

Time-Condensed Instruction
of Fundamental Communication Skills

Greg Decker

University of Kansas

Submitted to the graduate degree program in Psychology and Research in Education and the Graduate Faculty of the Graduate School of the University of Kansas in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Dr. Jim Lichtenberg, Ph.D.

Dr. Barbara Kerr, Ph.D.

Dr. Paul Markham, Ph.D.

Dr. Tom Krieshok, Ph.D.

Dr. Dennis Karpowitz, Ph.D.

Date defended: _____

The Dissertation Committee for Greg Decker certifies that
this is the approved version of the following dissertation:

Time-Condensed Instruction
of Fundamental Communication Skills

Committee:

Dr. Jim Lichtenberg, Ph.D.

Dr. Barbara Kerr, Ph.D.

Dr. Paul Markham, Ph.D.

Dr. Tom Krieshok, Ph.D.

Dr. Dennis Karpowitz, Ph.D.

Date approved: _____

Acknowledgements:

I would like to express my heartfelt appreciation to my wife for her magnanimous support during the creation of this study. She has been patient and understanding beyond words. As a result of her gentle and tough love, this work is completed. I could not ask for a smarter, more beautiful, or more dedicated partner. I hope that our future holds one amazing adventure after another.

To my adviser, Dr. Lichtenberg, who continues to astound me with his ability to be on top of a thousand projects at once and still make time for me; thank you. I have never had an email or phone call go unanswered with complete, thoughtful, and helpful feedback. That this study is even marginally comprehensible is the result of his tireless comments, suggestions, and edits. Thank you for navigating with me this counseling odyssey from first contact to this moment. Your experience, humanity, and professionalism are inspiring.

To Dr. Kerr, with an invigorating enthusiasm for teaching, therapy, and research, I commit my full gratitude for your help conceptualizing and implementing this project. Without your keenness and support, this project would simply not be. Your energy and professional skill have been inspiring. Thank you for believing in the possibilities of the project, in me, and especially in this transformative work of learning to help people become "unstuck" in their lives.

A special thank you to my mother who always believed I could do anything. Everyone should have a mom like you. Thank you for teaching me about interacting and communicating with anyone comfortably because *people are just people*. Thank you for helping a shy child develop interpersonal skills by taking him to movie sets. I will never forget finding you sitting under a tree talking with the Bee Gees and their wives about swimming lessons as if they were your best friends. You practiced what you preached and that was impressive and appreciated.

To my father, who passed away while I was in school, thank you for being rock solid in behaving according to your beliefs. You were, in a word, congruent. You interacted with incredibly-diverse cross sections of society and I watched you judge everyone on their own merits, never on background, culture, or skin color. Your vast knowledge of everything made us loathe you as a Trivial Pursuit opponent, but invaluable for everything else in life. You are remembered fondly and you are missed.

Abstract

The effectiveness of a communication skills training program designed to teach basic skills was evaluated. Findings from basic and advanced communication skills studies have supported the effectiveness claims of communication skills training. A common finding is that basic skills require less time to learn than advanced skills (Kuntze, Van der Molen, & Born, 2007). However, the specific rates of skill acquisition and the amount of time needed to train specific skills have not been systematically investigated. In this exploratory study, Fundamental Communication Skills (FCS) were taught to thirty two counseling psychology graduate students using randomized treatment and control groups in a three-hour training session. The frequency of use of the FCS were measured multiple times after training and at a ten week follow up.

Participants increased their frequency of use of FCS after training and maintained those skills over time. However, skill acquisition trends suggested: (a) some communication skills are less amenable to time-condensed training than others and, (b) some interpersonal behaviors that previous research identified as "fundamental" may contain multiple social-cognitive elements that might be more accurately conceptualized as part of an "advanced" skills continuum.

Table of Contents

Contents	Page
Chapter I: Introduction	1
Communication Mastery vs. Clinical Competency	2
Current Approaches to Training	3
Communication Skills Training is Diversified	4
Fundamental and Advanced Communication Skills	5
Training Schedules: The Neglected Variable	7
Purpose of the Study	9
Hypotheses	10
Rationale	11
Chapter II: Literature Review	13
Kagan's Interpersonal Process Recall Training Model	13
IPR: A Cost Benefit Analysis	16
IPR: Inferences in Therapy	18
IPR: Interpersonal Skills Training on Campus	20
Carkhuff's Human Resource Development Training Model	23
HRD: Communications Training for High School Students	24
HRD: Communications Training for College Students	26
HRD: Unsupervised Interpersonal Skills Training	28
Ivey's Microcounseling Training Model	32
MC: Training in Africa	34
MC: Training Hotline Workers	37
MC: Counting vs. Rating Interpersonal Behaviors	39
MC: Transfer of Training and Retention	41
Literature Review Summary	43
Chapter III: Methods	46
Participants	46
Instruments	46
Design	47
Procedure	48
Identifying and Counting Skill Frequencies	52
Interrater Reliability	53
Chapter IV: Results	56
Hypothesis One	56
Hypothesis Two	58
Hypothesis Three	59
Hypothesis Four	61
Individual Skills: Trends Over Time	62
Chapter V: Discussion	71
Implications of Preliminary Findings	71
Narratives for the Hypothesis	72
Narratives for Skill Acquisition Trends	74

Interdependence and Skill Acquisition Rates	78
Implications for the Current Training Model	80
Participant Feedback	80
Frequency vs. Quality	82
Limitations	83
Recommendations for Future Research	85
Discussion Summary	86
References	88
Figures	
Figure 4.01: Mean Skill Frequencies of Open Questions at Pretest, Posttest One, Posttest Two, and Posttest Three.	63
Figure 4.02: Mean Skill Frequencies of Closed Questions at Pretest, Posttest One, Posttest Two, and Posttest Three.	64
Figure 4.03: Mean Skill Frequencies of Minimal Encouragers at Pretest, Posttest One, Posttest Two, and Posttest Three.	65
Figure 4.04: Mean Skill Frequencies of Verbal Following at Pretest, Posttest One, Posttest Two, and Posttest Three.	65
Figure 4.05: Mean Skill Frequencies of Reflecting Content at Pretest, Posttest One, Posttest Two, and Posttest Three.	66
Figure 4.06: Mean Skill Frequencies of Reflecting Feeling at Pretest, Posttest One, Posttest Two, and Posttest Three.	66
Figure 4.07: Mean Skill Frequencies of Clarification at Pretest, Posttest One, Posttest Two, and Posttest Three.	68
Figure 4.08: Mean Skill Frequencies of Summarization at Pretest, Posttest One, Posttest Two, and Posttest Three.	68
Figure 4.09: Mean Skill Frequencies of Information Giving at Pretest, Posttest One, Posttest Two, and Posttest Three.	69
Figure 4.10: Mean Skill Frequencies of Nonverbal Awareness at Pretest, Posttest One, Posttest Two, and Posttest Three.	70
Tables	
Table 1: Training schedule for treatment and control groups	49
Table 2: A Pearson product-moment correlation coefficient for interrator reliability: Trial 01	53
Table 3: A Pearson product-moment correlation coefficient for interrator reliability: Trial 02	54
Table 4: Frequency means and standard deviations for treatment and control groups.	57
Table 5: Independent Samples <i>t</i> -test results for H1 - Pretest	58
Table 6: Independent Samples <i>t</i> -test results for H2 - Posttest One	59
Table 7: Independent Samples <i>t</i> -test results for H3 - Posttest Two	60
Table 8: Independent Samples <i>t</i> -test results for H4 - Posttest Three	61
Appendices	
Appendix A: Microcounseling Handbook	102
Appendix B: Demographic Questionnaire	117
Appendix C: Conversation Scenario Idea List	119
Appendix D: Interview Scenarios for Posttest One	121

Appendix E: Interview Scenarios for Posttest Two	123
Appendix F: Interview Scenarios for Posttest Three	125
Appendix G: Oral Consent Statement	127
Appendix H: Opt Out Form	129
Appendix I: Training Time Schedule Tracking Form	131
Appendix J: Counselor Communication Skill Scorecard	133

Chapter I

Introduction

The ability to communicate with others in meaningful ways has positive side effects including enhanced coping and adjustment skills, reduced symptoms of depression and anxiety, and increased feelings of life satisfaction (Segrin & Flora, 2000). Individuals in helping professions must possess excellent communication skills in order to be beneficial to clients. Poor or ineffective communication skills often result in client dissatisfaction and early termination while the ability to adapt communication content and style to context has been argued to be one of the strongest predictors of success in counseling (Martin, Easton, Wilson, & Takemoto, 2004). The critical importance of effective communication and the clinical relationship is reflected in the fact that they are foundational to the training model of the NCSPP (National Council of Schools of Professional Psychology) and to the competency benchmarks that have been promulgated by various groups including APPIC (Association of Psychology Postdoctoral and Internship Centers) and the CCTC (Council of Chairs of Training Councils).

Because social interaction is a complex process that requires competence in an array of interpersonal behaviors, individuals must correctly perceive and interpret social cues in order to determine appropriate responses. While most adults can engage in meaningful conversation (e.g., make appropriate eye contact, appear attentive, and nod their head to show interest), their ability is generally below their conscious awareness (Hargie & Dickson, 2004). Thus, one of the preliminary goals of communication skill training is to bring automatic behaviors of the trainee into conscious awareness and then to change the intentionality and frequency with which they are used. Most communication training programs have two unifying themes: (1) to help trainees make their interpersonal communications more intentional and (2) to increase knowledge, skills,

and awareness (Van der Molen, Smit, Hommes & Lang, 1995; Hill & Lent, 2006b; Collins & Pieterse, 2007).

Communication Mastery vs. Clinical Competency

Communication programs are designed to affect trainee competency, skill, or both depending on the amount of time and level of resources the program has at its disposal. Typically, skills are learned hierarchically; the easier-to-learn skills are presented first, followed by the more advanced and more difficult to learn skills (Ivey, 2002). However, if a trainee were to master basic and advanced communication skills, that achievement would not be equivalent to clinical competency. Basic communication skill mastery is merely well-practiced behavior and the foundation for advanced skill development. Only through continued professional development and theory-behavior integration can skills mastery grow into competency (Kaslow, 2004).

Competence, as the outcome of training, is not only valued but increasingly required by healthcare organizations. Training programs must demonstrate their value added either by (a) delineating how trainees develop from skill exhibition to competence or (b) demonstrating how the instruction of a limited set of skills would contribute to the overall goal of competence.

Current Approaches to Training

Current approaches to counselor training generally include classroom experience for didactics followed by clinical experience and supervision spread out over several years. Alberts and Edelstein (1990) reviewed 30 studies on training for basic and advanced interpersonal skills from counseling and school psychology. They concluded that regardless of training program, modeling, rehearsal, and feedback were necessary components of effective training whether the skills to be learned were basic (such as asking an Open Question) or advanced (such as

Confrontation). There was no consensus on the amount of time that should be spent in training, because some programs spend only a few weeks on basic skills while others spend an entire semester. Nevertheless, Bent (1986) claimed that one of the strongest components of a clinical psychology program is implementation of the “hands-on” experience and supervision with well-trained faculty.

Some teaching approaches to training limit the scope of communications content to a limited set of interpersonal skills, others provide trainee instruction from novice to competency. Although there is little agreement concerning the best instructional models, researchers have generally agreed upon some basic communication skills and one important tenet about learning conditions: the more structured and well-organized the training, the more quickly the skills are learned (Ivey, Normington, Miller, Weston, Haase, 1968; Carkhuff, 1969; Ivey, 1971; Kriesel, 1975; Bolton, 1986; Kuntze, Van der Molen & Born, 2009).

While highly-structured learning models are essential for psychomotor development, research regarding their efficacy is difficult to replicate when important methodological details (such as, the length of time to train or practice a certain skill) are unreported. In this regard, it is not uncommon for skills training researchers to report unhelpful abbreviated procedural information such as, "The participants learned how to sew," without sufficiently explaining the accompanying details necessary for replication across studies.

Communication Skills Training is Diversified

Because communication skills are helpful for an array of occupations, individuals, and venues, the corpus of communication skills training research reflects a diversity of trainee demographics. Studies have been found to be effective changing the behavior of graduate student counselors (Hayman, 1977), dentists (Furnham, 1983), students of Social Work (Dickson &

Mullen, 1990), drug addiction counselors, (Gluckstern, Ivey, & Forsyth, 1978), nurses, (Spruce & Snyders, 1982), and parents (Carkhuff, 1973).

Communication skill training studies also have focused on various elements of training that make a difference in outcome. For example, Peters, Cormier, and Cormier (1978) found that modeling target behaviors accounted for more outcome variance than other variables such as practice, feedback, and remediation. Further research examined elements of the training models and found significance for variables such as whether the teacher is a novice or an expert (Baum, 1986), viewing oneself on video tape (Saunders & Hargie, 1989), and live versus video models (McCullough, 1986). The problem with these studies and others (Hunt, 1971; Charonko, 1979; O'Toole, 1979; Stone, 1981; Spruce & Snyders, 1982) is that they did not provide sufficient information for replication. Specifically, training time information was sufficiently unreported as to render replication nearly impossible; and the interpretation of comparative effectiveness, limited.

Fundamental and Advanced Communication Skills

Although published reports from training program studies have not been as specific regarding training times as they might have been, some general information that has been reported has yielded helpful program design information in relation to the level of skill being taught. Results from several studies suggest that the time it takes to teach and learn certain skills varies according to the skill (Van der Molen, Smit, Hommes & Lang, 1995; Duys & Hedstrom, 2000; Ivey, 2009). As the complexity of the skill increases, it requires more time to master and requires additional resources to instruct compared to the less complex communication skills. Because of this, training programs generally divide interpersonal communication skills training into two categories based on complexity: fundamental skills and advanced skills (Egan, 1975,

1994; Lang & Van der Molen, 2004; Ivey, 2009). Fundamental Communication Skills (FCS) include (a) Questioning: Open and Closed, (b) Minimal Encouragers, (c) Verbal Following, (d) Reflection: Feeling and Content, (e) Clarification, (f) Summarization, (g) Information Giving, (h) Nonverbal Awareness, and (i) Intentional Use of Silence. Advanced Communication Skills (ACS) include (a) Empathy, (b) Confrontation, (c) Reframing, (d) Self Disclosure, (e) Integration, and (f) Directness. Research suggests that, compared to Fundamental Communication Skills (FCS), Advanced Communication Skills (ACS) take longer to learn, require more frequent practice, increased self awareness, and increased instructor feedback before significant performance gains are observed (Naidoo, 1983; Duys & Hedstrom, 2000; Kuntze, Van der Molen, & Born, 2008).

Teevan and Harris (1978) investigated the efficacy of two models of skills training: modeling-role playing versus lecture-discussion. The participants consisted of 45 college students between 18 and 24 years old with no previous counseling experience or training. Participants were randomly divided into three equal groups ($n = 15$), a lecture-discussion group, a modeling-role playing group, and a control group. The former two groups received a little over four hours of skills training over two days and then completed the measures. The control group completed the measures, then received the same skills training.

The communication skills that were taught included: listening skills, counseling values, drug counseling, suicide, attending behaviors, and handling crisis. Information was presented to the lecture-discussion group in short lecture modules followed by topic discussion. The modeling-role playing group were taught by counselor-trainers who modeled the behaviors which was then followed by participant role play. The "Listener's Helper Response Preference Inventory" (Wilson & Johnson, 1976) was administered to test participant understanding of

appropriate and inappropriate counselor responses. On this form, 50 client statements were presented and the participants had to pick the correct of two possible answers. Participants concluded with making tapes of four-minute dyadic counseling interactions in order to measure counseling skills which were measured using Carkhuff's (1969) five-point scale for the measurement of empathy and understanding. The empathy and understanding scales are two of several five-point scales developed by Carkhuff to measure counselor efficacy. Each scale was designed so that a score of "1" was destructive, a score of "3" was neutral, and a score of "5" was maximally facilitative.

Chi-square statistics revealed no significant differences between groups on age, sex, year in school, amount of training, experience, and reason for participation, suggesting initial group equivalence. A one-way ANOVA was computed on each of the participant assessment values. The model-role playing group scored highest on empathy and counseling skills and the control group scored lowest. These differences were significant and similar to Alberts and Edelstein's (1990) summary that modeling, rehearsal, and feedback were necessary components of effective training.

The results of this research suggest that brief amounts of training using modeling and role-playing techniques can improve counseling knowledge and skill and that it is superior to the lecture-only technique. The results also suggested that training basic counseling skills can be accomplished within a relatively in a brief period of time.

Training Schedules: A Neglected Variable

One of the most critical elements of training development is timing. Trainers know the importance of staying on task and adhering to their schedule. If they fail to do so, they may not cover all the material, they may cover some material too quickly, or they may feel anxious and

apprehensive about trying to get back on track, reducing their effectiveness as an instructor. So it is an obvious oversight that research has largely neglected investigations into practical moment by moment timing features of the various training models.

The inconsistency of training schedules has been noted by scholars (e.g., Baker & Daniels, 1989; Hill & Lent, 2006a). Additionally, when training times are reported, they have been for the full battery of training, FCS through ACS, and have not generally identified detailed training schedules. Hill and Lent (2006a) have identified training times lasting from 10 hours to a full semester or more. For this reason, the results of studies are difficult to interpret without a schedule that specifies order and timing of the skills taught.

One of the aims of the present study was to address the issue of specificity of skills training schedules. If FCS could be taught in a specific, time-condensed protocol, then it would be a substantial addition to the body of research by (a) experimentally exploring minimal time requirements for training Fundamental Communication Skills, (b) providing a moment by moment report on the training for future studies, and (c) testing the immediate and time-delayed effectiveness of the training.

Although studies of communications training programs have examined program variables such as instruction type, learner type, and culture (Baker, Daniels & Greeley, 1990; Daniels, 2003; Ivey, 2009; Van der Molen, Smit, Hommes & Lang, 1995) only two studies have focused exclusively on the effects of limited-training time. Conner (1994) created a six-hour counselor instructional model that included value assessment and skill development that was effective at increasing the frequency of use of conceptualization and communication skills. In a treatment and control-group design, Sawyer and Allen (1980) developed a one-hour interviewing skills training curriculum for rehabilitation administrators. While the control group attended a lecture,

the treatment group attended interview skills training. Post-test scores for the treatment group were higher compared to the control group. While both Sawyer and Allen (1980) and Conner (1994) successfully taught time-limited training protocols, they did not instruct a full set of communication skills. The fact that only two studies were found with a focus on briefer training protocols is interesting as it suggests that some communication skills, perhaps those that are least complex (e.g., the FCS) could be taught in a minimal amount of time that would allow extra time to be shifted to the more complex, Advanced Communication Skills training.

Purpose of the Study

The purpose of this study was to test four research hypotheses regarding interpersonal communications training. The dependent variable was the number of times participants used a given skill from the list of FCS while being videotaped during analogue interviews. These skill frequency counts were averaged by group and the independent variable was the time-condensed training. Previous research hinted that some skills may increase in frequency use after training (e.g., asking open questions) and some may decrease (e.g., giving information), but the focus of this study was limited to behavioral change, not directional change.

Hypotheses

1. Before the treatment group receives time-condensed FCS training, there will be no difference in the mean counts of FCS frequencies between treatment group and control group. In order to confirm the equalizing effects of random assignment, the first hypothesis tested whether or not significant differences in frequency of use of the FCS existed between the treatment and control groups before training.

2. After the treatment group receives time-condensed FCS training, there will be a difference between mean counts of FCS frequencies between treatment group and control

group. The second hypothesis tested the impact of training on the treatment group compared to the control group. If the training had an effect, the treatment group mean frequency of use scores for the FCS would be significantly different compared to the control group.

3. After the control group receives time-condensed FCS training, there will not be a difference in the mean counts of FCS frequencies between treatment group and control group. In order to retest the effectiveness of time-condensed training and to provide skills training for the control group, it received the same time-condensed training as the Treatment Group. If time-condensed training had an effect on the group, their mean frequency of use of the FCS should approximate that of the Treatment Group.

4. After 10 weeks, there will not be a difference between the mean counts of FCS frequencies between the treatment group and the control group. The fourth hypothesis was designed to identify whether or not the non-difference between the treatment and control groups would be maintained over time.

Rationale

Research has reported various training times to instruct full and partial models of communication skills, most of which have yielded successful and sometimes mixed outcomes (Hill & Lent, 2006a). The present study extended previous research where training times approximated 20 - 30 minutes per skill. In a report on the use of Microtraining for organizations, DeVries and Brall (2008) suggested a Microtraining timing protocol of approximately 15 - 20 minutes for each learning occasion, depending on the target behavior and the desired level of mastery. Crews, et al. (2005) used skills training to investigate personality traits with regard to counseling performance and used a 20-minute per skill didactic training model paired with a five-minute video recording of counseling skills for measurement. One study used a variable-

time training design with two time conditions, short (five minutes) and long (20 minutes) paired as well with video technology for training (Stone & Stein, 1978). Although the logic behind minimizing time for training simple FCS behavior in order to maximize ACS training is fundamentally cohesive, there are detractors. Hill (2009) argued that while abbreviated training protocols may result in learning, she cannot understand why someone would want to. Arem (2002) suggested that by breaking information down and learning less over longer periods of time, individuals would retain more information in long-term memory than the brief training models.

In summary, communication skills are important generally because when effectively used, they allow interpersonal connections that are meaningful and that facilitate increased feelings of life satisfaction. For the profession of mental health, they are important because through facilitative communication, clients develop a meaningful connection to the counselor and a relationship of trust. Research into the aspects of effective communications training has identified critical variables related to outcome such as; type of skill trained (fundamental or advanced), training method (modeling or lecture), and target audience (dentist, parent, physician). However, the body of research has not consistently reported training time schedules which left a significant gap in the literature regarding the boundaries of skill acquisition. The goal of the present study was to begin to fill the literature gap by exploring the lower-end time boundary of FCS acquisition by generating a time-reduced communication skills training program for Fundamental Communication Skills and test its effect on learning communication skills.

Chapter II

Literature Review

Communications training programs have been used to improve listening skills, help generate accurate empathy, and enhance cultural awareness. But for the last 40 years, three training programs have been more researched, duplicated, and analyzed than the others include: Interpersonal Process Recall (IPR; Kagan, 1965), Human Resource Development (HRD; Carkhuff, 1971b), and Microcounseling (MC; Ivey, 1971). One reason these three communication skill training models have received special attention is because of their flexibility, operational clarity, and demonstrated facilitative ability.

Kagan's Interpersonal Process Recall Model

Kagan's (1965, 1980, 1984) Interpersonal Process Recall (IPR) training model was based on the belief that learners already possessed the communication skills they needed but were restricted in their use of those skills because of anxiety. In the IPR model, students recorded counseling sessions and then reviewed their reactions to the session with an "Inquirer." The Inquirer's role was to ask questions in order to focus the counselor on in-session experiences such as thoughts, feelings, fears, and aspirations. The Inquirer functioned in an assertive, but nonjudgmental, capacity (Kagan & Kagan, 1997). Cashwell (1994) reported that the role of Inquirer was difficult to maintain because it was easy to unintentionally slip into a teaching role by asking leading questions such as, "Were you aware of the client's tears?" versus "What went through your mind at that point?"

The primary goals of IPR are: (a) to increase self-awareness regarding the therapeutic relationship, (b) to empower counselors to act on their perceptions, (c) to increase counselor awareness of covert thoughts and feelings of client and self, (d) to practice expressing thoughts

and feelings in the here and now without negative consequences, (e) to sharpen the counselor's observational skills, and (f) to deepen the therapeutic relationship (Kagan, 1980).

While some theories suggest that counselor skills should be taught by learning communication skills from the ground up, Kagan suggested that trainees already had the skills they needed (Kagan, 1978) but that their own perceptions interfered with therapeutic efforts. Kagan believed that because a person's earliest experiences were of being a small person in a big person's world, it resulted in feeling helpless and fear; feelings that would remain hidden unless intentionally explored. People need each other, but they had learned to fear one another. Therefore, individuals create psychological distance from others in order to feel safe. As a result, people often behave diplomatically, rather than genuinely.

Kagan (1980) suggested that counselors behaved diplomatically in two ways: (a) by feigning clinical clumsiness and (b) by tuning-out client messages. Feigning clinical clumsiness is an indication that counselors are reluctant to become involved with clients; tuning-out occurred among counselors who are too focused on their own thoughts. IPR was designed to help counselors become attuned to the dynamics of their own hidden world, the client's hidden world, and the relationship between the client and counselor (Kagan, Holmes, & Kagan, 1995).

Although there is no step-by-step protocol for the implementation of IPR, the following is an example how it may appear:

Trainee:

1. Review the tape (audio or video) prior to the supervision.
2. Preselect meaningful or emotional sections of tape.

Inquirer:

3. Begin the recall session and create a nonthreatening environment,

emphasizing that there is more material in a counseling session than a counselor can attend to and then explain the purpose of the session.

Both:

4. Begin playing the tape. At appropriate points either person can stop the tape and begin relevant discussion. The Inquirer facilitates the discovery process by asking relevant open-ended questions (see below).

Inquirer:

5. Attend to trainee's nonverbal responses and process incongruence between nonverbal and verbal responses.

6. Do not adopt a teaching style. Allow the trainee to explore thoughts and feelings to some resolution (Bernard & Goodyear, 1992).

The following are suggested question types adapted from Kagan (1980).

1. What do you wish you had said to him/her?
2. How do you think s/he would have reacted if you had said that?
3. What would have been the risk in saying what you wanted to say?
4. If you could, how might you tell him/her what you are thinking and feeling?
5. Were there any other thoughts going through your mind?

The free-form nature of the IPR model is both a strength and a weakness. It is a strength because the flexibility of the model allows it to be used with many populations and environments; it is a weakness because it makes measuring precisely what was learned difficult (Larson, 1984).

Examples of IPR Research

IPR: Cost Benefit Analysis

IPR typically includes videotape playback of a counseling session, sometimes occurring with the client. While IPR has been shown to be an effective teaching model, it has been suggested that two of its components may have a cost to the client: (a) being videotaped in session and, (b) having to process the session with an unknown Inquirer. The resulting cost would be the inhibition of self-disclosure from the client and reduced treatment effectiveness. Kingdon (1975) investigated the potential inhibitory costs of being recorded and subsequently interviewed against the benefits of IPR. The supervisors were two male and four female doctoral students in counseling, three trained in IPR and three trained in traditional supervision using recordings. The counselors were 36 volunteer graduate students enrolled in a master's program; the clients were 36 volunteer undergraduates. They were randomly divided into two groups; IPR (13 female and eight male counselors) and conventional supervision (10 female counselors and five male counselors).

The IPR treatment consisted of four phases, (a) counseling session (30 minutes), (b) client recall (15 minutes), (c) counselor recall (45 minutes), and (d) mutual recall (60 minutes). The conventional supervision group consisted of two phases: counseling session (45 minutes) and supervision (45 minutes). Each group held three counseling sessions, all of which were recorded.

Five assessments were used in this study: (a) the Counseling Evaluation Inventory (designed to measure counselor effectiveness as rated by the client), (b) the Mode of Observation Questionnaire (designed to measure inhibition in counseling due to audio or video taping, as rated by both clients and counselors), (c) the Counselor Evaluation Rating Scale (designed to rate counselor performance in counseling and supervision as perceived by the supervisors), (d) seven-minute tape segments from the three counseling interviews rated by three independent judges

using the Helpee Self-exploration Scale (designed to measure client introspection), and (e) four-minute tape segments from the third counseling interview rated by three independent judges using the Empathic Understanding Scale (designed to provide operational definitions of empathic understanding).

There were no significant differences between training methods (IPR versus conventional supervision). However, after initial exposure to IPR, the level of self-exploration in the IPR group fell below that of the comparison group, although it recovered at the third counseling session. The use of recording devices may have inhibited self-exploration just as the addition of the Inquirer to the counselor-client relationship may have inhibited self-exploration. Results showed that IPR group satisfaction ratings decreased when an Inquirer was added to the dyad compared to the conventional supervision group.

This study was designed to investigate whether or not individuals inhibited their responses when a recording device and an Inquirer were added to counseling. The findings address a small part of the IPR model, but add to the process of validating the effectiveness of IPR and answering questions regarding potential costs to a client when working with an IPR-practicing counselor. Although the findings suggest that there is no difference between the two methods, they also suggest that inhibitory effects, if they do occur, may be short term. The reversal of inhibition of self exploration may indicate that recording devices and the presence of an Inquirer may inhibit exploration initially, but are then processed differently being either forgotten or ignored.

IPR: Inferences in Therapy

An IPR-use study by MacDonald (1996) revealed that therapists are sometimes unaware of when their comments are based on inference or based on fact. Because therapists routinely

make inferences about information that is unclear or that the client doesn't express, the study examined the proportion of comments that were inferred versus the proportion made in response to an actual client cue. Nine therapists were selected to participate in the study. Three were highly experienced, three were novices, and three were counseling students. The term "highly experienced" was defined as a therapist currently employed and having practiced for at least three years. "Novices" were defined as licensed therapists in private practice during the first year after training. "Students" were defined as first-year master's degree students in counseling. All self reported their ethnicity as European-American.

The participants watched a videotape of an initial therapy session and imagined themselves being the therapist. The Inquirer asked the participants to think aloud and vocalize hypotheses about the clients issue and their own reactions while they viewed the session. After watching the session, and using the aforementioned IPR technique, the Inquirer and the participant analyzed the participant's utterances for inferential processes. Participant comments were evaluated to determine whether they were based on something heard on the tape , or whether they were based on something the participant inferred from the tape.

The analyses suggested that counselors may generate a significant number of inferences and embed them in statements made to clients. The study reported that approximately 49% of the participants' comments involved inferential processing. More importantly, some inferences were based on previously-made inferences the participant had made but never verified.

This study did not evaluate differences between groups and it had a small sample size. Though the analysis was qualitative, it did provide data regarding inference frequencies and enough information so that the study could be replicated with a larger sample. It was unclear from this study whether or not inference making was problematic, although it seems reasonable

to conclude that erroneous inference making will result in at least, inaccurate understanding of the client and the problem. Additionally, the finding that some participants made inferences based on their previously-made inferences may be problematic, but from this study, it was unclear.

In some ways, IPR allows a glimpse into the way counselor thoughts and feelings occur "in the moment" (albeit a past moment) using a method that is less intrusive than an in-session measure, which can be unduly distracting. In the present study, IPR was used as a research tool to investigate counselor processes. IPR has also been used as an instructional model for teaching social skills.

IPR: Interpersonal Skills Training on Campus

Archer and Kagan (1973) conducted a study to test the effectiveness of an integrated, student-run, IPR training model designed to help individuals overcome fears of personal involvement, become better listeners, and better interact with other people's feelings. Seventy-four students completed the study. Though actual numbers were not reported, the authors indicated that there were twice as many males in the group as females. A posttest-only control-group design was used with random assignment. Participants were divided into 12 groups; four groups were trained using Integrated-Interpersonal Process Recall; four groups were trained using a Semi-structured Encounter Group model; and four groups were in the control condition.

In the Semi-Structured Encounter Group participants were asked to share stories about their lives that were meaningful to them and the group was asked to react to the stories and to share those reactions with the group. Generally, the groups remained unstructured. After the third meeting, the leaders were instructed to let the group develop on its own and only provided additional structure if group felt that it was necessary.

The Integrated-IPR model consisted of five tasks progressing from least to most threatening:

(1) Affect Simulation Films (actor focused): In this task, participants watched actors express different emotions and were asked to imagine that the actor was speaking to them. After watching the film, the participants were asked what it was that the actor was attempting to communicate to them.

(2) Owning of Feelings: In this task, participants listened to a recording of an actor expressing a typical student concern, they were then asked to rate the statements on how much the speaker "owned" the feelings that were discussed. Following that rating, the participants talked about what the person was probably feeling.

(3) Affect Simulation Films (personal focus): This task was identical to the first except that the participants were asked to focus on personal feelings.

(4) Empathy Training: This task had two parts. During the first part, using a tape player, participants listened to a statement followed by a response. They rated the response in terms of empathy. During the second part, participants listened to the statement and then either wrote or verbally expressed their own response to the cue. The group members then discussed each other's responses and rated them for empathy.

(5) Interpersonal Process Recall: In this task, participant dyads made video recordings of mock interviews. The interviewer and interviewee were then combined with a participant Inquirer and the three would watch the recording of the mock interview. The Inquirer was instructed to help the other two think about thoughts and feelings that they had while recording the mock interview.

The following instruments were used to measure the effectiveness of interpersonal skills after training: (1) the Affective Sensitivity Scale, (2) the Personal Orientation Inventory, (3) the Wisconsin Relationship Orientation Survey (WROS) and, (4) the Barrett-Leonard Relationship Inventory (BLRI). Both the BLRI and WROS assessments were extended to measure peer relationships and interactions between trainees and their peers.

Leaders received 16 hours of training and were randomly assigned to their groups. Both the Integrated-IPR and Encounter-Development groups met for eight sessions; each session lasted three hours.

The results indicated that training had a significant effect on interpersonal skill development for the two treatment groups compared the control group. Additionally, the Integrated-Interpersonal Process Recall group made the largest gains during the experiment. Importantly, the results suggested that undergraduates could successfully run a structured interpersonal skill development program and that the IPR model was more effective than the less structured Encounter-Developmental model. But these effects should be viewed cautiously because the assessments were modified from their original format and there were no reports on the reliability or validity of the instruments.

Even with the limitations to the study, it showed that IPR can be used to help individuals overcome fear of interaction and that it can be used by paraprofessionals with proper training, provided that the structure has been formalized sufficiently. These findings speak to the flexibility of IPR and support the idea that IPR can be used in a wide variety of conditions and as part of larger social skills training programs.

Carkhuff's Human Resource Development

Carkhuff's (1971b) Human Resource Development (HRD) model, was based on Rogers' (1957) core conditions of counseling. The model is described as a training process to help individuals develop the ability to communicate humanness, acceptance, empathy, and warmth (Carkhuff, 1971a). To his original model, Carkhuff added two qualities from Gestalt counseling; immediacy (what is going on right now) and confrontation (telling it like it is) (Perls, 1969). Carkhuff called these "facilitative conditions" and claimed that they were part of the necessary conditions for effective helping (Carkhuff, 1971b).

At the core of the HRD facilitative conditions is the counselor's ability to generate accurate empathy. The trainer is responsible to deconstruct the smaller behaviors that comprised demonstrated accurate empathy while the trainee is responsible to attend to and practice the behaviors until they are indistinguishable from daily interactions (Carkhuff, 1972). Counselors need to acquire a deep understanding of the facilitative conditions that would enable them to deal with all therapeutic situations. Carkuff's HRD model does not deal with specific moments, but postulates that all skills learned are useful regardless of the situation. Training is considered successful when trainees are able to facilitate meaningful conversations in their personal lives as well as in therapy, thereby growing as a therapist and as an individual (Carkhuff, 1993).

Examples of HRD Research

Helping and Human Relations for High School Students

Using Carkhuff's (1969) "Helping and Human Relations," Cooker and Cherchia (1976) assessed the effect of training a group of high school students to function as peer facilitators in a group setting. Sixty students participated in the study (28 male and 32 female), all of whom were attending high school. The group included 19 sophomores, 24 juniors, and 17 seniors; 42% were nonwhite and 58% were white. At the end of training, each participant led a discussion group.

Five male doctoral students from the University of Mississippi served as trainers. The sample was divided randomly to form a treatment group and control group of 40 and 20 students respectively. This unequal design was used because the school needed a substantial number of trained facilitators to be available for the following school year. Participants in the treatment group were randomly assigned to one of five teams. Each team met with a trainer for one hour each week for eight weeks.

Training was divided into three modules: orientation, experiential role-playing, and modeling by the trainer. Trainees were paired together; one was designated a helper, the other was designated a helpee. Tape recordings of interactions were made to assist the helper in more closely examining the communication efforts. During the final two sessions, the group participated in role playing, and each trainee practiced being group facilitator after which they received feedback from the trainers and from the group.

During that same time, the control group was divided into two subgroups of 10 students each. The groups met for a total of eight hours. Within the groups, participants were allowed to talk about whatever they wanted while the trainers acted as gatekeepers. It should be noted here that eight hours of instruction constituted a significant departure from the conventional 40 hours reported in previous research.

In order to evaluate training, participants were asked to write down meaningful responses to 16 situational cues that would later be rated using Carkhuff's (1969) five-point scale of empathy. Participants were also asked to make a 15-minute taped interview with a coached client. The trainee's ability to function as a group facilitator was assessed by all five trainers using a nine-point scale similar to Carkhuff's (1969) five-point scale ("1" = destructive, "5" = neutral, and "9" = maximally facilitative). An ANOVA revealed significant differences between

the groups. Trained students communicated at higher levels after treatment than students in the control group.

The study has a couple limitations. The effects of the n inequality between groups were never addressed. The effect of the treatment group having twice as many participants as the control group results in a significant statistical issue. This problem may be addressed by using a weighted means analysis. It may be that the normalcy assumptions underlying the statistics were violated, possibly invalidating some findings. Notwithstanding this concern, the study demonstrates how, using the HRD model, not only were communication skills taught, but to high school students. Additionally, the students were taught to facilitate ongoing interpersonal dialogue in a group without supervision.

HRD Communications for College Students

Danish, D'Augelli, and Brock (1976) evaluated the impact of basic counseling skills training provided to paraprofessionals at the college level. Participants were 126 male and female college students (93 females and 33 males). All of the participants were undergraduates except for nine graduate students. Participants were enrolled in a course on "The Helping Relationship" that included counselors-in-training and individuals not training to be counselors. Collectively, the participants had a mean age of 22. The eight trainers included undergraduate and graduate students from several fields. Each was provided a copy of a leader's manual that identified the requirements for leading the program and strategies to make it happen.

Training sessions lasted approximately three hours each and consisted of two trainers with 20 trainees. During each session, one new skill in the training program was presented: the skill was defined in behavioral terms, the rationale for the skill was presented, a skill attainment criterion was presented, trainers modeled effective and ineffective skill performance, trainees

practiced the skill under supervision, and homework was given emphasizing continued behavior practice. Topics covered during training included: understanding one's needs as a helper, using effective verbal behavior, using self-involving behavior, understanding the connections of others, and establishing effective helping relationships. At the end of training, each trainee conducted a six-minute simulated helping interview with another trainee.

Data were collected before and after training. Helpees were instructed to talk about a personal concern while helpers were told to be as effective as possible. After training, helpers were rated on the skills they demonstrated compared to the skill targets they were expected to meet with regard to the use of open and closed questions, advice, self disclosure, leading responses, summary statements, and reflection of feeling.

Researchers expected that after training, participants would employ more effective responses, fewer closed ended questions, fewer influence and advice responses, and use more open-ended questions. A mixed-design 2 x 2 x 3 ANOVA was used to analyze the data. The results supported the hypotheses, with responses changing in the predicted direction after training. Responses intended to continue the conversation increased while leading responses (e.g., closed questions) decreased. There was a dramatic decrease in the use of closed questions, the most frequently used response at pretesting. The training goals were accomplished in about 25 hours using relatively unsophisticated trainers, training, assessment materials, and trainees.

In terms of limitations, the research was completed without a control group, without an actual client really seeking counseling, and with artificial talking points. Additionally, a six-minute sample of helping behavior may not have been able to convey the level of skill achievement of the helper. In this regard, some meaningful training effects may have been lost because of the brevity of the recording. And because there was no measure of skill maintenance,

it is unknown at what level the information was stored and whether or not it would be available in subsequent weeks.

The study demonstrates that facilitative social skills need not be learned in programs lasting over 40 hours, as it took only 25 hours to complete training and to produce measureable results. Although the specific training schedule was not reported in the study, the overall time was reported and was helpful for understanding and interpreting the results.

HRD: Unsupervised Interpersonal Skills Training

Many individuals could benefit from developing communication skills but cannot because of travel restrictions, lack of opportunity, or money. Although Rogers (1957) pointed out that facilitative communication skills could be learned, he held that this generally required a great deal of time, a highly-qualified instructor, and practiced supervisor to shape the behaviors. In contrast, Sappington, Lavender, Hanson, Presley, and Triplett (1984) hypothesized that basic communication skills could be learned without supervision. If their hypothesis were supported, it would benefit individuals who could not otherwise receive training. Additionally, it might inform training models for those who do work within formalized training conditions and shed light on those skills that may not need formalized training at all.

Fourteen female and nine male undergraduate students participated as part of a psychology course. They were randomly divided into a treatment group and a control group. Although participants knew about Rogers' approach to counseling, they had not received counseling training nor observed professional counseling. A 30-page booklet was provided to both groups of participants. The booklet contained communication skill definitions, explanations, and "how to communicate" details. Before booklet reading commenced, participants in the treatment group completed the first assessment form.

For the first exercise, participants read excerpts adapted from actual conversations with individuals seeking help in non-therapy relationships. They responded by writing their replies to each conversation as though they were responding live to the person. Participants then rated their responses on the five-point Carkhuff (1969) scale for the measurement of empathy and understanding. When that task was completed, participants formed triads to complete the verbal exercises. Each three-person group elected someone as the speaker, someone as the listener, and someone as the observer. When there was a pause, the listener replied, trying to make use of the new communication skills while the observer and speaker made use of their new discrimination skills by rating the listener's response. If the rating was less than three on a five-point scale, the listener was to construct a new response. The roles rotated every 10 minutes for 30 minutes.

Participants were rated on their responses to the following five communication assessments (Carkhuff, 1969). All participant responses were scored by trained raters who were unaware of the participants' treatment and control group assignments. Assessments were:

(1) The Training Booklet Initial Response Form: The form contained room for nine helpee responses to situational cues. This form was later used to evaluate response levels before training.

(2) Global Index of Communication: Sixteen statements were read by professional actors on audiotape to which the participant replied in writing as if the conversation were real. The answers given by participants reflected their ability to generate Roger's (1951) facilitative conditions.

(3) Global Index of Discrimination: This measure contained the same 16 stimulus items as in the Global Index of Communication, but were written and followed by four responses. The

participants rated the four responses using the aforementioned five-point scale. Two weeks after training, the participants completed the Classroom Test Assessment of Communication and Discrimination Skills.

(4) Classroom Test Assessment of Communication and Discrimination Skills: On this form, participants were asked to answer three written questions from fictitious individuals seeking various levels of help.

(5) Assistant's Rating Scale: This scale was used to assess the degree that the raters enjoyed interacting with each of the participants during an unstructured five-minute conversation. The extremes of the scale were labeled "disliked talking to this person" and "liked very much talking to this person." Scores could range from 1 to 7; high scores indicated greater liking.

Analyses of the assessment scores between groups before and after training revealed that the treatment group had higher test scores compared to the control group. Significant differences were found across all assessments. The results suggest that for some communication skills, conventional training and supervised rehearsal is unnecessary.

Although there is little face validity for the interpersonal exercises being educationally effective, results suggested that they were. It may be useful for future research to explore the contribution of the various training elements to understand their respective contributions to the outcome. The main weaknesses in this study were the forms. The forms had not been validated, so even though significant differences were found, lack of validated tool use limits the interpretation of the findings. At issue too is the reliability of the measures since changes could be due to measurement error or variability.

The HRD training model has been shown to be effective and malleable. It was used to train high school students to facilitate interpersonal dialogue and with college students to teach helping skills to non-professional helpers. The studies cited here also suggest that the time needed to instruct the designated skills may be much less than reported from some previous studies. Finally, the research has shown that HRD for social skills training could be implemented with minimal supervision and a workbook with basic instructions in much less time than conventional training models. However, an important caveat is that these programs did not contain a full battery of interpersonal communications skills (FCS and ACS), but instead focused only on skills from the FCS list.

Ivey's Microcounseling Model

Microcounseling consists of two constructs: Microtraining and Microcounseling. Microtraining refers to the organized protocol under which fundamental and advanced communication skills are taught. Each skill is broken down into elemental components and ordered in terms of difficulty, these are the Microskills. The least difficult are taught first and the most difficult are taught last. All the skills are explained, demonstrated, and rehearsed under the tutelage of a competent instructor. Importantly, Microtraining of communication skills does not espouse a specific theoretical orientation to counseling; rather the skills are held to be necessary for all theoretical orientations (Ivey, 1971). Microcounseling (MC) is the intentional and systematic use of both fundamental and advanced communication skills.

The complete behavior set in Microcounseling includes: (a) Ethics and Multicultural Awareness, (b) Attending Behaviors, (c) Open and Closed Questions, (d) Client Observation, (e) Encouraging, (f) Paraphrasing and Summarizing, (g) Reflection of Feeling, (h) Implementation of a Five-Stage Interview, (i) Confrontation, (j) Focusing, (k) Reflection of Meaning, (l)

Influencing Skills and Strategies, (m) Skill Integration, and (n) Determining Personal Style (Ivey & Ivey, 2003). Within the current study, an adapted list of microcounseling skills was used. The study also adapted the Microcounseling training protocol.

Microcounseling protocols typically include a videotaped baseline, an instructional manual, observation and modeling, practice, feedback, and a final videotaped interview. Video is used as a feedback method for review with the student. Each communication skill is deconstructed into its fundamental elements and then explained, modeled, practiced, and refined while receiving trainer feedback (Ivey & Authier, 1978). Ivey and Authier note, however, that these steps are flexible. The goal is for trainees to shape their behavior to approximate the target through successive iterations.

There is no unified agreement for what qualifies as "competence" or "mastery" when referring to the FCS. Differences among trainers and researchers with respect to competence or mastery on these skills is apparent. Regrettably, there is little consistency that would allow for consistent replication of studies, training development, or sharing with other disciplines. Instead, the behavioral targets are determined by the needs and goals of research. Ivey (1994), however, suggests four developmental levels that he claims many trainees recursively experience while learning to use the FCS and ACS.

1. *Identification*: The ability to recognize and classify communication skills.
2. *Basic Mastery*: Demonstrating the target behavior in an interview, such as asking intentionally-closed and open questions.
3. *Active Mastery*: Having access to a host of skilled behaviors and using them to produce desired results.
4. *Teaching Mastery*: Teaching a skill to someone causes the teacher to

consider the deeper aspects of the skill, the order of training, when and how to produce effects and maximize effectiveness.

The focus of the current study was on Basic Mastery. Basic Mastery merely requires the counselor to recognize and use target behaviors. It is an important consideration of the present study that the quality of response was not evaluated. Participants merely needed to generate the skill to be counted, even if it was awkward and imprecise.

Because of the flexibility of the MC model, it has been applied in a variety of training venues for diversified skill training. Sharpley and Ridgeway (1992) found that participant ratings of rapport increased after training reflection of feeling, paraphrasing, and minimal encouragers. Bensing (1991b) reported perceived levels of empathy increased when clinicians made less eye contact in the beginning of the interview and more eye contact towards the end. He also found that when physicians increased their use of minimal encouragers, patients were more satisfied with the physician, the interviews, and that they disclosed more information.

Examples of Microcounseling Research

Microskills: Training in Africa

Kabura, Fleming and Tobin (2005) trained 45 professional helpers to become paraprofessional mental healthcare providers in Uganda by teaching Microcounseling skills in a one-week, 40-hour training program. Twenty-four participants were female and 21 were male. Ugandans comprised the majority of the group but other nationalities were also represented (American, Kenyan, and Dutch). None of the participants had prior formal training in counseling.

Two groups of trainees were instructed simultaneously. The training used an experiential, short-term, intensive training program aimed at equipping informal helpers with the fundamental

skills of facilitating a helping relationship. Trainees were exposed to five training modules. Each began with a lecture on a specific skill followed by a modeling of a skill with a coached assistant who would role-play. Video clips were then used to demonstrate and contrast sessions that were poorly executed against sessions that were successfully executed. Each module concluded with trainees practicing the skills while receiving feedback from peers and the trainers.

The five training modules included the following skills:

- (1) Pre-testing. Attending behaviors, eye contact, verbal tracking, body language, use of silence, and vocal qualities.
- (2) Open communication and client observation, opening closed questions, nonverbal behavior, verbal behavior, and discrepancies between verbal and nonverbal behavior.
- (3) Encouraging, paraphrasing, and summarization; minimal encouragers, silence, and checking accuracy.
- (4) Reflection of feeling, verbal and nonverbal expression of feeling, sentence stems, and feeling labels.
- (5) Understanding basic empathy and how to communicate that understanding to the client.

For the posttest, each participant conducted a 10-minute videotaped interview with a mock client who had received prior coaching regarding a topic about which to discuss. Training was measured using the Basic Skills Knowledge Test (BSKT). The BSKT was created for the study and contained 50 questions in total, 20 multiple-choice questions that covered attending behavior and 30 questions concerning fundamental knowledge about counseling. The BSKT was validated and constructed to avoid cultural bias. Thirty questions were specifically adapted to be

consistent with Ugandan culture. The other assessment tool was the Attending Behavior Rating Scale Plus (ABRSP).

The ABRSP was developed by adapting the Attending Behavior Rating Scale (ABRS; Ivey & Authier, 1978). The ABRS has been used in several studies and reported to yield reasonable reliability. Raters observed the behavior and rated that behavior on a five-point scale with higher ratings indicating better skills (Ivey & Authier, 1978). The ABRS addressed for areas: (a) eye contact, (b) vocal tone and speech rate, (c) posture movement and gesture, and (d) verbal attending behavior.

Results of one-directional *t*-tests showed significant differences for the ABRSP and BSKT between pre- and posttest. Participants demonstrated increase knowledge about counseling and demonstrated enhanced interview skills. These results were consistent with previous findings conducted on paraprofessionals in controlled settings (Hargie, 1988).

There were limitations to the study. Nineteen tapes could not be rated because of problems with video quality and because some participants conducted their final session in their native language, Rutooro. There was no control group which made it difficult to rule out the impact of external events that may have occurred during the training affecting the outcome. Another problem with the study was that the ABRSP was adapted from another rating tool and neither had been validated, though they both seemed sensitive enough to reflect skill attainment. Finally, although the trainees were conversant in English, most of them typically conversed in their native language, Rutooro. Although this proved to be problematic only when unfamiliar terms were used in training that had no counterpart in their native language (e.g., empathy), nevertheless, the study was conducted for most participants in a second language, the effects of which are unknown.

Microskills: Training with Hotline Workers

Uhlemann, Hearn, and Evans (1980) reported a study that used Microtraining to help participants learn to use attending behaviors while working at a telephone hotline. Twenty-five hotline workers were randomly assigned to one of three skill training conditions: a Microcounseling group, a programmed-learning group, and a control group. In the Microcounseling group, nine participants were trained in the use of attending behavior, open inquiry, and the reflection of feeling and content using the Microtraining protocols of didactic manuals, modeling, minilecture, and videotape segments. In the programmed-learning group, seven subjects were trained in the same skills, but used programmed manuals and role-play interviews combined with feedback. The remaining nine subjects acted as a no-training control group. The groups did not differ significantly in gender, age, socioeconomic status, ethnicity, or previous training.

All participants agreed to the conditions of training before trials began. One of the conditions was that before training commenced, but at a time unknown to the participants, a trained actor would place a phony (pseudo) crisis call to the center. After 20 minutes on the phone with the pseudo client, the call would be disconnected. Because all calls to the center were recorded, these calls could later be rated on empathy, attending behavior, and three modes of skill interaction. Each participant also made a 15-minute recording of an interview with another hotline worker.

Participants in the Microtraining and the programmed-learning groups then engaged in 16 hours of training after which they made another 15-minute audiotape recording with another hotline worker. Two weeks following training, participants received another 20-minute pseudo

crisis call. (Later feedback indicated that pseudo calls were not distinguishable from routine calls.)

The middle 10 minutes of each pseudo call and each interview tape were coded by two judges with extensive experience rating tapes. Finally, the middle five minutes of each call and interview were independently rated on the Carkhuff (1969) empathy scale by two other experienced judges. Interrater reliability was over .90 for all cases. For interviews, the main effect of training on each measure was significant. Both Microtraining and programmed-learning resulted in superior interview performance over no-training, and differed little from each other. For pseudo crisis calls, Microtraining resulted in higher empathy ratings than either programmed-learning or no-training.

Because the authors of the research were also the trainers, there is a danger of bias that the interventions may not have been as standardized as they could have been. Additionally, although the actor was trained and the basic problem was consistent, the interactions for the pseudo call were free to vary depending on how the participant responded to comments made by the actor. These factors necessarily qualify the results of the study.

Notwithstanding the limitations to the study, it is a good example of a methodologically-complete design. Many designs use a single group, pre-posttest design without control, and some use a treatment-control design. But few use a treatment, control, and alternative treatment design. The latter design accounts for the argument of efficacy. Not only was the Microskills training model effective (scores were higher compared to the control group), but the scores resulting from Microskill training were higher than no-treatment and the alternative treatment.

Microskills: Counting vs. Subjective Rating of Behaviors

Ivey (1971) claimed Microcounseling research has perhaps over-relied on generalized scales of measurement (e.g., Carkhuff's [1969] five-point scales), and that the clarity of the research findings have been obscured. Even with high interrater reliability, five-point measurements were still subject to the interpretation of the measurement designer, researcher, rater training, rater interpretation, and acceptable ranges of error. For this reason, Ivey (1971) recommended counting rather than rating specific behaviors to avoid confabulating results across studies and to make the results of a given study more precise.

Aldrige (1970) conducted such an investigation into the teaching of fundamental counseling skills to students. He wanted to know if attending behaviors could be taught at a junior high school. Sixteen junior high students were randomly divided into a treatment group and a control group. The control group received no specific training. The students in the treatment group received skills training using the Microcounseling paradigm. No information was reported concerning the amount of time spent on training the skills.

Two raters were trained to count the behaviors and practiced until they reached .90 interrater reliability on behavioral counts of behaviors such as breaks in eye contact, arm and hand movements, and counselor talk time. Topic changes were also measured but were later counted from transcripts.

The behaviors counted were: (a) number of breaks in eye contact, (b) number of arm and hand movements, (c) number of leg and foot movements, (d) counselor talk time, (e) mean length of counselor utterance, and (f) number of topic changes initiated by counselor. Almost all of the behaviors changed significantly ($p = .05$) at posttest except for the number of arm and hand movements and mean utterance length of the counselor. The study demonstrated that behavioral frequency counts could be used to evaluate training outcomes within the

Microcounseling framework. However, it was limited by small a sample size and the usual generalization problems the accompany it. The implicit rationale for the study was that the learning of Microskills would make the trainees better communicators, however, there was no measure of how well the participants communicated before or after the study, regardless of their ability to generate Microskills at posttest.

Microskills: Transfer of Training and Retention

Because of the strengths of both HRD and Microcounseling, Schafle, Smaby, Maddux and Cates (2005) investigated the effects of a blended training model that included paradigmatic elements from both MC and HRD. Their new model, the Skilled Counselor Training Model (SCTM), was taught over 12 three-hour sessions. The authors predicted that after training, participants would have scores higher than at pretest and that after one to five years, the scores would still be higher than at pretest levels. The participants were 53 counseling students (12 males and 43 females). Data (a five-minute mock interview) were collected from participants just prior to taking an introductory skills class, immediately following the class (another five-minute mock interview), and just prior to graduation (~50 minute mock interview). All participants graduated one to three years after completing the class . Video recordings were rated by two trained raters.

The Skilled Counseling Scale (SCS; Urbani et al., 2002) was used to assess participant skill. The SCS was developed by modifying the Skilled Group Counselor Scale (SGCS) (Smaby et al., 1999). The SCS includes 18 items, each representing a different skill and including a brief statement to define the skill in terms of observable behavior. The 18 skills were: (1) Eye contact, (2) Body language, (3) Verbal tracking, (4) Questions, (5) Paraphrasing, (6) Summarizing, (7) Feeling and

Content, (8) Self-disclosure, (9) Concrete and specific, (10) Immediacy, (11) Action feeling, (12) Confronts, (13) Deciding, (14) Choosing, (15) Consequences, (16) Agreements, (17) Deadlines, and (18) Review goals.

Items are scored on a five-point Likert-type scale on which the rater codes behavior as follows: 1 = not at all, 2 = a little, 3 = somewhat, 4 = a great deal, 5 = always. Total scores on the SCS can range from 18 to 90. Skills were taught and measured based on a hybrid model of Carkhuff's (1987) HRT/HRD model and the Microcounseling model (Ivey, 1971).

The SCTM consists of three stages: (a) exploring, (b) understanding, and (c) acting. The exploring stage takes place in initial sessions when the counselor helps the client identify problems that will be addressed. The understanding stage is when client and counselor decide what changes will be made. The acting stage includes goal determination and how to reach those goals. The specific stages of training include: (a) pretesting with the SCS, (b) training of skills for the exploring stage, (c) training of skills for the understanding stage, (d) training of skills for the action stage, (e) training of skills for all three stages, and (f) posttesting using the SCS and discussion of scores.

At posttest one, all 18 skills were significantly different from pretest ($p < .002$). At posttest two, all skills remained significantly different from pretest except for "eye contact," "self-disclosure," and "review goals."

It appeared that the SCTM was a viable training model to teach communication skills to counselors-in-training. The model included fundamental and advanced communication skills. However, all the participants came from the same sample pool and were demographically homogenous, thus limiting the generalization of results. Additionally, the SCS had not been validated; therefore interpretations resulting from its use should be viewed with caution.

This study does, however, demonstrate the flexibility and utility of Ivey's (1971) training model and how HRD can be used to complement Microcounseling. It also demonstrates the paradigmatic strength of breaking down complex interpersonal behaviors into their component parts for instruction and provides a detailed model for replication.

Literature Review Summary

Three of the most well-researched communications skills training programs, Interpersonal Process Recall (IPR; Kagan, 1965), Human Resource Development (HRD; Carkhuff, 1971b), and Microcounseling (MC; Ivey, 1971), have been shown to be flexible, diversified, and used for a variety of training needs. IPR has been useful for training individuals to increase introspection and interview quality. Although there are no step by step procedures for IPR integration, some guidelines were offered. The assumption was that all individuals could conduct interviews but that fear impedes them from doing so effectively. Exploring those fears while reviewing recorded counseling sessions with an Inquirer could reduce their impact during the session and allow the interviewer to be increasingly helpful.

The full model of HRD includes a focus on counselor empathy and incorporated measures of empathy assessment and steps for empathic development. HRD is closely aligned with Rogers' (1951) core conditions for therapy, and therefore counselors are also taught how to develop a helping attitude for their clients. Both HRD and MC include step by step procedures by which individuals develop their communication abilities. MC was designed to be atheoretical. Its developers purport that all conventional theoretical orientations incorporate at least the Fundamental Communication Skills into their constructs. Because of the MC's flexibility and modular conceptualization, it has successfully been used for teaching communication skills to diverse learners, in unconventional venues, and perhaps most frequently, to counselors-in-

training. Additionally, MC has been used in training skills in time-limited programs of instruction. In the present study, a time-limited program was used.

Although some training programs take a full semester or more to teach Fundamental Communication Skills, this review has demonstrated that studies have taught full and partial elements of Microskills in far less time (e.g., Baker, Scofield, Munson, & Clayton, 1983). For example, Teevan and Harris (1978) reported a study about listening skills training that lasted eight hours. Conner (1994) created a six-hour instructional model, and Sawyer and Allen (1980) developed a one-hour program for a condensed set of basic skills. This evidence suggests that a time-reduced skills training program may result in skill acquisition. It is proposed that if the skill set taught were those requiring the least amount of time to train (Kuntze, Van der Molen & Born, 2009), more time could be dedicated to teaching the advanced interpersonal and helping skills. But research has been unclear about which skills may be more or less affected by a reduced-time training program. This study was designed to address that issue.

Chapter III

Methods

Participants

Participants were 32 counseling students (five males and 27 females) enrolled in an introductory graduate-level counseling skills class. The mean age for all participants was 30 (SD= 7.6). Participants were randomly separated into treatment and control groups. In the treatment group were two males and 14 females who reported ethnicity as: Other (n=1,3%), Hispanic (n=1; 3%), Asian (n=1; 3%), European American (n=12, 38%), and African American (n=1, 3%). In the control group were three males and 13 females who reported ethnicity as: Hispanic (n=2, 6%), African American (n=2, 6%) and European American (n=12, 38%). None of the participants reported having received prior communications training. Part of their regular curriculum included Fundamental Communication Skills training and the Microcounseling skills training program described in this study was placed into the curriculum where the traditional training would have occurred.

Instruments

Demographic Data Sheet (Appendix B): This form was used to collect participant demographic data. Participants were asked for information such as age, gender, ethnicity, previous communication skills training, degree being pursued, and marital status.

Microcounseling Handbook (Appendix A): The Microcounseling Handbook contained brief operational definitions of the Fundamental Communication Skills (FCS) including rationale for skill use, when and how to use the skills, and possible problems to avoid. The FCS were adapted from Ivey's (1971) taxonomy of basic interpersonal skills. The communication skills in this study were: Minimal Encouragers, Verbal Following, Paraphrasing, Reflection of Feeling,

Summarization, Nonverbal Awareness, Open Questions, Closed Questions, Clarification, Intentional Silence, and Information Giving.

Counselor Communication Skill Scorecard (Appendix H): A tally-based behavioral tracking form that was used by raters to keep track of participant communication skill frequencies such as the number of open and closed questions.

Interview scenarios Idea List (Appendix C): Conversation starters were provided to participants to assure uniform content with which to practice communication skills. Three different forms, each containing two scenarios, were created for this study.

Oral Consent Form (Appendix F): Although participation in the FCS training was a requirement of the class in which the participants were enrolled, this form advised participants of their right to opt out of having their data used in the study. It included information regarding the general purpose of the study, how privacy would be maintained, and that participants would not be penalized for opting out.

Opt Out Form (Appendix G): This form would have been used for participants to fill out if they wanted to disallow their data to be part of the study.

Design

The study was organized with a pretest-posttest treatment and control group design with random assignment. The dependent variables were the mean frequencies of use of the FCS demonstrated by participants.

In order to control Type I error rate probabilities and maintain an alpha of 0.05, Bonferroni corrections are often employed. The correction ensures the maintenance of an experimentwise alpha of 0.05 by adjusting the critical alpha level of each test. This is accomplished by dividing the desired overall alpha level (0.05) by the total number of tests

conducted (10 tests). In the present study, this would yield an individual-test critical alpha level of .005, effectively rendering all of the results non-significant, but without changing the t obtained for any test.

The study was, in many ways, exploratory. At the outset it was uncertain whether all of the skills, some of the skills, or none of the skills would be affected by training. So, in order to cast the widest net to see what might be influenced by the time-abbreviated training, the alpha was retained at an unadjusted $\alpha = 0.05$ with the intention that the results would help identify skill acquisition trends. Admittedly, some or all of the significant findings may be spurious due to the increased risk of experimentwise error. As an exploratory study however, it was expected that some of the most meaningful findings may not have been the most statistically significant.

Procedure

Session One: Introductions and orientation to the experiment were conducted and participants were told about the nature of the experiment and their right to decline having their recordings used as a part of the experiment. Then they were randomly

Table 1. Training schedule for treatment and control groups.

	Treatment Group	control group	
Week 1 Session 1	Intro & Orientation Pretest video recording Turn in Pretest video	Intro & Orientation Pretest video recording Turn in Pretest video	3 hours
Week 2 Session 2	<i>FCS Training</i>	Mindfulness Training	3 hours
Week 3 Session 3	Visualization Training Turn in Posttest One	Visualization Training Turn in Posttest One	3 hours
Week 4 Session 4	Mindfulness Training	<i>FCS Training</i>	3 hours

Week 5	Turn in Posttest Two	Turn in Posttest Two	10 minutes
Week 6 - Week 14	Didactic training in standard Introduction to Counseling Skills Curriculum	Didactic training in standard Introduction to Counseling Skills Curriculum	9 Weeks
Week 15	Turn in Posttest Three	Turn in Posttest Three	10 minutes

divided into a treatment and control group. Subsequently, they were asked to form dyads to video record a 15-minute mock interview with another participant from their group. This recording was the Pretest video. Participants were required to record Pretest videos in the assessment laboratory that consisted of small interview offices equipped with rudimentary audio and video recording technology. The locations and technologies for the other three recordings in the experiment (Posttest One, Posttest Two, and Posttest Three) could be made in the assessment lab or participants could use their own video equipment. Participants submitted recordings on VHS tape, Flash Drive, and CD-ROM (See Table 1).

Session Two: The treatment group received Fundamental Communication Skills training and the control group received mindfulness training. Participants in the treatment group were given a copy of the Microcounseling Handbook (see Appendix X) to use during training which proceeded as follows:

1. Facilitator read the description of the communication skill with the class.
2. Facilitator modeled the skill.
3. Question and answer session.
4. Participants paired-up to practice the skill.
5. Three doctoral-level counseling graduate student facilitators circulated around the room and offered corrective suggestions using empathy and supportive feedback.

6. Final question and answer session.

7. Proceed to next skill.

The mindfulness training included (a) lecture defining mindfulness (b) lecture regarding the benefits of mindfulness for counselors and clients, (c) examples of therapeutic beneficence, (d) demonstrations of mindfulness, (e) participant practice of mindfulness, and (f) time for questions before ending the session.

Both training sessions lasted approximately three hours. At the end of the training sessions, each participant received a copy of the first Interview Scenario Form. The form contained two scenarios, one for each participant to use as a conversation starter for the mock interview. Participants flipped a coin to decide who played the role of interviewer first. They were asked to record their interviews as close to 24 hours before the next session as possible. Participants were not required to practice the skills before recording.

Session Three: Both groups turned in their Posttest One videos and then participated in a pre-scheduled visualization workshop that took the rest of the class time.

Session Four: The treatment group received mindfulness training and the control group received Fundamental Communication Skills training (as described above). At the end of the training sessions, each group received a copy of the second Interview Scenario Form. Instructions for scenario use and video recording were identical to the instructions described in Session Two.

Week Five: Both groups turned in their Posttest Two videos and then returned to their regularly-scheduled curriculum.

Week Six - Week 14: As an introductory course to counseling skills, participants came to class once each week for three hours to receive training and didactic instruction on topics such

as counseling theory, paperwork, self care, employment outlook and opportunity, ethics, alternative treatments and multicultural perspectives on counseling, and a brief review of advanced communication techniques.

Week 15: One week prior to week 15, participants were given copies of the third and final Interview Scenario Form to use as a conversation starter for recording interviews for Posttest Three. They were also given recording instructions as described in Session Two. At week 15, both groups turned in their final interview.

Identifying and Counting Skill Frequencies

Two individuals (not from among the participants) volunteered as raters for the present study: one male (36 years) and one female (32 years). Raters both self-identified as European American and neither rater had communications training. Neither rater was aware of the experimental hypotheses and both received three hours of training before beginning to count the behaviors. The training consisted of participating in an abbreviated FCS training program. Raters then practiced counting behaviors from random television shows for approximately 60 minutes under supervision.

A tally sheet was provided to each rater (Appendix I). On the sheet was printed a matrix with the names of the target behaviors. Each time the rater saw or heard the participant exhibit a target behavior, a tally mark was made on the scoresheet. Scoresheets were then turned in at the end of coding. Each rater received 18 tapes for coding which constituted one half of the total number of tapes. The following week, the raters met again to calibrate their observations and to measure the inter-rater reliability.

The raters met to provide a practice count of behaviors and to confirm that each rater was working from the same mental model. Some participant responses proved difficult to code. For

example, in one case, a client finished talking about something emotional and the counselor responded to the content using an utterance that was part verbal follow and part reflection of emotion. Defining the precise boundaries of what constituted one behavior or another proved more taxing than expected. Fortunately, the novice counselors tended to generate austere responses that fell into discrete categories.

Interrator Reliability

The raters were asked to count behaviors for three test videotapes. A Pearson product-moment correlation coefficient was computed to assess the relationship between scores from Rater A and Rater B. There was a positive correlation between the two variables, $r = 0.84$, $n = 30$, $p = 0.00$. Overall, there was a strong, positive correlation between scoring patterns from Rater A and Rater B (Table 2).

Table 2. A Pearson product-moment correlation coefficient for interrator reliability: Trial 01.

	Rater A	Rater B
Rater A Pearson Correlation	1	.835**
Sig. (2-tailed)		.000
N	30	30
Rater B Pearson Correlation	.835**	1
Sig. (2-tailed)	.000	
N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Generally, Pearson product-moment correlation coefficients as indices of interrator agreement have been reported in the 0.90 and above range in previous research (Chinsky & Rappaport, 1970; Carkhuff, 1987). Even though Fisher (1915) and Cohen (1960, 1988) report any value above .70 to be a very large correlation, it was important that the raters match as

closely as possible because there were no further planned evaluations of reliability once it was formally established during calibration.

The raters were asked to review one of the tapes again. Where there was disagreement in scoring, they were asked to discuss how they arrived at their counts. Following this, the raters were asked to count behaviors for three more videotapes. A second Pearson product-moment correlation coefficient was computed to assess the relationship between Rater A and Rater B. There was a positive correlation between the two variables, $r = 0.90$, $n = 30$, $p = 0.00$. Overall, there was a very strong, positive correlation between scoring patterns from Rater A and Rater B (Table 3).

Table 3. A Pearson product-moment correlation coefficient for interrator reliability: Trial 02.

		Rater A	Rater B
Rater A	Pearson Correlation	1	.903**
	Sig. (2-tailed)		.000
	N	30	30
Rater B	Pearson Correlation	.903**	1
	Sig. (2-tailed)	.000	
	N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Chronic difficulties achieving satisfactory interrator agreement regarding Intentional Use of Silence resulted in the removal of that skill from coding and analysis. The Intentional Use of Silence is used in order to provide the client with time to think and process emotions (Carkhuff, 1971; Ivey, 1971). But during this experiment, it appeared that the use of silence was random and raters could not reliably determine whether silences were intentional or the result of not knowing how to respond.

Chapter IV

Results

This project had two general research aims: The first was to determine whether a set of basic communication skills could be taught using a time-limited protocol; the second was to determine whether the effects of training would be maintained over time. The mean frequency counts of the communication skills (and their standard deviations) for the baseline/Pretest, Posttest One, Posttest Two, and Posttest Three are listed in Table 4.

Each hypothesis in this study was tested using 10 communication skills. Analyses in this study reflected differences of frequency counts between groups. All statistical tests were conducted with an alpha of 0.05. The study predicted that differences would be found between groups when one group had received training and the other had not.

Hypothesis One: Before the treatment group received time-condensed FCS training, it was predicted that would be no difference in the mean counts of FCS frequencies between treatment group and control group (see Table 5).

Independent samples *t*-tests ($\alpha = .05$) were conducted between the treatment group and the control group on each of the 10 communication skills. No significant differences between treatment group control groups were found before training. This finding supports the effectiveness of random assignment and the equality of pre-training mean communication frequency counts between participant groups.

Table 4. Between-group analysis. Frequency means and standard deviations for treatment control groups control group ($N=16$), treatment group ($N=16$), Total $N = 32$.

Skill	Group	Pretest		Posttest One		Posttest Two		Posttest Three	
		M	SD	M	SD	M	SD	M	SD
Open Questions	Treatment	0.75	0.86	1.50	0.63	2.25	0.77	3.38	0.81
	Control	0.63	0.72	1.06	0.68	2.00	0.73	2.81	0.98
Closed Questions	Treatment	6.75	2.11	5.06	1.23	3.31	1.58	1.38	1.15
	Control	6.94	1.91	6.44	1.54	4.25	2.32	2.00	1.32
Minimal Encouragers	Treatment	11.13	2.34	17.81	4.10	21.44	4.90	22.75	4.95
	Control	10.19	2.55	15.75	4.05	20.19	6.82	21.94	3.97
Verbal Following	Treatment	1.06	1.24	2.63	1.50	2.31	1.58	3.25	1.18
	Control	1.31	0.79	1.94	1.81	2.75	1.61	2.63	1.45
Reflecting Content	Treatment	2.88	1.20	3.63	0.95	2.44	1.54	3.31	1.45
	Control	2.44	1.09	2.06	1.29	2.88	1.41	3.81	1.52
Reflecting Feeling	Treatment	1.25	0.86	1.44	0.51	1.50	1.15	2.00	0.89
	Control	1.25	0.76	0.94	0.68	2.13	1.31	1.50	1.21
Clarification	Treatment	1.69	1.25	1.81	1.47	1.88	1.26	2.31	1.01
	Control	1.31	1.19	1.50	1.03	1.69	1.25	1.19	0.66
Summarize	Treatment	0.69	0.70	0.94	0.44	0.81	0.40	0.88	0.62
	Control	0.50	0.52	0.56	0.51	1.13	0.72	1.25	0.45
Information Giving	Treatment	1.75	1.12	0.94	0.68	1.13	0.81	0.31	0.48
	Control	2.13	1.62	1.56	0.96	0.88	1.02	0.75	0.68
Nonverbal Awareness	Treatment	0.13	0.34	0.63	0.50	0.56	0.63	0.31	0.48
	Control	0.06	0.25	0.50	0.52	0.38	0.50	0.31	0.48

Table 5. Pretest results. The independent samples *t*-test results between treatment control group for each of the Fundamental Communications Skills, control group ($N=16$), treatment group ($N=16$), Total $N = 32$. All significant values (Sig.) are two-tailed.

Hypothesis One: Pretest			
Communication Skill	<i>t</i>	df	Sig. (2-tailed)
Open Questions	0.45	30	0.66
Closed Questions	-0.26	30	0.79
Minimal Encouragers	1.08	30	0.29
Verbal Following	-0.68	30	0.50
Reflecting Content	1.08	30	0.29
Reflecting Feeling	0.00	30	1.00
Clarification	0.87	30	0.39
Summarization	0.85	30	0.40
Information Giving	-0.76	30	0.45
Nonverbal Awareness	0.24	30	0.56

* significant at the .05 level; ** significant at the .01 level.

Hypothesis 2: After the treatment group received time-condensed FCS training, it was predicted that there would be a difference between mean counts of FCS frequencies between treatment group and control group.

Independent samples *t*-tests ($\alpha = .05$) were conducted (see Table 6) to evaluate whether or not training had a significant impact on communication skills frequency counts. Comparisons were made between treatment group and control group frequencies at week three. After training, participants in the treatment group reduced their use of Closed Questions compared to the control group, $t(30) = -2.78, p = .01$. Reflecting Content and Reflecting Feeling were both significant, $t(30) = 3.89, p < .01$ and $t(30) = 2.34, p = .03$, as was Summarization, $t(30) = 2.22, p = .04$. After

training, the treatment group reduced the frequency of Information Giving compared to the control group, $t(30) = -2.12, p = .04$.

Open Questions approached significance, $t(30) = 1.88, p = .07$, and although in the treatment group nearly doubled use of Open Questions after testing, the control group also increased use of Open Questions, though to a lesser degree. No difference between groups was found for Minimal Encouragers $t(30) = 1.43, p = .16$, Verbal Following, $t(30) = 1.44, p = .16$, Clarification, $t(30) = .70, p = .50$ or Nonverbal Awareness, $t(30) = .70, p = .5$.

Table 6. Posttest One results. The independent samples t -test results between treatment control groups for each of the Fundamental Communications Skills after control group Treatment, control group ($N=16$), treatment group ($N=16$), Total $N = 32$. All significant values (Sig.) are two-tailed.

Hypothesis Two: Posttest One			
Communication Skill	t	df	Sig. (2-tailed)
Open Questions	1.88	30	0.07
Closed Questions	-2.78	30	0.01**
Minimal Encouragers	1.43	30	0.16
Verbal Following	1.44	30	0.16
Reflecting Content	3.89	30	0.00**
Reflecting Feeling	2.34	30	0.03*
Clarification	0.70	30	0.50
Summarization	2.22	30	0.04*
Information Giving	-2.12	30	0.04*
Nonverbal Awareness	0.70	30	0.50

* significant at the .05 level; ** significant at the .01 level.

Hypothesis 3: After the control group received time-condensed FCS training, it was predicted that there would not be a difference in the mean counts of FCS frequencies between treatment group and control group.

Independent samples *t*-tests ($\alpha = .05$) were conducted in order to test whether or not frequency counts were significantly different between groups at week five. None of the independent *t*-tests was significant suggesting that the change was due to training. The mean frequency counts, *t*-scores and significance outcomes are listed in Table 7.

Table 7. Posttest Two results. The Independent samples *t*-test results between treatment control group for each of the Fundamental Communications Skills after the control group received training, control group ($N=16$), treatment group ($N=16$), Total $N = 32$. All significant values (Sig.) are two-tailed.

Hypothesis Three: Posttest Two			
Communication Skill	<i>t</i>	df	Sig. (2-tailed)
Open Questions	0.94	30	0.36
Closed Questions	-1.34	30	0.19
Minimal Encouragers	0.60	30	0.56
Verbal Following	-0.76	30	0.44
Reflecting Content	-0.84	30	0.41
Reflecting Feeling	-1.43	30	0.16
Clarification	0.42	30	0.68
Summarization	-1.52	30	0.14
Information Giving	0.77	30	0.45
Nonverbal Awareness	0.93	30	0.36

* significant at the .05 level; ** significant at the .01 level.

Hypothesis 4: After 10 weeks, it was predicted that there would not be a difference between the mean counts of FCS frequencies between the treatment group and the control group.

Independent samples *t*-tests ($\alpha = .05$) were conducted and the results are presented in Table 8. This hypothesis was partially supported except for the communication skills of Clarification, ($t(30) = 3.73, p < .01$) and Information Giving ($t(30) = -2.10, p < .05$), which were significantly different between the two groups (see Table 8).

Table 8. Posttest Three results. The Independent samples *t*-test results between treatment control group for each of the Fundamental Communications Skills as measured 10 weeks after final assessment; control group ($N=16$), treatment group ($N=16$), Total $N = 32$. All significant values (Sig.) are two-tailed.

Hypothesis Four: Posttest Three			
Communication Skill	<i>t</i>	df	Sig. (2-tailed)
Open Questions	1.77	30	.09
Closed Questions	-1.43	30	.16
Minimal Encouragers	0.51	30	.61
Verbal Following	1.33	30	.19
Reflecting Content	-0.95	30	.35
Reflecting Feeling	1.33	30	.19
Clarification	3.73	30	.00**
Summarization	-1.96	30	.06
Information Giving	-2.10	30	.04*
Nonverbal Awareness	0.00	30	1.00

*significant at the .05 level; ** significant at the .01 level.

The goal of this study was to determine whether or not time-limited communications skills training would be effective in altering participants' use of

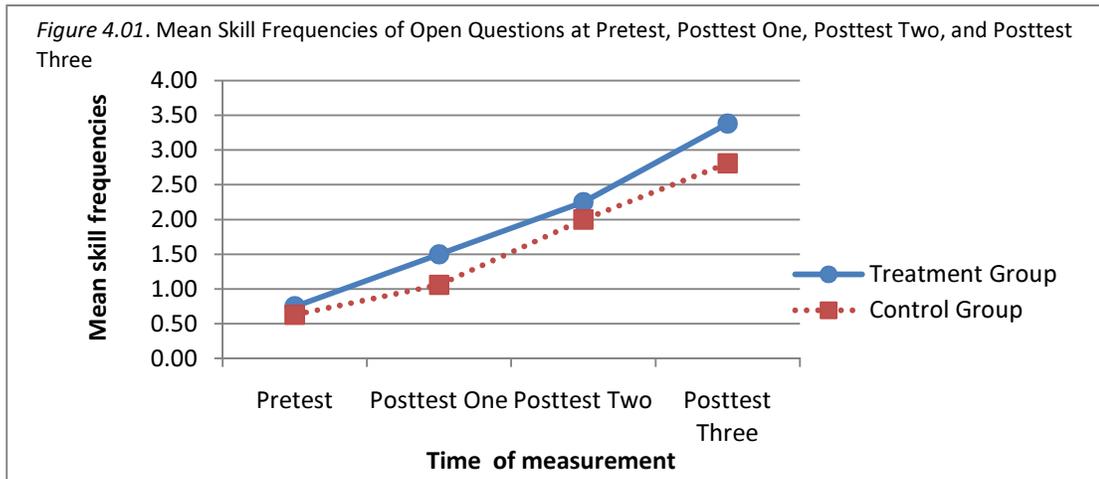
Fundamental Communication Skills. It was predicted that differences would not be found between groups before training and would be found between groups after training. Support for the all four hypotheses was found. After training, individuals used the target skills more frequently, although the pattern of skill use was inconsistent, which may reflect a pattern of acquisition. These findings were not unlike other training outcomes in which significant effects were found following training and then dropped, peaked, or became extinguished (Kahn, Cohen & Jason, 1979; Hunter, 1984). Additionally, research has indicated that different rates of acquisition and maintenance may be the result of prior learning. While most studies screen for prior formal communications training, incidental skill development screening does not occur (Kuntze, Van der Molen & Born, 2007).

Individual Skills: Trends Over Time

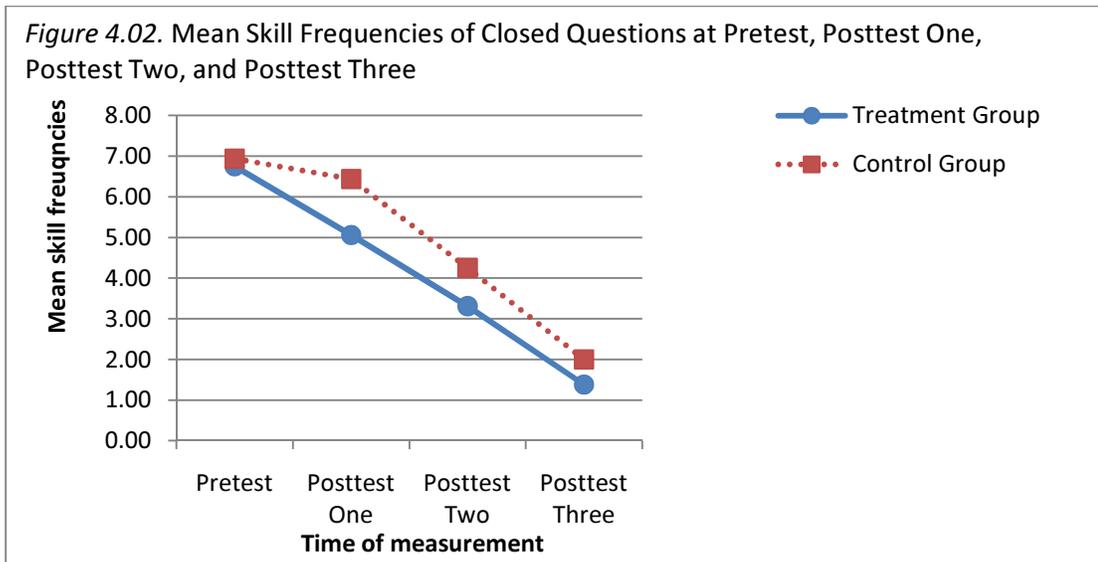
The following summary is based on frequencies of group means (Table 4) and is organized by skill. No predictions were made regarding changes within groups over the timecourse of the present study. Therefore, though some within-group changes are discussed, they were not tested for significance because they were beyond the scope of this preliminary study. However, significance tests of differences in skill use frequency between groups before training, after treatment group training, after control group training and after 10 weeks, can be found in Table 5, Table 6, Table 7, and Table 8 respectively.

Tests were scheduled during the study to measure pre-training skill use frequency differences between groups and differences in skill use frequency between

groups after training. The Pretest occurred before training of either group; Posttest One occurred after treatment group training; Posttest Two occurred after control group training; Posttest Three occurred after the passing of 10 weeks.



Open Questions: Participant use of Open Questions increased for both groups between Pretest and Posttest One (Fig. 4.01), but treatment group frequency counts were higher than the control group not only at Posttest One (PT1), but throughout the experiment. Between PT1 and Posttest Two (PT2), after the control group received training, the differing rate of use of Open Questions between groups decreased and frequency counts between groups at PT2 were almost equal (treatment group = 2.25, control group = 2.00). At Posttest Three (PT3), the control group frequency incline tapered off while the frequency rate for the treatment group increased from 2.25 at PT2 to 3.38 at PT3.



Closed Questions: The treatment group and the control group both showed a decrease in frequency of Closed Question use at PT1 (Fig. 4.02), but the decrease was smaller for the control group. After training, the control group use of Closed Questions showed a marked decrease that persisted throughout the study, their difference counts between tests were -1.69, -1.75, -1.93 for PT1, PT2, and PT3 respectively. Similarly, after training, the treatment group showed a decrease in skill use, but their rate of reduction was sharper than the control group. Their counts were -0.50, -2.19, -2.25 for PT1, PT2, and PT3 respectively.

Minimal Encouragers: Use of Minimal Encouragers increased for both groups regardless of training (Fig. 4.03). Although the largest gains were made between Pretest and PT1. The rate of increase of this skill was similar for both groups during the course of the study.

Figure 4.03. Mean Skill Frequencies of Minimal Encouragers at Pretest, Posttest One, Posttest Two, and Posttest Three

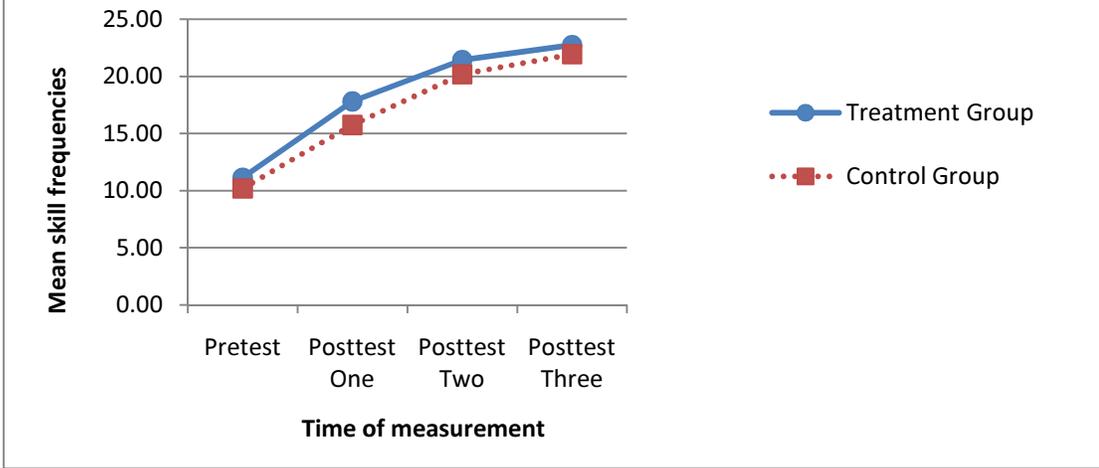
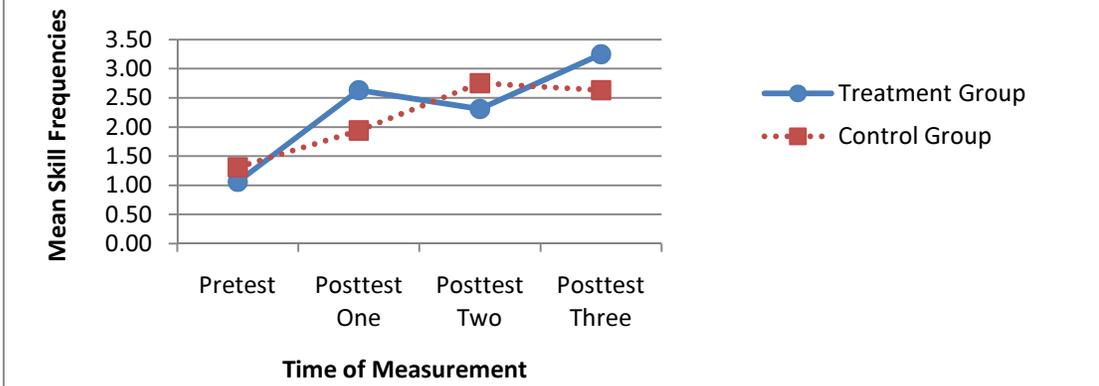
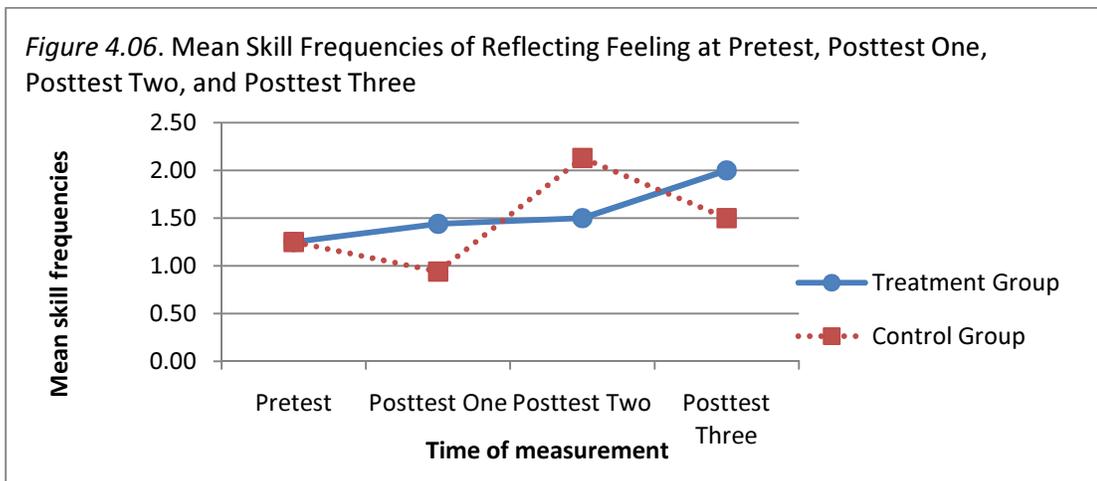
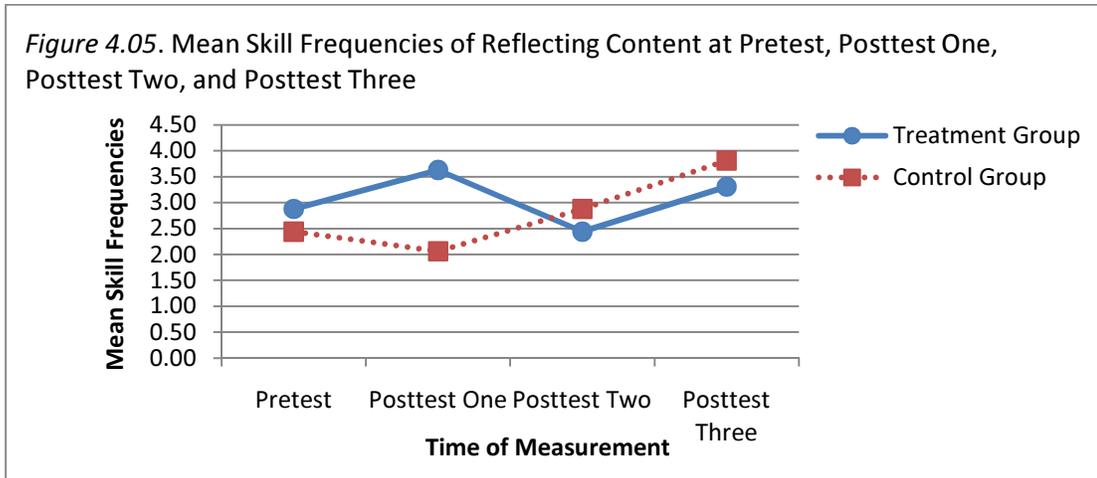


Figure 4.04. Mean Skill Frequencies of Verbal Following at Pretest, Posttest One, Posttest Two, and Posttest Three



Verbal Following: The treatment group mean count of Verbal Following use showed a sharp increase after training at PT1, increasing from 1.06 to 2.63 (Fig. 4.04). However, at PT2, their use showed a reversal and their rate of use declined from 2.63 to 2.31. Meanwhile, the control group showed a sharp increase in their frequency use of Verbal Following from a Pretest count of 1.31 to an after-training count of 2.75 at PT2. In a reversal similar to the treatment group, the control group decreased their use of Verbal Following shortly after training. The control group skill

mean use counts declined marginally from 2.75 at PT2 to 2.63 at PT3. While the control group was decreasing their use of Verbal Following, the treatment group again reversed their use trend and increased their skill use means from 2.31 at PT2 to 3.25 at PT3.



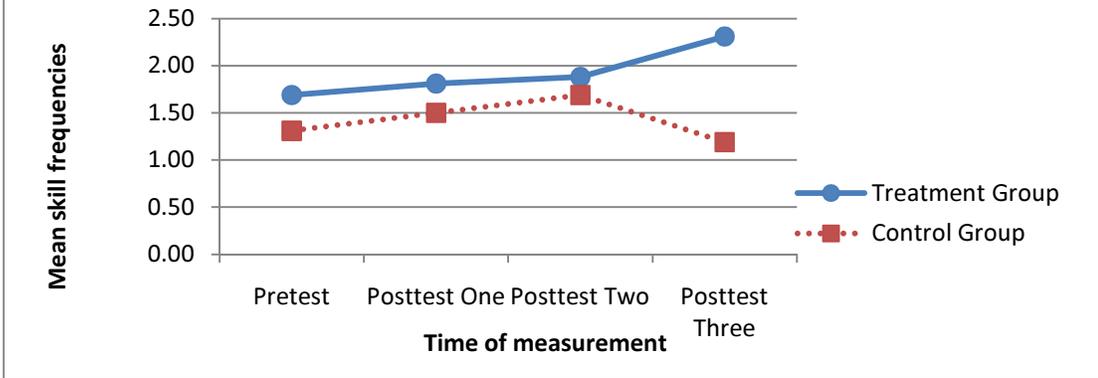
Reflecting Content: After training, the treatment group showed gains in their mean use of Reflecting Feeling (2.88 to 3.63) while the control group showed a slight decline (Fig., 4.05). However, at PT2, a reversal was noted for the treatment group which had a decline in mean counts of Reflecting Feeling (3.63 to 2.44) while the

control group showed an increase in use (2.06 to 2.88). Between PT2 and PT3, both groups had approximately the same trend of increase of mean frequency count with the treatment group showing a difference of -0.87 and the control group showing a difference of -0.93.

Reflecting Feeling: After training, the treatment group showed small gains in their mean use of Reflecting Feeling (Fig., 4.06). Although they increased their skill use throughout the study, their largest gains occurred at PT3. They increased their mean use frequency of Reflecting Feeling from 2.00 at PT2 a full half a point to 2.50 at PT3. The control group mean use of Reflecting Feeling decreased before training and then rose sharply after training (PT1=0.94, PT2=2.13). In a reversal trend similar to the one seen in the Verbal Following results, the control group decreased their use of Reflecting Feeling sharply at PT3 to 1.50.

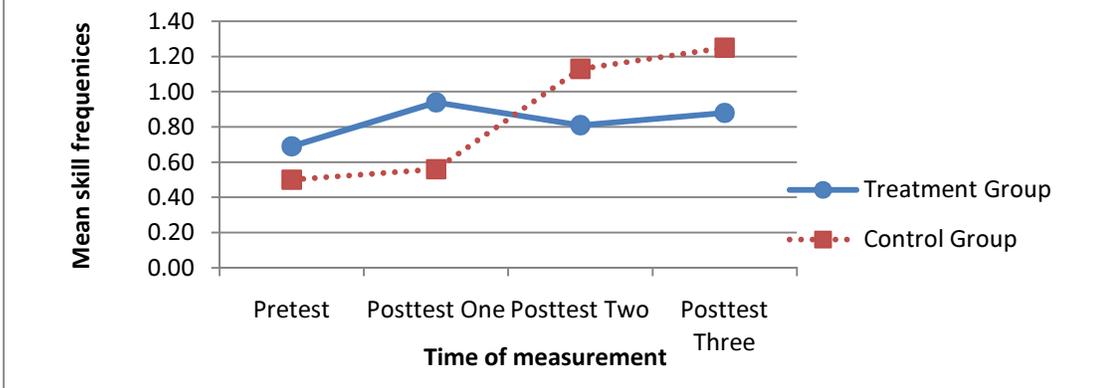
Clarification: The control group and the treatment group showed medium increases at PT1 and PT2 in Clarification frequency means (Fig., 4.07). At PT3 however, there was an interesting and unexpected divergence in frequency use for this skill. The treatment group means increased sharply from 1.88 at PT2 to 2.31 at PT3. While the treatment group was sharply increasing their frequency of use of Clarification, the control group made another reversal and decreased their use of the skill. At PT2, their mean count was 1.69 and at PT3, their mean count had decreased to 1.19.

Figure 4.07. Mean Skill Frequencies of Clarification at Pretest, Posttest One, Posttest Two, and Posttest Three

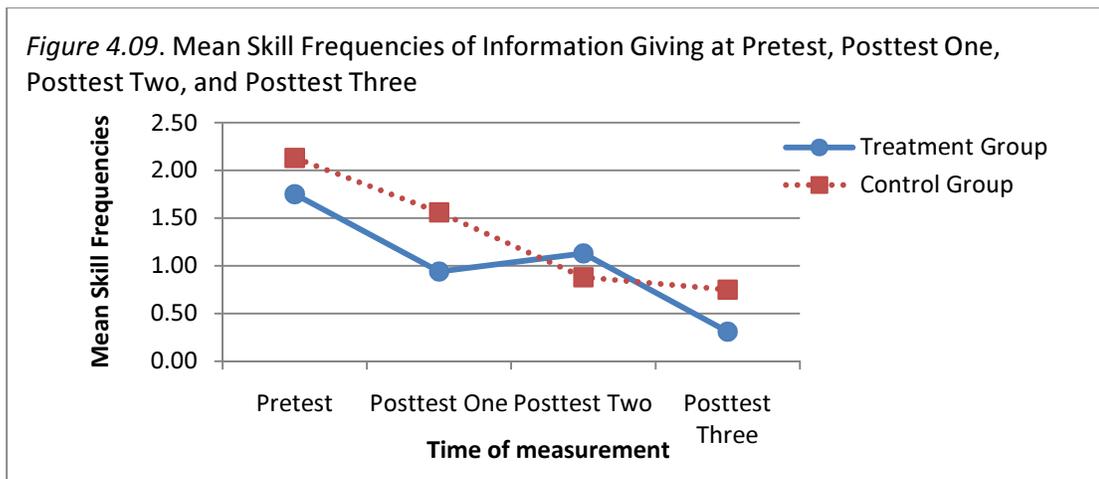


Summarization: After training, the treatment group increased their use of Summarization while the control group mean use frequency remain relatively static (Fig., 4.08). However, at PT2, after the control group receiving training, the treatment group decreased their use of Summarization marginally from 0.94 at PT1 to 0.81 while the control group sharply increased their use of Summarization more than doubling the count from 0.56 at PT1 to 1.13 at PT2. From PT2 to PT3, both groups made marginal gains in their use of Summarization.

Figure 4.08. Mean Skill Frequencies of Summarization at Pretest, Posttest One, Posttest Two, and Posttest Three

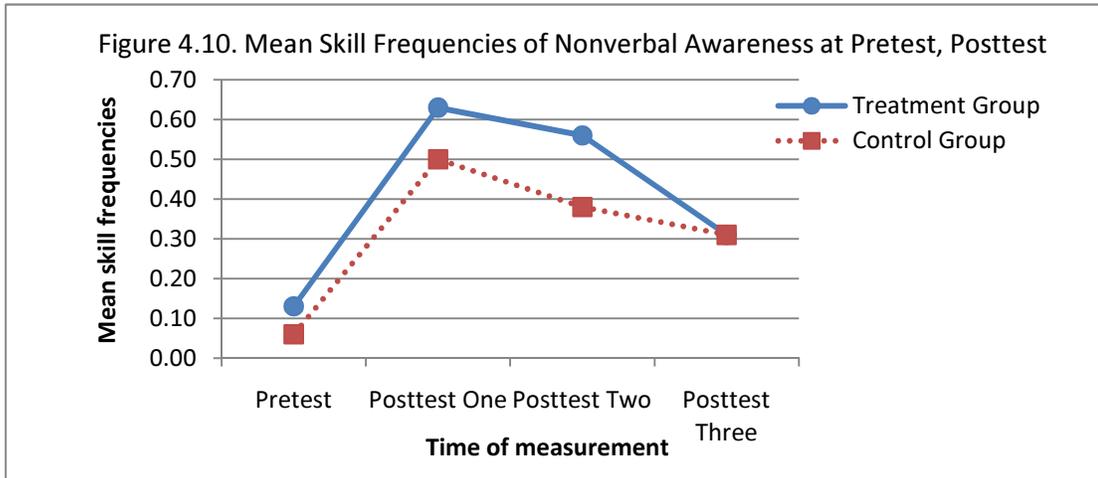


Information Giving: Participants in both treatment control groups decreased their use of Information Giving from Pretest to PT1. At PT2 however, the treatment group mean appeared to reverse and increase slightly, leveling out (Fig., 4.09). At PT3, the treatment group reversed their leveling out and resumed their rate of decrease established between Pretest and PT1. The control group, on the other hand, sharply decreased their use of Information Giving through much of the study. They reduced their use of Information Giving counts from 2.13 at Pretest to 1.56 at PT1, and 0.88 at PT2. However, at PT3 they also showed a leveling off of their skill use, reducing the mean count of Information Giving from 0.88 at PT2 by only 0.13 to 0.75 at PT3.



Nonverbal Awareness: Participants in both treatment control groups began the study with low mean use scores of Nonverbal Awareness. After training the control group, the frequency count means of both the Training and control group showed a surprisingly sharp increase (Fig., 4.10). One week after training (PT2), the treatment group used Nonverbal Awareness less frequently than immediately following

training. For the control group, their use of Nonverbal Awareness continued to decline after training. Between PT2 and PT3, both groups continued to decrease their use of Nonverbal Awareness, but the rate of decrease was larger for the treatment group (-0.25) compared to the control group (-0.07).



Chapter V

Discussion

The findings of this study suggest that time-limited Microcounseling was effective for teaching basic communication skills. These results add to existing research regarding the effectiveness of communication skills training (Carkhuff, 1971, 1972; Ivey, 1971, 2002; Combs & Slaby, 1977; Authier & Gustafson, 1982; Ellis & Whittington, 1983; Hill, 2004; Daniels & Ivey, 2007) by adding important information regarding those skills that seem more amenable to time-condensed training and those skills that seem to require additional training before frequency of use counts would change significantly. In addition to the discovery of the limits and achievements of this training, and perhaps more importantly, this study produced skill acquisition trend data that may inform both future research and curriculum development.

Implications of Preliminary Findings

Because of the exploratory nature of this study, the results need to be interpreted cautiously. The statistically-significant findings may be spurious artifacts of experimentwise error from multiple analyses without alpha correction. While studies have successfully taught communication skills in time-limited formats, the aim of this study was to evaluate not only the effectiveness of training, but to determine which skills are more likely to be learned in this format than others. This was accomplished by using the skill acquisition charts to examine the trend of skill use over time. Although not statistically evaluated, the trends hint not only at which

skills should remain on the FCS list (the ones most readily exhibited after training), but also those that may be better taught under an advanced training paradigm with more time and resources dedicated to their acquisition. Finally, the results shed light on methodological concerns regarding the way some skills were defined, either too broadly or too narrowly, for successful coding in the present experiment. Whether or not the issue of operational definition clarity translates into a curriculum development concern was not addressed.

Narrative of the Hypotheses

Hypothesis one: Before the treatment group received time-condensed FCS training, it was predicted that there would be no difference in the mean counts of FCS between the treatment group and control group.

This hypothesis was supported. In order to confirm the effects of random assignment and equality between treatment and control groups before training, this hypothesis tested whether or not the two groups possessed and used the target skills at different frequencies between groups. Before training, there were no significant differences between groups on the frequency of use of Fundamental Communication Skills.

Hypothesis two: After the treatment group received time-condensed FCS training, it was predicted that there would be a difference between the mean counts of FCS frequencies between treatment control groups. This hypothesis tested the impact of training on the treatment group and no training on the control group. If the training had an effect, the treatment group mean frequency counts for the use of FCS would

be different between groups. Partial support was found for this hypothesis. The treatment group showed a distinct increase in the use of some skills, but not in the use of others.

Hypothesis three: It was predicted that after the control group received time-condensed FCS training, there would not be a difference in the mean counts of FCS use frequencies between the treatment control groups. This hypothesis tested whether training would have a significant impact on skill use for the control group. If it did, the control group frequency means would increase similar to the treatment group after training. This hypothesis was supported. After training, no significant differences in frequency means were found between the treatment control groups.

Hypothesis four: The goal of hypothesis four was to determine whether or not the treatment control groups would retain their FCS mean counts after 10 weeks. It was predicted that there would not be a difference between the mean counts of FCS frequencies between the treatment group and the control group. This hypothesis was supported. After 10 weeks, there were only two significant differences between groups on the use of the FCS, Clarification and Information Giving.

As a whole, the results indicated that some skills can be learned using a brief training paradigm when learning is reflected by a change in frequency of use of the Fundamental Communication Skills. Participant use of Closed Questions, Reflecting Content, Reflecting Feeling, Summarization, and Clarification all changed after training. Additionally, the skill use frequencies pointed to trends of skill acquisition

and hinted at issues related to the conceptualization of skills (e.g., complexity and categorization).

Skill Acquisition Trends

In the present study, some communication skills needed little didactic instruction, modeling, and practice in order for participants to change their mean use frequencies, such as Open and Closed Questions. Overall, both Open and Closed Questions showed similar and sharp trends of use; both the treatment group and the control group increased their mean frequency counts and continued to increase them over the course of the study for use of Open Questions. The trend of use for Closed Questions was, for both groups, similar. They decreased their use of Closed Questions over the course of the study. While the trend was relatively consistent for both groups, it suggested that the training was effective in changing target behaviors.

The frequency counts of Minimal Encouragers were the highest of all the skill counts in the study. Participants performed so well the leveling off of the mean frequency counts were likely due to the brevity of the interview which precluded the skill from being further demonstrated. The parallel change trends were not as clear for the skill of Verbal Following, suggesting that it may not be a skill as easily learned as some others.

Differing rates of acquisition have been seen in previous research (Ackerman, 1988), and it was suggested that there may be interactions between the ability of learners to assimilate and transfer skills and the way the skills were taught. In the present study, practice time was minimized. Although participants could demonstrate

the target skills during training, lack of practice may have resulted in memory for the skill to dissipate shortly after training. If high degrees of variance in skill acquisition are a reflection of the ability of the learner or of the training, it might mean that extended practice and training time for some skills would be necessary. For those skills with low degrees of variance in skill acquisition, time-condensed instruction would seem appropriate.

Although both groups increased their use of Verbal Following immediately following training, they both also showed a reversal one week after training as if some mitigating factor affected the use of the skill. It may be that Verbal Following requires additional practice. The skill was not observed regularly in typical conversation such as the use of Minimal Encouragers. Participants may have felt uncomfortable using this skill because they did not have sufficient time to practice it and to develop a way of Verbal Following that felt comfortable to them.

Reflecting Content was among the highest frequency counts in the study. This was one of the skills that was easily taught, learned, and exhibited. As a behavioral product, basic content reflection requires only a minimum of attention paid to be the speaker. It was a skill readily adopted in training and the high frequency counts attest to its subsequent adoption into the skill repertoire. However, Reflecting Feeling did not show the same kind of adoption among participants. There are at least three explanations for this: (a) Discussing feelings is a more complex task than discussing content, perhaps because of the significance that individuals place on expression of feelings. (b) The conversation topics provided in the study did not require significant

levels of emotional expression. (c) Because the interviews were only 15 minutes long, there may have been insufficient time for the client to "get into" relevant or significant emotional states.

Processing emotion is a methodological and ethical consideration for FCS research. Investigators intentionally use benign conversational topics. The goal of this and similar studies is not intervention development, but the acquisition of basic skills. If participants were asked to bring up significant emotional issues, the result could be chaotic during skills practice. One remediating methodology, not without its own drawbacks, might be to write conversation starters such that the emotion to reflect is happiness rather than depression, anger, or anxiety.

One of the study's most puzzling findings relates to the frequency of use of Clarification. Both groups increased their use of Clarification over the course of the study, but at PT3, the control group sharply decreased their frequency means. While research suggests that skills can deteriorate over time (Gluckstern, Ivey, & Forsyth, 1978), one would expect the deterioration trend to occur in both groups similarly, not differentially. The treatment group mean frequencies increased at PT3 in contrast to the decrease for the control group. There may be unreported mitigating influences affecting these scores. Both groups interacted with one another frequently during the semester and it may be that as participants became familiar with the interpersonal communication patterns of their interview partners, the need for clarification diminished.

Some of the skills that comprised the FCS list may belong on an intermediate skills list because they require higher levels of processing compared to the more basic communication skills such as asking an Open Question. Information Giving, Summarization, and Nonverbal Awareness each seemed to require a higher level of functioning than the previously mentioned skills. For example, Giving Information requires that the counselor have information to give. This logical deduction becomes important when ranking the skills according to the difficulty they seem to present for learning. Giving Information also may be an advanced skill because it may require confrontation skill development as well.

The training materials used for the skill suggested that participants should restrict their use of Information Giving unless they fully understand the problem and are sure that the information will be received well. That description of the task may be problematic, at least if it is to remain on the FCS list. That the skill's frequency of use decreased may not be a function of carefully planned modeling, practice, and training, but of participants simply being told not to use it so much. The intent of the training in this study was to have the participant think through the beneficence of the information before offering it. In terms of cognitive requirements and psychomotor complexity, the fundamental skill may be more reasonably categorized as intermediate or advanced.

Skills like confrontation nearly always require that the individual evidence a reasonable degree of cognitive complexity in order to rapidly consider several variables determine acceptable courses of action. A skill like Nonverbal Awareness

could be conceptualized in several ways. For example, an individual can be aware of someone's nonverbal signals and ignore them, respond to them emotionally, unemotionally, or at the extreme end of interpersonal ability, bring the nonverbal signals to the awareness of the individual. The latter course requires both cognitive ability and social bravery.

Talking about the nonverbal behaviors of others during the course of conversation requires a strong sense of self, belief in the strength of the therapeutic relationship, and an ability to generate and select from among the options most likely to benefit the recipient. Nonverbal Awareness in this study was defined as saying something to the client about their behavior, a task requiring advanced cognitive skills. For this reason, the list of FCS might be well-served by removing from it Nonverbal Awareness and putting it on the list of Advanced Communication Skills.

Interdependence and Differential Skill Acquisition Rates

Some skills in this study may be interdependent: the more one skill used, the less the other will be. For example, if there is an interdependence of Open and Closed questions, then as the number of Open Questions increases, the number of Closed Questions will decrease, especially if the amount of speaking time was restricted. If there were an interdependence, then trainers may need only to focus on increasing the frequency of Open Questions, thereby further reducing the time needed for FCS training. Interdependence could also inform interpretation of results. Significant findings in one skill may result in significant, but opposite findings, in the interdependent skill. Interdependence may also play a role in how skills are learned.

The rates at which skills were learned and the exhibition of skill over time in this study varied depending on the skill. Not all skills were learned or maintained at the same rate. Some skills were learned quickly and continued to increase over time. Other skills seemed to atrophy over time only to resurface at the following measurement.

One study used a modified model of Microcounseling called a Skilled Counselor Training Model (SCTM) to level out skill acquisition patterns by using a cumulative training approach. As each skill was learned, trainees were required to demonstrate the new skill and the previous skill until all target skills were learned (Urbani, et al., 2002). The SCTM is a check and balance training model because it requires learners to demonstrate proficiency during training, but also that they practice the skill in context with others, which is more like a real interview than learning skills independently. Unlike the present study, the SCTM took 15 weeks of 3-hour sessions to train the full model of skills.

In the present study, the skills that seemed most amenable to being rapidly learned were Closed Questions, Open Questions, Reflecting Content, Reflecting Feeling, Summarization, and Information Giving. The other skills seemed to require either additional training, additional practice, or both before frequency counts showed change. The FCS list was adapted from a full skills training model and as such, may not be appropriate for time-condensed training. As previously mentioned, Nonverbal Awareness may be an advanced communication skill and Clarification may need to be studied in an environment where the interviewers and interviewees were not so

familiar with one another, where the topics were less familiar to the interviewer, or the narratives harder to track.

Implications for The Current Training Model

Results from this study suggest that it may be unnecessary to spend 40 hours teaching Fundamental Communication Skills. At the same time, 3 hours may not be long enough to see significant behavioral changes from the participants. Even though some of the analyses between groups reached significance, the findings should be interpreted with caution because of the chance that at least some of the findings are spurious. Previous research (Urbani, et al., 2002) using roughly the same methodology but over a much longer period of time, found significance for all variables using an alpha of 0.002. Two *t* tests of the 40 that were run in the current study reached 0.01. So, while 40 hours may be too long, it may be that the training model needs to marginally extend the training time in order to give participants more time for practice and the trainers more time for exposition. However, within the current training pedagogy, skill acquisition trends suggest that the learning time for some skills does not necessarily require sharp time increases, such as for Open and Closed Questions, when it is likely moderate increases would suffice. On the other hand, skills such as Verbal Following and Nonverbal Awareness should receive the bulk of additional training time.

Participant Feedback

Informal feedback from the participants was helpful in understanding the training experience from the trainee's point of view. Several participants reported

feeling "absolutely awkward" when trying to use Nonverbal Awareness. Their comments gave support to the idea that focusing on an individual's personal space was a more complex interpersonal behavior than previously acknowledged.

Participants reported using many of the skills when they were talking to friends and family and that "nobody seemed to notice." This type of comment suggested two things: (a) the existence of a methodological confound and (b) strong transfer of training effects. Because participants reported using the skills in "real life," that qualified as practice and a variable uncontrolled (albeit random) in this experiment. While it is not uncommon for such confounds to exist in hybrid-type experiments (e.g., lab training over time where participants interact every day with the outside world), it was predicted that all of the participants would do so at roughly equal levels. Anecdotal evidence would suggest otherwise.

There may also have been a personality effect in the transfer of skills because some individuals reported using the skills very frequently, while other participants reported using them very seldom. This unintentional practice effect may have accounted for some of the reversals seen in the acquisition trends. What is not clear, however, is whether the transfer of training occurred at the same frequency rate for "real life" interpersonal communications as for "pseudo life" interpersonal communications.

Finally, participants were nearly unanimous in their opinions of Verbal Following. They felt awkward and clumsy using the skill because it sounded trite and forced in training. It also sounded awkward to them in practice during the mock

interviews. However, on the positive side, participants reported that when it was used at home, none of their friends or family noticed their use of Verbal Following, even though to the participant, it sounded forced and insincere. When the participants observed the power of that skill to invite the speaker to continue with their narrative, they reported it as a favorite skill and one they frequently used outside training.

Frequency versus quality.

Because this study did not measure the quality of participant response, the kind of generalizations that might be made about learning and effectiveness of training and participant responses are limited. As the learner's ability to generate responses increases under supervision, it is reasonable to assume that the competent supervision would affect not only the frequency of response, but the quality of response as well. As the quality improves, shifting behavior frequencies may be the result. A single facilitative question may be more effective than 10 questions of mediocre quality.

The quality of response is an issue for questions of clinical competency as well. This study did not test whether FCS training resulted in participants reaching a pre-set critical levels of competency, levels that may be unrelated to frequency counts. Programs reviewing this research would need to consider how they currently measure clinical competency and the role of response frequency rates versus response quality within that measure.

Limitations

A frequent methodological limitation found in reviews of the literature is that participants are selected in academic environments and therefore the sample sizes are often small, sometimes six to 12 participants per condition (Hill & Lent, 2006a) which results in strong external validity but less generalizability. The problem with the small sample size is that it makes it difficult to detect violations in the assumptions underlying various statistical tests. Even if none of the test assumptions are violated, the *t*-tests in this study may not have sufficient power to detect significant differences from the hypothesized mean and while this study had only 16 participants in each group, in order to account for the previously-mentioned methodological and statistical issues, there could have been double that number in each group.

Another limitation to this study comes from the lack of controls over practice time in between measurements. It is unclear to what degree this issue affected the outcome, but it could be significant. While some participants may have used the skills exclusively during training at during the mock interviews, anecdotal evidence suggests that other participants, being highly motivated and seeing the potential benefit of using facilitative social skills, integrated the skills into their conversations immediately following training and maintained use of their skills throughout the experiment.

One of the unexpected variables in this study was the array of recording environments participants chose in which to record their mock interviews. Some environments were too noisy for audio to be heard clearly, some were too dimly lit to

see well, and some were quiet and calming. The variability in recording environment is a limitation because it is reasonable to suppose that the environment would have had an effect on the practitioner and the client, even in a mock interview. The more distracting the environment, the less focus that is available for the interview.

Just as some environments varied distinctly one from another, so did the quality of recording equipment. Although some videotapes were generated using high-definition cameras with state-of-the-art audio capture, other videos were recorded using poor-quality cameras set far away from the individuals with barely audible audio. This was an unanticipated variable unreported in previous research but that nevertheless, complicated video coding. Whether or not this limitation significantly affected the dependent variable in this study is unknown, but it is a variable that should be accounted for in future studies.

The mock videos in this study each lasted 15 minutes. This may not be enough time to demonstrate the skills sufficiently. Because the training model of the current study was measuring skill frequency not rating counselor empathy, there needs to be enough time for the interviewer and interviewee to develop a certain depth of conversation that may not be reached in 15 minutes. Without a significant amount of information, a summary statement would be unnecessary. In sum, the brevity of the interview may have affected the results of this study.

As an exploratory study, another limitation of this study is that there were no previous counts from this kind of skills training with which to compare the frequency counts of the present study. There were no specific numbers from previous research

therefore the expected outcomes were largely unknown. Especially helpful might have been frequency counts from not only amateurs, but skill use frequency from experts as well so that it would be possible to compare student skill counts to those of professionals. Although the present study showed that the brief training was effective in altering response frequencies, whether the level of skill prediction was good, mediocre, or poor cannot be evaluated.

Recommendations for Future Research

The learning model on which Ivey (1971) based his Microskills program is Bandura's (1986) social learning theory. The social learning theory uses modeling as the catalyst for change. One of the necessary conditions for learning from modeling is motivation. The learner must want to demonstrate what they have learned. Results from the present study suggest that some learners might have come to the study more motivated than others to learn and use the communication skills. Assessing the level of motivation of the learner would be meaningful to explore because it is likely to affect the rehearsal of skills, the frequency of use of the skills, and the quality of the skills learned by the participants.

Previously in this paper, some of the operational definitions were addressed as problematic (e.g., Nonverbal Awareness, Information Giving). Future studies may want to address the specificity of definitions regarding the skills that have been identified as Intermediate or Advanced. Although some levels of operation of these skills may be fundamental, some definitions reflect cognitive components of higher-order skills that should be taught in an advanced skills curriculum.

Finally, there are other variables that are possible moderators between the didactic and modeling modules that occurred during training and the frequency of communication skill use that need to be investigated. For instance, variables such as personality, IQ, amount of time spent daily in social interaction, amount of time spent on computerized social networks, number of speech classes taken, ability to argue, and motivation to succeed could moderate the relationship between training and communication skill acquisition.

Discussion Summary

Microskills training represents an economical method for teaching communication skills to individuals in occupations requiring effective interpersonal relationships. The training model has a long history of being flexible and effective. In the present study, the communication skills were taught using a time-condensed training curriculum. Results suggested that some communication skills were readily learned using the time-condensed model but others were not. Some of the skills that were identified as fundamental and the most basic were not as basic (or at least as easily influenced) as previously understood. Information Giving, for example, appears to be a composite of behaviors that requires additional deconstruction of component parts before training. Some of the most meaningful data generated by this exploratory study were the skill acquisition trends which suggested that the skills were not equally challenging to learn and use. Some were harder than others. There are likely undisclosed extraneous variables that mediated the effects of training.

Finally, when using technology to record behaviors, the highest caliber should be used in order to provide the widest net with which to observe the developing skills.

References

- Ackerman, P. L. (1988). Determinants of individual differences during skill acquisition: Cognitive abilities and information processing. *Journal of Experimental Psychology: General*, *117*, 288-318.
- Alberts, G., & Edelstein, B. (1990). Therapist training: A critical review of skill training studies. *Clinical Psychology Review*, *10*, 497-511.
- Aldrige, E. (1970). *The microtraining paradigm in the instruction of junior high school students in attending behavior*. Amherst, MA: University of Massachusetts Press.
- Archer, J., & Kagan, N. (1973). Teaching interpersonal relationship skills on campus: A pyramid approach. *Journal of Counseling Psychology*, *20*, 535-540.
- Arem, C. A. (2002). *Conquering math anxiety* (2nd ed.). Florence, KY: Brooks-Cole.
- Authier, J., & Gustafson, K. (1982). Microtraining: Focusing on specific skills. In E. Marshall (Ed.), *Interpersonal helping skills* (pp. 93-130). San Francisco, CA: Jossey-Bass.
- Baker, S., & Daniels, T. (1989). Integrating research on the microcounseling program: A meta-analysis. *Journal of Counseling Psychology*, *36*, 213-222.
- Baker, S., Daniels, T., & Greeley, T. (1990). Systematic training of graduate-level counselors: A narrative and meta-analytic review of three major programs. *Counseling Psychologist*, *18*, 355-421.
- Baker, S., Scofield, M. E., Munson, W. W., & Clayton, L. T. (1983). Comparative effects of teaching basic counseling competence through brief microskills

- practice versus mental practice. *Counselor Education & Supervision*, 23, 71-82.
- Bandura, A. (1986). *Social foundations of thought and action: a social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Baum, B. F. (1986). Effects of didactic lecture, novice and expert models, and self-observation via videotape, on the acquisition of basic therapy skills. *Dissertation Abstracts International*, 47, 04.
- Bensing, J. (1991b). Doctor-patient communication and the quality of care. *Social Science Medicine*, 32, 1301-1310.
- Bent, R.J. (1986). Toward quality assurance in the education of practicing psychologists. In J. E. Callan, D. R. Peterson, & G. Stricker (Eds.), *Quality in professional psychology training: A national conference and self-study*, (p. 27–36). Washington, DC: National Council of Schools of Professional Psychology.
- Bernard, J., & Goodyear, K. (1992). *Fundamentals of clinical supervision*. Needham Heights, MA: Allyn & Bacon.
- Bolton, R. (1986). *People skills*. Sydney, Australia: Prentice Hall of Australia.
- Carkhuff, R. R. (1969). *Helping and human relations (Vols. 1 & 2)*. New York: Holt, Rineheart & Winston.
- Carkhuff, R. R. (1971a). Helping and human relations: A brief guide for training Lay and Professional Helpers. *Journal of Research and Development in Education*, 4(2), 17-27.

- Carkhuff, R. R. (1971b). *The development of human resources*. New York, NY: Holt, Rinehart & Winston.
- Carkhuff, R. R. (1972). *The art of helping*. Amherst, MA: Human Resource Development Press.
- Carkhuff, R. R. (1973). *The art of problem-solving: A guide for developing problem-solving skills for parents, teachers, counselors, and administrators*. Amherst, MA: Human Resource Development Press.
- Carkhuff, R. R. (1987). *The art of helping*. Amherst, MA: Human Resource Development Press.
- Carkhuff, R. R. (1993). *The art of helping in the 21st Century*. Amherst, MA: Human Resource Development Press.
- Cashwell, C. S. (1994). Interpersonal process recall. In L. Borders (Ed.), *Explicating the significant components of effective supervision*. Greensboro, NC. ERIC/CASS.
- Charonko, J. J. (1979). The effects of microcounseling and monitor modeling upon the acquisition of group leadership skills. *Dissertation Abstracts International*, 1774-a.
- Chinsky, J. M., & Rappaport, J. (1970). Brief critique of the meaning and reliability of the "accurate empathy" ratings. *Psychology Bulletin*, 73, 379-382.
- Cohen, J (1960). A coefficient of agreement for nominal scales, *Educational and Psychological Measurement*, 20, 37-46.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences (2nd ed.)*.

Hillsdale, NJ: Erlbaum.

- Collins N, M., & Pieterse, A. L. (2007). Critical incident analysis-based learning: An approach to training for active racial and cultural awareness. *Journal of Counseling and Development*, 85, 14-23.
- Combs, M., & Slaby, D. (1977). Social skills training with children. In B. Lahey & A. Kazdin (Eds.), *Advances in clinical child psychology* (pp. 601-619). New York, NY: Plenum.
- Conner, M. (1994). *Training the counselor: an integrated model*. New York, NY: Routledge.
- Cooker, P., & Cherchia, P. (1976). Effects of communication skill training on high school students' ability to function as peer group facilitators. *Journal of Counseling Psychology*, 28, 484-467.
- Crews, J., Smith, M. R., Smaby, M. H., Maddux, C. D., Torres-Rivera, E., Casey, J. A., et al. (2005). Self-monitoring and counseling skills skills-based versus interpersonal process recall training. *Journal of Counseling and Development*, 83(1), 78-89.
- Daniels, T. (2003). Microcounseling research: What over 450 data-based studies reveal. In A. Ivey & M. Ivey (Eds.), *Intentional interviewing and counseling [CD-ROM]*. Torrance, CA: Brooks/Cole
- Daniels, T., & Ivey, A. (2007). *Microcounseling: Making skills training work in a multicultural world*. Springfield, IL: Charles C. Thomas
- Danish, S., Anthony, R., D'Augelli, & Brock, W. (1976). An evaluation of helping

- skills training: Effects on helper's verbal responses. *Journal of Counseling Psychology*, 23, 259-266.
- DeVries, P., & Brall, S. (2008). Microtraining as a support mechanism for informal learning. *eLearning Papers*, 11, 1-9.
- Dickson, D. (1997). Reflecting. In O. Hargie (Ed.), *The handbook of communication skills* (2nd ed.) (pp. 159-182). London: Rutledge.
- Dickson, D., & Mullen, T. (1990). An empirical investigation of the effects of a microcounseling program with social work students: The acquisition and transfer of component skills. *Counseling Psychology Quarterly*, 3, 267-283.
- Duys D. K., & Hedstrom, S. M. (2000). Basic counselor skills training and counselor cognitive complexity. *Counselor Education and Supervision*, 40, 8-18.
- Egan, G. (1975). *The skilled helper: A model for systematic and interpersonal relating*. Monterey, CA: Brooks/Cole.
- Egan, G. (1994). *The skilled helper: A problem-management approach to helping*. Pacific Grove, CA: Brooks/Cole
- Ellis, R., & Whittington, D. (1983). *New directions in social skill training*. Bechenham: Croom Helm.
- Fisher, R.A. (1915). Frequency distribution of the values of the correlation coefficient in samples from an indefinitely large population. *Biometrika*, 10, 507-521.
- Furnham, A. (1983). Social skills and dentistry. *British Dental Journal*, 154, 404-408.
- Gluckstern, N., Ivey, A. E., & Forsyth, D. (1978). Patterns of acquisition and differential retention of helping skills and their effect on client verbal

- behavior. *Canadian Counselor*, 13, 37-39.
- Hargie, O., & Dickson, D. (2004). *Skilled interpersonal communication: Research, theory, and practice*. New York, NY: Taylor Francis Group.
- Hargie, O., & Morrow, N. (1989). *Communication skills training for health professionals: An instructor's handbook*. Andover: Routledge, Chapman & Hall.
- Hayman, M. (1977). The influence of supervisor feedback in the microcounseling format. *Dissertation Abstracts International*, 5950-a.
- Hill, C. E. (2004). *Helping skills: Facilitating exploration, insight, and action (2nd ed.)*. Washington, DC: American Psychological Association.
- Hill, C. E. (2009). *Helping skills: Facilitating exploration, insight, and action (3rd ed.)*. Washington, DC: American Psychological Association.
- Hill, C. E., & Lent, R. W. (2006a). A narrative and meta-analytic review of helping skills training: Time to revive a dormant area of inquiry. *Psychotherapy: Theory, Research, Practice, Training*, 43, 154-172.
- Hill, C. E., & Lent, R. W. (2006b). Training novice therapists: Skills plus. *Psychotherapy Bulletin*, 41, 11-16.
- Hunt, R. (1971). Matching models in education: The coordination of teaching methods with student characteristics. *Ontario Institute for Studies in Education*, 10, 23-34.
- Hunter, W. L. (1984). Comparative analysis of two microcounseling learning environments with people who are schizophrenic. *Dissertation Abstracts*

International, 46, 75-22.

- Ivey, A. E. (1971). *Microcounseling: Innovations in interviewing training*. Oxford England: Charles C Thomas.
- Ivey, A. E. (1994). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (3rd ed.). Pacific Grove, CA: Brooks/Cole.
- Ivey, A. E. (2001). *Intentional interviewing and counseling*. Belmont, CA: Brooks & Cole.
- Ivey, A. E. (2002). *Theories of counseling and psychotherapy: A multicultural perspective* (5 ed.). Boston, MA: Allyn & Bacon.
- Ivey, A. E., & Authier, J. (1978). *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation*. (2nd ed.). Oxford, England: Charles C. Thomas.
- Ivey, A. E., & Ivey, M. (2003). *Intentional interviewing and counseling*. Pacific Grove, CA: Thomson Learning.
- Ivey, A. E., Ivey, M., & Zalaquett, C. (2009). *Intentional interviewing and counseling: Facilitating client development in a multicultural society*. New York, NY: Thomson Brooks/Cole.
- Ivey, A. E., Normington, C. J., Miller, C. D., Weston, H. M., & Haase, R. F. (1968). Microcounseling and attending behavior: An approach to prepracticum counselor training. *Journal of Counseling Psychology, 17*, 1-12.
- Kabura, P., Fleming, L. M., & Tobin, D. J. (2005). Microcounseling skills training for

informal helpers in Uganda. *International Journal of Social Psychiatry*, 51(1), 63-79.

Kagan, N. (1978). Interpersonal Process Recall: Media in clinical and human interaction supervision. In M. Berger (Ed.), *Videotape techniques in psychiatric training and treatment* (pp. 224-232). New York, NY: Brunner/Mazel.

Kagan, N. (1980). Influencing human interaction--Eighteen years with IPR. In A. Hess (Ed.), *Psychotherapy supervision: theory, research, and practice* (pp. 119-124). New York, NY: Wiley.

Kagan, N. (1984). Interpersonal Process Recall: Basic methods and recent research. In D. Larson (Ed.), *Teaching psychological skills: Models for giving psychology away* (pp. 79-92). Monterey: Brooks/Cole.

Kagan, H., & Kagan, N. (1997). Interpersonal Process Recall: Influencing human interaction. In C. E. Watkins (Ed.), *Handbook of psychotherapy supervision* (pp. 296-309). New York, NY: John Wiley and Sons.

Kagan, N., Krathwohl, D. R., Farquhar, W. W., Harvey, S., Ward, R., Fuller, B., et al. (1965). *Stimulated recall by videotape in exploratory studies of counseling and teaching-learning*. East Lansing, MI: Bureau of Educational Research Services.

Kahn, G., Cohen, B., & Jason, H. (1979). The teaching of interpersonal skills in U.S. medical schools. *Journal of Medical Education*, 24, 150-152.

- Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist, 59*, 774-781.
- Kingdon, M. (1975). A cost/benefit analysis of the interpersonal process recall technique. *Journal of Counseling Psychology, 22*, 353-357.
- Kriesel, H. (1975). The teaching of basic counseling skills to theology students: A comparison within a values context of the microcounseling paradigm with the skills practice approach, *Dissertation Abstracts International, 36*, 3050B.
- Kuntze, J., Van der Molen, H., & Born, M. (2007). Progress in mastery of counseling communication skills: Development and evaluation of a new instrument for the assessment of counseling communication skills. *European Psychologist, 12*(4), 122-135.
- Kuntze, J., Van der Molen, H., & Born, M. (2008). Increase of the adequate use of separate counseling communication skills after basic and advanced microskills training. *International Journal of Psychology, 43*, 791-791.
- Kuntze, J., Van der Molen, H., & Born, M. (2009). Increase in counseling and communication skills after basic and advanced microskills training. *The British Psychological Society, 79*, 175-188.
- MacDonald, G., (1996). Inferences in therapy: Processes and Hazards. *Professional Psychology: Research and practice, 27*, 600-603.
- Martin, W., Easton, C., Wilson, S., Takemoto, M. (2004). Salience of emotional intelligence as a core characteristic of being a counselor. *Counselor Education and Supervision, 44*, 17-30.

- McCullough, L. (1986). A comparison of methods of teacher consultant training. *Retrieved from Dissertation Abstracts International, 48, 5066.*
- Naidoo, P. (1983). The Microcounseling approach in the training of school counselors. *International Journal for the Advancement of Counseling, 6, 1983.*
- O'Toole, W. (1979). Effects of practice and some methodological considerations in training counseling interviewing skills. *Journal of Counseling Psychology, 26, 419-426.*
- Perls, F. (1969). *Ego, hunger, and aggression: The beginning of gestalt therapy.* New York, NY: Random House.
- Peters, G., Cormier, W., & Cormier, L. (1985). *Interviewing strategies for helpers (2nd ed.).* Monterey, CA: Brooks/Cole.
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory.* Boston: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology, 21, 95-103.*
- Sappington AA, Lavender E, Hanson L, Presley E, Triplett VL., (1984). A non-supervised training program for Carkhuff's discrimination and communication skills and its effects upon the reactions of others during brief interactions. *Journal of Clinical Psychology, 40, 721-728.*
- Saunders, C., & Hargie, O. (1989). The effects of video feedback on students' evaluation of self. *Journal of Educational Television, 15, 143-153.*

- Sawyer, H., & Allen, H. (1980). Microtraining as a strategy in training rehabilitation administrators for the performance evaluation interview. *Journal of Rehabilitation Administration, 8*, 107-110.
- Schaefle, S., Smaby, M., Maddux, C., & Cates, J. (2005). Counseling skills attainment, retention and transfer as measured by the Skilled Counseling Scale. *Counselor Education and Supervision, 44*, 280-292.
- Segrin, C. and Flora, J. (2000). Poor social skills are a vulnerability factor in the development of psychological problems. *Human Communication Research, 26*, 489-514.
- Sharpley, C., & Ridgeway, I. (1992). Development and field-testing of a procedure for coached clients to assess rapport during trainees' counseling interviews. *Counseling Psychology Quarterly, 6*, 171-181.
- Smaby, M., Maddux, C., Torres-Rivera, E., & Zimmick, R. (1999). A study of the effects of a skills-based versus a conventional group counseling training program. *The Journal for Specialist in Group Work, 24*, 152-163.
- Spruce, M. F., & Snyders, F. (1982). An assessment of a microcounseling model for nurse training in facilitative skills. *South African Journal of Psychology, 12*, 81-87.
- Stone, K. (1981). Effect of different strategies within a microtraining situation. *Counselor Education and Supervision, 20*, 310-315.
- Stone, G., & Stein, M. (1978). Effects of modeling and instruction as a function of time task and order. *Journal of Counseling Psychology, 25*, 150-156.

- Teevan, K., & Harris, G. (1978). Evaluation of modeling–role-playing and lecture-discussion training techniques for college student mental health professionals. *Journal of Counseling Psychology, 25*, 169-171.
- Urbani, S., Smaby, M., Maddux, C., Torres-Rivera, E., & Crews, J. (2002). Skills-based training and counseling self-efficacy. *Counselor Education and Supervision, 42*, 92-106.
- Uhlemann, M., Hearn, M., & Evans, D. (1980). Programmed learning in the microtraining paradigm with hotline workers. *American Journal of Community Psychology, 8*, 603-613.
- Van der Molen, H. T., Smit, G. N., Hommes, M. A., & Lang, G. (1995). Two decades of cumulative microtraining in the Netherlands: An overview. *Educational Research and Evaluation, 1*, 347-378.
- Wilson, K., & Johnson, M. (1976). Assessing changes in facilitative attitudes of crisis interveners. *Proceedings of the Eighth Annual Meeting of the American Association of Suicidology, 57-60*.

Appendices

Appendix A:
Microcounseling Handbook

Microcounseling Handbook

Once upon a time a fly asked a centipede how she organized all her many legs to function perfectly at the same time. The centipede said that she did not know how. She just did.

As she continued to walk, she did begin to notice all the legs and all the movement and all the balance: she fell right over on her side.

As she practiced relearning how to walk (this time with intentional awareness) she felt awkward and stumbled often. After many tries and practice, she found that she moved more swiftly and more gracefully than she could have ever before imagined. Many came to her to learn her ever-increasingly skillful ways.



“First,” she always began, “you fall right over on your side.”

More Effective Counseling

Minimal Encouragers
Verbal Following
Paraphrasing
Reflect Feeling
Nonverbal Behavior

Open Questions
Closed Questions
Clarification
Summarization
Information Giving
Silence



Less Effective Counseling

1. Interruptions of the flow with topic changes
2. Giving premature or inappropriate advice
3. Asking double- or triple-barreled questions
4. Explaining your questions after you ask them



Minimal Encouragers

Definition: Verbal sounds and words intended to keep the conversation going.

Example: *Mmmm hmmm. Oh. Hmmmm. Wow. I see. Interesting.*

When to use: To show interest in the clients story and to encourage the client to continue speaking.

How to do it: Voice level, pitch, fluency of speech can influence how the client interprets your minimal encouragers. Practice talking to everyone with your mind quiet, in order to let the talker know that you're interested to hear their story because of the minimal encouragers you send.

Danger: If overused, you can end up sounding ridiculous. Some people feel too self conscious and so they shy away from learning this skill. Don't. It helps you pay attention and can be a powerful tool to let the client know you really hear them.

Verbal Following

Definition: A word or phrase repeated from near or at the end of the client's last sentence used to reinforce client talk.

Example: *Client: My brother makes me angry! Therapist: Angry?*
Client: So my brother really is zealous and annoying.
Therapist: Zealous?

When to use: To show interest in the clients story. To encourage the client to continue speaking. To prevent yourself from interrupting the flow.

How to do it:

1. Pick up one word or phrase at the end of a sentence, and repeat it in a questioning tone.
2. Pick up the last feeling word said and repeat it in a questioning tone.
3. Pick up the last Anglo Saxon word said and repeat it in a questioning tone.

Danger: If overused, you can end up sounding incompetent. At first this will feel stiff and mechanical; practice until you're smooth and it sounds natural. This is a critically important skill and the most deceptively simple.

Paraphrasing or/ Reflection: Content

Definition: Verbal feedback using a *single* summary sentence followed by an accuracy check that helps the client know that they have been heard.

Example: *So, Jerry, it sounds like Kelly was nominated for the election instead of you and that has really been a problem for you. Is that right?*

- When to use:**
- The client has made an important point
 - To confirm your understanding of the client's meaning.
 - In order to bring focus to an idea
 - When discussing the client's feelings is too threatening, your client may be more comfortable talking about a situation that has occurred rather than reflecting on their innermost feelings about the situation

How to do it:

STEM

Bobby, I hear you saying ...

KEY WORDS

... that you had a quarrel.

CONTEXT:

... about the way your girlfriend has been treating you lately.

ACCURACY CHECK

Is that about right?

Danger: Overuse will frustrate your client and make you seem disconnected. Remember, a paraphrase is NOT a restatement in the client's own words Use YOUR words and keep it one sentence.

Reflection: Feeling

Definition: The verbal conveyance of understanding the client's feelings and world experiences.

Example: Client: I was wondering if you could help me find a new major. I suppose if I did find one, I'd just mess up again. I just didn't do well last semester.

Counselor: *You feel very discouraged right now, but you still have some hope for pulling things together.*

When to use:

- Convey empathy & establish rapport
- Gain insight into client's emotional responses to life
- Validate client's emotional response
- Manage client emotions (you get what you attend to)
- Identify feelings
- Discriminate among various feelings
- Normalize feelings

How to do it: **STEM IDEAS:**
I hear you saying; It feels like; So it appears to you...

A FEELING:

...that you feel embarrassed...

A CONTEXT:

...when you are alone in a restaurant.

CHECK FOR ACCURACY:

Is that right?

IMPORTANT NOTE:

You must reflect the client's *intensity*.

- Danger:**
- Remember to reflect NONVERBAL emotion too
 - Premature exploration of feelings may scare client away
 - Overanalyzing client's feelings can seem mechanical
 - Reflection implies that this is the client's emotional problem, and sometimes IT'S NOT! Sometimes it is mostly client context.

Attending to Nonverbal Behavior

Definition: Describing to the client, her/his movements, gestures, positions, and facial expressions in the present moment to assist in client self exploration and understanding.

Example: *As you began to tell me about how you met your boyfriend, your foot started tapping rapidly. What might that mean to you?*

When to use: When client nonverbal and verbal information is incongruent.
When the client seems to have difficulty expressing a feeling verbally
To move a client out of superficial talk and into the present moment

How to do it: **STEM:**
Right now I observe that... or I'm aware of...
BEHAVIOR DESCRIPTION: (note intensity)
... you are laughing a mighty superman laugh
AN OPEN QUESTION:
What does/might this mean?

Danger: If the client resists, get ready for fireworks. Some clients interpret personal space observations as invasive. Repair the riff using emotions reflection and verbal following.

Open Questions

Definition: A question that allows the client to express their story without helper-imposed categories, response limits or leads.

Example: *Bobby, I wonder what would happen if you stopped yelling at the flowers?*

When to use:

- Starting a session
- In order to change topics
- When client is slow to disclose
- In order to understand the client's worldview
- To allow the client to set the pace

How to do it:

STEM:
Start the question with either What, How, Who, Describe, Tell me about, etc.

CONTENT:

Here, content is the detail of what you want to know.

What did you find out about the Peace Corps? How was the party? Tell me about that anger. Describe for me the circumstances in more detail.

Danger: Avoid asking *why* - almost always. Forcing such an answer often blocks openness to alternative explanations: and you WILL want those later on.

Closed Questions

Definition: A question that can be answered with a one- or two- word reply, a grunt or a number.

Example: *Bobby, on a scale from 1 - 10, how much do you want a boyfriend?*
OK - so yes or no. Did you quit your job last week?

- When to use:**
- Gathering specific pieces of information
 - Asking a yes or no question
 - Scaling information about the intensity of the problem, for example rate a problem in a scale of 1-10
 - Testing your or your client's understanding
 - Concluding a discussion or making a decision
 - To avoid question avoidance from the client.

- How to do it:**
1. Think about the information you seek.
 2. Think about the answer possibilities that exist.
 3. Determine if a Closed Question is the most effective possibility.
 4. If it is, determine if the answer you seek is yes/no, a number, etc.
 5. Formulate the appropriate question type.
 6. Ask your question.

- Danger:**
- Over use of closed-questions causes the client to feel as though they are being interrogated
 - Wrong timing can shut down a conversation fast and lead to unintentionally-awkward silence

Clarification

Definition: A verbal response (usually a question) from the counselor that seeks specificity on a client statement.

Example: *What do you mean when you use the word, "loaded"?*
When you said she was pissed, what does that look like?

When to use:

- When client statements are ambiguous: for example, how many times did you get high last weekend?
- Encouraging elaboration and additional information
- Seeking examples
- Seeking details

How to do it:

1. Speak in first-person (use the word "I") as in: *I know what I mean when I use the word, 'loaded', but I wonder what you mean when you say it?*
2. Ask for help. *I wonder if you might help me understand what you meant when you said, "He always does that?"*
3. Claim the ambiguity as yours. *When you said you wanted to leave the relationship, I wasn't sure what exactly you meant.*
VERSUS *You weren't clear when you said you wanted to leave.*

Danger: Asking too many clarifying questions can lead the client to feel inadequate as a communicator. Most clients struggle with large amounts of ambiguity, too many clarification requests can be overwhelming and therapeutically counter-productive.

Summarization

Definition: Verbal utterance that enables the counselor to pull together, in their own words, key feelings, themes and content shared by the client.

Example: *Bobby, I hear you saying that you're feeling frustrated about the way your girlfriend has been treating you lately and you're angry for two reasons, 1) that you don't know what to do and b) you haven't done anything about it yet. Is that right?*

- When to use:**
- Condensing client statements into a succinct response
 - Beginning an interview from a previous session
 - Ending an interview
 - Transitioning from one topic to another

- How to do it:**
1. Listen carefully as the client talks. Many counselors use mnemonics to keep track of the topics.
 2. Ask appropriate questions along the way.
 3. When the time comes, list the topics you've been mentally bookmarking without judgment or commentary.
 4. Check for accuracy.

Danger: Premature exploration of feelings can increase client anxiety. Be careful not to seemingly minimize the client's issues by listing them like an unsympathetic robot. Don't summarize to invite topic transition because of your discomfort.

Information Giving

Definition: Verbal communication in which the counselor provides useful, relevant, up to date information to the client including provision of specific resources (shelters for the homeless), or that is psychoeducational information (e.g., a lot of kids experience mood swings during adolescence. It's part of growing up.).

Example: *Bobby, many teenagers think about running away from their parent's home. The drive for independence is strong in some people and not so much with others.*

- When to use:**
- In order to prioritize data
 - Present information in an objective manner
 - To normalize an experience
 - To correct misinformation
 - To correct myths or faulty beliefs

- How to do it:**
1. Make sure you fully understand the client's situation.
 2. Make sure you fully understand what information the client wants.
 3. Make sure the client will receive the information right now.
 4. Keep your sentences down to no more than 3 and then ... present.
 5. Do an accuracy check to make sure the client understands and is attending.
 6. Repeat as necessary.

Danger: Overwhelming the client with too much information at one time.
Sharing untrue or inaccurate information.
Forcing information on the client.
Giving advice or determining the client's plan of action.

Intentional use of Silence

Definition: Not talking or making noise.

Example: (insert silence here)

- When to use:**
- To let the client think about something you said.
 - To let the client think about something they said.
 - When the client doesn't answer right away.
 - When it's helpful to let the client "be" with their emotions.

How to do it: Don't speak. Keep looking at the client, depending on cultural morays. Using silence effectively is MOSTLY about nonverbal communication. You want to convey that you are relaxed, understanding, confident and compassionate.

- Danger:**
- Overusing silence may cause the client to withdraw from the conversation.
 - Many counselors begin training with a struggle to be comfortable with silence. Practice being quiet OFTEN around your friends and family.
 - Sometimes counselors think they can develop this skill in practicum and not in their own life. Don't believe it. This skill must be incorporated into your every day life or you won't have it to use in a counseling setting.

INEFFECTIVE COUNSELING

(Things to avoid)

1. Interruptions of the verbal flow with topic changes
2. Giving premature or inappropriate advice
3. Asking double- or triple-barreled questions
4. Explaining your question after you ask it

Interrupt of the flow

Your clients will give you a rich tapestry of information with a thousand possible color combinations to follow. Your initial task is to follow the combination that makes sense to the client, not to you. Change the subject only when the client has exhausted the topic at hand. Avoid the temptation to interrupt the client verbal flow to seek answers to your own questions about the tapestry. Stay on task and stay on topic.

Giving premature or inappropriate advice

It takes a while before you can understand the world from the view of the client. Offering advice before being fully vested in the client's worldview can damage the immediate therapeutic alliance and worse, hinder future attachment and growth. Advice that presupposes overt "counselor has the answer" theory is dangerous. Advice should only be carefully given (see "Giving Information") at the right time in the right way. Above all, strive to collaboratively generate information and advice.

Asking double- or triple-barreled questions

When asking questions, be sure you think through them first! Generally-accepted North American English speakers often spew 2 or 3 questions at a time. Effective counselors do not. Choose the single most appropriate question for the moment and ask it. Use one single shot question at a time and make it a good one. Wait patiently for their reply and go from there.

Explaining your question after you ask it

Unless your client asks, avoid explaining your question after you ask it. Many beginning therapists do this because it's commonly done outside of counseling. Its sloppy language use and it decreases both your attractiveness and expertness. For example:

I wonder what other places there are to visit on vacation with your boyfriend.

STOP. LET THEM ANSWER. Whenever you are compelled to explain yourself, **STOP!** It's less effective if you follow that really effective Open Question with:

I ask that because I was thinking maybe if you could find someplace to go where you both want to be, that maybe you would have a better time. Or at least you wouldn't fight so much.

Appendix B:
Demographic Questionnaire

Demographics Questionnaire

Name: _____

Your name will NOT be used in any way at any time once your data is collected for analysis.

1. What kind of degree are you pursuing? _____

2. What kind of program are you in? _____

3. Besides this class, have you ever had formal communications training? YES NO

IF yes, please describe when and what kind of training?

4. What is your age? _____

5. What is your gender? Female Male

6. Racial/Ethnic Identification

_____ European American / Caucasian / Non Hispanic

_____ African American

_____ Arab American / Middle Eastern

_____ Asian American / Pacific Islander

_____ Hispanic / Latin American

_____ Native American

_____ Other _____

7. In what kind of setting do you hope to work? _____

8. _____ Married

_____ Single

_____ Otherwise Attached

9. Please circle the level of communications skill you believe you have right now.

Minimally
Helpful

Somewhat
Helpful

Helpful

Pretty
Helpful

Maximized
Helpfulness

Appendix C:
Conversation Scenario Idea List

Conversation Scenario Idea List

1. My partner is a jerk.
2. My boss is a jerk.
3. We can't decide where to go on vacation.
4. My dog died.
5. I don't know what major I should pick.
6. I hate my parents.
7. My best friend died.
8. I'm getting a divorce.
9. I need a new job.
10. People say I drink too much.
11. My partner wants me to come to therapy.
12. I'd be happy if everyone would just behave!
13. I'll never be happy.
14. Holidays are coming and I'm already stressed.
15. I can't forgive my _____.
16. I want to lose weight.
17. I worry about things all the time.
18. My kids are driving me crazy.
19. My son was arrested for drug possession.
20. My marriage/relationship is on the rocks.
21. I never have enough time to get everything done.
22. People don't like me.
23. I miss my family (death/living far away/etc.)
24. I am afraid to confront (person) b/c it won't help.
25. I feel lonely.
26. I want to be happier.
27. I just learned I have cancer.
28. My car broke down and we can't afford to fix it.
29. I feel overwhelmed all the time.
30. My partner is having an affair.
31. I have so much debt ...
32. People say I can be annoying. I don't think so.
33. I don't know why I am on this earth.
34. Lately, I cry for no reason at all.
35. I sleep all day long.
36. I have these dreams that keep bothering me.
37. I don't know how to ask for what I want.
38. My boss is a racist.
39. My coworkers are idiots and I should be their boss.

Appendix D:

Interview Scenarios for Posttest One

INTERVIEW SCENARIOS PT1

1. Can't say No

You have a lot of trouble saying no. As far back as you can remember this is always been a problem for you. People always ask you to do favors that you don't want to do and you wind up doing them anyway. You often wind up with a sick feeling in your stomach because you know you don't have the time or resources to help us much as you do.

The things you need to be doing keep piling up behind you. Lately, you've been missing important meetings and appointments because you've been so scattered with a million things on your schedule. When somebody asks you to do something you feel badly if you say yes, and you feel badly if you say no. You just don't know what to do.

2. Procrastination

You keep asking yourself, "Why can't I just get my work done?" You put off major and minor projects of all types. Ever since you were in high school, you've seen your procrastination keep getting worse and worse. Over the years, it's really become a problem.

You've been charged late fees from the bank. You've missed payments for your housing. It's not that you don't have the money, it's just that you keep putting off getting organized and tracking it.

The worst part is that you are really mad at yourself because you know that if you just put your mind to it, you could get yourself together and complete your projects. You feel very frustrated. You also are starting to feel hopeless that this is ever going to change.

Appendix E:
Interview Scenarios for Posttest Two

INTERVIEW SCENARIOS PT2

1. Unreasonable Boss

You work for a boss who, up 'till now, has been pretty reasonable. Lately, your boss has become almost irrational, asking you to stay late and work on projects that are not all that urgent. You have to keep changing your plans because you never know when you are going to be done at work. You want to tell your boss to go fly a kite, but you haven't.

You feel frustrated because you used to like your job and you still like the people you work with, but you do not want your whole life to be about work - and that's what's happening. You're thinking about maybe looking for another job, but this one was hard enough to find. Your boss should stop being so demanding and unreasonable because then you could go back to enjoying your work.

2. Holiday Season

The Holidays are coming up and you are not happy. You feel stressed over all the commitments you have, to work, to family, and to friends. You have always liked celebrating with your loved ones and these kinds of gatherings are meaningful and important to you. They all want your company and really, you want to see them too, but they all live far away and it will take money, time and hassle to get to them. Money and time you don't have. Hassles you don't want.

You think the problem is, you really want to go see them and you feel stuck where you are. You have friends here, but it's not the same. It's not that you feel lonely, per se; it's just that you feel stuck and want to find a way out! You would love to spend time with these people and celebrate this time of year, but you just do not know what to do. You do not feel like there is a good solution to this problem and you are feeling defeated and overwhelmed.

Appendix F:
Interview Scenarios for Posttest Three

INTERVIEW SCENARIOS PTIII

1. Quit the Job

This is the 3rd session. The alliance is good. You came to counseling because you've been feeling depressed and the counselor has been letting you talk about things. Today though, something happened right before your appointment. You just found out that the job you thought you were going to have, was given to someone else.

You have been training for this job for 3 months. In order to be at all the training sessions, you missed a lot of time with your family and friends. You've sacrificed going to activities and events. Your boss all but promised you the position. Yeah, he didn't technically make a promise, but he said if you worked hard and attended the training sessions that he didn't see why you wouldn't get the job. The job paid \$6 more per hour and you would have had more flexibility and increase health benefits and advancement opportunities.

You are really in a tailspin over this. You were really counting on that promotion and now you don't even know if you can continue working there. You feel betrayed by your boss and you're really mad about that! You want to quit right that job right now. You might just go in tomorrow and quit your job!

2. Everything ticks you off

This is the 4th session. The alliance is good. You came to counseling because you have been really feeling anxious and angry lately, but you don't know why and the fact that the holiday season is in full swing isn't helping. You snap at most people and WANT to snap at everyone. Everyone and everything ticks you off.

You have been feeling this way for about 3 weeks. Your family and friends have had it with you and your significant other basically told you to get it together or get out. You're not getting the things done you need to and you have LOTS to do! You don't sleep well and your eating is totally out of control. You overeat constantly and feel sick to your tummy as a result. You hate yourself for overeating, but can't seem to stop. In the moments of chewing, you feel at peace - some peace of mind. As soon as you swallow, you feel guilty.

Your boss is not happy with your performance at work because your not working with your team the way you used to. Your mind isn't on your work, but you can't seem to figure out what it IS on either. Your heart sometimes feels as if it's racing and won't stop and then you start worrying about your health too!

You have not created any homework with the counselor to make things better and you're getting frustrated because you have to pay for these sessions and it doesn't seem like things are getting better. You thought coming to counseling would be helpful. It hasn't been.

Appendix G:

Oral Consent Statement

Oral Consent Statement

As a student in the University of Kansas's Department of Psychology and Research in Education department of Counseling, I am conducting a research project about the effectiveness of Microskills Training for Counselors.

As indicated in the syllabus, part of the class requirements includes submission of several de-identified interview tapes as part of the curriculum in addition to receiving Microskills training.

I would like to invite you to participate in the research being conducted in this class to evaluate the effectiveness of the Microskills training by allowing your de-identified videotaped mock interviews and Counselor Self Efficacy Ratings to be used as part of our data collection.

It will take no additional time from you if you allow us to use your videotaped interviews. If you do not have a video tape, one can be provided to you at no charge.

Independent objective raters will evaluate the videotapes for quantity and quality of responses. No personally-identifying information will be given to the raters as part of this experiment. All tapes will be given a number and you are asked to not use real names during your taping.

You have no obligation to participate, your participation in no way affects your grade and evaluation in this class and you may discontinue your involvement at any time.

After reading this oral consent form, each of you will be given an "opt out" form to sign and return to us when you leave tonight if you decide that you do not want your data to be used in this experiment.

Should you have any questions about this project or your participation in it you may contact Greg Decker or Dr. Barbara Kerr at bkerr@ku.edu or 785-550-8553.

If you have any questions about your rights as a research participant, you may call the Human Subjects Protection Office at (785) 864-7429 or email dhann@ku.edu.

Appendix H:

Opt Out Form

Counselor Training Skill Development Experiment

OPT OUT FORM

DATE: _____

PRINT NAME: _____

SIGN NAME: _____

By signing this form, I affirm that I do not want my videotaped interviews and Self Efficacy scores to be used in this experiment.

Appendix I:

Training Time Tracking Form

Counselor Training Time Tracking Form

Start	Stop	Minutes	ITEM - ACTION - GOAL
		5	Collect tapes
		5	Read Oral Consent Form
		10	Randomly Divide Class into GROUP 1 and GROUP 2
		5	Go to RM 203 for training
		5	Distribute Handbook and Tracking Form
		15	Minimal Encouragers & Verbal Follow Lecture / Model / Practice
		15	Paraphrasing & Reflection of Feelings Lecture / Model / Practice
		5	Break
		15	Nonverbal Stuff Lecture / Model / Practice
		15	Open & Closed Questions Lecture / Model / Practice
		5	Clarification Lecture / Model / Practice
		10	Summarization Lecture / Model / Practice
		10	Information Giving Lecture / Model / Practice
		5	Silence Lecture / Model / Practice
		25	Lecture / Model / Practice Everything Students Practice Everything
		5	Summarize, Encourage, Final Forms Distributed

Appendix J:

Counselor Communication Skill Scorecard

Counselor Communication Skill Scorecard

Client Code: _____

Rater Number: _____

1. Open Questions		
2. Closed Questions		
3. Minimal Encouragers		
4. Verbal Following		
5. Reflecting Content (Paraphrase Fact)		
6. Reflecting Feeling		
7. Clarification		
8. Summarization		
9. Information Giving		
10. Nonverbal Awareness		
11. Therapeutic Silence		
12. Other		