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THE EFFECTS OF VIDEOTAPEd SYMBOLIC MODELING ON STUDENTS EXPECTATIONS ABOUT COUNSELING AND PERCEPTIONS OF THE COUNSELING RELATIONSHIP

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The School of Graduate Studies
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In Partial Fulfillment
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Doctor of Philosophy

by
Raymond R. Mitsch

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APPROVAL SHEET

The dissertation of Raymond R. Mitsch, Contribution to the School of Graduate Studies, Indiana State University, Series III, number 395, under the title The Effects of Videotaped Symbolic Modeling on Student Expectations about Counseling and Perceptions of the Counseling Relationship is approved as partial fulfillment of the requirements for the Doctor of Philosophy Degree.

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ABSTRACT

The purpose of this study was to determine the usefulness of a symbolic modeling videotape as a vehicle to pretrain counseling-naive clients for their encounter with a counselor. One hundred and twenty-three psychology students volunteered for this study to receive extra credit for their research participation. They were divided into four groups and asked either to view the videotape or to serve as controls. Two of these groups were also asked to complete questionnaires prior to either viewing the videotape or coming back the next day to complete the questionnaires again. The four groups completed the questionnaires following their involvement in the study. The independent variables were the symbolic modeling videotape and completion of the pre-treatment questionnaires. The dependent variables were congruence of expectations as measured by the Expectations about Counseling Questionnaire (EACQ) and students' perceptions of the counseling relationship as measured by the Barrett-Lennard Relationship Inventory (BLRI). The socialization process was accomplished by a symbolic modeling videotape which portrayed a first counseling session in process between a female counselor and a female client. This tape was devised to deal with stereotypes often associated with counseling by college students and to provide information about counseling
processes, "good client role behavior", and possible outcomes of counseling. This role-played counseling session was presented in an color, audiovisual format and lasted about 17 minutes.

Eight two-way analyses of variance were computed on each of the four main expectancy factors of the EACQ and the four scales of the BLRI. Results indicated that the SMV had a positive impact on one factor (Counselor Expertise) of the EACQ and two scales (Empathic Understanding and Congruence) of the BLRI. The conclusion was drawn that this type of intervention provided a potentially useful means of socializing naive clients to counseling. The results did highlight the need for a longer videotape which would portray the vicissitudes of counseling more effectively and would give the potential client a more panoramic view of counseling.
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Chapter 1

THE PROBLEM

Introduction

Clients often enter counseling for the first time with preconceived notions and expectations of what might happen in their session with a counselor, and of what the counselor's behavior will be like. A number of writers (Apfelbaum, 1958; Bordin, 1969; Patterson, 1959) have argued that clients approach counseling with anticipations regarding what counseling will be like and what roles the counselor and client will assume. Investigators have reported on a variety of expectations for various populations which differentially affect the process and outcome of psychotherapy (Kupst & Schulman, 1979; Overall & Aronson, 1962; Bent, Putnam, Kiesler, & Nowicki, 1975; Garfield & Wolpin, 1963; Goin, Yamamoto, & Silverman, 1965; Lorion, 1975). These expectations often result from previous experience with other health professionals where the expectation is (a) for the patient to be relatively passive except to provide minimal information regarding symptoms, (b) the doctor's (whether an M.D. or Ph.D.) task is to make the patient well; the doctor is expected to gather the necessary data through whatever means and inform the patient what must be done, (c) treatment is often quickly effective and sometimes prolonged, but the patient's
personal feelings have little to do with the results; and (d) causality is often simple and generally physical.

Counselors, in contrast, have had through a variety of experiences the opportunity to develop realistic expectations of what will happen in the counseling session, and how clients will behave. These expectations include: (a) the client participates actively and verbally, (b) the therapist's task is to help clients understand themselves, (c) the course of therapy might generate intense and sometimes painful emotions, and (d) the causality is complex, and sometimes circular (Orne & Wender, 1968).

The belief that client expectations directly affect the counseling process has been deeply incorporated into the belief system of the counseling profession. This is one reason why efforts have been focused on shaping client expectations in congruence with the actual counseling situation. Reviews of the literature since 1979 have been inconclusive, and reveal that confirmed/disconfirmed client expectations may not be as important as previously assumed. Duckro, Beal, and George (1979) determined that the assumption that disconfirmed client expectations adversely affect the counseling process was not as solidly substantiated as many believed. Tinsley, Workman, and Kass (1980) concurred with this assessment, and stated:

This inconsistency is due, in part, to the fact that the expectancy measures used in previous research (a) do not possess sufficient reliability, and (b) focus on broadly defined expectancies (e.g., counselor personality) rather than on more specific expectancies. (pg. 561)
Based on the Duckro et al. (1979) review, further research appears to be needed to clarify the effect of pretraining on expectations and perceptions of counseling. It is not clear that pretraining has a beneficial effect. A specific statement as to what relationship and expectations parameters are important in pretraining remains elusive. In this study an attempt was made to clarify the effects of pretraining and to avoid the deficiencies of past research. First, expectations and relationship parameters were defined by using instruments with sound psychometric qualities. In doing so, the difficulties experienced with past research in defining expectations and the counseling relationship too globally were corrected. Correspondingly, specific elements of students' perceptions and expectations were investigated. Secondly, this investigation involved a systematic examination through an experimental, analogue design of the effects of pretraining on students' perceptions and expectations of the counseling process, and provided a number of advantages over designs used in the past. It allowed for the control of threats to internal validity, such as maturation of subjects, testing, and history. Furthermore, because of the increased rigor of the design over past designs, this study permitted the limiting of conclusions to specific parameters of students' perceptions and expectations. Finally, an attempt to clarify existing research was made by systematically investigating the efficacy of the combination of a videotaped medium and
symbolic modeling to positively change university students' expectations and perceptions of the counseling process.

Purpose of the Study

The purpose of this study was to examine systematically the effects of a symbolic modeling videotape on university students' expectations and perceptions of counseling. It also highlighted the potency of such an intervention for changing expectations of the counseling process and relationship, and for shaping expectations in congruence with the counseling situation. No known systematic investigations have been undertaken to examine the effect of symbolic modeling, via a videotape format, on students' expectations of counseling and their perceptions of the counseling relationship. As previously mentioned, the hypothesis that expectations are an important factor in the counseling process has been assumed to be true in the counseling profession over the last 25 years. If client expectations can be effectively shaped by symbolic modeling through an analogue situation, then an empirically based rationale can be built for many of the pretraining and role induction methodologies used to shape client expectations. This study, therefore, was an attempt to provide an empirical basis for pretraining students for more realistic expectations of the counseling process.
Statement of the Problem

In this study an attempt was made to determine the effect of videotaped symbolic modeling on expectations of personal commitment to counseling, facilitative conditions offered by the counselor, counselor expertise, and counselor nurturance. A second aim was to determine the effect of videotaped symbolic modeling on perceptions of counselor empathic understanding, congruence, level of regard demonstrated toward the client, and unconditionality of regard. Students often enter counseling with erroneous expectations of what will happen in counseling and how their counselor will behave. Tinsley and Harris (1976) indicated that expectations vary according to sex, and are affected by students' class status. A closer examination of expectancies revealed that students believe counseling is generally helpful, but are pessimistic as to its efficacy for them personally. In a later study, Tinsley, Workman, and Kass (1980) reported that female students expected a higher level of personal commitment for themselves than did male students. Male students were found to expect an expert counselor to approach counseling for only serious problems, themselves to respond only if asked questions, and to acquire the help they need in two sessions. Overall and Aronson (1962) reported that low SES clients expected a medically oriented, psychiatric interview with the therapist taking an active, supportive role. Other authors have investigated this problem with other populations, and have
generally found discrepant expectations among clients surveyed (Kupst & Schulman, 1979; Overall & Aronson, 1962; Bent, Putnam, Kiesler, & Nowicki, 1975; Garfield & Wolpin, 1963; Goin, Yamamoto, & Silverman, 1965; Lorion, 1975). This problem has not been investigated in any systematic way with university students, nor has there been research which has combined the technology of videotape and symbolic modeling for influencing university students' expectations and perceptions of the counseling relationship.

THEORETICAL BACKGROUND

Within the last 15 years, videotape technology has been utilized to create presession role induction videotapes which provide information for prospective clients (Strupp & Bloxom, 1973; Lawe, 1976; Hilkey, 1975; Hughes, 1984; Stewart & Jessell, 1986). These videotapes and their forerunners (films) were a logical outgrowth of the documented effects of symbolic, live modeling therapy (Bandura, 1969; Geer & Turtletaub, 1967; Sarason, 1968). The cognitive processes identified as pertinent in live modeling, such as verbal and imaginal coding and rehearsal (Bandura, 1971; Bandura, Blanchard, & Ritter, 1969), can be assumed to be relevant in the viewing of filmed or videotaped models. Bandura and Barab (1973) reported that there was little reason to believe that the symbolic processes operating while viewing a live model were any different from those operating when viewing a videotaped model.
Bandura's theory of social learning is especially applicable to symbolic modeling. According to this theory (Bandura, 1969), fearful behavior is controlled by two different types of stimuli. Responses can be evoked either directly by some tangible, external, aversive stimuli, or through self-stimulated, intermediary fear expectations. In the latter process, fear-provoking events stimulate fear responses which, in turn, activate defensive behavior. For this type of response, modifications of this behavior can be achieved by eliminating fearful ideations. Bandura has asserted that one possible interpretation of observationally induced changes could be that the modeled performances were both a convincing and graphic way of providing information which communicated that what the subject feared was actually safe. This information could then be used to alter avoidance behavior without the nonreinforced response being evoked.

Modeling influences are not only informational, but also motivational (Bandura, 1971). For clients, observed success functions as a motivator by arousing positive expectations that they too will succeed if they persist in their efforts. In essence, clients may be motivated to persuade themselves that if others can do it, so can they. Modeled displays, therefore, can facilitate expression of inhibited behavior through motivational increases.

Bandura also postulated the process of vicarious extinction as operating in the modeling experience. Exposure
to fear-provoking modeling sequences generates fear responses in clients. Through repeated non-reinforced elicitation of the fear response, even the most threatening behavior responses lose their aversive properties. By reducing aversiveness of the threatened activities below the threshold for activating fearful behavior, modeling facilitates the performance of behaviors clients previously inhibited.

Psychological education is another methodological vehicle which accounts for the theoretical underpinnings of role socialization in counseling. Alschuler and Ivey (1973), Ulmer and Franks (1973), Ivey (1974), and Authier, Gustafson, Guerney, and Kasdorf (1975) have taken up the banner of educating clients as a viable therapeutic modality. Proponents of such an approach advocate that psychological practitioners view their role in terms of hygiology (Super, 1981) rather than pathology, and as mental health rather than mental illness. This view of practitioners' role has implication for how they view the person asking for help, and for what the helper will do to assist that person. For example, the person is viewed as a student or client rather than a patient and techniques are geared toward prevention rather than remediation. This does not imply that the content of what is taught is devoid of therapeutic value; instead it is the affective-behavioral-interpersonal nature of what psychoeducators teach which set them apart from classroom teachers. This educator model
implies that the process begins with the perceived need of the pupil for information to deal with an upcoming situation. The process continues with the educator facilitating the development of mutually agreed upon goals, continues with skill teaching, and concludes with satisfaction or goal achievement. This requires psychological practitioners to temporarily depart from the medical model to take on the role of teacher and consultant to assist pupils to achieve their goals and the necessary information to cope with the situation in which they find themselves. Hence, the application of this technique can be much more broadly based than that of role socialization.

The practice of role-induction also finds support from a variety of learning theories. Tolman's (1932) cognitive theory, Spence's (1956) and Hull's (1943) drive reduction theories, and Rotter's social learning theory have in common the concept that learning is a function of the reinforcement of subjects' expectancies regarding the outcome of their behavior in a given situation. The prediction generated by these theories is that if clients' expectancies can be effectively shaped to reflect that which they encounter in the therapy session, social influence and learning in the counseling process will be facilitated. The behaviors that are ultimately emitted in the counseling sessions are further reinforced by the equivalency between reality and expectancies. If the expectancies are for a positive relationship, a pleasant counseling experience, and
an empathic, caring, and non-judgmental counselor, then the likelihood that these will be perceived is greater.

Social psychology also provides support for role-induction by addressing cognitive expectancies. Kelly (1955) did much to elaborate upon the effect of client role expectations in psychotherapy. He suggested that almost any client already holds a highly individualized conceptualization of the nature of the psychotherapy relationship and of the therapist's role behavior prior to the initiation of treatment. He argued on the basis of his theoretical position that the therapist must accept the client's preconceptions of the therapist's role, at least in the beginning stages of therapy. This implies that failure to confirm a client's expectations results in confusion and disappointment for the client, with subsequent negative effects on the psychotherapeutic relationship.

Heider's (1958) balance theory also applies, in that the client seeks to reduce discrepancy of opinion by assigning meanings and intentions to therapists. Thus, therapists would be credited with value statements, whether having uttered them or not because of the power of their position. An attempt would then be made on the part of clients to balance what they expect to happen with what the therapist is saying in their session. To balance these cognitions, clients then have to make the decision as to which would be assigned negative or positive values. In order to be consistent with what is expected, the therapist
is assigned statements and intentions which are consistent with these expectations.

Hypotheses

In this study, eight null hypotheses were tested through a comparison of participants who viewed a videotaped symbolic modeling presentation and participants who did not view the videotape to determine the effects of the presentation on student perceptions of the counseling relationship and the potency for changing student expectations. The eight null hypotheses were:

Null Hypothesis 1: There is no significant difference in post-treatment ratings obtained for the EACQ factor of Counselor Expertise between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 2: There is no significant difference in post-treatment ratings obtained for the EACQ factor of Facilitative Conditions between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 3: There is no significant difference in post-treatment ratings obtained for the EACQ factor of Nurturance between participants who viewed a symbolic modeling videotape (SMV) and those who did not.
Null Hypothesis 4: There is no significant difference in post-treatment ratings obtained for the EACQ factor of Personal Commitment between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 5: There is no significant difference in post-treatment ratings obtained for the BLRI scale of Empathic Understanding between participants who viewed the symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 6: There is no significant difference in post-treatment ratings obtained for the BLRI scale of Congruence between participants who viewed the symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 7: There is no significant difference in post-treatment ratings obtained for the BLRI scale of Level of Regard between participants who viewed the symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 8: There is no significant difference in post-treatment ratings obtained for the BLRI scale of Unconditionality of Regard between participants who viewed the symbolic modeling videotape (SMV) and those who did not.

Delimitations

The following delimitations were applicable to this study:

1. This study involved only university-age students
with a range of psychological sophistication.

2. The symbolic modeling videotape portrayed an initial session in which the concerns of the client were presented for the first time. The counseling dyad utilized in the videotape was delimited to a female counselor and female client.

3. The focus of this study was on students who had never experienced formalized counseling/therapy through the services of a professional counselor or therapist prior to involvement in this study.

4. This study was delimited to an analogue study in which actual field conditions were only approximated.

**Definitions and Operational Terms**

For the purposes of this study, the terms used were operationally defined as follows:

1. Expectations: Student expectations were operationally defined by the use of the Expectations About Counseling Questionnaire (EACQ). The EACQ was developed by Tinsley (1980) as a research instrument for measuring all of the theoretically important expectations a prospective client might have about counseling.

2. Symbolic Modeling Videotape (SMV): The SMV was a learning experience aimed at developing a realistic understanding of the counseling process and relationship. It included a 17 minute vignette of a counseling session in progress in which a model was actively engaged and
comfortable in a counseling relationship with a female counselor. The model was of the same age-range as the typical client who comes to a university student counseling service.

3. Counseling Relationship: The counseling relationship was operationally defined by the use of the Barrett-Lennard Relationship Inventory. The dimensions measured by this inventory are level of regard, empathic understanding, congruence, and unconditionality of regard.

4. Counseling or Therapy: The type of counseling experienced by the prospective participant in this study was defined in terms of the type of issues discussed by the counselor and client. The necessary condition for students to participate in this study was that they had not been involved in "non-routine" counseling, which entailed discussion of personal issues which were affective in nature. Such issues as conflict in relationships with other persons (i.e., parents, boy/girlfriend, other significant people in the young person's life), or identity/sexual concerns were given as examples. Students were allowed to participate if they had been involved in "routine" counseling which was assumed to be more commonly experienced by high school students. Issues such as financial aid arrangements, academic scheduling, planning for college/university, and career information were given as examples of "routine" counseling and were assumed to be devoid of affective issues.
Chapter 2

REVIEW OF RELATED LITERATURE AND RESEARCH

This review of related literature and research is divided into four sections to focus attention on specific elements of this study. First, an examination of the research regarding the role of expectations in counseling was done to establish expectations which are commonly held by laypeople in general, and university students, specifically. Secondly, research was reviewed regarding how these expectations impact the counseling enterprise. Thirdly, a general review of the research highlighted the pretraining procedures which have been developed to shape client expectations for counseling. Finally, a specific examination of the literature was conducted to focus on symbolic modeling and its role in the learning process in counseling.

The Role of Expectations in Counseling

The expectations of the client and therapist have been postulated to be important influences in the counseling process. Prior to 1962, expectations were thought to be primary influences. Since 1962, the evidence for their influential nature has come to be of a more tentative nature (Duckro et al., 1979). Kupst and Schulman (1979) noted that the congruence of expectations between counselor and client
is often overlooked, and in many cases clients' initial knowledge often results in erroneous expectations of the counseling relationship. This literature review addresses client expectations, their impact in counseling, and the relationship between expectations and the process and outcome of counseling. In addition, research was reviewed in the areas of role induction and symbolic modeling in the context of shaping client behavior prior to entry into counseling.

Two major areas have been delineated where client expectations could exist. The first is prognostic expectations, which are clients' beliefs or attitudes concerning the expected benefit they will receive from therapy. The second area of expectations is those surrounding participant role expectations. These are beliefs clients hold regarding the behaviors that will be exhibited by themselves and their counselor. This area also includes expectations about the counseling process and counseling relationship.

Patterson (1958) suggested that the expectations of clients be approached from a social conditioning point of view in which clients' preferences and expectations are shaped by their encounters with other professionals and specialists. People such as attorneys and physicians do things to and for us, tell us what to do, and how to do it. The resulting relationship is one of dependency and reliance on the authority of that professional. The counselor-client
relationship is a signal to the client for the assumption of a familiar pattern of social interaction. Based on this perspective, many counselors will not meet the expectations of their clients. With reference to this situation, Patterson has asserted that some kind of learning needs to take place from the very beginning of counseling in order to help the client be responsible for him/herself. Consistent with Patterson's recommendation is the approach of symbolic modeling through a videotape medium. It is a viable means to indicate to clients that they will be expected to be responsible for themselves and will be expected to be independent. It is also a means to graphically counter societal conditioning regarding relationships with professionals. Lastly, it begins the learning process even before counseling begins and essentially acts as an organizer of forth coming events and a stimulus for independent behavior.

Another possible interpretation of client expectations is in terms of achievement motive theory. Block (1964) investigated the applicability of achievement motive theory to patient expectations specifically related to the discrepancy hypothesis. The discrepancy hypothesis states that there is a primary affective reaction attending the patient's evaluation of a discrepancy between past expectations as governed by adaptation level (AL) of prior expectations, and the given therapeutic event such that an appropriate motive is produced. A "double-blind" design was
utilized in which independent judges classified verbatim patient-therapist exchanges according to criteria of discrepancy and affective change, and the nature of that change. Fisher's exact probability method for small dichotomized samples was used to test whether there was a proportion of cases falling into two classifications differing from chance. Results indicated that when a discrepancy from the adaptation level was in a direction such that a positive emotional response was experienced, an approach motive was produced. Conversely, when the expectations fell on the opposite side of a neutral point, negative affect was experienced, thus prompting an avoidance motive.

Apfelbaum (1958) directed his efforts toward identifying patients' expectancies regarding the personality and in-therapy behavior of their prospective therapist. Through the use of the Q-sort methodology, he found that prior to their first therapy visit, patients expected three clusters of therapist behavior. The first was the "nurturant" therapist, a guiding, giving, protective therapist who was neither businesslike nor critical, who did not expect the patient to accept responsibility for his own actions. The second therapist was a "model" who was a well-adjusted, diplomatic, and a very permissive listener. This therapist neither judged nor evaluated his/her patient, and tended to be both nonprotective and noncritical. Finally, the third therapist was the "critic." Patients expected
this therapist to be critical, analytical, and forceful in his/her attempt to want the patient to assume considerable responsibility. They also anticipated this therapist to be neither gentle nor indulgent.

Dreman and Dolev (1976) investigated the relationship between existing preferences and expectations of a "nonclient" population about a university counseling service. The sample consisted of 100 university students who were asked to complete a questionnaire about their expectations and preferences regarding the services of the student counseling service. Results indicated that nonclients expected a counselor to explain and interpret a client's problems, to analyze these problems, and to encourage more open expression of feelings. While students indicated that they expected relief of immediate responsibility for actions and decision, ultimately they expected help toward making the client independent and solving his/her own problems. What they expected the counselor not to do included instructions or advice about how to behave in different situations, to educate or influence moral values, eliminate symptoms, or consult with people close to the client. For nonclients who had previously heard of the service and/or had a friend who had been to the service, the counselor and the process were perceived as being much more active than by nonclients who had no previous information about the service.
In another series of important investigations, Lennard and Bernstein (1960) explored the consequences of the degree of congruence between therapist and patient role expectancies. Specifically, their efforts focused on the effect of compatibility on therapist-patient communications and other aspects of the therapeutic relationship. Eight patients and four psychoanalytically-oriented therapists comprised the sample. Over 500 therapy sessions were conducted, recorded, and transcribed. Content analysis was used to examine expectation, interaction, and communication variables. Findings indicated a significant relationship between the degree of dissimilarity of role expectations of participants and the degree of strain and disequilibrium in their relationship. Lennard and Bernstein stated:

When both members of a dyad are in agreement regarding their reciprocal obligations and returns, there is a consensus or similarity of expectations, and harmony or stability occurs in their interpersonal relations . . . . But when there is any degree of discrepancy or lack of consensus between the participants, and their expectations are dissimilar . . . manifestations of strain appear in their interpersonal relations. If expectations are too dissimilar, the . . . system disintegrates unless the differences can be reconciled. (pg. 153)

Overall and Aronson (1962) highlighted the difference in expectations held by most lower SES patients and their therapists. They pointed out that lower SES patients typically expected the therapist to be active rather than passive, warm, and supportive. These patients also believed that their difficulties were physical in origin and expected medical rather than psychiatric
treatment. The investigators also noted that it could be that the high drop-out rate among lower SES patients was caused by the negative evaluation of the initial interview because of the expectations held. Lower SES patients were given a questionnaire prior to and following their initial therapeutic contact to test for expectations and observations of the interview. Results indicated that lower SES patients tended to expect a medically-oriented, psychiatric interview, with the therapist taking an active supportive role. It was also revealed that patients whose expectations were the most inaccurate were significantly less likely to return. Finally, patient observations were a better predictor of return to treatment than were those of the therapist's when both were compared with patient expectations. The investigators concluded that some attempt needs to be made to take the lower class patients' discrepant expectations into consideration during the initial phases of treatment.

Lorr (1965) assumed that clients bring to treatment certain well-established patterns of interpersonal behavior and that this interpersonal behavior with significant others will be similar to behavior they experienced in childhood. His study was designed to identify some of the principal dimensions of clients' perceptions of the therapist. There were eight concepts hypothesized: directiveness, nurturance, understanding, acceptance, equalitarianism, independence-encouraging, critical attachment, and hostile
rejection. In this study, a questionnaire containing 65 statements describing therapist behaviors was constructed. The questionnaire was administered to 523 patients in individual therapy in 43 Veterans Administration clinics. Results indicated that five factors were revealed to effectively summarize client perceptions of the therapist. These were: understanding, accepting, authoritarian, critical, and hostile. Lorr noted that the factors he found seemed to be consistent with other analyses and conceptualizations of client perceptions. He also observed that patient ratings of therapist understanding and acceptance were significantly associated with patient ratings of overall improvement and therapist ratings of client satisfaction. These findings lend further support for the hypothesized importance of client perceptions of their therapists.

Kupst and Schulman (1979) sought to identify and measure the expectancies of therapists and laypersons. Included were expectancies regarding etiology, use of the medical model, use of the social model, treatment activities, characteristics of the therapist, ideology, and help-seeking attitudes. The main purpose of this study was to examine similarities and differences between mental health professionals and laypersons. The sample consisted of 52 adults who accompanied children being treated at a children's hospital for non-psychiatric reasons. Participants were predominantly female because the parent
who brought the child in for treatment during the day was typically the mother. The sample for mental health professionals included 25 professionals, whose duties involved psychotherapy with children. This group included psychiatrists, psychologists, social workers, psychiatric residents, and trainees. Results revealed some interesting discrepancies between lay and professional expectations. For example, the statement "No one can solve another person's problems; you have to work them out for yourself" revealed that the professionals tended to disagree while lay persons tended to agree. Approximately 95 percent of the lay group agreed with the statement "People can change their behavior; you're never too old to learn." In contrast, only 29 percent of the professionals agreed, with 32 percent disagreeing, and 49 percent remaining neutral. The investigators were able to create a profile of the lay sample which included such things as the feeling that a person must solve his/her own problems, and if any person considered seeing a therapist they tended to expect greater possible change in a relatively brief period of time with a therapist who would be an expert in problem-solving. The lay sample also tended to be more concerned with financial aspects of their problems than the professionals. Kupst and Schulman concluded that responses by the lay sample supported the belief that the general public is not well-informed about the realities of therapy. Taking these results and linking them with the role-induction procedures,
pretraining, could produce conditions where expectancies of clients would have to change only minimally in order to minimize dissymmetry in the relationship from the beginning of the counseling situation.

Garfield and Wolpin (1963) examined expectations clients hold regarding psychotherapy. It was hypothesized that the attitudes or expectations clients bring to therapy bear some relationship to continuation and progress in psychotherapy. A 72-item questionnaire was developed to investigate this relationship and to sample attitudes or expectations in a number of areas related to therapy: etiology of symptoms, type of treatment, duration of treatment, privacy, expression of feeling, content of therapy interviews, activity of therapist and patient, the relationship in therapy, motivation for therapy, and a miscellaneous category. This questionnaire was completed by persons over 16 years of age applying for outpatient services who had no previous experience in therapy. The results, in contrast to those of other studies, indicated that the participants were fairly well-informed. They appeared to be oriented toward treatment which consisted of talking about fairly personal matters which could produce a moderate amount of discomfort. They expected the therapist to be competent, interested, and able to understand their problems. For the most part, the attitudes and expectations expressed seemed to have been consistent with those of workers in the mental health field. On the other hand,
the authors recommended that prior to the role-induction interview, an objective profile be formed of the prospective client so that specific areas of discrepant expectations could be addressed. They also challenged the psychological community with the responsibility to educate not only their own clients but also the general public before they confront an uneducated client in their office at some future point in time.

Tinsley, Workman, and Kass (1980) sought to determine the most relevant dimensions along which client expectancies would vary. Four hundred and forty-six introductory psychology students completed the Expectations About Counseling Questionnaire. Scales on this questionnaire included those measuring client expectancies regarding (a) their own attitudes and behaviors, (b) counselor attitudes and behaviors, (c) counselor characteristics, (d) characteristics of the counseling process, and (e) quality of counseling outcome. Results indicated that women reported higher expectations of personal commitment than men. Data revealed that the factor of personal commitment accounted for a greater percentage of variance in client expectancies than any other factor. High expectancy for personal commitment was positively related to the expectancies to take tests, to do assignments outside of counseling, to understand the purpose of what happens in counseling, and to continue in counseling for three or more sessions. Female students reported stronger expectations
than did male students that facilitative conditions would be present. These same students also expected to understand the process and stay in counseling beyond the first interview. Male students expected a more expert counselor than female students. In addition, students with high expectations for expertness expected to go for counseling only for serious problems, to just answer questions, to get help in a couple of sessions, and to have their problem solved once and for all in counseling. The authors concluded that the long held belief that personal commitment is a prerequisite for personal growth and/or behavior change was supported.

Impact of Client Expectations

Duckro, Beal, and George (1979) reviewed the literature in the area of disconfirmed client role expectations in psychotherapy. It had been assumed that a client's expectations play an important role in the process and outcome of therapy, and that if these expectations are not dealt with (confirmed or shaped) they will have an adverse effect on therapy. Related to correlates of client expectations, the investigators found that the expectations of therapist behavior varied considerably among the different samples used in the studies examined. It was also found that even within a given sample there was a fair amount of variability. Duckro et al. divided their review of the theoretical and experimental literature into the
categories of before 1962, and after 1962. Their conclusions related to literature before 1962 were that the research had an extremely enthusiastic beginning, with many of the results confirming the hypothesized relationship between disconfirmed client expectations and negative consequences to therapy. More mixed results, however, seemed to surface after 1962. Studies after 1962 did not clearly support the inferences drawn from earlier works in this area, nor did the hypothesis warrant the assumption of fact that it had enjoyed for so long. From studies that used client satisfaction as a criterion measure, five supported the hypothesized relationship, while six did not support it. Three studies that used outcome as the dependent variable supported the hypothesized relationship, but two did not. Studies of the effect of disconfirmed client expectations on counseling process variables were evenly split. For the six studies which examined the tenacity with which client expectations were held, two studies -- or 33 percent of the studies which focused on this dependent variable -- found expectations to be held quite strongly. In contrast, four studies, or 67 percent, found expectations to be quite malieable, changing in the direction of the assigned therapist. Finally, five studies were found to present evidence in favor of pretherapy modification of expectancies, and also found that positive consequences resulted from such an intervention. On the other hand, three other studies found no effect on
pretherapy role induction efforts. The authors concluded that the research, if taken as a whole, presented less than convincing support for the relationship between disconfirmed client expectations and negative consequences to therapy. The single area of research where some support for the expectation hypothesis was found was in the area of role-induction methodologies.

Bordin (1969) postulated that it is important for mental health personnel to accept clients and to work with them at their present level of emotional development. This also meant that the counselor should adapt to the clients' expectations in as many ways as possible, and in so doing allow clients to personally explore at a rate which is comfortable. According to Bordin, counseling should by every means possible seek to minimize any psychological barriers which obstruct the clients' entrance into counseling. One of the ways to accomplish this, according to Bordin, would be to meet existing needs as they arise. If there is a need for information, then the counselor should be ready to provide that information rather than trying to shape the client to his/her expectations of how clients should behave and what they should seek.

Goldstein (1960) investigated the relationship between client expectations of personality change and client perceived personality change resulting from psychotherapy. Four variables were examined. The first was the client's expectation of personality change, which was defined as the
perception of the anticipated nature and intensity of his/her personality problems upon completion of psychotherapy. The second was client perceived personality change during his/her psychotherapeutic experience. Therapist expectation of client personality change was the third variable, and duration of psychotherapy was the fourth. Results indicated an absence of relationship between client perceived change due to psychotherapy and either the individual or combined client and therapist expectations of client personality change. The authors added that it seemed likely that the variable of client expectation of personality change was too global and multidimensional for satisfactory research. It was recommended that future research strive for greater specificity of expectations to establish more definitive relationships between expectations of both client and therapist.

In a related study, more specific to the current investigation, Appel (1960) examined client expectations of counseling in a university counseling center. He found that clients whose initial expectations were most widely discrepant from the clients' expectancies which their therapists considered "ideal," changed more in the direction of their therapists' expectancies than did those of patients whose anticipations were initially more congruent with the therapist's "ideal." These findings also suggest that a pretherapy intervention, such as symbolic modeling
there also appeared to be areas where difficulty might have arisen even with such well-informed clients. One of these was the expectation that improvement would be forthcoming in a relatively brief period of time. This seemed to be related to the attitude that symptom remission was equated with "cure." If cure is seen in these terms and not more process-oriented, that is, personal insight and character change, then clients will often be disgruntled at the fact that therapy took longer than expected. Another area was that of talking about the therapeutic relationship itself. Patients did not anticipate discussing their feelings about the relationship or their therapist. In this respect, as pointed out by Orne and Wender (1968), they may have been well trained in the "patient" role, and a patient certainly does not criticize or discuss his/her feelings because they are irrelevant to their "cure." Even with well-informed clients, there are still potential areas of discrepancy which could be effectively addressed by a role induction procedure of the nature investigated in this study.

Goin, Yamamoto, and Silverman (1965) explored patients' expectations regarding treatment, and at the same time observed the therapeutic effect when the type of treatment administered was not congruent with what the patient expected. It was hypothesized that lower SES patients would expect help in the form of an active, advice-giving, reassuring, and supportive therapist, as reported by Overall and Aronson (1962). It was also hypothesized that
these patients would predict improvement occurring over a relatively small number of sessions because of this orientation toward the therapist. Of interest was the determination of whether there would be greater therapeutic success and establishment of a better working relationship when the therapist structured his responses to correspond with patients' expectations rather than proceeding with his/her usual style and dealing with problems in the relationship in later sessions. Patients from a psychiatric outpatient clinic completed a questionnaire which inquired into their expectations of how their prospective doctor would attempt to help them. Those who indicated that they expected the doctor to give them advice as to how to solve their problems were designated as subjects for the study. They met with their doctor for 30 minutes weekly over 10 weeks. Therapeutic success was judged by three indices: the first, a questionnaire which called for patients to rank their feelings about treatment, their doctor, expected amount of benefit from additional visits, and how much they had improved; the second, a similar form was completed by the doctor; the third, the length of time the subject stayed in treatment. Results indicated that 72 percent of the "advice" patients and 57 percent of the "no advice" patients were pleased with the results of treatment despite the fact that the average number of visits for both groups was only 4.5. There was a definite expectation that they would be involved in less
than 10 sessions, and the investigators speculated that this may have explained why 61 percent of the patients did not complete all 10 sessions. It could be inferred that clients' expectation of duration of therapy does indeed play a role in their evaluation of improvement at the end of a preconceived time period. Although participants were not similar to those of this investigation, it is noteworthy that in any university population there are cultural and class-linked differences which appear to influence the counseling process and outcome. The intervention examined by the current study was less verbally-oriented and more behaviorally-oriented, thus cutting across reading and auditory modalities of learning, which may have presented a barrier to some students.

Severinson (1966) examined a method for measuring client expectations and perceptions of counseling. He also attempted to study their relationship to satisfaction with counseling. Two "counseling questionnaires" were constructed, each consisting of five hypothetical counseling situations. Clients were asked to indicate, prior to counseling, expected counselor behavior, and after counseling, perceived counselor behavior, by selecting one of six counselor responses for each of the five hypothetical counseling situations. The sample consisted of prospective college freshman who had requested individual counseling prior to pre-registration. One group of students (N = 234) rated, prior to the interview, the degree of counselor
"lead" or directiveness they expected, and after the interview rated this variable again in terms of what they perceived during interviews. The second group (N = 314), prior to the interview, rated empathy they expected, and after the interview rated their perception of this quality on the part of their counselor. Results indicated that satisfaction seemed to be a function of how closely the counselor approximated the client's expectations, and of whether he was in a "fact" or "feeling" orientation during the interview. Clients indicated that they expected their counselor to be authoritative and to deal more with "facts" than with "feelings." It was concluded that satisfaction was related more to the discrepancy between expectations and perceptions than to the actual role the counselor enacted.

Frankel and Perlman (1969) investigated student perceptions of the counseling service functions at an urban commuter university complex, the relationships between these perceptions, and type and length of counseling. The perceptions of those students who had no previous contact with the counseling service and those with varied lengths and types of contacts were compared. Results indicated no difference between responses of students who had had contact with the counseling service and those who had not. Findings also revealed that students denied their own need for counseling, and found the service more useful for guidance, academic, and career concerns. They also acknowledged the usefulness of counseling for their friends. It was also
found that as counseling contact increased, the likelihood that counseling was perceived as dealing with personal problems also increased. It was concluded that knowledge of the functions of the counseling service was not necessarily dependent on personal experience.

The effect of achievement status of the counselor and the utility of certain verbal behaviors in gaining favorable reactions by client in the initial interview was examined by Price and Iverson (1969). Two factors were taken into account in this investigation. First, an acknowledgment that clients approach counseling with certain preconceived notions of what is appropriate counselor role behavior. It was hypothesized that any deviation from recognizableable norms would elicit an unfavorable reaction from clients. Second, it was acknowledged that within the range of acceptable behavior for counselors, persons with a higher level of achievement status were attributed a broader band of acceptable behavior than those with less achievement status regardless of the objective utility of their initial interview behaviors. In comparison, novice counselors were expected to be more critically evaluated, especially if they deviated from the expected role behavior. A sample of introductory psychology students was asked to record their initial impression of a counselor after listening to the major portion of an audiotaped initial interview. When initial ratings were completed, subjects listened to either the high or low status counselor and once again recorded
their impressions. Results indicated that the observer/clients formed relatively favorable impressions of counselors who conformed to counseling role expectations. This effect was further heightened for a "head" counselor than a novice counselor. The findings suggest that a counselor who is relatively role compliant, and who exhibits a high degree of commitment, is perceived as a helper who will be effective in that role.

Gladstein (1969) sought answers to three questions related to expectation research: (a) Do secondary school clients expect primarily educational and vocational help? (b) Does counseling experience change their stated expectations? (c) Does not meeting their expectations lead to dissatisfaction with the counseling experience? Expectations of 181 secondary school students were obtained prior to and following counseling. When responses were classified according to what they expected to accomplish from their counseling experience, 17 different kinds of expectations were identified. This occurred for responses both prior to and following counseling. In both instances, the primary expectation was vocational help. After counseling was completed, however, a Chi-square test indicated that this proportion was significantly less (97 participants prior to counseling and 73 following the completion of counseling). The next highest category of expectations was "other," which pointed out the diversity of client expectations. Further analysis revealed, that in
terms of benefits received from counseling, most expectations were met. It was concluded that clients come to counseling with more than one expectation, and that they will generally be satisfied if only part of their expectations are met.

Pope, Siegman, Blass, and Cheek (1972) hypothesized that the discrepancy between a client's expectations regarding the therapist's role behavior and the actual role behavior causes strain in the communication system between client and therapist, a hypothesis first advanced by Lennard and Bernstein (1960). The sample of this study consisted of 32 undergraduate psychology students. Dependent variables included ratings on productivity, verbal fluency, temporal indices (silence rate, reaction time, speech rate, and articulation rate), and two indices of the degree to which subjects' communications were minimized, denied, qualified, weakened, excessively justified, or blocked. Specific hypotheses were that discrepant expectations would lead to reduced verbal productivity, speech patterns would be more hesitant and less fluent, and overall, there would be more superficial communications. The control group in this study was given accurate instructions about the interviewer's role behavior before their two interviews. The investigators assumed that subjects in this group would have congruent expectations with the actual interview behavior. The experimental group, on the other hand, was given accurate information about the interviewer's role behavior prior to
their first interview, and false information before their second interview. The assumption in this condition was that the experimental group would have incongruent expectations relative to the actual behavior they encountered in their second interview. Results indicated support for the hypothesis that incongruent role expectations of actual role behavior places strain on the communicative system was supported. Indicators of communicational strain were decreased verbal productivity and resistiveness.

Goldstein (1962) explored, through a review of the current literature, both prognostic and role expectations. He reported that many of the studies which had been conducted had come to the conclusion that expectations regarding a future event markedly influences behavior during the event, perception of this behavior, and later evaluation of the behavior after the event. Specific to this study were conclusions regarding client role expectations. After reviewing Apfelbaum's (1958) research, which described the three clusters of expectations, and some of the more integral studies to expectationational research, Goldstein drew the following conclusions: a) The degree of patient change anticipated by both patient and therapist clearly appeared to be related to the amount of patient change that actually occurred. b) The therapeutic relationship, a variable second to none in its consequences for therapeutic outcome, has in particular been shown to be influenced by the degree of congruence of therapist-patient role expectations.
Horenstein (1975) investigated what personal and therapeutic variables were related to initial client disturbance and explored the possibility that the magnitude of initial disturbance in some psychological problem areas may be related more highly to in-therapy variables than disturbance in other areas. Initial client disturbance scores in 10 psychological areas were correlated with variables of client expectations of therapy, lateness, absence, drop-out rate from therapy, and selected demographic variables. Participants consisted of all clients who sought services from the University of Kansas psychological clinic. Clients completed the Client Assessment Questionnaire (Form 1) prior to meeting with their therapist. Participants also provided a written statement of a specific problem in each of 10 problem areas corresponding to those produced by the Client Assessment Questionnaire. Statements were rated for severity on a five-point scale by two experienced clinical psychologists. Pearson r's were computed between variables under investigation. Findings revealed that clients with greater physical problems tended to expect a medically oriented psychotherapist. In addition, clients' and judges' rating of disturbance in the area of future goals and plans were consistently related to expectations of a psychologically-oriented therapist, which suggests that clients who were struggling with the uncertainty of the future and problems of personal adequacy expected therapists to deal with
dynamic material during their therapy experiences. These findings also reveal an awareness, on some level, of the psychological bases of these problems and corresponding expectations which are commensurate with this awareness. Clients, then, appear to be aware of the need for therapy for a problem which has psychological components; however, problems arise when they get to therapy and are uncomfortable because they are lacking in the specifics of role behavior in therapy. It is quite possible that a role-induction procedure, such as the one investigated in this study, could provide practical information about specific behaviors that are helpful for a client to exhibit to gain the fullest benefit possible from counseling.

Gulas (1974) investigated the congruence between clients' and therapists' prognostic and role expectations as they related to the clients' improvement in short term counseling. Participants consisted of 30 clients of a university counseling center and 18 therapists. Pre-therapy and in-therapy role expectancy congruence scores were assessed through a present-self questionnaire, an expected-self questionnaire, patient-therapist matching scales, and the Gordon Personal Profile. Clients were subsequently divided into high and low prognostic expectancy groups by a median split. Groups were then compared on improvement measures through an analysis of covariance. Results indicated that pre-therapy congruence in role expectations were related to improvement in short term psychotherapy. In
addition, Gulas found that clients' role expectations became more congruent with the therapist through the course of treatment, which supports the results of Appel's (1960) study. These findings serve to support the contention that the congruence of pretherapy role expectations facilitate the outcome of counseling.

Tinsley and Harris (1976) further examined the relative strength of students' expectancies and the relationship of these expectancies to other client characteristics. Two hundred and eighty-seven introductory psychology students completed an 82-item questionnaire in which expectancies about counseling procedures, outcomes, the counselor's genuineness, expertise, acceptance, understanding, and directiveness were clarified. A two-way ANOVA (Sex X College) was performed on the scale values within the questionnaire. Findings indicated that females reported a stronger expectation for acceptance, while males indicated a stronger expectation for directiveness. Expectancies of expertise and acceptance of the counselor differed according to college status. Freshman indicated a greater expectation for counselor expertise than juniors or seniors. Sophomores did not differ in their expectations from other classes regarding counselor expertise, but did report a higher expectation for counselor acceptance than seniors. The expectations of freshman and seniors did not differ for counselor acceptance from other classes. Overall, students' strongest expectancies were of talking
about present concerns and of seeing an experienced counselor. Intermediate expectancies included understanding the purpose of what happens in an interview and discovering the causes of one's problems. They also expected to see a counselor for at least three sessions.

Tinsley, Brown, De St. Aubein, and Lucek (1984) sought to determine whether different expectations of counseling were held for various on-campus help providers. Specifically, they attempted to determine whether clients' tendencies to seek help vary with the type of help giver, and whether expectancies held were related to the stated tendency to seek help from a given service provider. Two hundred and thirty-six student volunteers were assigned to one of seven experimental conditions or one control group. All groups completed the Tendency to Seek Help Questionnaire and a modified version of the Expectations about Counseling (EAC) Questionnaire. The seven experimental conditions represented the presentation of seven different campus providers in each version of the EAC. Data analysis revealed that the expectancies measured in this study appeared to play a vital role in the help-seeking behavior of university students, particularly those expectancies in the area of dealing with personal problems versus career concerns. It was concluded that students are more likely to seek assistance from a counseling psychologist if they do anticipate a correspondence between their expectancies and preferences.
Summary

This review of the role of expectations in counseling examined studies which sought to delineate client expectations and suggested some reasons as to why these expectations are often incongruous with the expectations of the therapist. An examination of client expectations suggested that more often than not client expectations are incongruent with what actually occurs in counseling. Expectations of university students were also examined and like those of the general population were found to be incongruent. Finally, the impact of these expectations was also highlighted. Studies reviewed provided evidence for the conclusion that client expectations do, in fact, have an effect on such variables as drop-out rate, perception of counselor characteristics, verbal productivity, improvement in counseling, and help-seeking behaviors.

Pretraining Procedures and Counseling

A variety of procedures have been developed to shape client expectations of counseling prior to entering the counseling relationship. The rationale for such interventions has been that if it is important that client role expectations be confirmed, then clients who have been exposed to systematic training to shape their expectations to be more congruent with the actual situation in counseling should manifest positive consequences (Duckro et al., 1979). In spite of the lack of evidence for the relationship
between the congruence of client-counselor expectations and positive effects to the process and outcome of counseling, efforts continue to be made to increase congruence through specific training procedures. Training procedures have included the use of audiotapes or written material, while more recent procedures have utilized the newer technology of videotape. In this section, relevant studies, regardless of the medium used, will be reviewed in order to emphasize the types of dependent variables under investigation.

In 1964, Hoehn-Saric, Frank, Imber, Nash, Stone, and Battle examined the effect of a pre-treatment interview on psychiatric outpatients to clarify their expectations of psychotherapy and to increase the congruence of their behavior with the therapists' expectations as to how "good" psychiatric patients should act. This interview was similar to the role socialization interview later developed by Orne and Wender (1968). It was predicted that patients receiving a role induction interview would show: (a) cooperative therapy behavior by the third therapy session (this point in therapy was chosen because it was assumed that actual therapy versus history-taking was more predominant); (b) better attendance, which was assumed to indicate decreased resistance to therapy; (c) increased willingness to establish and maintain a therapy relationship as judged by the therapist; and (d) a more positive outcome after four months of treatment as compared with the control group. Participants were 40 psychoneurotic patients
between the ages of 18 and 55 applying for services to an outpatient psychiatric clinic. After an initial interview, which was mainly history-taking and initial evaluation by a research psychiatrist, each patient was globally rated in terms of "attractiveness" as a therapy patient. This rating was based on age, education, general appearance, psychopathology, warmth, and the ability to relate easily to others. Results indicated that the experimental group's responses were in the predicted direction for 10 of the 15 measures. Six reached statistical significance. They were a) attendance; b) Therapy Behavior Scale scores on the third session; c) therapists' rating of difficulty in establishing and maintaining a therapeutic relationship; d) therapists' rating of improvement; e) patients' ratings of improvement in target symptoms; and f) a rating of social ineffectiveness at the conclusion of treatment. These findings supported the hypothesis that a role induction interview is a viable intervention for facilitating client development of appropriate role expectations for treatment.

Nash, Hoehn-Saric, Battie, Stone, Imber, and Frank (1965) investigated the effects of the initial interview on patient, therapist, and therapeutic outcome. The sample consisted of 40 outpatients who experienced four months of therapy with four psychiatric residents. Prior to assignment to therapy, each patient was interviewed and given a global rating of attractiveness by one of two research psychiatrists. This was done so that "good" and
"bad" patients were seen by each resident. One-half of each therapist's patients were given the Role Induction Interview (RII); the other half were seen for a standard psychiatric screening and history interview (SH). The RII was structured along the same lines as the socialization interview developed by Orne and Wender (1968). Patients and therapists completed a variety of pre-therapy questionnaires, in-therapy rating scales, and outcome measures. Patients were asked to complete a discomfort scale prior to entering therapy. Pre-therapy interviewers were asked to rate each patient by estimating the future therapist's ability to establish rapport with the client, prognosis after four months of treatment, and in-therapy behavior by completing the Kirtner-Cartwright In-Therapy Behavior Scale. In-therapy behavior of both patient and therapist was rated by judges who listened to the taped interviews. The major hypothesis that the creation of suitable expectations in patients would improve their chances for successful outcome was supported. It was concluded that role induction had its greatest effect on unattractive male patients. It was also concluded that patients' attractiveness was an important factor in role induction. This was especially true for men who did not receive the RII. Two alternative modes of producing the role induction interview were suggested. The first was that each therapist should do his/her own role-induction interview. The second suggestion was that an independent
role-inducer be used who would prepare each client for therapy with a particular therapist.

Orne and Wender (1968), in their article on the use of the anticipatory socialization interview, speculated that there is a close relationship between failure in therapy and the degree to which the patient understands the "rules" of the interaction in the therapy process. They assumed that therapy is a special form of social interaction. In this sense, then, this interaction can run a normal course only if participants are familiar with certain ground rules, including purpose of the enterprise, and the role to be played by each participant. The effects of inadequate socialization are highlighted and include the assumption that the patient who does not understand what is expected of him/her is almost certain to encounter difficulties. Because of the lack of a reference point (past experience) from which to interpret the therapist's behaviors, the therapist's normal therapy behavior, which is usually helpful, leads to intense anxiety when the patient has no knowledge of what an appropriate response should be. The well-practiced behaviors of not giving advice could appear to the patient as a cruel withholding of valuable information. If the patient is able to make progress despite all odds, the anxiety which normally accompanies therapy will be interpreted as a worsening of one's condition, and termination ensues. This termination is not so much from an unwillingness to cooperate, but based on the
common sense conclusion that anything that makes one feel worse is probably is not helping. The authors presented the socialization interview as a viable means to forestall some of the disastrous results which ensued from such circumstances as those enumerated above. Its purpose was threefold: a) to provide a rational basis for accepting therapy as an effective means of treatment; b) to give clarification of the respective roles of both the patient and the therapist; and c) to give a general outline of the course of therapy and its oscillations with particular clarification of negative feelings frequently directed toward the therapist and therapy. This socialization interview contains a number of components including a rationale for therapy, a statement of goals and length of time expected, an account of the therapeutic process in concrete terms, and an explanation of the respective roles of the client and therapist. Finally, an attempt is made to normalize both negative and positive feelings anticipated during therapy. This type of interview has provided the basis for many role-induction procedures, and many of its components have been incorporated into these procedures in a variety of ways.

Grosz (1968) sought to determine the effect of positive or negative client expectations on the initial interview. He hypothesized that (a) there would be no significant differences in the perceived quality of the counseling relationship, as determined by the counselor
across the three treatment groups; (b) there would be no
significant differences in the perceived quality of the
counseling relationship as determined by the client across
the three treatment groups. The sample consisted of 30 male
volunteers from an introductory psychology class. Prior to
participation, participants were randomly divided into three
groups -- two experimental and one control. The two
experimental groups listened to a 30-minute, pre-recorded
tape which indicated either positive or negative aspects of
counseling. Also on this tape was an interview which was
judged to be either an example of effective counseling or
ineffective counseling, whichever was consistent with the
previous portion of the tape. Immediately following these
"client modification sessions," participants completed a
semantic differential which sought their reaction to the
concept of "counseling." Next, each participant was
involved in a counseling session of 30 minutes duration.
Counselors who participated in this study were blind as to
which group their client represented. Following the
counseling session, participants completed the Barrett-
Lennard Relationship Inventory. Significant differences
were found among the three groups in their attitudes toward
counseling prior to entry into the 30-minute counseling
session. The control and positive modification groups had
more positive attitudes than the negative modification
group. The two null hypotheses were retained, indicating
that positive expectations do not have to be present for a
successful relationship to be established, and that attitudes can be shaped via pretraining.

Greenberg (1969) conducted an analogue study of the effect of information given the client before entering counseling. This study also endeavored to show that this information can change clients' perceptions of the first session and render them more open and cooperative as to what might happen during that session. Further, this study attempted to determine if just labeling a therapist "warm" or "experienced" could change the nature of the therapy relationship. The sample consisted of 112 undergraduate, introductory psychology students. Each participant was assigned to one of four equal groups: experienced-warm, experienced-cold, inexperienced-warm, and inexperienced-cold. All participants listened to a 15-minute audiotape of a simulated counseling session. Following the tape presentation, participants completed two questionnaires. The first measured participants' attraction to the taped therapist, and receptivity to the influence of the therapist. The second questionnaire measured the therapist's ability to influence the perceptions and opinions of participants. After each group had completed the questionnaires, they were read a statement which described each therapist according to the variables assigned to each group. Results indicated that participants who were structured with a warm therapist were more receptive to the therapist's influence, more attracted to the therapist, and
more persuaded by his communication. Participants who were read the description of the experienced therapist were found to be attracted and receptive more so than participants who were read the description of the inexperienced therapist. This was found to be true even though the experienced therapist was not able to easily persuade the participants in his group. Greenberg concluded that both the trait and role information seemed to affect participants' perceptions and evaluations of the session. In addition, the trait information appeared to be more powerful in shaping perceptions than the role information. Greenberg underscored the importance of pretherapy information, whether planned or otherwise, to shape perceptions of the counselor. Findings appeared to support the notion that "structuring" can enhance the initial therapeutic encounter.

Pierce and Drasgow (1969) sought to teach seven male psychiatric inpatients how to function in a more interpersonally appropriate manner. This experimental group was compared with four different control groups who were receiving various drugs, individual therapy, group therapy, and a no-treatment control group. The training group met five days per week for one and one-half hours per day for a total of 20 hours. Each experimental subject was assessed according to Carkhuff and Berenson's E, R, G, and C scales their responses to a tape on which people were expressing depression, anger, and elation. The post-training assessment consisted of repeating the pre-training
assessment, along with a live interview with another inpatient, which was tape recorded and rated. Results indicated that psychiatric inpatients can significantly improve their levels of interpersonal functioning in a relatively brief time period (20 hours). Pierce and Drasgow stated that a major implication of their study was that in order to improve interpersonal functioning one must directly and systematically teach clients in this area. Although psychiatric inpatients bear little resemblance to university students, an implication from this study for the current investigation is that if clients (particularly naive clients) are expected to participate fully in counseling, then counselors bear some responsibility to teach them how to do so.

Heilbrun (1972) developed a booklet in which students were provided with information about counselor behavior and characteristics of the counseling process. One purpose of this investigation was to examine the effect of information given to clients prior to entering their first counseling session upon their satisfaction with their first counseling session. Satisfaction was judged by client ratings obtained immediately following the first counseling session and from incidence of early defection from counseling. A second goal, but a secondary one, was to determine whether client role expectations for the counselor influenced counselor behavior during the initial interview. Forty-four male and 41 female clients of a university
counseling center completed the Counseling Readiness Scale of the Adjective Checklist, and alternately assigned to an experimental or control group. Immediately following the initial interview, the counselor asked the client to complete the client satisfaction rating form. Results suggested that in certain situations (high counseling-ready females clients), providing information prior to the first interview concerning the directive-nondirective character of the counselor influences client satisfaction, leads to client mediated changes in the counselor's behavior, and increases in the probability of continuance in counseling. Clients informed in this manner tended to be more satisfied, behaved more cooperatively, and indicated that they would be more likely to attend future sessions. Another finding was that for the group of clients most likely to discontinue counseling, the briefing condition had enough of an effect that the incidence of defection was lower than high counseling-ready clients, and substantially less than the nonbriefed low counseling-ready clients. Hielbrun suggested that a short, self-administered test of counseling readiness be used. Based on the information gained from this instrument, a brief description of what to expect from an initial interview could then be given. He went on to suggest that this type of intervention could effect better client maintenance in groups of clients which are most likely to defect.
Warren and Rice (1972) investigated the effect of an extratherapy intervention of "structuring" on clients' style of participation in therapy. They sought to shape a client's style of participation during the early stages of therapy in a way which would transfer to the therapy hour and increase the likelihood of constructive change. The treatment approach contained two parts. The first, called "stabilizing," was a five to ten minute discussion before each counseling session to clarify any concerns the client was having about therapy or the therapist. The second was an instruction process geared toward training the client to participate productively in counseling. The duration of this "structuring" session was approximately 30 minutes and occurred prior to the second, third, fifth, and eighth therapy hours. Results indicated that the stabilizing portion of the treatment was successful in decreasing the number of attrition cases for the 19 low-prognosis clients who participated in the experimental condition. It was also found that total therapy involvement increased, and that client process could be altered and improved through such an intervention.

Strupp and Bloxom (1973) produced a film ("Turning Point"), which low SES patients viewed prior to entry into therapy. It was specifically geared toward dealing with problems typically faced by low SES patients. The primary goal was to test such an intervention under field conditions. A total of 122 patients was selected from 12
community agencies for whom therapy had already been
designated as the treatment of choice. Three groups were
utilized. The film group viewed "Turning Point," the second
group received a role-induction interview, patterned after
the socialization interview presented by Orne and Wender
(1968), and the neutral group viewed a neutral (control)
film which dealt with marriage. A battery of tests and
rating instruments were administered in this study. Among
them was a Psychotherapy Expectancy Inventory, a self-
disclosure scale, and ratings of motivation, knowledge of
therapy, and expected improvement. Findings revealed that a
role induction procedure facilitated a favorable therapy
experience for lower SES patients. Participation in either
of the role-induction procedures was clearly more beneficial
than participation in the control procedure. Specifically,
the interview seemed to be more effective in conveying a
working knowledge of the process of therapy, whereas the
film was superior over a wider range of dependent measures.
The investigators acknowledged that relative to other
studies investigating role-induction procedures, there
emerges an inverse relationship between the sophistication
of the therapy patient and the success of the role-induction
procedure over a variety of process and outcome measures.

Raque (1974) also utilized a pretherapy training
film and examined its effect on client verbalizations of
feeling and actual feeling experiencing. Forty participants
with no previous counseling experience were placed into
either a treatment or placebo control group. The treatment group viewed a 28-minute pretherapy training film containing information about counseling, its processes and possible outcomes, and instruction about effective behavior for a client. The placebo control group viewed a 15-minute neutral film and read a general pamphlet concerning the services of the counseling center. Four counselors, blind to the group to which a particular subject was assigned, counseled an equal number of clients from each group. Sessions were tape-recorded and rated on Klein's experiencing scale for client expression of feelings and experiencing of feelings. Results were that the treatment group engaged in higher level of affect expression and exhibited higher levels of feeling experiencing than the control group. A follow up of this study revealed that this effect continued for three sessions before a "washing out" effect was exhibited. At this point, there was no difference between groups on this dimension.

Winkel (1975) assumed that prior information would influence the clients perceptions of their counselor, and that this effect would be retained over time. The information provided consisted of academic accomplishments, background experiences, and personal characteristics, and was varied in terms of status (professional counselor or intern), and attraction. After reading this description, participants viewed a videotape of a male counselor and a female client and rated the counselor on the Barrett-Lennard
Relationship Inventory and the bipolar adjective rating scales. This procedure was repeated one week later. Results of an ANOVA procedure revealed no significant difference between groups along the status dimension. Significant differences did appear, however, between how counselors' personal characteristics were introduced and the perception of the counselors' expertise from sessions one to two. It was concluded that once created, an expectation does have some staying power.

Lawe (1975) examined the differential effects of specific and general pretraining on clients' self exploration and perceptions of the counseling relationship. Twenty-nine participants from a university counseling center listened to an audiotape which was either general in nature or counselor specific. The two pretraining groups were compared with a no-treatment control group. Results failed to indicate a difference between the two pretraining experiences along dimensions provided by the Barrett-Lennard Relationship Inventory and the Helpee Self-Exploration Scale. Both treatments, however, were effective, however, in influencing clients' perceptions of the therapeutic conditions offered by the counselor when compared with the control group. In addition, Lawe found that 66 percent of the dropouts in his study were from the control condition, indicating that the pretraining conditions did result in a lower effect dropout rate.
Childress and Gillis (1977) investigated the efficacy of conceptualizing the role-induction process as one in which social influence variables played a major role. The hypothesis proposed was that to the extent that social influence variables were a vital component in the induction process, participants in the high influence condition would demonstrate superior initial gain in therapy. Comparable groups of clients were presented with two versions of the role-induction interview. In one version, social influence variables were maximized (e.g., indications of therapist prestige or expertise in the form of diplomas and certificates, a well-furnished office, bookcases filled with books). In the other version, such variables were minimized (e.g., office situated in an older building, drab office furnishings, and the therapist introduced as "just an intern"). A control group was also utilized in which participants received no pretraining. Dependent measures were a 14-item, true/false, therapy information questionnaire, and a patient progress scale, which both patients and therapists completed. Results indicated that a role-induction procedure did indeed facilitate the counseling process. Patients who received the high influence role-induction interview attained higher median improvement scores on six of the eight patient progress scale items than did patients in the control group. In addition, patients given a standardized role-induction interview improved significantly more in terms of total
symptom improvement than those in the low influence or
control group. It was concluded that providing role-
induction information with minimized opportunity for social
influence resulted in no more improvement than no pretherapy
preparation at all; however, pretherapy preparation which
does maximize social influence variables, showed promising
results in total symptom improvement and progress throughout
counseling.

Berger (1978), in an investigation of how
participants reacted to different instructions to disclose,
proposed two hypotheses. The first was that given equal
believabilities of different sets of instructions, subject
ratings of the value of their experiences (and of the
potential value of related counseling or therapy) would not
differ across experimental groups. The second was that
differences would be expected between experimental groups
and control groups in which instructions were primarily
procedural. One hundred freshman, female participants were
solicited from an introductory psychology class with
participants in each group receiving a different set of
instructions. They were instructed to discuss concerns in
their school experience, parents and other important people,
social life, and the most difficult problem or concern with
which they had struggled. Disclosure instructions varied
according to content, such as disclosure of feelings,
logical disclosure, simple verbalizations of the problem
(placebo control), or no instructions (procedural control).
Statements were transcribed, typed, and scored to measure for total number of rhetorically meaningful statements, type of information disclosed, number of problem-solving statements, number of non-problem-solving statements, and number of non-scoreable statements. Results revealed that differential instructions were effective in producing different kinds of disclosure. Berger concluded that if a counselor wanted a group of potential clients to be interested in and convinced of the benefits of counseling, some type of detailed information or explanation would be preferable to minimal information which is so often the case in the counseling enterprise.

Turkat (1979) evaluated the differential effectiveness of different types of preparation prior to therapy for facilitating realistic client role expectancies, and the effect therapy has on role expectancies during the early phases of treatment. The sample consisted of 150 clients who were divided into five different groups. Group one was given a role preparation interview, group two listened to a role lecture, group three received the combination of role preparation and written introduction, group four was exposed to a lecture and a written introduction, and group five was the no-treatment control group. Results indicated that the combination of role preparation interview and written introduction was the most effective intervention for effecting realistic client expectations.
Davidshofer and Richardson (1981) investigated the effects of precounseling training on clients' pretreatment anxiety, and clients' attitudes and information about the counseling process. It was hypothesized that clients given precounseling training would be more knowledgeable about the process of counseling, be less anxious during counseling, and have more appropriate attitudes about counseling than clients not receiving precounseling treatment. The sample consisted of 72 (36 male and 36 female) university counseling center clients who sought counseling voluntarily and who were going to be involved in individual counseling. Dependent measures were used to reveal client knowledge about counseling, client attitudes about counseling, counselor ratings of the amount of information possessed by the client, and the degree of anxiety shown in counseling. Results indicated that pretraining did increase clients' information about counseling. Precounseling was also effective in reducing anxiety of male clients with personal-social problems, but not for males with vocational-educational problems. The anxiety of female clients with vocational-educational or personal-social problems was not significantly affected by the precounseling training.

Client attitudes toward counseling were not significantly affected by precounseling. The only firm conclusion that can be drawn from this study was that the amount of information the client possesses about counseling can be positively affected by precounseling.
Summary

From the studies reviewed, it was noted that various role-induction procedures have been effective in positively shaping clients' expectations of their anticipated counseling experience. In spite of evidence which indicates that disconfirmed client expectations do not substantially affect the counseling relationship (Duckro et al., 1979), other studies point to the positive and negative effects of client and counselor expectations of the counseling relationship (e.g., Overall & Aronson, 1962; Grosz, 1968).

Vicarious Learning Through Videotaped Symbolic Modeling

Relevant to this study is the use of symbolic modeling to alter client responses to the counseling session. This section of the literature review will focus on vicarious learning either through live models or videotaped models. The interventions reviewed could also be considered pretraining procedures, but because of their use of modeling techniques they will be treated separately for purposes of this study. This methodology has been applied to a variety of concerns including test anxiety, phobias, dental and medical stress, and interpersonal skills (Thelen, Fry, Fehrenbach, and Frautschi, 1979). Studies reviewed by Thelen et al. (1979) utilized the videotape or film medium to present to subjects the appropriate behaviors in which to effectively deal with their concerns. Within the last decade, the recognition that videotaping provides a useful
way to shape client expectations and behavior in the
counseling session itself has grown. Symbolic modeling
appears to have been a logical result of the documented
effects of live modeling. As suggested earlier, it is
likely that the cognitive processes found to be important
for live modeling operate in a similar fashion for a
filmed/videotaped model.

Doster (1972) utilized detailed instructions, an
observational model, role rehearsal, and combinations of
detailed instructions with a model or with role rehearsal.
The sample consisted of 60 volunteer, male college students.
The dependent variables were level of interviewee self-
exploration and personal communication, verbal productivity,
and the amount of silent monitoring or deliberation. A
control group received only minimal instructions with no
indication that what was instructed was a beneficial
exercise. Following role-training, students participated in
a 30-minute interview in which they discussed six aspects of
their personal experiences. When role descriptive
instructions were included in the role-training, levels of
self-exploration and personal communications were greater
than that found for the control condition, which had only
minimal instructions. The means by which demonstrations
were given (observational model vs. role rehearsal) had no
differential impact on interviewee self-disclosure. These
results provided additional support, although not
overwhelming, for a pretherapy structuring of the
anticipated interview. Although modeling did not result in increased self-exploration, it was noted that participants, who viewed a model, exhibited higher levels of speech duration than participants in the role rehearsal condition. Although initial self-exploration did not occur, the length of time spent in verbalizing by the interviewee did appear to increase after viewing a model.

Doster and McAllister (1973) investigated the effects of pre-interview role-training on interviewee verbal behavior in a structured interview. Participants in the experimental condition received descriptive instructions and an audiotaped example of interview-appropriate self disclosure. A control group received only minimal instructions and no taped model. The type of model was also experimentally varied in this study. Participants were exposed to a peer model and to a psychologically sophisticated model. Exposure to a model of reported clinical experience produced greater imitation of modeled behavior than a peer model. The experimental role preparation, regardless of the type of model, was also more effective than the control condition in eliciting more effective client interview behavior.

In a study comparing clients who viewed a videotaped presentation with a no-treatment control group, Annis and Perry (1977) hypothesized that mixed-sex groups would disclose more than same-sex groups, and that groups exposed to a videotaped model would disclose more than groups which
did not view a model. Six research groups, with four participants per group, were utilized. Three groups viewed a 15-minute videotape which portrayed a group of two men and two women discussing things of a personal nature. At the completion of the videotape, the experimental groups were given directions to interact for 40 minutes. The three control groups who did not view a videotape were also asked to interact for 40 minutes. All group interactions were audiotaped and analyzed according to the dependent measures. A three-way ANOVA was conducted for a 2 (Treatments) X 2 (Subject Sex) X 2 (Group Sex Homogeneity) factorial design. Results indicated that in groups of one sex or mixed-sexes, the videotaped treatment produced a significantly higher percentage of self-disclosure behaviors.

Stone and Stebbins (1975) also utilized a videotape presentation with self-disclosure as an outcome measure. Three different groups of 10 undergraduate volunteers either viewed a videotape, listened to an audiotape, or were read a brief statement. Following the treatment phase, students participated in a structured interview which had been standardized so that the content would be the same for all students. The dependent measure for this study was the number of self-referent statements emitted during the 20-minute structured interview. Students presented with a videotaped model showed a significantly higher frequency of self-references than did either of the other groups.
Myrick (1969) compared a videotaped pretraining treatment to an audiotaped treatment to determine the efficacy of each in facilitating client participation in counseling. This investigation was much like the Annis and Perry (1977) study except for different outcome measures. The audiotape treatment was found to be the most effective of the three treatments (videotape, audiotape, and control) in facilitating client participation. The videotape treatment was also more effective than the brief statement.

Overcash (1975) investigated the efficacy of vicarious learning for shaping client self-disclosure, concreteness, and satisfaction. The sample consisted of 34 counseling-naive clients from a university counseling center. Each client was seen by master's level student counselors. Treatment consisted of a videotape of two five-minute segments demonstrating a client appearing to move from low self-disclosure and concreteness to beneficial levels of cooperation in counseling. The videotape also included an introduction to counseling and an explanation of the behaviors exhibited by the model which contributed to a successful counseling experience. Following the viewing of the videotape, the treatment group was interviewed and these interviews were audiotaped and rated by three judges. The control group in this study was a no-treatment control group. Findings revealed that client self-disclosure and concreteness can be taught to new university counseling center clients, and that the pretraining model increased
levels of satisfaction in the counseling experience.

In a study similar to Overcash's study, Johnson (1976) investigated the effectiveness of a role-induction film to increase expectations of participation and acceptance of responsibility for vocational counseling. It was hypothesized that role-induction would alter expectations and influence behavior toward increased participation. Both self-report and behavioral measures were used as dependent variables. Ninety-six undergraduate volunteers were assigned to either an active participation group or a passive participation group according to their pre-counseling expectations. One half of each group either viewed an active role-induction film or a passive role-induction film. Following the film, participants participated in a 45 minute vocational counseling session which was audiotaped and analyzed. Results indicated that the active role-induction film facilitated active self-reports of participation for both groups. These effects, however, did not extend to their in-session behavior. These findings would seem to indicate that expectations are much more easily changed than the actual behavior it symbolizes.

It was also found that the active group was more actively involved in their counseling sessions, tended to report their counselors to be more competent, and reported more satisfaction with the outcome of counseling. It would appear that expectations held before the treatment influenced in-session behavior more so than expectations
which were shaped by the treatment intervention.

Kemmerling (1973) also sought to manipulate client expectations through the use of videotaped models. Seventy-nine males and 71 females volunteered to participate in this study at the University of Iowa Counseling Center. Prior to the intake interview, participants rated problem statements in terms of which kinds of problems they expected to receive help for from a counselor. Participants were assigned to three groups: a high expectancy group, a neutral expectancy group, and a no-treatment control group. After the intake interview, participants viewed a videotape which was consistent with the type of group to which they were assigned. Raters, after evaluating the taped intake interviews, rated the effects of the respective videotapes. Results indicated that the high expectancy videotape raised the client expectancies, while the neutral tape had only minimal effects.

Schmitz (1974) compared the relative effectiveness of audio-modeling, video-modeling, and precounseling instructions for facilitating self-disclosure in a simulated counseling session. It was hypothesized that the treatments would decrease the amount of time for initial client self-disclosure to appear, and increase the total number of disclosure statements. Thirty-six student volunteers served as participants for this study. Results indicated that none of the treatments were effective in reducing the response time, but the videotape group increased significantly the
total number of self-disclosure statements they made in the counseling session.

Stewart and Jessell (1986) also attempted to investigate the comparative effectiveness of videotaped and written modeling treatments for students entering a simulated counseling session. Dependent variables included perception of the client-counselor relationship and a measure of client self-exploration. Sixty first-time, student clients to a university counseling center viewed a videotaped presentation of a simulated counseling session in which effective client behaviors were being modeled. Participants in the written modeling group received a written explanation of counseling similar in content to the simulated counseling session. Results indicated that videotaped modeling, as compared with the written modeling, facilitated a perception of a higher level of therapeutic relationship but was no more effective in facilitating self-exploration than the written treatment.

Hemmerlich (1976) utilized modeling procedures to encourage accurate expression of feelings during the initial session. Treatment combined both didactic and modeling techniques for the pretherapy experience. Forty clients from a community mental health center participated in the study. All were classified as lower SES clients with no previous counseling experiences. Participants viewed the videotape and entered their initial session. These sessions were audiotaped and rated on an experiencing scale as a
measure of the counseling process. A personal reaction questionnaire was used to examine the attraction enhancement effect of the videotape. Results indicated that a reverse effect occurred, that is, attraction was increased for the therapist for those clients who had viewed the pretreatment videotape; however, there was no increase in clients attraction toward the therapist as a result of the precounseling videotape.

Day and Reznikoff (1980) extended counseling pretraining research to child psychotherapy. In their study, they utilized a videotaped modeling procedure as the preparation experience. Dependent variables consisted of parents' and childrens' treatment expectations, appointment keeping, dropping out, verbalizations within treatment, and childrens' satisfaction with treatment. The sample consisted of 42 boys and their parents. One week before the first treatment session, the 21 families of the experimental group viewed the videotape entitled "What's Therapy?" A control group of 21 families viewed a placebo videotape on children's health. Therapy surveys were given shortly prior to the videotape and again before the first treatment session. An analysis of covariance revealed that the children and their parents who had seen the videotape began their treatment session with a significantly greater number of correct expectations than their control group counterparts. The prepared group also had fewer cancellations and missed fewer appointments than the control
group. Further analysis revealed that neither group of children verbalized more in treatment nor were they more satisfied with treatment. It was concluded that incorrect client expectations can be an impediment to the treatment process. It was further concluded that it is important to address expectations prior to treatment since those families with incorrect expectations were found to be more likely to drop out before natural corrective processes occurred.

Bandura and Barab (1973) investigated the alternative disinhibitory processes in a comparison with different forms of modeling. Snake phobic adults were recruited to participate in this study and were assigned to one of three groups in which they viewed filmed adults or children modeling approach responses to snakes. A control film was also utilized which was irrelevant to treatment. Modeling treatments were similar in informational content, but model similarity was varied. Vicarious fear arousal was continuously monitored through galvanic skin responsiveness. Results indicated that disinhibitory effects were not mediated by the generalization of model similarity. Adult participants who viewed a fearless child model reported feeling pressure to perform fearful tasks more so than adults who viewed an adult model. It was the concluded that model similarity was not an important factor in the effectiveness of modeling to reduce avoidant behavior. On the other hand, the consequences of a model's behavior was more likely to produce matching behaviors in the viewer than
the characteristics of that model. Relevant to the current study, is Bandura and Barab's conclusion that "Therapeutic results would be more consistently achieved by arranging favorable consequences for modeled behavior . . . ." (pg. 7). The modeling videotape utilized in the current study was built upon and consistent with this conclusion.

Horne and Matson (1977) compared the differential effects of modeling, desensitization, flooding, study skills, and no-treatment on the test anxiety of college students. One-hundred, test-anxious students were selected on the basis of their scores on the Test Anxiety Scale and placed in one of four treatment groups or a control group. Five dependent measures were used to assess treatment effects: the Test Anxiety Scale, heart rate, the IPAT Self Analysis Scale, and an observational checklist of actual test-taking behaviors. Results indicated that modeling, desensitization, and flooding respectively were the most effective in reducing test-anxiety. In terms of general anxiety (heart rate), modeling and desensitization proved to be the most effective. Anecdotally, clients reported modeling to be the treatment of choice.

Albert (1974) examined the effectiveness of a videotaped presentation, coupled with a written presentation in teaching attending and accurate empathy responses. Fifty-six undergraduate participants were assigned to either a no-treatment control group, a group which viewed a male videotaped model with written materials, a group which
viewed a female videotaped model with written materials, or a group provided with written materials only. Results revealed no significant differences between modeling combined with written materials and written materials alone. In addition, there were no differences between groups which viewed a male model versus a female model.

In another study which used self disclosure as the dependent measure, Scheiderer (1975) compared detailed instructions with videotaped modeling. The sample consisted of 32 male undergraduates who had sought counseling at a university counseling center. The three pre-counseling interventions were a videotape in which the client discloses a number of personal problems to a counselor, live instructions by a counselor about role expectancies and behavior, and the combination of a videotape and instructions. A fourth group was utilized as a no-treatment control group for comparative purposes. Results showed that detailed instructions and videotaped modeling were both effective means for increasing problem disclosures and decreasing superficial communications. It was also found that the magnitude of the effect was more pronounced for detailed instructions than for the videotaped model.

Summary

Results are mixed in the area of symbolic modeling, in that no consistent pattern of findings has emerged. On the one hand, a number of studies questioned the utility of
symbolic modeling over other modes of communicating information (Myrick, 1969; Schmitz, 1974; Stewart & Jessell, 1986; and Albert, 1974). At the same time, other investigators reported very positive results in their use of some form of symbolic modeling (Annis & Perry, 1977; Doster, 1972; Doster & McAllister, 1973; Stone and Stebbins, 1975). One firm conclusion that can be drawn is that some kind of preparation is better than none at all. The unique feature of the current study was the exploration of the effects of a videotaped role-induction method using symbolic modeling on expectations and perceptions of the counseling relationship. The current study also examined the efficacy of such an intervention in changing students' expectations of the counseling process and relationship.

Summary of the Review of Related Literature and Research

The evidence for the existence of client expectations and their impact has been well documented. Historically, it was postulated that client expectations were an important force in the therapeutic process, and much of the initial research confirmed this assumption. As research accumulated, this assumption was not found to be as well substantiated as had been earlier assumed. Needless to say, client expectations have generally been found to be incongruent with what actually happens in counseling. This was also revealed in the university population. To correct the incongruency with which client begin counseling, various
pretraining procedures have been developed including those utilizing filmed or videotaped models. An examination of the existent literature reveals that the effectiveness of these interventions have been mixed. One conclusion has been confirmed -- that some preparation prior to counseling is better than none at all. To correct the incongruency with which clients begin counseling, various pretraining procedures have been developed including those utilizing filmed or videotaped models. Because of the ambiguity in this area of research, this study was undertaken to further examine the efficacy of videotaped pretraining in the form of symbolic modeling, and to specify the relationship parameters it affects.
Chapter 3

PROCEDURES

The chapter to follow presents a description of the procedures used in this study, including a description of the sample collected and the instruments utilized. Also included is a description of the design, data collection procedures, and how the data were analyzed.

Sample

The sample for this study consisted of 123 undergraduate students enrolled in a variety of introductory and advanced psychology courses at Iowa State University. Participants ranged in age from 17 to 22 years, were multi-racial and multi-cultural in composition, and contained approximately an equal number of males and females. The class status of students in this sample ranged from freshman through senior.

Participants were asked to sign up for a specific time to participate in the study. The sequence in which groups were conducted was randomized by a drawing of a letter from a pool. The resulting sequence was group B (control group 1), group A (experimental group 1), group C (experimental group 2), and group D (control group 2). The same rotation of groups was used until the sample was constructed. Criteria for participation in this study
were: (a) The individual had never experienced a formalized counseling/therapy situation in which a professional counselor/therapist was involved. This criterion was determined prior to participation by stating it to the prospective participants on the posted sign up sheet and in the consent form (Appendix A). They were asked to disqualify themselves from participation if they had been involved in professional counseling as defined in the definitions section of this study. The participant must have been at least a freshman at Iowa State University.

**INSTRUMENTS**

The dependent variables investigated in this study were assessed by the following instruments:

**Expectations About Counseling Questionnaire (EACQ)**

The amount of change in client expectations prior to and following viewing the symbolic modeling videotape was assessed by the use of the Expectations About Counseling Questionnaire (EACQ). The EACQ was developed by Tinsley (1980) as a research instrument for measuring all of the theoretically important expectancies a prospective client might have of counseling. Normative samples were taken from students enrolled in introductory psychology courses at a four year university. Four hundred and forty-six students, all under 22 years of age, completed the questionnaire with an equitable distribution by class and sex.
Care was taken to include scales to measure clients' expectancies regarding their own attitudes and behaviors, counselor attitudes and behaviors, counselor characteristics, characteristics of the counseling process, and the quality of the counseling outcome. The questionnaire consists of four main factors: Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance. These main factors were derived through a factor analysis conducted by Tinsley, Workman, and Kass (1981). They consist of 17 subscales designed to measure client motivation, openness, responsibility, acceptance, confrontation, directiveness, empathy, genuineness, nurturance, self-disclosure, attractiveness, expertise, tolerance, trustworthiness, concreteness, immediacy, and quality of outcome. Questionnaire Form A is composed of 135 items. Internal consistency reliability estimates of the 17 subscales, retained from the test construction process, range from .77 to .89, with a median reliability estimate of .82. These coefficients were estimated using Cronbach's Coefficient Alpha formula.

A revised Form B (brief form) of 66 items, developed by Tinsley (1980), was used in this study. Form B consists of 18 subscales with internal consistency reliability estimates ranging from .69 to .82 with a median coefficient of .76. The new scale of realism was omitted because of its lack of validity information, thus the total number of scales used in this study was 17. The correlation between
corresponding scales on the full and brief forms of the EACQ typically exceeds .85. Consequently, the scales are judged to have sufficiently high internal consistency to warrant their use in research. The brief form of the EACQ is judged to be a suitable substitute for the full EACQ where circumstances require a brief form. Information on the reliability of the full scales was presented from one study (Tinsley, Workman, and Kass, 1980). Information regarding the relationship of the scale and factor scores on the full and brief EACQ is presented in six studies reviewed by Tinsley (1982).

At present, the use of this instrument to direct one in the counseling of clients is not recommended. The author has explicitly stated that the use of this instrument is for research purposes only (Tinsley, 1980). Interpretation of results of the EACQ to clients is not justifiable until systematic investigation of the validity of the instrument has been concluded. The scales yield data having properties of ordinal level measurement; however, Baker, Hardyck, and Petinovich (1966) have demonstrated that use of interval level procedures with a scale of this type is permissible.

Barrett-Lennard Relationship Inventory (BLRI)

Client perceptions of the counseling relationship prior to and after viewing the symbolic modeling videotape were gathered through the use of the Barrett-Lennard
Relationship Inventory. The Barrett-Lennard Relationship Inventory was developed to gather data and provide measurement scales for the assessment of therapeutic relationships. The inventory examines four variables of a relationship: level of regard, empathic understanding, congruence, and unconditionality of acceptance. Necessary modifications were made for this instrument so that it could be used prior to viewing the counseling session. Additionally, items' verb tenses were altered in order to examine what students' perceptions were of the counseling process and relationship prior to viewing the SMV (See Appendix C for Barrett-Lennard Relationship Inventory.)

Barrett-Lennard describes his instrument (two forms -- one for the counselor, one for the client) as a multiple choice questionnaire with anchored response categories. It was designed to minimize comparison of answers to "related" items and to be flexible with regard to eliminating or adding new items. The forms make provision for three grades of "yes" responses and three grades of "no" responses, which are identified as +1, +2, +3; and -1, -2, -3, respectively. It was devised to obtain answers that reflect how certain the respondent feels about the item statement being correct or incorrect, and how important it is that it is true or false. Items are arranged in random fashion and are dispersed throughout the inventory in order to obtain maximum independence of answers. (1962, p. 6)
Reliability data for the BLRI are reported using a split-half reliability estimate. The corrected split-half coefficients for each scale for clients and counselors are presented below (Table 1, Barrett-Lennard, 1962, p. 12).

Table 1.

Corrected Split Half Reliability Estimates for Scales of Barrett-Lennard Relationship Inventory

<table>
<thead>
<tr>
<th>Scale</th>
<th>Clients (N=42)</th>
<th>Counselors (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of regard</td>
<td>.93</td>
<td>.93</td>
</tr>
<tr>
<td>Empathic understanding</td>
<td>.86</td>
<td>.96</td>
</tr>
<tr>
<td>Congruence</td>
<td>.89</td>
<td>.94</td>
</tr>
<tr>
<td>Unconditionality of Regard</td>
<td>.82</td>
<td>.92</td>
</tr>
</tbody>
</table>

Evidence of construct validity was offered by Barrett-Lennard (1962) through content and congruent validity studies. Five independent judges classified each item of the scale as either supporting the variable in question, rejecting the variable in question, or of neutral value for the variable. Items for which unanimous agreement was not obtained were eliminated from the scale. In a study comparing scores achieved by counselors (as rated by clients) on the BLRI with counselor scores on a measure of self-actualization (Personal Orientation Inventory), Selfridge and Vander Kolk (1976) found that 82 percent of
the scores on all subscales of the Relationship Inventory had a positive Pearson r of .70 or higher when correlated with the Personal Orientation Inventory.

In the present study, the revised form of the Relationship Inventory (OS-M/F-64) was used to measure relationship differences along specific dimensions for the groups utilized in this study. Specifically, the OS-M-64 form was used for reporting students' response to the counselor (for example, "S/he respects me as a person").

The revised edition was the result of an item-analysis based on data taken from earlier versions of the instrument. The revision was based on (a) a need for balance between positive and negative items on the scale; (b) minor theoretical refinements on the unconditionality of regard scale; and (c) improvement of the wording and practicality of potential responses to the scale (Barrett-Lennard, 1969). According to Barrett-Lennard (1969), these revisions improved the scale in terms of its sensitivity and versatility in measuring significant interpersonal relationships.

Barrett-Lennard (1969) reported reliability estimates, based on a study with 40 University of Waterloo undergraduates, using the revised BLRI to examine the perceptions of subjects toward their parental relationships. The test-retest reliability estimates are shown in Table 2.
Table 2.

Test-Retest Reliability Coefficients for Scales of Barrett-Lennard Relationship Inventory

<table>
<thead>
<tr>
<th>Scale</th>
<th>Correlation Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Regard</td>
<td>.88</td>
</tr>
<tr>
<td>Empathic Understanding</td>
<td>.86</td>
</tr>
<tr>
<td>Congruence</td>
<td>.92</td>
</tr>
<tr>
<td>Unconditionality of Regard</td>
<td>.86</td>
</tr>
<tr>
<td>Total</td>
<td>.92</td>
</tr>
</tbody>
</table>

Barrett-Lennard (1969) reported that construct and concurrent validity for the basic theory that the BLRI was designed to test has been supported by studies using the Truax and Carkhuff Rating Scales to assess levels of relationship conditions. The BLRI, however, cannot be directly validated against these scales since the BLRI is based directly on phenomenological data drawn from participants in the relationship. The Truax and Carkhuff Rating scales, on the other hand, require participation of trained raters and their perceptions of the relationship parameters.

Symbolic Modeling Videotape

The symbolic modeling experience was represented through the medium of a videotape simulated counseling
session (SMV). A 26-year-old, female volunteer was used as the videotaped client. She had had previous experience with counseling through participation in a counseling course and was familiar with role playing. She was instructed to be cooperative, warm, and active in the counseling session. As this counseling session developed, she attempted to demonstrate a variety of ideal client behaviors such as being verbal, making self-referent statements, and accepting the counselor's responses in a non-defensive fashion. She also attempted to openly discuss her concerns in the counseling session. These concerns were of a social/personal nature which had distinctly affective components. A list of effective client behaviors and the modeling scenario (Appendix E) were given to the model to study prior to taping so that they could be included to the fullest extent possible during the duration of the session. The videotaped counselor was a staff psychologist for the Student Counseling Service who had had three years experience in that position. She was also given the scenario and list of client behaviors. This was done so that she could be helpful in eliciting the ideal client behaviors, and to stylize her approach in order to maximize the portrayal of these behaviors.

This videotape was approximately 17 minutes in length and was evaluated, through a 25-item questionnaire (Appendix D), by three, Ph.D. level psychologists prior to its use in this study to secure agreement on the content and
effectiveness of the client behavior portrayed in the videotape. Evaluators were asked to rate the videotape for the presence of effective client behaviors such as open expression of emotions, personal responsibility for her own decisions, talking about present concerns, and a willingness to identify situations where problems exist. The videotape was rated on a four-point, Likert-type scale which inquired as to whether the behavior, attitude, or process described was strongly depicted, not strongly depicted, mildly depicted, or not depicted at all. These descriptions were rated +3, +2, +1, 0, respectively. The videotape was judged to be an accurate representation of the counseling process and effective client behaviors if the average of the three judges' total scores was 45 (90 percent of the critical items rated "strongly depicted"). A minimum score for each judge was expected to be at least 41 (80 percent of the critical statements rated "strongly depicted"). The minimum criteria were established with an average rating of 43. Pearson product moment correlations were calculated on the judges' ratings. Inter-judge reliability ranged from .67 to .87. The first vignette submitted was judged to be sufficient for use in this study.

Design

The design utilized in this study was a Solomon Four Group design. In this design, the sequence of testing groups was determined by drawing a letter from a hat for the
position in the four group sequence. There were two experimental groups, one for which there was both a pre- and post-treatment measure, and one for which there was a post-treatment measurement only. There were also two control groups, one with a pre- and post-treatment measurement, and one with a post-treatment measure. The post-treatment measures were administered after a comparable length of time had elapsed (24 hours) following the administration of the pre-treatment measure.

Data Collection

Data from the EACQ and the BLRI were collected through soliciting participants from undergraduate psychology classes at Iowa State University. Sign-up sheets were posted and participants signed up for an appointed time to meet to participate in the study. The sign up sheet described the study and explained the criteria and amount of time required for participation. Participants reported to a college classroom at a designated time and were given the consent form (Appendix A) to read. This consent form requested their participation and explained the criteria for participation once again. Following the collection of completed consent forms, students in the pre-post test conditions (groups A and B) completed the pretest versions of the instruments. Upon completion of the instruments, they were instructed to return to the same location the next day at the same time. At that time,
participants in group A were given a brief written introduction to the SMV (Appendix F) and the videotape was shown. Participants in group B returned to the same location and completed the posttest versions of the instruments. Following the viewing of the videotape, participants in Group A also completed the posttest versions of the instruments.

After signing up for a participation time, participants in the posttest only conditions (groups C and D) reported to the classroom and followed the same procedures as those of the pre-post test conditions. Participants in Group C completed the consent form, read the brief introductory statement, and viewed the symbolic modeling videotape. After viewing the videotape, they completed the posttest versions of the instruments. Participants in Group D also completed the consent form, and completed the posttest versions of the instruments. All participants were debriefed following completion of the posttreatment questionnaires by the experimenter.

Data Analysis

Eight two factor, randomized, factorial design analyses of variance were conducted in this study to analyze the raw data. In this analysis, exposure to the pretreatment measure and exposure to the videotape were the independent variables. The posttest measures (01, 02, 03, 04) were the dependent measures. Each of the eight null
hypotheses was tested by a two-way ANOVA. The Statistical Package for the Social Sciences was utilized (SPSS; Hull and Nie, 1981) to analyze the data.

LIMITATIONS

The following limitations applied to this study:

1. Students participating were solicited from a variety of psychology courses, and the decision to be involved in a psychology course was probably not random. The sample consisted of volunteers, therefore, it cannot be considered random.

2. The videotape was judged by three, Ph.D. level psychologists to secure agreement regarding the its content and effectiveness. The videotape was rated via a scale (Appendix D) created by the investigator for this study. The reliability of the scale is unknown, and content validity was established specifically for this study and may be considered questionable.

3. The symbolic modeling videotape was approximately 17 minutes in length, and might not have allowed sufficient time for the actual counseling relationship parameters to be sufficiently demonstrated.

4. This study was an analogue study which only approximated field conditions, therefore, the conclusions must be qualified until the findings have been substantiated through a field study with actual counseling center clients.
ASSUMPTIONS

The following assumptions were made in this study:

1. Participants responded to items on the instruments honestly and accurately.

2. The EACQ and the BLRI are accurate measures of client expectations of counseling and client perceptions of the counseling relationship, respectively.

3. Client expectations and perceptions of the counseling relationship do, indeed, affect the process of counseling, and necessitate the pretraining experience to facilitate clarification.
Chapter 4

RESULTS

This analogue study was designed to investigate the effects of a symbolic modeling videotape on participants' expectations and perceptions of counseling. This videotape was used to examine the efficacy of socializing students to counseling and the utility of such an intervention to change participants' expectations prior to entering counseling. Expectations and perceptions were measured by the Expectations About Counseling questionnaire (EACQ) (Tinsley, 1982), and the Barrett-Lennard Relationship Inventory (BLRI) (Barrett-Lennard, 1964). The EACQ contains four main factors of Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance along with 17 subscale scores which constitute these main factors. The BLRI contains the four scales of Nurturance, Unconditionality, Level of Regard, and Congruence. The Statistical Package for the Social Sciences 9.0 (2nd ed., Hull and Nie, 1981) was utilized to analyze the raw data of this investigation. Results of the statistical analyses of the data as they pertain to the eight null hypotheses investigated in this study are presented in this chapter, as is a discussion of the results. For this study, the level of significance for rejection of the null hypotheses was \( p < .05 \).
FINDINGS

Null Hypothesis 1

It was hypothesized that there is no significant difference in post-treatment ratings obtained for the EACQ factor of Counselor Expertise between participants who viewed a symbolic modeling videotape (SMV) and those who did not. This factor is composed of the subscales of Directiveness, Empathy, and Expertise. A two-way analysis of variance was computed to test this null hypothesis. The means and standard deviations for the main effect of the SMV are presented in Table 3 along with the results of the two-way analysis of variance computed to determine differences in expectations regarding counselor expertise between participants who viewed the symbolic modeling videotape and those who did not.

The data in Table 3 show that the main effect of the SMV for the EACQ factor of Counselor Expertise was significantly affected by the SMV (F(1,119) = 7.834, p < .01). Also, the main effect of Pretesting proved to have no impact on questionnaire ratings (F(1,119) = .342, p > .55) nor did it interfere with the effects of the SMV (F(1,119) = 3.006, p > .05). In view of this findings, the null hypothesis pertaining to the EACQ factor of Counselor Expertise was, therefore, rejected.

Null Hypothesis 2

It was hypothesized that there is no significant difference in post-treatment ratings obtained for the EACQ
factor of Facilitative Conditions between participants who viewed a symbolic modeling videotape (SMV) and those who did not. The factor of Facilitative Conditions is composed of the six subscales of Acceptance, Confrontation, Genuineness, Trustworthiness, Tolerance, and Concreteness. Table 4 contains the mean scores and standard deviations for the main effect of SMV and the results of the two-way analysis of variance computed to test null hypothesis two.

The data in Table 4 indicate that the SMV failed to produce any significant impact on participants' expectancies of the facilitative conditions provided by their counselor. It may also be noted that Pretesting exerted no influence either as a main effect or through interaction with the SMV (F(1, 119) = 1.707, p > .15, and F(1, 119) = .143, p > .70, respectively). The null hypothesis pertaining to the EACO factor of Facilitative Conditions was, therefore, retained.

Null Hypothesis 3

It was hypothesized that there is no significant difference in post-treatment ratings obtained for the EACO factor of Nurturance between participants who viewed a symbolic modeling videotape (SMV) and those who did not. The factor of Nurturance is composed of the four subscales of Acceptance, Self-Disclosure, Nurturance, and Attractiveness. Table 5 contains the mean scores and standard deviations for the main effect of the SMV and the results of the two-way analysis of variance computed to test null hypothesis three.
Table 3.


<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>7.170</td>
<td>1</td>
<td>7.170</td>
<td>7.834</td>
<td>.006*</td>
</tr>
<tr>
<td>Pretest</td>
<td>.313</td>
<td>1</td>
<td>.313</td>
<td>.342</td>
<td>.560</td>
</tr>
<tr>
<td>Interaction</td>
<td>2.751</td>
<td>1</td>
<td>2.751</td>
<td>3.006</td>
<td>.086</td>
</tr>
<tr>
<td>Error</td>
<td>108.918</td>
<td>119</td>
<td>.915</td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>118.984</td>
<td>122</td>
<td></td>
<td>.975</td>
<td></td>
</tr>
</tbody>
</table>

* Significant, p < .01
Table 4.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Expectations About Counseling Questionnaire factor of Facilitative Conditions

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Video</td>
<td>55</td>
<td>5.59</td>
<td>0.89</td>
</tr>
<tr>
<td>Video</td>
<td>68</td>
<td>5.58</td>
<td>0.70</td>
</tr>
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</table>

Two-Way ANOVA Source Table

<table>
<thead>
<tr>
<th>Source of Variation</th>
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<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>0.000</td>
<td>1</td>
<td>0.000</td>
<td>0.01</td>
<td>.978</td>
</tr>
<tr>
<td>Pretest</td>
<td>1.072</td>
<td>1</td>
<td>1.072</td>
<td>1.707</td>
<td>.194</td>
</tr>
<tr>
<td>Interaction</td>
<td>.090</td>
<td>1</td>
<td>.090</td>
<td>.143</td>
<td>.706</td>
</tr>
<tr>
<td>Error</td>
<td>74.727</td>
<td>119</td>
<td>.628</td>
<td></td>
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<tr>
<td>Total</td>
<td>75.891</td>
<td>122</td>
<td>.622</td>
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</tr>
</tbody>
</table>
Table 5.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Expectations About Counseling Questionnaire Factor of Nurturance

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Video</td>
<td>55</td>
<td>4.87</td>
<td>0.94</td>
</tr>
<tr>
<td>Video</td>
<td>68</td>
<td>4.94</td>
<td>0.88</td>
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Two-Way ANOVA Source Table

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<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>Video</td>
<td>.201</td>
<td>1</td>
<td>.201</td>
<td>.244</td>
<td>.621</td>
</tr>
<tr>
<td>Pretest</td>
<td>1.153</td>
<td>1</td>
<td>1.153</td>
<td>1.402</td>
<td>.239</td>
</tr>
<tr>
<td>Interaction</td>
<td>.070</td>
<td>1</td>
<td>.070</td>
<td>.085</td>
<td>.891</td>
</tr>
<tr>
<td>Error</td>
<td>97.838</td>
<td>119</td>
<td>.822</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>99.204</td>
<td>122</td>
<td>.813</td>
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</tr>
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</table>
The data in Table 5 illustrate that the SMV failed to influence participants' expectations of the prospective counselor's ability to be nurturant, accepting, and appropriately self-disclosing. The null hypothesis pertaining to this EACQ factor was, therefore, retained. In addition, the pretesting, which was the other independent variable in this study, did not influence the questionnaire ratings as a main effect, or through an interaction with the SMV (F(1,119) = 1.402, p > .20, and F(1,119) = .085, p > .85, respectively).

Null Hypothesis 4

It was hypothesized that there is no significant difference in post-treatment ratings obtained for the EACQ factor of Personal Commitment between participants who viewed a symbolic modeling videotape (SMV) and those who did not. The factor of Personal Commitment is composed of the seven subscales of Responsibility, Openness, Motivation, Attractiveness, Immediacy, Concreteness, and Quality of Outcome. Table 6 contains the mean scores and standard deviations for the main effect of the SMV and the results of the two-way analysis of variance computed to determine differences in expectations for the EACQ Factor of Personal Commitment.

The data in Table 6 indicate that the SMV failed to produce any significant impact in this area of client expectations. The null hypothesis pertaining to the EACQ factor of Personal Commitment was, therefore, retained.
The other main effect of Pretesting did not affect the ratings for the Personal Commitment factor (F(1,119) = 0.337, p > .55), neither was it found to interact with the main effect of the SMV (F(1,119) = 1.561, p > .10).

**Null Hypothesis 5**

It was hypothesized that there is no significant difference in post-treatment ratings obtained for the BLRI factor of Empathic Understanding between participants who viewed a symbolic modeling videotape (SMV) and those who did not. This factor is composed of items which indicate the degree to which the counselor is conscious of the immediate awareness and experiencing of the client. Table 7 contains the mean scores and standard deviations for the main effect of SMV and the results of the two-way analysis of variance computed to determine differences in the expectations of participants for the BLRI factor of Empathic Understanding.

The data in Table 7 indicate that the SMV produced a significant impact on participants' expectancies in this area. The null hypothesis pertaining to the BLRI scale of Empathic Understanding was, therefore, rejected. It may also be noted that the main effect of Pretesting was insignificant in its affect on participants' perceptions in the area of counselor empathic understanding (F(1,119) = 49.714, p > .35). In addition, the interaction between pretesting and the SMV also proved to be statistically insignificant in its effect on this scale (F(1,119) = 2.100, p > .80).
Table 6.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Expectations About Counseling Questionnaire Factor of Personal Commitment

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>.234</td>
<td>1</td>
<td>.234</td>
<td>.337</td>
<td>.563</td>
</tr>
<tr>
<td>Pretest</td>
<td>.232</td>
<td>1</td>
<td>.232</td>
<td>.334</td>
<td>.564</td>
</tr>
<tr>
<td>Interaction</td>
<td>1.561</td>
<td>1</td>
<td>1.561</td>
<td>2.251</td>
<td>.136</td>
</tr>
<tr>
<td>Error</td>
<td>82.538</td>
<td>119</td>
<td>.694</td>
<td></td>
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<tr>
<td>Total</td>
<td>84.535</td>
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<td>.693</td>
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<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Video</td>
<td>55</td>
<td>5.23</td>
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<tr>
<td>Video</td>
<td>68</td>
<td>5.31</td>
</tr>
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</table>

Two-Way ANOVA Source Table
Table 7.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Barrett-Lennard Relationship Inventory Scale of Empathic Understanding

<table>
<thead>
<tr>
<th>Source</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
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</thead>
<tbody>
<tr>
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<td>7.81</td>
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<tr>
<td>Video</td>
<td>68</td>
<td>66.88</td>
<td>7.81</td>
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</table>

Two-Way ANOVA Source Table

<table>
<thead>
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<th>Sum of Squares</th>
<th>df</th>
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<tbody>
<tr>
<td>Video</td>
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<td>384.771</td>
<td>6.547</td>
<td>.012*</td>
</tr>
<tr>
<td>Pretest</td>
<td>49.714</td>
<td>1</td>
<td>49.714</td>
<td>.846</td>
<td>.360</td>
</tr>
<tr>
<td>Interaction</td>
<td>2.100</td>
<td>1</td>
<td>2.100</td>
<td>.036</td>
<td>.850</td>
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<tr>
<td>Error</td>
<td>6993.986</td>
<td>119</td>
<td>58.773</td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>7451.366</td>
<td>122</td>
<td>61.077</td>
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<td></td>
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</tbody>
</table>

* Significant, p < .01
Null Hypothesis 6

Null hypothesis six stated that there is no significant difference in post-treatment ratings obtained for the BLRI factor of Congruence between participants who viewed a symbolic modeling videotape (SMV) and those who did not. This factor measured participants' expectancies of the counselor to act consistently with how s/he feels in the counseling session. Table 8 contains the mean scores and standard deviations for the main effect of the SMV and the results of the two-way analysis of variance computed to determine differences in participants' expectations for the BLRI scale of Congruence.

The data in Table 8 reveal that the SMV produced a significant impact on participants' expectancies of counselor congruence. The null hypothesis for the BLRI scale of Congruence was, therefore, rejected. Table 8 also presents findings related to the effect of pretest and the interaction between pretesting and the SMV. The data indicate that the main effect of pretesting had no impact on participants' ratings regarding the congruence of the videotaped counselor (F(1,119) = 1.085, p > .25). The interaction between pretesting and the SMV also proved to be insignificant (F(1,119) = 0.159, p > .65).

Null Hypothesis 7

Null hypothesis seven stated that there is no significant difference in post-treatment ratings obtained
Table 8.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Barrett-Lennard Relationship Inventory Scale of Congruence

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>526.249</td>
<td>1</td>
<td>526.249</td>
<td>5.045</td>
<td>.027*</td>
</tr>
<tr>
<td>Pretest</td>
<td>113.173</td>
<td>1</td>
<td>113.173</td>
<td>1.085</td>
<td>.300</td>
</tr>
<tr>
<td>Interaction</td>
<td>16.556</td>
<td>1</td>
<td>16.556</td>
<td>.159</td>
<td>.691</td>
</tr>
<tr>
<td>Error</td>
<td>12412.712</td>
<td>119</td>
<td>104.309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>13104.797</td>
<td>122</td>
<td>107.416</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant, p < .05
for the BLRI factor of Level of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not. This factor refers to the affective component of the counselor's response to his/her client. Table 9 contains the mean scores and standard deviations for the main effect of SMV and the results of the two-way analysis of variance computed to determine differences in expectations for the BLRI Factor of Level of Regard.

The data in Table 9 reveal that the SMV failed to produce any significant impact on participants' expectancies of counselor level of regard. The null hypothesis pertaining to the BLRI scale of Level of Regard was, therefore, retained. Table 9 also presents data indicating that the pretest and its interaction with the SMV proved to be nonsignificant in its effect on participants' perceptions of counselor level of regard (F(1,119) = .570, p > .45, and F(1,119) = .337, p > .55, respectively).

Null Hypothesis 8

Null hypothesis eight stated that there is no significant difference in post-treatment ratings obtained for the BLRI factor of Unconditionality of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not. This factor specifically measures how much or how little variability there is in the counselor's affective response to the client. Table 10 contains the mean scores and standard deviations for the
Table 9.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Barrett-Lennard Relationship Inventory Scale of Level of Regard

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>252.870</td>
<td>1</td>
<td>252.870</td>
<td>2.837</td>
<td>.095</td>
</tr>
<tr>
<td>Pretest</td>
<td>50.825</td>
<td>1</td>
<td>50.825</td>
<td>.570</td>
<td>.452</td>
</tr>
<tr>
<td>Interaction</td>
<td>30.061</td>
<td>1</td>
<td>30.061</td>
<td>.337</td>
<td>.563</td>
</tr>
<tr>
<td>Error</td>
<td>10608.432</td>
<td>119</td>
<td>89.146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10958.992</td>
<td>122</td>
<td>89.828</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Video</td>
<td>55</td>
<td>70.35</td>
<td>8.67</td>
</tr>
<tr>
<td>Video</td>
<td>68</td>
<td>73.32</td>
<td>9.95</td>
</tr>
</tbody>
</table>
Table 10.

Means and Standard Deviations for the Main Effect of Symbolic Modeling Videotape for the Barrett-Lennard Relationship Inventory Scale of Unconditionality of Regard

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video</td>
<td>122.207</td>
<td>1</td>
<td>122.207</td>
<td>1.616</td>
<td>.206</td>
</tr>
<tr>
<td>Pretest</td>
<td>50.237</td>
<td>1</td>
<td>50.237</td>
<td>.664</td>
<td>.417</td>
</tr>
<tr>
<td>Interaction</td>
<td>2.044</td>
<td>1</td>
<td>2.044</td>
<td>.027</td>
<td>.870</td>
</tr>
<tr>
<td>Error</td>
<td>9000.086</td>
<td>119</td>
<td></td>
<td>75.631</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9186.016</td>
<td>122</td>
<td></td>
<td>75.295</td>
<td></td>
</tr>
</tbody>
</table>

N  | Mean  | S.D. |
---|-------|------|
55 | 60.42 | 9.30 |
68 | 62.51 | 8.09 |
main effect of SMV and the results of the two-way analysis of variance computed to determine differences in expectations for the BLRI scale of Unconditionality of Regard.

The data in Table 10 reveal that the SMV failed to produce any significant impact on participants' perceptions regarding the unconditionality of the regard offered by their counselor expectancies. The null hypothesis pertaining to the BLRI scale of Level of Regard was, therefore, retained. Table 10 also presents data indicating that the pretest and its interaction with the SMV proved to be nonsignificant in its effect on participants' perceptions of unconditionality of the regard offered by the counselor \( F(1,119) = .664, p > .40, \) and \( F(1,119) = .027, p > .85, \) respectively).

**DISCUSSION OF FINDINGS**

**Null Hypothesis One**

The Expectations about Counseling Questionnaire served as a measure of expectations regarding four distinct dimensions of counseling. Null Hypothesis One predicted no difference in ratings regarding the overall expertness of the prospective counselor between participants who viewed the SMV and those who did not. Testing of Null Hypothesis One indicated that the SMV did have a significant, positive impact on the ratings of participants who viewed the
videotape. The EACQ factor of Counselor Expertise is composed of the three dimensions of Directiveness, Expertise, and Empathy. Participants who viewed the modeling SMV were more positive in their expectations regarding the competency of their prospective counselor than those who did not view the videotape. These positive expectations would seem to indicate that participants who viewed the SMV had higher expectations that the counselor a) would be able to explain what was wrong with them, b) would be able to know how clients felt even when they could not quite say what they meant, and c) would be able to help clients to solve their problems. This finding is further supported by the lack of significance for the interaction between pretesting and the SMV. This indicates that the effects of the SMV were not weakened by exposure to pretreatment questionnaires. One possible explanation for this finding can be found in the symbolic modeling component of the videotape. Other studies have found that client perceptions of specific counselor characteristics can be influenced by audiotaped precounseling information (Price & Iverson, 1969, Davidshofer & Richardson, 1981), but the addition of the modeled behaviors representative of these characteristics had not been previously examined. The addition of a modeling component of the counselor characteristics of expertise, directiveness, and empathy may have facilitated the adjustment of expectations regarding these qualities. Through the use of a videotape,
verbalizations were given substance because participants were not only able to hear what was said, but also were able to view it through the counselor's nonverbal behaviors. This finding complements those of Claiborne and Schmidt (1977) and Price and Iverson (1969), all of whom found that increased status of the counselor affected client satisfaction and client perceptions of the benefits of counseling. In both of these studies, status of the counselor included an expertness component (e.g., the comparison of a "novice" versus "head" counselor) similar to the EACQ factor of Counselor Expertise.

Null Hypothesis Two

Null Hypothesis Two predicted that participants' expectations regarding the psychological conditions which facilitate client problem definition, exploration, and resolution would remain unaffected by the SMV. Results revealed no significant difference in participants' ratings regarding facilitative conditions for those who viewed the SMV and those who did not. The factor of Facilitative Conditions is comprised of the subscales of Acceptance, Confrontation, Genuineness, Trustworthiness, Tolerance, and Concreteness. The most plausible explanation of the lack of significance for this factor is that participants' expectancies in this area were already high (5.59 for the control group, and 5.58 for the experimental group on a 7-point likert scale), and the amount of actual change that
could be expected was minimal. Participants who did not view
the SMV (the control group in this study), indicated by
their ratings that they may have already expected their
prospective counselor to facilitate conditions which would
be conducive to effective counseling. This lack of
difference between control and experimental groups would
seem to suggest that participants may have been more
sophisticated in their expectations of facilitative
conditions than expected, thus the SMV did not appear to
have presented information which would have altered these
expectations. Additional support for this contention may
also be found in the lack of significance for the
interaction between the pretest and the SMV. If this had
proven to be significant, one would be forced to explain the
effects of the SMV relative to the effects of pretesting.
This was not the case in this study, therefore, the lack of
effect for the SMV may be explained in a straightforward
fashion.

An alternative explanation of the lack of
significance in the facilitative conditions factor is the
multi-faceted character of the dimensions that comprise it.
The SMV was approximately 17 minutes in length, and because
of its brevity, the depth of these dimensions were most
likely not portrayed. For example, both trustworthiness and
genuineness are qualities of the counselor which develop and
gain meaning over time through the normal vicissitudes of
counseling. It may have been unrealistic to expect that
these qualities could be portrayed effectively in a period of 17 minutes.

Null Hypothesis Three

Null Hypothesis Three stated that there is no significant difference in post-treatment ratings of the EACQ factor of Nurturance between participants who viewed a symbolic modeling videotape (SMV) and those who did not. Results indicated participants' expectations about the counselor's willingness to give support and encouragement, and his/her willingness to disclose about him/herself was unaffected as a result of viewing the SMV. Again, this finding may have been a function of the length of the SMV. Both the dimensions of self-disclosure and nurturance may have needed more time to be effectively portrayed by the SMV.

An alternative explanation of the lack of significance in the factor of Nurturance is that because of an absence of a sense of continuity for the participants, which may have been realized over a number of counseling sessions, participants were unable to view the behaviors described by the dimensions of this factor which would serve to alter their expectations of the counselor's nurturance. In other words, because participants had no opportunity to observe the counselor's nurturant behaviors, perhaps it was unreasonable to expect any change in expectations regarding nurturance.
Null Hypothesis Four

Null Hypothesis Four stated that there is no significant difference in post-treatment ratings of the EACO factor of Personal Commitment between participants who viewed a symbolic modeling videotape (SMV) and those who did not. Results indicated that the SMV failed to affect participants' expectations regarding their willingness to get personally involved in counseling through discussion of present concerns, their persistence in counseling even though unpleasant at times, and their expression and discussion of feelings. The same explanation may be offered as that offered for the factor of Facilitative Conditions; that is, participants indicated by their responses that they were already in agreement with many of the statements which were used to measure this factor (e.g., "I expect to . . . take responsibility for making my own decisions"). In other words, because scores were high without viewing the SMV (5.23 for the control group vs. 5.31 for the experimental group), it would appear that the SMV had little or no impact on participant expectancies of their personal responsibility and commitment to counseling.

Null Hypothesis Five

Null Hypothesis Five stated that there is no significant difference in post-treatment ratings obtained for the BLRI factor of Empathic Understanding between participants who viewed a symbolic modeling videotape (SMV)
and those who did not. Results indicated that the SMV positively influenced participants' perceptions of the counselor's ability to perceive and respond to immediate feelings. Participants more readily perceived the counselor's ability to respond to client immediate awareness after viewing the SMV. This finding seems to support the efficacy of the SMV for increasing sensitivity to counselor empathic understanding. The usefulness of a videotaped pretraining experience to affect client perceptions of counselor characteristics is, however, not a unique finding in the area of counseling pretraining. Claiborne and Schmidt (1977) and Greenberg (1969) also found that pretraining experiences were effective means to alter clients' perceptions of their counselor.

One quality of this study which deviated from previous studies (Grosz, 1968, Lawe, 1976, Stewart & Jessell, 1986) was the use of the four individual scales of the BLRI. It was speculated that the addition of a symbolic modeling component to a pretraining experience might elicit some effects not previously found, therefore, the use of the individual scales was pursued. Although some authors have suggested that the BLRI be used only with a global score (Lawe, 1976; Mills & Zytowski, 1967), the addition of a graphic presentation of precounseling information seemed to be sufficient to facilitate client recognition of this quality of the counseling relationship; that is, the addition of the modeling component to the
precounseling presentation may have allowed participants to
discriminate and recognize the sensitivity of the counselor
more readily.

**Null Hypothesis Six**

Null Hypothesis Six stated that there is no
significant difference in post-treatment ratings of the BLRI
factor of Congruence between participants who viewed a
symbolic modeling videotape (SMV) and those who did not.
Results provided evidence for the efficacy of the SMV to
alter participants' perceptions of the counselor's ability
to act consistently with how s/he feels within a counseling
session. Participants' reported their perceptions of the
counselor's genuineness and honesty as more positive after
viewing the SMV than did participants who did not view the
SMV. The BLRI scale for Congruence was used as a measure of
this counselor characteristic. Again, as was true of
Empathic Understanding, participants' understanding of the
counselor's congruence seemed to have been facilitated after
viewing the SMV. Participants who viewed the SMV indicated
by their responses that they recognized this quality in the
videotaped counselor to a greater extent than those who did
not. This finding seems to support the use of the SMV as a
viable means to influence specific perceptions of a
counselor's congruence.
Null Hypothesis Seven

Null Hypothesis Seven stated that there is no significant difference in post-treatment ratings of the BLRI factor of Level of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not. Results indicated no difference in ratings by participants who viewed the SMV and those who did not regarding their perceptions of the level of regard offered by their counselor. This finding provides further support for the findings related to the EACQ, in that much like facilitative conditions, participants may have already been exhibiting a relatively high level of perceptiveness of counselor regard (70.35 for controls vs. 73.32 for experimental for experimentals relative to a top mean score of 96). The lack of significance would seem to indicate that participants already had fairly well-developed perceptions of counselor level of regard, and the SMV failed to provide enough additional information to change these perceptions.

An alternative explanation for the lack of significance of this variable could be that the fine discriminations called for to recognize regard was a difficult task for participants who had never experienced formalized counseling, thus making such discriminations difficult indeed. Participants may have had no reference points from which to judge these qualities and may have struggled with discriminating the actual level of counselor regard and respect offered.
Another plausible explanation for the insignificance of the factors of the BLRI and the EACQ would seem to rest in the increasing level of sophistication of the lay people and college students who seek counseling. As the findings of Tinsley, Workman, and Kass (1980) and Garfield and Wolpin (1963) indicate, increasing numbers of people are becoming familiar with the important concepts of counseling. It is possible that the sample of students who participated in this study reflected this trend. What this seems to imply is that prospective counselees may be approaching counseling with well-developed expectations of their own behavior, counselor characteristics, and the psychological conditions provided by the counselor during counseling. The effect of the SMV could have been considerably lessened if the information it provided was not instructive nor different from the information participants already possessed.

Null Hypothesis Eight

Null Hypothesis Eight stated that there is no significant difference in post-treatment ratings of the BLRI factor of Unconditionality of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not. Results indicated no difference in ratings by participants who viewed the SMV and those who did not regarding their perceptions of the extent to which they were respected and valued by their counselor.
The most plausible explanation for this finding also applies to the findings regarding the BLRI scale of Level of Regard. This explanation is based on the limitations reported by Mills and Zytowski (1967), who have described the lack of discriminability of these scales within the BLRI. This may be particularly true for the scales of Unconditionality of Regard and Level of Regard. Conceptually, they differ only by degree. Level of Regard attempts to examine aspects of counselor respect offered to the client. Unconditionality examines the degree of this respect and regard. It may be that the discrimination necessary to determine each of these qualities in the counselor are beyond the capacity of counseling-naïve clients.

Summary of Results

The results of this study indicate that the SMV was effective in positively influencing participants' expectations of counselor expertise and their perceptions of counselor empathic understanding and congruence. The findings also indicated that participants may have been more sophisticated than expected in their expectations of facilitative conditions, personal commitment to counseling, and the nurturance offered by their prospective counselor. It was reasoned that the lack of statistical significance in each of these areas may have been due to the brevity of the SMV, the sophistication of the participants, and the
limitations of the instruments used to examine these qualities.
Chapter 5

SUMMARY, CONCLUSIONS, IMPLICATIONS
AND RECOMMENDATIONS

This chapter presents a summary, conclusions, implications, and recommendations for further research based on the results of this study.

SUMMARY

Purpose

The purpose of this study was to determine the usefulness of symbolic modeling as a vehicle to pretrain counseling-naive clients for their encounter with a counselor. Four groups of students were compared in an analogue situation, and were asked to view the videotape or serve as the control. Two groups completed a questionnaire prior to either viewing the videotape or returning the next day to complete the questionnaire a second time. The context of this study was analogous to a client approaching counseling for the first time and receiving pre-counseling socialization by way of a videotape. The independent variables were the symbolic modeling videotape (SMV) and completion of the pre-treatment questionnaire. The dependent variables were congruence of expectations as measured by the Expectations About Counseling Questionnaire (EACQ) and participants' perceptions of the counseling
relationship as measured by the Barrett-Lennard Relationship Inventory (BLRI). The socialization process consisted of a symbolic modeling videotape which portrayed a first counseling session in progress between a female counselor and a female client. This tape was developed to provide information about counseling processes, "good client role behavior," and to deal with stereotypes often associated with counseling of college students. The role-played counseling session was presented in a color, audiovisual format of approximately 17 minutes in length. Participants in the control groups either completed the pretesting and returned the next day to complete the questionnaires again, or as in the case of the post-test only group, reported to the testing room and completed the questionnaires to end their participation in the study. The two experimental groups also differed in whether or not they completed questionnaires prior to viewing the videotape.

**Review of the Literature**

A review of the literature revealed that clients' expectations are often incongruous with the expectations of their counselors or prospective counselors. In addition, theorists have differing opinions as to the effect of the discrepancy between the participants' expectancies as well as the effectiveness of pretraining clients to understand the processes of counseling. Studies were reviewed which indicated the usefulness of pretraining clients for dealing
with various therapeutic settings; e.g., educational/vocational counseling, group counseling, and individual counseling. Several different modes of pretraining clients have been successful in helping clients progress through counseling by enabling them to participate more fully in the counseling process. Symbolic modeling was also found to be successful in other settings and with other problems; e.g., phobias, preparation for surgery and other medical procedures, and dealing with social situations. Research indicated the lack of systematic approaches for modeling effective behavior to prospective clients. Other approaches have emphasized providing a variety of information whether through an audiovisual format or an audio format only. Investigating the effectiveness of symbolic modeling in this type of setting was an attempt to fill a gap in the literature regarding pretraining of this nature.

Null Hypotheses Investigated

The following null hypotheses were investigated:

Null Hypothesis 1: There is no significant difference in post-treatment ratings of the EACQ factor of Counselor Expertise between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 2: There is no significant difference in post-treatment ratings of the EACQ factor of Facilitative Conditions between participants who viewed a
symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 3: There is no significant difference in post-treatment ratings of the EACQ factor of Nurturance between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 4: There is no significant difference in post-treatment ratings of the EACQ factor of Personal Commitment between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 5: There is no significant difference in post-treatment ratings of the BLRI factor of Empathic Understanding between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 6: There is no significant difference in post-treatment ratings of the BLRI factor of Congruence between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 7: There is no significant difference in post-treatment ratings of the BLRI factor of Level of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not.

Null Hypothesis 8: There is no significant difference in post-treatment ratings of the BLRI factor of Unconditionality of Regard between participants who viewed a symbolic modeling videotape (SMV) and those who did not.
Sample

The sample for this study consisted of 123 undergraduate, student volunteers enrolled in psychology classes during the 1985 fall semester, at Iowa State University. Participants were 22 years of age or younger, and mean class membership was sophomore, with participants from all four undergraduate classes. Participants were approximately evenly distributed by sex, predominantly white, with no previous experience with counseling. Participants were volunteers who indicated interest in participating by responding to a request through sign-up sheets which explained the nature of the study and the extent of involvement. The criterion for participation in the study was that participants had not been involved in "non-routine" counseling, which was explained on the sign-up sheet and consent form. Thirty-eight participants were in the pretest/video group, 30 were in the no-pretest/video group, 27 were in the pretest/no-video group, and 28 were in the no-pretest/no-video group.

Collection of Data

Students were invited to participate in this study as a way to gain extra credit in their psychology class. A sign-up sheet was posted which described the nature of the study and the extent of involvement required to receive credit for participating. The rotation of groups was established prior to posting of the sign-up sheets in order
to assure random group sequencing. This was accomplished by random drawing to determine the sequence of group data collection. Further randomization was assumed through the process of sign-up according to when participants were available. Participants in the pretesting conditions reported to the assigned room at the appropriate time and completed the pre-treatment questionnaires. Upon completion, they were instructed to return the following day. Participants in the pretest/videotape condition returned the next day, viewed the videotape, and completed the questionnaires for a second time. Participants in the pretest/no-videotape condition also returned and completed the questionnaires. The same procedure was used for participants in the posttest only groups. They reported to the assigned room, viewed the videotape, and completed questionnaires, or reported to the room and completed the questionnaires. All participants were debriefed and questions answered after their participation ended.

The videotape was a role-played counseling situation in which a female counselor was viewed counseling a female client. The content of the videotape was rated by three independent judges (Ph.D. level psychologists) with agreement ranging between .67 to .87 on critical behaviors exhibited by the client.
Analysis of the Data

Data obtained from measures on the Expectations About Counseling Questionnaire and Barrett-Lennard Relationship Inventory were analyzed by a two-way analysis of variance with unequal cell frequencies. The independent factors were: exposure to the symbolic modeling videotape (two levels), and completion of pre-treatment questionnaires (two levels). The four main factors of the EACQ (Facilitative Conditions, Personal Commitment, Nurturance, and Counselor Expertise), and the four scales of the BLRI (Empathic Understanding, Congruence, Level of Regard, and Unconditionality of Regard) were specifically analyzed by the analyses of variance.

Results of the Study

The results of the analysis of the data related to the eight null hypotheses are summarized below:

1. A significant difference (p < .01) was found in the post-treatment ratings of the EACQ factor of Counselor Expertise between participants who viewed the symbolic modeling videotape and those who did not. The results indicated the SMV had a significant, positive impact on the ratings of participants who viewed the videotape.

2. No significant difference was found in the post-treatment ratings of the EACQ factor of Facilitative Conditions between participants who viewed the symbolic modeling videotape and those who did not.
3. No significant difference was found in the post-treatment ratings of the EACQ factor of Nurturance between participants who viewed the symbolic modeling videotape and those who did not.

4. No significant difference was found in the post-treatment ratings of the EACQ factor of Personal Commitment between participants who viewed the symbolic modeling videotape and those who did not.

5. A significant difference (p < .05) was found in the post-treatment ratings of the BLRI scale of Empathic Understanding in favor of participants who viewed the symbolic modeling videotape over those who did not. Results indicated that the SMV positively influenced participants' perceptions of the counselor's ability to perceive and respond to immediate feelings. Participants more readily perceived the counselor's ability to respond to client immediate awareness after viewing the SMV.

6. A significant difference (p < .05) was found in the post-treatment ratings of the BLRI scale of Congruence in favor of participants who viewed the symbolic modeling videotape over those who did not. Results of testing provided evidence for the efficacy of the SMV to alter participants' perceptions of the counselor's ability to act consistently with how s/he feels within a counseling session. Participants reported their perceptions of the counselor's genuineness and honesty as more positive after viewing the SMV as compared to those who did not view the SMV.
7. No significant difference was found in the post-treatment ratings of the BLRI scale of Level of Regard between participants who viewed the symbolic modeling videotape and those who did not.

8. No significant difference was found in the post-treatment ratings of the BLRI factor of Unconditionality of Regard between participants who viewed the symbolic modeling videotape and those who did not.

CONCLUSIONS

This study was devised to test the efficacy of a symbolic modeling videotape as a vehicle to pretrain or socialize students to the processes and outcomes of counseling. The findings and conclusions provided only limited support for the usefulness of this approach for client role-induction. The following conclusions were based on the data analyzed in this study within the limitations of the study which included:

a. Students participating were solicited from a variety of psychology courses, and the decision to be involved in a psychology course was certainly not random. The sample, therefore, cannot be considered entirely random.

b. The videotape was judged by three, Ph.D. level psychologists, but the videotape itself was rated via a scale (Appendix D) created by the investigator for this study; thus, the reliability and validity of this scale may be considered questionable.
c. The symbolic modeling videotape was 17 minutes in length and may not have allowed sufficient time for the actual counseling relationship parameters to have been sufficiently demonstrated.

d. This study was an analogue study which only approximated field conditions; therefore, the conclusions offered must be tempered until the findings have been substantiated through a field study with actual counseling center clients.

1. The SMV was a viable means to influence participants' sense of the counselor's ability to help them, and respond to their feelings. A videotaped symbolic modeling experience, such as the one developed by this study appeared to be effective in shaping student attributions of competency, directiveness, and empathy of a prospective counselor. The SMV had its impact through more positive evaluations of a counselor who would be effective in helping them to resolve their concerns and respond to their feelings in a supportive way. This conclusion was also supported in the literature. Greenberg (1969) found that both trait and role information about the therapist affected participants' evaluation of a counseling session. In addition, Greenberg concluded that trait information, which was included in the SMV through visual means in terms of a well-dressed counselor, who was articulate, nurturant, and helpful, appeared to be more powerful than role information. The factor of Counselor Expertise includes both trait, (e.g.,
the dimension of empathy) and role information (e.g., the dimensions of directiveness and expertise), and, therefore, effectively highlighted a change in participants' expectations of their prospective counselors' competency and empathic responses. Childress and Gillis (1977) also found that by maximizing social influence variables, clients exhibited promising symptom improvement and progress through counseling. The role and trait information included in the SMV (such as the counselor's explanation of what happens in counseling -- see Appendix G) also attempted to maximize social influence variables such as counselor competency, and thereby produced an impact on participant expectations in this study.

2. The SMV does not appear to be effective in communicating information about the psychologically supportive conditions offered by their prospective counselor. The brevity of the SMV limited its effectiveness in portraying the complex conditions which facilitate effective counseling.

3. The SMV does not appear to be an effective means by which to influence participants' expectancies regarding the counselor's nurturance of the client. The SMV did not seem to be a suitable vehicle for communicating this information to college students. This conclusion is in opposition to that of other studies whereby client perceptions of a variety of counselor characteristics were altered by pretraining information (Claiborne & Schmidt,
4. The SMV does not appear to be a suitable vehicle for effecting any change in participants' expectancies regarding their personal commitment and active participation in counseling. If participants' ratings regarding their level of participation in counseling are already elevated, as was the case in this study, it is unlikely that any significant change can be expected.

5. Participants' perceptions of counselor empathy appeared to be positively influenced by the SMV. This is not a unique conclusion in expectational research in that it has been shown in previous studies that participant perceptions of their counselor could be affected through precounseling information (Greenberg, 1969; Claiborne & Schmidt, 1977). Specifically, participants' perceptions of counselors' ability to respond empathically to their clients' immediate experiencing seems to be affected by the SMV. This conclusion is consistent with that of Lawe (1976), who also concluded that a pretraining videotape was effective in facilitating the recognition of positive, therapeutic conditions during the counseling session.

6. Participants' perceptions of counselor genuineness and congruence appear to be positively influenced by the SMV. Following their exposure to the SMV, participants more readily recognized when the counselor was behaving congruently with how she felt. Videotaped symbolic modeling was shown to be an effective vehicle to communicate
this type of information about a prospective counselor in this study.

7. A videotaped symbolic modeling presentation does not appear to be effective in conveying information to influence participants' perceptions of the extent of counselors respect and valuing of their client in the counseling relationship. In this study, this type of presentation was also ineffective in portraying information about the counselor's ability to convey respect and regard for his/her clients. This conclusion is consistent with that of Lawe (1976), who also reported a lack of impact of counseling pretraining on client perceptions of the counseling relationship.

Because of the fine discriminations needed to complete the items of these scales in the BLRI (Level of Regard and Unconditionality of Regard), the lack of counseling experience of the participants may have made it difficult for them to answer the items related to these dimensions of the counseling relationship. This would be consistent with the recommendations made by Mills and Zytowski (1967) and Lawe (1976), who recommended that only a global score be used because the individual scales do not discriminate between the qualities suggested by their titles. It may be that the specific scales of Level of Regard and Unconditionality of Regard do not discriminate between the qualities they purportedly represent; therefore, the recommendations of Mills and Zytowski (1967) and Lawe
(1976) are justifiable for these specific scales. On the other hand, the findings of this study do not support these recommendations relative to the Congruence and Empathic Understanding scales of the BLRI.

8. Role and trait information regarding a prospective counselor seems to be more amenable to change than expectations regarding facilitative conditions, client personal commitment, and counselor nurturance.

9. Within the constraints of a typical university counseling center, an SMV would not be a cost effective means to convey information regarding counseling processes. In order to effectively convey this type of information, a more extensive and more thorough presentation would seem to be necessary. For most naive clients, pretraining of the nature suggested would most likely precipitate a higher no-return rate, and consume valuable time which could be spent by the counselor building rapport with the client.

10. Along at least seven of the eight variables examined, participant expectations about counseling and perceptions of the counseling relationship were already well developed, and did not therefore, change as a result of viewing the SMV. This seems to indicate that the participants in this study were more sophisticated about their role behavior and the counselor's behaviors than expected.
IMPLICATIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

The findings of this study have implications for counselors in counseling centers or other settings where helping clients understand the various aspects of counseling, including the personal attributes of their prospective counselor, are important.

IMPLICATIONS

1. The use of an SMV in university counseling services may be an effective means to communicate counselor trait information. This trait information can be systematized through a videotape presentation and, therefore, communicated in a fashion which is understandable to the prospective university client. This investigation supported other investigators' findings that pretraining does have a favorable impact on subjects' perceptions of their counselor (Greenberg, 1969; Strupp & Bloxom, 1973; Winkel, 1975; Grosz, 1968).

2. The SMV offers a concrete example of ideal client behavior enacted in a counseling session as confirmed by the judges' ratings (Appendix D). Pretraining of this kind would appear to benefit the prospective client by providing specific behavior referents to the cognitive information furnished. It could also benefit counselors by reducing some of the burden of preparing clients for their style of counseling.
3. The SMV procedure could easily be used as a component of the intake procedure in most counseling settings. This process may be employed to change the emphasis of many counseling centers' intake procedures from information-gathering and diagnosis to clarification of faulty expectations and promotion of positive expectations.

4. The SMV would appear to be useful in facilitating clients' confidence in their counselor's abilities which would seem to serve to increase client participation and satisfaction with counseling.

RECOMMENDATIONS FOR FURTHER RESEARCH

1. The application of this study to a university counseling center to examine the effectiveness of such an intervention for actual prospective clients of counseling may yield more substantial data regarding the efficacy of this role induction approach.

2. The effectiveness of the videotape presentation should be improved by including a series of counseling sessions in a time sequence to portray the various aspects of counseling.

3. It is recommended that measures be taken over time following clients' viewing of the videotape to examine the duration of its effects and whether the potency of the videotape diffuses with time and exposure to the counselor.

4. Research is recommended to examine the combinations of symbolic modeling and written information,
or symbolic modeling and videotaped professional disclosure by the counselor in the modeling sequence. This strategy would provide information about means to further heighten the impact of a videotape such as the one used in this study.

5. It is recommended that future research examine the effects of videotaped symbolic modeling for clients who have experienced counseling and compare them with naive clients. This comparison could provide information concerning the effectiveness of this intervention for changing expectations that are based on experience rather than stereotypic inexperience.

6. It is recommended that when the Barrett-Lennard Relationship Inventory is used in future pretraining research, a global measure of the counseling relationship be used rather than more specific scales suggested by its construction. This recommendation specifically applies to naive clients with few reference points from which to judge or understand the nomenclature of the BLRI.

A variety of pretraining procedures to socialize clients for counseling currently exists. Additional research, however, is needed to explore what combinations of methodologies are most efficacious in helping clients become prepared for their counseling encounter. Also, specification continues to be needed as to what effect pretraining, in its various forms, has on specific outcome variables. This approach would appear to enhance current
attempts to establish counseling effectiveness relative to other modalities of service.
REFERENCES


Appendix A

Research on Counseling

This research project is designed to study certain aspects of the counseling process in order to develop ways to make it more effective and useful to university students. To be a participant in this study, a student should not have been involved in "non-routine" types of counseling or therapy which entail the discussion of personal issues which are emotionally charged and sensitive in nature. Examples of such issues are conflict in relationships with other people (i.e., parents, boy/girlfriend, other significant persons in the young person's life), or identity/sexual concerns. Students will be allowed to participate if they have been involved in "routine" types of counseling which are more commonly experienced by high school students. Issues discussed in this type of counseling would include career counseling relatively devoid of emotional issues, financial aid arrangements, academic scheduling, and planning for college/university. If you qualify to participate in this study and choose to do so, you will be requested to complete two questionnaires which will ask you to describe yourself, your expectations of a university counseling experience, and your perceptions of the relationship in which you might be involved. Your involvement in this research project will consume a total of
roughly 90 minutes over a two day period. Your identity will be kept strictly confidential, and the right to withdraw from this study is always available at any time. Also, any data collected will be confidential, none of your responses will be shared with anyone including your course instructor(s). At the completion of this study, the results are available to you upon request. If you are willing to participate in this study, please sign on the line below. Thank you for your willingness to participate and help us to make counseling more effective in the future.

________________________________________
Name (please print)

________________________________________
Signature

________________________________________
University

________________________________________
Date
Appendix B

DIRECTIONS

Pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like. The rating scale we would like you to use is printed at the top of each page. Your ratings of the statements are to be recorded on the answer sheets provided. For each statement, darken the space corresponding to the number which most accurately reflects your expectations. Do not make any marks in the questionnaire booklet.

Your responses will be kept in strictest confidence. DO NOT fill in the NAME GRID OR STUDENT NUMBER GRID on the answer sheet. Your answers will be combined with the answers of others like yourself and reported only in the form of group averages. Your participation, however, is voluntary. If you do not wish to participate in this research, just hand the questionnaire and unmarked answer sheets back to the person in charge.

To complete the questionnaire properly, you need one answer sheet and a #2 pencil. Tell the person in charge if you do not have the necessary materials. When you are ready to begin, answer each question as quickly and as accurately as possible. Finish each page before going to the next.

NOW TURN THE PAGE AND BEGIN.
ANSWER THE FOLLOWING QUESTIONS ON THE ANSWER SHEET

I EXPECT TO . . .

1. Take psychological tests.
2. Like the counselor.
3. See a counselor in training.
4. Gain some experience in new ways of solving problems within the counseling process.
5. Openly express my emotions regarding myself and my problems.
6. Understand the purpose of what happens in the interview.
7. Do assignments outside the counseling interviews.
8. Take responsibility for making my own decisions.
9. Talk about my present concerns.
10. Get practice in relating openly and honestly to another person within the counseling relationship.
11. Enjoy my interviews with the counselor.
12. Practice some of the things I need to learn in the counseling relationship.
13. Get a better understanding of myself and others.
14. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.
15. See the counselor for more than three interviews.
16. Never need counseling again.
17. Enjoy being with the counselor.
18. Stay in counseling even though it may be painful or unpleasant at times.
19. Contribute as much as I can in terms of expressing my feelings and discussing them.
ANSWER THE FOLLOWING QUESTIONS ON THE ANSWER SHEET.

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I EXPECT TO . . .

20. See the counselor for only one interview.
21. Go to counseling only if I have a very serious problem.
22. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.
23. Become better able to help myself in the future.
24. Find that my problem will be solved once and for all in counseling.
25. Feel safe enough with the counselor to really say how I feel.
26. See an experienced counselor.
27. Find that all I need to do is to answer the counselor's questions.
28. Improve my relationships with others.
29. Ask the counselor to explain what s/he means whenever I do not understand something that is said.
30. Work on my concerns outside the counseling interviews.
31. Find that the interview is not the place to bring up personal problems.
32. Explain what's wrong.
33. Help me identify and label my feelings so I can better understand them.
34. Tell me what to do.
35. Know how I feel even when I cannot say quite what I mean.
36. Know how to help me.
37. Help me identify particular situations where I have problems.
ANSWER THE FOLLOWING QUESTIONS ON THE ANSWER SHEET.

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THE FOLLOWING QUESTIONS CONCERN YOUR EXPECTATIONS ABOUT THE COUNSELOR.

I EXPECT THE COUNSELOR TO . . .

38. Give encouragement and reassurance.

39. Help me to know how I am feeling by putting my feelings into words for me.

40. Be a "real" person not just a person doing a job.

41. Help me discover what particular aspects of my behavior are relevant to my problems.

42. Inspire confidence and trust.

43. Frequently offer me advice.

44. Be honest with me.

45. Be someone who can be counted on.

46. Be friendly and warms towards me.

47. Help me solve my problems.

48. Discuss his or her own attitudes and relate them to my problem.

49. Give me support.

50. Decide what treatment plan is best.

51. Know how I feel at times, without my having to speak.

52. Do most of the talking.

53. Respect me as person.

54. Discuss his or her experiences and relate them to my problems.

55. Praise me when I show improvement.

56. Make me face up to the differences between what I say and how I behave.
ANSWER THE FOLLOWING QUESTIONS ON THE ANSWER SHEET.

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I EXPECT THE COUNSELOR TO . . .

57. Talk freely about himself or herself.
58. Have no trouble getting along with people.
59. Like me.
60. Be someone I can really trust.
61. Like me in spite of the bad things that he or she knows about me.
62. Make me face up to the differences between how I see myself and how I am seen by others.
63. Be someone who is calm and easygoing.
64. Point out to me the differences between what I am and what I want to be.
65. Just give me information.
66. Get along well in the world.
Please answer the following questions about yourself. This information will be used in combining your responses with those of other students like you.

67. What is your present year in school?
   1. Freshman
   2. Sophomore
   3. Junior
   4. Senior
   5. Other

68. How old are you?
   1. 22 years old or younger.
   2. 23 years old or older.

69. What is your sex?
   1. Female
   2. Male

70. Have you ever been to see a professional counselor?
   1. Yes
   2. No

71. What is your race?
   1. Black
   2. White
   3. Hispanic
   4. Asian or Pacific Islander
   5. American Indian or Alaskan Native

STOP

Check to see that you have answered all of the questions. Then return the questionnaire booklet, the two answer sheets, and the #2 pencil to the person in charge.
Appendix C
(Pretreatment Version)
RELATIONSHIP INVENTORY

NAME ________________________________

DATE ____________________________

Mark each statement in the left margin, according to how strongly you feel that it will be true, or not true in an expected counseling relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3 to stand for the following answers:

+3 = Yes, I strongly feel that it will be true.
+2 = Yes, I feel it will be true.
+1 = Yes, I feel that it will probably be true, or more true than untrue.
-1 = No, I feel that will probably be untrue, or more untrue than true.
-2 = No, I feel it will not be not true.
-3 = No, I strongly feel that it will not be true.

1. S/he will respect me as a person.
2. S/he will want to understand how I see things.
3. His/her interest in me will depend on the things I say or do.
4. S/he will be comfortable and at ease in our relationship.
5. S/he will feel a true liking for me.
6. S/he may understand my words but s/he will not see the way I feel.
7. Whether I am feeling happy or unhappy with myself will make no real difference to the way s/he will feel about me.
8. I feel that s/he will put on a role or front with me.
9. S/he will be impatient with me.
10. S/he will nearly always know exactly what I mean.
11. Depending on my behavior, s/he will have a better opinion of me sometimes than s/he has at other times.
12. I feel that s/he will be real and genuine with me.
13. I will feel appreciated by him/her.
14. S/he will look at what I do from his/her own point of view.
15. His/her feeling toward me will not depend on how I feel toward him/her.
16. It will make him/her uneasy when I ask or talk about certain things.
17. S/he will be indifferent to me.
18. S/he will usually sense or realize what I am feeling.
19. S/he will want me to be a particular kind of person.
20. I nearly always will feel that what s/he says expresses exactly what s/he is feeling and thinking as s/he says it.
21. S/he will find me rather dull and uninteresting.
22. His/her own attitudes toward some of the things I do or say will prevent him/her from understanding me.
23. I will be (or would be) able to be openly critical or appreciative of him/her without really making him/her feel any differently about me.
24. S/he will want me to think that s/he likes me or understands me more than s/he really does.
25. S/he will care for me.
26. Sometimes s/he will think that I feel a certain way, because that's the way s/he feels.
27. S/he will like certain things about me, and there will be other things s/he will not like.
28. S/he will not avoid anything that will be important for our relationship.

29. I feel that s/he will disapprove of me.

30. S/he will realize what I mean even when I have difficulty in saying it.

31. His/her attitude toward me will stay the same: s/he will be not pleased with me sometimes and will be critical or disappointed at other times.

32. Sometimes s/he will be not at all comfortable but we will go on; outwardly ignoring it.

33. S/he will just tolerate me.

34. S/he will usually understand the whole of what I mean.

35. If I show that I am angry with him/her s/he will become hurt or angry.

36. S/he will express his/her true impressions and feelings with me.

37. S/he will be friendly and warm with me.

38. S/he will just take no notice of some things that I think or feel.

39. How much s/he likes or dislikes me will be not altered by anything that I tell him/her about myself.

40. At times s/he will just not know or realize until later, what his/her feelings are with me.

41. I will feel that s/he really values me.

42. S/he will appreciate exactly how the things I experience feel to me.

43. S/he will approve of some things I do, and plainly disapprove of others.

44. S/he will be willing to express whatever is actually on his/her mind with me, including any feelings about him/herself or about me.

45. S/he will not like me for myself.

46. At times s/he will think that I feel a lot more strongly about a particular thing than I really do.
47. Whether I am in good spirits or feeling upset will not make him/her feel any more or less appreciative of me.

48. S/he will be openly him/herself in our relationship.

49. I will seem to irritate or bother him/her.

50. S/he will not realize how sensitive I am about some of the things we discuss.

51. Whether the ideas and feelings I express are "good" or "bad" will make no difference in his/her feeling toward me.

52. There will be times when I feel that his/her outward response to me will be quite different from the way s/he feels underneath.

53. At times s/he will feel contempt for me.

54. S/he will understand me.

55. Sometimes I will be more worthwhile in his/her eyes than I will be at other times.

56. I will not feel that s/he tries to hide anything from him/herself that s/he feels with me.

57. S/he will be truly interested in me.

58. His/her response to me will be usually so fixed and automatic that I will not really get through to him/her.

59. I don't think that anything I say or do will really change the way s/he feels toward me.

60. What s/he says to me will often give a wrong impression of his/her full thought or feeling at that time.

61. S/he will feel deep affection for me.

62. When I am hurt or upset, s/he will recognize just how I feel without getting upset him/herself.

63. What other people think of me will effect the way s/he feels toward me.

64. I believe that s/he will have feelings s/he does not tell me about that will causing difficulty in our relationship.
65. Who do you think is the greatest man who ever lived?___________________.

66. Who do you think is the greatest woman who ever lived?___________________.

(Post-Treatment Version)
RELATIONSHIP INVENTORY

NAME __________________________________________

DATE __________________________

Mark each statement in the left margin, according to how strongly you feel that it was true, or not true in the viewed relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3 to stand for the following answers:

+3 = Yes, I strongly feel that it is true.
+2 = Yes, I feel it is true.
+1 = Yes, I feel that it is probably true, or more true than untrue.
-1 = No, I feel that is probably untrue, or more untrue than true.
-2 = No, I feel it is not true.
-3 = No, I strongly feel that it is not true.

1. S/he respects me as a person.
2. S/he wants to understand how I see things.
3. His/her interest in me depends on the things I say or do.
4. S/he is comfortable and at ease in our relationship.
5. S/he feels a true liking for me.
6. S/he may understand my words but s/he does not see the way I feel.
7. Whether I am feeling happy or unhappy with myself makes no real difference to the way s/he feels about me.
8. I feel that s/he puts on a role or front with me.
9. S/he is impatient with me.
10. S/he nearly always knows exactly what I mean.
11. Depending on my behavior, s/he has a better opinion of me sometimes than s/he has at other times.
12. I feel that s/he is real and genuine with me.
13. I feel appreciated by him/her.
14. S/he looks at what I do from his/her own point of view.
15. His/her feeling toward me doesn't depend on how I feel toward him/her.
16. It makes him/her uneasy when I ask or talk about certain things.
17. S/he is indifferent to me.
18. S/he usually senses or realizes what I am feeling.
19. S/he wants me to be a particular kind of person.
20. I nearly always feel that what s/he says expresses exactly what s/he is feeling and thinking as s/he says it.
21. S/he finds me rather dull and uninteresting.
22. His/her own attitudes toward some of the things I do or say prevent him/her from understanding me.
23. I can (or could) be openly critical or appreciative of him/her without really making him/her feel any differently about me.
24. S/he wants me to think that s/he likes me or understands me more than s/he really does.
25. S/he cares for me.
26. Sometimes s/he thinks that I feel a certain way, because that's the way s/he feels.
27. S/he likes certain things about me, and there are other things s/he does not like.
28. S/he does not avoid anything that is important for our relationship.
29. I feel that s/he disapproves of me.
30. S/he realizes what I mean even when I have difficulty in saying it.
31. His/her attitude toward me stays the same: s/he is not pleased with me sometimes and critical or disappointed at other times.
32. Sometimes s/he is not at all comfortable but we go on; outwardly ignoring it.
33. S/he just tolerates me.
34. S/he usually understands the whole of what I mean.
35. If I show that I am angry with him/her s/he becomes hurt or angry.
36. S/he expresses his/her true impressions and feeling with me.
37. S/he is friendly and warm with me.
38. S/he just takes no notice of some things that I think or feel.
39. How much s/he likes or dislikes me is not altered by anything that I tell him/her about myself.
40. At times s/he just doesn't know or realize until later, what his/her feelings are with me.
41. I feel that s/he really values me.
42. S/he appreciates exactly how the things I experience feel to me.
43. S/he approves of some things I do, and plainly disapproves of others.
44. S/he is willing to express whatever is actually on his/her mind with me, including any feelings about him/herself or about me.
45. S/he doesn't like me for myself.
46. At times s/he thinks that I feel a lot more strongly about a particular thing than I really do.
47. Whether I am in good spirits or feeling upset does not make him/her feel any more or less appreciative of me.
48. S/he is openly him/herself in our relationship.
49. I seem to irritate or bother him/her.
50. S/he does not realize how sensitive I am about some of the things we discuss.
51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference in his/her feeling toward me.

52. There are times when I feel that his/her outward response to me is quite different from the way s/he feels underneath.

53. At times s/he feels contempt for me.

54. S/he understands me.

55. Sometimes I am more worthwhile in his/her eyes than I am at other times.

56. I have not felt that s/he tries to hide anything from him/herself than s/he feels with me.

57. S/he is truly interested in me.

58. His/her response to me is usually so fixed and automatic that I don't really get through to him/her.

59. I don't think that anything I say or do really changes the way s/he feels toward me.

60. What s/he says to me often gives a wrong impression of his/her full thought or feeling at that time.

61. S/he feels deep affection for me.

62. When I am hurt or upset, s/he can recognize just how I feel without getting upset him/herself.

63. What other people think of me does (or would, if s/he knew) effect the way s/he feels toward me.

64. I believe that s/he has feelings s/he does not tell me about that are causing difficulty in our relationship.

65. Who do you think is the greatest man who ever lived?

66. Who do you think is the greatest woman who ever lived?
Appendix D

VIDEOTAPE RATING FORM

This is a questionnaire to obtain feedback about the videotape you have just seen. Please indicate how strongly this videotape depicts the various aspects of the counseling process and effective client behaviors. Thank you very much for your time and helpfulness.

+3 = Feel that it was very strongly depicted
+2 = Feel that it was depicted although not strongly
+1 = Feel that it was mildly depicted
0 = Feel that it was not depicted at all

Judges Ratings

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1. Client communicated that she was willing to stay in counseling even though it might be painful or unpleasant at times.
2. Client openly expressed emotions regarding herself and her problem.
3. Client contributed as much as she could in terms of expressing her feelings and discussing them.
4. Client appeared to feel safe enough with the counselor to really say how she felt.
5. Client appeared to take responsibility for making her own decisions.
6. Client talked about her present concerns.
7. Client asked the counselor to explain what he meant when she didn't understand what was said.
8. Client appeared to understand the purpose of what happens in the interview.
9. Client communicated that one goes to counseling only for serious problems.
10. Client appeared to expect that all she needed to do was answer the counselor's questions.

11. Client seemed to expect that she would never need counseling again.

12. Client seemed to expect that the counselor would simply give her information.

13. Client appeared willing to identify situations where she has problems.

14. Client seemed to be willing to practice some of the things she needed to learn within the confines of the counseling relationship.

15. Client appeared comfortable with using the counseling relationship to help herself and the counselor to identify problems on which she needed to work.

16. Client appeared to be willing to stay in counseling for at least a few weeks, even if at first she wasn't sure it would help.

17. Client seemed willing to work on her concerns outside the counseling interviews.

18. Client seemed to expect that she would become better able to help herself in the future.

19. Client seemed to expect the counselor to do most of the talking.

20. Client seemed to expect she would be able to improve her relationships with others.

21. Client appeared to expect the counselor to tell her what to do.

22. Client appeared to want the counselor to help her discover what particular aspects of her behavior were relevant to her problems.

23. Client expected the counselor to be able to determine what was the matter with her.
24. Client expected the counselor to help her solve her problems.
25. Client appeared to expect to get a better understanding of herself and others.
Appendix E

EFFECTIVE CLIENT BEHAVIORS
AND MODELING SCENARIOS

Effective Client Behaviors

1. Communicate a willingness to stay in counseling even though painful or unpleasant.
2. Openly express emotions.
3. Contribute as much as possible in terms of feelings and discussing them.
4. Take responsibility for making own decisions.
5. Talk about present concerns.
6. Willing to identify situations where s/he had problems.
7. Willing to practice new behavior within the confines of the counseling relationship.
8. Willing to stay in counseling for a few weeks.
9. Willing to work outside of the session.
10. Expect to become better able to help her/himself in future through counseling.
11. Expect to improve relationships with others through counseling.
12. Help discover particular aspects of behavior relevant to problems.
13. Expect to get better understanding of self and others.

Modeling Scenario (Female)

This scenario is to portray a young lady who is involved in a relationship with a young man who says that he cares a great deal about her but he seems to spend more time with his male friends. When she comes up with ideas about
things that they can do together, he makes excuses about why he can't go. Later, when she is in class she overhears some of his friends talking about the great time they had on the night that she had suggested that they go out. When she confronts him about the fact that he goes out with his friends but not with her, he gets very defensive and accuses her of denying him the opportunity to have some time with his friends. During this interchange she eventually feels guilty, and ends up apologizing for hindering his friendships. After some time passes, and she has thought about it a little, she feels hurt and furious that she has been manipulated into feeling guilty for something that she feels she deserves. She feels this way because she has a commitment from him that he and she would go out on a steady basis. She also feels she is more important than his friends, and if he really cared about her he would spend more time with her.

Another aspect of this situation is when this young lady goes out with her friends and her boyfriend finds out, he becomes furious. He accuses her of not being out with her friends at all, but going out with another guy. Often he calls her room even when he's out with his friends to check up on her to see if she is where she has said she would be. He also stops by her room expecting her to drop everything to go out and do something with him. At times, she has had very important homework to do, and has explained to him that she needs to do it first. When this happens, he
usually sulks and goes away mad, and doesn't talk to her for a few days.

Remember this portrayal should include as many of the effective client behaviors listed on the first page as possible.
Appendix F

_Videotape Introduction_

In recent years more and more students experience emotional and psychological problems and have been seeking help from professional counselors. We are interested in learning more about counseling and the reactions of people to this type of treatment. Therefore, we are asking you to review a videotape of a counseling session and later ask for your reactions to it. As you listen to the videotape we would like you to put yourself in the place of the client and imagine how you, as the client, would react to this session. This client is seeking help after finding that she was having a difficult time knowing what to do in her particular situation. Thank you for your attention and cooperation in this project.
Appendix G

Transcript of Symbolic Modeling Videotape

Co: Lynn, have you been to the counseling service before?

Cl: No, this is my first time.

Co: Okay. Let me tell you a little bit about how we operate so that you can kind of know. Basically, we see students that are enrolled at the university here and their spouses and families. We address a wide range of concerns from personal, to study skills, academic concerns, career exploration, and these kind of things. Basically we do what we call short term counseling here -- and if someone is needing more long term kind of services we'll refer you to another agency and we'll help you with that process.

Cl: Okay.

Co: All information stays confidential within this agency.

Cl: Good.

Co: And the only time we break confidentiality is if we feel there's a threat to life in some way, or if a student signs a release form that allows us to talk to someone else.

Cl: Okay.

Co: We do have emergency services and I usually like to tell students about this in the case that you might ever need them or a friend and you know what the resources are that are available to you. We have what we call intake service where a student can walk in and see a counselor within 15 minutes to a half an hour without an appointment and those are usually real short sessions.

Cl: Uh hmmm.

Co: Then we have services through the student health service where a student can walk in there and through their emergency service we can be contacted, or through Mary Greeley Hospital -- their emergency room. And we can be contacted through that agency also -- they'll contact us. And those are for hours when we're not
open.

Cl: Okay.

Co: Okay?

Cl: Okay, for emergencies. Okay.

Co: So, I like to let students know about that.

Cl: Yeah . . . I . . . About how long does counseling normally take? With just, you know, my problem's not real great -- but about how long do you expect that we'd have to meet together?

Co: Well, that's something that you and I will kind of negotiate.

Cl: Okay.

Co: Why don't you start by telling me something about what you're here for, we can decide on, oh, oftentimes it's three or four sessions.

Cl: Oh, okay.

Co: That's a general . . . at the end of those we'll see if you want to come in for something else to continue or . . . if that's enough. And sometimes it doesn't take that long. It just depends, so we'll negotiate that as we go along.

Cl: Okay . . . sounds good.

Co: Well, alright . . . Why don't you tell me a little bit about yourself and what brings you in today.

Cl: Okay. I'm a sophomore in college here, and my girlfriends kind of suggested that I come because they've been helping me and we're really kind of unsure about what to do -- I'm unsure about what to do. I've been dating this guy, oh, for about a year now and it just seems that lately things are not going so well between us, and I'm frustrated because I talk to my friends and I just don't know what to do. And they said I should just come here and talk to somebody and I said, "Well, I'm not sick." And they said, "Well, but you know, this is the kind of place where you can come and talk to someone." So, that kind of why I'm here.

Co: Okay . . . okay. First of all, I want to catch you back on . . . that you're not sick. That's right -- most of the people that we see here are, are healthy people just trying to make . . .
Cl: Oh.

Co: In fact most of the people we see here are real healthy individuals that are trying to make some decisions about things, and they're just needing somebody who can give some objective options for them.

Cl: Okay... That makes me feel better.

Co: Or, you might decide that what you've already decided is the right thing but you just needed somebody to kind of...

Cl: Yeah... Okay. Someone else to talk to is really what I needed -- somebody to help me get a different perspective, I suppose, on it.

Co: Okay, why don't you tell about the situation.

Cl: Okay. Like I said, we've been dating for about a year, and it seems that, oh gosh, within the last... four months or so he's decided to not spend as much time with me. Initially when we started dating we spend a lot of time together. And it was a real mutual relationship where we could call each other up; where I could call him or he could call me up and we could get together and we could go places. We just spent a lot of time together but we were still able to spend time with our friends.

Co: Uh hmmm.

Cl: But, lately, it's become more the other way that he's spending most of his time with his friends and not very much time with me. And I don't know how to handle it; it's just kind of making me angry, at this point.

Co: Okay. So you're not real satisfied with the amount of time that you're spending...

Cl: No, I'm really not. It's not what we started out with -- it's not how the friendship began or how the relationship began, and I just, yeah, I'm not satisfied at all.

Co: Okay. Have you expressed this to him?

Cl: Oh, when I do, he just flies off at me, you know. There have been times when, well, for example -- well, one of the biggest up -- well, probably the only big uproar that we had was a week or so ago. And I called him up and asked him if he wanted to go out and he said, 'No, he had to stay home and study.' And so I thought, fine, that's no problem. And then the next
day, I was with some of my friends and they were
talking about this big party that was on campus and
that he went too -- that he was there. And so I
approached him about it, and I was angry -- I'll admit
I did not handle my emotions real well. I was really
angry and he just came back at me and said, "You don't
want me to have my friends; you want to rule my life;
you want to deprive me of all my friends." And this
and that. And what could I say? You know . . . so
lashing out wasn't really a good option for me, I
guess.

Co: It seems like you both have different perceptions on
what you'd like the relationship to be at this point.

Cl: I suppose -- but it didn't used to be that way. So it
seemed like before we were both coming from the same
place -- and what confuses me is just the way he talks
to me when we're in our alone times, in our romantic
times he'll say things like he wants to stay with me,
he loves me, he cares for me. And really romantic
things but they're not matched with actions. You know,
it's not -- his heart's just not in it. When we're out . . . when we . . . when it comes to going out, his
friends seem to be more important now.

Co: Okay. What is it that you would like in a
relationship?

Cl: Oh . . . I would like . . . I would like to have
someone that could be my best friend, that I can spend
time with and talk to and share my hurts and my joys
and the things that happen to me . . . . But I
understand that there needs to be some freedom in that
relationship and I'm willing to give that -- because I
myself would like some freedom to do things with my
friends. I guess to maintain kind of your
independence, but not . . . . Just to communicate
about things . . . .

Co: Do you feel like you're getting that now?

Cl: No . . . no, I really don't. I feel like we're in
different worlds when it comes to talking about this.
I really do.

Co: How do you think you might be able to get it -- to get
what you want?

Cl: Well, the two ways that I've tried haven't gotten me
very far and what I've normally done in the past is to
be kind of passive and let him kind of run things. I
figured that's what it would take to keep him -- to
hang on to him. But the last explosion, handling it
with anger didn't work very well. I guess I just don't know what I could do . . . I could try talking to him. I haven't done that without being angry or without giving in so easy . . . But that really scares me.

Co: What's scary about it?

Cl: Oh, all he could say, or what he might do . . .

Co: What's the worst that could happen?

Cl: Oh gosh, he could say, "Forget you, you know, you're just, you're pushing too hard and I don't need that. So long." And I don't want that.

Co: You don't want it, but would you survive if that happened?

Cl: Well, I guess I'll survive, people do all the time. Ugh . . . yeah, I would.

Co: And that's the absolute worst?

Cl: Yeah.

Co: But what else do you think could possibly happen?

Cl: Oh, the very best that could happen would be he could say, "I'm so insensitive and I'm so sorry. I'm so sorry I've hurt you and let's talk about this." And then be able to talk without being angry and defensive. That would be the best and that's the ideal. And I don't think that would even happen. I just don't know how I could get it to happen with him. He seems so defensive right now and I don't know what of -- I don't know what he's defending -- if he feels like I just threaten his, I don't know, his independence. I don't know what it could be.

Co: Do you think he wants a relationship as bad as you do?

Cl: (Softly) That's a good question. . . Oh, I really can't say. I really don't know where he is now. . . From what he says, yes; from what he does, no.

Co: The reason I'm asking is, that possibly couple counseling is something that might be helpful for you both . . .

Cl: Yeah.

Co: A way to kind of better communicate.

Cl: I don't think that he would ever agree to anything like
that. I fear that if I were to approach that he really would do the very worst and he would say, "So long, you're pushing it too far. . . ."

Co: That's scary then to present that option to him.

Cl: Kind of, for me, yeah.

Co: Okay. It sounds like a lot of things here -- you're kind of scared to present anything to him.

Cl: I really am. I guess that's just the way I am. I don't operate that way -- I'm not really a passive person. I've just never been that way. With my friends I've always been able to say how I feel and to communicate and to have it be a mutual sort of thing. . . And I'm just really disgusted with myself for letting me remain in a relationship that is like this but I really care for this guy -- and I don't know how to straighten that out between how I feel -- you know, I'm so disappointed in myself -- because I would see the qualities that I possess in someone else and say, "How disgusting -- look at what that guy is doing to her life." But on the other hand, it's all different when you're there . . . (Softly) I can't believe I'm saying all that.

Co: One of the things that I seem to pick up on . . . is that -- it doesn't sound like you have really expressed some of the feelings you have about being angry. You need to sit down and really communicate how you feel about that.

Cl: That's true.

Co: But on the other hand, are you open to what he might say as far as when he doesn't want to spend time with you and be with his friends at times. How do you react when he does that?

Cl: Hmmmm . . . I say some things that I probably shouldn't say -- like "If you'd rather be with them, fine. Go ahead." Then I just go ahead and withdraw. I guess I do kind of get my jabs in a little bit. But if he could only understand that I wouldn't mind that if he could only spend a little more time with me. I wouldn't mind that, if he could just understand that.

Co: How much time are you wanting to spend with him?

Cl: Oh, I haven't really thought about that. I just know that I want more. Oh, three or four nights a week, a weekend, Saturdays. I know that he's got to study . . . I don't know.
Co: Maybe that's something that you two need to negotiate.

Cl: How would we do that? He's so defensive ... How would I do that? Just talk to him. I've just not done that ... I guess I'm just afraid of him ...

Co: Afraid like you said before, that he might break off the relationship?

Cl: Or way something real hurtful or attack me for something -- I don't know.

Co: Are you willing to stay in the relationship the way it is -- versus lose it?

Cl: Hmmm. I don't know ... I don't think so. I don't think I can survive this. I don't think I can handle being second, which is how I feel ... I don't know -- I don't think I could.

Co: Uh hmmm. So maybe you're going to have to take the risk of talking to him about how you feel.

Cl: Cause what have I got to lose -- if I don't want to stay in it. You know, that's true -- on the one hand, if I don't want to stay in it the way it is, it's no different. If I were to talk to him and he says goodbye. I'm no further ahead or behind. Yeah, I could do that.

Co: And if you have a difficult time with that you could present the idea of coming in here together and having someone help you negotiate things.

Cl: Yeah. Just maybe a third person to be able to ... He would be toned down with another person around, that's for sure. He wouldn't be so likely to do his typical things of being fiery. I don't know, yeah.

Co: Why don't you think about those things? Maybe give yourself some time to think about those options. How you're going to talk to him and if you're still having a difficult time with that you could come back next week and we could possibly role play some way you could talk to him or look at some different things. Or if you go ahead and talk to him and you decide to come back in you could make an appointment to come back together. So you've got some things to think about.

Cl: Yeah, I sure do. I really do. My friends were right. This was a good idea, yeah.

Co: Okay? We'll leave it just open and if you want to come back in by yourself next week ...
Cl: Yeah, I think I will . . . I think I'd like to. I think I'd like to just work a little bit more . . . I'd like to understand a little bit about myself and why I fell into the pattern of being so passive. That really bothers me personally, that what quality or trait do I possess that allows me to do that or what's happened to me to be that way? That really bothers me and I'd like to come back and talk a little bit about that.

Co: Okay.

Cl: Another time too. I'm kind of that same way with my dad. I never was strong enough to stand up to him. I'm strong enough to stand up to most anyone else. But, I don't know, maybe it's men now. I've never had this trouble with any other boyfriends, but this one really scares me like it's a beginning of a way I'm going to be . . . So . . .

Co: Okay. Well, why don't we maybe come back next week and maybe talk about that . . . And in the meantime think about what we talked about today. Bring me some feedback about that.

Cl: Maybe I'll have some good news.

Co: All right.

Cl: Okay. Thanks.