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Teaching Graduate Trainees How To Manage Client Anger: A Comparison of Three Types of Training

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Abstract: The authors examined the effects of three types of training (supervisor-facilitated training, self-training, biblio-training) on 62 graduate student therapists' state anxiety, self-efficacy for dealing with anger, and helping skills (i.e., reflections and immediacy) in response to videotaped vignettes of angry clients. Training overall was rated as very helpful, and trainees increased in self-efficacy for working with client anger. Supervisor-facilitated training was rated as more helpful than, and was preferred to, self-training and biblio-training; it also led to more reflection of feelings in response to clients. Results suggest that vignettes such as these might be a

helpful adjunct to training once students have competency in the basic helping skills.

Therapist-trainees often experience intense anxiety when dealing with client anger (Russell & Snyder, 1963), especially if this anger is directed toward them personally (Davis et al., 1985). When faced with client anger, trainees may respond defensively (Peabody & Gelso, 1982; Yulis & Kiesler, 1968), use avoidance behaviors (Bandura, Lipsher, & Miller, 1960; Cormier & Cormier, 1979; Gamsky & Farwell, 1966), attempt to reduce the anger by focusing on content (Hammond, Hepworth, & Smith, 1977), resort to problem solving rather than addressing and exploring the client's anger (Davis et al., 1985; Hector, Davis, Denton, Hayes, Patton-Crowder, & Hinkle, 1981), or respond to therapist-directed anger with reciprocal anger (Bandura et al., 1960; Fremont & Anderson, 1986; Heller, Myers, & Kline, 1963; Sharkin & Gelso, 1993). Given the possible negative consequences for clients and the therapeutic relationship when therapists do not deal effectively with client anger, it seems important to provide specific training to help novice therapists learn how to manage client anger.

Prior research on training therapists to manage client anger

Sharkin (1989) reviewed the early research on the effects of training therapists to respond to client anger. For example, Bohn (1967) found that trainees became less directive in their responses to taped sessions of clients expressing anger and dependency after a semester-long graduate counseling course. Hector, Davis, Denton, Hayes, and Hector (1979) found that a training group (either modeling or didactic) produced better (e.g., more appropriate) responses to client anger than did a no-treatment control group. Hector et al. (1981) and Davis et al. (1985) found that verbal practice was also helpful in producing more appropriate responses. Sharkin (1989) noted that these studies were important because they highlighted the need for therapist trainees to receive specialized instruction in how to respond to client anger, especially anger directed at the them personally. More research is needed, however, to test the effects of commonly used methods (i.e., supervisor-facilitated training, self-

training, and biblio-training) for helping graduate student therapists develop skills for working with client anger. We review the rationale for using each of these three types of training.

Types of training for working with client anger

The theoretical and empirical literature is replete with examples of the viability of supervisor-facilitated training (e.g., Bernard & Goodyear, 2004; Littrell, Lee-Borden, & Lorenz, 1979; Stoltenberg, McNeill, & Delworth, 1997; Watkins, 1997), although supervisor-facilitated training has not been empirically validated for teaching trainees specifically how to manage client anger. In supervisor-facilitated training, trainees receive individually tailored guidance and modeling, gain perspective and focus, and talk over concerns (i.e., client concerns, countertransference reactions, possible interventions) with their supervisor.

Self-training, although less often addressed in the literature than supervisor-facilitated training, has also been recommended as a useful form of professional development (Hawkins & Shohet, 1989). In particular, structured self-training can encourage greater awareness, self-reflection, and self-critique (Munson, 1983) and can enhance supervisor-facilitated training and provide for more effective use of training time (Bernstein & LeComte, 1979; Morrissette, 1999; Munson, 1983). Three empirical studies have shown the effectiveness of self-training (Altekruse & Brown, 1969; Dennin & Ellis, 2003; Hector et al., 1979).

Biblio-training is another form of instruction that has not been examined frequently in research but is commonly used by therapists as a way to gain knowledge about a particular client population or client issue. Supervisors may, for example, encourage trainees to read certain works pertinent to trainees' clinical activity or personal development as a component of training. Furthermore, just as clients may use self-help materials (Mains & Scogin, 2003; Scogin, 2003) in lieu of face-to-face therapy for a variety reasons (e.g., preference, not feasible economically, lack of access, stigma), clinicians may not have

immediate access to face-to-face supervision, and biblio-training may then serve as a viable alternative.

These three forms of training share some common elements but also differ in important ways. All three forms certainly rely on trainees' self-reflection and thinking about their clinical skills. Supervisor-facilitated training, however, also involves interpersonal contact between supervisor and trainee and provides opportunities for instruction, modeling, practice, and feedback. Self-training requires trainees essentially to serve as their own supervisors and relies on mental practice in the absence of instruction, modeling, or feedback. Finally, biblio-training again demands that trainees function as their own supervisors, but they now do so with the instruction and modeling provided in the materials that they read.

Hypotheses

The purpose of this study, then, was to compare the efficacy of supervisor-facilitated training, self-training, and biblio-training on rated anxiety, self-efficacy, and the skills of reflection and immediacy, given that all of these are major targets of training (see Hill, Charles, & Reed, 1981; Skovholt & Rønnestad, 1992; Williams, Judge, Hill, & Hoffman, 1997). We also assessed trainees' perceptions of the helpfulness of these types of training as well as their preference type of training.

Because supervisor-facilitated training uniquely allows for interpersonal contact and feedback, we predicted that supervisor-facilitated training would be rated as more helpful, would be preferred, would result in less anxiety, and would lead to more self-efficacy for working with client anger than would self-training or biblio-training. In addition, because our philosophy of training emphasizes a focus on immediate feelings and the immediate relationship as a way of dealing with strong client emotions (Hill, 2004; Teyber, 2000), we hypothesized that trainees would use more reflection of feelings and immediacy statements after supervisor-facilitated training than after the other two types of training. Finally, we wanted to determine whether the training overall (i.e., regardless of training type) was

perceived as helpful and whether trainees increased in self-efficacy for working with anger by the end of the complete training experience.

Method

Design

An experimental analogue design was used to examine the effects of three types of training (supervisor-facilitated training, self-training, biblio-training) on trainees' state anxiety (State-Trait Anxiety Inventory-State; STAI-S; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), self-efficacy for dealing with anger, and helping skills (proportion of reflections and immediacy statements) used in response to videotaped pseudo-client vignettes. Pretraining levels of state anxiety and self-efficacy for working with anger served as moderators for analyses on state anxiety and self-efficacy, respectively. To control for the effects of order of presentation, trainees were randomly assigned to one of six different random orders of training and to one of six different random orders of client vignettes. Furthermore, because we speculated that training for managing client anger would most profitably be done after trainees had attained some competence in basic helping skills, our participants were graduate student trainees who had completed at least one helping skills prepracticum course.

Participants

Therapist trainees. Sixty-two (40 female, 22 male; 5 African Americans, 2 Asian or Asian Americans, 48 European Americans, 4 Latinos/as, 3 others; age range= 22-57 years, *M*= 32.24 years, *SD*= 9.69, *Mdn*= 28) master's and doctoral students from counseling-related programs served as participants. Students were from three universities (19 and 20 from each of two public universities and 23 from a private university) in the mid-Atlantic and Midwest regions of the United States. Participants' number of hours of face-to-face contact with clients ranged from 0 to 8,900 (*M*= 678.59 hours, *SD*= 1,615.20, *Mdn*= 157); number of angry clients seen ranged from 0 to 80 (*M*= 7.82, *SD*= 14.43, *Mdn*= 3). Using 5-point Likert scales (1= *low*, 5= *high*) for how much they believed in and adhered to

techniques of various theoretical orientations, students rated themselves 3.74 (*SD*= 0.96) for experiential-humanistic-existential theory, 3.48 (*SD*= 1.22) for behavioral-cognitive behavioral theory, and 3.15 (*SD*= 1.01) for psychoanalytic-psychodynamic theory. All participants had taken at least one course in helping skills.

Supervisors. Three female European American faculty members (the authors of the current study) in counseling-related departments (age range= 41-54 years) and with postdoctoral supervisory experience (range= 3-28 years) served as supervisors for the supervisor-facilitated condition. All three trainers were primarily humanistic in their theoretical orientation and had considerable experience teaching graduate students.

Judges. Three female master's degree students in counselor education served as judges of helping skills. All had previous helping skills training.

Vignettes

The authors created four videotaped vignettes, each depicting a male client expressing hostile anger directly at the camera (so that participants would feel that the anger was directed at them personally; no therapists were present in the vignettes). The content of the vignettes was about the therapist refusing to go to the client's performance, giving bad advice for how to study, having to terminate after 12 sessions, and falling asleep during the session. Male clients were chosen because of their expected provocative effect (Nunn & Thomas, 1999; Sharkin, 1993) and to control for possible sex effects in the vignettes. Each vignette consisted of five client statements (four involving verbal anger directed at the therapist, one involving a silent glare directed at the therapist) interspersed with 30-s pauses for the trainee to provide a written intervention. The vignettes ranged in length from 132 to 156 words (*M*= 143.25, *SD*= 9.91).

To select actors for the vignettes, eight White college-age men between the ages of 18 and 24 years were auditioned. The six actors who were judged by the first author to be the best in terms of acting

ability, level of anger, and believability were videotaped performing three different vignettes. The resulting 18 vignettes were rated by 10 people (seven women, three men; all European American; age range= 21-53 years, *M*= 35.40 years, *SD*= 15.19; two undergraduates, four graduates, four postgraduates, including all three authors of the study) for believability, level of anger, and quality of production using 5-point scales (1= *low*, 5= *high*). Of these 18 vignettes, four were chosen for the study based on believability, level of anger, and quality of production. Average ratings for these four most highly rated vignettes were as follows: believability, 4.18 (*SD*= 0.16); level of anger, 4.11 (*SD*= 0.11); and quality of production, 3.70 (*SD*= 0.18). Paired-sample *t* tests revealed no differences among pairs of the four vignettes on believability, level of anger, and quality of production. Two of the vignettes were performed by the same actor, so one of these two was used for the initial stimulus and not used in the analyses.

Measures

   Self-efficacy for anger. We created an item to measure self-efficacy (as is common in the self-efficacy literature): "How confident are you that you could work effectively over the next week with a client who expressed hostile anger toward you?" The correlation between this item and the total score on Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003), both assessed at pretraining, was $r(60)= .31$, $p < .05$, indicating that they measured related but different constructs. This relatively low correlation is probably a result of the item's focusing on a single feature of self-efficacy as opposed to more general self-efficacy. Note that Bandura (1977) discussed self-efficacy as a situation-specific variable.
STAI-S (Spielberger et al., 1983)

   The STAI-S is a self-report inventory of state, or "in-the-moment," anxiety. The STAI-S consists of 20 questions rated on a 4-point Likert scale ranging from *not at all* (1) to *very much so* (4). The inventory was correlated .80 with the Taylor Manifest Anxiety Scale, .75 with the Institute for Personality and Ability Testing Personal Assessment Inventory-Anxiety Scale, and .52 with the Multiple Affect

Adjective Check List, respectively. The median internal consistency (alpha) reported by Spielberger et al. was .92 and for the current study, .91.

Helping Skills System (HSS; Hill & O'Brien, 1999). The HSS was used by three trained judges to code therapist verbal response mode categories (i.e., approval-reassurance, closed question, open question, restatement, reflection of feelings, challenge, interpretation, self-disclosure, immediacy, information, and direct guidance). One response mode was coded for each complete thought written by the trainee. Extensive validity and reliability have been reported by various versions of this category system (Hill, 1986, 1992). For this study, we used only the proportions of reflection of feelings and immediacy out of the total number of responses because these were the focus of the supervision. Reflection of feelings was defined as ''a repeating or rephrasing of the client's statements, including an explicit identification of the client's feelings'' (Hill & O'Brien, 1999, p. 368). Immediacy was defined as a response that ''discloses the helper's immediate feelings about self in relation to the client, about the client, or about the therapeutic relationship'' (Hill & O'Brien, 1999, p. 369).

Helpfulness-preference ratings. Therapist trainees were asked to rate the helpfulness of each type of training and of the overall training experience on a scale ranging from 1 (*hindering*) to 9 (*extremely*). Similar one-item helpfulness ratings have been used frequently in the psychotherapy literature (see Hill et al., 1994). In another question, participants were asked to designate which of the three types of training they preferred.

Demographic questionnaire. Trainees were asked about gender, race, age, counseling course work, and counseling experience.

Procedures

Recruiting trainees. Therapist-trainees who had completed at least one semester of a helping skills or prepracticum course were recruited from master's- and doctoral-level counseling programs at three universities. Therapist-trainees were told that the purpose of the

study was to train them in working with clients who direct anger toward them. They were also informed of the procedures for the study (i.e., complete pretraining measures; respond to four vignettes of angry clients and complete measures after each vignette; participate in three types of training) and the time commitment of 2 hr.

Assignment to condition. Therapist-trainees were randomly assigned to one of six different sequences for type of training (e.g., supervisor-facilitated training, self-training, biblio-training; self-training, biblio-training, supervisor-facilitated training) and one of six different sequences of the three vignettes (e.g., ABC, BCA). Therapist-trainees were tested individually or in groups of two or three.

Pretraining testing. Therapist-trainees first completed a consent form, the demographic questionnaire, the STAI-S, CASES, and the self-efficacy for working with anger measure.

Initial stimulus. All participants began by responding to the same initial vignette. After each of the client's statements (including the angry glare) in the vignette, therapist-trainees were given 30 s to provide written interventions. Therapist-trainees' responses to this vignette were used as the stimulus for the first training session.

First training session. Therapist-trainees received 20 min of one of the three types of training (randomly assigned): supervisor-facilitated training, self-training, and biblio-training.

For supervisor-facilitated training, each trainee met individually with a supervisor to review her or his interventions in the previous vignette. Trainees were asked to talk about feelings and ''hot buttons'' elicited by the vignette. Next, supervisors asked trainees to identify one intervention on which she or he wanted to work in the training. The supervisor and trainee role-played this interaction and then talked about alternative responses, which were again role-played, with the supervisor providing feedback about nonverbal and verbal behaviors. Supervisors typically suggested that therapist-trainees treat client anger as any other emotion, try to be empathic and understand

underlying client feelings, and also address the therapeutic relationship (e.g., using immediacy).

For self-training, trainees were instructed to review their responses to the vignette just completed and write about their reactions, thoughts, and feelings; what they said to the client; and what they might do differently.

For biblio-training, trainees were given an article about a treatment model for anger disorders (Digiuseppe & Tafrate, 2001) and were asked to read a marked portion toward the end of the article about how to work with anger.

Subsequent vignettes and training. After receiving the first type of training, therapist-trainees watched the next randomly assigned vignette and again had 30 s to provide written interventions at each of the five pauses. They then completed the STAI-S and self-efficacy for anger in random order. Responses to this vignette and the self-report measures were considered as evidence for the effects of the first training experience.

Trainees then received the second type of supervision based on their responses to the second vignette (the one just completed). After this second training, participants watched another vignette, during which they again provided written responses to client statements-angry glare and after which they completed the STAI-S measure and the self-efficacy for anger item. They then had their third and final form of training and completed the fourth vignette and measures (i.e., STAI-S and self-efficacy for anger item). Participants received no training after the fourth vignette.

Final assessment and debriefing. After completing all three types of training and viewing the final vignette, trainees rated the helpfulness of each type of training and designated their preferred type of training. They were then debriefed about the purposes of the study and given a summary sheet describing Burns and Auerbach's (1996) five secrets of effective communication for dealing with anger (i.e., disarming technique, empathy, inquiry, ''I feel'' statements,

stroking). Also, trainees were reminded that they would be asked to complete a brief follow-up in 1 month.

One-month follow-up. Participants were contacted by e-mail and asked again to rate the overall helpfulness of the training, rate the helpfulness of each type of training, and designate their preferred type of training.

Coding of helping skills. Each of the three authors divided one third of the trainee responses into response units (i.e., grammatical sentences) using the guidelines in Hill and O'Brien's (1999) Appendix C. One of the authors checked the unitizing; there was almost perfect agreement among the authors.

For training on coding the response modes, the three judges met with the first author and reviewed the response mode categories, coded two practice transcripts, and discussed their judgments. They then independently coded eight samples from the current study (two of each of the four vignettes) and discussed their judgments. After judges had attained high agreement levels, they independently coded each response unit into one of the helping skills. Disagreements were resolved through consensus. The average kappa between pairs of the three judges was .91 for this study, indicating high agreement levels.

Results

Preliminary analyses

Alpha was set at .05 for all analyses. Effect sizes were computed using pooled standard deviations; the effect sizes were not weighted for sample size given that the sample sizes for the various conditions were almost equal. Effect sizes were interpreted according to criteria set forth by Cohen (1988): Effect sizes greater than .20 were considered small; greater than .50, medium; and greater than .80, large.

Because the data were collected at three universities (fully confounded with the three supervisors), we first examined whether there were differences among students at the three universities before training. A multivariate analysis of variance (MANOVA), with university as the independent variable and trainee age, number of supervised clinical hours, state anxiety, and self-efficacy for working with anger as the dependent variables, was significant, $F(8, 144)=7.31$, $p < .001$. Post hoc analyses of variance (ANOVAs) on the individual dependent variables were significant for trainee age, $F(2, 61)= 5.40$, $p < .01$, and state anxiety, $F(2, 61)=24.62$, $p < .001$. Differences between supervisors on the training outcome measures were tested with a MANCOVA; supervisor was the independent variable; the dependent variables were the posttraining measures (state anxiety, self-efficacy for working with anger, proportions of reflections, proportions of immediacy) collected after the final supervision time (under the assumption that this time would reflect the accumulated influence), helpfulness ratings for the three types of training at posttesting and follow-up, and overall helpfulness ratings of training; covariates were trainee age and pretraining state anxiety (because they were significant in the first test). The MANOVA was not significant for supervisor, $F(22, 90)=1.40$, $p=.14$, or trainee age, $F(11, 44)=1.11$, $p=.38$, although the covariate of trainee pretraining state anxiety was significant, $F(11,44)=2.68$, $p=.01$. Hence, we concluded that supervisors did not have differential influence on training outcome and so were not considered further in the analyses.

Perceived helpfulness of the three types of training

Before testing for the effects of the training condition on helpfulness ratings, we examined correlations of the seven helpfulness ratings with trainee demographic variables (age, sex, number of supervised clinical hours, number of angry clients). Age was correlated with postsession ratings of helpfulness of the biblio-training condition, $r(60)=.26$, $p < .05$, and so was included in analyses of helpfulness.

Table I shows the trainee helpfulness ratings and preferences. On a 9-point scale (1=*hindering*, 9= *extremely helpful*) of helpfulness, the overall training experience (across all three forms of training) was

rated 7.54 (*SD*=0.89) at follow-up. Hence, trainees evaluated the overall training in helping them cope with client anger as very helpful.

A 3x2 ANOVA on the helpfulness ratings for the three types of training, with repeated measures on both training (supervisor-facilitated training, self-training, biblio-training) and time (posttraining, follow-up) and age as a covariate, indicated a main effect for training, $F(2, 59)=13.41$, $p < .001$ (although age was not a significant covariate). Post hoc tests used paired sample *t* tests. At posttraining, supervisor-facilitated training was rated as more helpful than biblio-training, $t(60)=- 15.99$, $p < .001$, $d=2.65$, and self-training, $t(60)= - 13.12$, $p < .001$, $d=2.51$, but biblio-training and self-training were not rated differently ($d=.20$). At the 1-month follow-up, supervisor-facilitated training was again rated as more helpful than biblio-training, $t(59)=- 14.44$, $p < .001$, $d=2.36$, and self-training, $t(59)=- 12.56$, $p < .001$, $d=2.24$, and biblio-training and self-training were again not rated differently ($d =.15$). Hence, supervisor-facilitated training was consistently rated as more helpful than the other two types of training.

Furthermore, at posttesting 94% of participants indicated that they preferred supervisor-facilitated training, whereas only 5% preferred self-training and 2% (percentages do not equal 100 because of rounding) preferred biblio-training. At follow-up, 95% of participants indicated that they preferred supervisor-facilitated training; only 3% preferred self-training and 2% preferred biblio-training.

Effects of training

In these analyses, we tested for the effects of training on immediate outcome variables (state anxiety, self-efficacy for working with anger, proportion of reflections, proportion of immediacy). In the first analysis, we used a repeated measures strategy to assess how all trainees reacted to all three types of training (regardless of the order of the training). In the second analysis, we examined only the effects of the first training session to rule out possible effects of order of type of training and of responding to different vignettes. Before conducting the analyses, however, we examined the correlations between the

demographic variables (age, sex, number of supervised clinical hours, number of angry clients) and the dependent variables collected after the first training session (state anxiety, self-efficacy for working with anger, proportion of reflection, proportion of immediacy) to determine whether any should be included in the analyses. Age was related to self-efficacy for working with anger, $r(60)=.33$, $p < .01$, and so was included in the analyses of self-efficacy.

Repeated measures data. Table II shows the means and standard deviations for state anxiety, self-efficacy for anger, and proportions of reflections of feelings and immediacy for assessments conducted after each of the three types of training for all participants.

For state anxiety, a repeated measures analysis of covariance (ANCOVA) was conducted, with type of training as the repeated independent variable and pretraining state anxiety as the covariate (included to control for pretraining effects). No significant effects were found for type of training, $F(2, 60)=2.22$, $p=.11$. The covariate was not significant, $F(1, 60)=1.34$, $p=.25$, $ds <.20$.

For self-efficacy for working with anger, a repeated measures ANCOVA was conducted, with type of training as the repeated independent variable and pretraining self-efficacy for anger (included to control for pretraining effects) and age (because of the significant correlation in the preliminary analyses) as covariates. No significant effects were found for type of training, $F(2, 59)=0.58$, $p=.56$. The covariate of pretraining self-efficacy was significant, $F(1, 59)= 15.11$, $p < .001$, although age was not, $F(1, 59)= 2.26$, $p=.14$. (Note that effect sizes are not reported here because the covariates were significant.)

For the analysis of helping skills, two cases were dropped because trainees did not follow the directions accurately (they wrote about how they would feel or how they might respond rather than what they would actually say). A repeated measures ANOVA, with type of training as the repeated independent variable and proportions of reflections as the dependent variable, was significant, $F(2, 59)=3.28$, $p < .05$. Post hoc tests indicated that supervisor-facilitated training

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elicited significantly more reflection than did self-training, $F(1, 59)=5.45$, $p < .05$, $d=.39$; no significant differences were found for the other two comparisons ($d=.29$ for supervisor-facilitated training vs. biblio-training, .13 for biblio-training vs. self-training). A repeated measures ANOVA, with type of training as the repeated independent variable and proportion of immediacy as the dependent variable, was not significant, $F(2, 59)=0.75$, $p > .05$ ($d=.14$ for supervisor-facilitated training vs. self-training, .24 for self-training vs. biblio-training, and .10 for supervisor-facilitated training vs. biblio-training).

Hence, supervisor-facilitated training was more effective than self-training in encouraging trainees to use reflections, but type of training did not make a difference in terms of state anxiety, self-efficacy for anger, or immediacy.

Tests of first training only. Table II shows the means and standard deviations for state anxiety, self-efficacy for anger, and proportions of reflections of feelings and immediacy for the assessments conducted after just the first session, such that each type of training was given to one third of the participants. A MANCOVA was conducted; dependent variables were self-efficacy for anger, state anxiety, proportions of reflections, and proportions of immediacy statements; the independent variable was type of training; the covariates were pretraining self-efficacy for working with anger, state anxiety, and age. Again, type of training was not significant, $F(8, 104)= 0.94$, $p=.48$. The covariate of pretraining self-efficacy for working with anger was significant, $F(4, 51)=9.81$, $p < .001$, although pretraining state anxiety and age were not, $Fs(4, 51)=1.06$ and 1.69, respectively. These results replicated those of the repeated measures analyses, indicating that type of training did not have an overall effect on the four dependent variables after the first training. (Note that effect sizes are not reported here because the covariates were significant.)

Changes in self-efficacy for working with client anger

Changes in self-efficacy for working with client anger were examined using a repeated measures ANOVA, with time as a repeated

measure (pretraining, after final training, and at follow-up) and age as a covariate (because age was correlated with self-efficacy). The main effect for time was marginally significant, $F(2, 59)=2.86$, $p=.06$; the covariate of age was significant, $F(1, 59)=6.77$, $p < .05$. To further examine this effect, we divided the sample into approximately equal parts (age 28 or younger, $n=33$; age 29 or older, $n=29$) and did separate t tests for the two groups. Younger trainees increased in self-efficacy from pretraining ($M=4.39$, $SD= 1.60$) to posttraining ($M=5.62$, $SD=1.48$), $t(32)=-4.56$, $p < .001$, $d=.80$, but did not change from posttraining to follow-up ($M=5.41$, $SD= 1.35$), $t(32)=0.89$, $p=.38$, $d=.15$. Older trainees increased in self-efficacy from pretraining ($M=4.93$, $SD=1.33$) to posttraining ($M=6.03$, $SD=1.55$), $t(28)=-3.02$, $p < .01$, $d=.76$, but did not change from posttraining to follow-up ($M=5.89$, $SD= 1.20$), $t(27)=0.68$, $p=.50$, $d=.10$. Hence, both younger and older trainees increased in self-efficacy as a function of training, although older trainees always reported higher levels of self-efficacy for working with anger.

Discussion

Counseling graduate students who had completed at least one prepracticum course in helping skills, who were exposed to four videotapes of clients who were angry at them for various infractions, and who experienced three types of training for managing client anger (supervisor-facilitated training, self-training, biblio-training) rated the overall training experience as very helpful. In addition, their feelings of self-efficacy for dealing with anger increased substantially as a result of training.

Furthermore, trainees clearly preferred supervisor-facilitated training to the other two types and found the former more helpful than the latter two. Given that supervisor-facilitated training uniquely allowed for interpersonal contact and feedback, either or both of these components could have been responsible for the results. Although trainees clearly preferred supervisor-facilitated training, the results in terms of the other indexes were mixed. Trainees used more reflection of feelings after working with a supervisor but were equivalent on state anxiety, self-efficacy for anger, and immediacy after all three forms of training. These results suggest that trainees did learn to

respond empathically when clients express anger toward them, which is encouraging given that the clinical literature suggests that therapists have a much harder time being empathic in response to client anger than in response to softer client emotions such as depression (cf. Matsakis, 1998).

We should note that the proportion of reflection of feelings and immediacy used by our participants was high even in response to the first vignette (20% and 21%, respectively). In contrast, Hill and O'Brien (1999), in their review of the literature, reported that the proportion of restatements and reflections used ranged from 0% to 31%, and the proportion of immediacy and self-disclosure used ranged from 1% to 4% of the time across a number of samples. These data suggest that our participants were already using these interventions frequently and that it may not have been appropriate to use them much more. Our sense as supervisors, in fact, was that we were supervising already-skilled therapists to refine their helping skills and manage their pretraining anxiety about working with angry clients rather than starting from scratch and teaching them how to be therapists by introducing them to the various helping skills (recall that all participants had previously had helping skills training).

Comparing our results to the literature is difficult because we used a different design than other studies, and published descriptions of previous studies lacked some critical details needed to understand their procedures. For example, although we do not know exactly what Bohn (1967) meant when stating that trainees became "less directive" in their responses to videotaped clients expressing anger, the current study's participants also used more nondirective responses after training (i.e., the supervisor-facilitated condition elicited more reflection than did self-training). Relatedly, Hector et al. (1981) and Davis et al. (1985) found that verbal practice with modeling (similar to our supervisor-facilitated training condition) yielded more consistent therapist-trainee responses (i.e., greater proportion of time trainees responded appropriately) toward client affect (i.e., anger and depression) than did conditions that included no practice or modeling. A comparison of the findings of Hector et al. (1981) and Davis et al. (1985) with those of the current study is intriguing. All three forms of

training in the current study included some type of practice or modeling (i.e., in supervisor-facilitated training, supervisors modeled effective responses to angry clients, which participants then practiced; in self-training, participants wrote down alternative responses to the angry client, a type of practice; in biblio-training, effective ways of responding to client anger were discussed in the reading, a type of modeling). Thus, perhaps because all three training conditions included practice or modeling, no type of training emerged as consistently more powerful in changing participants' verbal responses to angry clients. Comparing our findings with those of Hector et al. (1981) and Davis et al. (1985) is difficult, however, because it is unclear what they meant by "responding appropriately." Were the pretraining responses abjectly inappropriate but then became appropriate after training, or was there just an evolution of initially appropriate to even more appropriate responses after training? Our sense of the current study's participants is that none offered utterly inappropriate responses; rather, their responses became more appropriate or more effective as a result of training.

Limitations

This study was noteworthy in terms of collecting data from three different graduate programs, using carefully developed vignettes of client anger, using both behavioral as well as self-report measures, and using different random orders of vignettes and types of training. However, limitations were nevertheless present. Training was short (20 min for each type), trainees had only 30 s to respond in writing to simulated client situations (rather than to actual clients), all supervisors were women who supervised their own students, there was no no-training control condition, and graduate students as a group may expect live training (rather than self- or biblio-training) as part of their training. Because all participants were graduate students, there also may have been a restriction of range of education. Furthermore, it is possible that, because these participants were volunteers, those with higher levels of self-efficacy and stronger clinical skills were more apt to choose to take part in the study, although this is unlikely given that almost all eligible students in all three programs participated.

Finally, because of the analogue nature of the research design, these results may not generalize to training on actual psychotherapy cases.

Implications

Given the reported difficulty therapists have listening and responding to client anger (Bandura et al., 1960; Davis et al., 1985; Gamsky & Farwell, 1966; Hill et al., 2003; Matsakis, 1998; Russell & Snyder, 1963; Sharkin & Gelso, 1993), these findings suggest that it may be useful for graduate programs to be quite intentional about including practice with such provocative situations in their training of therapists. Such interventions may well have salutary effects on therapists' ability to handle client anger.

These video vignettes, or other similar stimuli (see Binder, 1999), could be used as a training tool to help trainees become comfortable working with clients who are angry. A series of vignettes could be developed for other difficult client situations (e.g., clients who are sexually provocative, suicidal, silent, talkative, dismissive, or arrogant) as well to give trainees an opportunity to practice their skills in different situations. In addition, the videos could serve as a stimulus for helping trainees discuss countertransference issues in a safe setting before having to cope with these situations in a clinical setting. Although we have suggested here that such training would likely be more valuable after initial helping skills training, the best timing for such focused training experiences remains an empirical question.

More research is also warranted to determine the specific mechanisms of change in these training experiences. Is it the instruction, modeling, practice, feedback, personal relationship, or something else that helps trainees gain skills in working with clients who are angry at them? It would also be useful to examine the most helpful length of training and whether vignettes versus working with live clients is more beneficial. In addition, the use of group training instead of or in addition to individual training could be examined. For instance, after viewing clinical vignettes, participants could discuss their intended verbal responses in small groups, role-play them with

each other, and receive feedback on how these responses were received by their group members.

More work is also needed regarding supervising novice therapists to respond to different types of anger situations (e.g., when the client is rightly angry at a therapist's clinical error, when the client is physically violent). Furthermore, we noticed a wide range of therapist reactions to client anger (e.g., some appeared quite calm when viewing the vignettes, whereas others were visibly uncomfortable, some seemed to panic or shut down, some became defensive and angry). It would thus be interesting to examine countertransference reactions to anger that may prevent therapists from responding effectively in therapeutic situations.
We also wonder whether training to manage client anger would generalize to other similarly provocative clinical situations (e.g., sexual overtures toward therapists, passive-aggressive patterns, emotional lability, overly talkative or silent clients). It would be helpful to know whether skills acquired in the context of one challenging clinical situation translate to different but equally challenging situations.

Acknowledgements

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References

Altekruse, M. W., & Brown, D. F. (1969). Counseling behavior change through self-analysis. *Counselor Education and Training, 8*, 19-112.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A., Lipsher, D. H., & Miller, P. E. (1960). Psychotherapists' approach-avoidance reactions to patients' expressions of hostility. *Journal of Consulting Psychology, 24*, 1-8.

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical training* (3rd ed.). New York: Pearson/Allyn and Bacon.

Bernstein, B. L., & Lecomte, C. (1979). Self-critique training in a competency-based practicum. *Counselor Education and Training, 19*, 69-76.

Binder, J. (1999). Issues in teaching and learning time-limited psychodynamic psychotherapy. *Clinical Psychology Review, 19*, 705-719.

Bohn, M. J. (1967). Therapist response to hostility and dependency as a function of training. *Journal of Counseling Psychology, 31*, 95-198. Burns, D. D., & Auerbach, A. (1996). Therapeutic empathy in cognitive-behavioral therapy: Does it really make a difference? In P. M. Salkovskis (Ed.), *Frontiers of cognitive therapy* (pp. 135-164). New York: Guilford Press.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Cormier, W. H., & Cormier, L. S. (1979*). Interviewing strategies for helpers: A guide to assessment, treatment, and evaluation*. Monterey, CA: Brooks/Cole.

Davis, K. L., Hector, M. A., Meara, N. M., King, J. W., Tracy, D. C., & Wycoff, J. P. (1985). Teaching counselor trainees to respond consistently to different aspects of anger. *Journal of Counseling Psychology, 32*, 580-588.

Dennin, M. K., & Ellis, M. V. (2003). Effects of a method of self-training on counselor trainees. *Journal of Counseling Psychology, 50*, 69-83.

Digiuseppe, R., & Tafrate, R. C. (2001). A comprehensive treatment model for anger disorders. *Psychotherapy: Theory, Research, Practice, Training*, *38*, 262-271.

Fremont, S., & Anderson, W. (1986). What client behaviors make counselors angry? An exploratory study. *Journal of Counseling and Development, 65*, 67-70.

Gamsky, N. R., & Farwell, C. F. (1966). Counselor verbal behavior as a function of client hostility. *Journal of Counseling Psychology, 13*, 184-190.

Hammond, D. C., Hepworth, D. H., & Smith, V. G. (1977). *Improving therapeutic communication*. San Francisco: Jossey-Bass.

Hawkins, P., & Shohet, R. (1989). *Training in the helping professions*. Cambridge, UK: Open University Press.

Hector, M. A., Davis, K. L., Denton, E. A., Hayes, T. W., & Hector, J. H. (1979). Teaching counselor trainees how to respond consistently to client negative affect*. Journal of Counseling Psychology, 26*, 146-151.

Hector, M. A., Davis, K. L., Denton, E. A., Hayes, T. W., Patton-Crowder, C., & Hinkle, W. K. (1981). Helping counselor trainees learn to respond consistently to anger and depression. *Journal of Counseling Psychology, 28,* 53-58.

Heller, K., Myers, R. A., & Kline, L. V. (1963). Interviewer behavior as a function of standardized client roles. *Journal of Consulting Psychology, 27*, 117-122.

Hill, C. E. (1986). An overview of the Hill Counselor and Client Verbal Response Modes Category Systems. In L. S. Greenberg & W. M. Pinsof (Eds), *The psychotherapeutic process: A research handbook* (pp. 131-160). New York: Guilford Press.
Hill, C. E. (1992). An overview of four measures developed to test the Hill process model: Therapist intentions, therapist response modes, client reactions, and client behaviors. *Journal of Counseling and Development, 70*, 729-737.

Hill, C. E. (2004). *Helping skills: Facilitating exploration, insight, and action* (2nd ed.). Washington, DC: American Psychological Association.

Hill, C. E., Charles, D., & Reed, K. G. (1981). A longitudinal analysis of changes in counseling skills during doctoral training in counseling psychology. *Journal of Counseling Psychology, 28*, 428-436.

Hill, C. E., Kellems, I. S., Kolchakian, M. R., Wonnell, T. L., Davis, T. L., & Nakayama, E. Y. (2003). The therapist experience of being the target of hostile versus suspected-unasserted client anger: Factors associate with resolution. *Psychotherapy Research, 13*, 475-491.

Hill, C. E., & O'Brien, K. M. (1999). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.

Hill, C. E., O'Grady, K. E., Balenger, V., Busse, W., Falk, D., Hill, M., et al. (1994). A methodological examination of videotape-assisted reviews in brief therapy: Helpfulness ratings, therapist intentions, client reactions, mood, and session evaluation. J*ournal of Counseling Psychology, 41*, 236-247.

Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology, 50*, 97-108.

Littrell, J. M., Lee-Borden, N., & Lorenz, J. (1979). A developmental framework for counseling training. *Counselor Education and Training, 19*, 129-136.

Mains, J. A., & Scogin, F. R. (2003). The effectiveness of self-administered treatments: A practice-friendly review of the research. *Journal of Clinical Psychology, 59*, 237-246.

Matsakis, A. (1998). *Managing client anger: What to do when a client is angry at you*. Oakland, CA: New Harbinger.

Morrissette, P. J. (1999). Family therapist self-training: Toward a preliminary conceptualization. *The Clinical Supervisor, 18*, 165-183.

Munson, C. E. (1983). *An introduction to clinical social work training*. New York: Haworth Press.

Nunn, J. S., & Thomas, S. L. (1999). The angry male and the passive female: The role of gender and self-esteem in anger expression. *Social Behavior and Personality, 27*, 145-153.

Peabody, S. A., & Gelso, C. J. (1982). Countertransference and empathy: The complex relationship between two divergent concepts in counseling. *Journal of Counseling Psychology, 27*, 358-363.

Russell, P. D., & Snyder, W. U. (1963). Counselor anxiety in relation to amount of clinical experience and quality of affect demonstrated by clients. *Journal of Consulting Psychology, 27*, 358-363.

Scogin, F. R. (2003). Introduction: The status of self-administered treatments. *Journal of Clinical Psychology, 59*, 247-249.

Sharkin, B. S. (1989). How counselor trainees respond to client anger: A review. Journal of Counseling and Development, 67, 561-564.

Sharkin, B. S. (1993). Anger and gender: Theory, research, and implications. *Journal of Counseling and Development, 71*, 386-389.

Sharkin, B. S., & Gelso, C. J. (1993). The influence of counselor trainee anger-proneness and anger discomfort on reactions to an angry client. *Journal of Counseling and Development, 71*, 483-488.

Skovholt, T. M., & Rønnestad, M. H. (1992). *The evolving professional self: Stages and themes in therapist and counselor development*. Oxford, UK: Wiley.

Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *State-Trait Anxiety Inventory for Adults*. Redwood City, CA: Mind Garden.

Stoltenberg, C. D., McNeill, B. W., & Delworth, U. (1997). *An integrated developmental approach for supervising counselors and therapists.* San Francisco: Jossey-Bass.

Teyber, E. (2000). *Interpersonal process in psychotherapy: A relational approach* (4th ed.). Belmont, CA: Brooks/Cole.

Watkins, C. E., Jr. (Ed.). (1997). *Handbook of psychotherapy training*. New York: Wiley.

Williams, E., Judge, A., Hill, C. E., & Hoffman, M. A. (1997). Experiences of novice therapists in prepracticum: Trainees', clients', and supervisees' perceptions of therapists' personal reactions and management strategies. *Journal of Counseling Psychology, 44*, 390-399.

Yulis, S., & Kiesler, D. J. (1968). Countertransference response as a function of therapist anxiety and content of patient talk. *Journal of Consulting and Clinical Psychology, 32*, 413-419.

Notes

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Appendix

Table 1. Perceived helpfulness of and preference for three types of training after training and after 1-month follow-up

Variable	Perceived helpfulness				Preferences	
	Posttraining		Follow-up			
	M	SD	M	SD	Posttraining	Follow-up
Overall training experience	-	-	7.54	0.89	-	-
Biblio-training	5.89	1.31	5.54	1.40	2%	2%
Self-training	5.59	1.66	5.31	1.73	5%	3%
Supervisor training	8.45	0.62	8.32	0.96	94%	95%

Note. *N*=62. Trainees rated the helpfulness of each type of training and indicated their preferred type of training after receiving all three types of training and then again at 1-month follow-up. Trainees also rated the helpfulness of the overall training experience at 1-month follow-up. Helpfulness was rated on a 9-point scale (1=*hindering*, 9=*extremely*).

Table 2. Means and standard deviations for state anxiety, self-efficacy for anger, proportions of reflections of feelings, and proportions of immediacy for three types of training.

Variable	Biblio-training (N=62)		Self-training (N=62)		Supervisor training (N=62)	
	M	*SD*	*M*	*SD*	*M*	*SD*
Data collected after every type of training						
State anxiety	39.66	11.53	40.66	12.50	41.27	13.43
Self-efficacy-anger	5.56	1.48	5.32	1.65	5.61	1.52
Reflections of feelings	0.19	0.15	0.17	0.16	0.24	0.20
Immediacy	0.29	0.18	0.34	0.23	0.31	0.21
	Biblio-training (n=20)		Self-training (n=21)		Supervisor training (n=21)	
Data collected after the first training condition						
State anxiety	41.45	11.69	38.38	14.39	47.43	13.69
Self-efficacy-anger	5.35	1.60	5.10	1.79	5.29	1.49
Reflections of feelings	0.20	0.19	0.18	0.18	0.23	0.21
Immediacy	0.21	0.17	0.21	0.19	0.20	0.21

Note. Reflections of feelings and immediacy are proportions based on the total number of helping skills. High scores on all variables indicate high levels of the variables.