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Differences In Team And Standard Approaches To Counselor Education

Patricia Baker Mallars
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DIFFERENCES IN TEAM AND STANDARD APPROACHES
TO COUNSELOR EDUCATION

A Thesis
Presented to
the Faculty of the School of Education
University of the Pacific

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
Patricia Baker Mallars

June 1965

This dissertation is approved for recommendation
to the Graduate Council.

Department Chairman or Dean:

J. Marc Jantzen

Dissertation Committee:

Jay W. Reeve , Chairman

John L. Schjopere

Jay Goleman

David K. Bruner

Salvo A. Hame

Dated May, 1965

TABLE OF CONTENTS

CHAPTER	PAGE
I. THE PROBLEM, HYPOTHESES, AND DEFINITIONS	
OF TERMS USED	1
Introduction	1
The Setting	2
The Problem	2
Need for the study	4
Hypotheses	5
Limitations of the study	7
Definitions of Terms Used	10
Counseling interaction	11
Counselor education team approach	11
Standard counselor education approach	12
Self concept	12
Perception	13
Evaluation	13
II. REVIEW OF THE LITERATURE	14
Related Concepts	14
The tandem interview or interview team technique	14
Multiple counseling	15
Therapeutic community	17
Conjoint family therapy	20

CHAPTER	PAGE
Multiple impact therapy	21
Group therapy	24
Counseling Relationship	25
Client Satisfaction	28
Counselor Effectiveness	28
Client Adjustment, School Marks, and Persistence in School	30
Other Ratings	32
Other Team Uses	33
Contributions to This Study	34
III. METHOD OF THE STUDY	40
Sources of Data	40
The population	40
"AA" group	41
"AB" group	41
"BA" group	41
"BB" group	41
"CD" group	41
"DC" group	41
Instruments	42
Questionnaire	42
Counseling rating scale	43
Administration of the Instruments	43

CHAPTER	PAGE
IV. PRESENTATION OF FINDINGS	45
Treatment of Data	45
Counseling rating scale	45
Questionnaire	48
Interpretation of Findings	59
Counseling rating scale	59
The questionnaire	65
Subjective Data Analysis	65
Client responses to the open-ended statement, No. 26, on the counseling rating scale . .	67
Illustrative case material from team counseling	67
Illustrative case material from standard counseling	72
Young client's counseling rating scale . .	80
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	85
Summary	85
Conclusions	88
Recommendations	92
BIBLIOGRAPHY	99
APPENDIXES	105
APPENDIX A. Counseling Rating Scale	106
APPENDIX B. Young Clients' Counseling Rating Scale .	108
APPENDIX C. Questionnaire in Advanced Fieldwork . .	110

LIST OF TABLES

TABLE		PAGE
I.	Counselors' Ratings of Interviews	
	Total of Ratings on all Items	50
II.	Clients' Ratings of Interviews	
	Total of Ratings on all Items	50
III.	Supervisor's Ratings of Interviews	
	Total of Ratings on all Items	51
IV.	Comparison of Counselors Experiencing Team	
	First then Standard Approach with Counselors	
	Experiencing Solely Standard Approach	
	Total of Ratings on all Items	51
V.	Comparison of Counselors Experiencing Team	
	First then Standard Approach with Counselors	
	Experiencing Standard First then Team	
	Approach--Total of Ratings on all Items . . .	52
VI.	Comparison of Counselors Experiencing	
	Standard First then Team Approach with	
	Counselors Experiencing Solely Standard	
	Approach--Total of Ratings on all Items . . .	52
VII.	Total of Ratings on all Items by Male and	
	Female Clients Experiencing Team Approach . .	53
VIII.	Total of Ratings on all Items by Male and	
	Female Clients Experiencing	
	Standard Approach	53

TABLE

PAGE

IX.	Total of Ratings on all Items by Father and Mother Clients Experiencing Team Approach . .	54
X.	Total of Ratings on all Items by Father and Mother Clients Experiencing Standard Approach	54
XI.	Client Item Ratings Discriminating Between Team and Standard Approaches	55
XII.	Counselor Item Ratings Discriminating Between Team and Standard Approaches	56
XIII.	Reliability Coefficients for Counseling Rating Scale, Split-Half Procedure, Spearman Rho, not Corrected for Attenuation	57
XIV.	Reliability Coefficients for Counseling Rating Scale, Split-Half Procedure, Spearman Rho, not Corrected for Attenuation, Between Unlike Counselors on Teams	58
XV.	Total of Supervisor Ratings on all Counselor Field Work Questionnaire Responses	58

CHAPTER I

THE PROBLEM, HYPOTHESES, AND DEFINITIONS OF TERMS

I. INTRODUCTION

Promotion of maximum effectiveness of interaction between student counselors and clients in the counseling practicum is of increasing concern to counselor educators.¹ There has been a steady increase of counseling evaluation studies in the literature of the last five to eight years. What an effective counseling interaction consists of, what methods are employed to reach the desired goal, and what the criteria are for measurement in evaluation are all topics of considerable concern. Attempts to measure counseling effectiveness have produced varying results as a review of the literature will later confirm. There is a large number of researchers who have worked and are continuing to work at increasing counseling effectiveness. Their findings indicate that more data will be required, and more exploratory studies need to be undertaken with previously untried techniques.²

¹C. H. Patterson, "Supervising Students in the Counseling Practicum," Journal of Counseling Psychology, 11:47-53, Spring, 1964.

²John W. M. Rothney and Gail F. Farwell, "The Evaluation of Guidance and Personnel Services," Review of Educational Research, 30:169-72, April, 1960.

II. THE SETTING

The present study was conducted during the years 1964 and 1965. It took place at the University of the Pacific using clients from the Central California area. Referrals included clients of various ages referred for emotional or school related problems and their fathers and mothers, as well as adolescents and adults seeking vocational counseling. They were referred by others or were self-referrals.

III. THE PROBLEM

It was the purpose of this study to evaluate the effectiveness of counseling by comparing results of a counseling team approach with those of a standard counseling approach. The criterion of effective counseling was client, counselor, and supervisor satisfaction with the counseling experience. The following background questions were raised. Would the perceptions as experienced in the two counseling practicum approaches be measured as significantly different? What in both approaches would be common perceptions among the student counselor, his client, and the student counselor supervisor of what constitutes a satisfying counseling interaction? What common perceptions of the counseling experience would be least gratifying? What would be the appropriate content of a questionnaire designed to measure student

counselor satisfaction during both team and standard practica? Would the student counselors involved in a team approach to counselor education perform differently from those using a standard approach? Would practicum questionnaire results be different among student counselors experiencing both a standard and a team approach? Would there be a difference among student counselors experiencing both methods if they had had a team approach before the standard approach? How would the advanced student counselor, his client, and the counselor supervisor perceive the team and standard experiences as compared to the individuals involved in an intermediate counseling practicum? Would there be a difference between male and female perceptions of the experience in these two approaches in counselor education? Among clients, how would fathers perceive the counseling interactions as compared with mothers?

— The above questions would assume that expressed satisfaction might be indicative of successful counseling interaction and possibly of client growth.

* The problem of this initial study may be stated as follows: What are the possible values of team counseling for school settings?

Subsidiary questions include: How might the evaluation of counseling effectiveness be enhanced? How may underachievers be further encouraged in counseling? What

elements in the counseling interaction should possibly be more emphasized in counselor education? Does the perceived difference of the experience of the counseling interaction among counselor, client, and counselor supervisor have curricular implications?

Need for the Study

Various investigations to be considered in the review of the literature have attempted to relate a multiplicity of criteria to the judgment of possible effectiveness in counseling. Criteria for effectiveness of counseling often have involved client satisfaction measured with such variables as theoretical orientation of the counselors, length of counseling, elements of the counseling relationship perceived helpful, and personality of the counselor or client. Criteria sometimes have included comparisons between counselor and client judgment of the effectiveness of the interview, judgments of counselors' peers or of supervisors. There have been studies which relate effectiveness of counseling to various degrees of adjustment.

McGowan and Schmidt have stated,

At the present time the field is still having a great deal of difficulty in trying to establish suitable criteria by which to evaluate the counseling process. While no one will deny that accurate evaluation is always a difficult process, the fact remains that we need to improve our methods in this area. It is also true that the problems involved are great, but

the risk may be even greater to the profession if we fail to improve our methods of evaluation.³

Robinson pointed out, "Only through more carefully controlled studies can differences in the effectiveness of different approaches in personnel work be determined and the best methods adopted."⁴ McGowan and Schmidt suggested,

Through a systematic and continuing evaluation of student counselors, combined with cooperative research programs, it should become possible to . . . develop more effective means of improving learning in the field, improve academic course offerings and prepracticum experiences as needs become apparent, and help field agencies improve their practice.⁵

A survey of the literature in multiple aspects of evaluation of counseling effectiveness did not reveal any investigation which attempted to make comparisons of satisfaction of all subjects involved in the two counseling education approaches of this study. Results of the present investigation could possibly give direction to counselor educators in furthering the effectiveness of counseling.

✕ Hypotheses

The following are the hypotheses of this study:

1. Student counselors at intermediate or advanced

³John F. McGowan and Lyle D. Schmidt, Counseling: Readings in Theory and Practice (New York: Holt, Rinehart, and Winston, Inc., 1962), p. 523.

⁴Francis P. Robinson, Principles and Procedures in Student Counseling (New York: Harper and Brothers, 1950), p. 25.

⁵McGowan and Schmidt, op. cit., p. 85.

levels of preparation who utilized a counseling team approach will reveal differences in satisfaction from student counselors involved in a standard counseling approach.

2. Clients involved in a counseling team approach will reveal differences in satisfaction with counseling interaction from those clients receiving standard counseling.

3. Student counselors who have experienced the team approach initially and then are transferred to the standard approach will reveal differences in satisfaction from those student counselors who have experienced solely the standard approach.

4. Student counselors who have experienced the team approach initially and then are transferred to the standard approach will reveal differences in satisfaction from those student counselors who have experienced the standard approach initially and then are transferred to the team approach.

5. Student counselors who utilized a standard approach and later transferred to a team approach will reveal differences in satisfaction from student counselors who have experienced solely the standard approach.

6. Male and female clients will exhibit differences in satisfaction with the two approaches.

7. Father and mother clients will exhibit differences in satisfaction with the two approaches.

Both global and specific analyses will be made by the investigator in order to generate hypotheses for subsequent validation. The first aim of this study is to compare counseling effectiveness as defined by satisfaction with team or standard counseling. The second aim of this study is the identification of possible additional variables still to be validated in team counseling. This will be in the nature of a clinical analysis of counselor and client item responses and clinic reactions. It is assumed that such an analysis will elicit and identify additional variables for subsequent controlled developmental validation in further research.

Limitations of the Study

The methodology of the study will be described in a later section on groups and instruments used, group measurement, and various comparisons. O'Dea and Zeran cautioned, "To date there is no clear-cut set of criteria that would be applicable in evaluating the effects of counseling in all situations."⁶ They also pointed out that different criteria measure different aspects of the counseling situation. Researchers in counseling have used many different criteria,

⁶David J. O'Dea and F. R. Zeran, "Evaluation Effects of Counseling," Personnel and Guidance Journal, 31:241-42, January, 1953.

as Peters and Shertzer have indicated.⁷ They stated,

. . . a criterion is a standard of behavior which is established as being desirable. Whether whatever is done (the method used) is effective or not depends upon the criterion. The method used may be effective when one criterion is used, but if another criterion is used, the method may not be effective.

Travers urges greater use of the control group method and seems to reject such criteria as the client's assessment of satisfaction with counseling.⁸ On the other hand, McGowan and Schmidt stated that although it is difficult to say who is in the best position to evaluate the effectiveness of counseling, since the client's feelings may or may not be related to real changes in his behavior, yet "it seems reasonable to assume that what clients feel about counseling has real meaning as far as an evaluation of the process is concerned."⁹ They also stated that attempts to use standardized tests in evaluating client changes have proved discouraging. Brammer and Shostrom also cautioned about the use of tests or external devices based upon objective measures of behavior changes. They attributed this limitation to the problem of the reliability of the instrument, as well

⁷Herman J. Peters and Bruce Shertzer, Guidance: Program Development and Management (Columbus, Ohio: Charles E. Merrill Books, Inc., 1963), p. 490.

⁸Robert Travers, "A Critical Review of Techniques for Evaluating Guidance," Educational and Psychological Measurement, 9:211-22, 1949.

⁹McGowan and Schmidt, op. cit., p. 523.

as our not really knowing what measured changes can be attributed to counseling and what to other life experiences.¹⁰

The populations of this study are limited to subjects available at the University of the Pacific's Clinical Services, thus minimizing generalization of the results.¹¹

Peters and Shertzer noted that motivation for counseling is an important variable typically not included in population samples of studies evaluating effectiveness of counseling.¹² However, in this study, all clients can be considered motivated since all sought counseling services at the University of the Pacific. McDaniel observed that in research involving human relationships it is impossible to isolate and control the numerous and complex variables and to establish any definite relationship between cause and effect.¹³ As Peters and Shertzer stated,

Many factors correlated with individual differences predispose a person to think and act as only he can. Changes occur in an individual in the absence of any known influence that has been brought to bear on him.¹⁴

¹⁰Lawrence M. Brammer and Everett L. Shostrom, Therapeutic Psychology (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1961), p. 116.

¹¹Peters and Shertzer, loc. cit.

¹²Ibid., p. 491.

¹³Henry B. McDaniel, Guidance in the Modern School (New York: Holt, Rinehart, and Winston, 1956), p. 410.

¹⁴Peters and Shertzer, op. cit., p. 492.

Nevertheless, McDaniel observed that analysis of apparent relationships has great value, but he emphasized considerable caution in accepting the findings.¹⁵

The perceptual view of human behavior maintains that an individual's behavior is a function of his ways of perceiving the personal meanings existing for him.¹⁶ An individual may defend himself against experiences which are perceived or anticipated as incongruent with his self-concept.¹⁷ Thus, if the counseling experience was perceived as a threat, a counseling rating scale could be affected. This would, therefore, influence the means and other characteristics of the distributions. If the client's perception of expected counseling services was different from his perception of experiences actually received, it could also affect his judgment.¹⁸

IV. DEFINITIONS OF TERMS USED

The following definitions have been selected for this study.

¹⁵McDaniel, loc. cit.

¹⁶Association for Supervision and Curriculum Development, Perceiving, Behaving, Becoming (Washington, D.C.: Department of National Education Association, 1962), pp. 67-68.

¹⁷Ibid., p. 23.

¹⁸Arthur H. Brayfield, Readings In Modern Methods of Counseling (New York: Appleton-Century-Crofts, Inc., 1950), p. 463.

Counseling Interaction

The total experience of the counseling interview as perceived by the different individuals involved in it was considered to be the counseling interaction.

Counselor Education Team Approach --

The term was applied to two student counselors working together simultaneously with one or more clients in preparation for the interview, the interviewing of clients, and the evaluation of results. The team counselors were subjected to the identical types of supervision received by student counselors experiencing the standard approach. Counselor teams involved the use of one student counselor playing a more dominant role in conducting the interviews while the second team member served mainly as a recorder, supporter, and reflector of feelings. On a different case, the team members often reversed roles. The less dominant member was instructed to intervene in the interview when he felt the occasion was warranted. The recorder also had the opportunity to ask the client additional questions toward the end of each interview or make pertinent statements that he felt would facilitate comprehension for clients or counselors. Sometimes a less experienced student counselor was assigned the role of recorder to assist a more experienced student counselor. The latter was based on the assumption that

active novice participation in a case rather than passive observation of it through the one-way mirror would enhance counselor learning. Student counselor teams were free to utilize whatever seating arrangements they wished with the client(s). Some recorders wished to take a more active part and sat beside the more dominant student counselor. Others preferred to be beside the client(s) and have less eye contact. There were occasions when the recorder, although assigned the less dominant role, seemed to dominate the interview as judged by more client eye contact and conversation directed in the recorder's direction.

Standard Counselor Education Approach —

The term was applied to one student counselor working with one or more clients in preparation for as well as interviewing of clients, and evaluation of results. The individual counselors were subjected to the identical types of supervision received by student counselors experiencing the counselor education team approach.

Self Concept

Concept of self consists of beliefs about the nature, values, capacities, and aspirations which an individual apparently perceives as describing himself.

Perception

Perception is considered as that which a person selects from his total environment as reality or having personal meaning at the time of action.

Evaluation

Evaluation as a concept is determining the relative importance of something in terms of a standard or standards.

CHAPTER II

REVIEW OF THE LITERATURE

Measurement of effective counseling has been attempted in a number of ways and with a multiplicity of criteria. The literature varies in placing emphasis upon the importance of the methodology utilized in obtaining effective counseling results. It differs in use of criteria for the measurement of the desired goals of counseling. Concepts related to the team method emphasis investigated in this study have been explored and reported below.

I. RELATED CONCEPTS

The Tandem Interview or Interview Team Technique

Kincaid and Bright employed a man-woman team composed of two interviewers working with one respondent.¹ In their research, the notes were usually taken by the female member of the team but both worked as interviewers. An advantage as observed by Kincaid and Bright was that if the respondent had a negative reaction to one of the interviewers, the other team member could complete the major part of the interview efficiently. Borg referred to the above technique

¹Harry V. Kincaid and Margaret Bright, "The Tandem Interview, A Trial of the Two-Interviewer Team," Public Opinion Quarterly, 21:304-12, 1957.

as "a relatively new procedure that can be adapted to many educational studies."² He listed certain possible advantages of this technique. Among these were that the team interview makes it possible to obtain a more thorough record of an individual's responses since personal bias and unconscious selection of data are minimized when two persons are responsible for preparing the report. Borg also stated that reduction of bias is more likely in exploratory studies where the research plan depends upon the interview in order to identify relevant variables for study and to isolate such variables, when two interviewers apply their different experiences and viewpoints to the responses. Borg noted that the tandem procedure saves time, since the respondent does not have to be interrupted by the mechanics of recording, and the respondent may feel that his time is being more fully utilized.

Multiple Counseling

Froehlich gave the term multiple counseling to a process in which a counselor counsels with more than one client at a time, in an attempt to assist each client make individual decisions within a group situation.³ Froehlich

²Walter R. Borg, Educational Research, An Introduction (New York: David McKay Company, Inc., 1963), p. 232.

³E. Wayne Wright, "Multiple Counseling: Why? When? How?" Personnel and Guidance Journal, 37:551-57, 1959.

asserted that the objectives of counseling, whether individual or group, are essentially the same in that the individual is encouraged to evaluate himself; so that he can make more responsible decisions resulting in changed behavior from applying his learning to action. Caplan distinguished multiple counseling from teaching and group guidance, stating that the latter place emphasis on the imparting of facts.⁴ He pointed out that group psychotherapy emphasizes treatment. Caplan reported on the testing of multiple counseling in terms of its effectiveness in changing the self-concepts and improving the school achievement of a group of high school boys who were considered "problems." There were significant differences between the experimental and control groups in favor of the multiple-counseled. Wright reported a number of research studies supporting the contention that multiple counseling holds promise as an efficient and effective counseling technique.⁵ Wright also listed the use of group approaches in a number of settings as in counseling with families in a casework agency, in penal institutions, with alcoholics, in promoting mental hygiene, as orientation for counseling, attributing the

⁴Stanley William Caplan, "The Effect of Group Counseling on Junior High School Boys' Concepts of Themselves in School," Journal of Counseling Psychology, 4:124-28, 1957.

⁵Wright, loc. cit.

recent growth of such group work to principles of group dynamics stressing research by Katz and Lazarsfeld⁶ who supported the thesis that groups influence individual opinions, attitudes, and actions. It was reported by the Department of Corrections, "Group counseling is the most widely used treatment technique in California correctional institutions."⁷

Therapeutic Community

The therapeutic community concept involves continuous teamwork on the part of all the hospital staff in a unit for psychoneurotics.⁸ The plan also includes having the patients help one another in a setting which is designed to resemble a regular community. The usual therapeutic emphasis of one psychiatrist for one patient in a hospital setting not similar to the patient's usual world is abandoned. A psychiatrist is able to serve many more persons with this method than with psychoanalysis. Traditional staff relationships are revised. It was reported by Watson,

The variety of persons and activities resembles more nearly the patient's family and former community setting. His usual reactions might emerge more quickly

⁶Ibid., p. 553.

⁷California State Department of Corrections, Annual Research Review (Sacramento: Department of Corrections, 1963), p. 27.

⁸The concept in practice is not limited to psychoneurotics, having been developed originally in wards which also included borderline and ambulatory psychotics.

than in private sessions. Certainly the carry-over of whatever good adjustment does get learned, from the therapeutic community to life beyond the institution, would seem to be easier than to work out satisfactory life-adjustments on the basis of an intensive patient-analyst relationship.⁹

One of the patient's activities is four hours a day of workshop. Watson stated,

The Therapeutic Community views treatment as located not in the application by specialists of certain shocks, drugs or interpretations, but in the normal interactions of healthy community life. The doctor has a vital role, but so also do the nurses, the job supervisors, and the other patients. Work experience in genuine jobs replaces the mere time-killing [sic] characteristic of "occupational therapy."¹⁰

Jones declared,

Most of our patients have very poor work records with long periods of unemployment, and our aim is to get them back to the habit of work; most placements from hospital are in the unskilled field, so that it is important that the work done in hospital should approximate as far as possible to the working conditions they will find outside. We believe that occupational therapy of the diversional type [sic] would be unsuitable for our population; art classes, etc., are encouraged in the patient's spare time, but the routine work day of 10 a.m. to 12 a.m. and 2 p.m. to 4 p.m. must be adhered to. A nurse goes around the workshops daily to check the attendances, and it is constantly stressed to the patients that attendance at the workshop is part of their treatment and full cooperation is essential.¹¹

Other patient group activities are gripe sessions, discussions, testimonials, drawing, music in the dark, and carefully written as well as rehearsed playlets presented to

⁹Maxwell Jones and others, The Therapeutic Community (New York: Basic Books, Inc., 1953), p. ix.

¹⁰Ibid., p. vii.

¹¹Ibid., p. 26.

other patients as entertainment. The presentation of plays in such a manner moves away from the spontaneous approach of Moreno's psychodrama.¹² Sandler reported an attempt to follow up samples of discharged patients to see how well they adjusted to their environment.¹³ Adjustment criteria were good records of health, family life, and work experience, in general judged six months after the close of treatment.¹⁴ Approximately 44 per cent were rated as having good adjustment, 22 per cent as fair, and 33 per cent as failing to adjust.¹⁵

The Department of Corrections in California reported that research is currently being conducted based on the therapeutic community treatment concept at the California Institution for Men in Chino, California.¹⁶

Wilmer reported a therapeutic community experiment operating in the psychiatric ward at the Naval Hospital at Oakland, California. It is a major effort based on the techniques employed by Maxwell Jones, T. F. Main, and T. A. Rees.¹⁷ Wilmer stated,

¹²Ibid., p. ix.

¹³Ibid., p. 113.

¹⁴Ibid., p. x.

¹⁵Ibid.

¹⁶California State Department of Corrections, op. cit., p. 25.

¹⁷Harry A. Wilmer, Social Psychiatry in Action, A Therapeutic Community (Springfield, Illinois: Charles C. Thomas, 1958), p. xiv.

. . . dependence on external forms of control, whether drugs or harsher restraints, runs counter to the basic principle on which a therapeutic community operates--the principle that the major objective of management with the mental patient is to foster self-control. Since the patient can develop self-control only by facing his problem and learning to live with reality, the emphasis in the therapeutic community is on the social process which helps him to do so. When drugs facilitate this process or reinforce its effects, they are a valuable adjunct to therapy; when they have the opposite result, they are worse than useless.

Conjoint Family Therapy

Satir wrote an account of the concept of conjoint family therapy differentiating it from other treatment approaches of family therapy. Satir stressed that conjoint family therapy emphasizes a therapist seeing the family as a unit rather than each member of a family separately.¹⁸ Satir reported,

When one person in a family (the patient) has pain which shows up in symptoms, all family members are feeling this pain in some way. . . . Numerous studies have shown that the family behaves as if it were a unit. In 1954 Jackson introduced the term "family homeostasis" to refer to this behavior. According to the concept of family homeostasis, the family acts so as to achieve a balance in relationships. Members help to maintain this balance overtly and covertly. . . . When the family homeostasis is precarious, members exert much effort to maintain it.¹⁹

Satir related that clinical observations have illustrated that family therapy should be directed toward seeing the

¹⁸Virginia M. Satir, Conjoint Family Therapy (Palo Alto, California: Science and Behavior Books, Inc., 1964).

¹⁹Ibid., p. 1.

whole family together where other aspects of family life, largely overlooked in an individual setting, will be revealed in the interaction of the group.²⁰

Multiple Impact Therapy

McDonald and Goolishian²¹ reported on a six-year study by the family psychotherapy research staff at the University of Texas Medical Branch involving the concept of multiple impact therapy.²² It was reported,

The purpose of our research had been to develop a brief therapy appropriate to certain problems arising in families of adolescents, to improve methods of identifying these cases, and to evaluate clinical results of treatment.²³

The method involved a team of therapists, including a psychiatrist, a psychologist, a social worker and a trainee or two meeting together with the referred adolescent and other family members in intensive psychotherapy sessions for six to eight hours each day for two to three days.²⁴ MacGregor reported,

The interviewing procedures used are varied and flexible, consisting essentially of an initial team-family conference followed by a series of individual

²⁰Ibid., p. 3.

²¹Robert MacGregor and others, Multiple Impact Therapy with Families (New York: McGraw-Hill Book Company, 1964), p. xv.

²²Ibid.

²³Ibid., p. 2.

²⁴Ibid., p. 5.

interviews, joint interviews (two patients with one or more therapists, or one therapist with two or more patients), and overlapping interviews (where the therapist who terminates an interview early joins in the interview with another therapist). These procedures may be interrupted by formal and informal team or family conferences. . . .²⁵

The team served as a model of healthy group functioning in their interpersonal interactions in the presence of the family.²⁶ It was felt that the team approach enabled the therapists to learn more about the family and reduce the possibility of distortions in analysis if the family were seen only by an individual therapist.²⁷ Follow-up studies based on adjustment criteria ratings indicated that there was significant improvement in forty-nine adolescents of sixty-two families treated by multiple impact therapy procedures.²⁸

Spitz and Kopp stated,

The use of more than one therapist at one time in individual or group psychotherapy has been called by many names--multiple therapy, co-therapy, role-divided, three-cornered therapy, three-cornered interviews, joint interview, cooperative psychotherapy, and dual leadership. In the literature, there is mention of the use of from two to as many as nine and ten therapists with a single patient; and mention of the introduction of guests (that is, interns and residents) who participate in discussions with patients in group therapy. . . . There are wide discrepancies, not only in the

²⁵Ibid.

²⁶Ibid., p. 10.

²⁷Ibid., p. 66.

²⁸Ibid., p. 11.

terminology applied and the number of therapists used, but more significantly in the therapeutic methods employed when more than one therapist is in attendance.²⁹

Spitz and Kopp noted that the direct employment of students in therapy sessions gave them a more intimate understanding of psychotherapy. It was felt that students could learn better by participating and that multiple therapy revealed difficulties more than postsession supervision. They reported that other researchers have felt that using more than one therapist at a time with a patient eliminated distortions of the patients' accounts and gave the patient more support and help. Some researchers felt a co-therapist or recorder who summarized developments near the end of a group interview became the target for hostility, leaving the main therapist as a nonthreatening authority figure.³⁰

Bock, Lewis, and Tuck utilized one therapist as directive and controlling the interview. The second therapist was non-directive, gave support, and reflected feelings. They felt that this technique enabled the patient to feel more secure and at ease under pressure.³¹

²⁹Herman H. Spitz and Sheldon B. Kopp, "Multiple Psychotherapy," The Psychiatric Quarterly Supplement, 31:295-331, 1957.

³⁰Ibid.

³¹J. C. Bock, D. J. Lewis, and J. Tuck, "Role-Divided Three-Cornered Therapy," Psychiatry, 17:277-82, 1954.

Group Therapy

Snyder and Lee reported an investigation of group therapy procedures to institutionalized, chronically delinquent defective males. The therapy was directive and didactic rather than non-directive. At the end of treatment the inmates receiving treatment were judged superior to no-treatment subjects in their institutional adjustment.³²

The Department of Corrections reported that the California Rehabilitation Center at Corona for narcotic addicts has a treatment program which includes group psychotherapy, work therapy, school or vocational training, and encouragement of self-expression through music, art, and drama.³³

Lakin, in a review of Mowrer,³⁴ stated,

. . . [Mowrer] has been most explicit in maintaining that therapeutic effects are obtained by divesting the therapy "confessional" of its privacy. Group therapists will acknowledge that a potent source of patient change is in the sharing of experiences and thoughts. Group pressures and sanctions also operate to effect behavior modifications. . . .³⁵

³²Robert Snyder and Lee Sechrest, "An Experimental Study of Directive Group Therapy with Defective Delinquents," American Journal of Mental Deficiency, 63:117-23, July, 1959.

³³California State Department of Corrections, Correctional Progress in California (Sacramento: Department of Corrections, 1962), p. 18.

³⁴O. H. Mowrer, The New Group Therapy (Princeton, New Jersey: D. VanNostrand, 1964).

³⁵Martin Lakin, "Guilt and Groups," Contemporary Psychology, 10:50-51, February, 1965.

II. COUNSELING RELATIONSHIP

The literature often agrees that a counseling relationship is essential to enable effective counseling to take place.³⁶ There is considerable agreement, even from various schools of thought, as to what constitutes a good counseling relationship.³⁷ Combs and Soper have noted that effective relationships appeared to be dependent upon the nature of the counselor's attitudes in how he perceived himself, his task, his client, and his purposes. Dymond presented evidence that the ability to understand others was positively related to self-insight.³⁸ Mowrer and others noted evaluations by clients to be related to premature termination of the counseling relationship.³⁹ Rogers noted in his evaluation of an experiment by Ends and Page,⁴⁰ who

³⁶Leonard B. Goodstein and Austin E. Grigg, "Client Satisfaction, Counselors, and the Counseling Process," Personnel and Guidance Journal, 38:19-24, 1959.

³⁷A. W. Combs and D. W. Soper, "The Perceptual Organization of Effective Counselors," Journal of Counseling Psychology, 10:222-26, 1963.

³⁸Rosalind F. Dymond, "The Measurement of Empathic Ability," Journal of Consulting Psychology, 13:127-33, 1949.

³⁹O. H. Mowrer and others, Psychotherapy: Theory and Research (New York: Ronald Press, 1954).

⁴⁰E. J. Ends and C. W. Page, "A Study of Three Types of Group Psychotherapy with Hospitalized Male Inebriates," Quarterly Journal of Studies on Alcohol, 18:263-77, 1957.

had tried three different methods of group psychotherapy with chronic hospitalized alcoholics, that lasting improvement was least for those subjects handled by a learning theory approach.⁴¹ Rogers indicated that the description of the therapy based on a learning theory emphasized an impersonal relationship as the aim for the therapist and that his impersonal interaction was "the most likely clue to the failure of this approach. . . . To withhold one's self as a person and to deal with the other person as an object does not have a high probability of being helpful."⁴² Pohlman and Robinson conducted a study of the degree of annoyance or pleasure that clients stated they felt when they were presented with descriptions of certain aspects of the counseling relationship.⁴³ The study seemed to indicate that some of the essentials of a good counseling relationship as perceived by the clients were respect for the client, and counselor warmth and sincerity. In their study greater female annoyance was found on a number of items describing aspects of the counseling relationship. Heine, in a study

⁴¹Carl R. Rogers, "The Characteristics of a Helping Relationship," Personnel and Guidance Journal, 37:6-16, 1958.

⁴²Ibid., p. 10.

⁴³Edward W. Pohlman and Francis P. Robinson, "Client Reaction to Some Aspects of the Counseling Situation," Personnel and Guidance Journal, 38:546-51, 1960.

of subjects who had sought psychotherapeutic assistance from psychoanalytic, client-centered, and Adlerian therapists, pointed out that regardless of the method employed the clients agreed on certain elements in the relationship that they had perceived as helpful: being understood, therapist warmth and interest without emotional over-involvement, client feeling of independence in making decisions, and trust in the therapist.⁴⁴ Fiedler's study indicated similar findings.⁴⁵ The last two studies seem to indicate that the counseling relationship as perceived by the clients is more important than the theoretical orientation of the counselor. Dittes correlated deviations on a physiological measure, psychogalvanic reflex, depicting anxious or threatened reactions of the client, with judges' ratings of the degree of the therapist's warm acceptance and permissiveness.⁴⁶ It was found that G.S.R. deviations significantly increased whenever the relationship was experienced as less acceptant.⁴⁷

⁴⁴Rogers, loc. cit.

⁴⁵Mowrer and others, op. cit., Chapter 12.

⁴⁶J. E. Dittes, "Galvanic Skin Response as a Measure of Patient's Reaction to Therapist's Permissiveness," Journal of Abnormal Social Psychology, 55:295-303, 1957.

⁴⁷Ibid.

III. CLIENT SATISFACTION

Goodstein and Grigg have raised the question of what are adequate criteria for evaluating the outcome or effectiveness of counseling.⁴⁸ They have suggested that client satisfaction is one important factor in any multifactor approach to the problem of effectiveness of counseling. They indicated that a study by Forgy and Black,⁴⁹ for example, strongly suggested that client satisfaction is a function of a number of complex determinants depending not solely upon techniques utilized but also upon the individual counselors using them.⁵⁰ Correll noted that client satisfaction, regardless of the counselor's theoretical position, was a good indicator of effective communication occurring in an interview.⁵¹

IV. COUNSELOR EFFECTIVENESS

Stafflre, King, and Leafgren based the effectiveness of counseling on the effectiveness of the counselor as

⁴⁸Goodstein and Grigg, loc. cit.

⁴⁹E. W. Forgy and J. D. Black, "A Follow-up After Three Years of Clients Counseled by Two Methods," Journal of Counseling Psychology, 1:1-8, February, 1954.

⁵⁰Goodstein and Grigg, loc. cit.

⁵¹Jerome M. Brams, "Counselor Characteristics and Effective Communication in Counseling," Journal of Counseling Psychology, 8:25-30, Spring, 1961.

judged by his peers.⁵² They stated,

Counselor selection and training is made particularly difficult by the criterion problem which has resulted in lack of agreement on (1) desired goals in counseling, (2) acceptable evidence of progress in the client, (3) preferred counseling procedures, and (4) characteristics of the effective counselor. Until we have some idea of who is a good counselor and who is a poor one, we may have difficulty both in choosing candidates for counselor education and in shaping a curriculum to move them toward desired behavior. This position, of course, begs the question of whether counseling effectiveness is determined by the nature of the counselor, the setting, the problem, or the client.⁵³

In that study forty participants in an N.D.E.A. guidance institute judged one another as desired counselor types. The nine most chosen were compared with the nine least chosen on a number of variables. Some of the findings were that the most chosen had higher academic performance, somewhat higher Strong scores in Part Five, and less dogmatism as measured on the Rokeach Dogmatism Scale. Brams investigated the relationship between certain student counselor personality characteristics and the effectiveness of their counseling as rated by their counseling practicum supervisors.⁵⁴ The results suggested that effectiveness was positively related to student counselor tolerance for ambiguity as measured by the Berkeley P.O.Q. test.

⁵²B. Stefflre, P. King, and F. Leafgren, "Characteristics of Counselors Judged Effective by Their Peers," Journal of Counseling Psychology, 9:335-40, Winter, 1962.

⁵³Ibid., p. 335.

⁵⁴Brams, loc. cit.

V. CLIENT ADJUSTMENT, SCHOOL MARKS, AND
PERSISTENCE IN SCHOOL

An early study evaluating effectiveness of counseling was conducted by Williamson and Bordin in 1940 comparing a group of counseled college students with a matched group of noncounseled students on two criteria; degree of adjustment and honor-point ratio.⁵⁵ They reported that the counseled students were superior on each of these. Campbell criticized the 1940 study in that the noncounseled control students had not actually sought counseling.⁵⁶

There was the danger that they might have been different from the counseled students before any counseling had taken place, and the observed differences attributed to counseling might have arisen from extraneous factors.⁵⁷

Campbell made a follow-up study of these same students after over twenty years utilizing a third group, the former noncounseled students who sought counseling after the original study. According to Campbell, who used both precounseling and postcounseling measures, his third group with the precounseling measure resembled Williamson and Bordin's

⁵⁵E. G. Williamson and E. S. Bordin, "Evaluating Counseling by Means of a Control-Group Experiment," School and Society, 52:434-40, 1940.

⁵⁶David P. Campbell, "A Counseling Evaluation with a 'Better' Control Group," Journal of Counseling Psychology, 10:334-39, 1963.

⁵⁷Ibid., p. 338.

noncounseled students. With the postcounseling measure they resembled the original counseled students.⁵⁸

A similar investigation was undertaken by Toven utilizing matched groups of college students over a period of four years, one group receiving systematic counseling and the other receiving none.⁵⁹ The results lead to the conclusion that the counseled group made better records in such factors as persistence in college, in helping students avoid scholastic difficulties, and in reducing student mortality. The two groups were identical in percentile rankings of the graduates. Rothney noted a longitudinal study on the value of counseling secondary school pupils in which a sample of sophomore students from four high schools in Wisconsin was divided randomly into two groups, the experimental group receiving counseling throughout grades Ten, Eleven, and Twelve. Evaluative criteria for the effectiveness of counseling were such measures as adjustment to and satisfaction with post-high school status and measures of persistency in post-high school endeavors. Results of follow up studies over five years suggested that the counseled group was

⁵⁸Ibid.

⁵⁹J. Richard Toven, "Appraising a Counseling Program at the College Level," Occupations, 23:459-66, 1945.

superior and supported the concept of effectiveness of counseling.⁶⁰

VI. OTHER RATINGS

Dole studied prediction of school counselor effectiveness before placement.⁶¹ Criteria used were ratings by principals, N.D.E.A. faculty representatives, and state supervisors. It was concluded, however, that precise prediction of effectiveness in school counseling seemed limited because of the use of several criteria and their low interrelationships. Cooler conducted a study to obtain perceptions of parents, administrators, teachers, and counselors as to actual and desirable roles of the high school counselor.⁶² All four population samples consistently rated desired performance higher than high school counselor actual performance of functions.

⁶⁰John Rothney, Guidance Practices and Results (New York: Harper and Row, 1958), p. 63.

⁶¹Arthur A. Dole, "The Prediction of Effectiveness in School Counseling," Journal of Counseling Psychology, 11:112-21, Summer, 1964.

⁶²Claude Henson Cooler, "The Role of the School Counselor in Selected South Carolina Public High Schools as Perceived by Parents, Administrators, Teachers, and Counselors," Dissertation Abstracts (Ann Arbor, Michigan: University Microfilms, Inc., 1964), 10, 4081.

VII. OTHER TEAM USES

Mattick and Nickolas reported a guidance team approach to case studies of pupils in the Bellevue, Washington School District.⁶³ The approach was patterned after team approaches commonly found in mental health and psychiatric clinics where professionals of several disciplines share their abilities together in diagnosis and treatment. The Bellevue guidance teams were composed of specialists in remedial reading, psychology, health, speech and hearing. The teams met together over a given case, thereby facilitating communication and coordinating recommendations among them. The referring teacher was also invited to the presentation of a case. Eighty-one per cent of referring teachers responding to a survey felt that this guidance team approach was effective.

Abramson reported a trio of administrators in Barrington, Illinois, who teamed together in interviewing prospective teachers.⁶⁴ They tried to determine and challenge the applicant's strengths and attack his weaknesses. By a continuous round of provocative or harassing questions,

⁶³William E. Mattick and N. A. Nickolas, "A Team Approach in Guidance," Personnel and Guidance Journal, 42:922-24, May, 1964.

⁶⁴Paul Abramson (ed.), "Teacher Selection--How to Weed out the Duds," School Management, 2:34-37, December, 1964.

the administrators attempted to draw out the subject's opinions and his feelings about teaching. They required the applicant to "teach" them a "lesson" while they played the roles of students or exceedingly skeptical parents. The subject had to react to difficult hypothetical situations for which there were no easy solutions.

VIII. CONTRIBUTIONS TO THIS STUDY

As was noted above, Kincaid and Bright utilized a team technique for interviewing similar to the design of this study.⁶⁵ Advantages of this technique were listed by Borg as higher degree of interview accuracy, conservation of time, and greater respondent satisfaction.⁶⁶ Froehlich, in his multiple counseling concept, used the team concept but in reverse of this study's design. Froehlich had his clients team together in thinking through common problems.⁶⁷ Research has increased supporting the technique⁶⁸ and the thesis that groups influence individual opinions, attitudes,

⁶⁵Harry V. Kincaid and Margaret Bright, "The Tandem Interview, A Trial of the Two-Interviewer Team," Public Opinion Quarterly, 21:304-12, 1957.

⁶⁶Walter R. Borg, Educational Research, An Introduction (New York: David McKay Company, Inc., 1963).

⁶⁷E. Wayne Wright, "Multiple Counseling: Why? When? How?" Personnel and Guidance Journal, 37:551-57, 1959.

⁶⁸Ibid.

and actions.⁶⁹ The therapeutic community concept necessitated continuous teamwork by both staff and patients.⁷⁰ Satir, in her account of the conjoint family therapy concept, emphasized the therapist seeing the family as a unit rather than individual members separately for more enhanced interaction.⁷¹ The multiple impact therapy concept incorporated a principle similar to the one used in this study where teams of therapists worked together in conferences. These teams served as a model of healthy group functioning in their interpersonal interactions in the presence of the family.⁷² Other multiple therapy studies stressed advantages of using more than one therapist at a time.⁷³ Advantages were a more comprehensive evaluation of a case, more security for the patient, and a more realistic learning situation through participation by the student therapist.⁷⁴

⁶⁹Ibid.

⁷⁰Maxwell Jones and others, The Therapeutic Community (New York: Basic Books, Inc., 1953).

⁷¹Virginia M. Satir, Conjoint Family Therapy (Palo Alto, California: Science and Behavior Books, Inc., 1964).

⁷²Robert MacGregor and others, Multiple Impact Therapy with Families (New York: McGraw-Hill Book Company, 1964), p. xix.

⁷³Spitz and Kopp, loc. cit.

⁷⁴Bock, Lewis, and Tuck, loc. cit.

The counseling relationship has been emphasized as essential to effective counseling.⁷⁵ Combs and Soper attributed an effective relationship to the counselor's perception of himself, his task, client, and purposes.⁷⁶ Rogers stated, "To withhold one's self as a person and to deal with the other person as an object does not have a high probability of being helpful."⁷⁷ The latter two researchers' findings would tend to relate to the purpose of this study in trying to discover the important elements of a counseling interaction for effective counseling. Pohlman and Robinson,⁷⁸ Heine,⁷⁹ and Fiedler⁸⁰ all emphasized the quality of the counseling relationship stressing such essentials as counselor warmth and sincerity as well as respect for the client. Dittes noted increased anxiety in

⁷⁵Leonard D. Goodstein and Austin E. Grigg, "Client Satisfaction, Counselors, and the Counseling Process," Personnel and Guidance Journal, 38:19-24, 1959.

⁷⁶A. W. Combs and D. W. Soper, "The Perceptual Organization of Effective Counselors," Journal of Counseling Psychology, 10:222-26, 1963.

⁷⁷Carl R. Rogers, "The Characteristics of a Helping Relationship," Personnel and Guidance Journal, 37:6-16, 1958.

⁷⁸Edward W. Pohlman and Francis P. Robinson, "Client Reaction to Some Aspects of the Counseling Situation," Personnel and Guidance Journal, 38:546-51, 1960.

⁷⁹Rogers, loc. cit.

⁸⁰O. H. Mowrer and others, Psychotherapy: Theory and Research (New York: Ronald Press, 1954).

the client whenever he perceived the relationship as less acceptant.⁸¹ It seems probable that many or all of the variables reported in these counseling relationship studies would describe a part of the total situation operating in both team and standard approaches of counselor education. However, one assumption of this study is that the quality of the counseling interaction would be less threatening to both client and counselor in the team approach and thus would tend to promote a more satisfying relationship to all concerned.

Goodstein and Grigg, among others, stressed that client satisfaction of the counseling interaction would be one important factor in determining the effectiveness of counseling.⁸² Other researchers have attempted to measure effectiveness of counseling through measurement of counselor effectiveness by his peers⁸³ or by his counselor supervisor.⁸⁴ The relationship between counselor effectiveness and effective counseling regardless of who is judging

⁸¹J. E. Dittes, "Galvanic Skin Response as a Measure of Patient's Reaction to Therapist's Permissiveness," Journal of Abnormal Social Psychology, 55:295-303, 1957.

⁸²Goodstein and Grigg, loc. cit.

⁸³B. Stefflre, P. King, and F. Leafgren, "Characteristics of Counselors Judged Effective by Their Peers," Journal of Counseling Psychology, 9:335-40, Fall, 1962.

⁸⁴Jerome M. Brams, "Counselor Characteristics and Effective Communication in Counseling," Journal of Counseling Psychology, 8:25-30, Spring, 1961.

suggested that the present study should inquire into expressed attitudes as an additional component in the measurement of effective counseling. It seems probable that the team approach of counselor education involves many group interaction dynamics. Possibly this approach would improve the counseling relationship as evaluated by satisfactions of counselor, client, and counselor supervisor.

Of some relevance to evaluation of counseling effectiveness, but not directly related to the methods employed in this study, were such investigations as those by Williamson and Bordin,⁸⁵ Campbell,⁸⁶ Toven,⁸⁷ and Rothney⁸⁸ who compared counseled and noncounseled matched groups.

Other somewhat relevant studies were reported. Dole noted that prediction of counselor effectiveness was limited for people who were not directly involved in the counseling relationship.⁸⁹ Dole's study suggested that individuals

⁸⁵E. G. Williamson and E. S. Bordin, "Evaluating Counseling by Means of a Control-Group Experiment," School and Society, 52:434-40, 1940.

⁸⁶David P. Campbell, "A Counseling Evaluation with a 'Better' Control Group," Journal of Counseling Psychology, 10:334-39, 1963.

⁸⁷J. Richard Toven, "Appraising a Counseling Program at the College Level," Occupations, 23:459-66, 1945.

⁸⁸Rothney, loc. cit. ⁸⁹Dole, loc. cit.

directly involved in the counseling interaction would perhaps agree more closely. Cooler reported perceptions of desired and actual performance of school counselors and found consistently that higher performance was needed.⁹⁰ Cooler's study suggested that there is much to be desired in the counseling interaction that apparently has not yet been attained.

Research reported by Mattick and Nickolas appeared to be a classic case staffing approach as opposed to a team counseling approach.⁹¹ Abramson's report suggested that there was a considerable amount of situational pressure in the use of the technique employed since it was heavily laden with negative interview leads.⁹²

⁹⁰Cooler, loc. cit.

⁹¹Mattick and Nickolas, loc. cit.

⁹²Abramson, loc. cit.


CHAPTER III

METHOD OF THE STUDY

I. SOURCES OF DATA

The Population

The subjects of this study comprised four groups. One group consisted of student counselor graduate students completing a year or more of counselor education with at least one year or equivalent experience of counseling. They were enrolled in the advanced counseling field work practicum in the Department of Educational and Counseling Psychology at the University of the Pacific in Stockton, California, during the years 1964 and 1965. The second group consisted of less prepared and less experienced student counselors at an intermediate level in the counselor education program at the University of the Pacific during the same period of time. The third and fourth groups consisted of clients who had been in counseling interaction with the above mentioned four groups of student counselors. All counselor education candidates had certain preparation experiences in common. All were subjected to identical types of supervision such as one-way mirror counseling rooms equipped with amplifiers and tape recorders, and utilizing professional critiques of written reports, seminars, small



discussion groups, and individual planning interviews with the supervisor.

"AA" group. Student counselors who had had exclusively the team approach in counseling education included six advanced student counselors.

"AB" group. Five advanced student counselors who had experienced the first half of their preparation in the team approach in counseling education were then changed at midway and used the standard counseling approach.

"BA" group. Four advanced student counselors experienced the first half of their preparation in the standard counseling practicum approach and completed the second half as members of teams.

"BB" group. These three subjects were advanced student counselors who had experienced only a standard approach in counseling.

"CD" group. These were three subjects in the intermediate student counseling group who had experienced in the first half of their training the team approach and, in the second half, the standard approach in counseling.

"DC" group. Three subjects who were in the intermediate student counseling group had experienced the

first half of their training in the standard approach and the final half in the team approach in counseling.

II. INSTRUMENTS

Two instruments were selected for appraisal of the problem. These were a questionnaire and a counseling rating scale.

Questionnaire

A questionnaire was designed to assist the supervisor of the counseling education practica to:

1. discover student counselor perceptions in counselor education,
2. design the methodology of the courses to fit the interpreted needs of the students better,
3. assess the levels of student counselor readiness as well as achievement of growth during the practica, and
4. use the results for possible improvement of the counselor education program.

For the student counselor populations, the "AA," "AB," "BA," "BB," "CD," and "DC" groups, the questionnaire was administered just before the practicum commenced, and just after the practicum was terminated.

Criteria for professional adequacy of responses were established for judging ratings of the completed questionnaires on content and quality of response.

The questionnaire criteria were:

1. knowledge of theory in the field of counseling,
2. ability to see logical implications commensurate with acceptable counseling objectives, and

3. consistency of objectives demonstrated throughout the questionnaire.

A copy of the questionnaire is provided in Appendix C.

Counseling Rating Scale

A counseling rating scale was designed as the main evaluative instrument of this study. Twenty-five items were selected from the literature emphasizing desired goals and methods of counseling. For these twenty-five items the subject was asked to check one of three specified degrees of satisfaction with each interview. The twenty-sixth item was open-ended, asking the subject for additional comments. A copy of the scale is provided in Appendix A.

III. ADMINISTRATION OF THE INSTRUMENTS

The questionnaire was administered by the investigator to the student counselors immediately preceding each practicum and then again after the practicum was terminated. An attempt was made to enhance the motivation of each group by explaining that the questionnaire results would be used as a means of evaluating both the counselors and the counselor education program with the ultimate aim of improving the program. No attempt was made to inform the subjects that they were participating in a research study. Without exception the student counselors each completed two questionnaires at the times indicated above.

The counseling rating scale was presented to counselor, client, and counselor supervisor respectively shortly after the terminal interview was held. Each individual was requested to evaluate the counseling interaction both for initial and terminal interviews. It was explained that their responses would assist University personnel both to evaluate and improve the counselor education program. As stated in the directions, at no time was a counselor allowed to see his client's evaluation or vice-versa. Two forms of the counseling rating scale designed to offer approximate meaning were composed. One form was for older clients and one was for younger clients. Whenever it was felt that the client would have difficulty in reading or comprehending certain words in the first form, the alternate scale designed for younger clients was administered. In each of three such cases, a counselor assisted the client with the reading of the scale, but was placed in the room in such a position that the client could complete the scale in confidence.

It was assumed for purposes of this study that the individuals who were given the counseling rating scales were reasonably representative as a whole of similar larger populations.

CHAPTER IV

PRESENTATION OF FINDINGS

This chapter presents treatment of data obtained from the measuring instruments and interpretation of findings. Results on the counseling rating scale, obtained from counselor, client, and supervisor, were subjected to chi square tests of significance. The counseling rating scale was also subjected to reliability measurements through Spearman rho correlations. Student counselor responses to the field work questionnaire administered before and after the counseling education practica were tested by chi square for significance.

I. TREATMENT OF DATA

Counseling Rating Scale

Client, counselor, and supervisor responses on the counseling rating scale were tabulated separately. The results were also separated for team and standard approaches. All reports of satisfaction with the counseling interaction were then compared and subjected to the chi square test for significance. Each hypothesis stated earlier was tested in like manner.

Inspection of the obtained data suggested a strong possibility that more precise treatment might yield additional information. Therefore, in addition to comparisons

of total scores, results on individual items were subjected to chi square tests of significance for the clients involved in the team approach and clients in the standard approach of counseling education. Similarly, counselor individual item returns were compared between the two approaches.

The formula used for chi square, in a 2 x 2 table, which tests the null hypothesis that no difference exists, was:

$$\chi^2 = \sum \left[\frac{(f_o - f_e)^2}{f_e} \right]^1$$

For one degree of freedom,² a chi square of 3.841 met the .05 level of significance; a chi square of 6.635 met the .01 significance level.³ All comparisons which met the .05 level requirement were reported as being significant, and comparisons which met the .01 level were reported as very significant.

N equaled the total number of responses to "good," "fair," and "poor" indicated on the counseling rating scale for the following two types of situations. A given satisfaction item was rated as "good," "fair," or "poor" by client, counselor, and supervisor. For each return, the

¹J. P. Guilford, Fundamental Statistics in Psychology and Education (New York: McGraw-Hill Book Company, 1956), p. 232.

²Ibid., p. 233.

³Ibid., p. 540.

total responses of "good" for the entire scale were tabulated. Items rated "fair" and "poor" were combined. The second situation involved the same process except that N equaled the total of responses to each item rather than to the entire scale.

Differences in response for each hypothesis are presented in Tables I to X. Tables I through IV and VI through IX present comparisons for which the null hypothesis could be rejected.

Tables XI and XII present significant or very significant differences for certain items on the counseling rating scale as rated by clients and as rated by counselors.

The counseling rating scale was also subjected to split-half reliability measurement.⁴ Odd and even items of the scale were scored, assigning an arbitrary weight of 0 to all items given a "good" evaluation, 1 to "fair," and 2 to "poor" evaluations. Respective sums of the two half-scores, or the sums of the odd and the even items, were ranked and then correlated by the Spearman rho correlation formula:

$$p = 1 - \frac{6 \sum D^2}{N(N^2 - 1)}$$

Correlations were made for both initial and terminal interview

⁴Anne Anastasi, Psychological Testing (New York: The Macmillan Company, 1962), p. 121.

⁵Guilford, op. cit., p. 287.

ratings for twenty-two counselors. A random sample of twenty-six clients' ratings of initial interviews and a random sample of twenty-two terminal interview clients' ratings were subjected to split-half reliability correlation measurement. A random sample of twenty-two supervisor ratings of both initial and terminal interviews were also correlated. Correlations are reported in Table XIII.

An additional reliability measurement was made between unlike counselors assigned to the same teams for both initial and terminal interviews. The correlations are reported in Table XIV.

Questionnaire

The results of the counselor field work questionnaire were subjected to a chi square test of significance. The supervisor rated the questionnaires as "good," "fair," or "poor." The latter was a blind rating in that the supervisor did not know at the time of rating whether the questionnaires were written by the student counselors before or after the practica. The rating was blind also in that the investigator-supervisor did not know the identity of the student counselor at the time of rating. After all the questionnaires had been rated they were sorted out into the proper time sequence. Twenty-four comparisons of "before" and "after" ratings were

then tested by chi square for significance. Results are listed in Table XV.

The fifteen tables follow and an interpretation of the findings will be found on pages 59 through 66. Client responses to the open-ended statement, No. 26 on the counseling rating scale, will then be presented and interpreted.

TABLE I
COUNSELORS' RATINGS OF INTERVIEWS
TOTAL OF RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
Team	1272	229	1501
Standard	824	263	1087
Total	2096	492	2588

$\chi^2 = 32.27$ (very significant)

With one df, a χ^2 of 6.635 is significant at the .01 level.

TABLE II
CLIENTS' RATINGS OF INTERVIEWS
TOTAL OF RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
Team	1226	177	1403
Standard	1141	249	1390
Total	2367	426	2793

$\chi^2 = 15.63$ (very significant)

With one df, a χ^2 of 6.635 is significant at the .01 level.

TABLE III
SUPERVISOR'S RATINGS OF INTERVIEWS
TOTAL OF RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
Team	985	174	1159
Standard	850	254	1104
Total	1835	428	2263

$$x^2 = 23.34 \text{ (very significant)}$$

With one df, a x^2 of 6.635 is significant at the .01 level.

TABLE IV
COMPARISON OF COUNSELORS EXPERIENCING TEAM FIRST
THEN STANDARD APPROACH WITH COUNSELORS
EXPERIENCING SOLELY STANDARD APPROACH
TOTAL OF RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
T-S	276	71	347
SS	159	82	241
Total	435	153	588

$$x^2 = 13.15 \text{ (very significant)}$$

With one df, a x^2 of 6.635 is significant at the .01 level.

TABLE V

COMPARISON OF COUNSELORS EXPERIENCING TEAM FIRST
THEN STANDARD APPROACH WITH COUNSELORS
EXPERIENCING STANDARD FIRST THEN
TEAM APPROACH--TOTAL OF
RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
T-S	675	173	848
S-T	439	100	539
Total	1114	273	1387

$$x^2 = .69$$

With one df, a x^2 of 3.841 is significant at
the .05 level.

TABLE VI

COMPARISON OF COUNSELORS EXPERIENCING STANDARD
FIRST THEN TEAM APPROACH WITH COUNSELORS
EXPERIENCING SOLELY STANDARD APPROACH
TOTAL OF RATINGS ON ALL ITEMS

	Good	Fair and Poor	Total
S-T	439	91	530
SS	159	82	241
Total	598	173	771

$$x^2 = 27.39 \text{ (very significant)}$$

With one df, a x^2 of 6.635 is significant at the
.01 level.

TABLE VII
TOTAL OF RATINGS ON ALL ITEMS BY MALE AND FEMALE
CLIENTS EXPERIENCING TEAM APPROACH

	Good	Fair and Poor	Total
Male	545	117	662
Female	493	55	548
Total	1038	172	1210

$$x^2 = 14.45 \text{ (very significant)}$$

With one df, a x^2 of 6.635 is significant at the .01 level.

TABLE VIII
TOTAL OF RATINGS ON ALL ITEMS BY MALE AND FEMALE
CLIENTS EXPERIENCING STANDARD APPROACH

	Good	Fair and Poor	Total
Male	441	9	450
Female	662	42	704
Total	1103	51	1154

$$x^2 = 10.41 \text{ (very significant)}$$

With one df, a x^2 of 6.635 is significant at the .01 level.

TABLE IX
TOTAL OF RATINGS ON ALL ITEMS BY FATHER AND
MOTHER CLIENTS EXPERIENCING TEAM APPROACH

	Good	Fair and Poor	Total
Fathers	419	69	488
Mothers	519	53	572
Total	938	122	1060

$$x^2 = 6.38 \text{ (significant)}$$

With one df, a x^2 of 3.841 is significant at the .05 level.

TABLE X
TOTAL OF RATINGS ON ALL ITEMS BY
FATHER AND MOTHER CLIENTS
EXPERIENCING STANDARD
APPROACH

	Good	Fair and Poor	Total
Fathers	275	59	334
Mothers	462	75	537
Total	737	134	871

$$x^2 = 2.39$$

With one df, a x^2 of 3.841 is significant at the .05 level.

TABLE XI
CLIENT ITEM RATINGS DISCRIMINATING BETWEEN
TEAM AND STANDARD APPROACHES

Item	x^2	
13*	3.87	(differences were significant)
20**	7.12	(differences were very significant)
24*	4.09	(differences were significant)

With one df, a x^2 of 6.635 is significant at the .01 level.

With one df, a x^2 of 3.841 is significant at the .05 level.

*Initial interview
**Terminal interview

TABLE XII
COUNSELOR ITEM RATINGS DISCRIMINATING BETWEEN
TEAM AND STANDARD APPROACHES

Item	x^2	
1*	5.01	(differences were significant)
5*	9.25	(differences were very significant)
13*	10.04	(differences were very significant)
13**	6.06	(differences were significant)
20*	4.78	(differences were significant)
21*	7.44	(differences were very significant)
22*	7.18	(differences were very significant)

With one df, a x^2 of 6.635 is significant at the .01 level.

With one df, a x^2 of 3.841 is significant at the .05 level.

*Initial interview

**Terminal interview

TABLE XIII
 RELIABILITY COEFFICIENTS FOR COUNSELING RATING SCALE,
 SPLIT-HALF PROCEDURE, SPEARMAN RHO,
 NOT CORRECTED FOR ATTENUATION

		Reliability
N = 22	Counselor Split-Half Initial Interview	.92*
N = 22	Counselor Split-Half Terminal Interview	.85*
N = 26	Client Split-Half Initial Interview	.91**
N = 22	Client Split-Half Terminal Interview	.84*
N = 22	Supervisor Split-Half Initial Interview	.84*
N = 22	Supervisor Split-Half Terminal Interview	.86*

*When N = 22, a coefficient of .51 is very significant.

**When N = 26, a coefficient of .47 is very significant.

TABLE XIV

RELIABILITY COEFFICIENTS FOR COUNSELING RATING SCALE,
SPLIT-HALF PROCEDURE, SPEARMAN RHO, NOT CORRECTED
FOR ATTENUATION, BETWEEN UNLIKE
COUNSELORS ON TEAMS

	Coefficient
N = 15 Initial Interview	.17
N = 13 Terminal Interview	.46*

*When N = 12, a coefficient of .506 is significant at the .05 level.

When N = 14, a coefficient of .456 is significant at the .05 level.

When N = 16, a coefficient of .425 is significant at the .05 level.

TABLE XV

TOTAL OF SUPERVISOR RATINGS* ON ALL COUNSELOR
FIELD WORK QUESTIONNAIRE RESPONSES

	Good	Fair and Poor	Total
Before Practica	3	28	31
After Practica	10	17	27
Total	13	45	58

$$x^2 = 6.37 \text{ (significant)}$$

With one df, a x^2 of 3.841 is significant at the .05 level.

*Blind rating technique

II. INTERPRETATION OF FINDINGS

Counseling Rating Scale

The following presentation is based on Tables I through XII, Pages 50-58.

The chi squares, as shown in Tables I through IV and VI through VIII, indicated significant or very significant differences between the team and standard approaches.

Table I listed comparisons between student counselors in team and standard approaches of counselor education. Student counselors experiencing the team counseling approach to counselor education were very significantly more satisfied than student counselors experiencing the standard counseling.

Table II gave comparisons between clients involved in team and standard approaches of counselor education. Clients experiencing counseling under the team approach were very significantly more satisfied than clients experiencing counseling under the standard approach.

The chi square in Table III provided comparisons between the two approaches by supervisor ratings of the counseling interaction. The supervisor was very significantly more satisfied with the counseling interaction in the team approach than with the counseling interaction in the standard approach.

Table IV provided comparisons between student counselors who experienced the team approach first and then

changed to the standard approach at the second half of the practicum with student counselors who experienced solely the standard approach. Student counselors experiencing the team and then the standard approach were very significantly more satisfied with the counseling interaction than those student counselors experiencing the counseling interaction solely by the standard approach.

Table V indicated comparisons between student counselors experiencing first team then standard approaches with student counselors experiencing first standard then team approaches. There were no significant differences in satisfaction found between the two groups.

Table VI provided comparisons between student counselors experiencing the standard first and then the team approach with counselors experiencing solely the standard approach. The student counselors experiencing the counseling interaction by the standard and then team approaches were very significantly more satisfied than student counselors experiencing solely the standard approach.

Table VII gave comparisons between male and female clients experiencing the team approach. Females were very significantly more satisfied than males experiencing the team approach. Male-female preferences contrasted with the Pohlman and Robinson studies of client satisfaction.

However, in the comparisons between male and female clients experiencing the standard approach, as shown in Table VIII, males were very significantly more satisfied than females. There was a preponderance of "good" evaluations for both groups. Male and female clients included mothers, fathers, married adults, single adults, adolescents, and children. The results shown in Tables VII and VIII suggested that additional research should be pursued with larger samples to discover what elements of counseling were responsible for the preferences indicated. Future investigations might consider the following: Was one sex favored over another by either counselor or client? Was rapport more easily established for females under the team approach? If so, what specific elements were responsible? Would female clients experiencing the standard approach have been more satisfied if they had experienced the counseling interaction with the team approach? If the team of counselors were both males, or both females, would this be a variable influencing client satisfaction of either sex? How would each sex respond to counselors when one was male, the other female? Would the sample in this study be representative of similar larger populations?

Table IX provided comparisons between father and mother clients experiencing the team approach. Mothers were significantly more satisfied than fathers with the team approach.

In contrast, Table X reported comparisons between father and mother clients experiencing the standard approach. No significant differences in satisfaction were found between father and mother clients experiencing counseling with the standard approach although there was a direction of difference again which leaned toward mothers being more satisfied. The results suggested that there may have been elements in the counseling interaction of both approaches which appealed more to mothers as distinct from females in general. Future investigations might consider the following: Are mothers generally more easily satisfied than fathers? Is rapport more easily established with mothers? Are mothers more ready for counseling, less defensive than fathers? Are mothers more willing to seek outside help than fathers? What cultural expectations could have influenced the results? Does the role of mother alter the amount of satisfaction they would have experienced as single females under identical conditions? Would the sample in this study be representative of similar populations?

Table XI listed significant or very significant differences in client satisfaction between the team and standard approaches on certain items in the counseling rating scale. Clients under the team approach were significantly more satisfied with item 13 in the initial interview, very significantly more satisfied with item 20 in the

terminal interview, and significantly more satisfied with item 24 in the initial interview. The wording of these three items follows. Item 13 stated, "Was(were) clear in expressing thoughts." Item 20 read, "Helped clients begin thinking of new ways of looking at problems." Item 24 was, "What was your overall impression as to how satisfactory the interview was?"

Table XII provided significant or very significant differences in satisfaction on certain items in the counseling rating scale as experienced by counselors between the team and standard approaches. Counselors using the team approach were significantly more satisfied in the initial interview with items 1 and 20, and very significantly more satisfied with items 5, 13, 21, and 22. Counselors using the team approach were significantly more satisfied in the terminal interview with item 13. Following are the items representing significant and very significant differences in satisfaction between the two approaches.

"The counselor(s)

1. Seemed relaxed
5. Seemed confident and composed
13. Was(were) clear in expressing thoughts
20. Helped clients begin thinking of new ways of looking at problems
21. Helped clients to understand past and present behavior better
22. Helped clients to think through some problem areas."

It should also be mentioned that there was a difference in the direction of counselors using the team approach being

more satisfied with item 1 in the terminal interview. The chi square was 3.41 and a .05 significant difference is 3.84.

Table XIII listed very significant reliability coefficients for the counseling rating scale used by counselors, clients, and supervisor for both the initial and terminal interviews. This suggested that the counseling rating scale provided a consistent form of measurement of the counseling interaction.

Table XIV provided an additional measure of reliability for the counseling rating scale between counselors on teams. It should be noted that teams were purposely assigned unlike counselors. There were no significant reliability coefficients for either initial or terminal interviews. However, the .05 level of significance was nearly attained for the terminal interview. Heterogeneity of counselor skill had been the intent in making most counselor assignments, in order that relative novices could learn more when teamed with more skilled counselors. The relatively low coefficient for the initial interview suggested that heterogeneity affected reliability. The higher and nearly significant correlation for the terminal interview suggested that considerable novice learning had taken place between the two interviews in that the teamed counselors apparently had become more similar in their thinking.

The Questionnaire

Table XV provided comparisons of supervisor blind ratings on the counselor field work questionnaire responses. The ratings were on responses made by all counselors regardless of team or standard approach assignments before and after practica. Student counselors after practica were significantly improved in professional responses compared to before practica. Results suggested that possible supervisor bias toward either the team or the standard approach did not interfere with quality of supervision for all. They further suggested that no variable of quality of supervision operated to affect counselor, client, and supervisor satisfaction ratings between the two approaches.

III. SUBJECTIVE DATA ANALYSIS

In the attempt to facilitate a more comprehensive understanding of what comprises an effective counseling interaction and to generate hypotheses for subsequent validation, a clinical analysis beyond statistical treatment was felt essential.

The results of open-end statement No. 26 on the counseling rating scale suggested that a presentation and analysis of these findings would enhance identification of what elements in the counseling interaction promote satisfaction. Two case studies under the team approach and two

under the standard approach typify client responses. An analysis of these perceptions of counseling interaction is depicted here in the perspective of their backgrounds. The detail of these illustrative cases may facilitate a more complete understanding of why individual clients responded as they did.

The following questions were considered. Were the cases so unique that generalization of results would be impossible? Regardless of the complexities of a given case, were certain elements of the counseling interaction generally more satisfying? Regardless of team or standard approaches, were common elements found promoting satisfaction or dissatisfaction? What client comments tended to support the statistical results?

In addition to a detailed analysis of the four illustrative cases, positive client comments from both approaches in other cases are quoted, briefly identified, and essential elements summarized. The remainder of the client comments under each approach are then identified and briefly analyzed.

An individual analysis of a phobic six-year old client's responses to the young client counseling rating scale was included. The intent was to facilitate understanding of how a disturbed child might experience one type of counseling interaction.

Client Responses to the Open-ended Statement, No. 26,
on the Counseling Rating Scale

Clients were invited, at the end of the counseling rating scale, to write comments. They had previously indicated "good," "fair," or "poor" preference for given satisfaction items on the scale. Open-end statement No. 26 was intended to elicit other evaluative comments.¹ The types of responses obtained encouraged verbatim reporting and also a clinical analysis by the investigator. It was noteworthy that the majority of those who responded to the open-ended statement preponderantly were satisfied with the counseling interaction. Some clients went to considerable length, writing also on the back of the scale to express feelings. Female clients tended to express feelings in more detail than male clients.

A brief description of certain cases follows, accompanied by certain client statements. The only editing in quotes was to prevent identification of a client or counselor. In such cases names were omitted and a more vague identification was placed in parentheses.

Illustrative case material from team counseling.

Case One: "We were impressed by the sincerity and interest

¹Refer to Appendixes A and B for duplicate copies of the counseling rating scale.

both men (a counseling team) showed in gaining an understanding of our son." The above statement was written by a female client speaking both for herself and her husband. Both of them had given exclusively "good" evaluations, both in the initial and terminal interviews. The female client was considered well-intentioned toward the future of her seventeen year old son but overly dominating. Her husband had tended to hold goals so high for his son that the youth could not possibly attain them and so could only experience failure. These parents were encouraged in counseling to allow their son more responsibility in making decisions about his own future, to set more realistic goals where he could attain success, to minimize academic pressure, and to find areas for which their son could be encouraged and praised rather than ridiculed. The sincerity and interest of the counselors as perceived by the clients suggested that such qualities may have helped in reducing client resistance to the type of recommendations that were given them.

Case Two: A counseled mother wrote: "The comprehensiveness of this interview was a giant step in our better understanding ourselves and our relationship to the child. (The team of counselors) kept our thoughts well directed and encouraged open expression. My impression after the first meeting was one of amazement that we had met with such genuine enthusiasm and mutual interest and concern for the interests of the child."

On the terminal conference in the counseling rating scale the same client wrote: "(the counselors) were more than generous with their time, knowledge and interest in our child. We felt that in a well-directed and free discussion of the child we had already reaped many benefits. The free and easy manner in which the testing was done made this an enjoyable experience for our son. And the results of this testing answered so many of the perplexing things in our son's makeup. Now several weeks later we can see results from our change in attitude and approach. These come slowly and we would not have hoped that they would be evident in this short period."

The woman's husband wrote: "Hopefully we may indeed make use of this service again should we feel the need for a trained eye and ear."

The above two parents came to the University of the Pacific Clinical Services for counseling and testing of their six year old son. Their stated concern was that they had felt their son should have been retained rather than promoted to the second grade. They expressed concern that first grade work had been too difficult for their son. The boy apparently felt inadequate, unloved, and saw no object in succeeding, since it would probably be meaningless to the people in his environment. The boy's test results suggested superior intellectual ability. The parents seemingly were

unaware or unaccepting of his high academic ability. Rigid adult-type standards had been set for him to follow. The mother was overly protective and the father extremely passive. Little communication existed between the parents and the boy, whom they considered as a little adult. The counselors had had a considerable task before them to help these parents develop self-insight and give their child hope in order for him to want to achieve in school. The parental comments suggested that the counselors did succeed.

Additional positive comments by clients experiencing team counseling will follow with specific clinical analysis. A brief identification, only, will accompany them. General discussion of the total findings will follow.

(Female adult client.) "These men (the counselors) went out of their way to arrange this interview, and one attended even though he was not feeling well. Their recommendations were very helpful, and we felt very secure in accepting their suggestions, which were practical and, as things have worked out for our son, very workable."

(Male adult client, husband of above female client.) "The counselors were sincere in their efforts to help with our problem. Much constructive advice was given at the interviews in order to help us recognize our problem and how to handle its correction."

(Female adult client.) "The counseling offered a great many good ideas for which we are grateful, and it has put us on the right track."

(Male adult client.) "Interviewers were good at leading us to talk freely--very helpful."

(Female adult client.) "I think the counseling was very beneficial. The counselors seemed capable and genuinely interested in their work. I felt very much at ease. They both had very nice personalities."

(Male adult client.) "Well satisfied with interview!"

(Female adult client.) "Both counselors are fine people, personally and in their field. Our impression has been thoroughly favorable. They were good in summing up and have given us much to think about."

(Male adult client.) "(The counselors) were very pleasant and sincere. I enjoyed our slight association."

(Female adult client.) "The mirror into which I faced didn't bother me--but I wondered what it had to do with the case. (Her child's) progress this year is a beautiful contrast to what it was last year."

The above positive statements suggested that client satisfaction was centered around a relationship with the counselors in which the latter displayed genuine interest, sincerity, warmth, and a generous amount of time. The relationship apparently prompted the clients toward a favorable

acceptance of new ways of looking at and working through their problems.

Illustrative case material from standard counseling.

Case One: A counseled mother wrote: "Mr. (counselor) has the makings of a fine counselor. I think (counselor) is very sincere in his work helping others. He helped us very much and we enjoyed talking to him."

The woman's husband wrote: "(The counselor) is very understanding and very easy to talk with. The interviews were very thorough and helpful, and we are happy with them."

The above two counseled clients sought assistance from the University of the Pacific Clinical Services in order to provide a better home environment for their two children, a boy, 10, and his sister, 8. The male adult client was the natural father and the female adult client was the stepmother. Both children, particularly the boy, were searching for love and security in the present environment but were torn between the desire to be with both their father and their natural mother. Learning to love and accept the stepmother presented another conflict. The father's working long hours and spending little actual time with his children did not help the situation. The stepmother needed counseling to help her discover better ways of communicating with the children she wanted to accept as her own.

The promiscuous natural mother further complicated adjustment by calling the boy on the telephone and criticizing him for not making as good marks as his sister or telling him he was stupid. Sometimes she would speak to the girl and not ask to speak with the brother. Depression and anxiety for both children invariably followed the telephone calls.

The above case was difficult to treat, but the clients' comments as well as exclusively "good" evaluations on the counseling rating scale suggested that counselor sincerity, understanding, and thoroughness were of genuine assistance in helping these clients to help themselves.

Case Two: A female adult client wrote: "I thought (the counselor) was detached but interested--quite a difficult combination, but it induced me to talk. Recommendations were reasonable. We are employing one and considering another." Her husband did not comment, but on the first twenty-five items of the counseling rating scale he usually checked the "fair" or "poor" categories.

Their adolescent son wrote as a terminal evaluation: "(Counselor) seemed very courteous and concerned. Showed very much interest in my thoughts. She made me feel that our sessions were worthwhile." Regarding the adolescent's initial interview he wrote: "She tried to make me feel comfortable, but I was too nervous to appreciate her efforts. Other than that the interview was very good."

The above adolescent was originally referred by his father who wanted to know what was wrong with the boy. The father was "too busy" to accompany the youth and the mother to testing and counseling sessions until the terminal interview. The father was so preoccupied with his mental set, of trying to find as many facets as he possibly could of what was wrong with his son, that he was extremely resistant to suggestions of how his son could be helped. The boy's high intelligence was very threatening to both parents, although the mother ostensibly was more agreeable with recommendations. The home environment involved a constantly criticizing father, a person with a need always to be right at the expense of anyone else who threatened his infallibility. The mother, neglected and also criticized by her husband, desperately searched for love. So she dominated her son's life in her attempts to maintain his dependency and thus fulfill her need to be loved. From such a chaotic home environment the adolescent's comment about his tenseness at the initial interview would be understandable. According to the youth's comments in his final evaluation of the counseling interaction, his main satisfactions centered around the quality of the relationship with the counselor. The qualities of the counselor he mentioned were courtesy, interest, and concern.

Additional positive comments by clients undergoing standard counseling will follow without clinical analysis. A brief, simple identification will accompany them.

(Female adult client.) "My husband was reluctant to come to the interview but (the counselor) put him right at ease. Much of what was a problem with our son seemed to stem from (husband's) misunderstanding of his own importance to his son. (The counselor) impressed him with his genuine interest and concern--thus he opened his mind to his suggestions. I can see a real change in my husband's attitude toward our son who was and still is so unsure of himself."

(Adolescent female client.) "My counselor was very understanding and pleasant and therefore the interviews were successful."

(Female adult client.) "I know two visits are not really adequate to develop a good understanding of the problem. There are some questions still to be answered on why I think like I do but I am trying not to let it interfere with trying to do the right thing."

(Female adult client.) "I am very happy with the results and sincerely appreciate your help."

The above comments again suggested strong positive client valuations of the counseling relationship in most instances. The comments also suggested that a high quality of relationship precedes client awareness of the totality of

his situation. In turn the relationship appeared to facilitate client susceptibility to counselor recommendations.

The following client comments express different phases of satisfaction, ambiguity, diagnostic bias, or set, and resistance. A brief clinical analysis by the investigator will accompany them. Client comments under the team approach will be discussed first, then those under the standard approach. A "T" will precede team interactions and an "S" will precede standard interactions.

"T" A counseled mother client displaying much resistance to changing any of her ways wrote, "They (counselor team) didn't tell me anything I didn't already know." Her evaluation of the first twenty-five items were generally negative. The case involved an overly-ambitious mother trying to force her own unfulfilled ambitions upon her adolescent daughter, who was passively resisting by doing poorly in all her schooling. The passive counseled father who had escaped by not involving himself with his family evidently responded favorably to the counseling interaction since his evaluation was primarily "good" although he wrote no comments.

"T" A young adult male with limited ability but with aspirations way beyond his ability wrote: "The counselor was rather discouraging in that he coaxed me to forget my dreams and be satisfied to work with my hands the rest of my life. The other counselor did not seem genuinely

interested and did not take part in the discussion." The client's comment suggested that he not only was going to maintain his unrealistic ambitions but also suggested that the second, less experienced, counselor's silence was considered as a personal rejection. The latter situation could suggest to counselor educators when placing a less experienced counselor with a more experienced one for teaching purposes to instruct the novice definitely to take some part in the discussion if a good relationship between the counselors and clients is to be enhanced.

"T" A father and a mother client who both displayed considerable resistance to any recommended change of their behavior responded by continuing to deny the real problem, which was their attitude. The mother wrote, "It would have made us more receptive if the counselors had talked first directly about the problem we had come with. If they felt it was only symptomatic, they could have said so and helped us to dispense with this problem and pass on to the problems they believed were basic. Felt that peripheral problems were handled more directly and decisively than central problem we had asked for help with." The father wrote: "I thought we had a specific problem which I felt they preferred to have answered in general terms. A bad goof--the observation curtain was closed when we came in. They opened it and stumbled over a direct question concerning observation."

The comment concerning the observation curtain which covered the one-way mirror and the counselors stumbling over a direct question concerning observation suggested that the incident could have interfered with the relationship that so many clients have regarded as highly important. The incident could have damaged the client's confidence in the sincerity of the counselors. Although all student counselors in the practica had been instructed not to deny possible observation of the counseling interaction through the one-way mirror if asked if that were its purpose by a client, the situation may have been momentarily uncomfortable for these particular counselors.

"S" Another illustration of a client expressing considerable resistance by denying the essential problem and insisting that the symptom, poor reading, was the problem follows. Rather than face the real problem, which would involve her having to change her behavior, she later sought additional possible excuses such as brain damage or hearing loss from a long labor. If such were the case, she could comfortably dismiss personal responsibility. The counseling stressed certain changes on her part. She was to stop openly comparing her son with a brighter sibling and to find something he could be given recognition for instead of criticism. The client's quest to find still more excuses for not changing her ways suggested that the counseling may not have

been without effect. Resistance was highly evident; however, the ideas conveyed in counseling were still being entertained. Her desire to have her son re-evaluated at a later date suggested that the client may not have totally rejected counseling, although she may simply have been evading. Her comment was: "The findings were that (her son) had normal academic ability. We already suspected this. The real problem helping him achieve in reading was, it seemed to me, left inadequately solved. It was recommended he continue in second grade. We had to have him put back to transitional first after two weeks of school. Even there his reading progress is very slow. What is his problem? The emotional angle seems to me to be a last resort answer as he seems too happy and well adjusted. We want concrete help in reading and find out why he has trouble. The school psychologist is now trying to determine possible hearing and brain damage from a long labor. My letter does not mean to convey any dissatisfaction or lack of confidence in your service. We are very grateful for your help and hope you will want to re-evaluate him this summer as you suggested. Would you please send me all information concerning your Reading Clinic?"

An example of diagnostic bias or set about the counseling interaction follows.

"S" One male adolescent searching for authoritative answers and resisting all counselor attempts to have the

client do some of his own thinking, wrote: "I found out very few new facts. I was hoping to get more specific facts."

Examples of ambiguity as to what to expect in and from the counseling interaction follow:

"S" A female adult client wrote: "I would like for her to have asked more questions."

"S" An adolescent male client wrote: "Hard to evaluate as a whole because my feelings were changed since the first interview by other things."

Young Client's Counseling Rating Scale

The assumption based on pilot work was that the two rating scales were equivalent forms for discrete age ranges. Although earlier pilot usage encouraged an assumption of equivalence in construct and content validity, the young child's scale was actually needed for only three clients.²

Following will be a clinical analysis of one of the three above mentioned clients who used the young client's counseling rating scale. The client was a bright, phobic six year old female. She suffered with a separation anxiety. Both parents had died, and her stepfather also left her when he joined the Army. The young client went to live with her

²Refer to Appendix B for a copy of the Young Client's Counseling Rating Scale.

grandparents. The stepfather returned for a visit with a new wife and baby and then left for another state. At this point, the client became phobic. She would not let the grandmother out of her sight. The grandmother had to stay all day in the child's first grade classroom. The school principal referred the child at this stage to the University of the Pacific's Clinical Services. The student counselor assigned, worked with the child slowly building up a relationship over a period of three months. The setting was the Child Behavior Laboratory. The young client's grandmother had to be included in the playroom also. She sat in a chair beside the door reading a magazine, since she was instructed not to participate in the activities or discussions between the client and the counselor. The client would periodically glance at her grandmother making certain of her presence. Eventually the counselor was able to build a positive relationship with the young client. Progress was evident with the client's increasing conversation, spontaneity, laughing, and a decreased concern about placing all toys back exactly as they were. It was particularly noteworthy when the client allowed the grandmother to leave the room with the door closed just long enough for the client and the counselor to "guess" what the grandmother would be doing when they opened the door. As the client's relationship and confidence in the counselor increased, the counselor sent the grandmother

down the hall and told the client that the grandmother would be there and that the client could leave the playroom anytime she wished to see her. The client allowed the grandmother to stay out of the room but frequently requested a drink of water so that she could reassure herself of the grandmother's presence. Slowly the separation was tolerated by the client and also at school. However, at first the client requested that the grandmother remain just outside the school classroom. One day of her own accord, the young client told her grandmother that she would like to bring her lunch to school and wanted to try to stay in school all day without the grandmother. She succeeded and progress increased at a more rapid rate. The grandmother was also having some counseling sessions with another counselor. The grandmother, although well intentioned, was habituated in her ways and was expecting an adult type of behavior from her young granddaughter. The lack of acceptance accentuated the phobia, since the child feared the grandmother would leave her if not pleased. The fear restricted subject's spontaneity, and she was not free to develop her own personality adequately. Counseling helped the grandmother to take a more realistic outlook and accept the child as a child. However, the young client's experiences of separation, of inadequacy and confusion, of feeling that adults were incapable of really loving her, of not knowing how to please adults, of feeling personal responsibility

for their leaving her were all reflected in her initial and terminal evaluations of the counseling interaction. The ratings suggested a fairly accurate appraisal of the young client's world for both evaluations. The young client rated the counselor as "fair" in being relaxed at the initial meeting, which coincided with both the counselor's and the supervisor's ratings. The client rated the same item as "good" in the terminal session, which also coincided with the other two ratings. The client was consistent in both initial and terminal interviews in rating the counselor as helping her to feel relaxed as "good," "poor" as being really interested in her, "good" in really listening to what she had to say, "good" in the counselor's being able to tell her about her feelings without making her angry, "good" in helping her to understand better what she has been doing, "fair" in helping her to understand some things that have bothered her, "good" in how well she liked her talks with the counselor, and "poor" in having her talks with the counselor help her to understand herself better.

The student counselor's own strong need to succeed and definite fear of failure hindered the creation of an even more positive relationship with the client. However, having little basis for comparison as to a consistently warm adult in her young life, any improvement in warmth and understanding was appreciated.

The young client rated the counselor at the initial interview as "poor" in allowing her to talk freely without interrupting her and as "good" in the terminal interview. The counselor was rated by the child as improving from the initial to the terminal session in staying on the subject, having increased patience, and being easier to understand. However, the child rated the counselor as not doing as well in politeness, in talking mostly about the client and not the counselor, in listening carefully to her ideas, and in allowing the client to do most of the talking. Considering the counselor's above mentioned needs, the evaluation by the young client was very perceptive. The counselor was really trying too hard at the initial interview, but as time progressed and her own security was increased, she relaxed more and interjected some of her own childhood experiences in her interaction with the client. The client, after eight sessions with the counselor, although enjoying the experience, still felt ambiguous in understanding herself and in knowing more specifically how to conduct herself in the adult world. However, the client did progress and with more and consistent experiences of acceptance in her home and school environments, her self-concept was expected to improve. Rapid results were not expected with this very disturbed family.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

It was the purpose of this study to evaluate the effectiveness of counseling by comparing results of client, counselor, and supervisor satisfaction with the counseling interaction under a counseling team approach and a standard counseling approach. It was hypothesized that differences in satisfaction would be found between the two approaches for counselors, clients, and supervisor and between males and females and mothers and fathers experiencing each approach.

Limitations of the study were the lack of agreement in counselor education on criteria for measuring effectiveness in counseling, a limited population, and the impossibility of isolating and controlling all variables involving human relationships such as individual differences, perceptual set, and resistance.

Study assumptions placed emphasis upon quality of the counseling interaction being enhanced through additional support, less threat and more comprehensive understanding arising out of intra-team communication. Expressed satisfaction was assumed as indicative of effective counseling

interaction and growth. It was further assumed that the team counseling experience facilitated novice counselor learning through active case participation with a more experienced counselor, and that the returns of counseling rating scales might eventually prove reasonably representative of similar larger populations.

Terms were defined which had particular meaning for this study; related literature to the problem was reviewed. Contributions to this study were summarized and particular elements considered applicable were emphasized.

The population of this study was described as reasonably representative of similar populations involved in counselor education interactions. All clients in this study were considered motivated for counseling, since all applied for assistance from the University of the Pacific Clinical Services.

Eight groups were selected. Six of these were student counselors and two were clients. The groups of counselors included advanced and novice practicum students. Counselor groups experienced all team, all standard, or a combination of approaches. The two client groups experienced either team or standard approaches of counseling. All groups were administered a counseling rating scale describing satisfaction toward the counseling experience. The student counselors were also evaluated through a field work questionnaire completed before and after each practicum.

Results of the counseling rating scale were tabulated, divided into team and standard categories, and submitted to chi square tests of significance to determine if the two approaches of counseling yielded different amounts of satisfaction. The counseling rating scale was subjected to reliability measurement through the Spearman rho correlation formula. The counselor questionnaire results were also subjected to a similar measure of reliability. In addition, results of the one open-end question on the counseling rating scale and certain illustrative cases in both approaches were clinically analyzed. Ninety per cent of the clients under the team approach and eighty per cent of the clients under the standard approach had responded to the counseling rating scale at the time the statistics were compiled.

Significant differences of satisfaction among groups between the two approaches were found. Client, counselor, and supervisor were significantly more satisfied with the team approach than the standard approach. Female clients were found to be significantly more satisfied than males with the team approach. Males were significantly more satisfied than females with the standard approach. Mothers were significantly more satisfied than fathers under the team approach and tended toward being more satisfied than fathers under the standard approach. Both clients and counselors were significantly more satisfied with certain phases of the

counseling interaction as measured by particular items on the scale. Inspection of responses to the open-end question on the scale and analysis of individual case materials tended to support the above results.

Reliability measurement of the counseling rating scale yielded generally high coefficients. Split-half reliability measurement of random samples of counselor, client, and supervisor ratings yielded six coefficients ranging from .84 to .92. Intra-team coefficients between unlike novice and experienced counselors yielded a correlation of .17 for the initial interview, but one of .46 for the terminal interview.

II. CONCLUSIONS

1. Evidence supported the hypothesis for this sample that counselor, client, and supervisor were more satisfied with the counseling interaction under a team counseling approach than under a standard counseling approach.

2. Results supported the hypothesis that counselors who experienced the team approach first and then changed to the standard approach were more satisfied with the counseling interaction than counselors who experienced solely the standard approach.

3. Results did not support the hypothesis that student counselors experiencing first the team then the

standard approach were more satisfied than student counselors experiencing first the standard then the team approach.

4. Findings supported the hypothesis that student counselors experiencing first the standard then team approach were more satisfied with the counseling interaction than student counselors experiencing solely the team approach.

5. Females were more satisfied than males with the team approach. Males were more satisfied than females with the standard approach.

6. Mothers were more satisfied than fathers with the team approach and tended to be somewhat more satisfied than fathers with a standard approach.

7. Student counselors under the team approach indicated that they were more relaxed, more confident and composed, were clearer in expressing their thoughts, better able to help clients being thinking of new ways of looking at problems and to understand past and present behavior better, better able to help clients think through some problem areas.

8. Evidence suggested clients under the team approach were more satisfied than clients under the standard approach, that the counselors were clear in expressing thoughts and had helped clients begin thinking of new ways of looking at problems. Clients under the team approach indicated that

they were more satisfied than clients under the standard approach on overall impression of the interview.

9. Findings suggested that the counseling rating scale provided a fairly consistent form of measurement of the counseling interaction.

10. Results suggested that supervisor bias was not a variable affecting outcome of satisfaction results between the two approaches.

11. Clinical analysis of client comments tended to supplement statistical findings. Certain client descriptions of what is satisfying in the counseling interaction tended to recur frequently. These included counselor sincerity, interest, warmth, understanding, thoroughness, enthusiasm, generosity of time, free and open discussion, and feeling at ease in the interview.

12. Much clinical evidence suggested that the relationship with clients was extremely important. Attaining a favorable relationship tended to precede client awareness and prompted clients toward a greater acceptance of new ways of looking at and working through problems.

What was concluded as satisfying to clients in the counseling interaction was based on statistical returns of certain items on the counseling rating scale and on clinical analysis.

13. Statistical findings indicated greater satisfaction under the team approach than under the standard approach. It appears that the team approach definitely facilitated a better relationship between counselor and client in this study than did the standard counseling approach.

14. Client returns for both initial and terminal interviews indicated that they were more satisfied under the team approach and, evidently, that counselors were more clear in expressing themselves. The counselors indicated a similar satisfaction. Results suggested that counselor security was enhanced in the team situation, thereby facilitating communication.

15. Statistical findings suggested that student counselors were not only more satisfied under the team approach but also felt more confident, composed, relaxed, clearer in expressing themselves, and more able to help clients in various phases of the counseling process. The results suggested that the increased security felt by the counselors facilitated the relationship and consequently the counseling interaction.

16. Findings suggested that novice counselors improved and learned unusually rapidly in interaction with a more experienced student counselor under the team approach.

The above findings are especially interesting in view of the fact that the Hawthorne effect, a positive reaction to any manipulation, was systematically avoided; team counseling was treated as an established routine procedure throughout.

III. RECOMMENDATIONS

The current context of this study should be noted here. Maslow has indicated that a need for love characterizes every human being who is born.¹ A basic acceptance is extremely important. Garrison and Force have stressed particularly that people need affection and security.² Ackerman pointed out that, in a group, the identity of an individual is either strengthened or weakened. The need for support from the group is paramount; the deeper the anxiety about self the more intense is a dependence on group belongingness.³ Educators have pointed out that it is in the interaction with others that an individual finds meaning,

¹Association for Supervision and Curriculum Development, Perceiving, Behaving, Becoming (Washington, D.C.: Department of National Education Association, 1962), p. 35.

²Karl C. Garrison and Dewey G. Force, Jr., The Psychology of Exceptional Children (New York: The Ronald Press Company, 1959), p. 460.

³Nathan W. Ackerman, The Psychodynamics of Family Life (New York: Basic Books Incorporated, 1958), p. 61.

but his perceptions will not be brought out unless the climate is safe for him. The kinds of atmospheres that make exploration of meaning and discovery more possible should be pursued.⁴ McKinney described rapport stressing security as essential; it is based on interest, calmness, optimism. "For the best counseling everything about the relationship should permit openness and ease of communication."⁵ The review of the literature supported counseling in group situations.

1. It seems advisable that educators, psychologists, and counselor educators examine further the possibilities of research with teams of counselors in various situations. The findings of this study clearly indicate a relationship to counselor, client, and supervisor satisfaction under a team approach.

2. It would seem desirable for educators to employ teams of counselors in group counseling situations to facilitate relationship and communication and to enhance client self-insight and client solution of problems. In educational endeavors such as cultural enrichment and attempts to

⁴Association for Supervision and Curriculum Development, op. cit., pp. 70-71.

⁵Fred McKinney, Counseling for Personal Adjustment in Schools and Colleges (Boston: Houghton-Mifflin Company, 1958), p. 231.

decrease drop-out rates through provision of better alternatives, it seems feasible that team counseling could better assist understanding of clients than could a more restricted interaction. Educators could probably be enabled to generate more realistic innovations for student betterment where there was greater mutual satisfaction and understanding.

3. Results of this study suggested that security was enhanced not only for clients but for counselors under the team approach. Much research has been conducted previously in attempts to increase security and thus improve communication for the client, but little real emphasis has been placed on increasing the security of the counselor. It would appear that the security of one affects the security of the other. Further research might encourage recognition of this interdependence.

Considering the end results of team counseling as evidenced in this study, it would appear that this team approach would actually save time in length of counseling and thereby, save money on a long term basis, money which could be used more productively. The evidence of this study is that increased client satisfaction facilitates favorable counseling interaction, increases self-insight and awareness of problems, and affects solutions.

4. Besides conservation of time and finances it appears that the still more important objective of betterment of psychosocial status and the elimination of waste, of needless human potential, an economic contribution might be enhanced through improved counseling under the team approach.

5. For those interested in the present counseling method, the results of this study might be further explored in areas of readiness, extinction, resistance, communication, enhancement of rapport, and further elaboration and innovation in the team approach in various group settings.

6. Findings suggest the advisability of counselor educators considering measurement of the team approach with further variations. Relatively novice counselors appeared to learn much through active participation in a case along with more experienced student counselors. Sometimes the counselor teams disagreed over a case. Much discussion was stimulated, and it often carried over to other student counselors in and out of the practica and seminars. Many student counselors suggested to the supervisor that they felt they had learned much through the scheduled and informal discussions, much more than if they had weighed solely their own perceptions. Counselor educators could tape such discussions and thereby supplement counselor education programs.

7. Another observation of this study was that the counselor assuming the responsibility for doing most of the leading was not necessarily the counselor with whom the clients appeared to have better rapport. This raises the question of whether conversing is the main factor responsible for increased client satisfaction. What more should be known about seating arrangements? How responsible was this variable in obtaining favorable results in this study? If personalities of counselors on the teams had been more closely matched, would that possibly have increased client satisfaction under the team approach? Counselor teams in this study were particularly designed to pair a stronger with a weaker student counselor. Teams were sometimes male-female, female-female, male-male. Did any sex differences affect rapport and, if so, what might be favorable combinations? Is one sex favored over another by either counselor or client in team situations? Why was rapport more easily established for female clients under the team approach; what specific elements were responsible? What would happen to resistant clients if they were changed from a standard approach to a team approach?

8. Future investigations might pursue further still considerations. Are mothers in our culture more ready for counseling, less defensive, than fathers? Does the role of mother affect degree of satisfaction, as compared with women

in general? What cultural expectations influenced results? Would the results of the sampling in this study be representative of trends in similar, larger populations? If the proportion of male and female clients as well as counselors was equal under both approaches, would this variable have altered the total results of this study? What would be the results of the two approaches if one research study were under a supervisor overtly favoring the standard approach and another study under a supervisor overtly favoring the team approach, presumably matched in other variables as closely as possible? What clinic variables could have affected the results obtained in this study?

Ninety per cent of clients under the team approach and eighty per cent of clients under the standard approach had responded to the counseling rating scale at the time statistics were compiled. The total sample did not include a very few novice student counselor returns, since a few were very slow to evaluate themselves. Would the percentage not heard from have affected the returns appreciably?

9. Other ratings have since been obtained on a longer-term basis. These ratings have been examined clinically for longitudinal clues. From a comparison of these later separate data with the shorter-term study population results, another hypothesis is suggested for subsequent investigation. That is, initial client reactions may be

more parsimonious or critical, while longer term reactions will eventually be consistently favorable. This raises the possibility of certain new variables to be investigated subsequent to the present study, such as the effect of reconsideration by clients following implementation of counselor suggestions, recommendations, interpretations, or predictions, what is sometimes referred in group dynamics research and ethnic attitude research as "the sleeper effect." This is where emotions must be worked through or situational consequences of behavior recognized before comprehension of the totality of the experience they have encountered is achieved. Therefore it would appear longitudinal as well as short-term studies are needed to investigate the results of team counseling.

10. The counseling rating scale can be used extensively as a teaching device to facilitate client and counselor understanding and expectation of a counseling interaction.

BIBLIOGRAPHY

BIBLIOGRAPHY

A. BOOKS

- Ackerman, Nathan W. The Psychodynamics of Family Life. New York: Basic Books, Inc., 1958.
- Anastasi, Anne. Psychological Testing. New York: The Macmillan Company, 1962.
- Borg, Walter R. Educational Research, An Introduction. New York: David McKay Company, Inc., 1963.
- Brammer, Lawrence M., and Everett L. Shostrom. Therapeutic Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1961.
- Brayfield, Arthur H. Readings in Modern Methods of Counseling. New York: Appleton-Century-Crofts, Inc., 1950.
- Garrison, Karl C., and Dewey G. Force, Jr. The Psychology of Exceptional Children. New York: The Ronald Press Company, 1959.
- Guilford, J. P. Fundamental Statistics in Psychology and Education. New York: McGraw-Hill Book Company, 1956.
- Hall, Calvin S., and Gardner Lindzey. Theories of Personality. New York: John Wiley and Sons, 1957.
- Jones, Maxwell, and others. The Therapeutic Community. New York: Basic Books, Inc., 1953.
- MacGregor, Robert, and others. Multiple Impact Therapy With Families. New York: McGraw-Hill Book Company, 1964.
- McDaniel, Henry B. Guidance in the Modern School. New York: Holt, Rinehart, and Winston, 1956.
- McGowan, John F., and Lyle D. Schmidt. Counseling: Readings in Theory and Practice. New York: Holt, Rinehart, and Winston, 1962.
- McKinney, Fred. Counseling for Personal Adjustment in Schools and Colleges. Boston: Houghton-Mifflin Company, 1958.

Mowrer, O. H. The New Group Therapy. Princeton, New Jersey: D. VanNostrand, 1964.

Mowrer, O. H., and others. Psychotherapy: Theory and Research. New York: Ronald Press, 1954.

Peters, Herman J., and Bruce Shertzer. Guidance: Program Development and Management. Columbus, Ohio: Charles E. Merrill Books, Inc., 1963.

Robinson, Francis P. Principles and Procedures in Student Counseling. New York: Harper and Brothers, 1950.

Rosenbaum, Max, and others. Group Psychotherapy and Group Function. New York: Basic Books, Inc., 1963.

Rothney, John. Guidance Practices and Results. New York: Harper and Row, 1958.

Satir, Virginia M. Conjoint Family Therapy. Palo Alto, California: Science and Behavior Books, Inc., 1964.

Wilmer, Harry A. Social Psychiatry in Action, a Therapeutic Community. Springfield, Illinois: Charles C. Thomas, 1958.

B. PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES, AND OTHER ORGANIZATIONS

Association for Supervision and Curriculum Development. Perceiving, Behaving, Becoming. Washington, D. C.: Association for Supervision and Curriculum Development, 1962.

California State Department of Corrections. Annual Research Review. Sacramento: Department of Corrections, 1963.

_____. Correctional Progress in California. Sacramento: Department of Corrections, 1962.

Cooler, Claude Henson. "The Role of the School Counselor in Selected South Carolina, Public High Schools as Perceived by Parents, Administrators, Teachers and Counselors." Dissertation Abstracts. Ann Arbor, Michigan: University Microfilms, Inc., 1964, 10, 4081.

C. PERIODICALS

- Abramson, Paul (ed.). "Teacher Selection--How to Weed Out the Duds," School Management, 2:34-37, December, 1964.
- Bock, J. C., D. J. Lewis, and J. Tuck. "Role-Divided Three-Cornered Therapy," Psychiatry, 17:277-82, 1954.
- Brams, Jerome M. "Counselor Characteristics and Effective Communication in Counseling," Journal of Counseling Psychology, 8:25-30, Spring, 1961.
- Campbell, David P. "A Counseling Evaluation with a 'Better' Control Group," Journal of Counseling Psychology, 10:334-39, Spring, 1963.
- Caplan, Stanley William. "The Effect of Group Counseling on Junior High School Boys' Concepts of Themselves in School," Journal of Counseling Psychology, 4:124-28, Spring, 1957.
- Combs, A. W., and D. W. Soper. "The Perceptual Organization of Effective Counselors," Journal of Counseling Psychology, 10:222-26, Spring, 1963.
- Dittes, J. E. "Galvanic Skin Response as a Measure of Patient's Reaction to Therapist's Permissiveness," Journal of Abnormal Social Psychology, 55:295-303, 1957.
- Dole, Arthur A. "The Prediction of Effectiveness in School Counseling," Journal of Counseling Psychology, 11:112-21, Summer, 1964.
- Dymond, Rosalind F. "The Measurement of Empathic Ability," Journal of Consulting Psychology, 13:127-33, 1949.
- Ends, E. J., and C. W. Page. "A Study of Three Types of Group Psychotherapy with Hospitalized Male Inebriates," Quarterly Journal of Studies on Alcohol, 18:263-77, 1957.
- Forgy, E. W., and J. D. Black. "A Follow-up After Three Years of Clients Counseled by Two Methods," Journal of Counseling Psychology, 1:1-8, February, 1954.
- Goodstein, Leonard B., and Austin E. Grigg. "Client Satisfaction, Counselors, and the Counseling Process," Personnel and Guidance Journal, 38:19-24, 1959.

- Kincaid, Harry V., and Margaret Bright. "The Tandem Interview, A Trial of the Two-Interviewer Team," Public Opinion Quarterly, 21:304-12, 1957.
- Lakin, Martin. "Guilt and Groups," Contemporary Psychology, 10:50-51, February, 1965.
- Mattick, William E., and N. A. Nickolas. "A Team Approach in Guidance," Personnel and Guidance Journal, 42:922-24, May, 1964.
- O'Dea, David J., and F. R. Zeran. "Evaluation Effects of Counseling," Personnel and Guidance Journal, 31:241-42, January, 1953.
- Patterson, C. H. "Supervising Students in the Counseling Practicum," Journal of Counseling Psychology, 11:47-53, Spring, 1964.
- Pohlman, Edward W., and Francis P. Robinson. "Client Reaction to Some Aspects of the Counseling Situation," Personnel and Guidance Journal, 38:546-51, 1960.
- Rogers, Carl R. "The Characteristics of a Helping Relationship," Personnel and Guidance Journal, 37:6-16, 1958.
- Rothney, John W. M., and Gail F. Farwell. "The Evaluation of Guidance and Personnel Services," Review of Educational Research, 30:169-172, April, 1960.
- Snyder, Robert, and Lee Sechrest, "An Experimental Study of Directive Group Therapy with Defective Delinquents," American Journal of Mental Deficiency, 63:117-23, July, 1959.
- Spitz, Herman H., and Sheldon B. Kopp. "Multiple Psychotherapy," The Psychiatric Quarterly Supplement, 31:295-331, 1957.
- Stefflre, B., P. King, and F. Leafgren. "Characteristics of Counselors Judged Effective by Their Peers," Journal of Counseling Psychology, 9:335-40, Winter, 1962.
- Toven, J. Richard. "Appraising a Counseling Program at the College Level," Occupations, 23:459-66, 1945.
- Travers, Robert. "A Critical Review of Techniques for Evaluating Guidance," Educational and Psychological Measurement, 9:211-22, 1949.

Williamson, E. G., and E. S. Bordin. "Evaluating Counseling by Means of a Control-Group Experiment," School and Society, 52:434-40, 1940.

Wright, E. Wayne. "Multiple Counseling: Why? When? How?" Personnel and Guidance Journal, 37:551-57, 1959.

APPENDIXES

APPENDIX A

COUNSELING RATING SCALE

University of the Pacific
School of Education

Department of Educational
and Counseling Psychology

Client _____

Counselor(s) _____

Counseling Rating Scale

We are interested in evaluating our present student counselor training program so that improvements may be made wherever deemed desirable. We will appreciate each individual's response as he (she) experienced the counseling interaction. Please place a check beside your first reaction to each statement. Thank you for your cooperation in helping us to improve our counseling education program. This evaluation will be held strictly confidential and not be shown to any counselor or client.

Area I. The Counselor(s)

Good Fair Poor

- | | | | | |
|-----|--|-------|-------|-------|
| 1. | Seemed relaxed | _____ | _____ | _____ |
| 2. | Helped clients to feel relaxed | _____ | _____ | _____ |
| 3. | Seemed sincere | _____ | _____ | _____ |
| 4. | Seemed trustworthy | _____ | _____ | _____ |
| 5. | Seemed confident and composed | _____ | _____ | _____ |
| 6. | Seemed courteous | _____ | _____ | _____ |
| 7. | Gave adequate time for conference | _____ | _____ | _____ |
| 8. | Seemed genuinely interested in people | _____ | _____ | _____ |
| 9. | Was (were) consistent in line
of thinking | _____ | _____ | _____ |
| 10. | Seemed patient | _____ | _____ | _____ |
| 11. | Focused on client's problems, not own | _____ | _____ | _____ |
| 12. | Really listened to what clients
had to say | _____ | _____ | _____ |
| 13. | Was (were) clear in expressing
thoughts | _____ | _____ | _____ |
| 14. | Seemed to understand client's
meanings and feelings | _____ | _____ | _____ |
| 15. | Respected opinions of clients | _____ | _____ | _____ |
| 16. | Allowed clients to talk freely
without interrupting | _____ | _____ | _____ |

Counseling Rating Scale (2)

Good Fair Poor

- | | | | | |
|-----|---|-------|-------|-------|
| 17. | Allowed clients to do most of
the talking | _____ | _____ | _____ |
| 18. | Seemed to have thoroughly
reviewed the case | _____ | _____ | _____ |
| 19. | Seemed able to interpret client's
feelings without offense | _____ | _____ | _____ |
| 20. | Helped clients begin thinking of new
ways of looking at problems | _____ | _____ | _____ |
| 21. | Helped clients to understand past
and present behavior better | _____ | _____ | _____ |
| 22. | Helped clients to think through
some problem areas | _____ | _____ | _____ |
| 23. | Gave some helpful recommendations | _____ | _____ | _____ |

Area II. The Interview

- | | | | | |
|-----|--|-------|-------|-------|
| 24. | What was your overall impression as
to how satisfactory the
interview was? | _____ | _____ | _____ |
| 25. | Did the ideas presented increase
client understanding? | _____ | _____ | _____ |

Other evaluative comments:

APPENDIX B

YOUNG CLIENTS' COUNSELING RATING SCALE

University of the Pacific
School of Education

Department of Educational
and Counseling Psychology

Client _____

Counselor(s) _____

Young Clients' Counseling Rating Scale

Area I. I felt that the counselor(s):	Good	Fair	Poor
1. Seemed relaxed or at ease	_____	_____	_____
2. Helped me to feel relaxed or at ease	_____	_____	_____
3. Seemed really interested in me	_____	_____	_____
4. Could be trusted or depended upon	_____	_____	_____
5. Knew what he(she) was doing	_____	_____	_____
6. Was polite, used good manners	_____	_____	_____
7. Gave me enough time	_____	_____	_____
8. Seemed really interested in people	_____	_____	_____
9. Stayed on the subject	_____	_____	_____
10. Seemed patient, did not become bothered	_____	_____	_____
11. Talked mostly about me, not about him(her)	_____	_____	_____
12. Really listened to what I had to say	_____	_____	_____
13. Was easy to understand	_____	_____	_____
14. Seemed to understand my ideas and how I felt	_____	_____	_____
15. Listened carefully to my ideas when I told them	_____	_____	_____
16. Allowed me to talk freely without interrupting me	_____	_____	_____
17. Allowed me to do most of the talking	_____	_____	_____
18. Seemed to know a lot of things about me already	_____	_____	_____
19. Could tell me about my feelings without making me mad	_____	_____	_____
20. Helped me to start seeing things in a new way	_____	_____	_____
21. Helped me to understand better what I've been doing	_____	_____	_____

Young Clients' Counseling Rating Scale (2) Good Fair Poor

22. Helped me to understand some
 things that have bothered me _____
23. Gave me some helpful ideas
 of what to do _____

Area II. Talks with the counselor(s)

24. How well did you like your talks? . . . _____
25. Did your talks with the counselor(s)
 help you to understand
 yourself better? _____
26. Other comments or ideas: _____

APPENDIX C

QUESTIONNAIRE IN ADVANCED FIELDWORK

University of the Pacific
School of Education

Department of Educational
and Counseling Psychology

Questionnaire In Advanced Fieldwork

PART ONE:

1. Your name:
2. Your address: Phone:
3. Business address: Phone:
4. Present position:
5. Degrees and credentials held:
6. Degrees and/or credentials sought:
7. Reason(s) for taking this course:

PART TWO:

Directions: Please give first impressions only.
This is not an examination. The purpose is to help us
adapt the seminar to meet the interests and needs of all
concerned as effectively as possible.

1. What would you like to gain from the seminar? (Be as general or as specific as you wish.)
2. What area(s) do you feel you could contribute best to the seminar? (Again, be as general or as specific as you wish.)
3. Are there any questions which you feel are pertinent to the field which you feel should be stressed during the seminar?

Questionnaire In Advanced Fieldwork (2)

5. How important do you rate defense mechanisms?
6. What obstacles in general do you see hindering effective and successful termination of case studies?
7. In your experience what two elements have you found most frequently to be responsible in cases where you were involved? Please explain.
8. Do you have any suggestions as to how communication between clients and professionals dedicated to help them may best be improved?
9. How effective do you believe cooperation is among various professions (schools, agencies, etc.) in handling a given case? Please suggest any ideas that might ameliorate the status quo. (Feel free to be as creative as you wish.)
10. What do you think of present methods of assessing and evaluating case studies? Are methods consistent? Are they thorough? Could present methods be improved?