying situation should be presented which represents a reasonable approximation of what is likely to occur in the real-world setting. In most instances in implosive research, this means that on a graded hierarchy this experience is chosen closer to the base of the hierarchy, probably at the middle levels. The shortcoming of this position is that the probability of attaining significant differences is diminished. However, if such differences occur, the validity of this treatment as a training technique is increased, since it has a relatively high expectancy of occurrence in the real-world setting. The justification for the research study then increases, and the incorporation of the findings into a training program is more validly supported.

Since the roleplayer in this study presented a high probability real-life situation and not one designed to induce a level of anxiety at or near the apex of the implosive

hierarchy, the probability of achieving differences was reduced to a certain extent. The decision to employ this viewpoint is supported by other examples of the use of implosive therapy (Hogan & Kirchner, 1967; 1968; Donaldson, 1972; Kirchner & Hogan, 1966), where the posttest experiences represented a level of simulation somewhat below the levels at which the most aversive treatments were presented.

Roleplaying Actor

A single roleplayer was employed in this study, participating in 48 eight-minute episodes over a two-day period. A source of possible difficulty was that fatigue might cause the roleplayer to give an inconsistent performance. Consequently, appropriate rest periods were scheduled, and the original 10-minute session was reduced to eight minutes. These precautions seem to have been effective, since the raters and the experimenter agreed after listening to all tapes that the roleplayer remained consistent across performances.

Although the actor represented an administrator at a threat level consistent with a high probability aversive real-life experience, a moderately higher level of aversive presentation could have been attained while still remaining within the expectancies of a highly probable real-life experience. To bring this about, the experimenter could have provided more thorough training of the actor, including a practice roleplaying session, so that there could have been

more agreement as to the precise level of anxiety inducement to be presented.

Previous Organizational Experience

The theoretical formulation on which implosive therapy is based dictates that anxiety level is based on cue arousal resulting from a single incident which generalizes to other events. Perhaps these subjects, many of whom had no experience as a counselor in an organizational setting, had not learned such anxiety with its accompanying avoidance behavior. Thus, the initial administrator-related anxiety was too low to be measured by the instruments of this study, or was nonexistent. From another viewpoint, one might propose that any aversive experience with an authority figure would generalize to counselor-administrator relationships so that the subjects viewing the administrator as an authority figure would feel anxiety that would produce attending avoidance behaviors.

A clear answer to the question is available only through the accurate preexperimental measurement of anxiety. The most valid pretest would be a roleplay experience such as was used as a posttest in this study. The difficulty with this strategy is that such an experience could serve to implode the subject, thus effectively reducing or eliminating such anxiety before the administration of the experimental treatment.

Implications

According to the theoretical formulation proposed in this dissertation, visual imagery is an important variable in the consideration of some behavioral learning techniques. This study focused on implosive-like treatment as an anxiety-reduction technique aided by one's ability to visually imagine. Since there was no significant difference between the two levels of visual imagery ability or even a significant trend, the need to visually imagine at a high level must be held suspect. Although the findings did not support the hypothesis of this research, they do support the results of research by McLemore (1972) and Hekmat (1972), who conducted similar investigations comparing visual imagery and its necessity in systematic desensitization. However, Jones (1972) found results in contradiction with those of McLemore (1972) and Hekmat (1972). These findings, however, lack a certain degree of credence as a source of evidence for the present study because of differences in the theoretical bases for implosive therapy and systematic desensitization. Yet, there is no other evidence available to which the findings of this study can be directly compared.

However, caution should be exercised in interpreting the present findings in regard to the ability to visually imagine and its role in implosive-like treatment, since significant differences did not result for the second variable, type of medium. All treatments were equally effective. How

can one state that visual imagery ability has no importance in successful anxiety reduction using implosive-like treatment when this therapeutic treatment showed little differential effectiveness? More confidence could have been placed in the results on the ability-to-visually-imagine variable had one or both of the planned treatments been more effective than the control treatment, for then successful treatment would have occurred regardless of one's visual imagery ability. The question of the place of visual imagery in relationship to implosive-like treatment, then, seems still open to research. If further research continues to substantiate the present findings, then statements regarding the use of visual imagery in implosive-like treatment should be reevaluated to ascertain what elements of the therapy produce successful treatment. If one's ability to visually imagine is of no consequence, other components perhaps not yet identified may be a causative factor in the anxiety reduction that occurs. Perhaps such components might be correlates of the ability to visually imagine.

It must be reemphasized that this study has done little to verify the relevance or irrelevance of visual imagery, but has provided an initiative by which other research might continue. The importance of this variable will need much more scholarly study and investigation before definitive conclusions can be reached.

The central theme of this research rested on the theoretical notion that presentation at a higher level of simulation could enhance the effectiveness of implosive-like treatment. Based purely on the statistical outcomes of this research, one must be highly critical of this assertion. Perhaps simulation level is of minor importance in building an implosive-like treatment model. If such is the case, then one can build a treatment model with little concern for the accuracy with which it approximates the cue to be represented. The verbal presentation is then equally effective by therapists and trainers of differing aptitudes for verbal description, and for mass presentations such as in a training program, a program of anxiety reduction training using implosive-like treatments can occur with minimal expenditures since an audiotape treatment is as effective as another method such as film, slide-audiotape treatment, animated models, or other higher order simulations. These statements are tentative, because there are several previously enumerated limitations to this study. Moreover, there is evidence to support the contention that in actuality there is at least a true difference between the audiotape treatment and the two remaining treatment groups, making the results of this study highly suspect. Further evidence must be presented before the importance of simulation can be determined.

One important implication is suggested as a result of the previous participation of subjects in the implosive

research dealing with counselor-black client relationships. Since the treatment may have generalized to this study, it is possible that implosive-like treatment may be more economically presented. For example, a trainee's anxiety might be reduced for a variety of work-related interpersonal relationships by using a multitheme treatment where one series of treatments would present a variety of relationships. Or a trainer might simply implode the trainees to one kind of relationship, relying on the effects of that anxiety-reducing treatment to generalize to other similar but different relationships. This concept should become the focus of scholarly consideration, for it would provide a more efficient presentation of implosive-like treatment. This consideration, of course, is contingent upon the accepted effectiveness of implosive-like treatment in the reduction of anxiety in counselor interpersonal experience.

In this chapter the major conclusions, limitations, and implications of the study have been discussed. Guidelines for replication, together with a more extended discussion of methodological limitations, are presented in Chapter V.

CHAPTER V

GUIDELINES FOR REPLICATION

The intent of this chapter is to provide explicit recommendations which should be implemented in replications of the present study or in the conduct of closely related investigations. Primary emphasis will be placed upon methodological changes which would provide for more rigorous examination of the two major variables--type of medium and visual imagery ability. It is possible that significant differences might result if such changes in design and conduct of the study were implemented.

Covariate

Certainly other covariates should be sought to replace the one employed in this study. As previously noted, the covariate chosen did not have a significant linear relationship to the two dependent variables. This finding would suggest that in a population of counselor trainees similar to the one in this study, one's ability to verbally propose solutions to problems in counselor-administrator relationships is not related to the aspects of anxiety detected by the two dependent measures. As a substitute for the covariate of the present study, one might utilize self-reported

anxiety. Such anxiety could be elicited by having the subject respond as a "counselor" to a series of written problems such as those of the Counselor-Administrator Situational Relationship Test. The subject would then take the State Anxiety Test. The self-reported anxiety elicited by these problems would serve as a low-level simulation of an anxiety provoking real-world experience.

Another aspect of anxiety that could be measured as a covariate would be the degree to which a subject would permit himself to be physically approached by someone presented as a highly aversive stimulus. This technique has been successfully employed to measure anxiety in interpersonal relationships (Newman & Pollack, 1973). Applied as a covariate in a replication of this study, the subject would stand in the center of a circle marked by one foot intervals from the center. The closer the person portraying an aversive administrator were permitted to approach the subject, the lower the degree of anxiety elicited by that administrative figure.

One other possible component of anxiety which might serve as a covariate would involve having the subject imagine a scene in which he is receiving much negative stimulation from an administrator. At the end of that scene, the subject would free-associate concerning that experience. The list of emotionally-laden words developed by Ullmann and McFarland (1957) would then be used to rate the emotional

content of the verbalizations used by the subject during the free association task. The number of emotionally-laden words used by the subject would indicate his degree of anxiety.

Of course, the usefulness of these measures in terms of gaining precision rests upon the assumption that they have a high linear relationship to the dependent variables.

Population

Another important consideration is the choice of population. A population should be chosen for which significant amounts of change are possible, provided a differentially effective treatment is applied. A limitation of the present study was that the subjects had, prior to this experience, participated in a study investigating anxiety reduction in counselor-black client relationships using implosive-like techniques. Besides this previous experience, as part of their counselor training program the subjects had been taught techniques whereby they might effectively communicate with administrators for the enhancement of counseling programs within the organizational setting and had gained general knowledge in anxiety control as part of the training program. These factors, unique to this population, produced subjects who were sufficiently sophisticated that attempts to elicit anxiety both during the treatment and posttest phases of the study were largely frustrated.

Furthermore, as previously noted, most of the subjects in this study had had no prior experience in an organizational setting. Therefore, they might have felt only minimal amounts of anxiety, since they did not realize the consequences of any behaviors which might be viewed as improper by the roleplaying actor during the posttest experience. In this respect, a population of individuals who have worked in an organizational setting and realize the consequences of their organizational behavior might receive greater benefit from the anxiety reduction treatments.

Pretest-Posttest Design

Since no significant differences resulted from this study, replication should more effectively assess prior learning experiences of the subjects in order to determine whether pretreatment anxiety levels are sufficient to warrant anxiety-reduction treatment. A readily apparent methodological technique for assessing this pretreatment anxiety would be a pretest-posttest design rather than a posttest only design such as was employed in this study. Such a design would permit the elimination of subjects whose anxiety is below a predefined level.

In using a pretest, of course, the researcher must consider whether learning will occur from the pretest such that anxiety will be effectively reduced before the administration of treatment. Also, one must consider that the

addition of a pretest further limits the generalizability of the findings.

There are several possibilities that might be utilized as a pretest. One such test would be a role-play experience similar to the one described in this study as a posttest. Also the Newman and Pollack (1973) procedure might be used, as well as an imagined interaction with a hostile administrator followed by the completion of the State Anxiety Test. Both of these procedures were described in the section on covariates.

Audiotape Recording of Roleplay Scene

Because of the technical constraints of this study, the posttest session was audiotaped rather than videotaped. However, it would seem more appropriate to employ videotape recordings when replicating the study so that overt behaviors as well as verbalizations might be evaluated for levels of subject anxiety. It is possible in this study that the raters, accustomed by previous training and experience to observing behavior as well as evaluating verbal cues, were somewhat impeded in their assessment of anxiety because they were not permitted to view overt behaviors of the subjects during the roleplay experience.

Employment of Raters

In this study, multiple raters were used in both the evaluation of the Counselor-Administrator Situational

Relationship Test and the roleplay audiotape ratings. As previously noted, reliability coefficients among cells were highly varied for both instruments, and the average of the reliability coefficients was only moderately high. While it is difficult to explain the disparity among cells, the average of the coefficients for both instruments can be at least partially explained by two factors. The most obvious consideration is the small number of subjects per cell. If more subjects had been involved in the study, the coefficients would have been higher.

Another factor which might have contributed to these moderate coefficients was the minimal degree of specification of terminology for the rating scales. Had there been a greater degree of specification of terminology, especially for the audiotape rating scale, there might have been more agreement among the raters, leading to higher interrater reliability. In replicating this study, such agreement should come not only from a more explicit definition of terms within the rating scale but also from a more thorough indoctrination of the raters concerning the evaluation of the subjects on the various aspects of the scale. This task could be accomplished through intensive practice sessions during which the raters would judge responses in a double-blind manner, after which they would meet with the experimenter to develop a common rationale whereby any major variations in ratings might be minimized. Hopefully, achieving

such agreement in these practice sessions would serve to increase interrater reliability in the evaluation of subjects in the actual experimental study. Of course, the rating of subjects in the actual study should be accomplished through strict adherence to double-blind procedures.

In this study, the raters were given no specific training other than receipt of information concerning the general rating procedures. Close interrater agreement was expected, since the raters were believed to have similar philosophies about human behavior as a result of their experiential and academic learning and since they were at similar levels in their doctoral training program at Michigan State University, except for one rater who was a recent graduate. However, the moderately acceptable reliability coefficients were at least partially due to minimal training of the raters by the experimenter. Thus, an important modification in replications of this study would involve intensive training of raters, regardless of the uniformity of their prior experiences.

Other Treatment Dimensions

Further research involving this topic might involve several possible treatments. As suggested earlier, it is possible that the traditional clinical approach as utilized in one-to-one therapy sessions might provide experiences that are at a simulation level equal to or higher than those treatments involving various media such as animated models,

movies, and slide-audiotape. A comparison between the traditional clinical approach and these technological approaches would provide information concerning the cost-effectiveness of the clinical approach relative to these other treatments which supposedly provide implosive-like treatment at higher simulation levels. At the same time these comparisons are made, various technological approaches could be compared with one another in terms of the various levels of simulation that they represent. This procedure would allow for further testing of the effectiveness of simulation level in relation to degree of anxiety reduction.

Another treatment worthy of consideration evolves from the free association task that was mentioned earlier as a possible covariate. Using free association as a treatment, the subject would follow the procedure previously outlined of imagining an interpersonal situation with an aversively cued administrator, followed by the subject's engagement in free association. The subject would then be asked to anticipate consequences of the conflict and to develop strategies to reduce this conflict through visual imagination.

It is believed that the incorporation of the suggestions discussed in this chapter into any replication of the present study will produce more definitive findings and constitute a more legitimate test of the hypotheses posed for this investigation.

APPENDICES

APPENDIX A

SCRIPT FOR SLIDE-AUDIOTAPE PRESENTATION

APPENDIX A

SCRIPT FOR SLIDE-AUDIOTAPE PRESENTATION

Scene One

PERFORMANCE OF CLERICAL TASKS

Narrator: You will be involved in a series of six training sessions which are designed to help you become a better counselor by having a more effective relationship with supervisors that you will work with as you are employed in organizational settings. Each of these sessions has been especially designed to give you more skill in dealing with various counselor-administrator communication problems that may arise in your work setting. You may not be involved in a particular problem that is being presented in this training unit, but you are, as experience has shown, likely to encounter some very similar situations. By experiencing the situations that are to be presented in these sessions, you will gain more skill in dealing with similar situations that will arise as you practice counseling in an organizational setting. As you are involved in each one of these learning sessions, please follow each segment carefully and do as the directions indicate. If you fail to do this, you will, of course, not receive maximum benefit from this training. At times during these sessions, you will be asked to simply listen. At other times, you will be asked to

respond. Please attempt to concentrate fully on each exercise as it is presented and to participate with full effort so that this training will be effective for you and help you become a more effective, efficient counselor.

At all times that you are in each of these sessions, picture yourself as actually participating in what is occurring. Think of yourself as actually being in the situation, interacting with the different people that will be presented to you. Also, at all times think of yourself as a trained counselor in the field, using all the resources that have been available to you through your training and experience.

One skill that you will need as you participate in these various learning experiences is that of being able to visually imagine that you are in the scene that is being presented to you. So as you participate, close your eyes and use all your power of concentration. Think of yourself as being right there in the scene. You will be in the scene. You will be actively participating. Think of yourself as not pretending to be in the situation but as actually being part of that scene during those moments as a counselor interacting with an administrator. So as each scene begins, close your eyes. Imagine fully what is taking place before you. Block out everything else. Do not think of any other commitments or problems you might have, but fully and actively

participate in each scene as it is presented. Remember to respond verbally when asked.

You are in a room by yourself. You will not be recorded or monitored. Responding aloud will simply help you to learn effectively from the experience to be a better counselor and to work more effectively with supervisory personnel. Keeping all these things in mind, let us begin the first scene.

Now sit back, close your eyes, and concentrate. The scene opens with your supervisor calling you to ask if you have some time to see him. You have replied that you are free now and will come right in to see him. He seems pleasant, but somehow you feel that something is bothering him. You have just gotten back to work after the weekend, and you wonder if something happened on Friday after you left work or over the weekend that might involve you or your work. Imagine yourself thinking these thoughts as you walk down the hallway. Go ahead. Think these thoughts. Think about them as you are walking down the hallway rather quickly to your supervisor's office. (15-second pause) What are you feeling as you walk down the hallway? He's anxious. You can tell that he's a little nervous. Say aloud what you are feeling. Give your feelings. Do it out loud now. (1-minute pause)

Scene One, page 4

Narrator: Remember what you were asked to do in the beginning. State your feelings aloud. Please give them now if you haven't already done so. (30-second pause)
Narrator: Here you are now at the outer office. Look at the secretary's desk as she is sitting there working. Imagine the secretary sitting there at the desk typing as you come up to her. (short pause) Get a good picture of her in your mind. Get this scene firmly fixed in your mind. Visualize the desk, typewriter, papers neatly stacked on her desk. (short pause) Look around the waiting room, at the chairs, magazines, walls. You ask the secretary if it's all right to go in to talk to your supervisor. Looking at you pleasantly she nods "Yes" and tells you that you can go in. You open the door, and your boss greets you in the same manner as he did when he asked you to come into his office. Imagine him now shaking hands with you and asking you to sit down. (short pause) Look at his desk, the walls, pictures on the walls. (short pause) Picture the chair that you are sitting in. Think about the chair as you sit down across from his desk. (short pause) Think about the desk and the things on it--the papers, his pen set, and appointment calendar. Imagine these things. (short pause) Get this scene planted in your mind. Imagine what he looks like. Think about him sitting there, dressed in his suit, looking across at you in a troubled manner. Think about that. Imagine that scene right now. (short pause) You are sitting

in the chair across from him wondering what he wants to talk about right now. Think about your feelings. Think about them now. What are you feeling? What are your feelings as you sit across from him? You can tell that he's perturbed. State your true feelings right now. Don't hold back. (1-minute pause)

Narrator: Remember how important it is to say your feelings out loud. If you haven't already done it, do it right now. No one else will hear you. (30-second pause)

Narrator: He now begins to talk to you in a serious tone of voice and says the following:

"As you know, our secretaries work hard and sometimes have been having to work overtime to get their work done. Last Friday afternoon at our administrative meeting, we were discussing this problem. We, of course, see one solution as hiring more secretaries, but with the cutback of funds, we just don't see that as possible. Frankly, the meeting wasn't productive, since no agreement could be reached as to how to handle the problem. The only thing that we could agree on was to have each department come up with its own plan, since we couldn't reach unanimous agreement on a plan.

I thought all weekend and decided that you as well as the other counselors will have to start helping with some of the clerical work. I thought I would tell each of you

individually. I started with you first, since you were the first one in your office this morning. Well, what do you think of the plan?"

Narrator: Your boss has just told you that you must start helping the secretaries with their work because they seem to be overloaded. You are a counselor with a heavy case-load and feel that you work quite hard yourself. You realize that you will have to refuse counseling help to some of your clients if this plan is enforced. Even though this plan will be in effect for a short time, this will still be time during which you will not be able to give counseling help to some of your clients--help that you know they need. You have been trained not to be a secretary but a counselor. You do not want to do secretarial work; it's not your job.

Now go ahead. Answer the question of your supervisor, and give your opinion of this plan. He is sitting there in front of you. There he is, looking at you with a serious expression on his face. Answer his question out loud so he can hear it. Go ahead. Speak up. Tell him that you do not think that secretarial tasks are appropriate for you, and give him understandable reasons that he will accept. There he is, sitting in front of you. Do it right now.

(1-minute pause)

Narrator: After you have spoken, your supervisor seems more annoyed than he did before. Imagine him sitting there.

Scene One, page 7

(short pause) He's more annoyed with you--more upset with you--more anxious with you because you didn't say those things that he wanted you to say. He wanted you to agree with him, but you didn't. He now says the following:

"I am sorry that you feel that way. I had hoped that you would cooperate better in this matter. I know that you work hard and that you are not trained to be a secretary, but right now, it is more necessary for us to get this paper work done. In an emergency like this, some of your clients should be able to handle their problems for awhile without your help. Can't you decide which cases are not as important as others and drop those?"

Narrator: Your boss has asked you a question. He wants you to discontinue helping some of your clients who need your help as a trained counselor so that you can work as a secretary. You, as a counselor, understand the importance of continuing to work with your clients. How can you get your supervisor to see the need for you to continue to carry on as you have? There he is, sitting in front of you. Think of it. Imagine it. (short pause) Imagine that you are in the office. Answer your supervisor. He is sitting there. He's mad at you--mad at you for not being more cooperative, but he is waiting for your answer. You must answer him aloud. Give him a clear answer. You are a trained counselor. Give him an intelligent response. Speak

to him. He is sitting there waiting for your answer. Give it now. (1-minute pause)

Narrator: Again as he's sitting there he says:

"You know it's really not your decision. I have already made up my mind, and that's the way it is. I was hoping that you would see things my way to make it easier. I hope that you won't be a trouble-causer and will make the transition without complaining. I am sorry that you will have to cut back on your counseling, but that's reality."

Narrator: He is getting up from his desk and walking around it in front of you. Get a clear picture of that in your mind. (short pause) He now opens his door and walks through it, passes the secretary's desk and goes down the hall. See that clearly. (short pause) Now you get up and follow his path--going through the door, past the secretary, and down the hall. See yourself doing this clearly now. (short pause) As you are walking, you are now thinking about what has happened. Your boss has given you his final word. You will have to cut back on your counseling. Think about what this means to you. How will you still be an effective counselor? Go ahead. Say what you are feeling. Say it aloud. Don't hesitate. Speak aloud right now. (1-minute pause)

Think over how you feel about your boss. How do you feel about him? Say how you really feel about him now. Go ahead. Don't be afraid. Tell your true feelings about him

right now. (1-minute pause) If you have not already done so, give them now. How do you feel about your boss? Give your feelings now without holding back. (30-second pause)

How do you think he feels about you? Tell now aloud what you think is running through his mind about you. Give those thoughts and feelings right now. (1-minute pause)

Now with your eyes still closed, go back over everything that has happened to you in the last few minutes. Go ahead. Imagine yourself hearing that your boss wants to speak to you. (slight pause) Imagine going down the hall. (short pause) Imagine yourself wondering about what it was, thinking that maybe you had done something wrong. Think about yourself again going down the hall. (short pause) Remember yourself coming to the secretary and her telling you to go on into his office. Remember that. (slight pause) Think about everything that happened. (short pause) Think about what your boss said to you. (15-second pause) How were you feeling? (10-second pause) Think about your answers. (15-second pause) What do you think about the answers? Give your evaluation about what you said to your boss. How did you respond to his statements? Give your evaluation about what you said to your boss, how you responded to his statements. Go ahead. Give your evaluation of your answers to him right now. (1-minute pause)

Scene One, page 10

Now you've left his office. Now open your eyes. Everything's the same as it was before you started this session. Nothing has changed. Look around you and relax for a couple of seconds. Everything that happened in the scene was imaginary--nothing was real. Everything's the same as it was before. This session is over now. Thanks for participating. Make sure that you check the time of your next appointment before you leave. That's all for today.

APPENDIX B

SCRIPT FOR AUDIOTAPE PRESENTATION

APPENDIX B

SCRIPT FOR AUDIOTAPE PRESENTATION

Scene One

PERFORMANCE OF CLERICAL TASKS

Narrator: You will be involved in a series of six training sessions which are designed to help you become a better counselor by having a more effective relationship with supervisors that you will work with as you are employed in organizational settings. Each of these sessions has been especially designed to give you more skill in dealing with various counselor-administrator communication problems that may arise in your work setting. You may not be involved in a particular problem that is being presented in this training unit, but you are, as experience has shown, likely to encounter some very similar situations. By experiencing the situations that are to be presented in these sessions, you will gain more skill in dealing with similar situations that will arise as you practice counseling in an organizational setting. As you are involved in each one of these learning sessions, please follow each segment carefully and do as the directions indicate. If you fail to do this, you will, of course, not receive maximum benefit from this training. At times during these sessions, you will be asked to simply listen. At other times, you will be asked to respond. Please attempt to concentrate fully on each exercise as it is presented and to participate

with full effort so that this training will be effective for you and help you become a more effective, efficient counselor.

At all times that you are in each of these sessions, think of yourself as actually being in the situation interacting with the different people that will be presented to you. Also, at all times think of yourself as a trained counselor in the field, using all the resources that have been available to you through your training and experience.

As you participate, use all your power of concentration. Think of yourself as being right there in the scene. You will be in the scene. You will be actively participating. Think of yourself as not pretending to be in the situation but as actually being part of that scene during those moments as a counselor interacting with an administrator. So as each scene begins, block out everything else. Do not think of any other commitments or problems you might have, but fully and actively participate in each scene as it is presented. Remember to respond verbally when asked.

You are in a room by yourself. You will not be recorded or monitored. Responding aloud will simply help you to learn effectively from the experience to be a better counselor and to work more effectively with supervisory personnel. Keeping all these things in mind, let us begin the first scene.

Scene One, page 3

Now sit back and concentrate. The scene opens with your supervisor calling you to ask if you have some time to see him. He seems pleasant, but somehow you feel that something is bothering him. You have just gotten back to work after the weekend, and you wonder if something happened on Friday after you left work or over the weekend that might involve you or your work. Think these thoughts as you walk down the hallway. Go ahead. Think these thoughts. Think about them as you are walking down the hallway rather quickly to your supervisor's office. (15-second pause) What are you feeling as you walk down the hallway? He's anxious. You can tell that he's a little nervous. Say aloud what you are feeling. Give your feelings. Do it out loud now. (1-minute pause)

Narrator: Remember what you were asked to do in the beginning. State your feelings aloud. Please give them now if you haven't already done so. (30-second pause) Here you are now at the outer office. Look at the secretary's desk as she is sitting there working. You ask the secretary if it's all right to go in to talk to your supervisor. Looking at you pleasantly, she nods "Yes" and tells you that you can go in. You open the door, and your boss, looking up from his work, greets you in the same manner as he did when he asked you to come into his office. As you sit down, you see him looking across at you in a troubled manner. Think about that.

Scene One, page 4

You are sitting in the chair across from him wondering what he wants to talk about right now. Think about your feelings. Think about them now. What are you feeling? What are your feelings as you sit across from him? You can tell that he's perturbed. State your true feelings right now. Don't hold back. (1-minute pause)

Narrator: Remember how important it is to say your feelings out loud. If you haven't already done it, do it right now. No one else will hear you. (30-second pause)

Narrator: He now begins to talk to you in a serious tone of voice and says the following:

"As you know, our secretaries work very hard and sometimes have been having to work overtime to get their work done. Last Friday afternoon at our administrative meeting, we were discussing this problem. We, of course, see one solution as hiring more secretaries, but with the cutback of funds, we just don't see that as possible. Frankly, the meeting wasn't productive, since no agreement could be reached as to how to handle the problem. The only thing that we could agree on was to have each department come up with its own plan, since we couldn't reach unanimous agreement on a plan.

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individually. I started with you first, since you were the first one in your office this morning. Well, what do you think of the plan?"

Narrator: Your boss has just told you that you must start helping the secretaries with their work because they seem to be overloaded. You are a counselor with a heavy caseload and feel that you work quite hard yourself. You realize that you will have to refuse counseling help to some of your clients if this plan is enforced. Even though this plan will be in effect for a short time, this will still be time during which you will not be able to give counseling help to some of your clients--help that you know they need. You have been trained not to be a secretary but a counselor. You do not want to do secretarial work; it's not your job.

Now go ahead. Answer the question of your supervisor, and give your opinion of this plan. He is sitting there in front of you. There he is, looking at you with a serious expression on his face. Answer his question out loud so he can hear it. Go ahead. Speak up. Tell him that you do not think that secretarial tasks are appropriate for you, and give him understandable reasons that he will accept. There he is, sitting in front of you. Do it right now. (1-minute pause)

Narrator: After you have spoken, your supervisor seems more annoyed than he did before. He's more annoyed with you--more

upset with you--more anxious with you because you didn't say those things that he wanted you to say. He wanted you to agree with him, but you didn't. He now says the following:

"I'm sorry that you feel that way. I had hoped that you would cooperate better in this matter. I know that you work hard and that you are not trained to be a secretary, but right now, it is more necessary for us to get this paper work done. In an emergency like this, some of your clients should be able to handle their problems for awhile without your help. Can't you decide which cases are not as important as others and drop those?"

Narrator: Your boss has asked you a question. He wants you to discontinue helping some of your clients who need your help as a trained counselor so that you can work as a secretary. You, as a counselor, understand the importance of continuing to work with your clients. How can you get your supervisor to see the need for you to continue to carry on as you have? Speak out loud. There he is, sitting in front of you. Answer your supervisor. He is sitting there. He's mad at you--mad at you for not being more cooperative, but he is waiting for your answer. You must answer him aloud. Give him a clear answer. You are a trained counselor. Give him an intelligent response. Speak to him. He is sitting there waiting for your answer. Give it now. (1-minute pause)

Narrator: Again as he's sitting there he says:

Scene One, page 7

"You know it's really not your decision. I have already made up my mind, and that's the way it is. I was hoping that you would see things my way to make it easier. I hope that you won't be a trouble-causer and will make the transition without complaining. I am sorry that you will have to cut back on your counseling, but that's reality."

Narrator: He is getting up from his desk and walking around in front of you. He now opens his door and walks through it, passes the secretary's desk and goes down the hall. Now you get up and follow his path--going through the door, past the secretary, and down the hall. As you are walking, you are now thinking about what has happened. Your boss has given you his final word. You will have to cut back on your counseling. Think about what this means to you. How will you still be an effective counselor? Go ahead. Say what you are feeling. Say it aloud. Don't hesitate. Speak aloud right now. (1-minute pause)

Narrator: Think over how you feel about your boss. How do you feel about him? Say how you really feel about him now. Go ahead. Don't be afraid. Tell your true feelings about him right now. (1-minute pause)

Narrator: If you have not already done so, give them now. How do you feel about your boss? Give your feelings now without holding back. (30-second pause)

Scene One, page 8

Narrator: How do you think he feels about you? Tell now aloud what you think is running through his mind about you. Give those thoughts and feelings right now. (1-minute pause) Go back over everything that has happened to you in the last few minutes. Go ahead. Remember yourself hearing that your boss wants to speak to you. Remember going down the hall. (short pause) Remember yourself wondering about what it was, thinking that maybe you had done something wrong. Think about yourself again going down the hall. (short pause) Remember yourself coming to the secretary and her telling you to go on into his office. Remember that. (short pause) Think about everything that happened. (short pause) Think about what your boss said to you. (15-second pause) Think about his telling you that you would have to do secretarial work. (short pause) How were you feeling? (10-second pause) Think about your answers. (15-second pause) What do you think about the answers? Give your evaluation about what you said to your boss. How did you respond to his statements? Give your evaluation about what you said to your boss, how you responded to his statements. Go ahead. Give your evaluation of your answers to him right now. (1-minute pause)

Narrator: Now you've left his office. Everything's the same as it was before you started this session. Nothing

has changed. Look around you and relax for a couple of seconds. Everything that happened in the scene was imaginary. Nothing was real. Everything's the same as it was before. This session is over now. Thanks for participating. Make sure that you check the time of your next appointment before you leave. That's all for today.

APPENDIX C

POSTTEST BRIEFING TO SUBJECTS

APPENDIX C

POSTTEST BRIEFING TO SUBJECTS

You are a counselor who has been called in by your boss to justify the continued existence of your counseling program. You have indications from rumors that have been circulating and comments that your boss has made that he is dissatisfied with the counseling program and will recommend at the next budget planning meeting that the counseling program be reduced if the counselors "don't prove that they are earning their money." You are the senior counselor on the staff, and you must now meet with your boss to convince him that your service is essential. Evidence that you can present includes the following:

1. your vocational planning program, which has helped clients identify skills that will help them gain employment.
2. the crisis counseling program, which has enabled you to help clients deal with serious problems such as drug and alcohol addiction, unwanted pregnancy, and other such problems.
3. the sex education program, which has been helpful in providing information to clients in weekly group meetings and individual sessions.

You have kept records of your programs and tested their effectiveness by having your clients evaluate them as

to whether or not they have met client needs. The results of these evaluations have been clearly positive.

Since you are participating in a roleplaying session, you may create fictitious material to supplement that provided above.

APPENDIX D

POSTTEST BRIEFING TO "ADMINISTRATOR"

APPENDIX D

POSTTEST BRIEFING TO "ADMINISTRATOR"

You are to pose as an administrator whose attitude toward counseling is that it is generally not worthwhile. As far as you are concerned, counselors are "bleeding-heart do-gooders" who do not really have much effect on what happens to people once they leave the counseling office. You have been in your current job for about three years, and you feel that since the agency's budget will be tight for the coming year this is a good chance to reduce the counseling program without too much resistance.

Each subject in this study will come to you with the information listed on the Posttest Briefing to Subjects. You will try to make the subject feel that his programs are not worthwhile by countering with cynicism and skepticism any evidence that he might present. Try to intimidate the subject by telling him that there is no real proof that counseling is effective. Can he prove that it was his program that brought about changes in the client? Accuse the subject of falsifying information which supports any of his claims. Accuse the subject of intimidating the client into giving the counseling programs a good evaluation.

Regardless of how convincing the subject is, do not indicate in any way that he is succeeding in persuading you. Try to be consistent from one subject to another.

APPENDIX E

THE BETTS QMI VIVIDNESS OF IMAGERY SCALE

APPENDIX E

THE BETTS QMI VIVIDNESS OF IMAGERY SCALE

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

Instructions for Doing Test

The aim of this test is to determine the vividness of your imagery. The items of the test will bring certain images to your mind. You are to rate the vividness of each image by reference to the accompanying rating scale, which is shown at the bottom of the page. For example, if your image is "vague and dim" you give it a rating of 5. Record your answer in the brackets provided after each item. Just write the appropriate number after each item. Before you turn to the items on the next page, familiarize yourself with the different categories on the rating scale. Throughout the test, refer to the rating scale when judging the vividness of each image. A copy of the rating scale will be printed on each page. Please do not turn to the next page until you have completed the items on the page you are doing, and do not turn back to check on other items you have done. Complete each page before moving on to the next page. Try to do each item independent of how you may have done other items.

The image aroused by an item of this test may be:

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

An example of an item on the test would be one which asked you to consider an image which comes to your mind's eye of a red apple. If your visual image was moderately clear and vivid you would check the rating scale and mark "3" in brackets as follows:

Item		Rating
5.	A red apple	(3)

Now turn to the next page when you have understood these instructions and begin the test.

Think of some relative or friend whom you frequently see, considering carefully the picture that rises before your mind's eye. Classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
1. The exact contour of face, head, shoulders and body . . .	( )
2. Characteristic poses of head, attitudes of body, etc. . .	( )
3. The precise carriage, length of step, etc. in walking . .	( )
4. The different colours worn in some familiar costume . . .	( )

Think of seeing each of the following, considering carefully the picture which comes before your mind's eye; and classify the image suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

5. The sun as it is sinking below the horizon . . . . . ( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of each of the following sounds, considering carefully the image which comes to your mind's ear, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
6. The whistle of a locomotive	( )
7. The honk of an automobile	( )
8. The mewing of a cat	( )
9. The sound of escaping steam	( )
10. The clapping of hands in applause	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of "feeling" or touching each of the following, considering carefully the image which comes to your mind's touch, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
11. Sand	( )
12. Linen	( )
13. Fur	( )
14. The prick of a pin	( )
15. The warmth of a tepid bath	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of performing each of the following acts, considering carefully the image which comes to your mind's arms, legs, lips, etc., and classify the images suggested as indicated by the degree of clearness and vividness specified on the Rating Scale.

Item	Rating
16. Running upstairs	( )
17. Springing across a gutter	( )
18. Drawing a circle on paper	( )
19. Reaching up to a high shelf	( )
20. Kicking something out of your way	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of tasting each of the following considering carefully the image which comes to your mind's mouth, and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
21. Salt	( )
22. Granulated (white) sugar	( )
23. Oranges	( )
24. Jelly	( )
25. Your favorite soup	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of smelling each of the following, considering carefully the image which comes to your mind's nose and classify the images suggested by each of the following questions as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
26. An ill-ventilated room	( )
27. Cooking cabbage	( )
28. Roast beef	( )
29. Fresh paint	( )
30. New leather	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

Think of each of the following sensations, considering carefully the image which comes before your mind, and classify the images suggested as indicated by the degrees of clearness and vividness specified on the Rating Scale.

Item	Rating
31. Fatigue	( )
32. Hunger	( )
33. A sore throat	( )
34. Drowsiness	( )
35. Repletion as from a very full meal	( )

Rating Scale

The image aroused by an item of this test may be--

Perfectly clear and as vivid as the actual experience	.....Rating 1
Very clear and comparable in vividness to the actual experience	.....Rating 2
Moderately clear and vivid	.....Rating 3
Not clear or vivid, but recognizable	.....Rating 4
Vague and dim	.....Rating 5
So vague and dim as to be hardly discernible	.....Rating 6
No image present at all, you only "knowing" that you are thinking of the object	.....Rating 7

APPENDIX F

COUNSELOR-ADMINISTRATOR SITUATIONAL RELATIONSHIP TEST

APPENDIX F

COUNSELOR-ADMINISTRATOR SITUATIONAL RELATIONSHIP TEST

Directions: You will be presented with two situations in which you are to respond as though you were the counselor described in the problem. After studying the problem, respond to the questions that are provided at the end.

Your responses should be written on the paper presented with the test. At the top of each page, write your identification number, the problem number, and page number in the manner indicated below.

76-problem 1-pg. 2

Problem I

DEFINITION OF COUNSELING PROBLEM

You are a counselor in an organization in which referrals are assigned to counselors through an administrative supervisor. You have been working with a client in which your supervisor has had a personal interest, since that client is a relative of one of his close friends. In his mind, you are not dealing with the client's main problem. Your boss has an idea of the kinds of changes that he would like to see in your client as a result of counseling and has, on several occasions, questioned you as to why these kinds of changes have not taken place. Being a former counselor himself, he feels that he has some good solutions to the problem as he sees it. However, you and your client have defined the problem differently and feel that you have made some progress in solving that problem. You have attempted to explain this to your boss, but your attempts have met with heated resistance with your boss not agreeing with your definition of the problem but still defending his ideas about the client's problem. You are a professional counselor who generally believes that the counselor and client should work together to define a counseling problem and should not have your counseling practices dictated by anyone else, not even your boss, although you believe in following his general directives.

Since you have been unable to convince your boss that you are being helpful to this client, your boss now wants to take this client away from you and assign him to another counselor who will be more cooperative. This client has expressed to you that he feels that seeing you has really helped him with his problem and that he hopes to continue seeing you, although you have not mentioned to him the problem that you are having with your supervisor.

With the threat of this client being reassigned, your aim is to be sure that the client continues to receive the help that you and he feel that he needs to resolve his problem.

Short Answer--Problem I

1. Would you agree to a plan whereby you would continue to help the client with the problem as you and he have defined it, while still meeting the demands of your boss for him to receive help with the problem as the boss sees it? Explain your answer.

2. Since your boss is an ex-counselor, how might you use this knowledge to aid you in working out a solution to this problem?

3. If your boss reassigns this client and does not permit you to work with him any more through your agency, would you take steps to be sure that he continued to receive help with the problem that you and he had been working on? Remembering that his new counselor would not be of assistance to you, what would these steps be if your answer is yes? If your answer is no, explain your decision.

4. Considering the fact that you have already tried to persuade your boss to agree with your viewpoint and he has refused, would you make any further effort to justify your continuing to work with this client on the problem as you and the client have defined it? If yes, describe any arguments or evidence that you might present other than what has been enumerated in the problem. If no, explain why not.

5. Would you attempt to use the client or the other counselors on the staff to persuade your boss to your viewpoint? If you would, please outline your strategy. If you would not, explain why.

6. Describe how you would explain to your client the fact that he was being transferred to another counselor in the event that the boss decides on such a transfer.

7. Describe the extent to which you would cooperate with your boss and the client's new counselor (assuming the client were reassigned) in regard to information that they might seek about the client.

8. Do you think that it is important for the client to be presented with the boss's view of his problem? Explain your answer.

Problem II

RELEASE OF TESTING INFORMATION

You are a counselor in an organizational setting who has been placed in charge of a special job placement program for clients who come to your agency. As part of the program, you have been involved in a testing program for the participants. You have promised them that the test results would be used only to help them in their job planning and placement which will take place through your agency. Test information for these clients has been gathered from a vocational information inventory as well as from intelligence and other psychological tests. This information was accumulated by you and the other counselors and put into a special confidential file for each person participating in the program to be used by the counseling staff to help in planning and placement with local employers. In a meeting of the counseling staff and the administrative head of your agency, your boss has just told you that prospective employers have been calling to get information about people who are being interviewed through this program, and this has resulted in an overload of work for the agency's staff. Thus, information about these clients will be placed on a master list and duplicated so that it can be sent out to each employer participating in this program. This means that individual requests for the information will not have to be made to your agency any more, since each participating employer will have all data on each client. Your supervisor sees this as a move to save time and effort for the agency's staff, in that information on these clients will not have to be handled by the counselors and employers on a one-to-one basis. In other words, your boss has said that mass volumes of raw data on all clients will be sent to each employer regardless of whether that person is being considered for a position by that participating employer. The information will no longer be individually screened and interpreted by the counselor to an employer who is considering a job application from your agency as you had originally intended.

Since you are in charge of this program, you feel the weight of responsibility for decisions made affecting those clients participating in the program. You feel that you would be betraying the confidence of the clients by using the test data in this manner and are worried about the harmful effects of sending out these data indiscriminately. You have pointed out the negative aspects of your boss's idea to him, but he has told you that you are overreacting. He believes that the employers are trustworthy and will use the test information only to help the clients who seek jobs. After all, they must be interested in the client's welfare or they would not be

cooperating in the program. Besides, this plan will save considerable time and money. It will make your job easier.

Your aim is to have your supervisor comply with a plan that will conform to ethical counseling practice.

Short Answer--Problem II

1. List resources that you would use to persuade your boss to change his plan, and describe how you would use these resources.

2. List the steps you would implement to prepare employers participating in this program to handle test data in the event that your boss implements his original plan as he has proposed it in this problem. If you would not prepare the employers to handle the test data, explain why.

3. Describe some ways that you might use the other counselors on the staff to help you resolve this problem.

4. In order to achieve a solution to the problem concerning the use of client test data, to what extent would you accept the plan that your boss has proposed?

5. If the boss consented, list ways that you might use him in developing a compromise proposal.

6. List factors that would need to be considered in the development of a proposal that would satisfy both you and your boss in the solution of this problem.

7. What safeguards would you employ to maintain the client's rights of confidentiality if your boss would not agree to alter his plan to one that is acceptable to you?

APPENDIX G

RATING FORM FOR COUNSELOR-ADMINISTRATOR SITUATIONAL RELATIONSHIP TEST

APPENDIX G

RATING FORM FOR COUNSELOR-ADMINISTRATOR

SITUATIONAL RELATIONSHIP TEST

PRETEST RATING FORM

Subject Number_____

Problem I		Problem II	
Question 1	_____	Question 1	_____
2	_____	2	_____
3	_____	3	_____
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	_____	7	_____
8	_____		
Subtotal	_____	Subtotal	_____

Total_____

PRETEST RATING SCALE

Directions: Rate each of the answers from the COUNSELOR-ADMINISTRATOR SITUATIONAL RELATIONSHIP TEST according to the scale indicated below. Score each answer from 1 to 5, based on the rating criteria as indicated. If a subject's answer indicates that you should refer to the answer for a previous question, determine on the basis of the criteria if that previous answer is suitable to answer the question that you are rating.

Criteria

1 point---The answer is totally unacceptable, meeting none of the acceptable requirements as indicated by professional ethics or counselor training programs. The problem will not be solved, and significant negative effects in counselor-administrator relationships will probably result.

2 points--The answer is questionable in terms of meeting acceptable requirements as indicated by professional ethics and counselor training programs. Some minimal harm to counselor-administrator relationships might occur, and the problem will not be solved.

3 points--The answer meets minimal counselor education and ethical standards. Some beneficial effects will probably occur in solving the problem, with little effect on counselor-administrator relationships.

4 points--The answer meets ethical and authoritative standards well above the minimum level, creating a high probability of beneficial effects in terms of a solution to the problem as well as the counselor-administrator relationship.

5 points--Not only does the answer provide for highly ethical activities which meet authoritative standards at the highest level, but will provide for short- and long-term positive effects in the solution of the problem and in counselor-administrator relationships.

APPENDIX H

RATING FORM FOR POSTTEST AUDIOTAPES

APPENDIX H

RATING FORM FOR POSTTEST AUDIOTAPES

POSTTEST RATING FORM

1	2	3	4	5
always	usually	sometimes	rarely	never

____1. Did the subject's voice characteristics or pattern indicate situational anxiety?

____2. Did the subject engage in irrationalities?

____3. Did the subject show loss of emotional control?

____4. Did the subject fail to respond when appropriate to comments made by the administrator?

____TOTAL

____SUBJECT NUMBER

POSTTEST RATING SCALE

Directions: Listen to each ten-minute roleplaying session, and evaluate the experimental subject on the basis of the questions below. Give the subject a score from 1 to 5 for each question on the basis of the following scale:

1	2	3	4	5
always	usually	sometimes	rarely	never

1. Did the subject's voice characteristics or pattern indicate situational anxiety?

2. Did the subject engage in irrationalities?

3. Did the subject show loss of emotional control?

4. Did the subject fail to respond when appropriate to comments made by the administrator?

APPENDIX I

SELF-EVALUATION QUESTIONNAIRE
Stai Form X-1

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SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM X-1

NAME _____ DATE _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *feel* right now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	①	②	③	④
2. I feel secure	①	②	③	④
3. I am tense	①	②	③	④
4. I am regretful	①	②	③	④
5. I feel at ease	①	②	③	④
6. I feel upset	①	②	③	④
7. I am presently worrying over possible misfortunes	①	②	③	④
8. I feel rested	①	②	③	④
9. I feel anxious	①	②	③	④
10. I feel comfortable	①	②	③	④
11. I feel self-confident	①	②	③	④
12. I feel nervous	①	②	③	④
13. I am jittery	①	②	③	④
14. I feel "high strung"	①	②	③	④
15. I am relaxed	①	②	③	④
16. I feel content	①	②	③	④
17. I am worried	①	②	③	④
18. I feel over-excited and "rattled"	①	②	③	④
19. I feel joyful	①	②	③	④
20. I feel pleasant	①	②	③	④

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