

Counselor Recall of Specific Details: Implications for Counseling and Counselor Training

MICHAEL K. GARDNER

THOMAS B. WHITE

TED PACKARD

BRUCE E. WAMPOLD

This study examined two verbal process variables in counseling: (a) accuracy of counselor recall statements, and (b) relevance of counselor recall statements.

A question of considerable interest within the social influence model (Strong, 1968) has been "How can one increase the likelihood of being viewed by the client as a credible professional?" Many counselor characteristics have been studied to determine their effects on perceived credibility; however, the importance of the counselor's recall of details from the client's narrative has been largely, although not entirely, overlooked by researchers and clinicians. Kraft, Glover, Dixon, Claiborn, and Ronning (1985) recognized the importance of the counselor's recall; they wrote: "Counselors, of course, are expected to remember the salient elements of previous sessions with clients and to use information shared by clients during sessions to formulate various kinds of responses" (p. 123). The importance of salient recall was recognized also by Sullivan (1954):

Michael K. Gardner is an assistant professor, and Ted Packard is an associate professor, in the Department of Educational Psychology at the University of Utah, Salt Lake City. Thomas B. White is a staff psychologist at Bentley College, Waltham, Massachusetts. Bruce E. Wampold is an associate professor in the Division of Counseling and Educational Psychology at the University of Oregon, Eugene.

It is only when an interviewer can recall a course of events correctly, both as to movement and pattern of movement—that is, the timing of movement, what preceded what, what followed what—that he has the material from which to make useful analysis of the processes which were involved, from which, in turn, he can synthesize an improving grasp of the particular aspect of living concernedSince the interviewer is trying to be an expert at assessing the movements of another so as to get a useful view of the other person . . . [the interviewer must be] alert as to have a microscopically correct record of small events . . . otherwise one may make great mistakes in induction*Sorting out such data is truly impressive to a great many people.* (pp. 71–73, emphasis added)

Thus, Kraft et al. (1985) and Sullivan (1954) presented a case for the importance of recall of detail from the client's narrative. Furthermore, Sullivan made the point that mere recall of detail is not sufficient; there must be, as he described it, a "sorting out" (p. 73) process by which the interviewer recalls detail that is contextually relevant. Moreover, he argued that keeping track of these details has a "truly impressive" (p. 73) effect on the client's perception of the counselor.

The accurate recall of relevant detail, as Sullivan (1954) presented its function, is crucial in that such detail is "the material from which to make useful analysis of the processes which were involved" (p. 71). In other words, over time the counselor is involved in a process of inductive logic whereby he or she constructs a general picture (i.e., conceptualization, diagnosis, or interpretation) based on mastery of the detail. Kraft et al. (1985) described this process of inductive logic as the formulation of various responses based on the recall of "salient elements of previous sessions" (p. 123). Spence (1984) made a very similar point when he described the process of therapeutic listening as "a supreme example of inductive logic in which the principles behind the utterance must be inferred from multiple examples" (p. 58).

Mastery of detail may be viewed, then, as both memory (*accuracy*) and the ability to distinguish important information (*relevance*). Thus, Strong and Dixon (1971) defined perceived expertness as "the client's belief that the counselor possesses information and the means of interpreting information" (p. 562). It therefore seems likely that the client may perceive the counselor's inductive conclusions as more credible if the counselor has consistently displayed a powerful command of the details from the client's narrative. Such a display may be manifest in the counselor's ability to recall names, dates, and related events. Conversely, it is presumed that displays of forgetfulness diminish the client's evaluation of the counselor.

Although the importance of mastery of detail may seem self-evident, it is not the case that everyone subscribes to this point of view. Indeed, Carl Rogers indicated that mastery of detail was not important to him. Discussing his therapeutic technique, Rogers said, "as is characteristic of me, there are not more than one or two statements or incidents which I recall . . . I really have a very non-specific memory of the whole interview" (Shostrom, 1965).

This clear dichotomy of opinion concerning the importance of recall led us to undertake an empirical study of the counselor's recall of details from the client's narrative. Specifically, we wished to learn whether this kind of recall affects perceptions of the overall performance of the counselor.

METHOD

Stimulus Materials

We developed a single script to credibly simulate a 6-minute segment from a counseling interview. Four versions of the same script were written; each version presented a different level (high and low) of two variables: *accuracy* of counselor recall and *relevance* of counselor recall. The four versions were identical except for three instances on each tape in which the counselor's recall comments and the client's responses were altered so that each tape represented one of four conditions: (a) high accuracy and high relevance, (b) high accuracy and low relevance, (c) low accuracy and high relevance, and (d) low accuracy and low relevance.

Audiotapes were chosen as the stimulus material, rather than videotapes, for reasons of internal validity: audiotapes would reduce the occurrence of nonverbal cues that would contribute an indeterminable source of variance in an experiment that manipulated a verbal cue. Furthermore, Howell and Highlen (1981) cited studies that found "no differences between role play, audio-, and videotape procedures in: (a) subjects' verbal and perceptual responses . . . and (b) raters' consistent judgments of counselors' responses" (p. 388). Thus, in this study, audiotapes offered a significant advantage, yet presumably no disadvantage.

To enhance the script's verisimilitude, we chose two individuals who were familiar with counseling and the typical verbal interactions found in counseling sessions. The individual selected to play the role of the counselor was an advanced doctoral student in clinical psychology, a woman with psychotherapy experience in a variety of settings. The individual selected to play the role of the client was a male advanced doctoral student in counseling psychology.

We believed that the content of the dialogue needed to focus on client issues that would (a) be familiar to the actors and thereby enable them to draw on their counseling experience, and (b) be developmentally relevant to the participants who, later, would be listening to the audiotaped dialogue. (The participants were, for the most part, young adults; demographic data are reported later in this article.) Therefore, the content of the dialogue focused on heterosocial issues: feelings of doubt, experiences of rejection and hurt, and subsequent movement toward

adjustment. Following Erikson's (1950) developmental tasks, such issues were considered especially relevant to young adults.

A final consideration in the development of the scripts directly addressed the experiment's purpose, namely, to test the effect of the counselor's recall on participants' perceptions of the counselor. Therefore, it was necessary to include opportunities for the counselor to demonstrate her ability to recall details in a manner that was either accurate or inaccurate and either relevant or irrelevant. This criterion was addressed by having the client refer to (a) his former girlfriend, without naming her, (b) his former roommate, without naming him, and (c) the year he lived in another town, without indicating the year.

Three manipulations of recall were considered sufficient in quantity to highlight the experimental conditions without creating an unrealistically high number of such exchanges within a 6-minute period. All three situations presented the counselor with opportunities to offer responses that demonstrated different levels (high and low) of accuracy and relevance. For example, on the high accuracy/high relevance tape, the counselor accurately recalled details that were relevant to what the client was talking about (e.g., the correct name of the client's former roommate in a discussion concerning the client's former roommate). In the high accuracy/low relevance condition, the counselor accurately recalled details that were not relevant to the current discussion (e.g., the correct name of the client's former dormitory in a discussion concerning the client's former roommate). In the low accuracy/high relevance condition, the counselor inaccurately recalled details that were relevant to the current discussion (e.g., the wrong name of the client's former roommate in a discussion concerning the client's former roommate). In the low accuracy/low relevance condition, the counselor inaccurately recalled details that were not relevant to the current discussion (e.g., the incorrect name of the client's former dormitory in a discussion concerning the client's former roommate).

To validate the tapes, the tapes were rated on a number of dimensions by two groups. First, five advanced doctoral students in counseling psychology rated the tapes for (a) vocal consistency, (b) adherence to experimental conditions, and (c) analogue credibility. *Vocal consistency* was defined as the similarity of the actors' vocal intonation across all four tapes. *Adherence to experimental conditions* was defined as the similarity of content across all four tapes, except for the three instances of manipulated content. *Analogue credibility* was defined as the similarity of the tapes to actual counseling sessions. For each of these three dimensions, a rating of 1 indicated "not at all similar," a rating of 4 indicated "somewhat similar," and a rating of 7 indicated "very similar." The mean ratings for the three dimensions were: (a) vocal consistency, 6.60; (b) adherence to experimental conditions, 6.80; and (c) analogue credibility, 6.60.

Second, to validate the experimental conditions (high or low accuracy, and high or low relevance), 32 students listened to the four stimulus tapes (in random order). These students (a) rated the accuracy of each tape ("When the counselor tries to remember something, is she right or wrong?") on a 7-point scale ranging from *inaccurate* (1) to *accurate* (7), and (b) rated the relevance of each tape ("When the counselor tries to remember something, is it important to what the client is talking about at that time?") on a 7-point scale ranging from *irrelevant* (1) to *relevant* (7). As expected, the mean rating for accuracy was higher for the two high accuracy tapes ($M=6.92$) than for the two low accuracy tapes ($M=1.33$). Likewise, the mean rating for relevance was higher for the two high relevance tapes ($M=6.63$) than for the two low relevance tapes ($M=1.58$). Using a repeated measures analysis of variance, these differences were significant ($p<.001$). With the stimulus materials clearly validated, we proceeded to the main experiment.

Participants

The main experiment included a participant pool of 64 undergraduate students recruited from educational psychology classes at a major university. All students received credit for their participation. These students were untrained in counseling or clinical psychology. The range of age was from 18 to 58 years, with a mean age of 27.5. Of the students, 33 were women, and 31 were men.

Design and Independent Variables

The experimental design was a two-by-two factorial model with four independent groups. The first factor (accuracy of counselor recall) consisted of two levels, high and low. The second factor (relevance of counselor recall) also consisted of two levels, high and low.

Procedure

The participants were randomly assigned to the four groups. Participants in each group listened to one version of the tapes. The tape was described to participants as a segment from the 12th meeting of a counseling session to suggest to the participants an actual client narrative of some duration. After listening to the tape, participants completed the dependent measure.

Dependent Measure

The revised Counselor Rating Form (LaCrosse & Barak, 1976) was used to measure the participants' perceptions of the counselor. The instru-

ment asks participants to rate the counselor on 36 semantic differential items, with each of three dimensions (expertise, attractiveness, and trustworthiness) measured by 12 items. For two reasons, the total score of the Counselor Rating Form (CRF) was used in this experiment rather than the three subscale scores. First, the hypothesis of this study was related to the overall evaluation of the counselor by the participants. No differential hypotheses for the three dimensions were made. Second, there is increasing psychometric evidence to indicate that use of the three subscale scores is unjustified. Corrigan and Schmidt (1983) reviewed numerous studies of the CRF and concluded that these studies "have not replicated [the] 3-factor orthogonal structure" (p. 65). Heesacker and Heppner (1983) found that after an average of seven sessions, clients did not distinguish among counselor trustworthiness, expertise, or attractiveness. Others have indicated that measuring three separate dimensions was not warranted and that researchers using the CRF should undertake a single-factor measurement of participants' perceptions of counselors, based on the total CRF score (Atkinson & Wampold, 1982; Ponterotto & Furlong, 1985). This experiment, therefore, studied the differential effects on participants' perceptions of the counselor as measured by the total CRF score for each of the four conditions described in the Design and Independent Variables section of this article.

RESULTS

Students' ratings of counselor performance, as measured by the CRF, were analyzed using a two-way ANOVA. The factors were *accuracy* of the counselor's recall (high versus low) and *relevance* of the counselor's recall (high versus low). Each participant rated only a single audiotape, defined by the crossing of one level of accuracy and one level of rele-

TABLE 1
Means and Standard Deviations by Condition Based on
Participants' Ratings on the Counselor Rating Form

Relevance of Counselor Recall	Accuracy of Counselor Recall		
	High	Low	Total
High	$M = 193.88$ $SD = 33.79$ $n = 16$	$M = 160.94$ $SD = 47.85$ $n = 16$	$M = 177.41$ $SD = 44.05$ $n = 32$
Low	$M = 188.69$ $SD = 34.90$ $n = 16$	$M = 157.25$ $SD = 43.94$ $n = 16$	$M = 172.97$ $SD = 42.17$ $n = 32$
Total	$M = 191.28$ $SD = 33.89$ $n = 32$	$M = 159.09$ $SD = 45.23$ $n = 32$	$M = 175.19$ $SD = 42.83$ $n = 64$

vance; thus, both accuracy and relevance of the counselor's recall comments were between-subjects factors. Table 1 summarizes the descriptive data that emerged from the participants' responses on the CRF.

The results of the two-way ANOVA yielded a significant main effect for accuracy, $F(1,61) = 10.08, p < .01$. The high accuracy conditions (collapsed over relevance conditions) yielded a mean Counselor Rating Form score of 191.28, whereas the low accuracy conditions (collapsed over relevance conditions) produced a mean Counselor Rating Form score of 159.09. The main effect for relevance was not significant, nor was there a significant interaction between accuracy and relevance. Table 2 summarizes the ANOVA results.

DISCUSSION

The results indicated that when recall comments were at the high accuracy level, participants' perceptions of the counselor were significantly more favorable than when recall comments were at the low accuracy level. Different levels of relevance of recall comments, however, had no effect on the participants' perceptions of the counselor.

Several factors seem to have influenced the results and need to be noted. First, the demographics of the sample must be recognized as a limiting factor. Although age was broadly represented and sex was evenly represented, other demographic variables were not as heterogeneous. Of the 64 participants, 2 were Asian-American, 1 was Hispanic-American, and the remaining 61 were Caucasian-American. Furthermore, all 64 participants were university students. Therefore, it cannot be assumed that similar results would be obtained from a non-university sample that was more ethnically heterogeneous. A sample that is both clinical (i.e., non-analogue) and heterogeneous would extend the external validity of this study.

A second limitation concerns the choices of the sex of the counselor (female) and the sex of the client (male) in the audiotape stimulus

TABLE 2
Results of Analysis of Variance of Participants' Ratings of Counselor Performance Using the Counselor Rating Form

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Square	F
Accuracy	1	16576.56	16576.56	10.08**
Relevance	1	315.06	315.06	0.19
Accuracy \times Relevance	1	9.00	9.00	0.01
Error	60	98687.13	1644.79	
Total	63	115587.75		

** $p < .01$.

materials. To what extent these choices may have biased the participants' responses remains unknown. Including the sex of the counselor and the sex of the client as explicit experimental variables in an expanded design (i.e., Sex of Counselor \times Sex of Client \times Accuracy of Recall \times Relevance of Recall) would certainly improve the generalizability of the results.

It is also necessary to recognize the limitations of an analogue study. In this study, students offered their perceptions of the counselor; however, it is not certain that clients would respond in the same manner that the students responded. The primary limitation of an analogue study is that internal validity is emphasized at the expense of external validity.

Relevance seems to be a more complex construct than accuracy. Whereas most participants seemed to judge accuracy dichotomously (accurate versus inaccurate), they tended to perceive relevance along a continuum. This difference can be traced to a contrast between the two constructs. Accuracy, by its very nature, is an objective construct. Most analogue participants and clients can agree on the accuracy of a statement. Relevance, however, is a subjective, client-based construct. As Tinsley, Workman, and Kass (1980) pointed out, different clients (and, presumably, analogue participants) have different expectations concerning counselors. Some may expect high counselor relevance, whereas others may expect less counselor relevance. These differing expectations, along with the gray shadings that are inherent in a continuous construct, may have contributed to our inability to find significance for the relevance construct. Future studies of relevance would benefit from grouping participants with like expectations, so that this source of variance could be controlled and removed from the error term of the appropriate statistical tests.

IMPLICATIONS

From the counselor's perspective, the main effect for accuracy suggests the importance of accurate recall of details from the client's narrative. Accurate recall may be aided by clinical notetaking that includes attention to specific concrete details, such as names, dates, and locales. Furthermore, clinical notetaking could be improved by organizing these details into a chronologically-based, importance hierarchy such as those used by cognitive psychologists (Rumelhart, 1975, 1977; Thorndyke, 1977) in describing narrative stories. These hierarchies, called "story grammars," organize a narrative into a hierarchical structure using a set of parsing rules such as "Story = Setting + Characters + Theme + Plot + Resolution." At each level of the hierarchy, another rule organizes the breakdown of information into levels of greater specificity until, at the terminal points of the hierarchy, only details remain. The branches

of the hierarchy are organized chronologically from left to right, so that earlier occurring events are to the left. (Although space limitations preclude our describing this approach in detail, the interested reader is referred to Mayer, 1981, pp. 62-75.)

We particularly favor a notetaking scheme based on this type of hierarchical approach, although story grammars may have to be modified to fit the events typically presented during counseling sessions. We see its potential benefits as two-fold. First, such a notetaking system provides an organized scheme for both recording and retrieving accurate details from the client's narrative. The counselor would have a record of specific details, and this record would be arranged in such a way that finding specific details would be reasonably easy, given the organizational scheme. We do not anticipate that counselors would try to record information in this way during an actual session; instead, we believe they would use such a scheme by returning to their usual case notes (with the caveat that these notes must include a good bit of detail) and reorganizing them using a story grammar approach. This hierarchical outline could then be referred to before each session, in addition to reviewing the more traditional progress notes.

A second benefit for counselors would be increased memory of the client's presentations. This could be a result of simple repetition of information during the organizational process or, as Kraft et al. (1985) suggested, an increased depth of processing of the client's material. The reorganization of information from the client's typically unstructured presentation to the structured life-course grammar would entail a good deal of attention to semantic information; this would likely result in a greater depth of processing. At any rate, the training of counselors, while emphasizing the acknowledged importance of basic skills (e.g., Egan, 1982; Ivey & Authier, 1978; Rogers, 1957), should also include greater attention to recall of specific details.

Future research might develop a specific model for recording details based on the story grammar work of Rumelhart and Thorndyke. Such research would test whether such a model encourages the recall of details from the client's narrative. If such a model actually does increase recall, the training and supervision of counselors would benefit from the inclusion of this notetaking system.

Other research might seek to determine the client cognitions that accompany perceptions of accurate or inaccurate counselor recall. For example, clients may attribute attentiveness, understanding, and caring to counselors who can accurately recall details. Furthermore, clients may attribute expertise to highly accurate counselors. Such attributions as caring, attentiveness, understanding, and expertise would enhance the counselor's social influence and, presumably, increase the likelihood of client change.

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