1-1-1981

Training university students in counseling and psychotherapy.

Lynn Simek-Morgan
University of Massachusetts Amherst

TRAINING UNIVERSITY STUDENTS IN

COUNSELING AND PSYCHOTHERAPY

A Dissertation Presented

By

Lynn Simek-Downing

Submitted to the Graduate School of
The University of Massachusetts in partial
fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

September   1981

Education
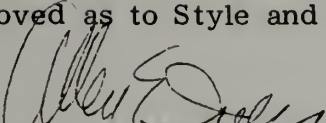
TRAINING UNIVERSITY STUDENTS IN

COUNSELING AND PSYCHOTHERAPY

A Dissertation Presented

By

Lynn Simek-Downing

Approved as to Style and Content

_____
Allen E. Ivey, Chairperson

_____
Douglas R. Forsyth, Member

_____
Benjamin Stevens, Member

_____
Mario D. Fantini, Dean
School of Education

iii

DEDICATION

This research is dedicated to the process of spreading love and peace in this world, now and always.
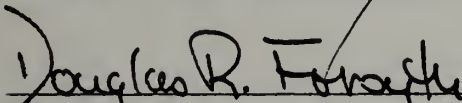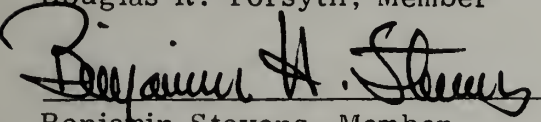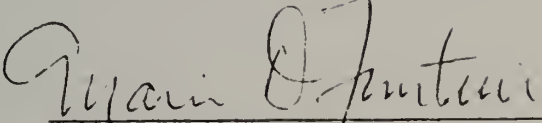
ACKNOWLEDGEMENTS

ABSTRACT

TRAINING UNIVERSITY STUDENTS IN
COUNSELING AND PSYCHOTHERAPY

(September 1981)

Lynn Simek-Downing, B.A. Clark University, Worcester

Ed.D., University of Massachusetts/Amherst

Directed by: Dr. Allen E. Ivey

This study is designed to investigate the effectiveness of
training university students in theories and techniques of counseling
and psychotherapy. The purpose of this study is: 1) to demonstrate
that counseling skills are acquired after microcounseling training,
2) to demonstrate that teaching counseling theories and skills can
raise the conceptual levels of counselors in training, 3) to identify
the levels of empathy produced by high and low conceptual level
counselors, and 4) to test if matching counselors and clients for
conceptual levels will produce a greater level of positive psycho-
therapeutic outcome.

Subjects were twelve males and eighteen females enrolled in
a university counseling course. Subjects were asked to make a pre-
and post-test fifteen minute audiotape of a counseling interview.
The pre-test counseling interviews were made prior to the fifteen
week instruction in counseling skills, psychological theories, and
practice interviewing sessions using videotape. Pre- and post-tests

were randomized and rated by three scorers for eleven micro-
counseling skills, five levels of empathy, and four conceptual levels.
Each pre- and post-test was scored by two different raters, producing
an averaged pre-and post-test score for each subject. A two-tailed
T-test was used to determine significance levels and probabilities
for each measurement between pre- and post-tests for the total group
and between males and females. Three correlation matrices and a
multiple regression analysis were also used for added analysis. The
results indicate that the total group showed a significant increase in
total use of microcounseling skills and again in conceptual levels
for counselors in training. There was also a significant increase in
empathy levels for all counselors, and a significant increase in
conceptual levels for clients of male counselors in training. The
results suggest that training aspiring counselors in psychological
theories and counseling skills can greatly benefit students by
increasing microcounseling skills usage, and raising empathy and
conceptual levels.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Students are able to learn counseling theories and skills based on the findings that teaching is effective (Neill, 1960), and learning can occur at each cognitive level (Bruner, 1963). Furthermore, students are able to learn counseling theories and skills based on the belief that instruction in psychological theories and practice using counseling skills will increase student's effective counseling responses.

This study is designed to investigate the effectiveness of training university students in theories and techniques of counseling. The purpose of this study is: 1) to demonstrate that counseling skills are acquired after microcounseling training, 2) to demonstrate that teaching counseling theories and skills can raise the conceptual levels of counselors in training, 3) to identify the levels of empathy produced by high and low conceptual level counselors and clients, and 4) to test if matching counselors and clients for conceptual levels will produce a greater level of positive psychotherapeutic outcome.

Training students to be counselors is important to ensure that client growth and development occur, as opposed to regression or hurt. The present methods of educating the counselor and psychotherapist differ greatly from one philosophic school to another varying from psychodynamic training of five years in psychotherapy to become a psychoanalyst, to specialized training in medicine to become a psychiatrist,

to graduate study in counseling psychology, clinical psychology, or
social work. Other training for counselors includes experiential
programs and workshops like those developed by Perls, Hefferline,
and Goodman (1965) in Gestalt training, and encounter and t-group
training as instructed by Argyris (1964). Self-help training for
professional and lay persons has been developed through the efforts
of Harris (1967) in transactional analysis, Adler (1927) in parent and
family groups, and numerous others. Psychoeducational models for
training professionals and clients in communication and attending skills
have been developed by Ivey and Gluckstern (1974), Carkhuff (1971,
1972), and others. Other self-help methods of training include mystical
experience as described and taught by Baba Ram Dass (1970), and
meditation and yoga as taught by yogi Paramahansa (1946). There are
almost as many training programs and approaches as there are therapies,
and psychologies, thus making it difficult for categorization and
systematization (Gurman and Razin, 1977).

There is a need to find comprehensive training materials and
procedures that will encompass the totality of differing theories, and
skills and techniques from each school of psychology. Important
concepts in counseling such as confidentiality, dealing positively
with people's lives and feelings, and producing forward-moving growth
are those which effective counselors and trainers in psychology believe
work toward the good of the client. However, counselors may work
differently in theory and practice. A great deal of literature in
psychology has dealt with defining theory and recommending techniques,
but little literature or research has been generated on the effectiveness

of teaching psychotherapy (Gurman and Razin, 1977).

Outcome studies (Garfield in Gurman and Razin, 1977) in the effectiveness of teaching counseling and psychotherapy have been conducted with various populations including institutionalized mental health patients (Ivey, 1973), university graduate students (Silverman, 1972), housewives (Rioch, 1971), and groups (Eiben and Clack, 1973). Most studies showed significant results that training in basic skills with experiential practice improved participant's counseling abilities. This study trains counselors in Ivey's attending and influencing skills as well as in several theories of psychology. One of the theories embraced is developmental psychology and its relationship to the learning process.

Developmental psychology as both a science and a philosophy has donated a wealth of knowledge for physicians, teachers, parents, psychologists, and helpers in all fields. The first developmental psychologist, Freud (1909), believed we rapidly develop through life stages that can be identified by associations with particular body parts and resulting personality characteristics. Loevinger (1977) believes we develop through life acquiring skills and knowledge that are hierarchical, constantly changing, and moving toward autonomy and integration with the self, others, and the environment. Hunt (1974) believes humans pass through different stages of growth that can be assessed and measured, and his categories are used in this study. The importance for counseling becomes, with this knowledge, how we as practitioners and counselors can facilitate the growth of others through stages of development.

Accepting the developmental model for human growth, and the belief that growth is forward moving in a positive direction (Maslow, 1968) from a concrete to an abstract level (Piaget, 1969), it is assumed that people develop through the same levels, but in different styles and at unique rates. Movement between developmental levels is achieved through cognitive dissonance (Piaget, 1969), and the resolution of dissonance. It is expected that cognitive levels can be identified, and the resolution of cognitive dissonance can be reached by teaching and learning counseling skills. It is expected that the teaching of counseling skills and psychological theories combined with experiential practice will increase student's ability to help clients assimilate and accommodate new information, and move from one conceptual level to another, the sum of which does not exceed their own developmental level.

Several developmental psychologists have used the sentence completion test as a measurement for identifying people's conceptual levels including Loevinger (1977), Hunt (1973), and Weinstein (1968). This study uses Hunt's definitions for conceptual levels, but uses counselor and client statements from a counseling typescript in substitution of the sentence completions. Once the cognitive levels are assessed, the psychotherapist or counselor can then proceed with therapy aimed at that client's developmental level. Hunt's assessment procedures have never been used in this way previously. One important method and quality for aiding client's to pass through developmental levels is through the counselor's use of empathy.

Empathy has been investigated in conjunction with high and low conceptual level counselors and results have been conflicting.

Kimberline, Carole, Freisen, and DeLoss (1977) found high conceptual level counselors to be more empathic, while Beutler, Johnson, Neville, and Workman (1972) showed high conceptual level counselors to be less empathic. This study will investigate the correlation between conceptual level and degree of empathy in an attempt to shed light on this disagreement of findings.

Since the advent of Roger's first work in the investigation of the quality of empathy, it has become an axiom for good counseling. Several scales have been devised for the measurement of accurate empathy including one by Truax (1970), Carkhuff (1969), Bergin and Solomon (1970), and Bachman (1977). This study employs the Carkhuff scale for the ease of scoring, and will also investigate correlations between empathy and microskill usage, and empathy and conceptual levels.

Although the quality of empathy was not directly taught as part of this counselor training curriculum, it is anticipated that empathy level will increase as students experience training in counseling and communication skills (LaMonica, 1976). Counselors may score high in empathy by using certain microcounseling skills (Mitchell and Hall, 1971), and it is expected that a correlation will exist between levels of empathy and conceptual levels for both clients and counselors (Heck and Davis, 1973). Accurate empathy will be correlated with positive psychotherapeutic outcome (Truax, 1970; Mullen and Abeles, 1971) to measure its effectiveness. This is the first study that considers the interactional effect of microcounseling skills, conceptual levels, and the quality of empathy.

It is assumed that assessing conceptual levels of clients and counselors may be used to determine the degree of structure for a counseling interview (Hunt, 1974), as well as to determine a psychological intervention (Stein and Stone, 1978). It is anticipated that matching client and counselor for mutual conceptual levels will increase the degree of positive psychotherapeutic outcome (Dettling, 1975; Gill, 1976). Some research (Neufeld, Zimmer, and Mayton, 1977), however, has found contradicting evidence: levels of client cognitive functioning have no bearing whatsoever on positive psychotherapeutic outcome. This study will seek to investigate the effect of matching conceptual levels of clients and counselors to test this disagreement.

By measuring counseling skills acquired after microcounseling training, conceptual levels before and after instruction, levels of empathy, and psychotherapeutic outcome after matching counselors and clients for conceptual levels, the counselor training curriculum will be evaluated for effectiveness.

CHAPTER II
REVIEW OF THE LITERATURE

This review of literature will cover theoretical and research works covering three areas of counseling: microcounseling theory and training, empathy as a counseling construct in training and practice, and conceptual levels as pertaining to matching counselor and client styles.

Microcounseling

Microcounseling is the teaching of individual helping skills and concepts in a systematic program that will increase counselor and human effectiveness and demystify the helping process (Ivey and Authier, 1971, 1978). Of all the modes of educating and training counselors, why is microcounseling the most effective?

The present means of training people in the helping professions vary widely from one philosophic school to another in psychology. Most training is timely and costly, such as five years of psychoanalysis to become a psychoanalyst, graduate education to become a clinical psychologist, school psychologist, social worker, or counseling psychologist, or several years of Gestalt training to become a Gestalt therapist (Perls, Hefferline, and Goodman, 1965). Training in other psychological helping includes encounter and t-group training (Argyris, 1964), self-help programs and workshops in transactional analysis

(Harris, 1967), parent and family groups (Adler, 1927), and numerous others. Often training is lengthy and aimed at the professional and not the lay person.

In response to the need for many people to be trained in para-professional or self-help skills, a movement emerged to bring counseling down from the ivory tower and into the hands of the masses. Several methods of self-growth became popular through bibliotherapy such as that purported by Baba Ram Dass (1970), hoga as taught by yoga Paramahansa Yogananda (1946), and the many varieties of consciousness raising groups. There are almost as many training approaches and programs as there are therapies and theories of psychology, thus making it difficult for categorization and systematizing (Gurman and Razin, 1977). The majority of these self-help approaches presume that the participants are capable of helping themselves without the guidance of other trained professionals.

A branch of the self-help and guided learning training that answers the need for structure in this movement is the psycho-educational models that train both professionals and non-professionals in communication and attending skills. The pioneers in this field have varied from teaching attending and communication skills to teachers, parents, and counselors (Carkhuff, 1972), physicians and medical students (Kagan, 1975a), and administrators and community counselors (Ivey & Gluckstern, 1974, 1976). The skills are usually individually defined, can be taught in a workshop format, and are based on self-directed learning. The microcounseling paradigm is one of the most widely used and investigated modes of this approach.

Since a great deal of literature in psychology has dealt with defining theory and recommending techniques, but little literature or research has been generated on the effectiveness of teaching (Gurman & Razin, 1977), next will be a review of the research available in this area.

The theoretical framework for the psychoeducational model of teaching basic helping and communication skills comes from the need to effeciently and effectively help people to cope with their environments and themselves (Ivey & Alschuler, 1973). It is born from the positivistic model of philosophy that people are able to learn effective means of operating in the world and that these skills can be taught to all (Authier, Gustafson, Guerney, & Kasdorf, 1975). This is in direct opposition to the medical model of viewing personal problems as mental illness that needs diagnosis, treatment, and cure. In a review of psychotherapeutic research and approaches, Cartwright (1968) singled out the psychoeducational model as one of both major importance and revolution in the helping process. It is the psychoeducational model that reconceptualizes the role of the therapist as one of teacher, one who can instruct in basic skills for better living and psychological health (Authier, et al., 1975).

Authier, et al. (1975) reviewed over one hundred articles that discussed the benefits of educaton and training for all persons for good human relations and communication, and viewed the trend of psycho-education as a progressive movement for the future of helping. Carkhuff (1971) viewed the teaching of communication skills as an essential mode of treatment in mental health for both lay and professionals. Research in the psychoeducational model covers the areas of teaching

communication skills to incarcerated persons, paraprofessionals, and counseling students and professional psychologists.

Donk (1972) first used a modified microcounseling workshop to teach hospitalized inpatients the skills of attending behavior. As the new interpersonal skills of listening, questioning, and structured feedback were learned, the patients were viewed as generally more positive in communication and overall ward behavior. Ivey (1973) taught attending skills to mental hospital inpatients and showed significant results in improvement in relational skills, lessening of depressive symptoms, and an increase in communication skills. These findings would agree with the Carkhuff (1971) theory that teaching individual skills in communications can be used as a treatment modality. Drasgow (1969) used microtraining to heighten interpersonal functioning of psychotic inpatients, and found significant results that showed improvement in facilitative functioning. The group he trained in micro-counseling were vastly more communicative than the control groups that were treated in the more traditional forms of psychotherapy, drug therapy, and group therapy, and showed lessening of psychotic symptoms. Chishom (1977) trained both graduate students in counseling and public offenders in jails in a systematized program of human relations. The results showed no difference in facilitative functioning of the two groups after training, a significant difference between the pre- and post-scores of the offenders communicational functioning, and concluded that both graduate students and public offenders can learn and demonstrate helping skills after only fifty hours of training.

One of the most significant facets of the several approaches to teaching helping skills is the ease with which these skills can be learned and demonstrated. In answer to Gurman and Razin's allegations that not much research has been done on the effectiveness of teaching skills (1977), the next research literature will survey some of the literature covering the teaching of microcounseling and other methods to a variety of populations.

Ivey and Gluckstern (1974, 1975) designed leader and participant manuals for teaching basic attending and influencing skills, as well as donating workshop designs that are easy to apply to any para-professional or professional setting. The skills can be used with or without videotape as a medium, and cover the areas of attending behavior (verbal following, topic focus, and eye contact), open and closed questions, paraphrase, responding to feelings, summarization, directions, self-disclosure, interpretation, and direct mutual communication. An excellent survey on the research supporting each construct and the reliability and validity of teaching each skill is available in Ivey and Authier (1971, 1978). The scoring for the effectiveness of using each skill has been researched by Sherrard (1976) who found significant results that group leaders and participants can be reliably scored for effectiveness using the Ivey Taxonomy, that group leaders' and participants' interactions can reliably be predicted, and that group leaders with different styles and orientations will utilize quantitatively different behavioral categories of the Ivey Taxonomy.

Carkhuff (1972, 1973, 1975) has designed self-help training workbooks and workshops for developing skills for paraprofessionals and

professionals. The skills are taught in a developmental model of skill acquisition and cover the areas of attending skills, responsive behavior, initiating, confrontations, understanding, empathy, and communication skills. More research on the reliability and validity of these individual skills will be presented in the section on accurate empathy.

Kagan (1975a) has developed a system called the Interpersonal Process Recall (I.P.R.) that systematically teaches helping skills and uses videotape or audiotape for supervision. Trainees practice interviewing skills, record their practice sessions, and receive moment-by-moment feedback by the supervisor, client, and themselves as the tapes are replayed.

Guerney (1969), a proponent of the psychoeducational model, has used the individual skill teaching model to train non-professionals, parents, and teachers in communication skills that they can use in their families, work, or classrooms. Bizer (1972) has used microcounseling training to teach communication skills to a parent effectiveness group with great success. Goshko (1973) taught microcounseling skills, and Andes (1974) used microcounseling skills as a teaching paradigm for a couple's relationship building workshop. Terrell (1977) used microcounseling training for all the people who applied for the position of orientation leaders at a university, and found that the number of eye contact breaks, arm, hand, leg, and foot movements were significantly reduced after training, as well as an increase in general attending behavior. This research has generally been validated on populations of non-professionals and the results are overwhelmingly

successful. However, the individual skill approach is quickly becoming one of the most widely used and vital resources for professional and counselor training. The next composite of studies will cover micro-counseling as applied to the training of counselors and therapists.

Bergin and Garfield (1971) have pressed for adequate measures for evaluating counselors' effectiveness. Many methods for the training of counselors and psychotherapists have emerged including the use of the experience of group therapy (Eiben & Clack, 1973), differential practicum experiences (Silverman, 1972), didactic and affective training (Pearson, 1974), and others that are more fully reviewed by Matarazzo (1971). The initial thrust of the research has been to prove that, indeed, counseling skills and qualities can be taught, learned, and demonstrated regardless of theoretical orientation or school of training.

Dettling (1975) conducted research with undergraduates in counseling to test if intelligence, achievement, and personality measures were correlated with effective counseling. Results showed that learning of counseling theories and the characteristic patterns of those who learn counselor response categories is not similar to that of either effective counselors or academic achievers.

Hageseth and Schmidt (1975) used one hundred and seventeen undergraduate females enrolled in a counseling class to examine the effect on attitude change of interviewee intelligence and explicitness of interviewer's conclusions in a counseling analogue. A trend analysis of self-ratings of need for achievement revealed a significant linear decrease for all subjects over time and a significant quadratic intelligence by time interaction.

Matarazzo, Phillips, Weins, and Saslow (1965) measured student therapist's behaviors and changes in behaviors due to training. Their sample included eight students who were equally divided into two different supervisory groups, one group that reported verbally, and one group that was observed by supervisors during therapy. The students in the group that was observed during therapy increased in facilitative techniques, were more active, and used more influence in interviews than the group that verbally reported.

Much research has been done within each individual school of psychology to demonstrate the effectiveness of the respective teaching methodologies. The next studies are chosen to review research on two methods drawn from the psychoeducational approaches, those of the Carkhuff (1972, 1973, 1976) training in microcounseling.

Gill (1976) used twenty graduate students in counseling to see what effect the teaching of Carkhuff's human relations skills had in relation to cognitive mode and success in a counseling practicum. No relationship was found between cognitive mode or cerebral dominance, acquiring of skills, and effective counseling. The lack of results was blamed on the ineffectiveness of measures, and specifically, on the Carkhuff Discrimination Index.

Rosenthal (1976) had fifty-six undergraduates enrolled in a counseling course differentiated for conceptual level and trained in the Carkhuff human relations skills. Results showed that both the self-instructed and the guided-instructed programs were effective as teaching models, but that guided instruction was more effective with low conceptual level students and self instruction was more effective with high conceptual

level students.

Morrison (1975) used twenty-four beginning graduate students majoring in counseling to examine the use of videotape feedback in learning the qualities of empathy, genuiness, and unconditional warmth as based on the Traux scales of facilitative conditions (Carkhuff uses a modification of this scale). Results demonstrated videotaped feedback and training model produced higher levels of empathy, genuineness, and unconditional warmth than the control training using didactic methods. Also, there existed a linear upward trend in levels of empathy, genineness, and warmth with increased number of sessions of videotape focused feedback.

Rioch (1971) trained housewives with no previous counseling experience in counseling skills and theory for a period of two years. All these women have now been placed in vocations in mental health facilities as counselors and are doing better in counseling skills and therapy than their formally trained peers.

The research covering the specific use of the microcounseling method and skills ranges from research on the reliability and validity of using each individual skill to methods of application to training paradigms of teaching. The following studies will focus on the use of microcounseling as a teaching instrument for the training of counselors and professional psychologists.

Higgins, Ivey and Uhlemann (1970) instructed students in the interpersonal skill of direct-mutual communication. Direct-mutual communication represents the mystical communication between people who are committed and able to truly be themselves in relationship to another

person (Ivey & Gluckstern, 1976). Significant results showed that microcounseling can be used to train students in extremely complex interpersonal skills that somewhat resemble a peak experience. The usage of this skill can go from use in therapy to everyday living with good communication.

Haase, Forsyth, Julius, and Lee (1971) demonstrated that clients receiving precounseling training in the microskill of expression of feeling expressed more feelings in an initial counseling interview than did clients that received no previous training.

Haase and DiMattia (1970) taught microcounseling skills to paraprofessionals to learn clinical counseling skills and demonstrated that micrcounseling training is effective in teaching attending skills, reflection of feeling, and expression of feeling.

Ivey, Normington, Miller, Haase, and Morrill (1968) used microcounseling as an instructional and research medium with beginning counseling students. Instruction was given in the skills of attending behavior, reflection of feeling, and summarization. Significant results showed students changed counseling behaviors in all three skills in a five hour training period. Also, significant results showed all pre- and post-training comparisons of client's reactions to interviewers were positive, thus concluding that microcounseling is an effective research tool.

Mihalovich (1976) trained undergraduates in a beginning counseling course in the microcounseling skills. Students trained in micocounseling skills emitted fewer verbal responses and experienced less

behavioral anxiety after training than did controls who received no training.

Belle (1976) divided thirty graduate students majoring in counseling into two instructional groups, one receiving microcounseling training and the other receiving traditional didactic training. Results showed the microcounseling group did significantly better in verbal responding, and clients rated the microcounseling group as significantly better than the didactic group.

Scovill (1976) did a comparison of client's perceptions of counselors trained by microcounseling and objective data collected on counselors trained in microskills. The clients were university students, and personnel visiting a counseling center, and graduate students in counseling, and the staff of the counseling center were the counselors. Results point out the apparent heuristic merit for interpersonal skill training as raising counselor relationship characteristics and client self-concept.

Arnold (1976) divided twenty-four graduate students into two teaching conditions, one receiving microcounseling training and the other receiving traditional attention training. Significant results showed microcounseling training to be the most effective method for teaching open ended questioning techniques.

Sawyer (1973) used forty-five undergraduate females majoring in human services to be assigned to three instructional models. One group received microcounseling instruction with videotape feedback, one received only microcounseling instruction, and the control group received didactic instruction. Both microcounseling groups scored

significantly higher in interviewer response content and learning retention than the control group.

Gormally (1975) trained undergraduate students in individual skills and video feedback models to compare with a control group receiving no training. The skills and video feedback group showed significant increases in helper references to non-verbal behavior and empathy, and significant increases in self-disclosures and questioning than did the controls.

She (1975) studied thirty graduate students in counseling that received two different field practicums. One group received five weeks of microcounseling training with supervised field practice, and the other group received only supervised field practice. The microcounseling training group showed increased strengths in field practice (taped interviews) in confrontation behavior and encouragement to action for clients in confrontation behavior as compared to the controls.

McIvroy (1976) studied twenty-four male undergraduates enrolled in a psychology course who were divided into three treatment groups: one received microcounseling instruction, one received micro-counseling instruction plus empathy training, and the third received a group therapy experience. Significant results showed those trained in group therapy to be exceedingly high in the use of empathy when compared with the other two groups. Also, the groups trained in microcounseling and microcounseling and empathy showed significantly higher levels of discrimination of helping responses than the group therapy section.

The review of research here is by no means the entire range
of studies, but it does show a very positive view of the merits of the
microcounseling training program for both teaching and research.
The next section is going to consider one dimension of helping, empathy,
in more depth as a vital dimension of the helping process.

Empathy

The study of empathy as a counseling construct began with the
advent of work of Carl Rogers who stated that the necessary and
sufficient conditions of therapeutic personality change was based on the
counselor's ability to present conditions of warmth, unconditional
positive regard, genuineness, empathy, and a client-centered therapy
(1957). Stemming from Roger's pilot work came two followers, Truax
and Carkhuff, among others, who define empathy as the extent to
which the therapist is: 1) sensitive to the here and now feelings
and thoughts of the client, 2) has the ability to communicate his/her
understandings of the client's thoughts and feelings, and 3) has the
ability to use language that the client can understand (1967). Truax
(1970) devised a nine point scale to measure therapist's levels of
empathy, and Truax and Mitchell (1971) claim that the minimally
facilitative levels of therapist functioning should fall between a 3.5-4.0
of this scale. Unfortunately, they claim, most therapists fall well
below this minimal facilitative level (1971).

Several scales for the measurement of empathy have been devised
as well as the Truax scale. Carkhuff (1969) devised a modified
version of the Truax scale that has five points and measures the levels

of interpersonal functioning that he defines as empathy, respect, genuineness, self-disclosure, concreteness, confrontation, immediacy, and self-exploration. Carkhuff (1971, 1972, 1973, 1975) has also developed many materials and developmental texts that aim to teach these facilitative skills that are measured by the scale. The beauty of the Carkhuff scale is the ease of scoring and the ramifications this has for research.

Bergin and Solomon (1970) devised a ten point scale for the measuring of accurate empathy that is similar to the Traux scale, but modified for ease in scoring and training of scorers.

Bachman (1977) used twenty-five subjects who served as raters for a multivariate comparison of the Carkhuff Scale for Accurate Empathy and the Truax Scale. From the cross comparisons he devised a Checklist for the Assessment of the Core Conditions Scales for Empathy, Warmth, and Genuineness. Reliability and validity data supported the acceptability of his developed checklists for empathy, genuineness, and warmth, as opposed to scorer training in rating as proposed by Truax.

Most of the research studies of empathy have used either the Truax or the Carkhuff scales and are divided into three groups: those who claim empathy is related to positive outcome in psychotherapy, those who claim empathy is not related to positive outcome in psycho-therapy, and those who study the effects of empathy.

Truax (1970) studied thirty-one hospitalized schizophrenic patients over a period of eighteen years. Through the use of taped therapist interviews and scoring on the Truax scale, significant

results showed that empathy is correlated with positive psycho-
therapeutic outcome.

Mullen and Abeles (1971) replicated Truax's experiment using
thirty-six adult clients, and found similar results when rating taped
therapist interviews by the Truax scale that accurate empathy was
significantly correlated with positive psychotherapeutic outcome.

Altmann (1973) used nineteen adult clients in an initial
counseling interview. When reviewing taped segments of therapist's
interviews and rating these interviews by the Truax scale, he found
accurate empathy was significantly correlated with positive psycho-
therapeutic outcome.

Truax, Wittmer, and Wargo (1971) studied one hundred and
sixty adult hospitalized patients who were involved in group therapy
to study the effect of empathy and psychotherapeutic outcome. When
recordings were scored on the Truax scale, empathy, nonpossessive
warmth, and genuineness were found to correlate significantly with
positive psychotherapeutic outcome.

Truax and Wittmer (1971) studied the effects of therapist focus
on mental hospital inpatients' anxiety source and the interaction
with the therapist level of accurate empathy. When taped interviews
were scored using the Truax scale, significant results showed empathy
to correlate with positive psychotherapeutic outcome.

Kurtz and Grummon (1972) studied different approaches to the
measurement of therapist empathy with twenty-five adult clients.
The Carkhuff scale showed empathy to be significantly related to
positive psychotherapeutic outcome, however the mean range of

accurate empathy was low (1.6 - 3.4).

Bozarth and Rubin (1977) used two hundred and forty-five adult clients to make observations on the performance of rehabilitation counselors. The Carkhuff scale was used for scoring and significant results pointed to positive psychotherapeutic outcome relating to empathy, unconditional positive regard, and genuineness. Scores ranged from 1.8 - 4.0.

Gurman (1973a) investigated therapeutic conditions within psycho-therapy and noted that when the rated number of segments of counseling per session are increased, therapists varied considerably both across and within the same sessions with the same client. High functioning therapists had high scores on empathy, warmth, and genuineness measures and generally functioned in all conditions better than low functioning therapists. From this he concluded that positive outcome depends on the therapist's level of functioning around client's issues of dissatisfaction and suffering, or accurate empathy.

Sloane, Staples, Cristol, Yorkston, and Whipple (1975) investigated the effects of short term analytic psychotherapy versus behavior therapy with ninety-two adult clients. When using the Truax scale for scoring therapists' responses in counseling, they found no significant correlations between empathy, nonpossessive warmth, genuineness, and positive psychotherapeutic outcome. The therapists' empathy ranges were from 1.8 - 8.0.

Beutler, Johnson, Neville, Workman, and Elkins (1973) studied the A-B therapy-type distinctions for accurate empathy, nonpossessive warmth, and genuineness with forty-nine adult clients. When scoring

scoring therapists on the Truax scale, they found no significant results relating empathy, genuineness, or nonpossessive warmth to positive psychotherapeutic outcome.

Garfield and Bergin (1971) used their own scale for empathy to evaluate therapists performance with thirty-eight adult clients. They found no correlation between positive psychotherapeutic outcome and empathy, unconditional warmth, and genuineness. This seems to suggest that perhaps more research is needed to validate their measurement scale.

Mintz, Luborsky, and Auerbach conducted a factor-analytic study of ratings of psychotherapy sessions with twenty-seven adult clients and found positive psychotherapeutic outcome to not be significantly correlated with empathy (1971).

Moos and MacIntosh (1970) conducted a multivariate study of the patient-therapist system of interaction and found empathy was influenced to a greater degree by the patient and the situation than by the therapist.

Beutler, Johnson, Neiville, and Workman (1972) studied psychotherapy sessions of fifty-four adult clients. The range of scored empathy vascillated from 1.0 - 9.0 on the Truax scale and they concluded that empathy does not correlate with positive psychotherapeutic outcome. Also, high conceptual level therapists (type B) showed no significant increase in empathy that related to diagnosis while low conceptual level counselors (type A) showed more empathy with schizophrenic clients than with neurotics.

Kimberline, Carole, Freisen, and DeLoss (1977) examined the effectiveness of different training approaches with one hundred and twenty high and low conceptual level trainees in counseling, and the effect of client ambivalence on empathic responding. Significant results found high conceptual level trainees to be more empathetic to ambivalent affect statements, while no difference was experienced by either groups to nonambivalent statements. Low structure training was proved to be more effective on certain measures with high conceptual level trainees, but not on empathic response measures.

Seigel (1972) found improvement among eight learning disabled children in both verbal and behavioral measures that was significantly correlated to time in play therapy and therapists' levels of empathy, warmth, genuineness, and nonpossessive warmth.

Mitchell, Truax, Bozarth, and Krauft (1973) studied seventy-five therapists, of whom ninety-five per cent had doctoral or medical degrees in psychology, that they solicited from the membership lists of the American Psychological and Psychiatric Association. Those who participated submitted taped interviews with one hundred and twenty clients who were predominantly white, sixty per cent were women, and all had been in therapy for a period of six months to one year. Interviews were scored for effectiveness and empathy. Results showed that therapists who were relatively higher in empathy scores were not more effective than therapists with lower scores, but all the therapists' scores fell below levels of minimal facilitative levels of empathy, warmth, and genuineness. Other findings revealed that the entire range of interpersonal interaction levels of therapists were superficial, and that

psychotherapy at best was only moderately effective. Only two per cent of the clients showed deterioration as a result of therapy, and low genuineness was correlated with low psychotherapeutic outcome.

Truax, Altmann, Wright, and Mitchell (1973) studied the therapeutic outcome of sixteen children. Results found minimal improvement with children in therapy as related to warmth, empathy, genuineness, and nonpressessive warmth of the therapist. Parents and therapists claimed greater levels of improvement, but an independent psychometrist's assessment of change failed to indicate significant levels of improvement as a function of either the therapy of the therapeutic conditions. Although parents perceived improvements as due to the facilitative conditions presented by therapists, significant results only found non-possessive warmth to be correlated with positive psychotherapeutic outcome.

LaMonica (1976) used the Carkhuff Index of Communication and the Carkhuff Empathy Scale to study the empathy levels of twenty-four nurses in training. Pretest measures indicated that all nurses had extremely low levels of empathy. After human relations training, findings indicated that the staff development program significantly raised levels of empathy, but more training was necessary to enable the majority of the nurses to reach minimal facilitative levels of empathy.

Rim (1974) studied two hundred and fifty male students (mean age 23) to find correlates of emotional empathy. Results show those scoring high in emotional empathy also scored high on measures of neuroticism, introversion, external control locus, and authoritarianism.

This group also perceived fewer difficulties with people of outgroups or minorities. When faced with a moral dilemma, they showed a higher degree of moral development, but their arguments for their choices were at a lower conceptual level of development than those scoring low on emotional empathy.

Bath (1976) studied forty-eight college students who underwent four conditions of empathy training: experiential, didactic, experiential and didactic, or no training. Results showed that the three training programs were equally more effective than the no training group. Students who were lower in empathy before training as determined by the Carkhuff Empathy Scale were significantly more effected by the didactic training program than were students who had scored higher on empathy before training. Students both high and low on empathy scores at pretraining were not differentially effected by either the experiential or the experiential and didactic training programs.

Heck and Davis (1973) generated data suggesting a client-therapist interaction effect on empathy, although therapists who were tested as high conceptual level expressed significantly higher levels of empathy with all clients across and within sessions.

Barnett (1971) found levels of empathy and genuineness to be significantly effected by three conditions. Significant results showed empathy to be effected by therapist-client similarity on measures of self-actualization, experimental manipulation of visual cuses in different interviews, and interview sequence.

Pierce and Schauble (1970) studied graduate training in facilita-tive conditions and the effects of individual supervision. Significant

results found that trainees whose supervisors functioned at high levels of interpersonal skills significantly increased their functioning. Conversely, trainees who had supervisors who functioned at low levels of interpersonal skills either did not change in their mode of functioning, or declined in their use of empathy.

Mitchell and Hall (1971) studied high and low facilitative therapists and frequency and type of confrontations used over time within the first therapy interview. Findings showed that high and low facilitative therapists confronted clients significantly differently over time in the initial interview. Within the first fifteen minutes, high facilitative therapists used more confrontations focusing on the client-therapist relationship, and within the first thirty minutes used more confrontations on client resources rather than pathology, and on client behaviors. Low functioning therapists used less confrontations altogether and used confrontations on client pathology. Levels of interpersonal skills and type and frequency of confrontations related significantly.

Collingwood (1971) investigated the retention and retraining of interpersonal communication skills with undergraduate students. Findings showed that the retraining of previously trained students increased their interpersonal skills usage to initial post-training peaks. Other significant results concluded that special training programs in interpersonal skills leads to increased levels of functioning, and level of trainee functioning increases in direct relation to trainee's level of interpersonal communication.

Mitchell, Bozarth, and Krauft (1977) conducted a reappraisal of the therapeutic effectiveness of accurate empathy, nonpossessive warmth, and genuineness with therapists. Findings suggest that high and low functioning therapists are differentially effected by client, situational, and other therapist factors, specifically mood. They concluded that the therapist's interpersonal skills may be more stable across clients with whom the therapist chooses to work and, therefore, increased emphasis should be placed on selection and matching processes of therapist and client. An increase in matching of client and therapist may increase psychotherapeutic effectiveness.

Duda (1976) conducted a comparative study on types and levels of empathy with practicing counselors, psychotherapists, students enrolled in a counseling course, and undergraduates in physical sciences. Four types of empathy were studied: additive empathy, emotional empathy, intentional empathy, and accurate empathy. An analysis of the four types of empathy found each type to be independent of the other types and to form separate constructs. In addition, therapists and students in counseling showed significantly more empathy than students in the physical sciences.

McIvroy (1976) tested twenty-four undergraduate males enrolled in a psychology course who were trained in one of three treatment groups: one receiving microcounseling training, one receiving micro-counseling training and empathy training via the Carkhuff human relations training, and the third group receiving a group therapy experience. Results showed the group receiving the group therapy experience to have significantly higher use of empathy than the other

two groups. Also, the training group receiving both microcounseling and empathy training showed significantly higher levels of discrimination of helping responses than the other two groups.

Travis (1977) studied one hundred and forty-seven counselors, ninety-two per cent of the total population of counselors employed by the Alabama Vocational Rehabilitation Service, for levels of empathic understanding and self-actualization. Comparisons were made between groups based on individual counselor's training. The groups represented were those with a bachelors degree in anything, those with a bachelors degree plus a work study experience in the field of counseling, those with a masters degree in rehabilitation counseling, those with a masters degree in counseling, and, lastly, those with a masters degree in any subject. Results found those counselors with a masters degree in rehabilitation counseling to be significantly higher in measures of empathy.

Abec (1976) divided ten therapists into two groups based on client's measures of their experiences in beginning and a later therapy session to test for levels of empathy. Using the Truax empathy scale, significant results viewed a variance in the therapist's level of accurate empathy as a function of client characteristics, while client's levels of experiencing remained somewhat stabilized over sessions.

Aldenbrand (1975) studied the effects of intuition, feeling, and similarity on predictive empathy using undergraduate females. Findings revealed that accurate empathy was facilitated to the greatest degree by persons reflecting intuitive and feeling orientations.

Kuckleburg (1974) conducted a comparison of the facilitative skills of twelve high-retention and low-retention psychotherapists. Results showed high patient-retaining therapists provided significantly higher levels of empathy, respect, and genuineness than low patient retaining therapists.

Zielinski (1973) studied the stage of ego development as a correlate of ability in discrimination and communication of empathic understanding with twenty-nine female and eleven male graduate students enrolled in a beginning counseling course that lasted twenty hours. Results indicate a high positive correlation existing between high ego levels and the ability to communicate empathy, as well as the ability to discriminate empathy.

Morrison (1975) studied the effects of videotape focused feedback on levels of facilitative conditions of twenty-four beginning graduate students enrolled in a counseling course. The subjects were divided into four experimental and four control triads and conducted counseling analogue sessions with videotaping and focused feedback. Results showed that videotape training and focused feedback produced higher levels of empathy, genuineness, and unconditional warmth than the control groups. Also, a linear upward trend was found in levels of empathy, genuineness, and unconditional warmth with an increase in number of practice sessions.

Gormally (1975) conducted research on the effects of videotape feedback in Carkhuff's human relations training with university under-graduates. Results showed the videotape and feedback groups showed significant increases in helper references to non-verbal behavior,

empathy, self-disclosures, and questioning techniques than controls.

This review covers some of the most recent research in the fields of facilitative conditions and, specifically, empathy. Many of these studies have been aimed at discovering what types of people, or counselors, have empathy. Others have looked at the means of teaching empathic skills to those who are low in facilitative skills, and still others have regarded the correlations between empathy and positive psychotherapeutic outcome. The next part of the review attempts to take a closer look at one aspect of counselors and psychotherapists, the individual's conceptual level, that is closely linked with empathy.

Conceptual Levels

The uniqueness of humankind as described by Von Uexkull (1957) portrays individuals in a relativity of time and development. Hyman (1964) states that after the naturalistic observation of psychological phenomena, one can only conclude that individuals develop in unique and ever-changing patterns. Developmental psychology as both a science and a philosophy has accumulated a wealth of knowledge in the fields of individual differences, learning, perception, and development.

Many important contributions to the aforementioned fields of psychology have been made by physicians, psychologists, teachers, and parents. Allport (1937, 1950, 1955) and Maslow (1968), in separate efforts, describe psychological functioning or becoming as developmental processes that reach peak experiences for true human living. The first developmental psychologist, Freud (1909), believed we rapidly

develop through stages that can be defined by association of body
parts and correlated personality characteristics (see Table 1). Many
theorists and psychologists have followed Freud's leadership in the
field of developmental psychology and devised their own stages for
development. Several of these theories will be covered below, but this
review is not to serve as a covering of all developmental theories.
Rather, this part is to serve as a brief review of some of the major
contributions to the field of development as a basis for regarding the
conceptual levels of clients and counselors as they may be matched
for psychotherapeutic positive outcome.

Loevinger (1977) completes a brilliant review of literature
covering the work from Freud to the present in the area of psycho-
logical development. Her own research portrays stages of ego develop-
ment ranging from birth to death in a constant flux of skills acquisition
and knowledge intake. The stages are hierarchical, and move from
dependence to autonomy (see Table 2).

The two most important contributions to the area of moral
development have been made by Kohlberg (see Loevinger, 1977; see
Table 3) and Piaget (1960, 1969). Piaget devised his theory from the
naturalistic observation of his own children and other children in
learning situations. Flavell (1963) describes this method of inquiry
as one that permits a child to move on his/her own intellectually,
and to display a cognitive orientation which is natural to him/her at
that period of development. Piaget purports that we learn in unique
developmental styles through the processes of assimilation and accommoda-
tion as the desire arises to resolve cognitive dissonance. Growth

TABLE 1

FREUD'S STAGES OF DEVELOPMENT

Stages	Ego Level	Characteristics
Oral - 1	principle pleasure derived from mouth	eating, biting, chewing, dependency, gullibility
Anal - 2	principle pleasure drived from anus	creativity, retention, control, stinginess, orderliness, decisiveness
Phallic - 3	principle pleasure derived from genitals	aggression, autoeroticism, sexual love for mother (boys), sexual love for father (girls), sexual awareness
Latency - 4	repression of impulses	bisexuality, low growth period psychologically, importance of social relationships, narcissism
Genital - 5	principle pleasure derived from procreation	sexuality reactivated during adolescence, socialization, future planning, reality-oriented, family, community activities, stability, security

TABLE 2

LOEVINGER'S STAGES OF EGO DEVELOPMENT

Stages	Ego Development	Characteristics
Presocial I-1	autistic, symbiotic	self vs. non-self
Impulsive I-2	receiving, dependent, exploitative	bodily feelings, especially sexual and aggressive
Self-protective	wary, manipulative, exploitative	self-protection, wishes, advantage, control
Conformist I-3	belonging, superficial niceness	appearance, social acceptability, banal feelings, behavior
Conscientious-Conformist I-3/4	aware of self in relationship to group, helping	differentiation of norms, goals formed
Conscientious I-4	intense, responsible, mutual	concern for communication, differentiated feelings, motives for behavior, achievement
Individualistic I-4/5	respect for individuality, dependence as an emotional problem	social problems, differentiation of inner from outer life
Autonomous I-5	respect for autonomy, interdependence	coping with conflicting inner needs, integration of physiological with psychological, self-fulfillment
Integrated I-6	cherishing of individuality	reconciling inner conflicts, renunciation of unattainable, identity, self-acceptance

between cognitive levels occurs as new material is presented that cannot be accommodated at the present cognitive level (see Table 4).

Several contributions have been made to the field of understanding development from an identity perspective of which two are Jackson's (1975a, 1976) developmental theory of black identity and Rama's (1976) developmental theory of seven centers of consciousness for yogis (see Table 5). Rogers (see Loevinger, 1977; see Table 6) purports a developmental model for self-identity and understanding that ranges from dichotomizing the world to viewing life as many faceted.

The last area of development that has been given a considerable amount of research and theorizing is learning. Neill (1960) indicates that learning is completed when it is a process that hits the individual at one's developmental stage. Bruner (1963) states that anything can be learned if it is presented at one's conceptual level. Studies covering the developmental acquisition of knowledge by children include Piaget (1960), Cannizzaro, Cecchini, and Musatti (1975), Marvin, Greenberg, and Massler (1976), Hayes-Roth (1975), and Louis (1977) to mention only a few. Studies showing significant findings for the developmental acquisition of knowledge for adults include Nelson and Chavis (1977), Mills (1974), Hayes-Roth (1977), and Harvey, Hunt, and Schroder (1961) as well as many others. This survey does not purport to cover all the studies that have contributed to the developmental theories of learning, but rather to provide a baseline for the research on conceptual levels as they pertain to the counseling environment.

TABLE 3

KOHLBERG'S STAGES OF MORAL DEVELOPMENT

Stages	Ego Development	Characteristics
Punishment and Obedience - 1	egocentricity, obedient, size equates power	no concept of duty or morality, value of life is confused with physical possessions
Naive Instrumental Hedonism - 2	advantageous, irre-sponsible, revengeful	eye-for-eye retaliation, follows rules to obtain rewards and favors, exercising one's rights
Good relations and Approval - 3	approval, conformity, sociability	importance of loyalty and social relationships, against evil, moral reciprocity, love for authority
Law and Order - 4	authority conforming, self with community, morality and religious order	distributive justice, guilt, justification of morals to situations, rigid role definitions, community awareness
Democratic Contract - 5	democratic, objectives for communality, humanitarianism	morality of contract and laws, punishment as re-habilitation, universal human rights
Individual Prin-ciples of Conscience - 6	principles of conscious-ness, duty, responsi-bility, idealism	maintenance of personal trust, accepting responsi-bility for actions, moral principles are universal axioms and act as base from which concrete rules arise

TABLE 4

PIAGET'S DEVELOPMENTAL SEQUENCES OF MORAL JUDGEMENT

Stages	Ego Development	Characteristics
Sensori-motor - 1	anomy	motor schemes, dependency, no conception of obligation
Preoperational - 2	egocentricity, imitation	arbitrary revenge, non-competition, rules, heteronomy
Concrete Operational - 3	cooperative, interest in winning, self-assertive	mutual agreement, restoring reciprocity, mutual respect
Formal Oper-ational - 4	interest in rules, philosophic	autonomy, integrated, codification of rules

TABLE 5

SEVEN BUDDHIST CHAKRAS

BODY PART	MEANING OF CENTER
7. Crown	7. Limitless Awareness
6. Eye	6. Intuition, Knowledge, Wisdom
5. Throat	5. Trust, Acceptance, Receiving
4. Heart	4. Nuturance, Love
3. Solar Plexus	3. Domination and Submission
2. Genital	2. Sexuality, Reproduction
1. Anal	1. Survival, Fear and Paranoia

The works in psychology and counseling that cover conceptual levels fall into three categories: those that cover theory, those that say matching conceptual level has no correlation with positive psychotherapeutic outcome, and those that state correlations of matching client and counselor conceptual levels with positive psychotherapeutic outcome.

Hunt (1974) believes we develop in stages of growth that can be evaluated by comparing systematized cognitions, and outlines assessment and research procedures for determining cognitive levels (Hunt, Greenwood, Nay, and Watson, 1973; see Table 7). Conceptual level has been described as a dimension of personality development indexing both cognitive complexity (differentiation, discrimination, and integration) and interpersonal maturity (self-responsibility) by Havey, Hunt, and Schroeder (1961). They describe low conceptual level persons as generally being relatively dependent on external standards, stimuli-bound, and categorical thinkers. High conceptual level persons are described as generally independent, act on internal standards, and are capable of generating new concepts and problem solutions.

Hunt (1974) specifically addresses the counseling environment in a paper presented at the Ontario School Counselor's Association meeting. He describes behavior as the function of the person and the environment where the behavior is the counseling outcome, the person is the client, and the environment is the psychotherapeutic approach. His conceptual level matching model suggests to vary the degree of environmental structure to match the client's conceptual

TABLE 6

ROGER'S PROCESS OF PSYCHOTHERAPY WITH EGO DEVELOPMENT

Stages	Ego Development	Characteristics
1	dichotomizes world, limited emotionality, impulsive	rigid personal constructs, external communication, linear thinking
2	irresponsibility, fatalistic, obedient, think in generalities	conformity to simplistic norms, quasi-physiological awareness, no desire to change, external problems, limited differentiation of meaning and feelings
3	self-consciousness, rudimentary self-aware-ness, self-criticism	acknowledging individual differences, multiplicity, thinking in alternatives, self-expression, self in relationship with others, recognition of contra-dictions
4	responsibility, chosing values and goals, differentiation of inner self	symbolization, differentia-tion of feelings, constructs, meanings; experience incongruities, control
5	world as paradox, causality, perception in differentiation of self with others	complexity in interpersonal relationships, self-acceptance, resolution of incongruities, ownership of feelings, desire for individuality
6	transcendence, communi-cation of feelings, spontaneous, intense, genuineness	feelings experienced with richness and immediacy, coping with inner conflicts, differentiated feelings
7	open-mindedness, views life as many faceted	ownership of changing feelings, trust, high tolerance for ambiguity, vivid emotions

TABLE 7

HUNT'S SCALE FOR CONCEPTUAL LEVELS

Level 1: The person many deny that he/she has a problem, be defensive and impulsive. The person may talk in a sequential, linear manner and only tell fragments of a story that are seemingly unconnected. The person is unable to define a problem or issues.

Level 2 The person acts in a conventional or oversocialized manner in order to conform. The person may have dichotomous thinking patterns, see issues in terms of bad and good, or black and white, and not be able to generate alternative ways of viewing and conceptualizing.

Level 3: The person is striving for independence in thinking and behavior and is open to various viewpoints and alternatives ideas. The person is receptive to new stimuli, but no attempt is made to integrate new information into problem-solving or decision-making, or the person's life.

Level 4: The person can view the issue or problem from many alternative viewpoints and fairly evaluate and consider all possibilities and choses the best solution. The person is an independent thinker and works from an internal locus of control, is able to commit him/herself to action in his/her life, and follows through on commitments.

level. High conceptual level clients will have more positive outcome in an unstructured environment and low conceptual level clients will prosper more in a structured environment. He suggests that at stage 1 (unsocialized) that the adult or counselor be accepting but firm. At stage 2 (dependent) the counselor can encourage autonomy, and at stage 3 (independent), the counselor can encourage empathy.

Bergin (1966) reanalyzed the data of seven psychotherapy outcome studies and concluded that in every study some of the treated clients improved and some deteriorated. Carson (1973) addressed the Bergin findings and concluded that a matching model was needed to counteract the deterioration effect of psychotherapy. He stated that beneficial outcome would come as an adjustment was made in the client's cognitive system. He theorized that most client's cognitive systems were usually poorly adapted to life's situations and that they needed new cognitive maps and counter-attitudinal advocacy to behave in accordance with a new conceptual level. He saw the therapist's task as one of conducting interactions with the client that would fail to provide confirmatory feedback in response to disorder-maintaining behaviors, and provide positive feedback to behaviors pertaining to new conceptual levels.

A few studies have served to deny the existence of any correlation between matching of conceptual level and achievement or positive psychotherapeutic outcome. These studies will be presented followed by the studies that suggest a positive effect for conceptual levels.

Dettling (1975) investigated personality and cognitive cor-
relates of learning counselor response categories with fifty-two under-
graduates enrolled in a counseling course. The subjects were
tested in intelligence, achievement, and personality measures, and
compared on conceptual levels. Results concluded that learning of
counseling theory and the characteristic patterns of those who learn
counselor response categories is not similar to that of either effective
counselors or academic achievers as previously mentioned in the
literature.

Gill (1976) used twenty graduate students in counseling to
investigate the relationship between cognitive mode or cerebral
dominance and success in a counseling practicum. Results show no
relationshp found between cognitive mode or cerebral dominance and
effective counseling.

Kuckleburg (1974) conducted an investigation of the comparison
of facilitative skills of high-retention and low-retention psycho-
therapists. For subjects he used six psychotherapists, four
psychiatrists, and two psychologists with doctorates and tested them
for the skills of empathy, genuineness, and respect as related to
retention of outpatients. Results showed high conceptual level
therapists to be low in levels of warmth, empathy, respect, and
genuineness. High patient-retaining therapists provided significantly
higher levels of empathy, respect, and genuineness, as well as did
therapists of middle conceptual levels.

Stein and Stone (1978) used Hunt's conceptual levels in a study
that assessed the impact of the conceptual level matching model within

a counseling situation that varied the counselor-offered degree of structure. Two treatment levels of counselor structure (high and low) were crossed with blocks of twenty-four male and twenty-four female students for a period of two forty-minute interviews. The high conceptual level matchings found significant support in the areas of self-awareness and satisfaction. Low conceptual level matching was supported in the areas of satisfaction and counselor helpfulness. They concluded that use of different behavioral outcomes and a flexible counseling style may influence positive psychotherapeutic outcome.

Berenson and Mitchell (1974) studied high and low functioning helpers and helpee level of self-exploration as a function of helper-offered conditions. Results showed that only three of thirteen clients seen by high conceptual level helpers engaged in relatively low self-exploration, whereas twenty-four of thirty-two clients seen by low conceptual level counselors measured low on self-exploration.

Kimberline, and Friesen (1977) studied the effects of client ambivalence, trainee conceptual level, and empathy training condition on empathetic responding with one hundred and twenty high and low conceptual level counselor trainees. High conceptual level trainees were found to be more empathic to ambivalent affect statements, while no difference was experienced by either high or low conceptual level trainees to nonambivalent statements. Low structure training was shown to be more effective on some measures, but not on empathic responding measures.

Bachman (1977) studied the conceptual levels and degree of structure matching in counseling analogues of twenty students in

counseling who were divided into groups with high and low structure for viewing videotapes. Significant results showed high conceptual level subjects were more effective in a low structured environment and low conceptual level subjects were more effective in a highly structured environment. Counselor comfort and client satisfaction were significantly higher for matched low conceptual subjects within a high degree of environmental structure, but not with high conceptual level subjects.

Beutler, Johnson, Neville, and Workman (1972) studied conceptual levels of fifty-four adults and the effect of accurate empathy in counseling sessions. Results showed that high conceptual level therapists showed no significant increase of empathy which related to client diagnosis, while low conceptual level therapists showed more empathy with schizophrenics than neurotics.

Rhodes (1975) used thirty-four undergraduates and thirty-four graduates enrolled in a counseling course to investigate the effect of the facilitative condition of rapport as it relates to client-counselor personality similarity. When subjects were matched for personality similarity and dissimilarity, results showed a significant relationship existed between correlated personality traits of similarity/dissimilarity in undergraduate students, but not in graduate students. Also, similarity and rapport correlated with client satisfaction in the initial counseling interview for all.

Gurman (1973b) produced results that stated that high functioning therapists had high scores on measures of empathy, warmth, and genuineness, and generally functioned at higher levels throughout

each counseling session than low functioning therapists. He postulated
that positive psychotherapeutic outcome depends on therapist's level
of functioning around crucial client issues.

Neufeldt (1976) studied the effects and interactions of client
cognitive levels and different counseling approaches. Eighty-one
subjects ranging in ages from fourteen to forty-three were tested for
conceptual level and placed in three cognitive groups that were
subsequently treated by nine therapists representing three treatment
groups of behavioral, Gestalt and insight, and controls. Results
showed low conceptual level clients rated higher on an adjective
differential measure of counseling sessions than did high conceptual
level clients. Also, all clients responded differently to counselors
than to non-counselors even when expectations predicted all conditions
to be counseling.

Zielinski (1973) studied stages of ego development as a correlate
of ability to discriminate and communicate empathy with twenty-nine
female and eleven male graduate students in a beginning counseling
course. Results show a relationship exists between subjects with high
ego levels and the ability to communicate and discriminate empathy.

Tessler and Polansky (1975) investigated their assumption that
the client will be positively verbally accessible if he/she thinks that
the interviewer is like him/herself. They used ninety-six female
university students as clients and manipulated similarity/dissimilarity
of counselors. Results show similarity between therapist and client
elicits more favorable relationship-centered judgements, although the
condition of dissimilarity led to greater verbal accessibility.

Anchor (1977) studied successful and unsuccessful psycho-
therapy outcomes in twenty-four therapy dyads at a multiuniversity
counseling center where they were analyzed according to client and
therapist personality integration. Results indicate that successful
outcome most frequently occurred when client and counselor were
high in personality integration. Failure was most frequent among
mixed sex dyads with discrepant personality integration differences.

Mitchell and Hall (1971) studied the type and frequency of
confrontation used over time in an initial therapy interview with
high and low facilitative therapists. Findings showed that high and
low facilitative therapists used confrontation significantly differently
over time. High facilitative therapists used more confrontations during
the initial fifteen minutes of a session and these focused on the
client/therapist relationship. Low facilitative therapists used less
confrontation and focused on client pathology. Within the first half
hour, high facilitative therapists used more confrontation than low
facilitative therapists and they focused on client resources and client
behaviors. Conclusions stated that levels of interpersonal skills and
type and frequency of confrontation were significantly related.

Rosenthal (1977) measured the effectiveness of Structured
Learning Training for teaching confrontation skills to fifty-six
counselor trainees who varied in conceptual levels. Findings showed
both self-instruction and standard implementation of the Structured
Learning Training were effective. Self-instruction was more effective
with high conceptual level trainees and guided instruction was more
effective with low conceptual level trainees in each treatment. Findings

suggest a multiple way of assessing counseling skills as well as multiple ways of instruction.

Collingwood (1971) retrained previously trained undergraduates in counseling skills and techniques to increase their interpersonal functioning to initial post-training peaks. Findings show special training programs in interpersonal skills lead to increased levels of interpersonal functioning. Also a relationship was found between level of trainee functioning increasing in relation to the trainer's level of interpersonal functioning.

Knefelkamp, Widick, and Stroad (1976) devised a cognitive-developmental theory of a matching model for women clients and prospective counselors. They consider a cognitive-developmental theory that provides a conceptual framework from which women view many aspects of the world and themselves. They outline a stage model that proposes a sequential process in which women move from the lower stages characterized by stereotypic thinking and a defensive sense of self to the upper stages delimited by cognitive complexity and a commitment built on a positive self-identity. Developmental counseling of women would involve challenge and support interventions to promote upward movement along the hierarchy with a greater emphasis on the proces than the content of the interview.

Mitchell, Bozarth, and Krauft (1977) studied the therapeutic effectiveness of accurate empathy, nonpossessive warmth, and genuineness with high and low functioning therapists. Results showed high and low functioning therapists are effected differently by clients, situational, and therapist mood factors. Therapist inter-

personal skills seem to be more stable across clients with whom the
therapist choses to work and, therefore, increased emphasis should
be placed on client and therapist matching for increased positive
therapeutic outcome.

Neufeldt, Zimmer, and Mayton (1977) investigated client
cognitive levels and varying counseling approaches with eighty-one
undergraduates, and adolescent and adult community residents.
Subjects were divided into three equal groups of low, medium, and
high conceptual levels, and assigned randomly to either behavioral or
insight therapy treatments. Results indicate that level of cognitive
functioning does not influence a client's reaction to counseling, but
significance was found for an interactional effect.

Harper (1967) studied some effects of diverse approaches with
high and low conceptual level clients. Positive psychotherapeutic
effects with matched techniques and clients were found in six areas.
Gaining of self-esteem was found to be most effective through the
use of non-directive, Rational Emotive Therapy, fantasy, and attending
counseling approaches. Low conceptual level clients were shown to
move into high conceptual levels over issues dealing with coping with
life's problems when they worked with high conceptual level counselors
who used psychoeducational counseling models and confratation.
Learning was most pronounced when using psychoanalytic,
reality, influencing, Rational Emotive Therapy, and transactional
analysis approaches. Increased levels of patience were produced when
using cognitive-developmental, learning theory, goal advisement, and
the experience of therapy as instruments. New conceptual levels were

attained through psychoeducation, R.E.T., Adlerian, and matching client and counselor conceptual levels. And emotions were more pronounced when using Gestalt, psychoanalysis, and talking therapies.

Hunt and Sullivan (1974) investigated a matching model used for educational research that matched client conceptual level with degree of environmental structure. Results showed high conceptual level subjects profit most from a relatively low structured environment and low conceptual level subjects profit most from a highly structured environment. High conceptual level subjects were found in most cases to be less effected by any variations in structure than low conceptual level subjects.

Bath (1976) studied the comparison of brief empathy training methods on forty-eight high and low functioning undergraduates. Subjects underwent either experiential, didactic, didactic/experiential, or no training. Results showed the three training programs were more effective than no training at raising interpersonal functioning levels. Subjects designated as low functioning before training were significantly more effected by the didactic training than those designated as high functioning. Both high and low functioning subjects were not differentially effected by the experiential and experiential/didactic programs.

Heck and Davis (1973) studied the differential expression of empathy by high and low conceptual level counselors. Data suggests a client-therapist interaction effect on empathy, although high conceptual level therapists were significantly higher in levels of empathy with all clients.

Rosenthal (1976) investigated matching trainee's conceptual level and various counselor education approaches with fifty-six undergraduates enrolled in a counseling course. Results showed self-instruction and guided-instruction were both effective as teaching modes. Guided-instruction was most effective with low conceptual level subjects and self-instruction was most effective with high conceptual level subjects.

C H A P T E R   I I I

METHODOLOGY

Subjects

Subjects were twelve males and eighteen females enrolled in a university counseling course. The ages of subjects range from twenty to forty-five years, twenty-six were single, and four were married. Of the married subjects, two had children. The population was comprised of twenty-five whites, four Hispanics, and one black, of whom twenty-six were purshing bachelors degrees and four masters degrees. (Tables of demographic factors in Appendix 1).

Assignment

Subjects were instructed to make a fifteen minute audiotape of a counseling interview prior to any classroom instruction. Then they were asked to transcribe the tape verbatim into a paper.

After fifteen weeks of classroom instruction (described below), subjects were asked to make an additional verbatim transcription of an audiotaped counseling interview. (Samples of interviews in Appendix 2.)

Both were initial interviews with different clients.

Classroom Instruction

Instruction was given for a period of fifteen weeks at three hours per week in the areas of counseling skills, psychological theories, and practice interviewing sessions using videotape.

The counseling skills taught were verbal following, focus, body language, closed questions, open questions, minimal encouragers, paraphrase, summarization, self-disclosure, interpretation, reflection of feeling, and directives. (Skill definitions in Appendix 3.)

The psychological theories taught were psychodynamic, existential-humanistic, behaviorism, transpersonal, decision-making, and problem-solving. (Syllabus in Appendix 4.)

Scorers

Scorers are two male graduate students and one female with a masters degree. The ages of the scorers were 28, 26, and 24.

A four day workshop was given for scorers in the areas of microcounseling, empathy, and conceptual levels. Practice sessions and instruction were given until a 95% inter-rater reliability was established. Instruction and practice sessions were held for eight hours per day: the workshop is outlined in Table 1. (Scorers training materials in Appendixes 3, 5, 6, 7, and 8.)

Scoring Measurements

The scorers were asked to score all interviews for eleven micro-counseling skills (See Table 8), five levels of empathy, and four conceptual levels.

The microcounseling skills are those described in Ivey and Gluckstern, Basic Attending Skills and Basic Influencing Skills, 1974 and 1976. (See bibliography for this and next two references.)

The empathy scoring was based on the five level Carkhuff, Scale for the Measurement of Accurate Empathy, 1969. (Definitions

TABLE 8

Microskills, Empathy, and Conceptual Level Workshop

I.   Overview of Research
            A. Purpose
                  1. Microskills
                  2. Empathy
                  3. Conceptual level
            B. Demographic factors
            C. Comparative analysis

II.   Microskills--Ivey and Gluckstern, Basic Attending Skills and
      Basic Influencing Skills, 1974 and 1976
            A. Overview of single skills approach
            B. Teach the following skills by explanation, demonstration,
                and practice:
                  1. Closed question
                  2. Open question
                  3. Minimal encourager
                  4. Paraphrase
                  5. Summarization
                  6. Reflection of feeling
                  7. Self-disclosure
                  8. Interpretation
                  9. Directives
                 10. Expression of content
                 11. Expression of feeling
            C. Practice scoring typescripts

III. Empathy--Carkhuff, Scale for the Measurement of Accurate
      Empathy, 1969
            A. Presentation of levels and scale
            B. Sample scoring and discussion
            C. Practice scoring levels
            D. Practice scoring typescripts

IV.   Conceptual Levels--Hunt, Scale for Conceptual Levels, 1973
            A. Presentation of levels and scale
            B. Characteristics and examples of levels
            C. Practice scoring typescripts

V.   Scoring Interviews--Miscroskills, Empathy, and Conceptual
      Level Scale
            A. Introduction to scoring sheet
            B. Practice using scoring sheet
            C. Scoring interviews

of levels in Appendix 6.)

The scoring for conceptual levels was derived from the four stage Hunt, Scale for Conceptual Levels, 1973. (Definitions of stages in Appendix 7.)

Scorers were asked to record answers on the Microskills, Empathy, and Conceptual Level Scale (See Appendix 8) at a rate of one complete set of scores per interview.

Scoring Procedures

The thirty subjects submitted one verbatim pre-test and one verbatim post-test counseling interviewing transcripts for a total of sixty interviews. Names were removed and numbers substituted on each protocol. Both pre- and post-test interviews were alternated for sex when determining groups for scoring.

The thirty pre-tests were divided into three groups from which ten therapist and ten client verbal interchanges were abstracted. To render the final transcripts for scoring uniform in number of interchanges, and because most interviews were much longer than ten interchanges, the ten client and therapist interchanges were taken from the beginning, middle, and end of the interviews. A random numbers table was used to determine the section abstracted.

The thirty post-test interviews were also divided in the same fashion as above, and also into three groups of ten therapist and client interchanges taken from the beginning, middle, and end. Caution was taken not to have raters score the same portions of the interviews that they rated in the pre-tests for each subject. Raters had no

knowledge, however, of which abstractions were from pre- or post-tests. These portions taken were systematically varied so that all interviews had two out of three sections scored. (See scoring groups in Appendix 9.)

All interview sections were pasted onto new paper, numbered for subject codes, and interchanges between therapist and clients were numbered from one to ten. (Sample interviews in Appendix 2.) All pre- and post-test interviews were randomly mixed together and then divided into three scoring groups labelled I, II, and III. (See Appendix 9.)

Each scorer was assigned two groups to rate. Rater 1 was assigned scoring groups I and II, rater 2 was assigned scoring groups II and III, and rater 3 was assigned scoring groups I and III. (See raters and scoring groups in Appendix 9.)

Each scoring group contained twenty abstracted sections from interviews, and these were placed in three separate folders with labels depicting the scoring group number. Folders were circulated between raters in a round robin fashion.

Raters were asked to number each score sheet (Microskills, Empathy, and Conceptual Level Scale) according to the scoring protocol numbers, and to record answers on the scoring sheet for the ten therapist and client interchanges for each subject in their scoring groups. Nine microskills were scored for therapists, two microskills for the client, five empathy levels for the therapist, and four conceptual levels for both therapists and clients. Each score sheet was individually totalled for each skill, empathy level, and conceptual level, and totals

were recorded on the bottom of each sheet. Because score sheets were completed by raters on two overlapping groups, total score sheets numbered one hundred and twenty. (Score sheets in Appendix 10.)

The two scoring sheets that were produced for each subject based on twenty interchanges for each of two conditions (pre- and post-tests) were averaged to produce a set of average pre-test scores and a set of average post-test scores for each subject. This resulted in twenty-four averaged pre-test and twenty-four averaged post-test scores per subject. (See Appendix 10.) These were the scores that were used to analyze the results of this research.

C H A P T E R   I V
RESULTS AND DISCUSSION

This reserach was formulated to test four hypotheses: 1) to demonstrate that counseling skills are acquired after microcounseling training, 2) to demonstrate that teaching counseling theories and skills can raise the conceptual levels of counselors in training, 3) to identify the levels of empathy produced by counselors and 4) to test if matching counselors and clients for conceptual levels will produce a greater level of positive psychotherapeutic outcome. This chapter reports the results of testing each hypothesis. Some discussion follows the presentation of results on each hypothesis and at the end of the chapter.

Are Counseling Skills Acquired After Microcounseling Training?

A two-tailed T-Test was used to determine if there was a significant increase in use of counseling skills between the pre- and post-tests of counselors and clients. Counselors were tested for changes in nine microskills. The nine microskills are: closed questions, open questions, minimal encouragers, paraphrase, summarization, reflection of feeling, self disclosure, interpretation, and directives. Clients were tested for changes in expression of feeling. The means, standard deviations, and probabilities for all tests are reported in Table 9. Results are presented for total group of counselors, male and female counselors, and clients.

The results indicate all counselors showed a significant increase in total use of microskills in the post-test. In addition, the total group used significantly fewer closed questions, more summarizations, and more directives.

No significant difference was found for counselors between pre- and post-test usage of open questions, minimal encouragers, paraphrasing, reflection of feeling, self disclosure, or interpretation. Clients had no significant increase in the post-test in their expression of feeling.

Males had a significant increase in total use of microskills on their post-tests. Males also had a significant increase in use of self disclosures and directives.

No significant difference was found between pre- and post-test scores for males in the usage of closed questions, open questions, minimal encouragers, paraphrasing, summarization, reflection of feeling, or interpretation. Clients had no significant increase in their expressions of feeling on post-tests when matched with male counselors.

Females had a significant increase in total use of microskills on their post-tests. Females also asked significantly fewer closed questions, and significantly more paraphrases, summarizations, and reflections of feeling.

No significant difference was found between pre- and post-tests scores for females in usage of open questions, minimal encouragers, self disclosures, interpretations, or directives. Clients had no significant increases on their post-tests in their expressions of feelings when matched with female counselors.

The total group, as well as the subdivisions of males and females, all had a significant increase in the usage of all microskills on post-tests. This demonstrates that microcounseling training increases the usage of microskills. Furthermore, males show an increase in usage of a different set of microskills than those employed by females. Males show an increase in the usage of the influencing skills, and females show an increase in the use of attending skills.

Even though the entire group of counselors used more microskills in the post-tests, this did not seem to have much influence on the clients' expressions of feeling.

The increase in all skills was shown on the counselors' typescripts in an overall increase of verbal statements and increased use of counseling skills. The significant increases in all counselors' use of fewer closed questions, more summarizations, and more directives was probably due to the instructors' teaching. During microcounseling training, students were encouraged to use fewer closed questions and more open ended questions. Also, students were asked to summarize at the end of each practice counseling session. Most of the counseling leads in the typescripts that were scored for directives consisted of counselor leads encouraging clients to participate in counseling exercises such as assertiveness training, the Gestalt "empty chair", or decision-making exercises that had been demonstrated and taught in class. The fact that the total group learned and later demonstrated these skills and exercises is a strong statement that microcounseling skills can be learned and used in counseling sessions.

These findings that microcounseling skills can be effectively

taught and significantly learned agree with the findings of Authier,
Gustafson, Guerney, and Kasdorf (1975). These findings support the
research of Donk (1972) and Ivey (1973) who found that micro-
counseling skills could be learned by inpatients in mental health
facilities. These findings agree with the findings of the research
of Chisolm (1977) who found that both graduate students and prisoners
could be taught and demonstrate helping skills after microcounseling
training, and Terrell (1977) who found a general increase in attending
behavior after microcounseling training with orientation leaders at
a university. These results are in agreement with the general findings
of Ivey and Authier (1971, 1978) that each microcounseling skill
can be taught effectively. These findings are also in concurrence
with the findings from the research of Rosenthal (1976) who found
that counseling students could demonstrate counseling skills after
training in Carkhuff's human relations training, and Rioch (1971) who
found similar results with the training of housewives.

Belle (1976) found that training graduate students in mico-
counseling produced significant increases in verbal responses which
is in agreement with this research. Other research in precisely what
skills are learned most effectively can be compared with this research
for some interesting similarities and differences.

Haase and DiMattia (1970) used microcounseling training with
paraprofessionals and found after training a significant increase in
usage of attending skills, reflection of feeling, and expression of
feeling. This agrees with my research findings in the total group
increases in attending skills, and specifically with my findings of

significant increases in use of fewer closed questions, and more para-
phrases, summarizations, and reflections of feelings by females. Their
findings of an increase in client expressions of feelings resulted
after clients were trained in expressing feelings, and that can explain
why they found a significant increase and my findings did not, as
there was no training of clients in my study. These findings are
also concurrent with the research findings of Ivey, Normington, Miller,
Haase, and Morrill (1968) who trained beginning counseling students
in microcounseling skills and found a significant increase in attending
behavior, reflection of feelings, and summarizations after training.

Arnold (1976) taught microcounseling skills to university students
and found significant increases in the use of open ended questioning
after training. If you consider that my results reported that the
total group plus females asked fewer closed questions, then you can
assume that of the questions asked, more were open ended. This
would put my results in agreement with Arnold's research.

Gormally (1975) found that undergraduate students training
in microcounseling demonstrated significant increases in use of self-
disclosures and questioning. My results would hold these findings
true, also, when compared with the total group results, and particularly
males with increased use of self disclosures.

Shea (1975) trained graduate students in counseling in micro-
counseling skills and found significant increases in the use of
confrontation and directives. My results also showed a significant
increase in males' use of directives as well as a total group increase
in the use of directives.

The only research I could find that pertained exclusively to females is the work of Sawyer (1973) who trained female human service undergraduates in microcounseling skills and found significant increases in total interviewer response content. My results for females also showed a significant increase in total use of micrcounseling skills.

The only research that I could find that was not supported by my findings was that of Mihalovich (1976) who trained undergraduate students in counseling in microcounseling skills and found a significant decrease in verbal responses. Since I took ten counselors statements for each pre and post-test, I did not calculate the entire number of counselors' responses for the entire counseling session to see if any differences occurred, and therefore, cannot compare my findings.

The overwhelming similarity of my findings with the research findings of others strongly suggests that counseling skills are acquired after microcounseling training. The amount of time spent training students in microcounseling skills in this study can support the work of Ivey, Carkhuff, and others who claim that paraprofessionals, and undergraduate and graduate students can be trained in a relatively short period of time to demonstrate use of counseling skills. This information is of great value to all who train people in the human services, psychiatry, clinical psychology, counseling psychology, social work, education, paraprofessionals, and civil servants of all kinds. Microcounseling has again been demonstrated as an effective method of teaching and acquiring counseling skills.

My research further delineated the skills that were learned

particularly by men and women which was a demographic factor not included in most of the previous research. I also investigated the differences in skills learned after microcounseling training using the demographic factors of race, age, whether or not students researched did or did not have children, and whether students had a bachelors or masters degree program. The numbers of subjects for each of these dimensions were so unequal, in regard to race, for example, or so few, as in regard to whether or not students had children, and I did not include those findings in this research. Future research in teaching and learning counseling skills could focus on these dimensions.

Does Teaching Counseling Theories and Skills Increase The Conceptual Levels of Counselors in Training?

A two-tailed T-test was used to determine if there was a significant increase in scores between pre- and post-tests for conceptual levels of counselors in training. Counselors were scored for four conceptual levels using Hunt's scale. The means and probabilities for all tests are reported in Table 10. Results are reported for the total group of counselors, males, and females.

The results for all counselors indicated a significant increase in conceptual levels after counseling training. In addition, females had a significant increase in conceptual levels on post-tests.

No significant increase in conceptual level was found in the post-tests of males after participating in counselor training.

Since all counselors showed a significant increase in conceptual levels in post-tests, this would indicate that teaching counseling

TABLE 10

Group	Test	Counselor Mean	Conceptual Probability	Level
Total	Pre	24.96		
			.001	
	Post	27.93		
Males	Pre	26.00		
			.149	
	Post	28.16		
Females	Pre	24.27		
			.001	
	Post	27.77		

theories and skills increases the conceptual levels of counselors in training. Females had a significant increase in conceptual levels while males did not. This would suggest that females learn more quickly, or are most influenced by training in counseling theories and skills than males, and that this training directly effects their conceptual levels. However, the sample may be too small to draw these conclusions, and there are an unequal number of males and females in the study (12 and 18 respectively) that may account for the differences. The results do not indicate whether there are real differences or similarities with regard to the sexes. They could be similar, for example, but the instrument failed to measure a significant difference for males even though it did for females.

The research findings here that generally show that teaching counseling theories and skills increase the conceptual levels of all counselors and, specifically females, support the theories of Allport (1955), Maslow (1968), Freud (1909), Loevinger (1977), Hunt (1974), Kohlberg (1977), Rogers (1977), Rama (1976), and many others who believe that developmental changes occur with education and new life experiences. More specifically, Piaget (1960, 1969) believes that learning occurs as a result of having cognitive material presented that can be accommodated to a new cognitive level. Following Piaget's theory, the counseling theories and skills as taught in the counseling course to students in this research can be viewed as new material presented, then accommodated, that resulted in an increase in cognitive levels of counselors studied. These research findings also agree with Bruner's theory (1963) that anything can be learned that is presented to a person at his or her appropriate cognitive level.

Harvey, Hunt, and Schroeder (1961) defined conceptual level as indexing cognitive complexity (differentiation, discrimination, and integration) and interpersonal maturity (self-responsibility). The findings of this research indicate that as students are taught counseling theories and skills, they demonstrate an increase in cognitive complexity and interpersonal maturity, two important attributes for aspiring counselors.

Rosenthal (1977) found similar findings to those reported in this study when measuring the effectiveness of teaching counseling theories and skills. Both self-instruction and standard didactic instruction showed significant increases in cognitive levels for counselors

the results of this research are directly opposed to the findings of Dettling (1975) who trained undergraduates in counseling in counseling theories and skills and found that the skills learned and used by students was not similar to those used and learned by effective counselors or academic achievers.

These results of this study can be of value to all who are engaged in the education of counselors, helping professionals and paraprofessionals, and civil servants of all sorts. These results support specifically that learning counseling theories and skills can result in increases in cognitive levels of all counselors in training, and particularly for women. Increase in cognitive levels of counselors should have a positive effect on client growth which will be discussed further and in more detail later in this chapter.

None of the other research reviewed, however, reported results specifically pertaining to men and women which could be pursued by future research in this area. As previously mentioned, the results obtained in this study regarding race, age, having children, and educational degree are not reported because of lack of a substantial or representational sample. Future research could also be conducted along these demographic lines to discover if the hypothesis purported here is supported or not.

What are the Empathy Levels Produced by Counselors Before and After Training in Counseling Theories and Skills?

A two-tailed T-test was used to determine if there was a significant increase in empathy levels between pre- and post-tests of counselors in training. The counselors were scored for five levels

receiving instruction in counseling theories and skills.

If you can consider increased levels of interpersonal functioning as almost the same dimension as increased cognitive levels, then this research supports the findings of Collingwood (1971). Collingwood retrained undergraduates in counseling in counseling theories and skills and found significant increases in interpersonal functioning as a result of training.

These research findings also concur with the research findings of Bath (1976) who trained high and low conceptual level undergraduates in systematic empathy training and found significant increases in students' levels of interpersonal functioning. The results of my research also showed significant increases for both high and low conceptual level students when trained in counseling skills and theories.

The course material for this research was composed of many different learning experiences including self-instruction, didactic, and experiential. The findings reported here agree with findings of research by Rosenthal (1976) who used counseling undergraduate students and matched conceptual level with counselor educational approaches. Results showed significant increases in conceptual levels with both guided and self-instructed counseling materials.

It is assumed here that an increase in interpersonal functioning or conceptual level is a desired characteristic for counselors or anyone in the human services. An increased level of interpersonal functioning or a higher conceptual level would be most facilitative for effectively working with a wider variety of clients and would increase the possibility for positive client and therapist relationships. Therefore,

of empathy using Carkhuff's Scale for the Measurement of Accurate
Empathy. The means and probabilities for all tests are reported in
Table 11. Results are presented for the total group of counselors,
males, and females.

The results for all counselors showed a significant increase for
post-tests in empathy levels after training in counseling theories
and skills. Also, females had a significant increase in empathy
levels on post-tests.

No significant increase in empathy levels was found for males
on post-tests after participation in counselor training.

Since all counselors showed a significant increase in empathy
levels on post-tests, this would suggest that teaching counseling
theories and skills would increase the empathy levels of counselors
in training. Females had a significant increase in empathy levels
while males did not. This would suggest that females were more
open to teaching that fostered empathy, and were more influenced
by training in counseling than males. Females seemed to choose
a more empathic counseling style than did males. Since males failed
to demonstrate any significant change on this dimension, the results
for all counselors seem to be most influenced by the results for
females.

The general theory suggested earlier in this research would
purport that an increase in empathy levels would be correlated with
positive psychotherapeutic outcome which would support the research
findings of Truax (1970), Mullen and Abeles (1971), Altman (1973),

Truax, Wittmer, and Wargo (1971), Truax and Wittmer (1971), Kurtz

and Brummon (1972), Bozarth and Rubin (1977), Burman (1973a),

and others. However, when examining the one measure of psycho-

therapeutic outcome, the lack of increase in client's expressions of

feelings, the results of this research would instead support the

research findings of those who found no correlation between empathy

and positive psychotherapeutic outcome. These researchers include

Sloane, Staples, Cristol, Yorkston, and Whipple (1975), Beutler,

Johnson, Neville, Workman, and Elkings (1973), Garfield and Bergin

(1971), Mintz, Luborsky, and Auerbach (1971), Beutler, Johnson,

Neville, and Workman (1972), and others too numerous to cite.

However dismal the results of this research are for increased

levels of psychotherapeutic outcome, they are offset by the remarkable

significance of how effective training in counseling skills and theories

can be in increasing empathy levels.

This research demonstrated that all counselors, and particularly

women, showed a significant increase in empathy levels after

participation in training in counseling theories and skills. These

results verify the research findings of Kimberline, Carole, Freisen,

and DeLoss (1977) who used different counselor training approaches

wih trainees in counseling and found significant increases in empathy

levels after training in all approaches.

LaMonica's research findings are supported by this research

also, as LaMonica found significant increases in nurse's empathy

levels after human relations training (1976). Gormally (1975) found

the same results when using human relations training with under-graduate students in counseling.

The significant results of increased empathy levels after the counseling training of this research agree with the research findings of Bath (1976), Collingwood (1971), and Morrison (1975). Bath used empathy training with college students and found significant increases in empathy levels after didactic and experiential training, which is similar to the way in which this course was taught. Collingwood found significantly increased levels of empathy and interpersonal functioning in undergraduates trained in interpersonal communication skills. Morrison found significant increases in counseling graduate students' levels of empathy after videotape and focused feedback training in counseling theories and skills. Videotape and focused feedback was also used in this research for training.

Also, both the significant increases in conceptual and empathy levels as reported by this research after training in counseling theories and skills would support the research findings of Zielinski (1973). Zielinski studied counseling graduate students and found a positive correlation between high ego levels (cognitive levels) and the ability to communicate empathy.

None of the other research reviewed, however, included the male/female dimensions included in this study. Future research in the area of increasing levels of empathy could be devoted to this area as the findings of this research indicate that males may differ from females.

As the only measure of psychotherapeutic outcome used in this study was that of client expressions of feeling, future research could also be aimed at identifying and using a measure of psychotherapeutic outcome that would be more indicative of the importance or lack of importance of empathy in the counseling relationship. More research could also be conducted on the effect of age, race, having children, and educational degree and the significant increases in empathy levels after training in counseling theories and skills.

These research findings should be of value to anyone engaged in the training, education, or inservice training of professional and paraprofessional mental health workers, civil servants, parents, teachers, and intake workers. Those who are interested in producing increased levels of empathy can be assured that quality training in counseling theories and skills will likely produce the desired results.

What Kind of Relationship Exists Between Conceptual Levels of Counselors and Conceptual Levels of Clients?

A two-tailed T-test and a multiple regression analysis were used to determine if a significant relationship existed between the pre- and post-test scores of counselors' and clients' conceptual levels using Hunt's Scale. The means and probabilities for all tests are reported in Table 11. Results are presented for the total group of counselors, and male and female counselors, and all clients of all counselors.

TABLE 11
MICROSKILL USAGE

GROUP	TEST	All Skills (Tot.)			Open?			Min Cu			Paraphrase			Summary			Reflec Feel			Self Dis			Interpr.			Directives			Enc lead		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p	M	SD	p
Total	Pre	15.9	3.7	.001	23.1	12.5	.001	9.3	4.5	.347	12.2	9.1	.549	1.2	2.5	.002	4.5	9.3	150	9.0	3.6	575	11.5	9.4	213	3.9	4.6	883	4.7	9.2	
	Post	15.5	4.4		21.5	12.1		7.3	2.9		13.3	7.9		3.7	3.7		5.1	4.4		6.7	5.9		13.5	7.9		7.1	9.5		5.4		
Males	Pre	14.0	4.3	.021	23.1	11.5	.203	4.3	4.5	.764	11.9	11.5	.549	2.9	4.4	171	7.9	7.3	237	3.9	5.5	052	10.9	7.6	554	1.3	2.4	482	4.7	1.0	
	Post	20.4	5.3		16.1	12.0		4.9	5.5		18.5	9.3		4.3	6.9		5.5	8.0		7.5	8.0		12.5	3.5		2.1	4.3		6.5	4.7	
Females	Pre	15.3	3.3	.019	33.3	13.4	.001	10.9	9.9	.356	8.7	6.9	.044	26.4	10.0	.001	3.0	4.0	001	9.9	3.7	213	11.5	5.7	266	3.7	5.5	111	2.9	3.5	
	Post	17.9	3.3		33.3	11.7		9.5	9.1		11.9	7.3		2.9	3.1		7.9	4.7		5.5	4.7		14.9	9.3		7.1	10.5		5.3	2.4	

M = Mean   SD = Standard Deviation   P = Probability

The results for all counselors and clients showed that as there was a significant increase in counselor's conceptual levels, clients' conceptual levels also significantly increased.

Males showed no significant increase in their conceptual levels on post-tests, but their clients did show significant increases in conceptual level on post-tests.

Females showed significant increases in their conceptual levels on post-tests, but their clients did not show significant increases in conceptual levels on post-tests.

Since all counselors showed a significant increase in conceptual levels as well as did their clients, this would suggest that as counselors increased their conceptual levels, clients were also effected to raises in conceptual levels. However, since males did not significantly raise their conceptual levels and their clients did, and females did significantly raise their conceptual levels and their clients did not, the total group findings do not seem to correctly reflect the relationships between counselors' and clients' conceptual levels. However, males started with higher conceptual levels than females, and therefore males had less of an increase in conceptual levels. Although males and females seem to differ in the post-test scores, they are both essentially ending the study in the same place. Perhaps if counselors and clients were matched for conceptual level likeness at the beginning of therapy, a truer reflection of the relationships existing could be obtained.

It also seems that clients are more influenced by male counselors than by female counselors, and that this influence is reflected in raises of conceptual levels of clients of male counselors. The counseling

training seems to have more of an influence on female counselors, but the training of all counselors seems to have more of an effect on all counselors than on all clients. This could be attributed to the fact that each counseling interview was an initial counseling session, and that there was no attempt made to train clients.

Since all counselors in this study had significant increases in both empathy and conceptual levels, this study would generally agree with the research of Gurman (1973a) who found that high functioning therapists had high levels of empathy. His results also found that positive psychotherapeutic outcome depends on a high level of therapist's functioning and a high level of empathy. My results also confirm the findings of Heck and Davis (1973) who found that high conceptual level therapists expressed significantly higher levels of empathy with all clients. Zielinski (1973) also found that there was a high correlation between high ego levels in graduate students in psychology and their ability to express empathy accurately. In later research, Burman (1973b) found additional results that therapists with high conceptual levels had significantly higher levels of empathy.

If my results concur with the above studies, then they also disagree with the findings of Kuckleburg (1974) who found that high conceptual level counselors were lower in empathy levels than low conceptual level counselors. However, the results for the high conceptual level males in this study would agree with Kuckleburg's findings.

Mitchell, Bozarth, and Krauft (1977) found that high and low conceptual level counselors use empathy differently. They also found

that both high and low conceptual level counselors use significantly more empathy with clients of their own choosing. This would be validated by the results of this study as all clients were chosen by the counselors for both pre- and post-tests.

Beutler, Johnson, Neville, and Workman (1972) found that high conceptual level counselors showed no significant increase in empathy levels when related to client diagnosis, while low conceptual level counselors showed more empathy with schizophrenics and neurotics. Although there were certainly no schizophrenic clients in this study, some of the differences found by Beutler, (et al) might explain the differences found in this study between the scores for males and females for empathy and conceptual levels.

Hunt (1974) found that high conceptual level clients have more poisitive psychotherapeutic outcome in unstructured therapy while low conceptual level clients have more positive psychotherapeutic outcome in structured therapy. These same results were found by several other researchers including Hunt and Sullivan (1974), and Bachman (1977). On the one measure of psychotherapeutic outcome that was used, increase in client's conceptual level, the discrepancies between the rise in conceptual levels of clients of males and no rise in conceptual levels of clients of females might be explained by this research. Since the males seemed to use more of the influencing skills in their counseling sessions, perhaps they provided more structure for clients, and this structure resulted in higher conceptual levels with their clients.

Harper (1967) found that low conceptual level clients made significant movement into higher conceptual levels when they worked in therapy with high conceptual level counselors. Since the males in this study were initially higher in conceptual levels than the females, Harper's research might explain why male's clients had significant increases in their conceptual levels.

None of the research reviewed here measures the dimensions of counseling responses from males and females, however, and future research in this area could focus more on these sex differences. Also, future research might focus on how male and female counselors structure either types of therapy sessions (structured or unstructured), and analyze the skills each group uses. More research could focus on the demographic factors of age, race, having children, and educational degree which are not reported here for lack of a substantial sample.

The data collected in this study can be of tremendous value to both the psychological educator and the practitioner. The educator can use curriculum in counseling theories and skills to raise skill usage, empathy levels, and conceptual levels. The practitioner can benefit from structuring the counseling sessions to best meet the needs of both low and high conceptual level clients to produce the most positive therapeutic outcome.

Correlation Matrices

Total group correlation matrices for pre- with pre-tests, pre- with post-tests, and post- with post-tests can be found in Appendix 12. Pearson Correlation Coefficients were used to compare

relationships between closed questions, open questions, minimal encouragers, paraphrase, summarization, counselor reflection of feeling, self disclosure, interpretation, directive, client reflection of feeling, counselor conceptual level, counselor empathy level, and client conceptual level.

Significant position and negative correlations for pre- with pre-tests and post- with post-tests, and some comparisons of pre- with post-tests follow.

Closed questions correlated positively with minimal encouragers and counselors conceptual levels, and negatively with paraphrase, summarization, and reflection of feeling on pre- with pre-tests. Open questions correlated positively with expression of feeling, and empathy level, and negatively with self disclosure. Minimal encourager correlated positively with client conceptual level, and paraphrase correlated positively with summarization and reflection of feeling. Summarization correlated positively with reflection of feeling and interpretation, and reflection of feeling correlated positively with expression of feeling and counselor conceptual level. Self disclosure correlated positively with interpretation and negatively with counselor conceptual level. Lastly for the pre- with pre-tests, counselor conceptual level correlated positively with empathy level and client conceptual level. A summary of these results can be seen in Table 12.

The majority of significant correlations for the post- with post-tests were positive with only a few negative correlations.

Minimal encouragers correlated positively with self disclosure and negatively with closed questions. Paraphrase correlated positively

TABLE 12

PRE-TESTS	WITH		PRE-TESTS	
Positive Correlations			Negative Correlations	

1.	Closed ? with Minimal Encourager	.047	1.	Closed ? with Paraphrase	.370
2.	Closed ? with Counselor Conceptual Level	.313	2.	Closed ? with Summarization	.315
3.	Open ? with Expression of Feeling	.351	3.	Closed ? with Reflection of Feeling	.379
4.	Open ? with Empathy Level	.334	4.	Open ? with Self Disclosure	.356
5.	Minimal Encourager with Client Conceptual Level	.472	5.	Self Disclosure with Counselor Conceptual Level	.403
6.	Paraphrase with Summarization	.521			
7.	Paraphrase with Reflection of Feeling	.613			
8.	Summarization with Reflection of Feeling	.443			
9.	Summarization with Interpretation	.372			
10.	Reflection of Feeling with Expression of Feeling	.602			
11.	Reflection of Feeling with Counselor Conceptual Level	.290			
12.	Self Disclosure with Interpretation	.541			
13.	Counselor Conceptual Level with Empathy Level	.817			
14.	Counselor Conceptual Level with Client Conceptual Level	.426			

with summarization and reflection of feeling, and summarization correlated positively with expression of feeling. Reflection of feeling correlated positively with interpretation and client conceptual level. Self disclosure correlated positively with interpretation, and directives correlated positively with counselor conceptual level. Empathy level correlated positively with counselor conceptual level, expression of feeling, and client conceptual level. Counselor conceptual level correlated positively with expression of feeling and client conceptual level. Expression of feeling correlated positively with client conceptual level. Lastly for the post- with post-tests, open questions correlated negatively with paraphrase and reflection of feeling. A summary of these results can be seen in Table 13.

Neither the positive nor the negative correlations for open and closed questions for pre-tests with pre-tests are surprising findings. Closed questions correlated positively with minimal encouragers, and they are often used together in common dialogue. Open questions correlated positively with expression of feeling and empathy level, and since most open questions are facilitative, this is not surprising. Also, many of the open questions used are, "How do you feel. . .", and are directed for feeling responses. It has also been cited earlier that empathy level is higher in facilitative therapists. Closed questions correlated negatively with paraphrase, summarization, and reflection of feeling and this makes sense because these are feedback skills that require the counselor to repeat back the client's statements and clients are not apt to ask closed questions, nor have them repeated back. Open questions correlated negatively with self disclosure, and

TABLE 13

POST-TESTS	WITH		POST-TESTS	
Positive Correlations	Corre-lations			Corre-lations
1. Minimal Encourager with Self-Disclosure	.443	1. Open ? with Paraphrase		.385
2. Paraphrase with Summariza-tion	.477	2. Open ? with Reflection of Feeling		.362
3. Paraphase with Reflection of Feeling	.353	3. Minimal Encourager with Closed ?		.316
4. Summarization with Expres-sion of Feeling	.506			
5. Reflection of Feeling with Interpretation	.397			
6. Reflection of Feeling with Client Conceptual Level	.348			
7. Self Disclosure with Interpretation	.348			
8. Directives with Counselor Conceptual Level	.451			
9. Empathy Level with Counselor Conceptual Level	.637			
10. Empathy Level with Ex-pression of Feeling	.572			
11. Empathy Level with Client Conceptual Level	.544			
12. Counselor Conceptual Level with Expression of Feeling	.464			
13. Counselor Conceptual Level with Client Conceptual Level	.547			
14. Expression of Feeling with Client Conceptual Level	.591			

since open questions are aimed at obtaining more information from the client, or are "client-centered", they would be less apt to be coupled with a self disclosure, or "counselor-centered" skill.

In the pre-tests with pre-tests paraphrase correlated positively with summarization and reflection of feeling, and summarization correlated positively with reflection of feeling. Paraphrase, summarization, and reflection of feeling are similar skills in that they are all feedback skills. Counselors who are apt to use one of these skills would probably use all three as a function of style. Indeed, all three skills could be used in the same counselor statement.

Reflection of feeling correlated positively with expression of feeling and counselor conceptual level in pre-tests with pre-tests. A counselor's reflection of feeling might very well elicit a client's expression of feeling as one feeling statement might lead to more feelings expressed altogether. In this case, it appears that clients were modeling counselors' behaviors. Also, higher conceptual level counselors reflect more feelings, and this also correlates positively with client conceptual level and empathy level increases.

Self disclosure correlated positively with interpretation for pre-tests with pre-tests, and these may have been used in a combination of skills. These are two influencing skills and a counselor apt to use one of the skills may also be prone to using the other skill. Self disclosure correlated negatively with counselor conceptual level and for pre-test results this makes sense as less experienced counselors would be more apt to use self disclosure as a skill. Since there was a rise in conceptual levels on post-tests, it follows that there was a decline in self disclosures.

In the post-tests with post-tests minimal encouragers correlated positively with self disclosure and negatively with closed questions. When using a minimal encourager, a counselor is personally agreeing with the client's last statement by giving minimal encouragement to proceed. Since this is an agreement, the counselor may very well use a self disclosure to emphasize client and counselor likeness and hence enhance the client/counselor relationship. Since a minimal encourager is a counselor agreement with the client, and a closed question is aimed at eliciting more information from the client, each skill focuses on a different approach to the client, so would probably not be used together.

Open questions correlated negatively with paraphrase and reflection of feeling in post-tests with post-tests. Open questioning is a skill that requests more information from clients, and paraphrase and reflection of feeling are both feedback skills, so they differ in approach to the client. Also, these skills may correlate negatively because counselors were taught not to use too many skills in combination in any one statement so they would not confuse clients on which lead to follow.

Paraphrase correlated positively with reflection of feeling, and summarization, and summarization correlated positively with expression of feeling in post-tests with post-tests. These are all similar skills that require counselor feedback and feeling responses, and the fact that counselor feeling responses are followed by client's feeling responses is no surprise. A counselor apt to use one of these skills would be apt to use all of the skills stylistically. Also,

a counselor's review of what has transpired can cause client's feelings to be expressed. When a client feels "heard", he or she is more apt to respond with shared feelings.

Reflection of feeling correlated positively with client conceptual level in post-tests with post-tests. Counselors who reflected feelings were more apt to have client responses that both gave more information and integrated this with feelings, and this scored as a higher conceptual level.

Self disclosure correlated positively with interpreation on post-tests with post-tests. Since these are both influencing skills, a counselor apt to use one would also be prone to using the other as a function of style.

Directives correlated positively with counselor conceptual level on post-tests. High conceptual level counselors were more adept at devising and implementing new counseling strategies, such as assertiveness training, the Gestalt "empty chair", dream analysis, etc.

Empathy correlated positively with counselor conceptual level, expression of feeling, and client conceptual level, and counselor conceptual level correlated positively with client conceptual level and expression of feeling on post-tests with post-tests. These are the same results that have been discussed earlier. Briefly, high conceptual level counselors also have higher levels of empathy, and elicit more client feeling responses. Clients are more apt to share feelings with counselors when they feel they are listened to by an empathic counselor. Also, clients may model counselors, and therefore reflect increases in conceptual level when counselors have an increase in conceptual level.

Expression of feeling correlated positively with client conceptual level on post-tests with post-tests. This makes sense as when the client's conceptual level raises, the client would be more apt to express and integrate feelings.

More attending than influencing skills had positive correlations on both pre- with pre-tests and post- with post-tests. These skills may have been easier to learn, or the counselors knew them before they participated in the course. Many of the attending skills correlate with each other, too. Counselors may have found these skills the most useful.

The positive correlations that showed up on both the pre- with pre-tests and the post- with post-test were paraphrase with summarization, paraphrase with reflection of feeling, self disclosure with interpretation, and counselor conceptual level with client conceptual level. Paraphrase, summarization, and reflection of feeling are all similar feedback skills that are probably used by counselors who would use any one of the skills. The training in this study taught counselors to be "client-centered", and this is reflected in the skills used. Self disclosure and interpretation are both influencing skills, and, therefore, would likely also be used by counselors who chose an influencing style. A counselor's conceptual level seems to have a great effect on the client's conceptual level as discussed earlier. This may prove valuable for future research in matching counselors and clients for maximum positive psychotherapeutic outcome.

Summary

Findings for all counselors showed significant increases in total use of microskills, summarizations and directives, and the use of significantly fewer closed questions. Counselors had a significant increase in conceptual level after training in counseling theories and skills, although most of the significance seems attributable to changes in female counselors. Empathy level also increased significantly after counselor training, although most of the significance here is also attributable to changes in female counselors. When there was a significant increase in all counselors' conceptual levels, there was also a significant increase in all clients' conceptual levels. These results overwhelmingly show that all counselors were influenced in some ways by training in counseling theories and skills.

Males had a significant increase in total use of microskills, and in the use of self disclosure and directives. Although no significant increase was found in males' empathy levels or conceptual levels, males significantly increased the conceptual levels of their clients.

Females had a significant increase in use of all microskills, paraphrases, summarizations, and reflections of feeling, and also asked significantly fewer closed questions. A significant increase was found for female counselors in both conceptual levels and empathy levels. Although females had a significant increase in their conceptual levels, their clients did not show a significant increase in conceptual levels.

Clients had no significant increases in reflecting their feelings with all counselors, males, or females. All clients showed a significant

increase in conceptual levels with all counselors, and with male counselors being associated with the greatest gains.

The results suggest that training counselors in theories and skills can greatly benefit aspiring counselors by increasing skill usage, and raising empathy and conceptual levels.

Limitations of this Research

The limitations of this research are:

1. The fairly small sample of 30 counselors and 60 clients.

2. There is no control of other learning experiences that counselors may have had during the semester when they were being trained in counseling theories and skills.

3. There is no matching of counselors and clients before therapy for conceptual levels.

4. The counseling sessions are all initial interviews.

SUMMARY

This study investigates the effectiveness of training university students in theories and techniques of counseling. It tests whether counseling skills are learned after microcounseling training, and seeks to determine if the conceptual and empathy levels of training counselors can be raised by teaching counseling theories and skills.

For those involved in the education of psychotherapists, training counselors is an important and prodigious task to ensure that client growth and development occur, as opposed to regression or harm. As many different training modes have been developed as there are differing theories of psychology. Some of the more widely used programs include experiential workshops as those developed by Perls, Hefferline, and Goodman (1965), t-group training (Argyris, 1964), self-help training for professionals and lay people, (Harris, 1967), and Adler (1927) in parent and family groups, psychoeducational models like those developed by Ivey and Gluckstern (1974, 1976), and Carkhuff (1971, 1972), and mystical experiences like those taught by Baba Ram Dass (1970) and yogi Paramahansa (1946). Rogers first opened the counseling interview to supervision via videotape. Ivey and Authier (1978) have reviewed over 150 data based research studies on microcounseling alone. In fact, a great deal of literature

has dealt with defining theory and recommending techniques, but little research has been generated on the effectiveness of training and teaching (Gurman and Razin, 1977). This study provides information on the psychoeducational model of microcounseling training, and how these skills and techniques are learned by students in counseling.

There is also a need for counselor trainers to examine courses in counseling and therapy, and the course's impact on students. Therefore, the purpose of this study was to investigate the effectiveness of training university students in theories and techniques of counseling. Specifically, this study was designed to: 1) examine what counseling skills are acquired after microcounseling training, 2) examine which teaching counseling theories and techniques can raise the conceptual levels of counselors in training, 3) identify the empathy levels produced by high and low conceptual level counselors and clients, and 4) test if matching counselors and clients for conceptual levels will produce a greater level of positive psychotherapeutic outcome.

METHOD

Subjects were twelve males and eighteen females enrolled in a university counseling course who volunteered to participate in the study. Subjects ranged in age from twenty to forty-five years, of whom four were married, and two of these had children. The population consisted of twenty-five whites, four Hispanics, and one Black.

Subjects were asked to make a fifteen minute audiotape of an initial counseling interview prior to any instruction in counseling skills and techniques. They were also asked to transcribe this audiotape verbatim. After fifteen weeks of classroom instructions in counseling theories and techniques, subjects were asked to make an additional fifteen minute audiotape of an initial counseling interview with a different client, and to again transcribe this interview verbatim. This technique has proved to be a useful learning exercise for the students as they see their pre-course interviewing style and any changes that may occur during the term. These papers were used as pre- and post-tests for the purpose of analysis.

Classroom instructions in psychological theories, counseling skills, and practice interviewing sessions using videotape were given for a period of fifteen weeks at three hours per week (Ivey and Simek-Downing, 1980).

The counseling skills taught were the microtraining skills of verbal following, focus, body language, closed questions, open questions, minimal encouragers, paraphrase, summarization, self-disclosure, interpretation, reflection of feeling, and directives. No direct instruction in empathy was provided. The theories taught were psychodynamic, existential-humanistic, behaviorist, gestalt, RET and transpersonal.

Pre- and post-tests were classified by three raters who were two male doctoral students, and one female with a masters degree. A four day workshop was given for scorers in the areas of micro-counseling, empathy, and conceptual levels. Practice sessions and

instruction were given until a 95% inter-rater reliability was established. The raters were asked to score all pre- and post-tests for eleven microcounseling skills, five levels of empathy, and four conceptual levels.

The scales used for scoring microcounseling skills are those described in Ivey and Gluckstern (1974, 1976), Basic Attending Skills and Basic Influencing Skills. The empathy scoring utilized the Carkhuff Scale for the Measurement of Accurate Empathy (1969). The scoring for conceptual levels was based on Hunt's Scale for Conceptual Levels (1973).

All pre- and post-tests were randomly mixed and then divided into three groups. The thirty pre-tests and the thirty post-tests were divided into three groups from which ten therapists and ten client verbal interchanges were abstracted. Ten client and therapist interchanges were taken from the beginning, middle, and end of the interviews using a random numbers table to determine which section would be abstracted. Scorers had no knowledge of which counselor-client interactions were from pre- or post-tests, and caution was taken not to have raters score the same portions of pre- and post-tests. The portions of interviews used were systematically varied so that each subject had two out of three sections of both interviews scored.

Two-tailed- T-tests were used to determine 1) if there was a significant increase in the use of microskills between pre- and post-tests of counselors, and on the one measure of client microskill

usage, 2) if there was a significant increase in scores between pre-
and post-tests for conceptual levels for counselors in training, 3) if
there was a significant increase in empathy levels between pre- and
post-tests of counselors in training, and 4) if there was a significant
relationship between pre- and post-test scores of counselors' and
clients' conceptual levels.

A multiple regression analysis was used to determine the
relationship between counselors' and clients' pre- and post-tests of
conceptual levels. Three correlation matrices were used to compare
the total group scores for pre- with pre-tests, pre- with post-tests,
and post-with post-tests. Pearson Correlation Coefficients were used
to compare the relationships between closed questions, open questions,
minimal encouragers, paraphrase, summarization, counselor reflection
of feeling, self-disclosure, interpretation, directives, client reflec-
tion of feeling, counselor conceptual level, counselor empathy level,
and client conceptual level.

FINDINGS

Findings for all counselors showed significant increases in total
use of appropriate microskills after training in counseling theories
and techniques. Empathy level also increased significantly after
counselor training. When there was a significant increase in all
counselors' conceptual levels, there was also a significiant increase
in all clients' conceptual levels. These results overwhelmingly show
that all counselors were influenced positively by training in counseling
theories and techniques. (see Table 14).

TABLE 14

Summary Chart of Findings

Measurement	Group	Test	Mean	Probability
Microskill Usage		(All Skills) Pre	15.6	
	Total			.001
Microskill Usage		Post	18.9	
		Pre	16.0	
	Males			.021
Microskill Usage		Post	20.4	
		Pre	15.3	
	Females			.019
		Post	17.9	
Counselor Conceptual Levels		Pre	24.96	
	Total			.001
Counselor Conceptual Levels		Post	27.93	
	Males	Pre	26.00	.149
		Post	28.16	
Counselor Conceptual Levels		Pre	24.27	
	Females			.001
		Post	27.77	
Client Conceptual Levels		Pre	23.80	
	Totals			.045
		Post	26.53	
Client Conceptual Levels		Pre	20.17	
	Males			.005
		Post	24.82	
Client Conceptual Levels		Pre	20.97	
	Females			.202
		Post	21.80	
Counselor Empathy Levels		Pre		
	Total			.028
		Post	31.40	
Counselor Empathy Levels		Pre	29.50	
	Males			.577
		Post	30.33	
Counselor Empathy Levels		Pre	28.94	
	Females			.024

This research was designed to test four hypotheses: 1) to demonstrate that counseling skills are acquired after training in microcounseling skills, 2) to demonstrate that teaching counseling theories and skills can raise the conceptual levels of counselors in training, 3) to identify the levels of empathy produced by counselors before and after counselor training, and 4) to test if matching counselors and clients for conceptual levels will produce a greater level of positive psychotherapeutic outcome. The specific results for these hypotheses follows.

All counselors showed a significant increase in total use of microskills in the post-test. In addition, the total group used significantly fewer closed questions, and significantly more summarizations and directives. Males had a significant increase in total use of microskills, as well as significant increases in use of self-disclosures and directives. Females had a significant increase in total use of microskills, paraphrases, summarizations, and reflections of feelings, and they asked significantly fewer closed questions.

The results for all counselors showed a significant increase in conceptual levels after counselor training. In addition, females had a significant increase in conceptual levels on post-tests. No significant increase in conceptual levels were found for males after participating in counselor training.

The results for all counselors showed a significiant post-test increase in empathy levels for counselors in training. Also, females had a significant increase in post-test scores of empathy. No

significant increase in post-test empathy scores were found for males.

The results for all counselors and clients showed that as there was a significant increase in counselors' conceptual levels, clients' conceptual levels also significantly increased. Males showed no significant increases in their conceptual levels on post-tests, but their clients showed significant increases in conceptual levels on post-tests. Females showed significant increases in their conceptual levels on post-tests, but their clients did not show significant increases in conceptual levels on post-tests.

DISCUSSION

The global findings of this research show that counseling skills are learned after training in counseling theories and techniques, conceptual levels of counselors in training are raised after participation in a counselor training program, and empathy levels are increased in counselors after counselor training. Also, the results show that as there is a significant increase in counselors' conceptual levels, there is also a significant increase in clients' conceptual levels.

However, since males did not significantly increase their conceptual levels and their clients did, and females did significantly increase their conceptual levels but their clients did not, the total group findings for matching counselors' and clients' conceptual levels do not seem to correctly reflect the relationships between counselors' and clients' conceptual levels. These results might be better understood by noting that males started the study with higher conceptual levels than did females, and, therefore, males had less of an increase

in conceptual levels. Although males and females seem to differ in the post-test scores on conceptual levels, they are essentially ending the study in the same place. Perhaps if counselors and clients were matched for conceptual level likeness at the beginning of the study, a truer reflection of the existing relationships could be obtained.

It is also interesting to note that this study showed males to learn different microskills than did females. Specifically, the males in the study showed a significant increase in the use of influencing skills, and the females showed a significant increase in the use of attending skills. This is more apt to be attributable to basic differences between the personalities of males and females, as no set of skills was taught as being more valuable than the other.

Females had a significant increase in conceptual levels while males did not. This would suggest that females learn more quickly, or are more influenced by training in counseling theories and techniques than are males, and that this training directly influences their conceptual levels.

Females had a significant increase in empathy levels while males did not. This would suggest that females were more open to teaching that fostered growth in empathy, and that females were more influenced by training in counseling theories and techniques than were males. Females seemed to choose a more empathic counseling style than did males, and this was also substantiated by females' increased use of the attending skills and the males' increased use of influencing skills. Since males failed to demonstrate any significant change on

this dimension, the results for all counselors on empathy seem to be most influenced by the results for females.

The overwhelming similarity of my findings with the research of others strongly suggests that microcounseling skills are learned and acquired after microcounseling training. These findings that microcounseling skills can be acquired after microcounseling training agree with the findings of Authier, Gustafson, Guerney, and Kasdort (1975), Donk (1972), Ivey (1973), Chisolm (1977), Terrell (1977), Ivey and Authier (1977, 1978), Rosenthal (1976), Rioch (1971), and others. The results of this study particularly agree with the research findings of Haase and DiMattia (1970) in regards to increased usage of attending skills, and of Ivey, Normington, Miller, Haase, and Morrill (1968) who found increased usage of attending skills and summarizations. The findings of this study also agree with the research of Arnold (1976) who found significant increases in the use of open questions, Gormally (1975) who found significant increases in the use of self-disclosures, Shea (1975) who found significant increases in the use of directives, and Sawyer (1973) who found significant increases in females use of microskills.

The research findings of this study show that teaching counseling theories and techniques can increase the conceptual levels of counselors in training. This would generally support the developmental theories of Allport (1955), Maslow (1968), Freud (1909), Loevinger (1977), Hunt (1974), Kohlberg (1977), Rogers (1977), Rama (1976), and others who believe that education can cause developmental growth. It specifically agrees with the research findings

of Rosenthal (1976, 1977), and Bath (1976) who found that cognitive functioning significantly increased after students participated in counselor training.

The research findings of this study show that training in counseling theories and techniques significantly increases the empathy levels of counselors in training. These results agree with the research findings of Kimberline, Carole, Freisen, and DeLoss (1977), LaMonica (1976), Gormally (1975), Bath (1976), Collingwood (1971), Morrison (1975), and others who found significant increases in empathy levels after counselor training in counseling theories and techniques. These research results specifically agree with the research findings of Zielinski (1973), who found a positive correlation between high ego levels (cognitive levels) and the ability to communicate empathy.

The research findings of this study show that as counselors' conceptual levels are raised, so are the conceptual levels of clients. This would agree with the research findings of Harper (1967), and others who found that low conceptual level clients made significant movement into higher conceptual levels when they worked with high conceptual level counselors.

The results of this study can be an inspiration to aspiring counselors as well as a sigh of relief for those engaged in counselor training. Those who are studying to be counselors or psychologists can be reassured that all the time, effort, and stamina required for an educational degree can be worthwhile. The theories and skills being learned will be of direct benefit to them as they will, or can,

increase their usage of counseling skills, grow intellectually, become more empathic, and have a better set of human relations skills. For those engaged in counselor training, these research results can reassure that education can take place, knowledge can be imparted, and all this can happen in a relatively short period of training time.

However positive these research findings are, there are also many questions left unanswered. Future research could explore the seemingly important male and female differences that emerged along all the measures used in this study. Also, future research could focus on other demographic factors not included in this study because of too small of a representation such as, race, age, marital status, whether or not the subjects have children, educational degree, etc. Also, future research could be aimed at identifying and using a measure of psychotherapeutic outcome that would be more indicative of the importance or lack of importance of empathy in the counseling relationship. It might also be interesting to investigate how males and females structure their therapy sessions (structured vs. unstructured). Finally, more research could be done on the effects of matching counselors and clients for conceptual levels before therapy, and then determining the psychotherapeutic outcome of this matching.

increase their usage of counseling skills, grow intellectually, become more empathic, and have a better set of human relations skills. For those engaged in counselor training, these research results can reassure that education can take place, knowledge can be imparted, and all this can happen in a relatively short period of training time.

However positive these research findings are, there are also many questions left unanswered. Future research could explore the seemingly important male and female differences that emerged along all the measures used in this study. Also, future research could focus on other demographic factors not included in this study because of too small of a representation such as, race, age, marital status, whether or not the subjects have children, educational degree, etc. Also, future research could be aimed at identifying and using a measure of psychotherapeutic outcome that would be more indicative of the importance or lack of importance of empathy in the counseling relationship. It might also be interesting to investigate how males and females structure their therapy sessions (structured vs. unstructured). Finally, more research could be done on the effects of matching counselors and clients for conceptual levels before therapy, and then determining the psychotherapeutic outcome of this matching.

REFERENCES

REFERENCES

Abec, J. Therapist level of accurate empathy: A dyadic variable. Illinois Institute of Technology dissertation. Dissertation Abstracts International. 36: (12-B, Pt. 1), 6366, June 1976.

Adler, A. The Practice and Theory of Individual Psychology. New York: Harcourt, 1927.

Aldenbrand, M. The effects of intuition, feeling, and similarity on predictive empathy. Michigan State University dissertation. Dissertation Abstracts International. 36: (1-B), 487, July, 1975.

Allport, G. Personality: A Psychological Interpretation. Cambridge, Mass.: Addison-Wesley, 1950.

Allport, B. Becoming: Basic Consideration for a Psychology of Personality. New Haven: Yale University Press, 1955.

Altmann, H. Effects of empathy, warmth, and genuineness of the initial counseling interview. Counseling Education and Supervision. 12: 225-228, 1973.

Anchor, K. Personality integration and successful outcome in individual psychotherapy. Journal of Clinical Psychology. 33 (1): 245-246, January 1977.

Andes, D. An evaluation of a couples' relationship-building workshop: the use of video and small group feedback in teaching communication skills. Unpublished dissertation. Amherst: University of Massachusetts, 1974.

Argyris, C. T-Group Theory and Laboratory Method. New York: Wiley and Sons, 1964.

Arnold, W. Effectiveness of microcounseling as a supervisory model for teaching interviewing skills. N. Texas State University dissertation. Dissertation Abstracts International. 37: (6-A), 3506, December 1976.

Authier, J., Gustafson, K., Guerney, B., and Kasdorf, J. The psychological practitioner as a teacher: a theoretical-historical and practical review. The Counseling Psychologist. 5: 31-50, 1975.

Baba Ram Dass, The Only Dance There Is. New York: Doubleday, 1970.

Bachman, K. Conceptual level and degree of structure matching in counseling analogues. Dissertation Abstracts International. 37: 5821-5822, May, 1977.

Bachman, T. The development of a checklist for the assessment of the core conditions scales for empathy, warmth, and genuineness. Dissertation Abstracts International. 37 (8-A), 4852, February 1977.

Barnett, L. The effects of silent communications upon counseling processes: an experimental study. University of Missouri dissertation. Dissertation Abstracts International. 31, 6336A, 1971.

Bath, K. Comparison of brief empathy training methods. Perceptual and Motor Skills. 43 (3, Pt. 1), 925-926, December, 1976.

Belle, R. The effects of microcounseling on attending behavior of counseling trainees. Lehigh University dissertation. Dissertation Abstracts International. 37: (5-A), 2626, November 1976.

Berenson, B., and Mitchell, K. Confrontation: for Better or Worse! Amherst, Mass.: Human Resource Development Press, Inc., 1974.

Bergin, A. Some implications of psychotherapy research for therapeutic practice. Journal of Abnormal Psychology. 71: 235-246, 1966.

Bergin, A., and Garfield, S. Handbook of Psychotherapy and Behavior Change. New York: Wiley, 1971.

Bergin, A., and Solomon, S. Personality and performance correlates of empathic understanding in psychotherapy. In Thomlinson, T., and Hart, J. New Directions in Client-Centered Therapy. Boston: Houghton-Mifflin, 1970.

Beutler, L., Johnson, D., Neville, C., and Workman, S. 'Accurate empathy' and the A-B dichotomy. Journal of Consulting and Clinical Psychology. 38: 372-375, 1972.

Beutler, L., Johnson, D., Neville, C., Workman, S., and Elkins, D. The A-B therapy-type distinction, accurate empathy, non-possessive warmth, and therapist genuineness in psychotherapy. Journal of Abnormal Psychology. 82: 273-277, 1973.

Bizer, L. Parent program in behavioral skills. Unpublished manual. Amherst: Amherst Regional Public Schools, 1972.

Bozarth, J., and Rubin, S. Empirical observations of rehabilitation counselor performance and outcome: some implications. Rehabilitation Counselor Bulletin, 1977.

Bruner, J. The Process of Education. New York: Random House, 1963.

Cannizzaro, L., Cecchini, M., and Musatti, T. Operations and code in the operational growth of the child. Archivio di Psicologia, Neurologia, e Psichiartria. 36 (1): 25-49, January-February, 1975.

Carkhuff, R. Training as a mode of treatment. Journal of Counseling Psychology. 18: 123-131, 1971.

Carkhuff, R. The Art of Helping: A Guide for Developing Skills for Parents, Teachers, and Counselors. Amherst, Mass.: Human Resources Development Press, 1972.

Carkhuff, R. The Art of Helping: An Introduction to Life Skills. Amherst, Mass.: Human Resources Development Press, 1973.

Carkhuff, R. Helping and Human Relations: A Primer for Lay and Professional Helpers. (2 vols.) New York: Holt, Rinehart and Winston, 1969.

Carkhuff, R., and Pierce, R. The Art of Helping: An Introduction to Life Skills--Trainer's Guide. Amherst, Mass.: Human Resources Development Press, 1975.

Carson, R. A conceptual approach to the problem of therapist-client matching. In Linder, D. Psychological Dimensions of Social Interaction: Readings and Perspectives. Reading, Mass.: Addison-Wesley, 1973.

Cartwright, R. Psychotherapeutic process. Annual Review of Psychology. 19: 387-416, 1968.

Chishom, A. Some effectes of systematic human relations training on offenders' ability to demonstrate helping skills. University of Georgia dissertation. Dissertation Abstracts International. 37 (8-A): 4857, February 1977.

Collingwood, T. Retention and retraining of interpersonal communication skills. Journal of Clinical Psychology. 27: 294-296, 1971.

Dettling, M. Personality and cognitive correlates of learning counselor response categories. University of Utah dissertation. Dissertation Abstracts International. 36 (3-B); 1427, September, 1975.

Donk, L. Attending behavior in mental patients. Dissertation Abstracts International. 33: 569, 1972.

Drasgow, in Ivey, A., and Authier, J. Microcounseling. Springfield, Ill.: Charles C. Thomas Publishers, 1971, 1978.

Duda, P. A comparative study on types and levels of empathy. U.S. International University dissertation. Dissertation Abstracts International. 37 (4-B): 1874, October 1976.

Eiben, R. and Clack, R. Impact of a participatory group experience on counselors in training. Small Group Behavior, 1973.

Flavell, J. The Developmental Psychology of Jean Piaget. Princeton: Van Nostrand, 1963.

Freud, S. Five lectures on psychoanalysis, Standard Edition. Vol. 10. London: Hogarth Press, 1955 (1909).

Garfield, S., and Bergin, A. Therapeutic conditions and outcomes. Journal of Abnormal Psychology. 77: 108-114, 1971.

Gill, H. Relationship between cognitive mode of cerebral dominance and success in a counseling practicum. University of N. Colorado dissertation. Dissertation Abstracts International. 36 (7-B): 3601-3602, January 1976.

Gormally, J. Video tape feedback in human relations training. S. Illinois University dissertation. Dissertation Abstracts International. 35 (12-B, Pt. 1): 6094, June 1975.

Goshko, R. Self-determined behavior change. Personnel and Guidance Journal. 51: 629-631, 1973.

Guerney, B. Psychotherapeutic Agents: New Roles for Non-professionals, Parents, and teachers. New York:, Holt, Rinehart and Winston, 1969.

Gurman, A. Instability of therapeutic conditions in psychotherapy. Journal of Counseling Psychology. 20: 16-24, 1973b.

Gurman, A., and Razin, A. Effective Psychotherapy. New York: Pergammon Press, 1977.

Haase, R., and DiMattia, D. The application of the micrcounseling paradigm to the training of support personnel in counseling. Counselor Education and Supervision. 10: 16-22, 1970.

Hageseth, J., and Schmidt, L. Interviewee intelligence, explicitness of interviewer conclusions, and attitude change in a counseling analogue. Journal of Counseling Psychology. 22 (6): 483-488, November, 1975.

Harper, R. Some common effects of diverse approaches. In
    Berenson, B., and Carkhuff, R. Counseling and Psychotherapy.
    New York: Holt, Rinehart and Winston, 1967.

Harris, T. I'm O.K.--You're O.K.. New York: Avon, 1967.

Harvey, O., Hunt, D. and Schroeder, H. Conceptual Systems and
    Personality Organization. New York: Wiley, 1961.

Hayes-Roth, B. Evolution of cognitive structures and processes.
    Psychological Review. 84 (3): 260-278, March, 1977.

Hayes-Roth, F. Fundamental Mechanisms of intelligent behavior: the
    representation, organization, acquisition, and use of structured
    knowledge in perception and cognition. University of Michigan
    dissertation. Dissertation Abstracts International. 35 (11-B):
    5618-5619, May, 1975.

Heck, E., and Davis, C. Differential expression of empathy in a
    counseling analogue. Journal of Counseling Psychology. 20:
    101-104, 1973.

Higgins, W., Ivey, A. and Ihlemann, M. Media therapy: a programmed
    approach to teaching behavioral skills. Journal of Counseling
    Psychology. 17: 20-26, 1970.

Hunt, D. Matching counseling approach to clients. Paper presented
    at Ontario School Counselors' Association meeting, Toronto,
    Ontario, November, 1974.

Hunt, D., Greenwood, J., Nay, J., and Watson, N. Assessment of
    conceptual level: paragraph completion method. Mimeographed
    manual, 1973.

Hunt, D., and Sullivan, E. Between Psychology and Education.
    Hinsdale, Ill.: Dryden Press, 1974.

Hyman, R. The Nature of Psychological Inquiry. Englewood Cliffs,
    N.J.: Prentice Hall, 1964.

Ivey, A. Media therapy: educational change planning for psychiatric
    patients. Journal of Counseling Psychology. 1973.

Ivey, A., and Alschuler, A. Psychological education: a prime
    function of the counselor. Personnel and Guidance Journal.
    51: 581-692, 1973.

Ivey, A., and Authier, J. Microcounseling. Springfield, Ill.:
    Charles C. Thomas Publishers, 1971, 1978.

Ivey, A. and Gluckstern, N. Basic Attending Skills: Leader and Participant Manuals. N. Amherst, MA.: Microtraining, 1974.

Ivey, A. and Gluckstern, N. Basic Influencing Skills: Leader and Participant Manuals. N. Amherst, MA.: Microtraining, 1976.

Ivey, A., Normington, C., Miller, C., Haase, R. and Morril, W. Microcounseling and attending behavior: an approach to pre-practicum counselor training. Journal of Counseling Psychology. 15: Pt. 2 (Monograph separate), 1-12, 1968.

Ivey, A. and Simek-Downing, L. Counseling and Psychotherapy: Skills, Theories, and Practices. Englewood Cliffs, N.J.: Prentice Hall, 1980.

Jackson, B. Black Identity Development. Meforum: Journal of Educational Diversity and Innovation. 2: 19-25, 1975a.

Jackson, B. The function of a black identity development theory in achieving relevance in educaton for black students. Unpublished doctoral dissertation. Amherst: University of Massachusetts, 1976.

Kagan, N. Influencing Human Interaction. Washington, D.C.: American Personnel and Guidance Association, 1975a.

Kimberline, C., and Friesen, D. Effects of client ambivalence, trainee conceptual level, and empathy training condition on empathic responding. Journal of Counseling Psychology. 24 (4): 354-358, July, 1977.

Knefelkamp, L., Widick, C., and Stroad, B. Cognitive-developmental theory: a guide to counseling women. Counseling Psychologist. 6 (2): 15-19, 1976.

Kuckleburg, R. A. A comparison of the facilitative skills of high-retention and low-retention psychotherapists. University of Georgia dissertation. Dissertation Abstracts International. 35 (8-a, Pt. 1): 4747-4748, February, 1974.

Kurtz, R., and Grummon, D. Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. Journal of Consulting and Clinical Psychology. 39: 106-115, 1972.

LaMonica, E. Empathy training as the major thrust of a staff development program. Nursing Research. 25 (6): 447-451. November-December, 1976.

Loevinger, J. Ego Development. San Francisco: Jossey-Bass, 1976.

Louis, M. How individuals conceptualize conflict: identification of steps in the process and the role of personal/developmental factors. Human Relations. 30: 451-467, May, 1977.

Marvin, R., Greenberg, M., and Massler, D. The early development of conceptual perspective taking: distinguishing among multiple perspectives. Child Development. 46 (2): 511-514, June, 1976.

Maslow, A. Toward a Psychology of Being. New York: Van Nostrand Reinhold, Co., 1968.

Matarazzo, R. Research on the teaching and learning of psycho-theapeutic skills. In Bergin, A. and Garfield, S. Psychotherapy and Behavior Change. New York: Wiley, 1971.

Matarazzo, R., Phillips, J., Wiens, A., and Saslow, G. Learning the art of interviewing: a study of what beginning students do and their patterns of change. Psychotherapy: Theory, Research and Practice. 2: 49-60, 1965.

McIvroy, J. A comparative study of three microcounseling models. University of S. Dakota dissertation. Dissertation Abstracts International. 36 (8-A): 5052-5053, February 1976.

Mihalovich, J. Competencies in teaching counseling and interpersonal skills. University of Iowa Dissertation. Dissertation Abstracts International. 37 (5-A): 2642, November, 1976.

Mills, B. The function of motivation in concept attainment: a teaching model. Indiana State University dissertation. Dissertation Abstracts International. 34 (9-a, Pt. 1): 5804, March, 1974.

Mintz, J., Luborsky, L., and Auerbach, A. Dimensions of psycho-therapy: a factor-analytic study of ratings of psychotherapy sessions. Journal of Consulting and Clinical Psychology. 36: 106-120, 1971.

Mitchell, K., Bozarth, J., and Krauft, C. A reappraisal of the therapeutic effectiveness of accurate empathy, nonpossessive warmth, and genuineness. In Gurman, A., and Razin, A. Effective Psychotherapy. New York: Pergamon Press, 1977.

Mitchell, K., and Hall, L. Frequency and type of confrontation over time within the first therapy interview. Journal of Consulting and Clinical Psychology. 37: 437-442, 1971.

Mitchell, K., Truax, C., Bozarth, J., and Krauft, C. Antecedents to Psychotherapeutic Outcome. NIMH Grant report (12306), Hot Springs, Ark.: Arkansas Rehabilitation Research and Training Center, 1973.

Moos, R., and MacIntosh, S. Multivariate study of the patient-therapist system: a replication and extension. Journal of Consulting and Clinical Psychology. 35: 298-307, 1970.

Morrison, J. The effects of videotape focused feedback on levels of facilitative conditions. University of N. Dakota dissertation. Dissertation Abstracts International. 36 (2-A), 712: August, 1975.

Mullen, J., and Abeles, N. Relationship of liking, empathy, and therapist's experience to outcome of therapy. Journal of Counseling Psychology. 18: 39-43, 1971.

Neill, A. Summerhill. New York: Hart Publishing Co., 1960.

Nelson, B., and Chavis, G. Cognitive style and complex concept acquisition. Contemporary Educational Psychology. 2 (2): 91-98, April, 1977.

Neufeldt, S. Client cognitive levels and counseling approaches: their effects and interaction. University of California, Santa Barbara dissertation. Dissertation Abstracts International. 36 (9-A): 5834-5835, March, 1976.

Neufeldt, S., Zimmer, J., and Mayton, D. Client cognitive levels and counseling approaches. Journal of Counseling Psychology. 24 (5): 448-451, September, 11977.

Pearson, P. The comparative effects of a cognitive and affective counselor training program on the client-counselor relationship and counselor self-actualization. University of S. Mississippi dissertation. Dissertation Abstracts International, 34 (7-A), 3883-3887, January, 1974.

Perls, F., Hefferline, R., and Goodman, P. Gestalt Therapy. New York: Dell, 1965.

Piaget, J. The Child's Conception of the World. Totowa, N.J.: Littlefield, Adams, and Co., 1960.

Piaget, J. Science of Education and the Psychology of the Child. New York: Orion, 1969.

Pierce, R., and Schauble, P. Graduate training of facilitative counselors: the effects of individual supervision. Journal of Counselor Psychology. 17: 210-215, 1970.

Rama, Swami. Seven centers of consciousness. Yoga and Psychotherapy. 1976.

Rhodes, A. The effect of the facilitative condition of rapport as it relates to client-counselor personality similarity. E. Texas State University dissertation. Dissertation Abstracts International. 36 (3-A): 1313-1314, September, 1975.

Rioch, M. Two pilot projects in training mental health counselors. In Holt, New Horizons for Psychotherapy. New York: International Universities Press, 1971.

Rim, Y. Correlates of emotional empathy. Scientia Peadagogica Experimentalis. 11 (2): 197-202, 1974.

Rogers, C. The necessary and sufficient conditions of therapeutic personality change. Journal of Counseling Psychology. 21: 95-103, 1957.

Rosenthal, N. A prescriptive approach for counselor training. Journal of Counseling Psychology. 24 (3): 231-237, May, 1977.

Rosenthal, N. Matching trainee's conceptual level and training approaches: a study in the acquisition and enhancement of confrontation skills. Syracuse University dissertation. Dissertation Abstracts International. 37 (4-a): 1997-1998, October, 1976.

Sawyer, H. Microcounseling as a training model for the rehabilitation initial interview. Auburn University dissertation. Dissertation Abstracts International. 34 (5-A): 2313, November, 1973.

Scovill, R. Structured interpersonal skill training using videotape feedback with clients. University of Iowa dissertation. Dissertation Abstracts Internationsl. 37 (5-A): 2649, November, 1976.

Shea, J. An evaluation of the effectiveness of microcounseling in training counselors to use selected behaviors in an urban field practice. Columbia University dissertation. Dissertation Abstracts International. 36 (6-A): 3419-3420, December, 1975.

Sherrard, P. The Ivey taxonomy. Unpublished dissertation. Amherst, Mass.: University of Massachusetts, 1976.

Siegel, C. Changes in play therapy behaviors over time as a function of different levels of therapist-offered conditions. Journal of Clinical Psychology. 28: 235-236, 1972.

Silverman, M. Perceptions of counseling following differential practicum experiences. Journal of Counseling Psychology. 19: 11-15, 1972.

Sloane, R., Staples, F., Cristol, A., Yorkston, N., and Whipple, K. Short-term Analytically Oriented Psychotherapy vs. Behavior Therapy. Cambridge, Mass.: Harvard University Press, 1975.

Stein, M., and Stone, G. Effects of conceptual level and structure on initial interview behavior. Journal of Counseling Psychology. 25 #2: 96-102, 1978.

Terrell, T. The effects of microtraining in attending behavior on response behavior of paraprofessional orientation leaders. Mississippi State University dissertation. Dissertation Abstracts International. 37 (7-A): 4149, January, 1977.

Tessler, R., and Plansky, N. Perceived similarity: a paradox in interviewing. Social Work. 20 (5): 356-363, September, 1975.

Travis, W. Empathetic understanding and self-actualization: a comparative study of rehabilitation counselors with different levels and patterns of education. University of Alabama dissertation. Dissertation Abstracts International. 37: (12-A, Pt. 1), 7551-7552, June, 1977.

Truax, C. Effects of client-centered psychotherapy with schizophrenic patients: nine years pre-therapy and nine years post-therapy hospitalization. Journal of Consulting and Clinical Psychology. 35: 417-422, 1970.

Truax, C., Altmann, H., Wright, L., and Mitchell, K. Effects of therapeutic conditions in child therapy. Journal of Community Psychology. 1: 313-318, 1973.

Truax, C., and Carkhuff, R. Toward Effective Counseling and Psychotherapy: Training and Practice. Chicago: Aldine, 1967.

Truax, C., and Mitchell, K. Research on certain therapist interpersonal skills in relation to process and outcome. In Bergin, A., and Garfield, S. (eds.), Handbook of Psychotherapy and Behavior Change: An Empirical Analysis. New York: Wiley, 299-344, 1971.

Truax, C., and Wittmer, J. The effects of therapist focus on patient anxiety source and interaction with the therapist level of accurate empathy. Journal of Clinical Psychology. 27: 297-299, 1971.

Truax, C., Wittmer, J. and Wargo, D. Effects of the therapeutic conditions of accurate empathy, non-possessive warmth, and genuineness of hospitalized mental patients during group therapy. Journal of Clinical Psychology. 27: 137-142, 1971.

von Uexkull, J. The worlds of animals and men. In Schiller, C. Instinctive Behavior. New York: International Universities Press, 1957.

Yogananda, P. Autobiography of a Yogi. Los Angeles: Self-
     Realization Fellowship Pub., 1973 (1946).

Zielinski, C. Stage of ego development as a correlate of ability in
     discrimination and communication of empathic understanding.
     University of Houston dissertation. Dissertation Abstracts
     International. 34 (4-A), 1635, October, 1973.

APPENDICES

APPENDIX 1

Table of Demographic Factors for Counselors

114

Demographic Factors of Counselors

Pre/Post	Sex	Age	Marital	Race	Children	Degree
1. 58	F	34	M	W	0	M.A.
2. 59	M	21	S	W	0	B.A.
3. 54	F	30	S	W	0	B.A.
4. 51	M	20	S	W	0	B.A.
5. 55	F	21	S	W	0	B.A.
6. 31	F	21	S	H	0	B.A.
7. 56	F	21	S	W	0	B.A.
8. 32	M	20	S	W	0	B.A.
9. 57	F	36	S	W	0	B.A.
10. 33	M	21	S	W	0	B.A.
11. 52	F	20	S	H	0	B.A.
12. 34	M	20	S	W	0	B.A.
13. 53	F	20	S	W	0	B.A.
14. 42	M	30	M	Q	1	M.A.
15. 50	F	21	S	W	0	B.A.
16. 43	M	23	S	B	0	B.A.
17. 46	F	21	S	W	0	B.A.
18. 44	M	23	S	W	0	B.A.
19. 47	F	21	S	W	0	B.A.
20. 37	M	27	M	W	0	B.A.
21. 48	F	21	S	W	0	B.A.
22. 38	M	20	S	H	0	B.A.
23. 49	F	21	S	W	0	B.A.
24. 36	M	31	S	W	0	B.A.
25. 39	F	20	S	W	0	B.A.
26. 60	M	21	S	W	0	B.A.
27. 40	F	20	S	W	0	B.A.
28. 41	F	20	S	W	0	B.A.
29. 45	F	44	M	H	0	M.A.
30. 35	F	24	S	W	0	M.A.

W = White   B = Black   H = Hispanic

TOTALS

#	Sex	Age	Marital	Race	Children	Degree
Pre=30	M=12	20-25=23	S=26	W=25	2	B.A.=26
Post=30	F=18	25-30= 1	M=4	H=4		M.A.= 4
		30-35= 4		B=1		
		35-40= 1				
		40-45= 1				

APPENDIX 2

Samples of Counselor/Client Interviews

APPENDIX 2

Samples of Counselor/Client Interviews

Sample 1

Well, why don't you call me when you know?

I'll probably be really busy anyhow. I'll have a whole week's work to catch up on.

I know! I'll come a week earlier, that's what I'll do. Oh, that means it's closer, it's only three weeks.

Ahem. Marsha, I don't think you have to look me up when you get here.

What?

I've been trying to tell you. Basically I don't want to see you anymore. I don't think you have to look me up when you get here. You'll have a good time without me.

Well, what do you mean?

I'm not interested in seeing you.

Say that again.

I'm not interested in seeing you.

Again.

I'm not interested in seeing you.

O.K. You said it--that was good. It took a long time to get there. How did it feel?

I didn't like it at all.

You did a lot of beating around the bush. You've been saying Marsha is a little slow to catch on. Do you think if you said the things to her that you said to me in the beginning--

Oh, you were perfect. She's just like that only worse.

Let's try it again. Try to be more direct this time.

I'll call her again. Ring-ring.

Hello.

Hi, Marsha. This is Mike.

<u>Sample 2</u>

Helper: O.K. What do you want to get out. . . Well here we are right now. What do you want to come out of our sessions Say, a month from now. What would you like to work on? There have been many issues in action today (long pause). And I see that you're nervous--your picking your nales! (Maura laughts)

Helpee: Well, I'm not sure. . . I really have more of a problem than I thought I did.

Helper: Could be because you've finally sat down and really talked and surfaced many thoughts and feelings.

Helpee: What I'd like to do is to get <u>out</u> of this relationship because I don't want to spend the time with it. But I want to get out of it in a way that I won't leave hard feelings. I want to remain friends.

Helper: In essence, what you're telling me is that you want out of this man/woman relationship and you still want a close friendship. And how to go about doing that?

Helpee: Exactly. Also, in this relationship I've been the one in control and I know what it's like to be on the flip side of the coin. And I don't want to hurt him because I can identify with what he's feeling. I don't want to hurt him. I want to be honest so he understands what's going on and not let happen what happened to me. . . Where someone says, "I don't want to see you" with no explanations.

Helper: You've got a lot of feeling. You're a very feeling person. That's nice. You've experienced all this before and you don't want to see what's happened to you happen to someone else.

Helpee: Yea, right. I want to get out of this in a sense of having a sexual relationship with him, but I want to be able to remain friends, keep good feelings and let him know that I still care about him. . . Just in a different way and because I care, what I say and do is not necessarily to hurt him, but my defenses against everything.

Helper: I think right now you're probably confused. You don't know what to do about it and if we brainstorm, just about anything, we can think of some things to do--whether they're really far out or not. I'd like to ask you to brainstorm. . . I feel it is important that you think about it.

Helpee: Well, I tried one thing. I told what I wanted our relationship to be and I waited for his feedback. He felt I threw it all at him and he couldn't tell me anything at that time. So, I

waited a couple days, then I invited him over and we talked about it and we just kept going over and over it again. It wasn't getting resolved because he knows what I'm saying but. . .

Helper: Can you be more specific? An example of the conversation?

Helpee: O.K. Like he says, "It's not like I'm asking you to be my girlfriend or to see me all the time and that's what you're implying that you don't want", And I try to explain. . . "Well maybe I don't really think you want me to be your girlfriend, maybe I'm assuming that. That's not really the question." The question is, "Do I want to have a sexual relationship with you and I don't." And it's like he tries to avoid that by putting labels on different things.

Helper: Sounds like you're avoiding it a bit because you're not getting right to it. You're telling him you don't want sexual relationships, you're not getting right to it saying you just want him as a friend.

Helpee: Well, I've told him I want him as a friend.

Helper: O.K. Well. . . can you brainstorm, regardless of how far out, and think of other alternatives?

Helpee: I could just avoid him. Uh. . . I could play it his way and see what happens. I could just totally end the relationship.

Helper: How do you feel about any of those?

Helpee: Not too good. . . (silence)

Helper: Avoiding him would probably hurt him which is, from what your've told me, not what you want. And playing it his way?

Helpee: I would continually just take the control and misuse it. Which I don't like.

APPENDIX 3

Ivey's Microskills

APPENDIX 3

Ivey's Microskills

1. Closed Question--one that can be answered in one word, usually yes or no.

2. Open Question-- one that is open-ended and allows for the client to express his/her real self without the imposed categories of the interviewer.

3. Minimal Encourager--a word or a few words that reiterate the client's thoughts, feelings, or part of the last sentence articulated.

4. Paraphrase-- hearing and giving back to the client his/her thoughts or feelings accurately.

5. Summarization-- listening to and chosing the main points and issues a client has discussed over a period of time, and accurately reporting these back to the client.

6. Reflection of Feeling--tuning out the cognitive aspects of a client's communication and responding only to the emotional or underlying feelings.

7. Self-Disclosure--talking about oneself or sharing personal experiences, emotions, or attitudes with the client.

8. Interpretation-- the renaming, redefining, or relabeling of "reality" (feelings, thoughts, attitudes, behaviors, situations) from a new point of view than that of the client.

9. Directives-- the dissemination of specific information to the client, or specific tasks or goals that the client must accomplish.

10. Expression of Content--when the client discusses people, events, situations, experiences, etc.

11. Expression of Feeling--when the client discusses his/her own feelings.

APPENDIX 4

Counseling Course Syllabus

EDUCATION 515: THEORY AND PRACTICE IN INTERVIEWING
Spring 1978, Mondays 9-12 MEDIA CENTER, SCHOOL OF EDUCATION
(Plus two-day workshop February 10-11 8:30 - 4:30)

Office Hours 462 Hills South: Allen Ivey Wednesday 1-3
Lynn Simek

Texts: Ivey and Simek: The Intentional Counselor
Corey, Theory and Practice of Counseling and Psychotherapy
($7. lab fee for reproduction and videotape)
Strong recommendation: Audio cassette recorder for practice

This is a pre-professional course. Students who participate have gen-
erally decided that some form of counseling and interviewing practice
will be important in their career. As such, we will be expecting pro-
fessional level work. Counseling is an enjoyable occupation, but it
is also serious business which touches on the lives of many people.
Unless you are committed to serving others, have a desire to learn
basic ethical principles of helping, and seek to learn several altern-
ative approaches to counseling, this course is not for you.

Jan. 30   Introduction This class will be confusing as we will be
sorting out who is to take this course and who wishes to
wait until next year. However, we still plan to go
through some basic material and examine some key ethical
issues in helping.

Reading: Ivey-Simek Chapter 1
Corey Chapter 12 and 13

Specific objectives: The concepts of intentionality
and cultural expertise will be central in this course.
Awareness of differences in perception that you have
in relation to others is important. Be able to discuss
and understand ethics in the counseling process. Finally,
be aware that counseling is a process which must ultimately
originate with individuals and examine yourself as a potent-
ial helper.

Feb. 6   Creativity and Decision Making in the Interview. In
this session we will examine the key decisions made by
helpers in the interview. We will also have the opportunity
to go on videotape for the first time.

Reading: Ivey-Simek Chapter 2, 3 (pages 1-7 only)

Feb. 10-11 Workshop in Basic Counseling Skills. We will have
extensive practice in interviewing skills on videotape.
By the end of this session, you should be able to
classify a wide array of helping leads and also be
able to engage in a systematic interview. Follow-up
practice with your own audio cassette recorder, however,
will be essential if you seek to develop mastery and full
competence.

Reading: Ivey-Simek Chapters 3,4,

Feb. 13   Continuation of Week-end Workshop

Feb. 21   Issues in Cross-Cultural Counseling. We will explore
TUESDAY   some basic theory in cross-cultural counseling and
           then practice some of these issues on videotape.

           Reading: Ivey-Simek Chapter 5

Feb. 27   First Force Psychology - Psychodynamic Approaches.
           Having developed a beginning mastery of basic skills
           and concepts in the interview, we will turn to an
           examination of basic Freudian thought. After a brief
           lecture/presentation, we will attempt to try some
           psychodynamic procedures on videotape. A careful read-
           ing of the text material will prove invaluable before
           the class meeting.

           Reading: Ivey-Simek Chapter 6
                    Corey Chapters 2 (plus 7 as time permits)

ASSIGNMENT DUE FEBRUARY 27: BEFORE THE WEEKEND WORKSHOP, CONDUCT
A FIVE-MINUTE INTERVIEW WITH ANOTHER STUDENT, A FRIEND, OR A CLIENT.
AUDIORECORD THIS SESSION. THEN AFTER THE WEEKEND WORKSHOP, CONDUCT
ANOTHER FIVE MINUTE SESSION AND AGAIN AUDIORECORD THIS SESSION.
On this date present typescripts of your own counseling techniques
and client responses. Score the interview via the microskills
taxonomy and present a discussion as illustrated in Chapter 3 of
your work.

Mar. 6   Second Force Psychology - Behavioral Approaches.
           We anticipate that students will be able to engage in
           elementary behavioral analysis and also be able to
           conduct elementary assertion training sessions by the
           completion of this class.

           Reading: Ivey-Simek Chapter 7 (as available or an alternative)
                    Corey Chapter 7

Mar. 13   Third Force Psychology - Humanistic Approaches.
           We will return to elementary listening skills and
           re-examine them within the Rogers' framework. For
           mastery of the concepts of this session, you should be
           able to engage in a videotaped (audiotaped) interview
           where you engage solely in the skills and concepts ~f
           a Rogerian counseling approach.

           Reading: Ivey-Simek Chapter 9 (as available or an alternative
                    Corey Chapters 3 and 4

ASSIGNMENT DUE MARCH 13: TAKE HOME MIDTERM EXAMINATION, OPEN BOOK.

Mar. 20   VACATION WEEK

Mar. 27   Fourth Force Psychology - Transpersonal Alternatives.
           The essence of transpersonal psychology focuses on
           transcending the highly individualistic approaches of
           the traditional first three approaches. We anticipate
           exploring newer concepts such as EST, psychosynthesis,
           ARICA, etc.

           Reading: Ivey-Simek Chapter 9 (as available or alternative)

Apr. 3   The Counselor and the Environmental Surround. In our
           Chapter 2 on decision making we talk about the importance
           of environmental considerations in counseling. We will
           examine those concepts again in more detail plus take
           some time examining the community counseling approach.
           Some attention will be paid to radical/feminist/advocacy
           types of counseling.

           Reading: Ivey-Simek Chapters 10-12 (as available or altern.)

Apr. 10   Negotiable Session. As the term will have been moving
           rather rapidly we intend this session as "catch-up"
           time or as an opportunity to explore one more theory in
           more detail. It is possible that the group may prefer to
           spend the entire class session working on videotape.
           A form will be passed out on March 27 asking for your
           opinions.

Apr. 17 - May 8 No class to compensate for class time earlier in
           February.

                Reading: Selected mimeo handouts
                         Corey Chapters 5,6, 9

                Time also to be used for final class project which will
                be due May 15. A 15-minute typescript in which you
                demonstrate your own unique approach to counseling.
                Present the typescript as shown in Chapter 3 of Ivey-
                Simek. In addition, critique and evaluate your interview
                from 1st, 2nd, 3rd, and 4th force perspectives.

May 15   Review Session for Final Examination. 15-Minute Typescript
           is due at this time.

FINAL EXAMINATION DATE WILL BE ANNOUNCED AND WILL COVER TRADITIONAL
ACADEMIC COURSE CONTENT, READINGS, WORKSHOP PARTICIPATION, AND ALL
ASSIGNMENTS. "May the Force be with you!"

SPECIAL NOTE: We will give special attention to extensive practice
in helping skills through use of videotape and audiotape in each
class session. Class presentations will ordinarily take about half
of our three-hour sessions leaving considerable time for practical
work. In practice sessions, normal ethical procedures should be
followed by all. While it is generally more successful to talk about
real problems when serving as a client, when you feel uncomfortable,
it is important that you not disclose more than you wish. Role-
playing a problem is always a viable alternative. If concerns arise,
please contact Lynn or Al.

APPENDIX 5

Carkhuff's Scale for the Measurement of
Accurate Empathy

APPENDIX 5

Counselor Responses for Scale for the Measurement of Accurate
Empathy

Level 1:   "Since you know what it is, why don't you do something
            about it?"
            Discussion: This response is rated 1 because it does not
            respond to surface feelings, it is judgemental or criticizing,
            and although it may be true, it is too early to present
            this idea. There is no base between the helper and the
            helpee at this point.

Level 2:   "Say, whatever happened to that girl you were dating
            so much last summer?"
            Discussion: This response is rated at level 2 because it
            ignores present feelings and shifts away from the concern
            the client has expressed, thereby ignoring his feelings.

Level 3:   "Oh, that's nothing to wrry about for a guy that's been as
            popular as you. The right woman is going to come along."
            Discussion: This response is rated level 3 because it denies
            the client the right to feel the way he feels. Sometimes a
            situation that seems insignificant to the therapist can be
            ego-shattering to the client.

Level 4:   "1 guess you feel kind of left out--you figure your weight
            is keeping you from being more successful with women."
            Discussion: This response is rated at level 4 because
            1) it includes completely the content of the client statement,
            2) a major feeling has been perceived from the client
            statement, and 3) it neither adds nor subtracts from the
            client statement. This kind of response communicates to
            the client that you heard what he said and you are
            attempting to understand how he feels. During responses
            like this, the therapist is establishing a trust base with the
            clients.

Level 5:   "It's depressing to see everyone around you having fun and
            not being part of it. You don't know what will happen to
            you if you don't improve your appearance."
            Discussion: This response is rated level 5 because
            1) it contains all the elements of a level 4 response, and
            2) it adds underlying feeling that has not even been expressed
            by the client. It is additive because it communciates
            underlying feelings perceived by the therapist--in this
            case that the client is concerned with the future as well
            as with the present, for example. The additive response
            must be accurate in order to receive a 5 rating and is
            scored on the validation by the next client statement.

Practice Sheet for Scoring Empathy Levels

Male: "I've been looking forward to the senior prom since I was a freshman, and now it looks like I won't be able to go. What it boils down to is a matter of money. There's just no way I can afford a tux."

Helper Responses:

_____ 1. "You've looked forward to it all these years. Are you sure you've exhausted all means of getting a tux?"

_____ 2. "You feel left out because the money problem might cause you to miss the senior prom."

_____ 3. "How unfortunate. Maybe you could borrow a tux from somebody."

_____ 4. "Why don't you talk to the manager of the tuxedo rental store and see if you could pay a little bit a week until it is all paid."

_____ 5. "The prom really means a lot to you."

_____ 6. "You are disappointed because you feel you can't afford to go to the prom."

_____ 7. "Is there some way I could help you afford this? Are you working?"

_____ 8. "What happened to all that money you made last summer?"

_____ 9. "Don't you have a friend who could lend you enough money to rent a tux until you could find work and earn enough money to pay him back?"

_____ 10. "A part-time job would probably provide enough money for your needs."

_____ 11. "It is upsetting to think you might miss the prom this year because you don't have enough money to go."

_____ 12. "I know how you feel."

APPENDIX 6

Hunt's Scale for Conceptual Levels

APPENDIX 6

<u>The Concept of Conceptual Levels</u> (As adapted from David Hunt's thinking via Al Ivey's reframing.)

People think about problems and issues. A critical issue in thinking about problems and issues is think <u>straight</u> and <u>flexibly</u> about them. The client comes to counseling often <u>stuck</u> and <u>unable</u> to creatively generate new sentences to describe their life experiences. A major objective of counseling is to help clients think better about their lives and issues and later to act on them. <u>Conceptual level concerns the way people think about their lives.</u>

Hunt suggests that there are three basic levels of thinking--the more advanced the thinking process, the more capable the person. My version and adaptation of his ideas follows:

Level 1:   The person may deny that he or she has a problem, may provide "elemental" fragments which are unconnected one with another, a simple description may occur.

              Examples: Parents think they own us. If we don't want them to run our lives, we will tell them, but since we don't ask them they should leave us alone.

              In short, the person may react defensively, impulsively, in a negative manner. In problem solving terminology, the person is UANBLE TO DEFINE A PROBLEM OR ISSUE. (In a counseling interview no one problem is ever selected or a very narrow focus may be demonstrated.)

Level 2:   The person tends to react in an oversocialized manner, or may show dichotomous (split) thinking. Either things are all good or. . . they are divided into good and bad solely.

              Examples: When I am not sure, I ask someone what is the right thing. With my parents, I think they are terrific, they do everything for me I want them to do.

              In problem solving terminology, the person is ABLE TO DEFINE THE PROBLEM AND DESCRIBE A SITUATION, BUT WILL NOT DEMONSTRATE THE ABILITY TO GENERATE ALTERNATIVE WAYS OF LOOKING AT THE PROBLEM. In effect, the person lives with the problem definition phase of the interview. In counseling interview, the helper does define a concern for counseling, but will tend to follow it narrowly. Typical of this level is a quick problem definition followed by "Have you tried. . .?' or "Have you talked with. . . "

Level 3:   The person is open to other ideas and alternatives, but no attempt is made to integrate this evaluation with the solution or decision. A lot of concern with own thoughs and striving for independence.

Examples: When I am not sure, I can think of lots of things. . . for example. . . With my parents, I have a lot of mixed feelings toward them. . . for example. . . In problem solving terminology THE WORK PHASE OF THE INTERVIEW HAS BEEN ENTERED AND THE PERSON IS ABLE TO THINK UP NEW IDEAS CREATIVELY. But, no problem-solving process occurs. There is no commitment to action. It may be seen that psychoanalytic and Gestalt counseling, for example pretty much operate at this level.

Level 4:   "The person considers and weighs alternatives, then decides upon the best possible solution to a particular problem." Considers others as well as self, probably thinks about consequences of actions.

Example: I feel many ways about my parents. . . for example. . . But they also feel many ways about me. . . In addition, parents in general. . . Finally, this is the way I feel about parents and general and my parents in particular. . . and this is my commitment to action with them.

It may be seen that ALL THREE PHASES OF THE PROBLEM SOLVING PROCESS HAVE BEEN UTILIZED. THE PERSON IS ABLE TO DEFINE A PROBLEM FROM SEVERAL POINTS OF VIEW, IS ABLE TO GENERATE ALTERNATIVE DESCRIPTIONS FROM SEVERAL POINTS OF VIEW, AND IS ABLE TO GENERATE SPECIFIC SOLUTIONS OR COMMITMENTS AND CONSIDER THEIR CONSEQUENCES.

It is my impression that counselors have as their task raising people's thinking in this model. In effect, any client comes to us with problems and issues. . . our task is to unstick them from levels 0 and 1 and move them up with systematic problem solving.

The structure of a systematic problem-solving interview is shown in Chapter 2 (which may need rewriting now that this thinking is available which it wasn't when we wrote it.). . . Specifically,

1. The problem definition phase of the interview begins with a definition of the problem. The successful counselor is able to generate a large number of definitions with the client. The typical client comes in saying, for example, "I have an alcohol problem." The good counselor realizes that the alcohol problem may also be lack of money, lack of job, family conflicts, an early childhood problem with the Mother, a Gestalt split, etc. etc. The successful

counselor has at least 10 (or better MORE) alternative defintions of any problem immediately at hand. MOST CLIENTS ARE MULTI-PROBLEM AND OUR TASK AT FIRST MAY BE TO SHOW THEM THAT THIS IS SO AND THEN TO TAKE EACH PROBLEM ONE AT A TIME.

2. The work phase of the interview requires you and the client to commit yourselves to one definition of the problem. Having done that, your task is to unfreeze the client from stuckness. We have seen that psychoanalytic, behavioral, Gestalt, and Rogerian techniques may be used to unfreeze the client. A problem with many of these theories is that they settle for ONE (only!) way to unfreeze the client. I say the more the merrier.

3. Having done good work, one may then turn to the problem-solving or commitment to action phase of the interview. Having explored the problem in depth, the client and counselor generate as many ways as possible to solve the problem and to act on and in the world. In the process of evaluating alternatives, we will seek to examine the consequences of the client's actions.

NOTE THAT THE STRUCTURE OF A GOOD INTERVIEW IS DIRECTLY PARALLEL TO HIGH CONCEPTUAL LEVEL THINKING AND ALSO DIRECTLY PARALLEL TO A COMPLETE PROBLEM-SOLVING MODEL.

Today, Al will: 1) present a lecture on this material.
2) demonstrate these concepts in a personal counseling and a vocational counseling interview.
3) request that you attempt the same model yourself in a practice session.

THE TWO INTERVIEW DEMONSTRATIONS WILL, OF NECESSITY, BE CUT SHORT TO ILLUSTRATE CLEARLY THE CONCEPTS.

I COULD NOT BELIEVE MORE FIRMLY IN THE ABOVE SIMPLE CONCEPTS. WHILE PSYCHOANALYSIS, ETC. ARE GREAT CONCEPTS, I THINK THE ABOVE IS A STILL MORE USEFUL WAY TO THINK ABOUT THE PROCESS OF COUNSELING. IT WILL GIVE YOU A FRAME TO USE OTHER TECHNIQUES AND TO SOLVE PROBLEMS. LEARN IT WELL!!!

From David Hunt's untitled Mimeo on Conceptual Levels

Try to write at least three sentences on this topic. . .
(more is better)

3. What I think about parents. . . .

Try to write at least three sentences on this topic. . .

5. When I am not sure. . .

APPENDIX 7

Microskills, Empathy, and Conceptual Levels Scale

Microskills, Empathy, and Conceptual Level Scale

APPENDIX 8

Scoring Groups

Scoring Groups

Scorer #1		Scorer #2
I	II	III
58	60	55
46	31	51
44	42	33
56	59	47
32	49	54
39	52	35
57	48	41
50	37	53
38	34	36
45	43	40
22	20	24
9	23	21
6	7	8
3	4	5
26	1	2
17	18	12
13	14	15
10	11	19
16	29	30
28	25	27

Scorer #3

APPENDIX

Instructions for Computer Functions

Instructions for Computer Functions: Lynn Simek-Downing

Codes are as Follows: Cols. 1-2: identification number, 3: pre-test (1)
and post-test (2), 4: males (1) and females (2), 5-6: ages, 7: married
(1) and single (2), 8: whites (1) and Blacks/Hispanics (2), 9: B.A.
degree (1) and M.A. degree (2), 10-26: counselor microskills, 27-36:
counselor empathy levels, 37-44: counselor conceptual levels, 45-49:
client microskills, and 50-59: client conceptual levels.

1. Multiply answers in col. 30 by 2 , 32 by 3, 34 by 4, 36 by 5, 40 by 2,
   42 by 3, 44 by 4, 53 by 2, 55 by 3, and 57 by 4.

2. For all of the following tests (instructions numbered 3-9), divide
   the answers into comparative scores for pre-tests and post-tests for:
   a) men and women, b) counselors ages 25 years and younger and over
   25 years, c) married and single, d) those with B.A. or M.A. degrees,
   e) whites and blacks/Hispanics.

3. Compare the pre-test and post-test scores for microskills.

4. Compare the pre-test and post-test scores for empathy.

5. Compare the pre-test and post-test scores for conceptual levels.

6. Compare scores for individual counselors for pre- and post-tests.

7. Using totals scores of pre- and post-tests separately, run regression
   analyses for the following: a) the relationship between microskills
   of counselor and microskills of client, b) the relationship between
   microskills of counselor and conceptual levels of client, c) the
   relationship of counselor empathy level and microskills of client,
   d) the relationship of counselor empathy level and client conceptual
   levels, e) the relationship of counselor conceptual levels and client
   microskills, and f) the relationship between counselor conceptual
   levels and client conceptual levels. Run a regression analysis to
   make a correlation matrix for: Total client score = f(pre-test, post-
   test, counselor microskills, counselor empathy levels, counselor
   conceptual levels, counselor male/female, counselor age, counselor
   degree, counselor white or black/Hispanic) by client microskills, and
   by client conceptual levels.

8. Determine the relationship between total pre- and post-test scores
   for microskills, empathy, and conceptual levels for individual
   counselors.

9. Using the same comparative categories as in #2 above, perform the following:

(2)

A. 1. Calculate the microskill usage by percent for each skill and for each counselor for pre- and post-tests.
   2. Compare these totals for all counselors between pre- and post-tests using paired T-Tests.
   3. Do an analysis of variance between the two groups.

B. 1. Separate client skills into exp. of cont. and exp. of feeling.
   2. Calculate the mean for the pre- and post-tests for exp. of feeling only.
   3. Compare exp. of feel. for differences between pre- and post-tests.

C. 1. Make a correlation matrix for all data for pre- and post-tests.
   2. Use a 14 by 2 design and include: 9 coun. MKSXL, COEM, COCLV, CLMXSXL, and CLCLV.

APPENDIX 9

Correlation Matrices

TOTAL GROUP CORRELATION MATRIX: PRE WITH POST

	Clos.?	Open?	Min. En.	Para.	Summ.	Co Ref. Feel	Self. Dis.	Inter.	Direct.	CU EM V Pre	CU EM V POST	CL CM V PRE	CL CM V POST	P+CL Ref. feel	P+CL CM V Ref. feel
Clos.?	.739	.195	.017	.196	.059	.207	-.295*	-.177	-.140	.220	.047	.220	-.105	-.002	-.142
Open?	.012	.271	.074	-.027	.009	.028	.222	.256	.219	.212	.054	.212	-.055	-.038	.037
Min. En.	-.357*	-.225	.314*	.093	.037	-.042	.007	.146	.103	-.211	.232	-.211	.248	.264	.474**
Para.	-.212	-.447**	-.055	.352*	.033	.185	-.012	-.190	-.277*	-.111	.001	-.111	.210	.158	.124
Summ.	-.242	.069	-.102	.285	.336*	.440**	-.128	-.054	-.047	.115	.064	.115	.226	.213	.054
Co Ref. Feel.	-.141	-.197	.009	.077	.004	.303*	-.046	.044	.108	.181	.249	.181	.312*	.147	.031
Self. Dis.	.109	-.107	-.108	.042	.103	.087	.019	.142	.072	.051	-.006	.051	-.042	-.119	-.144
Inter.	.373*	-.029	-.193	-.009	-.027	.206	.076	.133	-.026	.100	.006	.100	.278	.045	.037
Direct.	-.065	.269	-.291	-.114	.045	.077	-.187	-.087	.449**	-.055	.415**	-.055	.127	.412	.444
CU EM V PRE	.220	.212	-.211	-.111	.115	.150	.051	.101	-.055	1.00	.426**	1.00	.423**	.242	.279
CU EM V POST	.045	.058	.232	.001	.068	.249	.086	.006	.419*	.426**	1.00	.426**	.637**	.572**	.548**
CL CM V PRE	.339*	.103	-.240	-.187	.131	.075	.169	.201	.068	.100	.346*	1.00	.327	.134	.184
CL CM V POST	-.135	-.095	.248	.210	.226	.012*	-.042	.278	.127	.423**	.637**	.327	1.00	.464**	.547**
CL Ref. Pre	.142	.258	.117	-.059	.039	.155	-.109	.142	.252	.201	.572**	-.003	.192	1.00	.297
CL CM V Feel Post	.116	.104	.349*	-.15	.256	.073	.113	-.098	.130	.543**	.226	.346**	.492	1.00	.451*

CU = Counselor
CL = Client
CLMV = Conceptual Level
EMV = Empathy Level

* = .05
** = .01

TOTAL GROUP CORRELATION MATRIX: PRE WITH PRE

	Clos.?	Open?	Min. En.	Parap.	Summ.	Co Ref Feel	Self Dis.	Inter.	Direct	Cl. Ref Feel	COCMLV	CUEMLY	CUEMLY	CLCMLV
Clos.?	1.00	.018	.047*	-.370*	-.315*	-.379*	.009	-.183	-.016	.012	.313*	.103	.103	-.187
Open?	.018	1.00	-.056	-.023	.079	.273	-.356*	-.210	.199	.351*	.240	.334*	.334*	.240
Min. En.	.047*	-.056	1.00	-.161	-.243	-.207	.019	-.074	-1.80	.243	.015	.163	.163	.472**
Para.	-.370*	-.023	-.161	1.00	.521**	.613**	-.165	.117	-.098	.275	.128	.192	.192	.188
Summ.	-.315*	.079	-.243	.521**	1.00	.443**	.066	.172*	-.075	.199	-.101	-.016	-.016	.150
Co Refl. Feel.	-.379*	.273	-.207	.613**	.443**	1.00	-.082	.158	.007	.602**	.290*	.269	.269	.404
Self. Dis.	.009	-.356*	.019	-.165	.066	-.082	1.00	.541**	-.119	-.076	-.407**	-.257	-.257	.002
Interp.	-.183	-.210	-.074	.117	.372*	.158	.541**	1.00	-.105	.039	-.089	.108	.108	.204
Direct.	-.016	.199	-.180	.098	-.075	.007	-.119	-.105	1.00	-.034	.157	.122	.122	-.119
Cl. Rfl. Feel.	.012	.351*	.243	.275	.199	.602**	-.076	.039	-.034	1.00	.205	.173	.173	.104
CONCLV	.313*	.240	.015	.128	-.101	.290*	-.407**	-.089	.157	.205	1.00	.817**	.817**	.426**
CUEMLV	.103	.334*	.163	.192	-.016	.269	-.257	.108	.122	.173	.817**	1.00	1.00	.387
CLCNLV	-.187	.240	.472**	.188	.150	.404	.002	.204	-.119	.104	.426**	.387	.387	1.00

LO = Counselor
UL = Client
CNLV = Conceptual Level
MELV = Empathy Level

*   .05
** .01

TOTAL GROUP CORRELATION MATRIX: POST WITH POST

	Clos.?	Open?	Min. En.	Para.	Summ.	Co. Ref. Feel	Self. Dis.	Interp.	Direct.	COEMLV	LOCNLV	CL Ref. Feel	CLCNLV
Clos.?	1.00	-.251	-.316*	-.043	.035	.162	.029	.131	.004	.286	.171	.069	-.006
Open?	-.251	1.00	-.187	-.305*	-.108	-.362*	-.248	-.181	.028	.148	-.012	.215	.076
Min En.	-.316*	-.187	1.00	-.048	-.014	.183	.443**	-.096	.110	.012	.204	.145	.222
Para.	-.043	-.305*	-.048	1.00	.477**	.353*	-.057	.139	-.257	-.083	-.014	.116	-.029
Summ.	.035	-.108	-.014	.477**	1.00	.256	.083	.049	-.056	.205	.037	.325*	.252
Co. Ref. Feel	.162	-.362*	.183	.353*	.256	1.00	.263	.506**	-.016	.290	.190	.296	.397*
Self. Dis.	.029	-.248	.443**	-.057	.083	.263	1.00	.347*	.065	.052	.135	.057	-.016
Inter.	.131	-.181	-.096	.139	.049	.506**	.348*	1.00	.069	-.001	-.020	.142	-.116
Direct.	.004	.028	.110	-.257	-.056	-.016	.065	.069	1.00	.225	.451**	.226	.163
COEMLV	.286	.148	.012	-.083	.205	.290	.052	-.001	.225	1.00	.637**	.572**	.544**
COCNLV	.171	-.012	.204	-.041	.037	.190	.135	-.2-	.451**	.637**	1.00	.464**	.547**
CL Ref. Feel	.069	.215	.145	.116	.325*	.296	.057	.142	.226	.572**	.464**	1.00	.591**
CLCNLV	-.006	.076	.222	-.029	.252	.397*	-.016	-.116	.163	.544	.547**	.591**	1.00

LO - Counselor
CNLV = Conceptual Level
CL = Client
EMLV = Empathy Level

* .05
** .01

143