

THE REFLECTION OF MEANING:
" USING PERSONAL CONSTRUCTS TO TRAIN COUNSELORS
IN EMPATHIC RESPONDING

by

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This training study assessed the impact of a newly conceptualized microcounseling skill, the reflection of meaning, on counselor empathy. A further purpose was to determine the impact of counselor empathy on client perceptions of counselor expertness, attractiveness, and trustworthiness.

Twenty-four beginning master's level trainees, twelve each in two microcounseling training conditions utilizing randomly assigned treatments with intact groups, underwent either a microcounseling or a microcounseling plus reflection of meaning training condition.

Following a pre-training role-played interview, participants received twelve hours of training, followed by a post-training role-played interview. Counselor empathy was evaluated from three perspectives: self-perceived empathy, client-perceived empathy, and empathy as rated by trained raters.

No effects for sex or baseline empathy were detected although a treatment effect for age was found. Hypotheses were evaluated by two-tailed t tests for independent groups. No significant main effects were found. Ad hoc correlation and covariance analyses were performed. Implications, limitations of the study, and future research directions were presented.

DEDICATION
TO NANCY, TARA, AND ADAM
WHO REFLECT MY MEANING

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The graduate school journey should be a communal undertaking. In my case, this was true. And yet, sometimes the most significant experiences occur when faced with the stark awareness that personal responsibility is an intensely private challenge.

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Chapter 1

INTRODUCTION

In professional terms, counseling psychology has been defined as "the most broadly-based applied psychological specialty of the American Psychological Association," aspects of which include,

1. diversity and competence in many activities with an accompanying respect for the need of many, rather than one, approaches;
2. a firm commitment to the importance of person-environment considerations;
- and 3. an emphasis on positive mental health and development.

To these three traditional conceptions, a fourth emphasizing cross-cultural appropriateness should be added (Ivey, 1979, p. 3).

Such a definition, articulated perhaps as a reaction to this discipline's continuing struggle with issues of professional identity (Whiteley, 1977), places a heavy burden of responsibility, not only on practicing counseling psychologists, but on training faculty who are continually challenged to provide relevant educational experiences for students, most of whom will be engaged in providing direct psychological services to a diverse public in a variety of settings.

The resurgence of interest in counselor training and supervision as a legitimate area of inquiry (Heppner and Roehlke, 1984; Hess, 1980; Loganbill, Hardy, and Delworth, 1982) has resulted in the development of thoughtful conceptual models and the establishment of tentative, empirically-based connections between professional preparation, practice (i.e., process), and counseling outcome. Such

progress underscores the seriousness with which counseling psychologists, as members of a profession committed to the scientist-practitioner model of professional practice, are endeavoring to meet this challenge.

In addition, increased pressures from licensing, certification, and accreditation boards and agencies (Fretz and Mills, 1980), as well as mounting litigation, both within and against the psychological community (Schmidt and Meara, 1984) highlight the public concern with issues of counselor competence and the viability of counseling interventions in relation to therapeutic outcome.

While substantial research reviews (e.g., Smith, Glass, and Miller, 1980) have concluded that counseling/psychotherapy are, on the average, more effective than no treatment, Kagan (1973) states the issues more precisely:

The most basic issue confronting mental health is reliability, not validity. Not, can counseling and psychotherapy work, but does it work consistently? Not, can we educate people who are able to help others, but can we develop methods which will increase the likelihood that most of our graduates will become as effective mental health workers as only a rare few now do (p. 44)?

This study, then, was concerned with the issue of increasing the effectiveness of counselor training programs, and, by implication, the reliability of counseling/psychotherapy in general.

Research on the acquisition of therapeutic skills has been a relatively recent development (Matarazzo, 1978). The beginning of

the trend toward systematic training in helping skills can be traced to the revolutionary impact of Carl Rogers and his colleagues at Ohio State University (Rogers, 1951), and to later generations of his students, e.g., Truax and Carkhuff (1967). In addition, the advent of audio and video technology has contributed significantly to the proliferation of training studies over the past twenty years. The increasing sophistication and specificity that characterize this area of inquiry is reflected in the evolution of analysis from the more global, impressionistic assessments of the early client-centered researchers to the development of highly elaborate systems of linguistic analysis (Hurndon, Pepinsky, and Meara, 1979; Labov and Fanshel, 1977) and counselor response mode classification (Hill, 1978; Ivey, 1971; Ivey and Authier, 1978). Clearly, Rogers' admonishment that the area was best characterized by "...a rarity of research and a plenitude of platitudes" (1957a, p. 76), no longer holds.

Because of Rogers' influence, much of the training/supervision research has been conducted within the client-centered framework. Based primarily on the "core conditions" (Rogers, 1957b), counselor educators have sought to teach beginning counselors the skills (attitudes) of congruence, unconditional positive regard, and empathic understanding.

As a result of this emphasis, empathy has emerged as the most fundamental quality for a competent counselor to possess and/or demonstrate in a therapeutic encounter (Rogers, 1975). While the importance of empathy as a core element in counseling practice has

not gone unchallenged (Gladstein, 1977), the weight of the research seems to suggest the importance of this construct as a significant factor in the counseling process (Truax and Carkhuff, 1967), although the nature and scope of its impact has yet to be determined (Gelso and Carter, 1985).

However, Rogers (1975) has lamented what he considers to be a general lack of appreciation across the helping professions for interacting empathically with persons in need of psychological assistance. Consistent with this viewpoint, Gurman and Razin (1977) have noted a disturbing trend among practitioners and students in the field in the form of a preference for "technique" over "relationship" factors in some training and clinical settings:

...we had begun to be concerned about what we saw in many corners of psychotherapy as increasing trends toward the "technologizing" of treatment. While we were not concerned with the development of new treatment techniques, including behavioral, chemical, and somatic, we were concerned about what we saw as a growing tendency, springing from this development, to consider therapy as consisting solely of "the application of the right technique" for "the right patient" (p. xi).

Perhaps this is because the kind of therapeutic listening required in order to demonstrate high levels of empathic responding is exceedingly difficult for most counselors to learn. Additionally, because counselors and psychotherapists are generally deeply committed to helping their clients, and oftentimes impatient to do so (at least this may be true for beginning counselors), with their own

needs for power and control, the option of relying on "technique" at the expense of relationship factors (i.e., empathy) may have a seductive appeal. Finally, allowing oneself to understand deeply and sensitively the experiential world of another human being implies a kind of "psychological intimacy" that some professionals may find personally threatening.

However, even the core conditions can be considered "techniques" in a broad sense, meaning that, within the counseling relationship, they can be "applied" more or less systematically in order to demonstrate a theoretically specified impact on the client. The important distinction here appears to be based on the use of a technique, core condition or otherwise, for enhancing the nature of the therapeutic relationship as a means toward growth, or its use as a non-therapeutic means of power, control, coercion, ego-gratification, and/or avoidance of difficult emotional issues (e.g., "interpersonal allergies") (Kagan, 1975).

In 1957, Rogers defined empathy as the therapist's capacity "to sense the client's private world as if it were your own, but without ever losing the 'as if' quality--this is empathy and this seems essential to therapy" (p. 99). Ever since, theorists and researchers have sought to clarify the essence of this deceptively simple construct. However, empathy remains an enigma. Different conceptualizations of empathy lead to confusion regarding its nature. Feshbach (1975) argues that, "it is possible to conceptualize empathy as a cognitive product mediated by emotional factors or as an affective response mediated by cognitive processes" (p. 25). Either

way, the core of empathy seems to revolve around the counselor's ability to sense accurately the client's inner world. Just how this is accomplished remains a mystery.

However, Lyall (1978) studied the relationship between therapist knowledge and utilization of client personal constructs (Kelly, 1955) and level of empathic responding. She found a significant, positive correlation, suggesting that therapists who are aware of and utilize the personal constructs of their clients are more likely to be rated as responding empathically at a higher level than those therapists who are not as successful at using their clients' constructs.

Given these empirical findings, it seems reasonable to ask, can counselor trainees be trained systematically to use client personal constructs as one avenue toward responding more empathically to clients?

In a related development within the microcounseling framework, Ivey (1983) has identified the skill of reflection of meaning. Based on the work of Kelly (1955) and Viktor Frankl (1959), reflection of meaning involves responding to the significant, deeply felt thoughts, feelings, and values underlying life experience. According to Ivey, meanings can be conceptualized as providing the basic organizing constructs for a person's life and therefore run deeper than either thoughts or feelings and often operate at an implicit level. This "implicit" level is captured in Rogers' (1957b) elaboration of his definition of empathy:

When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his

understanding of what is clearly known to the client and can also voice meanings [italics added] in the client's experience of which the client is scarcely aware (p. 99).

Reflection of meaning is similar in form to a paraphrase or a reflection of feeling, but differs in that it extends beyond thoughts and feelings to include those personal values reflected in core constructs which may or may not be articulated by a client. Ivey (1983) provides the following transcript as an example of this skill in action:

In the following interview the client is talking about feelings surrounding a past divorce.

Jay: So, Carl, you've been thinking about the divorce again.

(Encourager--restatement.)

Carl: Yeah, that divorce has really thrown me for a loop, I tell ya. I really cared a lot about Dolores and...ah...we got along well together. But there was something missing.

Jay: Uh-huh...something missing? (Single-word or short-phrase encourager. Note that clients often talk about what those words mean in more depth. Encouragers appear to be closely related to meaning in many cases.)

Carl: Uh-huh, we just never really shared something very basic. You know...it was like the relationship didn't have enough depth to go anywhere. We liked each other, we amused one another, but beyond that...I don't know....

Jay: I think I can feel that. Uh, as I listen, there seems to be a lot of different things going on. What sense do you make

of it? (A mild self-disclosure is followed by an open question searching for Carl's meaning in the situation.)

Carl: Well, in a way, it seems like the relationship was somewhat shallow. When we got married, there just wasn't much...ah...depth there that I had hoped for in a meaningful relationship.

Jay: Mm-hmmm...you seem to be talking in terms of shallow versus meaningful relationships. What does a meaningful relationship feel like to you? (Encourager followed by a reflection of meaning. Note that Carl's personal constructs for discussing his past relationship center on the word shallow and the contrast meaningful. This polarity is likely one of Carl's significant meanings around which he organizes much of his experience. The open question is designed to further the exploration of meaning.)

Carl: Well, I guess...ah...that's a good question. I guess for me, in order to be married, there has to be some real caring beyond just on a daily basis. It has to be something that goes right to the soul. You know, you're really connected to your partner in a very powerful way.

Jay: So, connections, soul, deeper aspects strike you as really important. (Reflection of meaning. Note that this reflection is also very close to a paraphrase, and Jay uses Carl's main words. The distinction centers around issues of meaning. A reflection of meaning could be described as a special type of paraphrase.)

Carl: That's right. If I'm married to somebody, I have to be more than just a roommate. There has to be some reason for me to really want to stay married, and I think with her...ah... those connections were missing, and we didn't miss each other that much. We liked each other, you know, but when one of us was gone, it just didn't seem to matter whether we were here or there.

Jay: So there are some really good feelings about a relationship that is meaningful even when the other person is gone. That relationship didn't have that. It didn't have those values for you. (Reflection of meaning plus some reflection of feeling. Note that Jay has added the word values to the discussion. In reflection of meaning, it is likely that the counselor or interviewer will add words such as meaning, understanding, sense, and value. Such words seem to produce a very different discussion and lead the client to interpret experience from her or his own frame of reference. A reflection of meaning comes from the client's frame of reference. An interpretation is derived from the counselor's frame of reference or theoretical ideology.)

Carl: Uh-huh.

Jay: Ah...could you fantasize how you might play out those thoughts, feelings, and meanings in another relationship? (Open question oriented to meaning.)

Carl: Well, I guess its important for me to have some independence from a person, but I'd like that independence such

that, when we were apart, we'd still be thinking of the other one.

Jay: Um-hmmm.

Carl: In other words, I don't want a relationship in which we are always tagging along together. You know, the extreme of that is where you don't care enough whether you are together or not. That isn't intimate enough. I guess what it boils down to is that I really want the intimacy in a marriage. My fantasy is to have a very independent partner whom I care very much about and who cares very much about me, and we can both live our lives and be individuals and have that bonding and that connectedness.

Jay: Let's see if I can put together what you're saying. The key words seem to be independent with intimacy and caring. It's those concepts that can produce bonding and connectedness, as you say, whether you are together or not. (This reflection of meaning becomes almost a summarization of meaning. Note that the key words and constructs have come from the client in response to questions about meaning and value.) (p. 132-133.)

It is apparent from this example that personal constructs play a key role in using the skill of reflection of meaning effectively. Is it possible to train beginning counselors to utilize the personal constructs of clients in order to enhance their ability to respond effectively? More specifically, can systematic instruction in the skill of reflection of meaning result in greater trainee capacity to respond empathically in general as compared to a conventional microcounseling training group? Finally, following Gurman and Razin

(1977), what is the impact of counselor ability to respond empathically on client-perceived social influence factors (Strong, 1968) of expertness, attractiveness, and trustworthiness? These were the questions addressed in this study.

Importance of the Study

The importance of this investigation lies in the possibility of moving toward greater specificity in teaching counselors to enter the inner world of their clients in a helpful, potentially powerful way. In effect, the elusive construct of empathy may be captured more completely in a training context than in the past. Assuming a relationship between empathic understanding and therapy outcome, such an advance should increase the reliability of the training process as well as the consistency and quality of the working alliance in therapy (Gelso and Carter, 1985). In turn, the probability of positive counseling outcomes should be enhanced. Finally, the connection of empathy to the construct of social influence may be clarified, thereby reaffirming the therapeutic relationship as a potent source of influence in counseling and psychotherapy.

Hypotheses

Stated in null form, the major hypotheses of this study were as follows:

1. There will be no statistically significant difference in empathic responding, as rated by trained raters on the Carkhuff Scale of Empathic Understanding, between a conventional microcounseling training group and a microcounseling plus reflection of meaning training group.

2. There will be no statistically significant difference in empathic responding, as measured by client ratings on the empathy subscale of the client form of the Barrett-Lennard Relationship Inventory (Form OS--64), between a conventional microcounseling training group and a microcounseling plus reflection of meaning training group.
3. There will be no statistically significant difference in empathic responding, as measured by counselor-trainee self-ratings on the empathy subscale of the counselor form of the Barrett-Lennard Relationship Inventory (Form MO--64), between a conventional microcounseling training group and a microcounseling plus reflection of meaning training group.
4. There will be no statistically significant difference in client-perceived counselor expertness, attractiveness, and trustworthiness, as measured by the Counselor Rating Form, between a conventional microcounseling training group and a microcounseling plus reflection of meaning training group.

Definition of Terms

The following terms are utilized throughout this study and are defined as follows.

Microcounseling: A structured, video-based, applied behavioral training program, developed by Allen Ivey (1971) and used extensively to teach beginning counselors basic counseling competencies by breaking down complex skills into identifiable, teachable skill units.

Personal Constructs: Based on George A. Kelly's (1955) theory of personality, personal constructs are dichotomous, subjective, psychological categories utilized by an individual for organizing and interpreting his or her phenomenological world.

Reflection of Meaning: A specific skill taught within the microcounseling framework, based on the work of Viktor Frankl (1959), which involves identifying and feeding back to a client the counselor's understanding of the client's implicit, basic organizing constructs by which he/she creates an individual sense of purpose and value out of human existence.

Social Influence: Conceptualized by Stanley Strong (1968) and based on a social psychological approach to understanding human change processes, social influence is organized around the factors of counselor expertness, attractiveness, and trustworthiness.

Expertness: One of the social influence factors in counseling identified by Strong (1968) and conceptualized further by Barak and LaCrosse (1975). Key descriptors of this factor include alert, analytic, confident, informed, insightful, intelligent, logical, and skillful.

Attractiveness: One of the social influence factors in counseling identified by Strong (1968) and conceptualized further by Barak and LaCrosse (1975). Key descriptors of this factor include appreciative, compatible, enthusiastic, friendly, sociable, and warm.

Trustworthiness: One of the social influence factors in counseling identified by Strong (1968) and conceptualized further by Barak and

LaCrosse (1975). Key descriptors include believable, dependable, honest, responsible, genuine, and open.

Summary

This study, broadly defined, sought to address the issue of increasing the effectiveness of counselor training programs and, by implication, the reliability of counseling/psychotherapy in general. More specifically, the microcounseling skill of reflection of meaning was conceptualized as a significant vehicle for communicating therapeutic empathy which, if mastered in training and generalized to the counseling setting, could result in greater client treatment outcome.

In addition, the impact of training in the skill of reflection of meaning on counselor social influence variables was explored with the intent of clarifying the role of empathy as an important relationship factor in terms of client-perceived expertness, attractiveness, and trustworthiness.

Chapter 2

REVIEW OF LITERATURE

This review of literature will be divided into four sections. First, research related to empathy and the difficulties associated with empathy ratings will be examined. Second, research related to George Kelly's psychology of personal constructs, including the Role Construct Repertory Test, will be reviewed, followed by significant research representative of the microcounseling paradigm and concluding with an assessment of the role-playing literature.

Empathy. Viewed from a historical perspective, empathy, with roots in the philosophy of aesthetics, has been viewed from at least four separate yet related vantage points (Gladstein, 1984). Initially, aesthetic scholars such as Lipps, writing at the turn of the century, came to understand empathy as a process of projection. In this process, the observer projects him/herself into the object, losing the self in the other as a means of understanding the other's characteristics.

Social psychologists such as Mead emphasized a role-taking view of empathy, as did Piaget from a developmental frame of reference. This point of view focuses on the emerging process of decentering in which the child moves beyond an egocentric stance and prepares to assume a role in the larger society.

However, other social psychological theorists (Gladstein, 1984) such as McDougall and Allport proposed an emotional contagion dimension in which empathy is defined as having similar thoughts or

feelings as the person who is being observed. They distinguish this from the concept of sympathy which involves feeling sorry for another.

Therapeutic empathy, which can be conceptualized as the refinement of basic human empathy into a professional tool, was viewed by Freud as a process of identification (Gladstein, 1984) or a "regression which serves the ego" in the sense that the therapist merges with the client and then returns to a more objective, analytical stance (Katz, 1963).

Emerging as an alternative to Freudian thought in the 1940's and 1950's, client-centered therapy as conceived by Carl Rogers (1942; 1951) provided fertile ground for the growth of empathy as a central component in the psychotherapeutic process. In his classic, revolutionary paper, Rogers (1957) finally crystallized the importance of an "empathic attitude" as critical for constructive personality change.

In contrast to Freud, Rogers emphasized the "as if" quality of empathic understanding, thereby aligning himself with the role-taking perspective of Mead and Piaget (Gladstein, 1984).

The concept of empathy is not unique to client-centered therapy, however. Fiedler (1950) found empathic understanding to be a common factor among psychoanalytic and adlerian therapists as well. In addition, eclectic therapists (Strunk, 1957; Strupp, 1960) have also emphasized the importance of the therapist's ability to understand sensitively and accurately the client's inner world. Raskin (1974) found, in an investigation into the qualities that therapists

considered to be most critical for the ideal therapist, that empathy was ranked highest by 83 practicing therapists of at least eight different therapeutic approaches. In addition, Barrett-Lennard (1962) found that experienced therapists were more likely to be empathic in their interaction with clients than were those less experienced. Thus, effective therapists strive to offer higher levels of empathy to their clients, and are more often successful in doing so, than are less effective therapists.

Initial research on the Rogerian hypothesis (Halkides, 1958) found predicted, significant relationships between therapist empathy and client therapy outcome. These results seemed to hold for a variety of client populations including hospitalized inpatients receiving group psychotherapy (Truax, Carkhuff, and Kodman, 1965), juvenile delinquents (Truax and Wargo, 1966), adult outpatients (Truax and Carkhuff, 1967), emotionally disturbed college students (Dickenson and Truax, 1966), as well as hospitalized schizophrenics (Rogers, Gendlin, Kiesler, and Truax, 1967).

In a comprehensive review of the research on empathy, Orlinsky and Howard (1978) found that, of 35 studies investigating the relationship of empathy to therapeutic outcome, approximately two-thirds of them were significantly positive in their findings. Although methodological problems clouded these results, empathy clearly appeared to be an important factor in relation to positive therapeutic outcome.

Perhaps more critically, earlier research (Truax and Carkhuff, 1967; Truax and Mitchell, 1971) found that therapy can be for better

or for worse, depending upon therapist-offered conditions of genuineness, unconditional positive regard, and empathic understanding.

However, in recent years researchers have re-evaluated some of the original empathy studies with a more critical eye and have found the evidence less supportive than previously asserted. Mitchell, Bozarth, and Krauft (1977) re-examined the review by Truax and Mitchell (1971) and found serious methodological difficulties in the data, as did Lambert and DeJulio (1977) in a re-analysis of Carkhuff (1972).

As a result, Parloff, Waskow, and Wolfe (1978), concluded that, Evidence for the hypothesis that judged accurate empathy, warmth, and genuineness of the therapist represent the "necessary and sufficient" conditions of effective treatment has become increasingly clouded. Many investigators concede that more complex relationships exist among therapist, patients, and techniques (p. 273).

However, Patterson (1984), in an assessment of the more recent reviews of the core conditions, argues that the generally negative conclusions drawn from these studies are biased and misleading. He further concludes that the evidence supporting the significance of the core conditions in counseling and psychotherapy is, particularly from a statistical standpoint, much stronger and more pervasive than is generally acknowledged.

A variety of factors led to the eventual lessening of enthusiasm for the importance of empathy to counseling outcome. Because empathy

ratings relied heavily on audiotaped segments of counseling interviews, the nonverbal components involved in the empathic process (Haase and Tepper, 1972) were ignored.

In addition, it has been argued that some scales used to measure empathy (Truax, 1966) are inadequate and may be measuring a number of different constructs (Chinsky and Rappaport, 1970). In particular, Blaas and Heck (1975) found that raters who were provided information about the client prior to rating audiotaped counselor responses were significantly more likely to rate responses accurately. These findings support the contention underlying the present study. That is, more than the counselor's sensitive understanding of the client's moment-to-moment affective communication may be necessary in order for the response to be considered accurately empathic. They recommend that the Accurate Empathy Scale perhaps not be used until the counselor has spent at least one complete session with the client.

Disillusionment with the early empathy studies led researchers to re-conceptualize the issues involved and to view this construct from different perspectives and in more complex ways.

Gurman (1977) stressed the importance of assessing empathy from a client perspective as Rogers (1957b) had implied, rather than just from outside observers/raters and found that "... there exists substantial, if not overwhelming, evidence in support of the hypothesized relationship between patient-perceived therapeutic conditions and outcome in individual psychotherapy" (p. 521). With respect to outcome, Lambert, DeJulio, and Stein (1978) also found

that client-perceived ratings of therapist empathy were more reliable than those made by independent judges.

Barrett-Lennard (1981) elaborated a more comprehensive, cyclical model of empathy that appears to explain some of the seemingly contradictory findings that have occurred in attempts to measure this construct. He posits a three-stage model of empathy comprised of empathic resonance within the individual employing an empathic attitudinal set (phase I); expressed empathy by that person to another (phase II); and received empathy on the part of the person to whom empathy was expressed in phase II (phase III). Thus, three different perspectives become useful in assessing empathy: Counselor perception of his/her own level of empathic resonance (phase I); external judges' ratings of empathic communication (phase II); and client-perceived level of received empathy (phase III). In this study, all three perspectives are utilized in the assessment of empathy.

Gladstein (1977) suggests the need for a more differential approach to studying empathy. "Practically, this means counselors should not rely on empathic type responses without regard for the particular client and his problems" (p. 77). Thus, empathy research has entered a more demanding, prescriptive phase (Goldstein and Michaels, 1985) in which the important question becomes "... which procedures and techniques [or relationship conditions], when used to accomplish which kinds of behavior change, are most effective with what kind of clients when applied by what kind of counselors" (Krumboltz, 1966, p. 22).

As represented in this study, a focus in counselor training on client personal constructs as a dimension of empathic understanding provides a basis for avoiding the pitfalls of the patient uniformity myth (Kiesler, 1966) and for highlighting the usefulness of a differentiated approach to training as well as treatment.

Psychology of Personal Constructs. Like Carl Rogers, George Kelly's (1955) theory of personality and psychotherapy, known as the psychology of personal constructs, grew out of his direct clinical experience and his need to have a practical, concrete impact on his clients. Both Rogers and Kelly emphasize different aspects of a kind of "applied phenomenological" perspective within a Kantian philosophical tradition (Rychlak, 1981), the common factor being that human behavior can be accounted for primarily by an individual's own unique way of perceiving and organizing his/her experiential world. For Rogers, the focus in psychotherapy is on the client's self-concept and the importance of accurate, empathic understanding, which in turn is perceived by the client. In Kelly's view, the emphasis is placed on understanding the client's conceptualization of the world, primarily through a cognitive grasp of his/her subjective categories for classifying experiences known as personal constructs. Thus, according to Kelly, personal constructs provide the basis for an individual's sense of meaning in the world, perhaps summarized most succinctly in the fundamental postulate of his theory, "A person's processes are psychologically channelized by the ways in which he anticipates events" (Kelly, 1955, p. 46).

Kelly's theory of personal constructs is unique, pervasive, and complex. It is composed of the fundamental postulate, cited above, and eleven corollary assumptions which flow from this foundation. They are described here in order to provide a framework for construing the research that has been conducted within this context.

1. Constructive Corollary: A person anticipates events by construing their replications.

That is, events in daily life are predicted in terms of the repeated themes identified as a consequence of their similarities and differences.

2. Individuality Corollary: Persons differ from each other in their construction of events.

To some extent, each of us lives within our own "separate reality," determined by our unique interpretation of the same events in the world around us.

3. Organization Corollary: Each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.

In order to minimize confusion in construing the world, an individual will create constructs which are hierarchically related to one another. Such an organized construction system allows for greater consistency in the prediction of events.

4. Dichotomy Corollary: A person's construction system is composed of a finite number of dichotomous constructs.

Within an inherently limited system for understanding the world, constructs are by definition black-and-white since they provide the basic contrast between two groups or individuals.

5. Choice Corollary: A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for the elaboration of his system.

This corollary is concerned with the idea of directionality. A person, given a certain situation, will choose that construct which affords the greatest possibility for anticipating future events and for extending or defining the construct system.

6. Range Corollary: A construct is convenient for the anticipation of a finite range of events only.

An individual creates constructs that are applicable only to certain events. A construct has a focus of convenience as well as a range of convenience which determine the range of applicability of the construct.

7. Experience Corollary: A person's construction system varies as he successively construes the replication of events.

Based on the success or failure of an individual's construction system to accurately predict events, it can be expected that the system will be modified in order to maintain its usefulness to the person.

8. Modulation Corollary: The variation in a person's construction system is limited by the permeability of the constructs within whose range of convenience the variants lie.

The key issue here is flexibility. A more permeable construct is able to include more events within its range of convenience, thereby resulting in a more adaptive construction system.

9. Fragmentation Corollary: A person may successively employ a variety of construction subsystems which are inferentially incompatible with each other.

Constructs and construct subsystems are not necessarily logical. A person may behave in an apparently inconsistent fashion and yet be congruent with a superordinate construct. A person may also behave in ways that are clearly contradictory and which represent real conflict within his/her construct system.

10. Commonality Corollary: To the extent that one person employs a construction of experience which is similar to that employed by another, his processes are psychologically similar to those of the other person.

Different people can be alike, not necessarily in the event they experience nor in the ways they test their constructions about the event, but because they have come to similar conclusions about the event based on their construct systems.

11. Sociality Corollary: To the extent that one person construes the construction processes of another, he may play a role in a social process involving another person.

Social interaction can be defined as an attempt, accurate or inaccurate, to place an interpretation, i.e., to construe, the construction processes of another. This corollary thus provides a

basis for classifying interpersonal interaction and understanding, of which counseling/psychotherapy is one example.

Based on this conceptual infrastructure, Kelly elaborated a comprehensive theory of personality, psychopathology, and psychotherapy. Fundamental to his theory of cure is Kelly's assertion that a person can be understood to the extent that his system of constructs for ordering and anticipating events is understood. Thus, an effective counselor/therapist must

...be accepting of his client. He should attempt to anticipate events in the way the client anticipates them. He should try to employ the client's vocabulary in thinking about the issues which the client sees himself facing. He should give words the meaning that the client gives them, rather than the meanings the dictionary gives them, or the personal and professional meanings he has himself customarily given them. He should pay some attention to what he would be compelled to expect in various situations if he were to make his predictions within the same constructive framework the client employs (Kelly, 1955, p. 587).

Due to the comprehensiveness of Kelly's theory, research on the psychology of personal constructs, with the possible exception of the Reptest, has been diffuse and uneven. However, some of the earlier research does provide tentative empirical support for the basic ideas postulated by Kelly.

One of the assumptions of the theory and of this study is that individuals actively create their own meaning systems through their choice of personal constructs and can be understood in this way. In

an early study, Payne (1956) found that knowledge of an individual's personal constructs were better predictors of attitudes and behavior than were ratings by outside observers.

In a related series of studies (Landfield and Nawas, 1964; Nawas and Landfield, 1963; Ourth and Landfield, 1965), the importance for therapists of understanding the language systems of clients through the use of personal constructs was confirmed. The issue of termination in psychotherapy was found to be related to perceived interpersonal meaningfulness on the part of clients. Specifically, those clients who prematurely terminated therapy were more likely to rate their therapists lower on an interpersonal meaningfulness semantic differential. Curiously, an additional finding was that those clients who improved most in therapy became more strongly committed to their own construct systems rather than moving toward and adopting the construct systems of their therapists. This result may suggest the importance of the therapist communicating a sensitive understanding and acceptance of the client's construct system, thereby providing an opportunity for the client to know and to accept more deeply his/her own view of the world.

Additionally, Carr (1980) found, utilizing an instrument known as the Interpersonal Discrimination Task, that clients improved more in psychotherapy if the complexity of their construct systems matched the complexity of their therapists' construct systems.

Consistent with the issue of complexity is the concept of differentiation. Adams-Webber, Schwenker, and Barbeau (1972) discovered that those subjects who had developed a more highly

differentiated construct system were more likely to be able to successfully discriminate between persons on the basis of individual differences with respect to their personal constructs.

Evidence in support of the Sociality Corollary comes from a study by Shoemaker (1955) in which he found that subjects were more likely to predict accurately the behavior of people with whom they felt comfortable as opposed to uncomfortable.

Messick and Kogan (1966) and Sechrest (1968) both found evidence that different dimensions of individuals' personalities could be accurately predicted from a knowledge of their personal constructs. In particular, Sechrest (1968) found this to be true for intelligence, anxiety, and interpersonal pleasantness.

Williams and Sechrest (1963) found that constructs identified as most useful by subjects when confronted with various experimental interpersonal situation tasks were more general and not as easily observable as were more situation-specific constructs.

Cartwright and Lerner (1963) examined the relationship between personal constructs, therapeutic empathy, and counseling outcome. Therapists were asked to rate clients on how they saw themselves on a scale composed of the client's own personal constructs. In this study, empathy was operationally defined as the squared discrepancy between the client's self-description and the therapist's prediction of the client's self-description. A significant, positive correlation between these ratings and therapeutic outcome was found.

The vast majority of studies focusing on the psychology of personal constructs employ some variation of the Role Construct

Repertory Test (RCRT) or Reptest, as it has come to be called. This instrument was created by Kelly as a systematic means of accessing an individual's personal constructs and in some respects has become more widely used and, hence, more popular than the theory itself. It is to an understanding and evaluation of this instrument that we now turn.

Organized in either a list or a grid form, the Reptest represents a systematic attempt to elicit the personal constructs of an individual by providing him/her with a list of role titles and asking the person to identify two persons who are alike in some important way and yet different from a third person. This structuring of similarities and contrasts is conducted for each potential triad combination on the role list. As a result, key constructs which provide a structure of meaning for the person are presumed to be generated.

Levy and Dugan (1956) articulate the underlying assumptions of the Reptest as follows:

1. For each individual there exists a universe of persons which constitutes his social environment.
2. Each individual possesses a repertoire of constructs which is relatively stable over a period of time, and which he utilizes in structuring his social environment.
3. Constructs contained in a given individual's repertoire bear a relationship to each other such that they may be ordered to certain basic dimensions which define the parameters of his construct repertoire.

4. The structure of an individual's social environment may be duplicated by an observer through knowledge of the parameters of his construct system (p. 53).

The open format of the Reptest is especially consistent with Kelly's phenomenological theory since it allows the individual to generate his/her own constructs (Bavelas, 1978).

Bavelas (1978) also notes that the Reptest elicits dichotomous constructs, thereby supporting the Dichotomy Corollary. However, as a stimulus, the test is set up this way, which only proves that people are able to respond to the instrument in this way when asked, not that they necessarily organize their world in this manner on a regular basis.

One of Kelly's assumptions is that the constructs generated by the Reptest will indeed be the most important ones for that individual. However, Bavelas (1978) points out that the role title list and the subsequent triad combinations used to create constructs are arbitrary and may not reflect constructs which are meaningful for the particular person.

In addition, the Range Corollary is violated by the grid form of the Reptest since the person completing the test is asked to identify which Role of the construct is appropriate for each figure in the grid, whether or not in reality such a construct is relevant for that particular figure (Bavelas, 1978). However, this problem does not exist for the List form of the Reptest.

From a clinical perspective, the value of the Reptest in generating useful hypotheses for possible treatment selection has

been documented via the case study method by Bannister (1965) and Fransella and Adams (1966). They sight the adaptive, diagnostic qualities of the Reptest, arguing that,

It is flexible and enables the psychologist to explore in quantitative terms and with an explicit rationale areas of personal conceptualization which are of great clinical interest but which are difficult to examine by conventional methods.... At best it may ultimately turn many types of psychiatric manipulation from blind into sighted operations. It recommends itself primarily because it leads us away from the practice of trying to locate patients on our own personal and professional dimensions towards the practice of initially scanning those dimensions on which the patient locates us and the rest of the world with which he is confronted (Bannister, 1965, p. 981).

From a measurement perspective, the issue of reliability of the Reptest is an important one, since the nature of constructs is assumed within the theory to be relatively consistent with some room for alteration as a function of experience.

Hunt (1951) was the first to conduct an investigation of the consistency of the Reptest. He had nine male patients complete a 40-item role title list, then utilize the 20 odd-numbered figures to create constructs. One week later, the task was repeated using the 20 even-numbered figures. Consistency was expressed as the percentage of construct similarity between the two sessions. Results indicated an average of 69 percent consistency with a range of 59 to

75 percent. Shortly thereafter, Hunt repeated this procedure with a sample of thirty subjects and found nearly identical results.

His findings were supported in a study by Pederson (1958), who also had subjects complete a role title list one week apart and found a consistency average of 77 percent.

Fjeld and Landfield (1961) also evaluated the consistency of the Reptest using a test-retest procedure and found a 72 percent agreement rate, providing more evidence for the initial findings of Hunt and Pederson. However, it is difficult to know what such a level of consistency means. While these data are judged in a positive light by the researchers and by Kelly himself, there is no statistical basis for inferring any significance since the data are purely descriptive in nature (Bavelas, 1978).

Both Mitsos (1958) and Gathercole, Bromley, and Ashcroft (1970) employed variations of the Reptest in order to avoid the inconclusiveness of the percentage of consistency findings. Mitsos (1958) employed a test-retest procedure using two separate groups and employing inferential statistical methods to determine if constructs were repeated at a level greater than chance expectations. However, his assumption of a 50 percent probability as the chance level of occurrence for the constructs was arbitrary and probably inaccurate, since the levels were not empirically derived (Bavelas, 1978). In the Gathercole, et. al. (1970) study, the Reptest was modified and subjects were ranked as though the constructs were on a continuum rather than dichotomous. Poor reliabilities were found. In addition, this procedure represented such a significant,

theoretically unsatisfying departure from the basic assumptions with respect to the nature of personal constructs that valid conclusions regarding the outcomes are unwarranted.

Finally, in a more recent study of the Reptest, Bavelas, Chan, and Guthrie (1976) investigated the reliability, convergent validity, and discriminant validity of the test using a multitrait-multimethod approach (Campbell and Fiske, 1959) in relation to three personality traits commonly measured by the instrument: cognitive complexity-simplicity, constellatoriness, and identification. They found essentially no evidence for reliability or convergent/discriminant validity and questioned the use of the "grid" form of the Reptest for either nomothetic or, by implication, idiographic purposes. However, these criticisms only apply to the grid version of the Reptest, not the List form, which was used in this study. Furthermore, the focus in Bavelas, et. al. (1976) was limited to the traits of cognitive complexity-simplicity, constellatoriness, and identification. The focus in the present study was not directly related to measurement of these three dimensions of personality but rather to the idiographic use of the Reptest as part of a larger training design. Still, the results of Bavelas, et. al. (1976) clearly suggest the need for continuing empirical assessment of the grid form of the Reptest as well as refinement of the theory.

By way of contrast, based on an earlier review of literature related to Kelly's theory, Bonarius (1965) concluded that the Reptest, in spite of its limitations, was an appropriate instrument for generating personal constructs, particularly in an idiographic

sense. In addition, he encouraged greater use of the Reptest in clinical settings.

Thus, although psychological theorists as diverse as Jerome Bruner and Carl Rogers hailed the appearance of Kelly's two-volume statement in 1955 as a monumental contribution to the field of psychology, little systematic research has been conducted to validate empirically the tenets of the theory. However, the research cited above does tend to support in general Kelly's ideas concerning the teleological, "psychological" nature of human behavior.

Microcounseling Training Paradigm. Since 1968, the microcounseling model of training and supervision has been the subject of over 150 data-based research studies. As a paradigm, it is precise enough for experimental rigor yet practical enough to be useful in applied settings.

The basic microcounseling model is founded on the principle that the complexity of the helping process can be broken down into single, identifiable skills that a trainee can learn without becoming overwhelmed in the process.

Behaviorally, the basic training model involves the following sequence:

1. Baseline interview of five minutes on videotape. The trainee interviews a volunteer client about a real or role-played concern. Depending on the situation, a specific issue may be agreed to by both participants before the session begins, or a simple, unstructured/unplanned interview may be held.
2. Training.

- A. A written manual describing the single skill to be learned is read by the trainee.
- B. Video models illustrating the specific skill are shown to the trainee and discussed with reference to the single skill being taught.
- C. The trainee views the original baseline interview and compares his or her performance with the modeling tape.
- D. The supervisor/trainer maintains a warm, supportive relationship with the trainee, stressing positive aspects of the performance while constantly focusing on the single skill being taught.

3. Reinterview.

The trainee videotapes another session and gives special emphasis to the single skill being learned. This tape is reviewed with the supervisor/trainer (Ivey and Authier, 1978, p. 11).

A representative sample of the significant studies within this framework are detailed here.

Microcounseling had its inception in the now classic study by Ivey, Normington, Miller, Morrill, and Haase (1968) in which it was demonstrated that such a structure could be a meaningful and potent vehicle for teaching attending skills to beginning helpers.

Moreland, Phillips, Ivey, and Lockhart (1970) found that basic interviewing skills could also be learned and used by beginning helpers with real clients as opposed to the coached clients used in the Ivey, et.al. (1968) research.

In a more tightly controlled investigation, Kerrebrock (1971) taught high school academic advisors the skills of attending behavior, reflection of feeling, and expression of feeling. Results showed that the treatment group scored significantly higher on demonstrated ability with the skills than the untreated controls.

Haase and DiMattia (1970) successfully trained paraprofessionals in the skills of attending behavior, expression of feeling, and reflection of feeling, finding at a one-year follow-up (Haase, Dimattia, and Guttman, 1972), that the non-verbal aspects of attending behavior as well as the skill of expression of feeling had been maintained while verbal following and reflection of feeling, though still higher than before training, had regressed. It was concluded, based on the available data, that those skills that are not practiced are likely to be lost.

One of the strengths of the microcounseling format is that it can be adapted to a variety of settings in which helping skills are to be learned. For example, Scroggins and Ivey (1976) trained residence hall counselors in a twenty-four hour workshop in the skills of attending behavior, open questions, minimal encouragers, paraphrasing, reflection of feeling, and summarization. At a one-year follow-up, the skills had been maintained.

Gluckstern (1972; 1973) was able to apply the microcounseling model to the task of training parents as drug counselors and found that the skills had been maintained at a six-month follow-up.

With respect to the generalization of microcounseling skills from the training period to the actual counseling setting, Guttman

and Haase (1972) recommended the implementation of a behavioral training model in which counselor skill acquisition is contingent upon client responses rather than on rewards from the supervisor. They found that their microcounseling group, as compared to non-treated controls, showed greater learning and retention of the skills of reflection of feeling and summarization of feeling which did maintain at an effective level in the actual work setting.

Moreland, Ivey, and Phillips (1973) applied the microcounseling package to the training of first-year medical students by teaching basic attending skills and found significant mastery of the skills at follow-up. Clearly, microcounseling as a format for teaching the basic skills of helping has, in general, been validated as a credible means of teaching helping skills to a wide range of people at varying levels of sophistication.

More recently, research within the microcounseling framework has focused on refining the model through increased emphasis on the research designs employed. Gill, Berger, and Cogar (1983) utilized an evaluation research design in which trainee performance was measured three times during training, with the actual microskill development occurring between the second and third points of measurement. In addition to evaluating counselor performance on microskill behavior between measurement observations, trainees were also compared to a predetermined standard of microskill behavior. On both criteria, the counselors-in-training improved, becoming more like the standard and thereby increasing the accountability of the training process.

In addition, the microcounseling training format has developed a cognitive emphasis as researchers have attempted to deal more creatively with teaching the skills to counselor trainees. In two studies (Baker, Scofield, Clayton, and Munson, 1984; Baker, Scofield, Munson, and Clayton, 1983), mental practice was compared to a microskills practice format for teaching basic counseling competencies and for teaching a decision-making approach to counseling. In the first study, microskills practice was superior to mental practice with respect to performance on attending skills, but mental practice was superior on rated responding skills. No differences between the two formats were noted on perceived competence on qualitative dimensions. In the second study, both microskills practice and mental practice were found to be superior to a control condition on three out of five qualitative conditions. On the basis of the findings from both studies, the authors hypothesize that a combination of microskills practice plus mental practice may be most appropriate for teaching higher-order counseling skills.

These results appear consistent with earlier research suggesting that training packages utilizing a variety of components appear to be the most effective (Stone and Vance, 1976; Uhlemann, Lea, and Stone, 1976).

However, microcounseling as an approach to counselor training has been criticized as "artificial" (Dolliver, 1979) in the sense that, among other issues, developing one's identity as a counselor may be neglected.

In addition, Heck and Lichtenberg (1978), in their critique of the situationism paradigm in psychology, point out that this orientation within counselor education is,

...exemplified by curricula with primary emphasis on simply providing fledgling counselors with a bag of various counseling skills, tricks, and treatments (e.g., microcounseling, IPR) as ends in themselves. Frequently, such programs have no particular theoretical treatment identity, but instead refer to themselves as eclectic programs. But the eclecticism professed is rarely more than an artifact of the rather singular interests and expertise of a diverse faculty. Any coherence or organization to the eclecticism is a rarity--with a consequence being that the graduates of such programs, though reasonably skillful at a variety of intervention techniques, seldom have mastered the art of knowing when to employ them, with whom, and for what ends (p. 10-11).

Inherent in this criticism is the role supervision plays in fostering skill development. Conflicting data (Authier and Gustafson, 1975) exists with respect to the value of supervision in the role of imparting basic skills to counseling trainees. Berg and Stone (1980) argued that such discrepancies could be accounted for by the relative neglect of the impact of individual learning styles of students, too much of an emphasis on quantitative as opposed to qualitative aspects of interviewing skills, as well as the multidimensional nature of the supervisory process which had been left uncontrolled.

Another difficulty with the microcounseling model is that the relationship between use of skills and actual client outcome remains unclear (Ivey, 1985). He calls for research which asks the question, "Can the counselor make a specific and predictable impact on the client as a result of using a specific skill or skill sequence" (Ivey, 1985, p. 14)?

Finally, Ford (1979) addressed the issue of training limitations within modified behavioral technologies, stressing the difficulties of training complex behaviors if the model and format are implemented too rigidly.

Thus, issues of skill mastery, the role of supervision in the acquisition of counseling skills, as well as clarifying the relationship between skill usage and its impact on client outcome are key issues that raise legitimate challenges which are being addressed through the continuing evolution of the microcounseling paradigm (Ivey and Matthews, 1984). More significantly, the present study, by seeking to teach a skill such as reflection of meaning which may be more abstract and less accessible to the average counseling student, provides a test of the model's capacity to break down complex skills into teachable units.

Client Simulation (Role-Playing) Techniques in Counselor Training.

In this section, a brief rationale and history of the use of client simulation techniques will be presented, followed by a review of studies utilizing role-playing procedures as part of a skills training condition. Finally, research related to the use of coached clients in the simulation process will be considered.

The use of simulation (e.g., role-playing) techniques employing coached clients enjoys a long tradition as an integral component in the clinical training of counselors and psychotherapists. Based on Rogers' (1957b) belief that beginning therapists should be gradually eased into the conduct of actual therapy through a series of graded steps, the use of surrogate clients has the significant ethical advantage of providing neophyte counselors with a "therapy-like" experience at a greatly reduced risk of negative "client" outcome (Baldwin, 1973; Cody, 1974). In addition, from a pragmatic perspective, such practice allows for more efficient use of time, deepens student involvement in the training process, and provides a means for assessing trainee competency (Schwebel, 1953; Stripling, 1954).

Numerous studies have demonstrated the value of role-playing when used in conjunction with other training techniques for the acquisition of basic counseling skills. Balinsky and Dispenzieri (1961) found that students exposed to role-playing in addition to conventional lecture/discussion methods, demonstrated increased frequency of reflection and fewer probes, statements of reassurance, and ego-defensiveness in response to a tape-recorded simulated client than students exposed to lecture/discussion methods only.

Froehle, Robinson, and Kurpius (1983) investigated the effects of yoking role-play practice to modeling treatments designed to teach the skill of reflection of feeling. Four training conditions were utilized: written model, videotape model, written model plus role-play practice, and videotape model plus role-play practice.

Results indicated that the role-play practice component significantly enhanced the effectiveness of the written model but not the video model.

In a related investigation, Stone (1975) investigated the relative effectiveness of videotapes and lectures compared to written manuals and audiotapes when crossed with role-play practice and written rehearsal on the learning of counselor tacting response leads. The videotapes and lectures yoked with role-play practice proved more effective.

Teevan and Gabel (1978) studied the relative effectiveness of modeling combined with role-playing practice and lecture-discussion techniques. The modeling and role-playing combination was more effective in improving performance in a counseling interaction dyad.

In a study not directly related to counseling per se, Panther (1971) found that school psychology students who had undergone a role-playing procedure were better able to produce recommendations in a subsequent testing situation than were those students who had undergone only a regular training procedure.

Peter (1973) found role-playing, as opposed to a "normal" training procedure, more effective in increasing ratings of response effectiveness and empathic understanding in the interviewing behavior of military science cadets.

In a study involving residence hall paraprofessionals, Newton (1974) found that those involved in a role-play based training program displayed greater empathic understanding, respect, and

communicative understanding in a role-played test interview than those students exposed to alternative training.

Goldstein and Goodhart (1973) also investigated the effect of role-playing and modeling components of a structured training program on paraprofessionals' empathic responding and found that scores were significantly increased. In addition, this increase in empathic responding was maintained at a one-month follow-up.

In a training study involving student nurses, Ferree (1976) reported greater facilitative communication skill development and increased self-confidence in the role of counselor among those trained via a role-playing procedure as opposed to an identical training procedure which utilized problem discussion instead of role-playing.

As a summary of these empirical investigations, it can be concluded that role-playing procedures are an effective component of training programs which attempt to train novice helpers in beginning helping skills.

Within the general realm of simulation techniques in counselor training, there exists a body of literature which addresses the issue of role-playing utilizing "coached" clients in the assessment of the development of counseling competencies. These studies will now be examined.

Two investigations studied the effect of role-played versus actual clients on the helping behavior of counselors-in-training. Flanagan (1974) compared student counselors trained with actual clients who were paid for participation against role-played clients

over a nine-week pre-practicum experience. No differences were found in rated accuracy of empathy, warmth, or genuineness among the training conditions. In a second study, Sigal, Lasry, Guttman, Chayoga, and Pilon (1977) examined therapist behaviors with real versus simulated (videotaped) families and found no differences on "noncontent" dimensions such as average length and number of speeches. However, therapists working with real families were more likely to emit statements which stimulated interaction, asked for information, or provided an interpretation than were therapists working with simulated families. Differences on these response modes were attributed to the lack of feedback provided to the therapists who worked with the simulated, videotaped families.

Thus, tentative evidence suggests the potential value of using simulated, coached clients as a realistic approximation of an actual counseling encounter, provided the "clients" are "live" and not on videotape.

Given the potential usefulness of coached clients in the training situation, a central issue becomes one of insuring consistent client behavior across training interviews, since most coached client roles involve repeating the same role with different counselor trainees. As will be seen, various researchers have approached this problem from different perspectives and have found different results.

In an early study, Heller, Myers, and Kline (1963) used undergraduate drama students, trained extensively to portray four

client roles, in order to study their differential impact on client behavior. As part of their preparation, the student actors were given "specific role descriptions including interview behavior, feelings to be expressed to the interviewer, presenting problems, personal histories, and family background material" (p. 119). Six practice training sessions were held in order to provide the actors with time to learn the role. Subsequent to the practice, six observers rated actors on consistency during a simulation with interviewers not involved in the study. If five of the six observers agreed that the actor had met the definition of the role, he was considered successfully prepared.

Kagan and Krathwohl (1967a) studied the differential effects of Interpersonal Process Recall (IPR) and traditional supervision on the counseling behavior of master's level students in counseling. The purpose of the study was to explore changes in counselor responding characterized as affective, understanding, specific, and exploratory. Using the rationale that such counselor behaviors are characteristic of effective counselors regardless of the nature of the client, they utilized tenth grade clients whom they argued would be facing similar developmental tasks and thus portraying generally similar concerns across counselors.

In a related investigation, Kagan and Krathwohl (1967b) utilized a drama student to "re-enact a problem she had recently faced" (p. 72) as the final role-play on which 54 graduate counseling students were assessed in a study designed to compare the relative effectiveness of various IPR formats. While the coached client did

practice with the research staff prior to the role-played sessions, no information with respect to assessment of client consistency was presented.

Carkhuff and Alexik (1967), in a study designed to assess the effect of client self-exploration on the facilitative behaviors of high- and low-functioning counselors, used a 45-year-old, "partially-coached" female graduate student as their role-played client. In this study the client systematically varied her level of self-exploration at pre-determined intervals over the course of a counseling session. However, because the intent of the investigation dealt with a more abstract level of communication, i.e., client self-exploration, specific client statements were not of major significance, thereby rendering client consistency less important.

In a more tightly controlled study, Kelz (1966) utilized student actors to portray the role of high school counselees. The actors were given informal narratives regarding their role and then subsequently trained in 14 one-hour sessions. Utilizing dichotomous rating scales, six counselor educators and doctoral students judged their performances in terms of realistic-unrealistic and consistent-inconsistent dimensions. However, the criteria used were global and unspecified, making replication of this approach difficult.

Whiteley and Jakubowski (1969) developed an alternative methodology for determining coached client consistency. In their example, 16 specific statements were created which the client would learn and then practice until all responses could be incorporated into a role-played interview, thereby creating an optimum balance

between realism and consistency. In order to assess consistency, raters could judge the presence or absence of each response over the total number of interviews, thereby creating a proportion that could be considered a measure of consistency. Three purposes could be served by such a procedure. First, the role could be refined by removing low frequency statements. Second, a comprehensive picture of client consistency could be achieved, both in number and kind of responses, which could then be incorporated in the research report. Third, the process of rating by independent observers could be facilitated by the use of behavioral counts, thereby promoting reliability and objectivity in the ratings.

Friesen and Dunning (1974) questioned the assumption that coached clients must be extensively trained in order to play a role consistently. In a study designed to assess performance outcome in a counselor training course, two female paraprofessionals were given a list of 15 client variables to incorporate into their role. After one role-played session with one of the authors, the minimally coached client then served as a stimulus for counselor trainee evaluation. A checklist of the 15 variables was utilized to assess client consistency. Results indicated that minimally coached clients with no professional drama experience could indeed role-play a client situation consistently. In fact, the authors concluded that the use of professionally trained "clients" could lessen the realism present in a simulated counseling interview.

In summary, the use of simulation techniques in counselor training, particularly role-play methodology utilizing coached

clients as a means of assessing clinical skill development, has a long, if somewhat unobtrusive history in the helping professions. Within this context, "client" consistency is a major issue. The use of a homogeneous client group (e.g., Kagan and Krathwohl, 1967a) or the use of coached clients are two approaches that have been utilized to control for this factor. Researchers differ in their assessment of the degree of structure and professional acting ability necessary to provide minimal assurances of role-played consistency. A reasonable interpretation of this literature suggests that behavioral frequency counts of pre-determined client "information," based on at least minimal practice with trained observers, is a prudent procedure to follow in assessing role-played consistency. The use of "clients" with acting experience or professional drama backgrounds, while perhaps desirable in some circumstances, does not appear to be a necessary criterion for consistency based on this review.

Chapter 3

METHODOLOGY

Overview

The fundamental purpose of this training study was to assess the impact of a newly developed microcounseling skill, the reflection of meaning, on counselor empathy. A further purpose was to determine the impact of counselor empathy on client perceptions of counselor expertness, attractiveness, and trustworthiness as a means of reaffirming empathy as a potent source of social influence within the therapeutic setting.

Following a pre-training role-played interview, participants underwent twelve hours of training in one of two microcounseling training conditions. At the completion of training, participants once again completed an audiotaped counseling session with a role-played client. These sessions were rated on counselor empathy from three different perspectives. In addition, counselors were rated on three social influence factors: expertness, attractiveness, and trustworthiness. The data was collected and statistically analyzed in order to evaluate the four basic hypotheses set forth to guide the study.

Subjects

Subjects in this study were 24 beginning master's level trainees in a Counseling and Human Services program at a private, liberal arts university in the Southwest. Subjects ranged in age from 23-54 years with a mean age of 35 years and a standard deviation of 9.774 years.

Treatments were randomly assigned to intact classroom units. There were 12 subjects in each treatment condition. The experimental treatment group was comprised of seven females and five males, ranging in age from 24 to 54 years. In the control group, four subjects were male and eight were female, ranging in age from 25 to 50.

Instrumentation

In this study, empathy was measured from three different perspectives: trained raters, counselors, and role-played clients. Consequently, three corresponding measures of empathy were employed. These measures were the Carkhuff Empathic Understanding Scale (EU); the Barrett-Lennard Relationship Inventory: Form MO--64 (Counselor); and the Barrett-Lennard Relationship Inventory: Form OS--64 (Client). In addition, the Counselor Rating Form (CRF) was utilized as a measure of social influence. Finally, the Counselor Effectiveness Rating Scale (CERS), also a measure of social influence, was used to test for trainer bias. These instruments are described here.

Carkhuff Empathic Understanding Scale (EU): On the Empathic Understanding Scale, which is based in part on research underlying the Truax Accurate Empathy Scale (AES), trained raters listen to taped segments of counselor-client therapy interactions and rate the degree of accurate empathy, defined as both "the therapist's sensitivity to current feelings and [italics added] his verbal facility to communicate this understanding in a language attuned to the client's current feelings" (Truax and Carkhuff, 1967, p. 46).

In this study, the EU was used as a baseline measure of subject empathy prior to training and also as a post-training measure of subject empathy as measured from one of three perspectives. The EU employs a five-point rating scale with level three considered a minimally facilitative level of empathic responding.

Since the Carkhuff Empathic Understanding Scale is based on, as well as modified from, the Truax Accurate Empathy Scale, criticisms of the latter are reported here and are assumed to be valid for the former as well.

While research has supported the relationship between the rater's judgments of empathy and therapy outcome, there also exists a body of research on the scale which concerns itself with the scale's validity. There is an indication that raters may rely heavily upon behavioral dimensions such as the counselor's verbosity, the therapist's expressed commitment and involvement in the relationship (Caracena and Vicory, 1969), and evaluations of "good" therapist qualities (Bozarth and Krauft, 1972; Shapiro, 1968). Nonetheless, Truax (1966) reported satisfactory reliabilities for both ratings of therapist response only (.67) and for ratings of therapist-client-therapist interaction (.76). On the Carkhuff Scale of Empathic Understanding, a truncated version of the Truax AE Scale (Gormally and Hill, 1974), reliabilities ranging from .80 to .99 have been reported (Hefele and Hurst, 1972). This has raised the validity question addressed earlier in this paper (Chinsky and Rappaport, 1970), the basic issue being, how can one address the accuracy of the therapist's empathy without the client's input and responses? They

raised several methodological questions regarding the reliability of the scale, specifically the number of therapists, randomization of segments, number of segments per therapist, etc. Bozarth and Krauft (1972) addressed their research to these issues and concluded that the reliability of the AE Scale is not necessarily a function of the number of therapists evaluated and that a single, randomly selected segment per therapist may be as reliable as more than one segment per therapist.

Barrett-Lennard Relationship Inventory (BLRI): This scale is a paper and pencil instrument which is designed to measure the core conditions as articulated by Rogers (1957b). Specifically, it is composed of four subscales and a total scale score. The four subscales are empathic understanding (E), level of regard (R), unconditionality of regard (U), and congruence (C). In this study, the empathic understanding subscale of Form MO--64 (see Appendix A) was utilized to measure counseling trainee perceptions of their level of empathic understanding in a role-played counseling session. The empathic understanding subscale of Form OS--64 (see Appendix B) was used to measure client perceptions of counselor empathic responding in a role-played counseling session.

The reliability of the Relationship Inventory has been assessed in 14 studies of internal reliability and in 10 studies of test-retest reliability (Gurman, 1977). The mean internal reliability coefficients in these studies are: E, .84; R, .91; U, .74; C, .85; Tot, .90.

Counselor Rating Form (CRF): Developed by Barak and LaCrosse (1975), the CRF (see Appendix C) is a paper and pencil instrument that was utilized in this study to measure clients' perceptions of counselor trainee expertness, attractiveness, and trustworthiness, the three dimensions of social influence postulated by Strong (1968). Based on Strong's theorizing, Barak and LaCrosse factor analyzed responses of 202 volunteer general psychology students on a checklist of 36 seven-point bipolar adjectives. The stimuli for this study was the film series, Three Approaches to Psychotherapy (Shostrom, 1966). Results supported the existence of the three factors identified by Strong, based on the principal factors solution rotating three orthogonal factors utilizing the varimax method (Weiss, 1970, 1971). LaCrosse and Barak (1976) report reliability coefficients of .87 for expertness, .85 for attractiveness, and .91 for trustworthiness.

(NOTE: The form of the CRF used in this study was developed prior to revisions leading to the current form. Reliability data reported are for the revised form only, since such information is not available for the earlier form utilized here.) (M. LaCrosse, personal communication, May, 1986.)

Counselor Effectiveness Rating Scale (CERS): This scale was developed by Atkinson and Carskaddon (1975), and was used in this study as a manipulation check to control for trainer bias. Fashioned after the CRF, the Counselor Effectiveness Rating Scale (CERS) (see Appendix D) follows the format of a semantic differential questionnaire and employs ten adjective pairs describing four counselor dimensions: expertness, attractiveness, trustworthiness,

and counselor utility, which refers to one's willingness to see that particular counselor in counseling. Each concept is rated on a 7-point bipolar scale ranging from bad=1 to good=7. Atkinson and Wampold (1982) report reliability coefficients across both CRF and CERS total scores of .96 and .97. Concurrent validity was .80 based on a correlation of CRF and CERS scales minus the utility item.

Procedure

Two training conditions were employed in this study, a conventional microcounseling skills training group and a microcounseling plus reflection of meaning training group. There were 12 participants in each training condition.

Prior to the onset of training, participants in each group conducted a 30-minute audiotaped interview with a role-played client and were rated by two raters, trained to .86 inter-rater reliability on the Carkhuff Scale of Empathic Understanding. Raters were trained "blind" with respect to the purpose of the study and were two experienced doctoral-level counseling psychologists. Following Kiesler (1966) and Mintz and Luborsky (1971), 15-minute segments systematically drawn from the tenth to the twenty-fifth minute of each role-played counseling session were rated for empathic understanding.

Throughout the course of one academic semester, both groups received the same training using the microcounseling format and focusing on the skills of attending behavior, open-ended questions, minimal encouragers, paraphrasing, reflection of feeling, and summarization. Then the experimental group was trained in the

additional skill of reflection of meaning by using a personal construct approach outlined by Ivey (1983). During the two-hour training period set aside for instruction and practice in the skill of reflection of meaning, the control training group was involved in a "neutral" training condition during which they discussed implications of racism in the helping relationship from a microcounseling perspective.

The reflection of meaning training component involved the following steps. First, the trainer presented didactic material on the nature and importance of personal constructs and their relationship to empathy. Second, trainees identified their own personal constructs by using a modified and shortened version of the Reptest (Ivey and Simek-Downing, 1980) in order to familiarize themselves with the general idea of constructs (see Appendix E). Third, a video presentation illustrating reflection of meaning was presented followed by a transcript which also illustrated the skill in action. Trainees had an opportunity to discuss the skill or ask questions following the presentation. Fourth, trainees formed practice groups of three during which they interviewed each other on a specified topic designed to provide practice in reflecting meaning and identifying personal constructs. After five minutes, the observer provided feedback to the interviewer relative to personal constructs and response style in general. Members of the group then rotated until all had had a chance to play the role of interviewer. Following each group interaction, trainees in the treatment condition completed standard feedback forms designed to provide concrete input

to the interviewer with respect to his/her personal constructs and general response style. Finally, the trainer conducted a "live" interview with one of the subjects in order to illustrate the skill of reflection of meaning in a more personal, immediate fashion.

At the end of the semester, within ten days of the administration of the treatment condition, trainees in both groups again conducted a 30-minute, audiotaped interview with a role-played client and were rated by two trained raters under conditions identical to the pre-training role-play.

In order to protect against rater bias, all forty-eight taped segments, pre and post, were edited together in a random fashion and rated concurrently following the completion of training.

In addition, coached clients completed the empathy subscale of the client form of the Barrett-Lennard Relationship Inventory (BLRI Form OS--64) and the Counselor Rating Form (CRF) for all subjects. Subjects completed the empathy subscale of the counselor form of the Barrett-Lennard Relationship Inventory (BLRI Form MO--64).

Training of Raters on the Carkhuff Scale of Empathic Understanding.

The following procedure was utilized to train the two trained raters on the (EU) Scale. In this study, the raters were two male, doctoral-level counseling psychologists whose participation in the study was solicited by the experimenter.

First, raters were given a verbal introduction and overview of the rating procedure.

Second, each rater was given two handouts to read relating to the scale (Carkhuff, 1969). At this point, raters were allowed to

ask questions and to seek clarification regarding the nature and use of the (EU) scale.

Third, raters were provided with a fifteen minute segment of a tape from one of the subjects who had originally been enrolled in the study but who had left school due to financial reasons. Raters then rated five-minute client-counselor-client responses for accurate empathy from three practice segments, ultimately achieving an inter-rater reliability coefficient of .86.

Fourth, due to the relatively low quality of counselor responses on this training tape, raters were also exposed to a brief, audio segment of the film, Three Approaches to Psychotherapy (Shostrom, 1966) in which Carl Rogers worked with a client, Gloria. Client-therapist-client segments, beginning with client statement five and ending with client statement twenty-five were then rated on empathic responding, resulting in an inter-rater reliability coefficient of .92 after one trial. This second training procedure was conducted in order to allow raters the opportunity to respond to a higher level of empathy, thereby giving them rating exposure to a much greater range of the scale.

Training of Raters to Identify Reflection of Meaning Statements. The same two trained raters were trained to identify reflection of meaning statements and provided a behavioral count of the number of meaning reflections that occurred on the audiotaped segments. This procedure was designed to increase the likelihood that treatment differences could be attributed to differences in the utilization of this particular microcounseling response mode. Behavioral counts are

an accepted rating procedure within the microcounseling paradigm (Ivey and Authier, 1978).

In this study, the following procedure was utilized. First, raters were given a verbal introduction and overview of the microcounseling skill of reflection of meaning.

Second, a handout describing the skill of reflection of meaning, including a transcript illustrating the skill was provided to each rater. Questions and clarifications regarding this skill were responded to by the trainer following the reading of this handout.

Third, two role-played audiotaped practice sessions utilized in training the coached clients to criteria were listened to by the two trained raters who made behavioral frequency counts of reflection of meaning statements based on the Client Role Description (see Appendix E). A statement was considered a reflection of meaning if both raters agreed and only if the reflection of meaning utilized the construct dichotomies listed in the Client Role Description in order to insure consistency.

Training of Role-Played Clients. Two female volunteer, coached clients were recruited and trained to portray the same specified client role (see Appendix E: Client Role Description). This role consisted of communicating a series of ten client constructs in relation to client meaning within the larger context of a role described in Appendix F: Client Information Sheet. Rogers (1975) suggests that empathy is more appropriate for certain helping relationships:

Then, in my experience, there are other situations in which the empathic way of being has the highest priority. When the other person is hurting, confused, troubled, anxious, alienated, terrified; or when he or she is doubtful of self-worth, uncertain as to identity, then understanding is called for (p. 9).

Based on practical considerations, two 25-year-old female volunteers, recent graduates of a training program in counseling with an extensive role-playing background as well as undergraduate drama experience, served as coached clients in this study. Following three 30-minute practice sessions, each coached client was able to incorporate all ten client constructs into the role-played interview. The sequence of presentation of clients was determined through random assignment to control for order effects. The audiotaped sessions were also used as a manipulation check to insure that the coached clients performed within the limits of the role.

Gysbers and Moore (1970) have sighted the advantages of using simulation techniques in counseling, noting that simulation offers an opportunity to provide specific training emphasis, to provide valuable experiences not normally available to counselors-in-training, and to develop an appreciation of the counselor's role by those involved in the simulation.

Data Analysis

In this study, due to the nature of pragmatic constraints, two intact introductory counseling graduate classes were used as the training conditions, with the treatments assigned randomly to each

group. Since nonequivalency of groups on "baseline" empathy was not found (see Ch. 4, p. 60, "Controlling For 'Baseline' Empathy"), two-tailed t-tests for independent groups were used to test the main hypotheses.

Chapter 4

RESULTS

The results of the data analyses are summarized in this chapter. Consequently, the analyses are presented in the following sections: 1) Controlling for Baseline Empathy; 2) Manipulation Check for Trainer Bias; 3) Manipulation Check for Reflection of Meaning Training; 4) Hypothesis One; 5) Hypothesis Two; 6) Hypothesis Three; 7) Hypothesis Four; and 8) Ad Hoc Analyses. All statistics were analyzed using the Statistical Package for the Social Sciences--X (1986). Alpha level was set at .05 for all tests.

Controlling for Baseline Empathy

The use of intact groups precluded the random assignment of subjects to treatment conditions. Thus, the groups may have been nonequivalent on factors which might negatively affect the outcome of the study. In this research, initial level of subject empathy was identified as a factor that might contaminate results. Therefore, initial or "baseline" empathy, as measured by trained raters on the Carkhuff Scale of Empathic Understanding (EU) was used to test for nonequivalence. A two-tailed t test showed no significant differences between the control group ($M = 2.2906$, $SD = .524$) and the experimental group ($M = 2.1145$, $SD = .053$), $t(13.62) = -1.10$, $p = .291$. This finding suggests that baseline empathy was similar between groups. Consequently, the pre-training empathy factor was dropped from the analysis of the main hypotheses and the groups were assumed to be equivalent on that variable. Additional analyses also revealed no effect for sex, although an effect for age was found.

Manipulation Check for Trainer Bias

The principal investigator, due to practical limitations in this field setting, conducted both training conditions, thereby controlling for any instructor or sex effects. In addition, as a means of controlling for differential treatment based on the investigator's knowledge of the experimental manipulation, participants in both training conditions completed the Counselor Effectiveness Rating Scale (CERS) (Atkinson and Carskaddon, 1975) both before and after the administration of the experimental treatment as a measure of their perception of the investigator's training behavior. The CERS is a measure of counselor social influence and has been found to be highly correlated with the Counselor Rating Form (Atkinson and Wampold, 1982) and much shorter in length. Scores on the Expertness, Attractiveness, and Trustworthiness subscales were compared between the two training conditions using two-tailed t tests. Findings indicated that the control group did perceive the trainer differently on the Expertness factor after the experimental manipulation ($M = 20.5833$, $SD = .669$) than before training ($M = 19.5000$, $SD = 1.508$), $t(15.17) = -2.28$, $p = .038$. No significant differences were found on the social influence factors before and after the administration of treatment in the experimental group. This result suggests that perhaps experimenter bias, in the form of over-compensation, did result in differential treatment although in the opposite direction, beyond that intended by the experimental training condition. This finding is discussed more fully in Chapter 5.

Manipulation Check for Reflection of Meaning Training

As discussed in the "Introduction" (see page 6), therapeutic empathy was conceptualized as being, in part, a function of the counselor's ability to utilize a reflection of meaning to communicate an empathic "attitude". In order to determine if the experimental manipulation, in this case the training in reflection of meaning, could in fact be demonstrated by subjects in the experimental treatment condition, behavioral frequency counts were made on all of the rated segments of the role-played counseling sessions. For all conditions, a statement was considered a reflection of meaning only if both raters agreed.

For the control condition, three statements were counted as reflections of meaning in both the pre-treatment and post-treatment conditions. For the experimental condition, two statements were identified as reflections of meaning during pre-treatment, and six were counted at post-test. The chi-square test for two independent samples revealed no significant differences between the training conditions ($2, N = 24$) = .602, $p < .543$. However, the fact that the experimental condition did increase the number of reflection of meaning statements as compared to pre-training as well as compared to the control condition, at least in an absolute sense, invites comment and will be discussed in Chapter 5. In general, this finding is problematic since it suggests that the reflection of meaning training condition was not as effective as anticipated.

Hypothesis One

Hypothesis one stated that there would be no statistically significant difference in empathic responding, as rated by trained raters on the Carkhuff Scale of Empathic Understanding, between a conventional microcounseling training group (control condition) and a microcounseling plus reflection of meaning training group (experimental condition).

This hypothesis was tested with a two-tailed t test using separate variance estimates. Results supported the null hypothesis. There was no statistical difference between the control condition ($M = 2.4584$, $SD = .461$) and the experimental condition ($M = 2.2461$, $SD = .520$), $t(21.69) = -1.06$, $p = .301$ (see Table 1). Thus, post-training empathy, as measured by trained raters using the Carkhuff Scale of Empathic Understanding did not differentiate between the two treatment conditions, thereby raising doubts concerning the impact of the experimental manipulation.

Hypothesis Two

Hypothesis two stated that there would be no statistically significant differences in empathic responding, as measured by client ratings on the empathy subscale of the client form of the Barrett-Lennard Relationship Inventory (Form OS--64), between a conventional microcounseling training group (control condition) and a microcounseling plus reflection of meaning training group (experimental condition).

This hypothesis was tested with a two-tailed t test using separate variance estimates. Results showed differences approached significance between the control condition ($M = 26.1667$, $SD = 15.272$)

and the experimental condition ($\bar{M} = 11.2500$, $SD = 23.211$), $t(19.02) = -1.86$, $p = .078$. However, the differences between conditions were in the opposite direction than anticipated (see Table 1). Thus, post-training empathy in the control condition, as perceived by role-played clients, while not significant statistically, suggests that counselors in the control condition were more likely to be perceived as empathic than were counselors in the experimental condition.

Hypothesis Three

Hypothesis three stated that there would be no statistically significant difference in empathic responding, as measured by counselor-trainee self-ratings on the empathy subscale of the counselor form of the Barrett-Lennard Relationship Inventory (Form MO--64) between a conventional microcounseling training group (control condition) and a microcounseling plus reflection of meaning training group (experimental condition).

This hypothesis was tested with a two-tailed t test using separate variance estimates. Results supported the null hypothesis. There was no statistically significant difference between the control condition ($\bar{M} = 21.3333$, $SD = 11.742$) and the experimental condition ($\bar{M} = 20.8333$, $SD = 9.998$), $t(21.45) = -0.11$, $p = .912$ (see Table 1). Thus, counselors in both treatment conditions did not differ on their own self-perceived empathy levels, suggesting again that the experimental manipulation had no effect on empathy as measured from this frame of reference.

Hypothesis Four

Hypothesis four stated that there would be no statistically significant difference in client-perceived counselor expertness, attractiveness, or trustworthiness, as measured by the Counselor Rating Form, between a conventional microcounseling training group (control condition) and a microcounseling plus reflection of meaning training group (experimental condition). (See Table 2.)

This hypothesis was tested with two-tailed t tests using separate variance estimates. Results indicated differences but in the opposite direction than anticipated for two of the three variables.

Specifically, ratings of counselor expertness by the control group ($M = 67.5000$, $SD = 7.477$) and experimental group ($M = 62.5000$, $SD = 9.415$) did not differ significantly, $t(20.93) = -1.44$, $p = .164$.

Ratings of counselor attractiveness by the control group ($M = 71.2500$, $SD = 7.910$) and the experimental group ($M = 62.8333$, $SD = 12.698$) approached statistical significance, $t(18.42) = -1.95$, $p = .067$. However, the difference was in the opposite direction than expected.

Finally, ratings of counselor trustworthiness by the control group ($M = 70.8333$, $SD = 4.951$) and the experimental group ($M = 64.5000$, $SD = 9.756$) approached statistical significance, $t(16.31) = -2.01$, $p = .062$. Again, this difference was in the opposite direction than anticipated. While not reaching statistical significance, two of the social influence factors, attractiveness and trustworthiness, were perceived more highly for the control condition, suggesting clients perceived counselors in the control

Table 1

Mean Ratings of Counselor Empathy

Raters	<u>Conditions</u>				<u>t</u> ^a	<u>df</u>
	Control		Experimental			
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Trained						
Raters ^b	2.4584	.461	2.2461	.520	-1.06	21.69
Clients ^c	26.1667	15.272	11.2500	23.211	-1.86	19.02
Counselors ^d	21.3333	11.742	20.8333	9.998	-0.11	21.45

Note: Twelve counselors are being rated in each condition.

^aSeparate variance estimates were used for the two-tailed t test comparisons. None of the comparisons were statistically significant at the alpha = .05 level.

^bTwo trained raters rated the counselors using the Carkhuff Scale of Empathic Understanding. The scale's range is 1 to 5.

^cTwo coached clients rated the counselors using the Empathy Subscale of the Barrett-Lennard Relationship Inventory (Form OS--64). The scale's range is -48 to +48.

^dTwenty-four counselors rated themselves using the Empathy Subscale of the Barrett-Lennard Relationship Inventory (Form MO--64). The scale's range is -48 to +48.

Table 2

Client Ratings of Counselor
Expertness, Attractiveness, and Trustworthiness

Counselor Attributes	<u>Conditions</u>					
	Control		Experimental		<u>t</u> ^a	<u>df</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Expertness	67.5000	7.477	62.5000	9.415	-1.44	20.93
Attractiveness	71.2500	7.910	62.8333	12.698	-1.95	18.42
Trustworthiness	70.8333	4.951	64.5000	9.756	-2.01	16.31

Note: Twelve counselors are being rated in each condition by the two role-playing clients. Scores can range from 12 to 84.

^aSeparate variance estimates were used for the two-tailed t test comparisons. None of the comparisons were statistically significant at the alpha = .05 level.

condition more favorably than those in the experimental group, along these dimensions of social influence.

Ad Hoc Analyses

Two theoretical assumptions implicit in the rationale for this study were analyzed ad hoc. First, one underlying assumption of this research has been that empathy and the three factors of social influence should be related. In order to better test this assumption, a correlational analysis was performed on the empathy ratings and social influence factors (see Table 3). Second, following Barrett-Lennard (1981), it was deemed appropriate to investigate the inter-relationships of the three empathy outcome measures as an informal test of the three-phase, cyclic model discussed earlier. To test this, a correlational analysis was performed on the empathy ratings with each other (see Tables 4 and 5).

While analyzing the correlations between empathy scores, it became clear that the initial empathy rating of each counselor, as observed by trained raters, correlated with other measures of post-treatment empathy. It was decided to rerun the initial t test comparisons controlling for the baseline empathy ratings (see Table 6).

Empathy and Social Influence. A Pearson correlation matrix was used to generate inter-correlations between the two sets of factors separately for both the experimental and control conditions (see Table 3). Significant correlations in the control conditions were found for trained raters on the social influence factor of

Table 3

Correlation Between Empathy and Social Influence

Conditions	<u>Social Influence Factors</u>		
	Expertness	Attractiveness	Trustworthiness
<hr/>			
Control Group			
Trained Raters	.2145	.5423*	.7926***
Clients	.4601	.7333***	.9405***
Counselors	.1211	.1390	.0886
Experimental Group			
Trained Raters	.5672*	.4612	.3313
Clients	.8951***	.7799***	.6995**
Counselors	.2540	.4673	.3308

Note: Rating Scores for twelve counselors are being used for each comparison.

* $p < .10$

** $p < .05$

*** $p < .01$

Table 4

Correlations Between Measures of Empathy
in the Control Condition

Rater Conditions	<u>Pretest</u>	<u>Control Condition</u>		
	EU-Pre	Trained Raters	Clients	Counselors
EU-Pre	-----	.6949*	.6984*	.3677
Control				
Trained				
Raters	.6949*	-----	.8816**	.2124
Clients	.6984*	.8816**	-----	.1152
Counselors	.3677	.2124	.1152	-----

NOTE: Rating scores for twelve counselors are used for each comparison.

* $p < .05$

** $p < .01$

Table 5

Correlations Between Measures of Empathy
in the Experimental Condition

Rater Conditions	<u>Pretest</u>	<u>Experimental Condition</u>		
	EU-Pre	Trained Raters	Clients	Counselors
EU-Pre	-----	.2883	.2602	.6815*
Experimental Trained				
Raters	.2883	-----	.5790*	.1832
Clients	.2602	.5790*	-----	.2795
Counselors	.6815*	.1832	.2795	-----

NOTE: Rating scores for twelve counselors are used for each comparison.

* $p < .05$

Table 6

Controlling for Post-Treatment Empathy

Using Baseline Empathy Ratings

Raters	<u>Baseline Empathy</u>		
	df	F	p
Trained Raters	1,23	8.3714	.009
Clients	1,23	6.8092	.016
Counselors	1,23	4.1229	.055

NOTE: Tabular values are for the covariate. All main effects were nonsignificant.

trustworthiness while the attractiveness factor approached significance. Client ratings in the control condition also were significantly correlated with the counselor attributes of attractiveness and trustworthiness. Counselor ratings in the control condition were not significantly related to any of the social influence factors.

In the experimental condition, ratings by trained raters were not correlated significantly on the social influence factors although the relationship with counselor expertness approached significance at the .10 level of significance. Client ratings, however, correlated significantly with all three factors of social influence. By contrast, counselor ratings, as was true in the control condition, were not significantly related to any of the social influence factors. Across both groups, then, client perceptions of counselor social influence were most significant, while counselor self-perceived empathy did not correlate with any of the social influence factors, suggesting there is something about counselor self-ratings that is problematic when contrasted with the ratings of trained raters and clients.

Correlations Between Measures of Empathy. (See Table 4.) For the control condition, the empathy ratings using the Carkhuff Scale of Empathic Understanding as a pre-training measure of "baseline" empathy correlated significantly with post-training ratings on the same instrument, as would be expected. In addition, client ratings of counselor empathy were also correlated significantly with this scale. Ratings of trained raters and clients were significantly

related while counselor ratings were unrelated to all other measures of empathy.

In the experimental condition (see Table 5), empathy ratings using the Carkhuff Scale of Empathic Understanding as a pre-training measure of "baseline" empathy correlated significantly only with the counselor self-ratings of empathy. As was true for the control condition, client ratings of empathy correlated significantly with trained raters' ratings. Curiously, the empathy ratings pre and post on the Carkhuff Scale of Empathic Understanding did not correlate significantly for this training condition. Overall, these findings appear to provide equivocal support for Barrett-Lennard's (1981) proposition that empathy can be viewed as a three-phase, semi-autonomous, tri-cyclic process.

Controlling for Post-Treatment Empathy Comparisons Using Baseline Empathy Ratings. An analysis of covariance (ANCOVA) was used to test the impact of the pre-training empathy measure, ratings on the Carkhuff Scale of Empathic Understanding, on the post-training measures of empathy (See Table 6). The covariate was significant with respect to ratings on itself, i.e., the Carkhuff Scale of Empathic Understanding, at post-training and with client empathy ratings. In addition, the covariate approached significance in relation to counselor empathy ratings at post-training. Thus, given the fact that no significant differences for main effects between treatment conditions were found, a considerable amount of explained variance at the end of training, as measured by the three empathy

outcome measures, can be accounted for by the baseline empathy measure.

In this chapter, the results of the data analyses were presented. No support was found for any of the major hypotheses in this study. Subsequent ad hoc analyses revealed significant correlational relationships for client ratings of empathy and social influence. In addition, significant relationships among the post-training measures did not substantiate unequivocally, Barrett-Lennard's (1981) hypothesized cyclic model of empathy. Finally, it was found that the baseline measure of counselor empathy accounted for a substantial amount of the explained variance in the three empathy outcome measures.

Chapter 5

DISCUSSION

This study investigated the effect of a specific training procedure, the microcounseling skill of reflection of meaning, on counselor empathy as measured from three perspectives: trained raters, role-played clients, and counselors. In addition, the social influence factors of counselor expertness, attractiveness, and trustworthiness were compared between groups as a function of training procedure.

Additional ad hoc analyses were performed. First, the inter-relationships of the empathy measures with the factors of social influence were investigated to discover relationships among those variables. Second, the empathy measures employed in this study were inter-correlated with each other to clarify relationships among the measures. Finally, empathy measures were examined with the pre-training empathy covariate factored in as a way of more clearly examining the impact of counselor baseline empathy on the post-training empathy measures.

This chapter is organized around the interpretation of these results. In addition, the limitations and implications of the study as well as possible directions for future research are discussed.

Hypotheses

None of the four major hypotheses in this study, stated in null form, could be refuted. Fundamentally, what this means is that the anticipated relationship between systematic training in the microskill of reflection of meaning, conceptualized as a potentially

potent vehicle for communicating an empathic "attitude" in a therapeutic setting, was not demonstrated. Furthermore, no evidence could be presented validating that training in the skill of reflection of meaning actually generalized to a role-played counseling situation, or for that matter, whether training really occurred at all. These findings do not mean that there is no relationship between the microskill of reflection of meaning and counselor ability to communicate empathically. The findings clearly indicate, however, that the training condition, as organized and presented in this study, was not powerful enough to demonstrate any relationship that might exist between these conditions.

A further hypothesis that post-training empathy would be significantly related, as a function of training, to the social influence factors of expertness, attractiveness, and trustworthiness, was also not supported. While data does exist indicating some relationship between empathy and social influence (e.g., Heppner and Handley, 1981), as a function of training, this relationship was not demonstrated here.

Ad Hoc Analyses

Three ad hoc analyses were conducted, the first two flowing from the theoretical rationale for this study, and the third based on an evaluation of statistical findings as the data analysis unfolded.

The first analysis concerned the inter-correlations between the three outcome measures of empathy and the social influence factors of expertness, attractiveness, and trustworthiness. The most important finding from this analysis is the consistently significant

relationship between client-perceived empathy and social influence, lending some support to earlier data (Gurman, 1977) that client-perceived relationship conditions are better predictors of therapy outcome than external ratings of empathy (Lambert, DeJulio, and Stein, 1978).

A curious finding is the lack of a significant relationship between client ratings of empathy in the control condition and client-perceived expertness. Is it possible that empathy, at least as it is perceived by clients, may be more a function of attractiveness and trustworthiness than expertness? Conversely, this finding is not duplicated in the experimental condition.

The second ad hoc analysis sought to investigate Barrett-Lennard's (1981) assertion that empathy could be conceptualized as a three-phase process, thereby theoretically accounting for some of the lack of concordance between various measures of empathy. Once again, outcomes in the control condition were more significant than in the experimental condition. Ratings of client-perceived empathy and trained observer ratings of empathy are more significant than counselor self-ratings of empathy in relation to the other empathy measures. What this means is unclear in terms of the Barrett-Lennard model of empathy. These findings appear to conflict with the earlier assertion that client-perceived empathy is "different" from trained observer ratings. The consistently low inter-correlations on counselor self-ratings suggest that counselors rate themselves differently on this dimension than do clients or trained raters.

A final ad hoc analysis involved controlling for post-treatment empathy by using baseline empathy ratings as a covariate. The significant and near-significant results on all three measures lend support to the assertion that baseline empathy accounted for a significant amount of the explained variance in the three empathy outcome measures. This suggests that the empathy levels of the counselor trainees before beginning training were not impacted by the experimental manipulation.

As indicated, the two treatment groups did not differ on the variables of sex or baseline empathy. However, they did differ on the variable of age. A significant pre-post finding on the social influence factor of counselor expertness was found as a result of the trainer bias manipulation check using the CERS for the control condition. This result suggests that trainer bias may have played a role in the outcome of this study. A different inference is that the two groups were in fact different, i.e., nonequivalent, and that this difference was reflected in the age factor.

Anecdotal evidence suggests support for the latter interpretation. Trainees in the control condition appeared more "committed" to the training process from the start. By contrast, subjects in the experimental condition seemed less developmentally prepared to invest themselves appropriately in the educational process. By itself, such a state of affairs could have had a profound impact on the training. In addition, however, the experimenter could have been responding to these subjective

differences in an unconscious fashion, thereby compounding the difficulty and seriously biasing the training.

Implications

A major implication of this study is that an abstract skill such as reflection of meaning requires much more power in order to have an immediate impact on counselor trainee interview behavior. As such, the lack of training impact could be construed as an indictment of the microcounseling training technology as a vehicle for teaching conceptually complex counseling skills (Ford, 1979).

More likely, however, is concern over the "beebees and boulders dilemma" articulated by Goodman and Dooley (1976). That is, should a skill such as reflection of meaning, or an attitude such as empathy, be broken down with a greater degree of specificity, or should they be approached from a more global perspective? And, if specified, is there a danger in trivializing or losing the "essence" of the skill being taught?

In effect, by focusing on a single skill, the reflection of meaning, this study sought to "specify" one dimension or aspect of an empathic "attitude". Yet, the skill of reflection of meaning itself appears to be complex enough to require that it be broken down into specific sub-units that are more easily grasped by the average trainee. Perhaps, in this research, the reflection of meaning skill was presented as more global and therefore less behaviorally accessible to the average trainee. What may be needed, then, is a more clearly conceptualized understanding of what a reflection of

meaning is, which could lead to its more adequate presentation in a training context.

The issue of specificity in training for empathy has been investigated by Goldstein and Michaels (1985). They argue that a "components" approach to empathy training, involving a six-stage training model, holds promise for greater trainee outcome. Based on a four-stage empathy model proposed by Keefe (1976), Goldstein and Michaels (1985) have identified the following dimensions as important phases for training in empathy: readiness training, perceptual accuracy training, affective reverberation training, cognitive analysis training, empathic communication training, and transfer and maintenance training.

Various issues arising in the current study have implications within the context of this training model. A key issue in this study was the level of baseline empathy that a trainee should "possess" in order to be admitted to a graduate training program. Goldstein and Michaels (1985) argue that training programs in the past have labored under what amounts to a "trainee uniformity myth", i.e., that all trainees are capable of becoming equally empathic as a result of training. Rather, they argue that capacity for empathy is probably normally distributed and that, given limited resources, training should be reserved for those students who show the most promise of benefitting from training. Perhaps the lower the level of initial or baseline empathy, the more unlikely it is that training will have a positive impact on trainee growth as an effective, maturing counselor.

Further, if training in complex helping skills is going to be attempted through systematic training programs such as micro-counseling, etc., more time needs to be devoted to skill development. While the time-frame utilized in this study was within reasonable limits when compared to the range that exists among studies in this area (Kurtz, Marshall, and Banspach, 1985), the time allotted for training in the skill of reflection of meaning was clearly inadequate.

However, length of training is only one factor that may need to change in future investigations. Due to the complexity of this skill, issues of developmental readiness, trainee anxiety, and the size and sequencing of the steps of training also need to be addressed.

The empathy "components" model (Goldstein and Michaels, 1985) places emphasis on helping trainees develop "empathy preparatory" skills as part of the readiness training phase of the six-stage model. As an example of this phase, which appears to creatively address issues of developmental readiness as well as the size and sequencing of the steps of training, is a program developed by Frank (1977).

In this program, trainees were successfully taught (1) imagination skills, designed to increase accurate identification of implied meanings, (2) behavioral observation skills, designed to increase accurate predictions of another's overt behavior, and (3) flexibility skills designed to increase the use of differentiated levels of social reasoning. By incorporating a "readiness" phase to

the training program used in this study, treatment may have been enhanced.

The issue of anxiety over performance was also probably a factor in the outcome of this research. As an inhibitor of learning as well as performance, level of anxiety has been well-documented (Sarason, 1975; Spielberger, 1966). Methodology for coping with anxiety could be incorporated in the "readiness" phase of training in addition to making it an on-going aspect of the training process. Morton and Kurtz (1982), in their contingency model of interacting instructional dimensions, identify the "Relationship" dimension as critical in the trainer's efforts to help trainees manage anxiety effectively. Facets of this dimension include (1) the activities required to establish an appropriate climate for learning, (2) the importance of building learner/trainer trust and trust among group members, (3) and the necessity of responding to learner needs throughout the course of training.

Another example of implementing a procedure for assisting trainees to more effectively cope with their anxiety surrounding performance was conducted by Pereira (1978). He used an interpersonal process recall procedure (Kagan, 1975) to reduce "affect-associated anxiety", thereby providing support for trainees in their efforts to cope with their "interpersonal allergies" (Kagan, 1975).

Thus, laying a foundation for more complex skill acquisition through a kind of empathy "readiness" training seems important in light of the outcome of the present study. Consequently, training in

the skill of reflection of meaning should proceed in smaller steps. As an example, perhaps helping trainees to be able to identify a reflection of meaning in an analogue setting could be considered significant progress toward developing this skill.

Another issue addressed in the empathy "components" model of training (Goldstein and Michaels, 1985) that has implications for the present study is the problem of transfer and maintenance of training effects. Based on their earlier work (Goldstein, Heller, and Sechrist, 1966), it is more likely that transfer and maintenance of skills will be enhanced if the trainee is provided with the general principles ("rules") that mediate successful performance on the task. In addition, the training should be structured so that identical elements are incorporated in both the training and application of the skill being developed. A further enhancement technique is maximizing response availability through overlearning of correct responses. In addition, as a part of training, it is important to maximize the stimulus range or variability that are representative of the population to which the skill will be applied. Finally, the use of hierarchically graduated homework assignments which increase the likelihood of real-world reinforcement would also serve to enhance transfer and maintenance of training effects.

Limitations

A major limitation of this study was the use of intact groups which, from a subjective standpoint, appeared to be nonequivalent. In addition, the relatively small sample size also affects the power of this kind of research. However, Russell, Crimmings, and Lent

(1984) offer some useful suggestions for coping with these inherent limitations in training methodology. If possible, they recommend assigning subjects randomly to treatments by scheduling both at the same time. Subject size could be increased by cooperatively conducting the research simultaneously at different training institutions. Finally, conducting the same study over the course of several semesters, while not ideal, does provide a basis for increasing sample size that allows for more legitimate use of classical, inferential methodology.

Trainer bias should be controlled for if at all possible by employing separate experimenters who are naive to the purpose of the study (Kazdin, 1980).

The study may have been limited by the immaturity of some of the subjects in the experimental condition. In addition, apparent unresolved personal issues in these subjects for which counseling was recommended are also cause for concern. This limitation reflects the researcher's concern over the levels of empathy which students bring with them to a training program and the ethical responsibility of faculty to monitor the quality control of their graduate training programs in general.

Finally, it is the position of Carkhuff (1969) that trainer level of interpersonal skill (i.e., empathy) determines how much impact training will have on those who are being taught.

Perhaps the most critical variable in effective counselor training is the level at which the counselor-trainer is functioning on those dimensions related to constructive helpee

change. In relation to helpee change, research has led us to discern what we term both facilitative and action-oriented interpersonal dimensions (empathy, respect, concreteness, genuineness, self-disclosure, confrontation, immediacy) as the critical ingredients of effective interpersonal processes.... Hopefully, the trainer is not only functioning at high levels on these dimensions but is also attempting to impart learnings concerning these dimensions in a systematic manner, for only then will he integrate the critical sources of learning--the didactic, the experiential and the modeling (Carkhuff, 1969, p. 152-153).

It is possible that the level of empathy of the trainer in this study limited the amount of gain that trainees experienced as a function of the training.

Future Research

In the view of this researcher, the microcounseling skill of reflection of meaning maintains its appeal as a potentially useful, even potent, avenue for communicating an empathic "attitude". Future research needs to capitalize on this possibility by breaking down, both conceptually and developmentally, the components of this skill, perhaps in different ways, so that students of varying conceptual levels would have more of an opportunity to "access" this skill.

In effect, the challenge to develop an adequate methodology for teaching the skill of reflection of meaning serves as a metaphor for the challenge facing both the microcounseling model specifically, as well as the counselor training profession in general. That is, how

can specific effects, both within counseling sessions (i.e., process) and at outcome be linked to specific counselor behaviors and attitudes? In turn, how can these behaviors and attitudes be linked to the training behavior of clinical faculty?

Finally, it is important to remember that at the core of this research lies a deep concern for what is humane and real in all of us, both as people and as professionals. Just as empathy is an "attitude" that can be communicated in many ways, the ability to connect with another's "meaning" is the essence of being human and therefore should be a priority for us all, each in our own way.

From a therapeutic perspective, the issue is this:

We want to emphasize the therapist-as-person before the therapist-as-expert or therapist-as-technician. We want to emphasize the commonality that psychotherapy has with other aspects of life. We want to emphasize the therapist as a viable human being engaged in a terribly human endeavor (Truax and Mitchell, 1971, p. 34).

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APPENDIX A
BARRETT-LENNARD RELATIONSHIP INVENTORY
FORM MO-64

The Centre for Studies in Human Relations

Norwich House, 40 Kings Park Road, West Perth, W.A. Australia 6005
Telephone. (09) 322 7164. International + 619 322 7164

2nd July, 1985.

Mr Richard J. Long,
University Counselling Centre,
St Mary's University,
One Camino Santa Maria,
San Antonio, TX,
U.S.A. 78284.

Dear Mr Long,

This letter confers formal permission for you to recopy and utilize the (Barrett-Lennard) Relationship Inventory in your work. Specific conditions of this permission are mentioned below.

1. I agree that you may reproduce and utilize the relevant form(s) of the Inventory - to a maximum of one hundred and fifty copies in total - for use in your own research and studies you personally supervise or collaborate in. As matters stand, it would be straightforward and not costly to expand this permission in your name, if your work with the R.I. continues and would exceed the agreed limit.

2. (a) This release excludes use of the instrument in fee-paying service contexts, that is, for purposes other than research and graduate or professional education. Should this exclusion become a barrier to an application or exploratory usage you wish to make, it would be quite in order to seek my informed agreement to this further use.

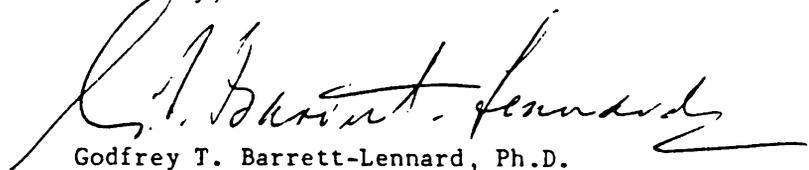
(b) It is part of our arrangement that you will later send me the reference details, at least, to any conference report, publication or graduate thesis flowing from work in which the B-LRI is used under this permission.

3. Should you consider making any substantive revision or adjustment to the R.I., yourself (especially, in any way that would affect item content or answer categories or codes), kindly write to me--or telephone--about your plan or need. I may be able to help with further information, useful cautions or other advice. In any case, if you introduce any variation at all to an established 64-item form, your minimum obligation is to send me full details of the changes; and to acknowledge them in your report.

4. Any form of the R.I. you retype or copy must somewhere indicate or imply that I hold copyright--or that it is adapted with my permission from a copyright form. Providing this is done, should you wish to reproduce the R.I. in your dissertation, it would be unnecessary for you or University Microfilms (as relevant) to obtain my further permission.

I do look forward to knowing the outcome of your work, including aspects that may extend knowledge of the Relationship Inventory itself...

Sincerely,



Godfrey T. Barrett-Lennard, Ph.D.

EDUCATION — RESEARCH — CONSULTATION

G.T. Barrett-Lennard, Ph.D. Fellow and Director.
Residence telephone: (09) 341 3442.

RELATIONSHIP INVENTORY--FORM MO--64*

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with _____, mentally adding his or her name in the space provided. If, for example, the other person's name was John, you would read statement #1, as "I respect John as a person".

Mark each statement in the answer column on the right, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- | | |
|---|--|
| +3: Yes, I strongly feel that it is true. | -1: No, I feel that it is probably untrue, or more untrue than true. |
| +2: Yes, I feel it is true. | -2: No, I feel it is not true. |
| +1: Yes, I feel that it is probably true, or more true than untrue. | -3: No, I strongly feel that it is not true. |

-
- _____ 1. I respect _____ as a person.
 - _____ 2. I want to understand how _____ sees things.
 - _____ 3. The interest I feel in _____ depends on the things he/she says or does.
 - _____ 4. I feel at ease with _____.
 - _____ 5. I really like _____.
 - _____ 6. I understand _____'s words but do not know how he/she actually feels.
 - _____ 7. Whether _____ is feeling pleased or unhappy with himself/herself does not change my feeling toward him/her.
 - _____ 8. I am inclined to put on a role or front with _____.

- ___ 9. I do feel impatient with ____.
- ___ 10. I nearly always know exactly what ____ means.
- ___ 11. Depending on ____'s actions, I have a better opinion of him/her sometimes that I do at other times.
- ___ 12. I feel that I am genuinely myself with ____.
- ___ 13. I appreciate ____, as a person.
- ___ 14. I look at what ____ does from my own point of view.
- ___ 15. The way I feel about ____ doesn't depend on his/her feelings toward me.
- ___ 16. It bothers me when ____ tries to ask or talk about certain things.
- ___ 17. I feel indifferent to ____.
- ___ 18. I do usually sense or realize how ____ is feeling.
- ___ 19. I would like ____ to be a particular kind of person.
- ___ 20. When I speak to ____ I nearly always can say freely just what I'm thinking or feeling at that moment.
- ___ 21. I find ____ rather dull and uninteresting.
- ___ 22. What ____ says or does arouses feelings in me that prevent me from understanding him/her.
- ___ 23. Whether ____ criticizes me or shows appreciation of me does not (or would not) change my inner feeling toward him/her.
- ___ 24. I would really prefer ____ to think that I like or understand him/her even when I don't.
- ___ 25. I care for ____.
- ___ 26. Sometimes I think that ____ feels a certain way, because that's the way I feel myself.
- ___ 27. I like ____ in some ways, while there are other things about him/her that I do not like.
- ___ 28. I don't feel that I have been ignoring or putting off anything that is important for our relationship.

- ____ 29. I do feel disapproval of ____.
- ____ 30. I can tell what ____ means, even when he/she has difficulty in saying it.
- ____ 31. My feeling toward ____ stays about the same; I am not in sympathy with him/her one time and out of patience another time.
- ____ 32. Sometimes I am not all comfortable with ____ but we go on, outwardly ignoring it.
- ____ 33. I put up with ____.
- ____ 34. I usually catch and understand the whole of ____'s meaning.
- ____ 35. If ____ gets impatient or mad at me I become angry or upset too.
- ____ 36. I am able to be sincere and direct in whatever I express with ____.
- ____ 37. I feel friendly and warm toward ____.
- ____ 38. I ignore some of ____'s feelings.
- ____ 39. My liking or disliking of ____ is not altered by anything that he/she says about himself/herself.
- ____ 40. At times I just don't know, or don't realize until later, what my feelings are with ____.
- ____ 41. I value our relationship.
- ____ 42. I appreciate just how ____'s experiences feel to him/her.
- ____ 43. I feel quite pleased with ____ sometimes, and then he/she disappoints me at other times.
- ____ 44. I feel comfortable to express whatever is in my mind with ____, including any feelings about myself or about him/her.
- ____ 45. I really don't like ____ as a person.
- ____ 46. At times I think that ____ feels strongly about something and then it turns out that he/she doesn't.
- ____ 47. Whether ____ appears in good spirits, or is bothered and

upset, does not make me feel any more or any less appreciation of him/her.

- ___ 48. I can be quite open myself in our relationship.
- ___ 49. Somehow ___ really irritates me (gets "under my skin").
- ___ 50. At the time, I don't realize how touchy or sensitive ___ is about some of the things we discuss.
- ___ 51. Whether ___'s expressing "good" thoughts and feelings, or "bad" ones, does not affect the way I feel toward him/her.
- ___ 52. There are times when my outward response to ___ is quite different from the way I feel underneath.
- ___ 53. In fact, I feel contempt toward ___.
- ___ 54. I understand ___.
- ___ 55. Sometimes ___ seems to me a more worthwhile person than he/she does at other times.
- ___ 56. I don't sense any feelings in relation to ___ that are hard for me to face and admit to myself.
- ___ 57. I truly am interested in ___.
- ___ 58. I often respond to ___ rather automatically, without taking in what he/she is experiencing.
- ___ 59. I don't think that anything ___ says or does really alters the way I feel toward him/her.
- ___ 60. What I say to ___ often would give a wrong impression of my full thought or feeling at the time.
- ___ 61. I feel deep affection for ___.
- ___ 62. When ___ is hurt or upset I can recognize just how he/she feels, without getting upset myself.
- ___ 63. What other people think and feel about ___ does help to make me feel as I do toward him/her.
- ___ 64. I feel there are things we don't talk about that are causing difficulty in our relationship.

APPENDIX B
BARRETT-LENNARD RELATIONSHIP INVENTORY
FORM OS--64

The Centre for Studies in Human Relations

Norwich House, 40 Kings Park Road, West Perth, W.A. Australia 6005
Telephone: (09) 322 7164. International + 619 322 7164

2nd July, 1985.

Mr Richard J. Long,
University Counselling Centre,
St Mary's University,
One Camino Santa Maria,
San Antonio, TX,
U.S.A. 78284.

Dear Mr Long,

This letter confers formal permission for you to recopy and utilize the (Barrett-Lennard) Relationship Inventory in your work. Specific conditions of this permission are mentioned below.

1. I agree that you may reproduce and utilize the relevant form(s) of the Inventory - to a maximum of one hundred and fifty copies in total - for use in your own research and studies you personally supervise or collaborate in. As matters stand, it would be straightforward and not costly to expand this permission in your name, if your work with the R.I. continues and would exceed the agreed limit.

2. (a) This release excludes use of the instrument in fee-paying service contexts, that is, for purposes other than research and graduate or professional education. Should this exclusion become a barrier to an application or exploratory usage you wish to make, it would be quite in order to seek my informed agreement to this further use.

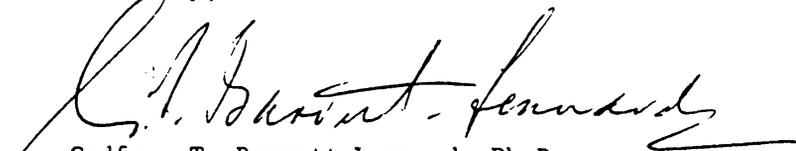
(b) It is part of our arrangement that you will later send me the reference details, at least, to any conference report, publication or graduate thesis flowing from work in which the B-LRI is used under this permission.

3. Should you consider making any substantive revision or adjustment to the R.I., yourself (especially, in any way that would affect item content or answer categories or codes), kindly write to me--or telephone--about your plan or need. I may be able to help with further information, useful cautions or other advice. In any case, if you introduce any variation at all to an established 64-item form, your minimum obligation is to send me full details of the changes; and to acknowledge them in your report.

4. Any form of the R.I. you retype or copy must somewhere indicate or imply that I hold copyright--or that it is adapted with my permission from a copyright form. Providing this is done, should you wish to reproduce the R.I. in your dissertation, it would be unnecessary for you or University Microfilms (as relevant) to obtain my further permission.

I do look forward to knowing the outcome of your work, including aspects that may extend knowledge of the Relationship Inventory itself...

Sincerely,



Godfrey T. Barrett-Lennard, Ph.D.

EDUCATION — RESEARCH — CONSULTATION

G.T. Barrett-Lennard, Ph.D. Fellow and Director.
Residence telephone: (09) 341 3442.

(BARRETT-LENNARD) RELATIONSHIP INVENTORY--FORM OS--64*

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each numbered statement with reference to your present relationship with _____, mentally adding his or her name in the space provided. If, for example, the other person's name was John, you would read statement #1, as "John respects me as a person".

Mark each statement in the answer column on the right, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- +3: Yes, I strongly feel that it is true.
- +2: Yes, I feel it is true.
- +1: Yes, I feel that it is probably true, or more true than untrue.
- 1: No, I feel that it is probably untrue, or more untrue than true.
- 2: No, I feel it is not true.
- 3: No, I strongly feel that it is not true.

	ANSWER
1. ___ respects me as a person	_____
2. ___ wants to understand how I see things.	_____
3. ___'s interest in me depends on the things I say or do .	_____
4. ___ is comfortable and at ease in our relationship. . . .	_____
5. ___ feels a true liking for me.	_____
6. ___ may understand my words but he/she does not see the way I feel.	_____
7. Whether I am feeling happy or unhappy with myself makes no real difference to the way ___ feels about me	_____
8. I feel that ___ puts on a role or front with me.	_____

ANSWER

- 9. ___ is impatient with me. _____
- 10. ___ nearly always knows exactly what I mean _____
- 11. Depending on my behavior, ___ has a better opinion of me
some times that he/she has at other times _____
- 12. I feel that ___ is real and genuine with me. _____
- 13. I feel appreciated by _____. _____
- 14. ___ looks at what I do from his/her own point of view. . _____
- 15. ___'s feeling toward me doesn't depend on how I feel
toward him/her. _____
- 16. It makes ___ uneasy when I ask or talk about certain
things. _____
- 17. ___ is indifferent to me _____
- 18. ___ usually senses or realizes what I am feeling _____
- 19. ___ wants me to be a particular kind of person _____
- 20. I feel that what ___ says usually expresses exactly what
he/she is feeling and thinking at that moment _____
- 21. ___ finds me rather dull and uninteresting _____
- 22. ___'s own attitudes toward some of the things I do or say
prevent him/her from understanding me _____
- 23. I can (or could) be openly critical or appreciative of _____
without really making him/her feel any differently about me _____
- 24. ___ wants me to think that he/she likes me or understands
me more than he/she really does _____
- 25. ___ cares for me _____
- 26. Sometimes ___ thinks that I feel a certain way, because
that's the way he/she feels _____
- 27. ___ likes certain things about me, and there are other
things he/she does not like _____
- 28. ___ does not avoid anything that is important for our

ANSWER

- relationship. _____
29. I feel that _____ disapproves of me. _____
30. _____ realizes what I mean even when I have difficulty in saying it _____
31. _____'s attitude toward me stays the same: he/she is not pleased with me sometimes and critical or disappointed at other times _____
32. Sometimes _____ is not at all comfortable but we go on, outwardly ignoring it _____
33. _____ just tolerates me. _____
34. _____ usually understands the whole of what I mean _____
35. If I show that I am angry with _____ he/she becomes hurt or angry with me, too _____
36. _____ expresses his/her true impressions and feelings with me _____
37. _____ is friendly and warm with me _____
38. _____ just takes no notice of some things that I think or feel _____
39. How much _____ likes or dislikes me is not altered by anything that I tell him/her about myself _____
40. At times I sense that _____ is not aware of what he/she is really feeling with me. _____
41. I feel that _____ really values me _____
42. _____ appreciates exactly how the things I experience feel to me _____
43. _____ approves of some things I do, and plainly disapproves of others _____
44. _____ is willing to express whatever is actually in his/her mind with me, including personal feelings about either of us _____
45. _____ doesn't like me for myself _____

ANSWER

- 46. At times ____ thinks that I feel a lot more strongly about a particular thing than I really do ____
- 47. Whether I happen to be in good spirits or feeling upset does not make ____ feel any more or less appreciative of me. . ____
- 48. ____ is openly himself/herself in our relationship. . . . ____
- 49. I seem to irritate and bother ____ ____
- 50. ____ does not realize how sensitive I am about some of the things we discuss ____
- 51. Whether the ideas and feelings I express are "good" or bad seems to make no difference to ____'s feeling toward me . ____
- 52. There are times when I feel that ____'s outward response to me is quite different from the way he/she feels underneath. ____
- 53. ____ feels contempt for me. ____
- 54. ____ understands me ____
- 55. Sometimes I am more worthwhile in ____'s eyes than I am at other times ____
- 56. ____ doesn't hide anything from himself/herself that he/she feels with me ____
- 57. ____ is truly interested in me. ____
- 58. ____'s response to me is usually so fixed and automatic that I don't really get through to him/her. ____
- 59. I don't think that anything I say or do really changes the way ____ feels toward me. ____
- 60. What ____ says to me often gives a wrong impression of his/her total thought or feeling at the time. ____
- 61. ____ feels deep affection for me. ____
- 62. When I am hurt or upset ____ can recognize my feelings exactly, without becoming upset too ____
- 63. What other people think of me does (or would, if he/she knew) affect the way ____ feels toward me ____

ANSWER

64. I believe that ____ has feelings he/she does not tell me
about that are causing difficulty in our relationship . . . _____

APPENDIX C
COUNSELOR RATING FORM

	<u>Very</u>	<u>Quite</u>	<u>Only</u>	<u>Neu-</u>	<u>Only</u>	<u>Quite</u>	<u>Very</u>	
	<u>Much</u>		<u>Slightly</u>	<u>tral</u>	<u>Slightly</u>		<u>Much</u>	
respectful	___	:	___	:	___	:	___	disrespectful
open	___	:	___	:	___	:	___	closed
sincere	___	:	___	:	___	:	___	insincere
straightforward	___	:	___	:	___	:	___	deceitful
appreciative	___	:	___	:	___	:	___	unappreciative
warm	___	:	___	:	___	:	___	cold
informed	___	:	___	:	___	:	___	ignorant
prepared	___	:	___	:	___	:	___	unprepared
experienced	___	:	___	:	___	:	___	inexperienced
confident	___	:	___	:	___	:	___	unsure
expert	___	:	___	:	___	:	___	inexpert
close	___	:	___	:	___	:	___	distant
confidential	___	:	___	:	___	:	___	revealing
logical	___	:	___	:	___	:	___	illogical
intelligent	___	:	___	:	___	:	___	stupid
casual	___	:	___	:	___	:	___	formal
honest	___	:	___	:	___	:	___	dishonest
attractive	___	:	___	:	___	:	___	unattractive
sociable	___	:	___	:	___	:	___	unsociable
skillful	___	:	___	:	___	:	___	unskillful
clear	___	:	___	:	___	:	___	vague
insightful	___	:	___	:	___	:	___	insightless
dependable	___	:	___	:	___	:	___	undependable

APPENDIX D
COUNSELOR EFFECTIVENESS RATING SCALE

COUNSELOR EFFECTIVENESS RATING SCALE

Instructions

The purpose of this inventory is to measure your perceptions of the counselor by having you react to a number of concepts related to counseling. In completing this inventory, please make your judgments on the basis of what the concepts mean to you. For example, THE COUNSELOR'S EXPERTNESS may mean different things to different people but we want you to rate the counselor based on what expertness in counseling means to you.

On the following page you will find 10 concepts and beneath each concept a scale on which to record your reaction. One of the concepts/scales is presented below with examples of how you might score it.

THE COUNSELOR'S EXPERTNESS

If you feel the counselor was very good, you might put an X in the far left space like this:

good | X | _____ | _____ | _____ | _____ | _____ | _____ | bad

If you feel the counselor is a good counselor but could be a little better, put an X in the second space like this:

good | _____ | X | _____ | _____ | _____ | _____ | _____ | bad

If you feel the counselor is a good counselor but could be a lot better, put an X in the third space like this:

good | _____ | _____ | X | _____ | _____ | _____ | _____ | bad

and so on.

Please remember these important points:

- 1. Place your X's in the middle of the spaces, not on the boundaries.

good | _____ | _____ | X | X | _____ | _____ | _____ | bad

- 2. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment. Please do not omit any.

- 3. Never put more than one check mark on a single scale.

- 4. Notice that the good and bad scales are reversed every other

time like this:

THE COUNSELOR'S EXPERTNESS

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S FRIENDLINESS

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

We want to know how you perceived the counselor. You can help us by not talking with anyone about your reactions until after the forms are collected.

THE COUNSELOR'S EXPERTNESS

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S FRIENDLINESS

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

THE COUNSELOR'S SINCEREITY

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S COMPETENCE

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

THE COUNSELOR'S SKILL

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S RELIABILITY

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

THE COUNSELOR AS SOMEONE

I WOULD SEE FOR COUNSELING

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S APPROACHABILITY

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

THE COUNSELOR'S LIKEABILITY

good | _____ | _____ | _____ | _____ | _____ | _____ | _____ | bad

THE COUNSELOR'S TRUSTWORTHINESS

bad | _____ | _____ | _____ | _____ | _____ | _____ | _____ | good

APPENDIX E
CLIENT ROLE DESCRIPTION

Client Role Description:

Specified Statements Illustrating Client Constructs

1. I don't know what's wrong, lately I've been feeling so vulnerable. I need to feel strong again.
2. I used to be an active person. Now I just sit around feeling bored.
3. Maybe I'm just paranoid, but I really don't feel like I can trust men anymore.
4. I like the independence, but sometimes it gets so lonely.
5. I'm really not sure what it means to be intimate anymore, but I'm tired of all the superficiality, it's just everywhere.
6. I guess what's important to me is to really feel a deep sense of sharing with another person, where we feel connected. We just became too distant.
7. I need to be committed to someone or something, but right now I feel so unsure of myself.
8. Sometimes I feel so angry at him, but then I regain control and calm down.
9. I feel different, like I just don't fit anywhere. It would be nice just to be accepted as normal for a change.
10. I used to be such a good little girl. Now, to be divorced is about as bad as you can be, at least in my family.

APPENDIX F

CLIENT INFORMATION SHEET: "JOAN"

Client Information Sheet: "Joan"

I. Identifying Data

Age: 25

Sex: Female

Marital Status: Married three years. Divorced six months ago.
No children.

Living Situation: Client shares an apartment with another
single, female roommate.

General Self-Presentation: Articulate, thoughtful,
professional, inhibited, depressed,
confused.

Occupational Status: Currently employed as a middle school
social studies teacher at a public
school. Client has worked in this
position four years.

II. Presenting Problem: Joan is seeking counseling for
"depression" and a general feeling that life is "passing her
by." She feels a lack of clarity about who she is and has lost
her "bearings" since the divorce. She has come to accept the
divorce to some degree yet still feels periodic upsurges of
anger. Occassionally, Joan experiences "panic attacks" when
alone at home or while driving.

III. Relevant History: The second oldest of six children from a
traditional Roman Catholic family, Joan is the only family
member to achieve academic success beyond high school. Her
father is a government postal employee and her mother is a

homemaker. Joan considers herself the "black sheep" of the family and is not conventionally religious, although she does believe in God. She is the only child not living in her home town yet remains on friendly terms with her family, although they are not "close." Joan is proud of her self-assertion in her career, but feels self-conscious and "shy" in her interpersonal life. In general, she has concluded that she and her ex-husband did not really "know" each other when they married and thus had a poor foundation for a relationship. However, it was he who initiated the divorce proceedings, leaving her feeling angry, rejected, and vulnerable.

APPENDIX G

REPTTEST FOR DEVELOPMENTAL SELF-KNOWLEDGE

Reptest for Developmental Self-Knowledge

Directions:

1. Using twelve 3" x 5" cards, number them from 1 to 12 in the upper right-hand corner.
2. Using the following descriptions, write the names of co-workers or friends with whom you interact on a regular basis. Select twelve different persons (if the same person comes to mind in a later description, select another) so that at the conclusion you have twelve different names on the cards. (No one else will see the names--they are only for your use.)
 - a. The first male co-worker (friend) whose name comes to mind.
 - b. A female co-worker (friend) you find hard to understand.
 - c. A male co-worker (friend) you would like to help.
 - d. The first female co-worker (friend) who comes to mind.
 - e. A male co-worker (friend) you would like to know better.
 - f. A female co-worker (friend) you like.
 - g. A male co-worker (friend) you like.
 - h. A female co-worker (friend) you would like to help.
 - i. A male co-worker (friend) you don't like.
 - j. A female co-worker (friend) you don't like.
 - k. A male co-worker (friend) you find it hard to understand.

1. A female co-worker (friend) you would like to know better.
3. Next, select cards 1, 4, and 8 and place them before you. After asking yourself the question, "Which two of these three are alike in some important way and different from the third?" select those two and put them together. Next, ask yourself the question, "How are they alike?" describing this similarity in your own words by a word or phrase. Copy the following list on a separate sheet. Circle the two persons whom you thought were alike and write your word or phrase describing how you see them as being alike. Continue this procedure for the other nine triads.

a. 1-4-8

b. 2-5-9

c. 3-7-10

d. 4-6-11

e. 1-5-12

f. 2-6-9

g. 3-4-10

h. 5-6-11

i. 7-8-9

j. 10-11-12

APPENDIX H
REPTTEST FOR DEVELOPMENTAL SELF-KNOWLEDGE
DATA SHEET

Reptest for Developmental Self-Knowledge

Data Sheet

		<u>Similarity</u>	<u>Contrast</u>	<u>Construct</u>
a.	1-4-8	_____	_____	_____
b.	2-5-9	_____	_____	_____
c.	3-7-10	_____	_____	_____
d.	4-6-11	_____	_____	_____
e.	1-5-12	_____	_____	_____
f.	2-6-9	_____	_____	_____
g.	3-4-10	_____	_____	_____
h.	5-6-11	_____	_____	_____
i.	7-8-9	_____	_____	_____
j.	10-11-12	_____	_____	_____

APPENDIX I
CONSENT STATEMENT

Consent Statement

The Department of Counseling at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time. The decision to withdraw as a participant will have no impact on your evaluation in this class.

This study is concerned with the processes by which students are trained to become effective counselors. The extent of your out-of-class involvement will be to participate in two 30-minute audiotaped counseling sessions with a role-played client, once at the beginning and again at the end of the current semester. In addition, you will be asked to complete two brief questionnaires at the conclusion of the second role-played interview. Your responses will be kept strictly confidential.

Your participation is solicited, but is strictly voluntary. Be assured that your name and any information about you will not be associated with the research results not available to anyone. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Richard J. Long
Principal Investigator
Office: 436-3135
Home: 646-9729

Signature of student agreeing to participate