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COUNSELING ORIENTATIONS AND PRACTICES OF COUNSELOR TRAINEES

by

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the University of Manitoba in partial fulfillment of the requirements  
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## ABSTRACT

The purpose of this study was to examine the relationship between counseling orientation (philosophy-theory) and practice of counselor trainees.

The Counseling-Orientation Scale (COS) was administered to 36 counselor trainees. The COS yields scores on seven major counseling orientations: client-centered, Gestalt, existential, behavioral, trait-factor, rational-emotive, and Freudian. Twelve of the 36 trainees participated as counselors in a simulated video taped counseling session. Three five-minute segments of each tape were rated by three raters well trained and experienced in the counseling profession. An overall ranking of the three most represented orientations was obtained from each rater for each trainee tape.

Analysis of the COS results for the 36 trainees indicated that they were in greatest agreement with those orientations which have a phenomenological-existential basis (Affective category represented by client-centered, Gestalt, and existential). Furthermore, endorsement of one of the orientations in the category was associated with endorsement of the other two orientations in the category. This pattern was less definitive for the Cognitive category (represented by trait-factor, behavioral, and rational-emotive). An unexpected result was the amount of endorsement for the Freudian orientation. It was more preferred than either trait-factor or behavioral. The COS scores also showed that client-centered and behavioral were the most and least preferred orientations respectively. Very few of the trainees were represented by one specific orientation; the majority (64%) were represented by an

eclectic position which meant that preferences crossed over the Affective and Cognitive categories and Freudian orientation in varied combinations.

On the basis of adequate interrater reliability nine of the twelve tapes were selected. Average rater rankings were correlated with orientation scores to assess the degree of relationship between stated preferences and counseling behaviors. The results revealed that there was no relationship between the two. For only one of the nine trainees was the correlation significant in a positive direction.

Differences between the mean rankings of orientations were assessed by t-tests. These revealed that client-centered was more represented than existential. None of the other differences were significant, indicating that the trainees did not display behaviors of one category of orientations (Cognitive) more than the other (Affective).

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CHAPTER I  
INTRODUCTION\*

It is considered necessary for counselors to examine their views about the nature of man and their assumptions regarding human behavior. A number of writers have attempted to delineate the philosophical questions counselors should explore and to provide a rationale for this exploration. For example, in 1968 Barclay stated that there was a growing concern with the exploration of these philosophical questions and that "considerations of this nature are directly related to three areas of counseling theory and practice: 1) the definition of counseling itself, 2) the goals of counseling, 3) methods and procedures used" (p. 8).

Problem

The purpose of this study is to examine the relationship between philosophical-theoretical orientation and counseling practice. The problem is three-fold: (1) to obtain a means of assessing counselor philosophical and theoretical orientation, (2) to identify which counselor behaviors represent and differentiate the various orientations, and (3) to determine the level of congruence between philosophical-theoretical orientation and counselor behaviors in actual counseling settings.

Justification

Beck (1971) has collected the works of a number of writers who have pointed out the importance of philosophy to counseling theory and practice. Among these writers, Strickland (1969) stands out in his proposal of a philosophy-theory-practice model for counselors to utilize and continuously

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\*Throughout this paper nonsexist language has been used as much as possible.

evaluate. Throughout these writings there seems to be a concern that counselors understand the "why" of counseling as well as the "what".

According to Strickland's view, a counselor's theoretical model and subsequent techniques grow out of basic beliefs and attitudes concerning human nature. The process and goals of counseling are related to views about the nature of reality, what constitutes effective living, and how change is facilitated. For example, it can be expected from this model that a counselor who believes that man's behavior is determined by outside forces will adopt a theory and practice different from one who sees man as a free and self-determining agent.

Strickland's model is cyclic. By the examination of any one of the three elements--philosophy, theory, practice--the other two can be revised and extended. He believes there is a constant movement from one element to the other as new experiences are gained and new information is added. The three operate together and one element is not changed without an evaluation of how this fits with the others.

A number of writers (Ames, 1968; Chenault, 1968; Gelso, 1970; Vordenberg, 1953) have indicated that counselor assumptions and beliefs affect counseling practices and that this connection should be explicit. It is important that each counselor have a clear understanding of how their beliefs effect their counseling. Counselors are expected to consider the philosophical issues so that each counselor can formulate a counseling approach which evolves from a philosophical basis. In this way a counselor ought to know the goals of counseling and then be able to choose the best approach and methods. This presumably results in a counseling approach which is personally relevant and consistent rather than an ad hoc collection of techniques devoid of theoretical and philosophical foundations.

Morris (1961) made a strong case for a philosophy-theory-practice model in education. Theory serves as a guide to practice, although the two check and verify each other. Philosophy is the unification force or master set of ideas which is used when problems and incongruencies arise. This view is consistent with Strickland's model for counseling.

The position taken by Morris (1961) indicates that in education as well as in counseling there is a perceived need for practitioners to have a clear understanding of the reasons and implications of their practice. In counseling theory and research the evidence that such a model is being used is less apparent. What is apparent is that counseling involves a complex interaction of the three aspects delineated by Strickland.

Strickland's model makes a clear distinction between philosophy and theory. Philosophy is defined as "the counselor's frame of reference: his attitudes, values and feelings concerning himself and others" (Strickland, 1969, p. 168). Although Strickland has not used philosophical terminology, the definition includes the questions concerning the nature of reality, truth, and value.

Theory "consists of the behavioral guidelines which emerge from and are consistent with philosophy" (Strickland, 1969, p. 168). This definition is general and therefore does not include an explicit description of the actual components of a theory. Strickland acknowledges this and goes on to discuss the various definitions of a theory. In doing so it becomes apparent that not only are there varying levels of explicitness in defining a theory but also that the distinction between philosophy and theory is less clear than initially proposed.

Strickland himself makes this point. Secondly, the actual counseling orientations vary in the degree to which they follow a formal definition of a theory and in the degree to which philosophical issues are central to the orientation.

Examples to support the confusion that exists can be cited. Among the writers who have systematically reviewed the major approaches, Shertzer and Stone (1974), Cunningham and Peters (1973), Patterson (1973), and Stefflre and Grant (1965) included philosophical questions as one of the components of a theory. For example, Stefflre (1965) listed the components of a theory as:

1. Assumptions regarding the nature of man.
2. Beliefs regarding learning theory and changes in behavior.
3. A commitment to certain goals in counseling.
4. A definition of the role of the counselor.
5. Research evidence supporting the theory. (p. 26)

Some writers have discussed theory as synonymous with the counselor's philosophy. Shoben (1962) pointed out the necessity of theory as a framework from which to work but equally stressed the importance of theory as the indicator of personal beliefs and views. Bergantino (1978) saw no need for formal theory at all. What is required is that counselors know themselves. According to this view, theory as a framework from which to work is viewed as having detrimental effects because it forces the client into a predetermined structure. After years of research in the area, Strupp (1978) came to the conclusion that it is the person of the therapist who is the important ingredient in psychotherapy. Theoretical orientation loses significance as what constitutes

a good therapist is clarified and defined. Good therapists may use different models and techniques but they have a set of commonalities irrespective of the differences.

Upon examination of the actual counseling orientations it is evident that there is a great deal of variation in the extent to which the orientations are based on a formal definition of a theory and the extent to which philosophical questions are central to the approach. The existential approach is predominantly a philosophy rather than a theoretical model. In behavioral counseling the theoretical framework is stressed to a greater extent than the philosophical foundation, whereas in client-centered therapy both elements are stressed in a more balanced manner.

Due to the lack of clear distinctions between philosophy and theory in the field of counseling, for the purposes of this study the two will be considered together.

Practice consists of the counselor's behavior in the actual counseling sessions. Strickland defined practice as "the operational approaches, methods and techniques which achieve the goals of philosophy through the design or guidelines of theory" (1969, p. 168). It is what the counselor does to reach the goals of a particular counseling orientation. Practice should follow from and be consistent with the counselor's philosophy and theory.

While the connection between philosophy-theory and practice seems obvious and logical, in reality it is difficult to specify and differentiate the techniques and counselor behaviors of the various counseling orientations. Each orientation has a particular way of describing what a

counselor does. The actual mechanics of these techniques are, at times, vague due to the unique language of the orientation, thereby making concrete statements about practice difficult. Secondly, the differences which can be identified become less apparent in actual counseling sessions.

Some writers have differentiated orientations by more global characteristics. Lavelle (1979) distinguished counselors by defining whether they used an affective or behavioral interview style. Karasu (1977) delineated three major themes, each consisting of a number of dimensions, to categorize philosophical views and theoretical models: dynamic, behavioral and experiential. Sundland and Barker (1962) found that the most significant continuum upon which to compare therapists was analytic versus experiential. McNair and Lorr (1964) developed Sundland and Barker's work further by hypothesizing and confirming three independent factors for assessing psychotherapeutic techniques: psychoanalytic oriented techniques, impersonal versus personal techniques, and directive techniques.

Carkhuff (1966) suggested that the counseling process be divided into two phases: the inward phase of relationship building and self-exploration and the outward phase of implementing behavioral-type strategies. Ellis (1978) stated that the therapist's personality and personality disturbances lead to the selection of a particular orientation and exert even greater influence on how the orientation is implemented. He further asserted that this is why there is such a variety of practices within orientations. As he pointed out, some rational-emotive therapists are more like existentialists in their practice even though they adhere to the basic tenets of the rational-emotive approach. Both in practice and in describing their orientation, many therapists lean toward an eclectic approach. They will be adherents to a "basic approach" but

within this incorporate other methodologies that may even conflict with their overall model (Ellis, 1978). With the greater acceptance of eclectic models of counseling, the practice of counselors may extend across a variety of philosophical-theoretical models.

As is evident from the foregoing presentation, the actual application of Strickland's model presents a variety of problems. The fact that such problems exist, however, points to the importance of the model as a focus for the exploration of relevant questions and controversies in counseling research.

#### Scope of the Study

The problem, as stated previously, addressed the question: What is the relationship between counselor orientation and counseling behaviors? Strickland's (1969) model serves as the focus for exploring this question. As has been indicated however, the model is difficult to operationalize. This study represents an attempt to investigate the dimensions of Strickland's model. One variation of the model is that philosophy and theory will be considered together as "orientation".

Investigation of the relationship between orientation and practice involved three major steps. The first consisted of obtaining a measure of counselor orientation. The instrument selected was the Counseling-Orientation Scale (COS) developed by Loesch and McDavis (1978). The second step involved devising a method for assessing the counseling practices characteristic of six of the orientations assessed by the COS: client-centered, Gestalt, existential, trait-factor, behavioral, and rational-emotive. The details of this are included in Appendix A, but the final result was a check-list consisting of summary statements of the six orientations. The third step was assessment of counseling sessions using the check-list.

The counseling sessions were video taped interviews with pseudoclients.

The subjects selected for the study were all counselor trainees. Therefore, the study was limited to orientations and practices of trainees. A total of 36 trainees participated in the first step of the study. Twelve participated in the video taped counseling sessions. The video tapes were rated by three experienced counselors using the method developed in step two. In this way the relationship between orientations, as measured by the COS, and counseling practices was investigated. Ancillary to the study were hypotheses addressed to the expected orientation preferences of the total group of trainees.

## CHAPTER II

### REVIEW OF THE LITERATURE

The relationship of both philosophy and theory to practice has been the subject of controversy in counseling and psychotherapeutic research for several decades. Beginning with Fiedler's study (1950a) there has been some question as to whether theoretical orientation makes any difference to counseling practice as well as counseling outcomes. If it is important, certain behaviors, goals, and outcomes should be predictable given a knowledge of the therapist's or counselor's theoretical model. If not, the utility of teaching separate orientations and claiming allegiance to one particular orientation must be questioned and other dimensions sought by which to understand the therapeutic process.

For the purpose of clarity the discussion will separate theory and practice from philosophy and practice. In each of the sections the studies will be presented in chronological order to demonstrate the focus of research in this area over the last several decades.

#### Importance of Theoretical Orientation to Practice

Fiedler (1950a) was interested in ascertaining whether therapists who differed in theoretical orientation also differed in their opinion of what constituted an ideal therapeutic relationship. Eight therapists of different orientations (psychoanalytic, eclectic, nondirective), and with different degrees of training and reputed skills, were asked to sort statements (Q-technique according to most-to-least) representative of an ideal therapeutic relationship. The results revealed that experts from different theoretical orientations were more in agreement with each other than they were with the less trained therapists from the same

theoretical orientation. The statements which were selected as most representative of an ideal therapeutic relationship were characterized by the conditions now commonly known as empathy, respect, freedom of client expression, mutual trust, and unconditional acceptance.

A second portion of this study explored the issue further. Seven different therapists of Adlerian, psychoanalytic, and nondirective orientations and three lay persons sorted statements (Q-technique) as characteristic of an ideal therapeutic relationship. Seventy-five new statements based on three dimensions were used to characterize the relationship: the therapist's ability to communicate with and understand the client, the emotional distance the therapist remained from the client, and the status of the therapist in relation to the client. The results were consistent with those of the first portion of the study. Therapists from different theoretical orientations were in agreement as to what constituted an ideal therapeutic relationship. Furthermore, the experts were in more agreement with each other than with less trained therapists of the same orientation. This held true also for the Adlerian expert who was part of the second portion of the study. The lay persons described the relationship in about the same manner as the therapists, bringing Fiedler to formulate the hypothesis that the therapeutic relationship was representative of effective human relationships in any setting.

The study creates some doubt as to the importance of theoretical orientation in differentiating therapists, and it points to a common set of conditions for a relationship which therapists agree upon as important to the therapeutic process regardless of orientation.

A second study by Fiedler (1950b) used taped interviews of expert and novice therapists from psychoanalytic, nondirective and Adlerian schools. A total of ten sessions were taped and rated by three judges. All the sessions were from early interviews (sixth to seventeenth sessions). The tapes were evaluated by using the 75 statements developed in the first study (1950a). The results showed that expert therapists from different schools more closely approximated the ideal therapeutic relationship than non-experts from the same schools. The experts created relationships more like each other. These investigations led Fiedler to conclude that the nature of the therapeutic relationship was a function of experience or expertness rather than theoretical orientation.

Fiedler's results (1950b), showed that the dimensions upon which the theorists from different schools differed the most were those concerning emotional distance and status. For example, Adlerian therapists were more authoritarian and tutorial than the others. The nondirective therapists were less involved with the client and intervened less. The most important dimension however, was the communication dimension. The ability of the therapist to understand the client was the most definitive characteristic of expert therapists.

Fiedler's work has become a classic in research as evidence of the relative unimportance of theoretical orientation. It is cited frequently throughout the literature without careful attention to some important factors. Fiedler's results were consistent but were based on small samples. In the first study at least, the methodology for determining "expertness" was unclear. In the second (1950b), the experts had national recognition. The number of orientations represented was limited, many other approaches being common in the field. Probably the most important

consideration however, was the dimensions upon which the study was based. The dimensions related to aspects concerning relationship building and establishing rapport; they were not dimensions which related to aspects such as techniques or goals. In other words, what was sampled represented one portion of the therapeutic process.

Fischer, Paveza, Kickertz, Hubbard, and Grayston (1975) obtained results of a similar nature concerning relationship building aspects. They demonstrated that there were no significant differences among practitioners of humanistic, behavioristic and psychodynamic schools in their levels of empathy, warmth, and genuineness.

Another study related to these aspects was conducted by Naftulin, Donnelly, and Wolkon (1975). As pointed out by Naftulin et. al., few if any therapists or schools would exclude empathy, genuineness, and warmth as important therapist characteristics. They sought to find out whether there would be differences in these conditions for therapists from different orientations due to the different degrees of emphasis in the particular orientation on various aspects of the therapeutic process. Four experienced psychiatrists--a gestaltist, psychoanalyst, Kleinian, and Jungian, each interviewed the same client three times. The interviews were recorded and then rated on Carkhuff's and Truax's measures of empathy, genuineness and warmth. The results showed that the levels of these three variables reflected the emphasis of the particular approaches in limited but significant ways. The different schools shared the same behaviors but the emphasis of them varied. This was especially evident for the psychoanalyst and the gestaltist. The emphasis on interpretation led to higher empathy scores for the psychoanalyst as the therapist sought to understand the client. The gestaltist's empathy and warmth scores

were lower than those of the other therapists but his genuineness score was significantly higher than the other three therapists. These results were what would be expected given the particular theoretical orientations and were also consistent with the way the therapists described their own orientation. The results for the Jungian and Kleinian therapist were less clear. As the authors indicated, further research needs to be done in this area. The study was useful however in that it provided further evidence for the existence of a common set of conditions irrespective of theoretical orientation and also indicated that the degree of emphasis varied according to the particular orientation.

Over the years, Hans Strupp conducted a series of studies related to theoretical orientation and therapist practices. In 1955 Strupp conducted three studies. The first of these, (1955a), explored the techniques of Rogerians and psychoanalysts. The reasoning followed was that if theory was important and if technique could be viewed as theory put into action, then these differences should be apparent. If not, the utility of theory to therapy must be questioned. The therapists in this study were interviewed individually. They were asked to give their responses to 27 excerpts of actual client communications during initial sessions. At the end of the interview, the interviewer collected information on the therapist's training, experience, and theoretical orientation. A total of eight Rogerians and seven psychoanalytically-oriented psychologists were studied. Bales' system (1950) of interaction process analysis was used to categorize the responses. This method enabled the systematization of responses into the categories: reassurance, silence, structuring, interpretation, reflection, factual questioning, exploration of feeling, passive rejection, and antagonism. The results showed that the Rogerians

did in fact use a greater number of reflective type responses and tended not to use other responses. Secondly, as might be expected from the theoretical orientation, psychoanalytic therapists used more exploratory responses. Psychoanalysts also tended to use a wider range of techniques than did the Rogerians. Considering the variable of experience, the study indicated that there was a decline in reflective responses and increase in exploratory responses for the Rogerians with increased experience. The same was not true for psychoanalysts. The overall results indicated that there was congruency between stated theoretical orientation and the responses made by therapists from two different orientations. There was also some slight indication that experience led to diversification of technique.

Strupp's second study (1955b) used a similar methodology as the first. The same 27 samples of client communications were used and the responses of the therapists were recorded and analyzed using Bales' system. The therapists included 25 psychiatrists, seven psychologists, and nine psychiatric social workers, all who claimed to be of psychoanalytic or neo-Freudian orientation. They had varied years and types of therapeutic experience. Overall, the results indicated a great deal of similarity in the response profiles of these psychoanalytically-oriented therapists from diverse backgrounds. Affiliation did not seem to make a great deal of difference to the type of responses made. The only one which was significant was the psychiatric social workers' predilection for making responses of a reassuring nature. Experience made a difference only for the psychiatrists. The experienced psychiatrists tended to use more interpretations and a larger number of passive rejections. Inexperienced psychiatrists showed a proclivity for the most popular

technique--exploratory responses. While both the experienced and inexperienced psychiatrists used techniques consistent with their theoretical orientation, the inexperienced tended to stay at the exploratory response level rather than going on to make interpretations. For psychologists there were no significant differences attributable to experience. Psychologists came out as a relatively homogeneous group. Strupp suggested that the lack of difference for psychologists, unlike the psychiatrists, may have been due to the greater differential in experience for psychiatrists versus psychologists. The results coincided with those of the first study. They extended the results of the first by providing some indication of the relationship of affiliation to response patterns and providing further evidence of the tendency for experienced therapists to use a wider variety of techniques than inexperienced therapists.

Using the same therapists as in the previous study, Strupp (1955c) studied the importance of personal analysis to the therapist's verbal behavior. Ancillary evidence of the first study (1955a) had shown that analyzed Rogerians gave fewer silent responses (passive acceptance). Strupp sought to establish whether this variable had an effect independent of experience. The results showed that whether the therapist had undergone personal analysis did affect her/his verbal behavior independent of experience level. This study gave further indication of the number of interacting variables in the therapeutic process.

Continuing with his interest in the area, Strupp's (1957) paper was addressed to devising a technique for analyzing the verbal communication of therapists. Again, as in his previous study (1955a) his hypothesis was that if theory was in fact important, there should be differences in therapist communications along such criteria as: type of

therapeutic activity, depth-directedness, dynamic focus, initiative, therapeutic climate. According to this view, what the therapist "sees" is determined by her/his theoretical frame of reference which leads to certain aspects to focus on and to certain types of goals. Strupp also delineated conditions which are common to all approaches. These included such aspects as the therapist's ability to listen, understand, and communicate this understanding. These conditions were mentioned previously as existing in all orientations irrespective of differences on other dimensions. Strupp then used the system he developed for analyzing the techniques of therapists in a further study (1958).

In this study (1958) Strupp analyzed the techniques of 14 Rogerians and 64 psychoanalysts who were similar in training and experience. They were shown a film of an initial interview. The film was interrupted at 28 different points. At each of these points the therapists wrote their response to the client. The results indicated significant differences between the Rogerians and psychoanalysts in the direction which would be expected given the theoretical formulations of each orientation. For example, consistent with their approach, Rogerians tended not to make plans for treatment or set up goals. Their prognostic estimates were more favorable and their attitudes more positive toward the client than the psychoanalysts.

This last study revealed results which were consistent with Strupp's previous work. In looking at the methodologies of Strupp's studies it is useful to point out that none of them were actual interviews. All therapists' responses were verbal or written in terms of how they thought they would respond. The results gave important indications which would be strengthened by replications using actual interview sessions.

Strupp (1958) made some additional points concerning the importance of the therapist as a person to the therapeutic process. In both client-centered therapy and psychoanalysis the personality of the therapist is viewed as an integral part of the orientation. He pointed to the need for further research into the contribution of the therapist's personality to the treatment process.

In 1978, Strupp reviewed the major issues concerning the importance of theoretical orientation to the process of psychotherapy. He was more strongly convinced than earlier that the "person" of the therapist is far more important than her/his theoretical orientation. Theoretical orientation provides information concerning the therapist's philosophy, values, and view of psychotherapy. He felt, however, that it is more important to look at the personal qualities of the therapist and the therapist's general skills than the techniques used or the theoretical underpinnings of the techniques. As he pointed out, his earlier studies demonstrated that there was a certain congruence between the outer form of a therapist's verbal message and her/his theoretical orientation. He became less interested in this relationship and more interested in the attitude of the therapist toward the client and in the individual differences that exist among therapists within the same school of thought. This attitude, he hypothesized, is the important ingredient, regardless of orientation, experience, or affiliation.

The quality to which Strupp referred is difficult to define but he believes its presence is evident from viewing the therapeutic process. Compassion and empathy were ways he used to describe this attitude, but due to patient resistance this attitude might not be sufficient. The good therapist, as described by Strupp, also possessed a repertoire of

general technical skills. Also, all therapists have as their goal intrapsychic change--change of the person's view of self, view of the world, and her/his place and functioning within the world. This cognitive-emotional change is the aim of all therapy. He reiterated that although there are differences between therapists of different theoretical orientations, the individual differences within orientations are more important to explore. In this sense he agreed with Fielder that good therapists are more alike than different. Part of being a good therapist is native talent, the rest is hard work, experience, and patience. In the end each therapist develops her/his own style and theoretical orientation as such fades into the background.

In the time between Strupp's writings, further research was carried out which explored different variations of the common theme--theory and practice. Wrenn (1960) added another dimension by which to explore the importance of theoretical orientation to the therapeutic process. Wrenn used a sample of 54 counselors from 23 institutions. All the counselors were experienced, having close to ten or more years of experience. Wrenn sought to identify the importance of theoretical orientation by selecting excerpts of actual counseling situations which would maximize theoretical differences. The counselors were asked to write their responses following each of thirteen counseling excerpts. Secondly, they were asked to state and describe their theoretical orientation. These orientations were then categorized under various headings. The final categories consisted of phenomenological (8), analytic (9), eclectic (24), and others (13).

The first significant result was that despite Wrenn's efforts to sample counselors of varying orientations, 44% described themselves as eclectic. The counselors felt it necessary to use more than a label to

describe their orientation, some going into lengthy descriptions of their approach. This tendency for therapists and counselors to view themselves as eclectic was subsequently documented by other investigators (Garfield & Kurtz, 1974; Goldschmid, Stein, Weissman & Sorrells, 1969; Wildman & Wildman, 1967).

Does theoretical orientation make a difference? Wrenn's results showed it does not make any substantial difference. The responses of the counselors were rated by two judges on five dimensions: Bales' interaction process analysis (1950) and Robinson's dimensions of degree of lead, assignment of responsibility, response to content or feeling aspects, and response to the core of the client remark (1950). On the Bales' categories, the only significant difference was on the reflection of feeling dimension. Phenomenological counselors showed a predilection for reflective responses. There were differences of significance between the phenomenological and analytic counselors, and the analytic and eclectic counselors. On the Bales' categories, phenomenological and eclectic counselors differed very little. It seemed that those who called themselves eclectic responded like client-centered counselors. Wrenn called this a pattern of "eclectic leaning toward phenomenological". On Robinson's dimensions, the core of the client's remarks was responded to regardless of orientation or situation. The same was true for responding to the feeling aspects of the client's remarks. Other general tendencies were for counselors to take a low degree of lead and to give the client primary responsibility. The results of this study were consistent with Strupp's (1955a) in showing that the client-centered and phenomenological groups have a tendency toward reflective responses and lack responses in other categories on the Bales' dimensions. Similarly,

the psychoanalytic group distributed their responses over a variety of categories.

The situational variable revealed an effect. Regardless of orientation, counselors responded similarly to situations in which the client made some demand of the counselor and exerted some pressure on the counselor to respond. For example, in one of the situations the client asked the counselor to his home for dinner. Seventy-two per cent of the responses on Bales' dimension were reassurance and structuring responses. In situations of this nature the counselors tended to assume more control over the interview than in the other situations. The overall results indicated greater differences among counselors due to the situation type than due to theoretical orientation.

Wrenn's study pointed to the difficulty experienced in trying to establish the framework from which practitioners operated. The categories used (eclectic, phenomenological, and analytic) also encompassed a number of specific orientations within each of them. The counselors were asked to describe their orientation which made it difficult to categorize the theoretical orientations. A more objective means for assessing theoretical orientation may have been more useful. The study was based on written responses to counseling situations rather than actual counseling interviews. The problem of social desirability made this method less desirable than having actual sessions to evaluate.

Sundland and Barker (1962) attempted to make the assessment of theoretical orientation more objective and systematic. They identified those issues upon which therapists might differ. The result of this was the Therapist Orientation Questionnaire (TOQ) composed of 133 items representing the following subtests: frequency of activity, type of

activity, emotional tenor of the relationship, structure of the relationship, goals of therapy, therapist's security, theory of personal growth, nature of therapeutic gains, topics important to therapy, theory of neurosis, criteria of success, theory of motivation, curative aspect of therapy.

Questionnaire results were received from 139 members of the American Psychological Association. Factor analysis revealed that the most significant continuum upon which to compare therapists was what they termed analytic versus experiential. Analytic referred to the objective, conceptualizing end of the continuum. It emphasized the therapist's training, the planning of the therapy, unconscious processes, and restriction of therapist spontaneity. The experiential end was characterized by de-emphasizing conceptualizing and unconscious processes, and emphasizing the personality of the therapist, an unplanned approach, and therapist spontaneity. The authors presented the major theorists in relation to the continuum. Theorists represented by the analytic pole included: Thorne, Ellis, Sigmund Freud, and Anna Freud. Toward the midpoint were Sullivan, Adler, and Horney. Leaning in the direction of the experiential end of the continuum were Jung, Rank, Perls and Existential Analysts. At the extreme end of the continuum were Whitaker and Rogers.

The respondents in this study were also asked to indicate: the author(s) who shaped their present approach, the orientation representative of their approach, and the number of years of experience as a therapist. The three orientations which accounted for 80% of the sample were: client-centered, Sullivanian, and Freudian. Differences on the TOQ were found between orientations rather than experience. Theoretical orientation differed on nine of the sixteen subtests. As was predicted, the Sullivanians took the midpoint position and the greatest difference was between the Freudians and Rogerians. The only difference attributable to

experience was that the less experienced therapists indicated more agreement with an innate, self-actualizing theory of personal growth.

These results were contrary to those reported by Fiedler (1950a, 1950b). In responding to the TOQ, therapists of the same orientation appeared similar irrespective of experience. There was a tendency however for the experienced therapists to be less extreme in their positions. The differences can be discussed in a number of ways. Sundland and Barker chose issues upon which differences would be expected. Fiedler's study was based primarily on a communication dimension. As cited earlier, there is additional evidence demonstrating that there are conditions which are common to all theoretical orientations. This does not account however for the results obtained by Wrenn (1960) when he sought to accentuate theoretical differences by varied situational types. The studies are difficult to compare without a close analysis of the dimensions of Bales' system (1950) used by Wrenn and the TOQ used by Sundland and Barker. Sundland and Barker's results were based on a much larger sample than the previous studies. It was based however on a self-report questionnaire, not on an actual counseling situation (Fiedler, 1950b) or on responses to counseling excerpts (Wrenn, 1950). The results were consistent with the findings of Strupp (1955a, 1955b, 1958). The similarity within orientations seemed to be coupled with a tendency for inexperienced counselors to be more idealistic and technique specific in their therapeutic approach.

Some evidence relating to the changes of counselors over time was provided by Bost (1970). He studied 252 counselor graduates one year after graduation. The areas he examined revealed that the counselors became more directive in their theoretical preference and saw themselves as more directive than would be condoned by their instructors. Bost's

study provided some evidence that changes occur in orientation preferences and pointed to the need for further studies of a longitudinal nature.

McNair and Lorr (1964) used the work of Sundland and Barker as a beginning point and postulated three independent factors related to assessing psychotherapeutic technique: psychoanalytically oriented techniques (A), impersonal versus personal approaches (I), and directive, active techniques (D). Using the TOQ they constructed their own instrument (AID). The statements were designed to reflect views on how a therapist should conduct an interview. The AID scales were completed by 266 psychotherapists. The results confirmed the three factors as important for assessing psychotherapeutic technique. Also, therapeutic technique as measured by the AID was associated with professional affiliation, sex, and personal psychotherapy but not experience.

A study which supported the importance of theoretical orientation to actual practices was done by Cartwright (1966). Cartwright used a matching procedure to examine the relationship of both different orientations and different levels of experience to therapeutic practices. Matched clients were given counseling by matched therapists. Of two matched female clients, one received counseling from an experienced psychoanalyst and the other from an experienced client-centered therapist. Of two matched male clients, one received counseling from a psychoanalyst with moderate experience and the other from a client-centered therapist with moderate experience. Approximately 40 sessions of each therapist's interaction with each of their clients were taped. The first, every fifth, and the last session were analyzed in three ways: according to the psychoanalytic approach, according to the client-centered approach, and according to the Bales' system (1950) which does not align with any particular theory.

The results showed that inexperienced and experienced therapists from the same orientation were alike in their interactions with the clients. Therapists from different orientations behaved differently even when dealing with very similar clients. The results supported those of Naftulin et al., (1975), Strupp (1955a, 1955b, 1958), and Sundland and Barker (1962). The advantage of this study is that it used actual counseling interviews, rather than written responses or self-report questionnaires. The drawback is the small sample size upon which it was based.

An interesting additional result came from this study. The matched patients responded similarly to the different techniques. Both degree of expression of affect and level of self-observation reached by the clients were independent of the style being practiced by the therapists. This brings the importance of theoretical models into question from a different perspective. If the same results occur regardless of which approach is taken, why teach and promote different theories? This is a further area of study which needs to be explored. The results reported by Cartwright need to be replicated with a larger sample in order to more clearly define the outcomes of the counseling process along a number of client response variables. Cartwright made some suggestions as to the purpose that theory fulfills. He stated that it serves as a guide to young therapists. It keeps the novice focused on one method as opposed to trying a number of different techniques all at once. As stated by Cartwright, "the major function of techniques models may well be to keep the therapist's behavior with patients role-appropriate until it becomes sufficiently well integrated into his response system so that other competing roles he might play with his patient are not activated" (p. 528).

Zimmer and Pepyne (1971) hypothesized that theoretical orientation was a major variable in what occurs in counseling. The film Three Approaches to Psychotherapy by Albert Ellis, Carl Rogers, and Fritz Perls was rated by two experienced counselors on 31 counselor variables which extended across varying theoretical orientations. Factor analysis identified six important dimensions of counselor behavior. The three therapists were shown to differ dramatically in their style, indicating the differences among experienced therapists. The differences were primarily evident on dimensions which indicated the use of rational analysis, eliciting specificity, confronting, passive structuring, and reconstructing. Zimmer and Pepyne argued that their results repudiated earlier evidence on the lack of relationship between orientation and practice; this initiated an immediate response from Fiedler (1971). He pointed out the obvious difficulties in generalizing beyond the Zimmer and Pepyne study. Since the film was produced as a commercial enterprise to demonstrate three therapeutic techniques, it was not surprising that each therapist would present his approach as accurately as possible. Secondly, the film did not represent a typical interview session nor a typical client. Therefore, the statements made by Zimmer and Pepyne were somewhat unjustified considering the particular methodology of the study.

Zimmer and Pepyne's study showed that the three most expert therapist's of each orientation--the ones who created and developed each of the models--demonstrated differences in their orientations. Thus, the film portrayed the sine qua non of each approach. This makes generalization from it difficult. However, it does provide evidence that the orientations which were observed in the interviews can be differentiated on various dimensions and therefore have been shown to be different.

The last study to be cited for this section represents a recent attempt at developing a simple objective means to assess orientation preferences. Loesch and McDavis (1978) constructed the Counselor-Orientation Scale (COS). The COS yields scores on seven major counseling approaches: behavioral, client-centered, existential, Gestalt, Freudian, rational-emotive and trait-factor. The scale is devised such that respondents indicate their level of agreement (four-point scale) with various characteristics of each of the orientations. There are five items on each orientation reflecting five different characteristics for each orientation: nature of man, personality constructs, nature of anxiety, counseling goals, and counseling techniques.

The instrument was field tested on 294 counselor trainees at seven U.S. universities. The overall results for the sample showed that they had the greatest preference for the client-centered orientation and the least preference for the behavioral orientation. The greatest and least variations were on the existential and trait-factor orientations respectively.

The COS has a number of potential uses for both research and practical application. As the authors of the COS pointed out, it provides an objective means of evaluating orientations in which the respondents respond to various characteristics of the orientations, not the categories of the orientations. This helps overcome problems such as faking and social desirability. As well, there is the possibility that respondents who are asked to state or describe their orientation have misperceptions or inaccurate information about the various orientations. The problem with the self-report and descriptive approach was documented by Wrenn (1960). Ryan and Butzow (1973) experienced a similar problem in requesting counselor trainees to describe their philosophical positions. The

trainees had difficulty in describing their beliefs and did not fully understand the differences between the various positions. The COS avoids some of these problems by obtaining levels of agreement with various characteristics which then gives an indication of the aspects of various orientations to which the respondents agree or disagree.

A measurement instrument must be reliable and valid in order to be useful. These aspects of the COS shall be discussed in detail in Chapter 3.

Comparisons of the various studies have been made throughout the review, but this has been difficult due to the many differences in the methodologies and foci of the studies. Research evidence to date has not given a satisfactory answer to the question: What is the importance of theoretical orientation to the therapeutic process? A number of summary statements can be made from the current review of the literature in this area:

1. There seems to be a common set of conditions which therapists agree is important to the therapeutic process irrespective of therapist orientation. These conditions have been shown to be present in actual interview sessions among therapists of different orientations. Further study is needed to determine the emphasis placed on these conditions by therapists ascribing to particular theoretical models.
2. There appear to be differences among experienced and inexperienced therapists in terms of diversification of technique and idealistic notions concerning the therapeutic process. Research of a longitudinal nature is necessary to examine the changes in counselors' views, orientation, and practices over time.
3. A number of other variables interact with theoretical orientation in determining what occurs in therapy: situational variables, personality

characteristics of the therapist, and professional affiliation. These need to be explored further as well, as there is the unanswered question of how much of therapy can be attributed to the counselor's theoretical orientation.

4. A number of dimensions and continua have been identified on which to compare the various theoretical orientations. There appears to be some consensus as to certain global characteristics which extend across a number of specific models and differentiate major themes in the models.

5. Theoretical orientation has been assessed in a number of ways. More research is required in assessing the utility of objective means of assessment in defining the model(s) trainees and practitioners utilize.

6. Theoretical orientation needs to be evaluated against actual counseling behaviors rather than against verbal or written accounts of a speculative nature.

7. Client outcomes must be evaluated against the various orientations to provide more information about the relationship of theoretical orientation to counseling outcomes.

#### Importance of Philosophy to Practice

As indicated in Chapter 1, many writers have given their opinion that a counselor's philosophical assumptions and beliefs are important to what takes place in counseling sessions. Ames (1968), Arbuckle (1958), Chenault (1968), Gelso (1970), and Wrightsman (1964), have all discussed their concerns about this issue. The common thread of their views is the belief that a counselor's personal views be understood in relation to counseling goals, processes, and practices. Arbuckle (1960, 1967), Rousseve (1969), and Bergantino (1978), have emphasized the "counselor

as a person", referring specifically to self-knowledge of values and attitudes. Self-knowledge is viewed as a vital component in the counseling relationship. Beck (1963) traced the major philosophical trends in the history of guidance. The stages in their chronological development include: amorphous, prescriptive, nondirective, phenomenological, and daseinanalyse. Beck viewed daseinanalyse as the evolving philosophy which combines the phenomenological and existential positions.

What does the research indicate? An initial step is to review the research related to developing instruments whereby to assess philosophical positions. Wrightsman (1964) developed a Philosophy of Human Nature Scale (PHN) on the premise that views of human nature relate to how people deal with each other. He stated that many will claim that there is no such thing as "THE human nature", even though they really believe there is and operate from the basis of whatever those beliefs might be. Ames (1968) developed the Ames Philosophical Belief Inventory (APBI) in order to assess the philosophical beliefs of counselors. He constructed it with a similar assumption to Wrightsman's--philosophical positions do make a difference to what the counselor does. The APBI yields scores on five scales: existentialism, idealism, phenomenology, realism, and pragmatism.

The APBI has been used in a number of studies which have sampled the philosophical positions of individuals involved in various occupations. A review of the studies provides some information about the views of both counselors and non-counselors. Brock (1972) analyzed the philosophical beliefs of 100 North Carolina science and non-science teachers. The findings showed that science teachers were more realistic, and less idealistic and existential than non-science teachers. Younger

science teachers were more existential than older science teachers. Callit (1974) showed that among undergraduate students, athletes were more realistic and less existential than non-athletes. Male athletes were lower in existentialism than female athletes. Bellucci (1975) administered the APBI to 52 IOWA school counselors. The results showed that the counselors were highest on the phenomenological position. Bauernfeind (1962) reported the same results for 200 members of the American School Counselor Association. Roseleip (1976) compared the philosophical beliefs of 120 high school counselors and 105 high school administrators in Montana. The counselors rated phenomenology significantly higher than administrators, although both rated it the highest. The next preference of counselors was existentialism followed by pragmatism, realism, and idealism in descending order. The results reported for counselors were consistent with Beck's (1963) assessment of the philosophical trends in guidance. There is some indication that counselors are oriented toward phenomenological and existential philosophical positions and that they differ from individuals in other professional fields.

Hipple (1970) used the APBI to assess the philosophical positions of 26 experienced secondary school counselors. Each counselor also submitted two recordings of typical counseling sessions. These were rated according to the Counselee-Counselor Interaction Analysis Scale (CCIAS). This scale gives ratings on eight categories from three main types of interaction: counselor indirect verbalizations (reflection; clarification), counselor direct verbalizations (reinforcing, information, correcting, initiation), and non-counselor verbalizations (counselee talk, silence). The hypothesis tested was that the frequency of use of various

counseling techniques was related to counselors' philosophical beliefs. The results did not support the hypothesis, indicating that no such relationship existed.

A second study of a similar nature did report a relationship between beliefs and practice. Ryan and Butzow (1973) used the APBI along with individual interviews to assess the philosophical positions of 24 counselor trainees. They wanted to determine the congruency between the APBI and stated beliefs, and between the APBI and counseling practices. The trainees submitted an audiotape of a counseling session which was then rated according to a Philosophical Behavior List which was developed to correspond to the five philosophical positions on the APBI. The results indicated a high agreement between APBI scores and verbalized philosophical positions. The results showed, however, that the trainees had an inadequate understanding of the main philosophical positions. The trainees had difficulty in verbalizing their positions. While they acted consistently within one position, they found it difficult to explain why they acted in those ways. Strickland has stated that, "increased understanding of philosophical, theoretical and methodological orientations also provides greater understanding of counseling relationships" (1969, p. 174). Ryan and Butzow agreed with Strickland and pointed out that greater emphasis needs to be given to this area in counseling training.

Ryan and Butzow also found a nonsignificant difference between the APBI and counseling behavior. The scores for phenomenology and existentialism when combined with counseling behaviors seemed very similar. The APBI scores were clustered in the existentialism category (15 out of 22 subjects). Also, 15 out of 22 practised a phenomenological approach. They agreed with existentialism but in practice used a phenomenological

method. Philosophically, this indicated an attraction to and acceptance of the existential approach. Behaviorally, it indicated difficulty in operationalizing the philosophy. The authors attributed this to the lack of specificity in the existential approach or an inability to differentiate between existentialism and phenomenology.

This study indicated some consistency between philosophical beliefs and practices. The article itself is incomplete in the presentation of results and the results are based on a limited number in each philosophical category. The behaviors listed for the five categories of the Philosophical Behavior List appear to overlap and the details of rater training to clarify the statements was not clearly indicated in the article.

The Ryan and Butzow results (1973) were contrary to those reported by Hipple (1970). While both studies used the same instrument for assessing philosophical beliefs (APBI) and both used actual counseling interviews, they differed in two major ways: the Ryan and Butzow study used counselor trainees while the Hipple study used experienced counselors, and the instruments used in each study to evaluate the tapes differed substantially. This makes any speculation as to the reason for the differing results difficult.

A study by Ruzicka and Naun (1976) used one dimension of the Philosophy of Human Nature Scale (PHN) to assess whether client type or counselor's philosophy determined the response of counselor trainees. The PHN was administered to 34 counseling practicum students. The multiplexity score on the PHN was used to determine the trainees' perceptions of the uniqueness and variability among people. The trainees interviewed clients who were coached to play one of four roles in an initial interview setting. Two of the roles were active--active independent and

active dependent. Two of the roles were passive--passive independent and passive dependent. The counselees' verbal behavior was analyzed according to Amidon's (1965) system of interaction analysis. The results indicated that client type (whether the client used an active or passive role) rather than the trainees' beliefs about the complexity and variability of people influenced the trainees' verbal behavior. Ruzicka and Naun suggested that perhaps the neophyte counselor's espoused philosophy about the nature of man is different from what is operationalized under the stress of an actual counseling interview.

Within some of the major counseling orientations, some assessment has been made on the belief categories associated with each approach. Lira (1967) reported that the belief categories of Dollard and Miller, Ellis, Freud, Rogers, and Williamson, as expressed in their theoretical orientations, have as much similarity as dissimilarity.

From the limited amount of research directly relevant to this topic, it is difficult to make any definitive statements. Many of the summary statements made concerning the relationship of theoretical orientation to practice are equally applicable to this section. A few that relate more specifically to this section include:

1. As is evident from the literature, many writers believe that explicit awareness by the counselor of her/his philosophical beliefs is vital to the counseling process. The argument is that these beliefs and attitudes form the basis from which the counselor operates and therefore should be available at a conscious level of awareness to enable the counselor to examine and evaluate them in relation to the counseling process. These beliefs and attitudes have also been related to the personality of the individual counselor, which many writers view as more important than

the techniques the counselor acquires. The importance of these assumptions to actual counseling practices is not clear however. As with theoretical orientation, it is difficult to sort out the effect of philosophical beliefs from other variables that impinge upon the counseling process.

2. What the client brings to the process in terms of personality and problem type may alter a counselor's approach. Perhaps beliefs about human nature are more specific, relating to beliefs about certain groups of people and types of situations rather than "human nature" as such.

3. As with theoretical orientation, the differences which might exist between the novice and the expert are not clear. It seems that novices are unclear about the main philosophical positions and the rationale for their own behaviors, but that they agree with the phenomenological and existential positions. If these beliefs do in fact determine counselor behaviors there are some clear implications for more emphasis to be given to this area in counseling training. A further area which could be explored is whether the novice has an idealized conception of human nature and the counseling process that is not feasible and/or operationable in practice. This relates to an examination of whether experience results in counselors formulating a clear idea of the "why" of their approach and developing a "what" which is consistent with these basic beliefs.

4. Finally, it would be of interest to further explore the relationship of beliefs to the theoretical model the counselor selects and utilizes, and to examine whether these change with experience and maturity in the counseling field.

## Summary

The review of the literature led to a number of questions which resulted in the research hypotheses. The first of the two major questions asked: What would be the orientation preferences of the counselor trainees? The evidence suggested that, philosophically, counselors prefer the phenomenological and existential positions. Secondly, field test results on the Counselor-Orientation Scale (COS) indicated greatest preference for the client-centered orientation and least preference for the behavioral orientation. Also, the "core conditions" represented by the client-centered orientation have been shown to exist in other orientations.

The prediction as to the most preferred orientations was related to another aspect--the existence of commonalities among particular orientations. The major orientations have been categorized according to a number of dimensions. For example, Shertzer and Stone (1974) grouped client-centered, Gestalt, existential, and psychoanalytic counseling under the affective-oriented approaches, whereas trait-factor, behavioral, and rational-emotive were placed under the cognitive-oriented approaches. Barclay (1968) considered the psychoanalytic orientations as closer to the object-oriented (cognitive) approaches than the subject-oriented (affective) approaches. Karaus (1977) placed psychoanalytic approaches in a separate category. He described three major groupings: dynamic (e.g., Freudian), experiential (e.g., Gestalt, existential, client-centered), and behavioral (e.g., trait-factor, rational-emotive, all forms of behavioral therapy). This gives a few examples of the ways the seven orientations examined in the present study have been grouped.

Two predictions were made in answer to the first question. The first stated that counseling orientation preferences would evidence two major

groupings: a Cognitive group represented by behavioral, trait-factor and rational-emotive orientations, and an Affective group represented by client-centered, Gestalt, and existential orientations. The Freudian group was excluded from the two groupings; it was expected to be low in selection as it was not a major part of the program of studies for the trainees used in the research and secondly did not seem to clearly align with either group. The second prediction was that preference would be shown for the Affective group of orientations over the Cognitive group.

The second major question posed was: What is the relationship of counseling orientation preferences to ratings of actual counseling behaviors? The research on the correspondence of counseling orientation to counseling practices of counselor trainees was not very definitive and often contradictory. There was some evidence that the novice counselor remained closer to her/his theoretical orientation. This was based however on practitioners trained in a particular theoretical orientation. The question becomes more complicated when, as in the present study, the trainees have been exposed to a variety of theoretical orientations, including an eclectic model. Also, there was some indication that the stress of the actual counseling situation might evoke behaviors contrary to stated beliefs. It seems that the orientations included under the Cognitive category might be attractive in terms of their greater immediate "solution" capacity. Two further predictions were made relative to the second question. Contrary to the model as outlined by Strickland (1969), it was predicted that orientation (philosophy and theory) would not correspond to counseling behaviors (practice). There would also be, for the counseling behaviors, higher ratings for the orientations included in the Cognitive category than would be expected from the orientation preferences.

Hypotheses

The four hypotheses tested are listed below.

H<sub>1</sub>: Orientation preferences tend to fall into two major categories:

- (a) Affective, representing client-centered, existential, and Gestalt, or
- (b) Cognitive, representing behavioral, trait-factor, and rational-emotive.

It is expected that the Freudian orientation will not fall clearly into either category.

H<sub>2</sub>: Orientation preferences are greater for the Affective orientations (client-centered counseling, existential therapy, and Gestalt therapy) than for the Cognitive orientations (behavioral counseling, trait-factor counseling, and rational-emotive therapy).

H<sub>3</sub>: Counseling behaviors do not correspond with orientation preferences.

H<sub>4</sub>: Counseling behaviors are more directive, rational, and problem-solving oriented (as represented by the behavioral, trait-factor, and rational-emotive orientations) than the orientation preferences would indicate.

## CHAPTER III

### METHODOLOGY

This chapter presents the method for the collection and analysis of data. The sections describe in detail the sequence of events; the selection of measurement instruments, counselors, clients, and judges; and the process for rating the counseling interviews.

#### Procedure

Following is a description of the sequence of events involved in the collection of information regarding the counseling orientation preferences and counseling behaviors of a group of counselor trainees. This section is an overview of the steps involved; the specific details of each step are discussed in subsequent sections.

#### Administration of the Counseling-Orientation Scale (COS)

To assess counseling orientations, the Counseling-Orientation Scale (COS) was administered to four classes of counselor trainees enrolled in a Counseling program at the University of Manitoba. Permission was obtained from the instructors of the courses to use class time for the administration. A total of 36 trainees were given the COS on two consecutive days toward the end of the first term of the 1979-80 school year. Total time for each administration ranged from 35 to 45 minutes.

A written script was used in order to standardize the sessions as much as possible. Each session began with a personal introduction and an indication of the scope of the study. The study was described briefly but full details were not presented at the time of the administration of the COS. The participants were told that the study involved two steps: response to a biographical sheet plus a 35-item inventory (COS), and

further participation for some of the respondents at a later date. The details of the second step were explained after completion of the first step. The counselor trainees were also informed that their participation in the first part of the study did not commit them to participation in the second portion of the study.

The description of the COS involved a statement about the general purpose of the instrument. The trainees were told that the instrument had been constructed in order to assess the framework from which people operate in viewing the counseling process: what they see as the role of the counselor, what they believe to be true of people, the way they view problems, and the way they believe problems can be resolved. The actual seven orientations which constitute the COS were not mentioned in order to avoid the possibility of respondents attempting to search out representative statements of the particular schools of thought when responding to the instrument.

Instructions were given concerning the completion of the biographical sheet and the inventory. The biographical sheet requested information regarding age, gender, academic training, and previous and/or concurrent counseling experience (see Appendix B, "Background Information" for further details). For the COS inventory, the students were instructed to give their initial reactions to the statements. They were told that there were no "right" or "wrong" answers, the purpose was to obtain personal views and opinions. They were further reminded that participation was voluntary and that the results of those who did participate would be kept confidential.

The materials given to the participants consisted of four pages. Page one requested the biographical information. Page two and three consisted of the 35 COS items. Page four consisted of a sheet entitled "Feedback and Participation" (see Appendix B for further details).

The trainees completed pages one, two, and three. Before completion of page four they were given further information about the second step of the study. They were told that the information obtained from these sessions would determine those individuals requested to participate in the second step of the study. The second part would involve doing a video taped counseling session in which they would counsel a pseudoclient. The tape would require approximately one hour of each participant's time. Each participant in the tapings would be asked to counsel according to personal style. They were informed that the purpose was to study the approaches taken, not to evaluate effectiveness. As an incentive for participation the participants were offered the opportunity of tape supervision by a faculty instructor. They were also told that the tapes would be kept confidential and were given the details of how the tapes would be used in the study. The tapes would be viewed by the researcher and rated by three trained counselors. After all viewing was completed the tapes would be erased.

The trainees then completed page four which allowed them to indicate whether they wanted the COS results and whether they were willing to participate in the second portion of the study. At the end of the session all participants were given a sheet entitled "Participants in the Study" (see Appendix B for further details). This sheet summarized the study, indicated a time line for subsequent events, and outlined the researcher's obligations.

At each step of the administration the participants were given an opportunity to ask questions. The only questions which were asked in the four sessions concerned procedural matters of scheduling times and dates. In one of the classes, comments were made by three of the people on the

difficulty of answering the COS items which requested agreement to statements beginning with phrases such as "The best way".

#### Feedback on the COS

Feedback from the COS was given in two ways. Those who indicated that they wanted their results but did not wish to participate in the second portion of the study were sent their results by mail. Those who participated in the second part were given their results after they had finished their counseling session; the results were discussed individually with each of the participants.

The results as given to the participants are included in Appendix C. The materials included: a description of the COS, the individual participant's responses to the COS items categorized by orientation, a description of how the results were analyzed and how they were to be interpreted, and an individual profile which reported the results in the form of percentile ranks.

#### Video Taped Counseling Interviews

Those who were selected and agreed to participate in the second portion of the study were contacted by phone to determine taping schedules. The taping was done from the end of January through to mid-February.

Four trained acting persons were hired to serve as pseudoclients. They were given instructions concerning the role to be played.

At the time of taping, the trainees were given limited instructions: they were asked to counsel in their usual style, informed that they had between 30 minutes and 60 minutes for the session, and instructed to assume that this was the first of hypothetically further interviews with the client.

After each session the researcher spent time discussing the COS results and the session with the counselor trainee.

### Analysis of the Counseling Interviews

A total of 12 counseling interviews were analyzed by three raters trained and experienced in the counseling field. With the aid of the Rater Check-List (Appendix A, Part III), the raters selected and rank-ordered the three orientations most representative of each counselor trainee's approach.

The results from the ratings of the counseling interviews were compared with those obtained from the COS to determine the relationship of orientation to practice.

### Selection of Measurement Devices

It was necessary to select a measure of counseling orientation and a measure of counseling behaviors or practice. The first section of this presentation will deal with the procedures which led to the selection of the Counseling-Orientation Scale (COS), a measure of orientation preferences. The second section will outline the events which led to the development of a means for assessing counseling behaviors in interview sessions.

### Philosophical and Theoretical Orientation

A number of alternatives for assessing the orientations of counselors were considered. Because it was of interest to explore both the philosophical and theoretical dimensions of the Strickland (1969) model in relation to counseling practices, it seemed worthwhile to use two separate measures: one for philosophy and one for theory. This proved to be unfeasible within the confines of the present study.

The second alternative was to have the counselor trainees state and describe both their philosophical and theoretical orientations. As discussed in the literature review, inherent in this procedure are a number of problems related to varying definitions and meanings, confusion



and uncertainty about the actual positions, and subsequent lack of a systematic means to categorize or describe the orientations. Selection from a list of the orientations presented similar problems unless the descriptions were well detailed. Detailed descriptions do not eliminate the factor of social desirability, however, which is at least reduced by a more objective type of measurement.

The instruments used to assess theoretical orientations in the studies cited in the review of the literature were eliminated for a number of reasons. The various instruments used, e.g., Bales' (1950) system, did not deal with specific theoretical models but instead dealt with general categories of counselor responses. Instruments like the Therapist Orientation Questionnaire (TOQ) were too long and cumbersome for the present purpose.

Two instruments for assessing philosophical orientation were considered: the Ames Philosophical Belief Inventory (APBI) and the Philosophy of Human Nature Scale (PHN). While the APBI showed promise in that it had been used by Ryan and Butzow (1973) to assess counseling behaviors of counselor trainees, the ipsative nature of the scores made normative comparisons unfeasible. The PHN was not adequate for use as it did not readily relate to the theoretical models. Use of the PHN with another instrument measuring theoretical orientation would have been useful.

Description of the Counseling-Orientation Scale (COS). The COS was selected because it suited the design purposes in a number of ways. It provided a simple and objective means for assessing counseling preferences. It contained a philosophical component and provided scores on the theoretical orientations most commonly taught in the counselor educator program used in the study.

Only one previous study involved the COS; it was an unpublished study conducted by Loesch and Sampson. The relationship between the COS and values as measured by both the Survey of Personal Values (SPV) and the Survey of Interpersonal Values (SIV) was examined. The results indicated that neither personal nor interpersonal values were systematically related to the counseling orientation preferences of the counselor trainees studied.

The COS was developed by Loesch and McDavis (1978) as a "simple and objective means of objectively assessing counseling-orientation preferences" (p. 262). The items were developed from a counseling approach comparison grid comparing nine orientations on ten characteristics (Shertzer & Stone, 1974, pp. 242-243). The COS provides scores on seven major counseling orientations: behavioral (BEH), client-centered (CLC), existential (EXI), Gestalt (GES), Freudian (FRE), rational-emotive (RET), and trait-factor (TTF). Each of the seven orientations is represented by items reflecting five characteristics: nature of man, personality constructs, nature of anxiety, counseling goals, and counseling techniques. Every seventh item is representative of the same orientation but the characteristics were assigned randomly within the orientations. The respondents are asked to indicate their level of agreement with each item on a four point scale: strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD); these were weighted 4, 3, 2, and 1, respectively. This allows a summation for a total score on each orientation.

Reliability of the COS. The scale was field tested on 294 students enrolled in counselor education programs at seven southern U.S. universities. Test-retest reliability was established by readministering the instrument to 36 of the students after a two-week interval: BEH=.88, CLC=.86, EXI=.90, FRE=.87, RET=.78, and TTF=.81. All coefficients were significant at the

.001 level. The correlations are adequate; desirable coefficients should fall in the .80's or .90's (Anastasi, 1976).

Validity of the COS. Content validity was established by several procedures. Ten counseling doctoral students were asked to sort the 35 items into the characteristic categories. Ten other counseling doctoral students were asked to sort the items into orientation categories. This process was repeated until a 70% criterion was reached on all of the items. Next, four faculty members of the counselor education program were requested to place the 35 items on a 5x7 grid which represented characteristic-by-orientation. The faculty members were 100% successful in assigning the items appropriately. In addition, the items were based on a well-known and well-accepted authority on counseling orientations (Shertzer & Stone, 1974). The content validity can therefore be considered adequate.

Other forms of validity are less well established for the COS. There may be some question as to the face validity of the COS; a number of the respondents reacted to the way in which the statements were worded; several questioned the utility of the scale. Informal discussion of the study with participants following their video taping sessions also revealed comments of a similar nature. It appeared that there were two issues. One was that the construction of the scale was intended to require commitment of the respondents to a particular orientation. and therefore the items were worded in an "all or none" manner. The second was that the respondents found that total agreement with statements which included "the best way" was difficult. They did not believe there was a "best way" but saw a number of ways whereby to help others.

A further indication of the problem with the scale was that five of the thirty-six respondents omitted answers. Three of the five left out one

response each and the other two left out three responses each. Averaging of the other responses for the particular orientation was done to obtain a score for omitted items. Also, two of the 36 respondents used .5's for their level of agreement; one once and the other seven times. It is speculative as to whether this is attributable to the acceptance and use of eclectic models.

An informal procedure which lends some credence to the scale should also be mentioned. Following the video taped counseling sessions and presentation of the COS results to the participants, opinions were solicited concerning the accuracy of the COS in ascertaining theoretical orientation. The majority of the twelve counselor trainees related that the COS was consistent with their personal view of their model(s). It appears that further investigations need to be done to ascertain the variables effecting the scale's face validity.

Concurrent and predictive validity have not been established for the COS. It is difficult to determine if the test is faulty or whether the respondents do in fact act differently from what they espouse. This is one of the questions of the present study.

Construct validity can be established in a number of ways. The question to be answered is whether the instrument is measuring counseling orientation preferences or measuring something else, e.g., general beliefs of people. Therefore, the instrument should be shown to correlate highly with variables that measure a similar construct and shown not to correlate with measures which assess something very different.

The study cited earlier (Loesch and Sampson, unpublished) showed that the COS does not correlate with two instruments assessing personal and interpersonal values. This means that the COS is measuring something

different than the two values measures examined. In this instance it would not be desirable for the COS to be highly correlated with the two values measures for then it would not be different enough to be useful. However, it would have been desirable to have some moderate correlations for theoretically it would be expected that personal values influence the counselor trainee's orientation preferences.

It would be useful for the COS to be given to individuals not in the counseling field to establish whether it discriminated those in the counseling profession from the general population. This would establish whether it is measuring something unique to counselors or whether these are beliefs held by people in general.

Another way to view the validity of the instrument is to examine the correlations among the seven subscales of the COS. First of all, none of the correlations should approach the square root of the reliabilities of the subscales. From the study (Loesch & McDavis, 1978) none are close; the highest subscale intercorrelation is .43.

Secondly, while the subscales must be different enough to say they are in fact measuring different theoretical models, they should be related to a degree since they all measure counseling preferences. Also, there should be greater similarities among those which are alike in philosophical and theoretical bases. A comparison reveals these patterns (Loesch & McDavis, 1978). All of the subscales correlate with some of the other subscales. That is, there are no subscales which are totally different from the rest. Previously the orientations had been divided into two major categories: the Cognitive oriented approaches represented by behavioral, trait-factor and rational-emotive, and the Affective oriented approaches represented by client-centered, existential, and Gestalt.

Calculating the correlations within the Cognitive group yields a mean correlation of .350. The mean correlation for the Affective group is .387. Between-groups correlation is only .134, indicating that there is a difference between the groups as well as the correlations within the groups that would be expected.

The Freudian approach is the one which crosses both of the former groups. In the literature it is often considered separately but it also bears similarities to both the Cognitive and Affective groups. The tendency of the Freudian orientation to overlap with other orientations is evident in the correlations presented for the subscales on the COS. Correlating the Freudian approach with the Affective group yields a mean correlation of .32, while the correlation with the Cognitive group gives a mean correlation of .30. While other ways of establishing construct validity need to be conducted, it appears that the present evidence shows the appropriate convergent and divergent patterns.

COS field test results. The results obtained by Loesch and McDavis (1978) indicated that the greatest preference was for the client-centered orientation. The least preference was for the behavioral orientation. The same results were reported for the Loesch and Sampson study (unpublished). Most and least variation was shown for the existential and trait-factor orientations respectively. The results were analyzed for differences on the basis of the demographic characteristics: sex, completion of a counseling theories course, completion of a practicum, race, and the interactions of these variables. There were no clear patterns of preferences on the basis of demographic characteristics (Loesch & McDavis, 1978).

The results as reported by Loesch and McDavis (1978) provide the means and standard deviations for the 294 counselor trainees who responded

to the COS. Separate means and standard deviations were reported for the demographic characteristics as well. The present study used these results as a normative population. This action was based on the similarity of the demographic characteristics between the Loesch and McDavis group and the present group, and the inability to collect more COS results for establishing local norms.

Six of the seven orientations measured by the COS were of primary interest. The Freudian orientation is typically not included as a major approach in the regular course of counselor education studies. The necessity to limit the scope of the study made the Freudian orientation the obvious one to exclude. Therefore, for the second part of the study, the respondents who were significantly Freudian on their COS results were eliminated.

COS Summary. The COS appeared to be an instrument which could be useful in gaining more information about the "counselor variable" of the counseling process. The authors of the instrument point out that only its use will establish the actual contributions it can or can not make. The scale presented the opportunity to assess counselor orientations in a manner which took into consideration at least one characteristic of a philosophical nature and several of the components of a theoretical model. These factors combined with adequate reliability and content validity, and the ease and objectivity of administration made it a viable instrument for the present study.

#### Assessment of Counseling Behaviors

In order to test the correspondence between theoretical preferences as measured by the COS and actual counseling behaviors, a method was needed to identify counselor behaviors representative of the six counseling orientations which were being studied: behavioral, client-centered, existential, Gestalt, rational-emotive, and trait-factor.

This process began by posing the question: Can counselor behaviors for each of six major counseling orientations be delineated such that raters can evaluate which theoretical orientation(s) a counselor is using in an interview session? The attempt to answer this question involved a three-step process: a review of the literature on six major counseling orientations resulting in a description of each orientation, evaluation of each orientation along 16 dimensions, and the development of summary statements for each orientation in the form of a rater check-list.

Description of the orientations. The review included a large number of writings, but in particular Dreyfus (1964), Ellis (1967, 1977, 1979), Ellis and Harper (1975), Frankl (1962), Kemp (1971), Krumboltz and Thoresen (1969), May (1959, 1967), Perls (1969a, 1969b), Rogers (1951, 1961), Simkin (1979), Van Kaam (1962, 1967), Williamson (1962, 1975). As well the works of authors who have made systematic reviews of these orientations were considered: Arbuckle (1967, 1974, 1975), Carkhuff and Berenson (1967), Corey (1977), Cunningham and Peters (1973), Patterson (1966, 1973), Shertzer and Stone (1974), Stefflre (1965), Stefflre and Grant (1972). Following this review of the literature a description of each orientation was written. The focus of the description was on key points and major considerations related to counseling goals and techniques. The emphasis was on counselor behaviors and techniques, given adherence to a particular orientation. The review of these six orientations is included in Appendix A.

Evaluation of the orientations. The second step involved evaluating each of the six orientations along 16 dimensions which reflect opposite ends of a continuum. The impetus for the creation of this format and a number of the dimensions were taken from the following writers: Arbuckle (1974),

Barclay (1968), Frey (1972), and Patterson (1966). Although all of the dimensions are not original and many have been referred to throughout the literature, to the writer's knowledge, the six counseling orientations have not been outlined in the particular manner presented here.

While all the dimensions are important to each orientation, the particular emphasis and type of emphasis on the dimensions varies across orientations. There is overlap between the Cognitive orientations and the Affective orientations. In addition, there are similarities among some of the orientations which cross these two major categories. The differences are there but so too are the similarities. The six orientations with the comparison of each according to the sixteen dimensions are presented in Appendix A.

Summary of the orientations. Due to the similarities of the orientations on a number of the dimensions, it was necessary to identify the features which distinguished each orientation from the others. The three raters were given the first two formats of the orientations (step one and step two) and asked to indicate the accuracy of them and any necessary changes. After rater agreement was achieved on these first two formats, five statements were drafted for each orientation which summarized the key features of counselor behaviors--the Rater Check-List.

The raters were provided with the initial draft and asked to independently categorize the thirty statements into one of the six counseling orientations. The categorizations were reported and disagreements were discussed. Each rater provided reasons for his categorizations and the various interpretations of the statements. This permitted clarification of the meaning and definitions of the orientations as well as the language specific to the orientation. The result of the review was the revision

of seven of the thirty statements. Three days later the raters met again and were given a revised form of the Rater Check-List. Each rater categorized the statements independently. The result was 100% agreement among the raters; this was also consistent with the categorization as designated by the researcher.

Thus, the Rater Check-List was used in establishing interrater agreement concerning the counselor behaviors representative of each of the six counseling orientations. The Rater Check-List was also used in analyzing the counseling video tapes. The Rater Check-List in its final form is included in Appendix A (Part III).

#### Selection of Pseudoclients

To make the counseling interviews as close to actual counseling sessions as possible, the role played clients (pseudoclients) were selected on the basis of training and experience in the theatrical field. Due to difficulties in scheduling the video sessions it was necessary to use four role played clients, two males and two females. Three of the pseudoclients, the two females and one male, were Education students enrolled in drama and theatre as a major component of their training program. All three had been involved in theatre productions at the amateur level. The fourth pseudoclient had reached a professional level in his acting which was a supplement to his career as a university professor.

#### Scripts

In order to standardize the counseling sessions as much as possible, the pseudoclients were given scripts of the problem to be presented to the counselor. The scripts were very similar for both the male and female role players. The scripts outlined aspects of the individual's life which should be discussed, feelings which should be expressed, and conflicts

which should be presented. The general script involved a presentation of career and relationship problems which had resulted in a depressed, frustrated, and non-functional state of being. The pseudoclients were asked to include statements related to: blaming self for the problems; inability to see alternatives; past experiences; questions asking the "what" and "why" of it all; "shoulds", "oughts" and "musts" of life; and inability to relate meaningfully to significant others. The pseudoclients were asked to present both the career and relationship problems as disturbing concerns for the client. This was done to allow flexibility in the direction the counselor could take, eliminating any bias toward particular counseling orientations.

#### Training

Each of the role players was given a copy of the script. The script was discussed with the researcher. The pseudoclients were informed of the variety of orientations to counseling, emphasizing the need to follow the script guidelines. The pseudoclients then built a character around the outline they were given.

#### Assignment

Based on the COS results twelve counselors (see section on Selection of Subjects) were selected for the video taping sessions. These were divided into three major categories: Affective (represented by those respondents who significantly represented client-centered, existential or Gestalt, singly or in any combination), Cognitive (represented by respondents who significantly represented trait-factor, rational-emotive, or behavioral, singly or in any combination), and Eclectic (represented by those who crossed the two categories in any type of combination). The numbers in each group were 6, 1, and 5 respectively. Due to the lack of numbers

of counselors it was impossible to systematically test for sex differences. To counteract sex effects as much as possible, male and female pseudoclients were used. An attempt was made to cross-match male and female pseudoclients so that no group systematically received one sex or the other. Thus male and female counselors were balanced so that there were both same-sex and cross-sex combinations. Whether the counselor received the same- or a cross-sex client was randomly determined. Table 1 shows the distribution of counselors and pseudoclients for each of the possible combinations.

#### Selection of Subjects

The subjects selected for the study were 36 counselor trainees at the Pre-Masters and Masters level in an Educational Psychology program at the University of Manitoba. The program offers a Counselling degree to both educators and those individuals without teaching status who have an equivalent level of professional training or experience in a related field in the helping professions, e.g., social work or nursing.

Counselor trainees were selected for several reasons. The trainees provided a natural and available situation to explore the dimensions of interest to the researcher. While it would have been advantageous to sample from a larger population it was not feasible at the time. The COS was administered to other counselors in the field but without success in gaining consent to participate in the second portion of the study. Therefore, the sample was limited to individuals who were at a similar level in their professional development and who were all involved in the same training program.

The literature review cited characteristics which seemed to be more characteristic of inexperienced than experienced counselors and therapists. The focus of the study was on further exploration of the inexperienced counselor's preferred orientation(s) and resulting counseling behaviors.

Table 1  
Distribution of Counselors and Clients by  
Sex and Categories

Categories	Male(Co*)-Male(CI*)	Male(Co)-Female(CI)	Female(Co)-Male(CI)	Female(Co)-Female(CI)
Affective		1	2	3
Cognitive		1		
Eclectic	2	1	2	

\* Co refers to the Counselor.

\* CI refers to the Pseudoclient.

### Counseling Program Description

The counselor training program presents the trainees with a variety of counseling orientations. The six orientations evaluated in the study are commonly presented in courses on counseling theories. As well, the trainees are encouraged to engage in self-exploration and growth and to formulate a personal theory of counseling. Typically, the trainees are also exposed to a specific counseling model in their primary practicum course. This model (Egan, 1975) begins with an emphasis on the core conditions, leads into client self-exploration and self-understanding, and culminates in the facilitation of an action phase characterized by engineering and implementing behavioral strategies. This can be considered an eclectic model in that it covers the basic underpinnings of both the Affective and Cognitive orientations. Students in the program choose from a variety of practicum placements. These placements span a variety of institutions including schools, hospitals, crisis centers, and family centers. These are some of the major influences which trainees would experience, although for each individual there are variations.

### Characteristics of the Trainees

The 36 students represented four graduate classes during the regular 1979-1980 session. Two of the classes were at the advanced (Masters) level. One was a counseling theories course consisting of eight students. The other was a course on current issues in counseling consisting of nine students. The remaining two classes were two sections of the same course, a primary (Pre-Masters) course in counseling theories. The total enrollment for the two sections was 19 students. The students enrolled in the four classes were also involved in practica and/or related field experience. The particular four classes were chosen because they represented the largest concentration of counseling students in existing counseling classes.

The total sample of 36 consisted of 13 (36%) males and 23 (64%) females. The mean age for the trainees was 32 with a range of 23 to 54. The trainees varied in experience and training but all were involved in counseling courses at some level as full-time or part-time students. All of the trainees had counseling experience or were currently involved in a counseling practicum.

#### Selection of Trainees for Video Taping of Counseling Sessions

The subjects for the second portion of the study, the video taped counseling sessions, were selected on the basis of three interacting criteria: willingness to participate, minimal level of counseling related experience and/or training, and the COS results.

Of the 36 initial respondents to the COS, 18 indicated a willingness to participate in the second portion of the study. One person was eliminated due to lack of experience or sufficient course work related to the counseling profession. Five were eliminated because their COS results showed significant agreement with the Freudian orientation (based on two standard errors of measure of difference). Because this particular orientation was not part of the study, these individuals could not be included in the sample.

The COS results for the 36 initial participants are presented in Table 2 as z-scores. The raw scores were converted to standard scores (z-scores) based on the male and female norms provided by Loesch and McDavis (1978). The standard error of measure (SEM) was calculated (using the average of the reliabilities), and two SEM's were used to determine differences of significance between orientations for each individual. For convenience and clarity, the z-scores were changed to percentile ranks in the interpretation of the results to the participants in the study.

For each trainee the asterisked (\*) scores differ from the unmarked scores, but the asterisked do not differ from each other. The results indicate that very few of the trainees were exclusively of one orientation. The results also show those trainees who were significantly Freudian in orientation. The first twelve trainees are those who were selected for participation in the counseling video tape sessions.

The twelve who participated in the second portion of the study included seven females (58%) and five males (42%). The mean age was 32 with a range of 25 to 54. The twelve had a variety of counseling training and experience but all had some contact with the various counseling theories at a course level and all had counseling practice at either the practicum or work-related experience level. These two criteria were considered the minimum for participation in the taped counseling sessions.

Further information of the particular characteristics of the twelve participants are presented in Table 3. The COS was administered at the end of the first term in which the trainees are designated as "Currently Enrolled" on Table 3. The video counseling sessions were done one month into the second term of study in the designated "Currently Enrolled" courses.

#### Rating of the Counseling Interviews

The design of the study required the establishment of a means for evaluating the twelve video counseling tapes as to the orientation(s) each counselor was using. This required the selection of raters to assess the tapes and the establishment of interrater agreement prior to the rating of the actual twelve tapes.

Table 2  
Counseling-Orientation z-scores for Counselor Trainees

Trainees <sup>a</sup>	Counseling Orientations						
	Cognitive			Affective			
	Behav- ioral	Rational- Emotive	Trait- Factor	Client- Centered	Exis- tential	Gestalt	Freudian
1	1.14*	-1.16	-0.75	0.68*	0.94*	0.23	-0.68
2	-1.07*	-0.98*	-1.70	-0.41*	-0.60*	-0.28*	-1.58
3	1.14	-0.04	1.21	2.52*	2.00*	0.23	0.51
4	-1.11*	-2.27	-0.75*	-0.55*	-2.25	-1.65	-3.06
5	-2.23	-1.71	-1.40	0.68*	-0.12	0.86*	-1.27
6	-1.07	0.45*	-1.01	-0.26*	-0.11*	0.82	-2.11
7	0.02	-0.04	-0.75	0.68*	0.94*	-0.40	-1.27
8	-1.11	-2.41	-1.24	0.07*	-0.12*	-0.40*	-0.98
9	-2.49	-1.93	-3.09	0.14	1.36*	0.26	-1.58
10	-1.07	-0.45*	-0.31*	-0.97	-0.11*	-0.82	-1.58
11	0.02	1.07	-1.40	0.68	2.01*	1.49*	-0.68
12	-0.13	3.30*	-1.01	-0.97	-0.11	0.26	-1.58
13	0.02*	-0.60*	-0.09*	-1.77	-0.65*	-2.30	-0.68*
14	-0.40	-0.32	-0.68	-1.16	0.94*	-0.40	-0.68
15	-0.54*	-0.04	-0.75	-0.55*	-0.65	0.23*	-0.08*
16	-0.54	-0.04	-0.09	0.07	0.94*	0.86*	0.51*
17	-1.11	-0.04*	-1.40	-1.16	-0.65*	-1.03	-0.68*
18	1.14*	0.51*	-0.75	1.30*	-0.12	0.23	0.51*
19	0.11	0.45*	0.38*	-2.08	-2.07	-0.28	0.00*
20	-0.60	0.45*	0.38*	-0.97	-0.11	0.81*	0.00
21	0.58	-0.60	-0.09	1.91*	1.47*	1.49*	0.53
22	0.34	0.45*	1.08*	-0.41	0.38*	-0.82	-0.53
23	-1.54	-1.93	-1.70	-0.41*	-1.58	-1.36	-0.53*
24	-0.54*	-0.04*	-1.40	-0.55*	-0.65*	-2.28	-1.27
25	0.58*	-0.60	-1.40	-1.16	-0.12*	-0.40	-0.68
26	-0.13*	-0.50*	-3.78	-0.41*	-1.09	-0.28*	-0.53*
27	-0.54	-1.71	-0.75	0.67*	-0.65	0.86*	-0.23
28	-2.49	-1.93	-2.40	-1.52	-0.87*	-1.90	-2.63
29	-0.48*	-0.50*	-1.01	-0.41*	-0.11*	-0.28*	0.00*
30	0.58	-0.01	1.22	1.91*	2.01*	0.55	2.60*
31	-1.11	-0.60	-0.75	-1.16	-1.19	-1.34	0.51*
32	-0.13*	-0.03*	-1.01	-0.41*	-1.09	-0.82*	-0.53*
33	0.02*	-0.04*	-0.75	0.07*	0.41*	0.23*	-1.27
34	0.02*	-0.04*	-0.09*	-0.55	-0.65	-0.40	0.51*
35	1.14*	0.51*	1.22*	1.30*	0.94*	0.23	-1.27
36	-1.67	-2.27	-0.75	0.07	1.47*	1.49*	-1.27

<sup>a</sup> Trainees 1-12 were selected for the second portion of the study (counseling video tapes).

\* For a particular person these scores differed from the highest score by two standard errors of measure.

Table 3  
Counseling Characteristics of the Twelve Counselor Trainees

Trainees	Theories		Practicum			Experience <sup>c</sup>
	Completed	Currently Enrolled	Completed	Currently Enrolled	Currently Enrolled	
1	500 <sup>a</sup>	500	500	700	700	none
2	Yes	Yes	Yes			1 year
3	Yes	Yes	Yes			4 years
4	Yes	Yes	Yes	Yes		2 years
5	Yes	Yes	Yes		Yes	Periodic counseling over 7 years
6	Yes	Yes	Yes			Current crisis counseling
7	Yes	Yes	Yes		Yes	5 years
8		Yes			Yes	2½ years and current counseling
9		Yes				2 years
10		Yes				1½ years
11		Yes			Yes	1½ years
12		Yes			Yes	none

<sup>a</sup>500 refers to the primary course in the specified area.

<sup>b</sup>700 refers to the advanced course in the specified area.

<sup>c</sup>Experience refers to experience as a practitioner in the field, not related to counseling practica.

### Selection of Raters

A review of the methodologies of the studies cited in the literature revealed the use of two or three raters for evaluating the counseling process. Most of the studies used persons experienced in the field of counseling or psychotherapy. Fiedler's (1950b) study was an exception. He used three raters who were trained in the psychotherapeutic field plus a fourth who was not trained in psychotherapy or any related field. While this procedure can result in stronger statements about the results, Fiedler's reliability coefficients revealed the problems in using such a method. Agreement among the trained raters for the sessions ranged from .28 to .78. Interrater agreement between the trained raters and the untrained rater ranged from .03 to .71. This indicates the complexity involved in using an untrained individual in evaluating a process such as counseling. The level of similarity between the various orientations coupled with the specificity of the terminology makes the training of an individual foreign to the field a difficult as well as questionable approach. Thus, establishing rater agreement among experts in the field was the most valid and accurate method to employ.

Three experienced male counselors were selected to evaluate the video counseling tapes. Two were professors in the Counselor Educator program while the third was a counselor employed in the Student Counselling Services of the university. All three were involved in teaching courses in counseling theories, supervising counseling practicum students, and practising as personal counselors. The fact that all three were male was a result of availability of expertise rather than a systematic procedure. The three raters were well experienced as counselors and very familiar with the particular orientations under study, and therefore well qualified for assessment of the tapes.

### Establishing Interrater Agreement

As described earlier, the raters achieved 100% agreement on the categorization of the 30 statements of the Rater Check-List (see section Assessment of Counseling Behaviors).

The next step involved establishing interrater agreement on a practice video tape of an interview modeled after the actual counseling sessions. The raters used the Rater Check-List as a guide to evaluating the practice tape. Each rater tallied responses representative of a particular orientation and wrote individual comments concerning the selections made. Three separate five-minute segments of the tape were presented, the first segment beginning after the introductory seven minutes of the tape, and all were seven minutes apart.

For each of the three segments the raters indicated the orientations which were most represented by the segment. After each segment the raters discussed their selections indicating reasons for their choices. It was necessary to permit the raters to use three orientations. This was done for several reasons: often the counselor was using more than one orientation; due to the overlap among the various orientations, evidenced also by the COS results, it seemed more appropriate to rank order three orientations to establish whether the individuals were consistent within a given framework. After discussion it was agreed among the raters and the researcher that a rank ordering of three orientations would allow for the overlap among the approaches. For each of the five minute segments the raters selected three orientations and ranked these in order of their applicability. Thus a total of nine ratings was obtained. These were then rated according to the three which most represented the counselor's approach in a rank order fashion.

A second aspect of rating the practice tape was that the raters clarified their reasons for the selections that were made and agreed upon what constituted a counselor response from an orientation. For example, one problem which was discussed was the commonality of many of the features of the client-centered orientation in the other orientations. It was realized that this could lead to a lack of selection of the client-centered orientation as representative of the counselor's style.

The final result of the practice rating was each raters independent evaluation of the counselor's orientation from most to least representative of the orientation. The results were as given in Table 4.

The reliability of the raters on the practice tape can be viewed in two ways. If the ratings are given a rank from 6 for "most" and 4 for "least" of the three selected and an arbitrary order of 3, 2, and 1 for the unused three orientations, a rank-order correlation can be obtained. Spearman's rank order procedure yielded correlations of 1.00, .94, and .94 for raters 1 and 2, 1 and 3, and 2 and 3 respectively when the order of the unused three was common. The correlations were .77, .71, and .71 for the three pairs of raters respectively if one of the orders for the unused three was reversed: 1, 2, and 3 (this reflects a minimum correlation). Thus, the reliabilities lie somewhere between the two figures for each pair of raters. Although this method violates the assumptions of Spearman's rank-order correlation in that the three unselected orientations are not independent, it does give some indication of the interrater reliability.

A second procedure involved calculating the probability of obtaining by chance the particular configuration of ratings given by two raters plus all configurations reflecting closer agreement between the two. The probabilities are .008, .017, and .017 for the configurations of

Table 4  
Rating of the Practice Tape

Rank Order	Rater 1	Rater 2	Rater 3
most	Gestalt	Gestalt	Rational-Emotive
	Rational-Emotive	Rational-Emotive	Gestalt
least	Client-Centered	Client-Centered	Client-Centered

raters 1 and 2, 1 and 3, and 2 and 3 respectively. Therefore, in all cases above-chance agreement occurred.

Interrater agreement was adequately established to enable proceeding to the rating of the actual counseling tapes. Independently and through their discussion of the orientation the raters had arrived at a satisfactory agreement on the interpretation of the counseling orientations.

#### Interrater Reliability on Actual Counseling Tapes

The raters used the same procedure as outlined for the practice tape session in rating the actual 12 counseling video tapes. The same procedure was also used for circulating interrater reliability.

The results of the interrater reliability coefficients are reported in Table 5. For four of the tapes adequate reliabilities were achieved over the three raters---tapes 2, 4, 5, and 10. Since Hypotheses 3 and 4 required adequate interrater reliabilities in order to make statements concerning the relationship of orientation to practice, the correlations among pairs of raters were examined. This revealed that raters 1 and 2 were consistently within an acceptable range of agreement for nine of the twelve tapes; tapes 2, 4, 5, 6, 8, 9, 10, 11, and 12 were within the range of adequate reliabilities. Averages of the First Order and Inverse Order correlations ranged from .72 to .89 for these tapes. Therefore, to increase the number of tapes upon which to base the results, the ratings of rater one and rater two were used to test the correspondence of orientations to counseling behaviors.

In this instance the Spearman's rank-order correlation is based on a very small number of rankings. Therefore, any difference between two raters on the ranking of one orientation could make a large difference in the correlation coefficient. The consistency with which the raters

Table 5

Interrater Reliabilities of Tape Ratings  
(Spearman's Coefficient of Rank Correlation)

Counselor Trainee Tapes	First Order <sup>a</sup>			Inverse Order <sup>b</sup>			Average		
	$R_{12}$ <sup>c</sup>	$R_{13}$	$R_{23}$	$R_{12}$	$R_{13}$	$R_{23}$	$R_{12}$	$R_{13}$	$R_{23}$
1	.71	.09	.26	.49	-.03	.14	.60	.03	.20
2	1.00	.94	.94	.77	.71	.71	.89	.83	.83
3	.14	.14	1.00	.37	.37	.77	.25	.25	.89
4	1.00	.83	.83	.77	.60	.60	.89	.72	.72
5	1.00	.94	.94	.77	.71	.88	.89	.86	.83
6	.94	-0.09	-0.31	.71	.26	.03	.83	.09	-.14
7	.14	-.26	-.03	.49	.20	.09	.03	-.03	.03
8	.94	.37	.60	.71	.14	.37	.83	.26	.49
9	1.00	.60	.60	.77	.37	.37	.89	.49	.49
10	.83	.83	.83	.60	.60	.60	.72	.72	.72
11	.66	.77	.31	.89	.54	-.14	.78	.66	.09
12	.94	.20	.14	.71	.09	.03	.83	.15	.09

<sup>a</sup> The three orientations not selected by the Rater were first ordered 3, 2, and 1 randomly.

<sup>b</sup> The orientations selected for the First Order were reversed to 1, 2, and 3 to reflect the inverse pattern.

<sup>c</sup> The numbers refer to the Raters;  $R_{12}$  refers to Rater 1 with Rater 2.

corresponded can be seen more clearly by the actual rankings for the twelve tapes (see Appendix D).

#### Selection of Tape Segments

The maximum time available for each taped session was one hour. The actual lengths of the resulting twelve tapes ranged from 40 to 60 minutes. In sampling tape segments and selecting the length of the segments a number of factors were considered.

Both previous research and the review of the six counseling orientations indicated that rapport (characterized by the core conditions) is not excluded from any of the orientations. It was expected then that the first few minutes of each tape would be characterized by introductions, general talk, and rapport building. Therefore, the first minutes (seven) of each tape were not evaluated. Secondly, in order to get a more accurate representation of a counselor's overall orientation(s) it was necessary to sample a number of tape segments. Consequently, the attempt was to sample three segments approximating the beginning, middle, and end of each tape.

Determining the length of each segment was a matter of experimentation and consideration of the limitation of the shorter tapes. Fischer et al., (1975) used a ten-minute randomly chosen segment of tape. While this length of tape seemed appropriate, it proved too lengthy to allow for selection of a number of samples. For the reasons indicated above it was more desirable to sample more segments which were shorter in length. Various tape segments and lengths were considered and a seven minute-five minute breakdown was accepted. Each tape was evaluated on three five-minute segments, each of which were preceded by a seven-minute segment which was not viewed. This allowed for an approximate representation of the beginning, middle, and end of each tape and utilized a total of 36 minutes of tape time.

The five-minute segments were tested with the raters at the practice tape rating session. The raters were in agreement that a five-minute segment allowed them to evaluate the counselor's orientation(s) and furthermore prevented rating difficulties which might be encountered by longer segments. The method of tape sampling thus consisted of three samples of five-minute segments, preceded by a seven-minute segment.

#### Rating of the Video Taped Counseling Sessions

The raters were provided with a revised form of the Rater Check-List (Appendix A) which reorganized the statements according to each of the six orientations. The raters used the Rater Check-List as a tally sheet for responses representing the various orientations. Each of the raters tallied the responses indicative of an orientation, as well as writing additional comments concerning the length and quality of the responses in order to assist them in arriving at an overall rating of the tape.

All of the ratings were completed on one day. The taping sessions were designed in the following manner: the first five-minute segment for viewing began seven minutes after the beginning of the tape, the raters viewed the five minutes of the tape, while they tallied their ratings for that segment, the researcher moved seven minutes ahead on the tape. This was repeated until all three five-minute segments were viewed and rated. After the third segment had been rated, the raters made a final rating for the entire three segments. These were reported individually to the researcher in the form of three orientations ranked from most to least. The ratings for the individual five-minute segments were not collected as the objective was to obtain an overall representation of the counselor's approach.

The above format was used for each of the twelve tapes. Additional comments made by the raters were recorded on an audio tape. The results of the rating procedures are presented in Chapter 4.

## CHAPTER IV

### RESULTS

The results are reported in five sections. The first four sections coincide with the four stated hypotheses. The fifth section reports additional results obtained from the Counseling-Orientation Scale (COS) and the raters of the video counseling sessions.

#### Hypothesis One

Hypothesis One stated that orientations, as measured by the COS, would tend to group into two major categories: Affective (AFF) and Cognitive (COG). It was also expected that the Freudian orientation would not be associated to a greater degree with either of the two categories.

Table 6 presents the intercorrelations (product-moment coefficient) among the orientation scores for each of the seven COS subscales: client-centered (CLC), Gestalt (GES), existential (EXI), behavioral (BEH), trait-factor (TTF), rational-emotive (RET), and Freudian (FRE). Each correlation coefficient was subjected to a test of statistical significance at the .005 level to control the probability of a Type I error over the set of tests at .10. As shown in the table, seven of the twenty-one correlations were significant.

For the Affective category (CLC, GES, EXI), all the correlations were significant at the .005 level, indicating a distinct relationship among the three subscales. For the Cognitive category (BEH, TTF, RET), two of the correlations were significant at the .005 level, whereas the correlation between trait-factor and rational-emotive was not significant but was fairly high ( $r = .36$ ).

Table 6  
 Intercorrelations of Counseling-Orientation  
 Scale (COS) Subscales ( $n=36$ )<sup>a,b,c</sup>

Orientation	GES	EXI	BEH	TTF	RET	FRE
CLC	<u>.58*</u>	<u>.63*</u>	.37	.30	-.04	.39
GES	-	<u>.54*</u>	.24	.17	.14	.39
EXI	-	-	.14	.15	.08	.19
BEH	-	-	-	<u>.54*</u>	<u>.55*</u>	.53*
TTF	-	-	-	-	<u>.36</u>	.42*
RET	-	-	-	-	-	.19

<sup>a</sup> Product-moment correlation coefficients ( $r$ ).

<sup>b</sup> Coefficients with a single underlining indicate correlations within the Affective (AFF) category.

<sup>c</sup> Coefficients with a double underlining indicate correlations within the Cognitive (COG) category.

\* Critical value of  $r$  at  $\alpha = .005$  is  $\pm .4182$ .

The correlations between orientations where one of the orientations was taken from each of the two categories were not significant. Of the nine between-category correlations, one approached significance: client-centered and behavioral. The general tendency, however, was for the between-category comparisons to show relatively little relationship. This indicates that the orientations of the trainees tended to fall into the major categories predicted; that is, agreement with one of the orientations in a category was associated with agreement with the other two orientations in that category. This tendency was more pronounced for the Affective group.

The Freudian orientation correlated substantially with orientations from both groups. Four of the six correlations were relatively high, but only two reached significance: Freudian and behavioral, and Freudian and trait-factor. This indicates that the Freudian orientation was associated with orientations from both categories but that the association with the Cognitive category was more pronounced.

The results provide an indication of the degree to which preferences represented by the various orientations are related for this group of counselor trainees. Generally, the results support the hypothesis. The indication is that the orientations were divided into the two major categories: Affective and Cognitive. The exception was that the rational-emotive orientation was not related to the trait-factor orientation. Also the Freudian orientation seems to be more associated with orientations representing the Cognitive category than the Affective category, although some of the correlations were not substantially different.

### Hypothesis Two

Hypothesis One concerns the interrelationship of orientations; Hypothesis Two is concerned with the degree of orientation preference: the trainees' COS scores would be higher for the Affective category (AFF) than for the Cognitive category (COG). That is, there would be greater endorsement of the client-centered, Gestalt, and existential orientations than of the behavioral, trait-factor, and rational-emotive orientations.

The scores on the three orientations within each of the two categories were summed to obtain an overall Affective orientation score and an overall Cognitive orientation score. The Freudian orientation score was treated separately. To answer the question: Is there a difference in level of preference between the Affective and Cognitive categories, a t-test between the mean scores of the two categories was conducted. The results are consistent with the stated hypothesis (see Table 7). The mean of the Affective category is significantly higher than that of the Cognitive category.

Table 7 also presents the differences between means for the Freudian orientation and the other two categories. It was expected that the mean for the Affective and Cognitive categories would be higher. The results show that this was true for the Affective category but not the Cognitive. In fact, for the Cognitive category the mean was significantly lower than for the Freudian orientation.

The Affective and Cognitive categories represent averaging of the means of the respective orientations to obtain an overall average. In order to view the finer distinctions, t-tests were also calculated between means of the individual subscales of the two categories. To control the

Table 7

Correlated t-tests Between Means on Affective and Cognitive  
Categories and Freudian Orientation of the COS

Categories	Means ( $\bar{X}$ )	t-values	
	Standard Deviations ( $s$ )	COG	FRE
AFF $\bar{X}$	15.009	+9.79*	+6.45*
$s$	1.572		
COG $\bar{X}$	11.856	-	-3.51*
$s$	1.547		
FRE $\bar{X}$	12.911	-	-
$s$	1.866		

\*  $.05^{t_{107}} = 1.66$  (one-tailed t-test).

probability of a Type I error at .10 over the set of tests, each t-test was assessed at a significance level of .005. One-tailed t-tests were conducted as there was an expected direction: the orientations represented by the Affective category would be higher than the orientations represented by the Cognitive category. Between-category comparisons indicated that, of the nine tests, all were significant (see Table 8). Therefore, the mean of each orientation within the Affective category was higher than that of each orientation within the Cognitive category.

Within-category differences were tested with two-tailed t-tests as there was no predicted direction. Results for the Affective category reveal that the mean for the client-centered orientation was significantly higher than that for the existential orientation. Taking Hypothesis One into consideration, this means that while they occurred together, there was greater endorsement of client-centered than of existential. Results for the Cognitive category also revealed one significant difference. The rational-emotive orientation was significantly higher than the behavioral orientation. Again, they were correlated but one mean was higher than the other. The expectation would be that there would not be significant differences within the categories. While this was not the case for two of the six t-values, it is important to note that except for client-centered compared with existential, the between-category tests are substantially larger than those for the within-category tests.

The results for the Freudian orientation are also presented (Table 8). Five of the six t-values were significant. The client-centered, existential, and Gestalt orientations were significantly higher than the Freudian orientation, and the behavioral and trait-factor orientation were significantly lower. There was no difference of significance between rational-emotive and Freudian orientations.

Table 8  
 Correlated t-tests Between Means on Subscales  
 (Orientations) of the COS (n=36)<sup>a b</sup>

Subscales	Means ( $\bar{X}$ )		<u>t</u> -values					
	Standard Deviations ( $s$ )	GES	EXI	BEH	TTF	RET	FRE	
CLC	$\bar{X}$	15.528	+1.26	+4.29**	<u>+12.75*</u>	<u>+10.31*</u>	<u>+6.64*</u>	+7.77*
	$s$	1.781						
GES	$\bar{X}$	15.194	-	+2.88	<u>+11.06*</u>	<u>+8.95*</u>	<u>+6.73*</u>	+7.03*
	$s$	1.640						
EXI	$\bar{X}$	14.306	-	-	<u>+7.08*</u>	<u>+5.48*</u>	<u>+4.04*</u>	+3.28*
	$s$	2.122						
BEH	$\bar{X}$	11.222	-	-	-	-2.87	-3.35**	-5.62*
	$s$	1.838						
TTF	$\bar{X}$	12.029	-	-	-	-	-0.77	-2.79*
	$s$	1.656						
RET	$\bar{X}$	12.315	-	-	-	-	-	-1.37
	$s$	2.226						
FRE	$\bar{X}$	12.911	-	-	-	-	-	-
	$s$	1.866						

<sup>a</sup> The underlined t-values represent between-category (AFF and COG) comparisons.

<sup>b</sup> The negative values indicate that the mean of the orientation in the column was lower than the mean of the orientation in the row.

\*  $.005^{t_{35}} = 2.72$  (one-tailed t-test).

\*\*  $.005^{t_{35}} = 3.00$  (two-tailed t-test).

In general, the results supported the stated hypothesis. This group of 36 counselor trainees evidenced the greatest endorsement of statements on the COS which were representative of the Affective orientations. An unexpected result was that although agreement with the Freudian orientation was lesser than for the Affective category, it was greater than with the Cognitive category of orientations.

### Hypothesis Three

The basic question addressed in this study was: What is the relationship between counseling orientation and behaviors? Specifically, the research hypothesis stated that the COS results would not correspond to counseling behaviors as rated by three raters.

Adequate interrater reliability for all three raters was achieved on only four of the twelve trainees (tapes 2, 4, 5, and 10). The average ranking of all three raters was used for these four tapes. On an additional five of the tapes adequate reliability was obtained between two of the raters; these were included in the study to increase the number of tapes from four to nine. The average rankings of the two acceptable raters was used. The relationship between orientations and behaviors was tested by correlating the rater averages with the z-scores of the COS orientations (Spearman's rank-order correlation). As a further test of the relationship the average correlation between mean ratings of the two raters and the COS z-scores for the total nine tapes was obtained.

The results do not evidence any particular pattern of relationship (see Table 9). For only one of the tapes was there a significant relationship at the .05 level--tape 8. For three of the tapes the correlations were negative, indicating an inverse relationship--tapes 2, 11, and 12.

Table 9  
 Rank-Order Correlations Between Average Tape Ratings  
 and  $z$ -scores of the COS

Tape Number (Trainee)	$\text{AvR}_{1,2}^a$ Correlation	$\text{ORAv}^b$ Correlation
2	-.77	-.76
4	.26	.37
5	.54	.70
6	.32	-
8	.93*	-
9	.37	-
10	.20	.10
11	-.84	-
12	-.64	-
Average for 9 tapes	.041 <sup>c</sup>	-

<sup>a</sup> Average rankings of Rater 1 and Rater 2.

<sup>b</sup> Average rankings of Raters 1, 2, and 3.

<sup>c</sup>  $\alpha = .05$  (two-tailed),  $|r| > .269$ .

\*  $\alpha = .05$  (two-tailed),  $|r| > .917$ .

Correlations for the remaining tapes were positive. A number of the correlations were substantially large but probably due to the limited degrees of freedom, did not obtain significance. Thus, the test of the average correlation for the nine tapes is a better indication of relation. It was not significant:  $r = .041$  ( $p > .05$ ). Therefore, there is no systematic relationship over a number of trainees between their counseling orientations and rated behaviors.

#### Hypothesis Four

Hypothesis Four predicted that, overall, the trainees would be rated more frequently in the orientations represented by the Cognitive category than in the orientations represented by the Affective category. Based on the mean ratings of the two reliable raters (assuming equal ranks on the three unselected orientations) for each of the six orientations,  $t$ -tests were calculated for differences between the overall ratings of the Affective and Cognitive categories, and for the differences between the individual scales represented by the categories. There was no difference between the ratings for the Cognitive and Affective categories (see Table 10). This is contrary to the stated hypothesis.

Table 10 also presents the between-category comparisons for the individual orientations. According to the expectation, all nine  $t$ -values should be positive, which would indicate that the behavioral, trait-factor and rational-emotive orientations were ranked higher than the client-centered, existential, and Gestalt orientations. To control the probability of a Type I error at .15 over the set of tests, each  $t$ -test was assessed at the .01 significance level. Five of the nine  $t$ -values were positive, but none was significant at the .01 level. Four tests involving the client-centered orientation with behavioral, trait-factor, and rational-emotive, and

Table 10

Correlated t-tests of Mean Ratings for Categories of Orientations(the Orientations are those of the COS)<sup>a b</sup>

Orientations	Means ( $\bar{X}$ )		<u>t</u> -values				
	Standard Deviations ( $\underline{s}$ )	AFF	RET	TTF	CLC	EXI	GES
COG	$\bar{X}$ 3.704	+0.57 <sup>c</sup>					
	$\underline{s}$ 1.063						
AFF	$\bar{X}$ 3.296	-					
	$\underline{s}$ 1.063						
BEH	$\bar{X}$ 2.778		-2.58	-2.01	<u>-1.70</u>	<u>+0.49</u>	<u>-0.33</u>
	$\underline{s}$ 1.460						
RET	$\bar{X}$ 4.167		-	0.00	<u>-0.28</u>	<u>+2.29</u>	<u>+1.41</u>
	$\underline{s}$ 1.275						
TTF	$\bar{X}$ 4.167		-	-	<u>-0.25</u>	<u>+2.10</u>	<u>+1.05</u>
	$\underline{s}$ 1.750						
CLC	$\bar{X}$ 4.389		-	-	-	+3.72*	+2.74
	$\underline{s}$ 1.474						
EXI	$\bar{X}$ 2.444		-	-	-	-	-1.06
	$\underline{s}$ 1.158						
GES	$\bar{X}$ 3.056		-	-	-	-	-
	$\underline{s}$ 1.550						

<sup>a</sup> The t-values with single underlining indicate between-group comparisons;  $.01^{t8} = 2.82$  (one-tailed).

<sup>b</sup> The negative values indicate that the mean of the orientation in the column was lower than the mean of the orientation in the row.

<sup>c</sup> The critical t-value for COG and AFF must be 1.86 for a one-tailed test at the .05 level.

\*  $.01^{t8} = 3.25$  (two-tailed).

Gestalt with behavioral were negative, but not significant. Thus, the results do not support the hypothesis.

The within-category comparisons were non-significant, except one. The client-centered orientation was significantly selected over the existential orientation.

The conclusion drawn from the present ratings of counselor trainees is that there is no systematic pattern as to the way trainee behaviors are grouped with respect to counseling orientations. The only observation which appears justified is that the client-centered orientation is evident more than is the existential orientation, but not more than any of the Cognitive orientations. According to the means it would seem that the pattern of orientation behavior is client-centered followed by rational-emotive and trait-factor, then Gestalt and behavioral, and lastly existential. One statement which can be made from this is that categorization of the orientations into the two major groupings generally reflects stated preferences but does not reflect what happens within the actual counseling process.

#### Additional Results

The following presents additional observations based on results from the Counseling-Orientation Scale (COS) and from comments made by the raters of the counseling sessions.

COS results. The COS results indicated that most of the 36 counselor trainees were not representative of any one particular orientation. Table 2 in Chapter 3 presented the z-scores of the 36 trainees and indicated those which differed by two standard errors of measure. Only five of the 36 trainees were significantly of one orientation to the exclusion of the other six (three existential, one rational-emotive, and one Freudian).

Considering the categories hypothesized in the present study, the z-scores (see Table 2, Chapter 3) showed that: 1 of the 36 trainees was in the Cognitive category, 11 were in the Affective category, and 1 was significantly Freudian. The remaining 23 were represented by orientations which crossed the Affective, Cognitive, and Freudian groupings. This "eclectic" grouping was the most predominant.

The group of 36 trainees had lower means on all orientations except for existentialism than did the trainees (n=294) in the Loesch and McDavis (1978) study. Raw scores showed that client-centered was the most preferred orientation and behavioral the least preferred orientation; this is the same as reported by Loesch and McDavis. For the trainees of this study, the rational-emotive orientation showed the most variation and the Gestalt orientation showed the least. Loesch and McDavis's results reported existential as the orientation with the most variation and trait-factor as the orientation with the least variation.

Rater comments. The three raters made a number of observations which give an indication of some of the difficulties encountered in identifying trainees' orientations. The most pronounced are reported here.

The first issue which arose was the difficulty of assigning only one orientation to the trainees' behaviors over a five minute period. It became apparent that behaviors representative of a number of orientations could be identified.

A second observation was that there was a problem of knowing what to do with observations of techniques particular to an orientation which were not authentic; that is, the behaviors were simply being administered rather than a natural outgrowth of the therapeutic situation. Therefore,

a trainee could be using the techniques of an orientation but not be using the orientation in an authentic manner.

A third observation was that the quality of counseling was related to the ability to rate the trainees' orientation(s). Although quality of counseling was not a variable under study, it was observed that as the quality of counseling decreased so did the ease of rating the trainees.

A fourth observation was that despite the use of the Rater Check-List as a guide, trainee statements could be categorized into different orientations depending on the framework from which the statement was viewed. It was the case that among three raters, who were experts in the field, different views, each of which could be justified, could be taken toward the same behavior or statement.

## CHAPTER V

### SUMMARY

The study began with the presentation of a philosophy-theory-practice model of counseling as proposed by Strickland (1969). With the examination of varied opinions and research evidence, it became apparent that the Strickland model was one of a number of ways to view the counseling process. This led to several research questions concerning the relationship of orientation (philosophy-theory) to the practice of counselor trainees.

The problem was stated as three-fold: obtaining a means for assessing counseling orientation, identifying behaviors which differentiate the orientations, and assessing the congruence between orientation and counseling behaviors. The four hypotheses were addressed to the expected orientation preferences of the counselor trainees, as measured by the Counseling-Orientation Scale (COS), and the expected relationship between orientation and practice.

The following sections present a discussion of the major considerations in interpreting the results and some of the difficulties which became apparent from the study. Secondly, there is a summary of the conclusions drawn from the present study. The last section outlines various recommendations for further research generated from the results of the study.

#### Discussion

The following is a discussion of points relevant to the results and methodology of the study and indicates some directions for future research. The first issue concerns the COS as a measure of counseling orientation. Chapter 3 reported that the reliability and content validity of the

instrument were adequate and indicated the need for establishing other forms of validity. These will be addressed in order to make explicit the considerations relevant to the present results.

The COS purports to measure counseling orientation preferences by a relatively objective means. The obvious advantage of the instrument is that it requests agreement on characteristics representative of the orientations rather than the orientations themselves. While this reduces the effect of social desirability to a considerable degree, the actual statements do not eliminate this effect. Secondly, the number of items included in the scale does not make it an extensive measure of either philosophy or theory. It serves as an indication of preferences, however, and seems more desirable than requesting respondents to write an orientation description or select preference(s) from a category of orientations.

The face validity of the scale was also addressed in Chapter 3. The observations from the present study were conflicting and unfortunately were not recorded in any systematic manner. Some people questioned the validity of the scale due to the categorical statements, e.g., "the best way", and some omitted items or used .5's in their ratings. However, comments on the COS results were that the results represented the respondents' own views of their orientation(s). It seems that for a number of people there is no "best way" as such. This was evidenced both in the difficulty trainees encountered in completing the scale and the COS results. Therefore, although the validity of the scale is questioned, this problem is difficult to resolve without destroying the intention of the instrument.

The COS requires more generalized norms. Presently, it is based on the responses of three groups of counselor trainees (Loesch & McDavis, 1978; Sampson & Loesch, unpublished; present study). The three groups were similar in their most and least preferred orientations. The problem

is, based on this information, it is not possible to determine whether this represents the orientation preferences of counselor trainees or whether the results represent some beliefs of people in general.

As cited earlier, there is some evidence to show that the COS is not measuring the same thing as measures of personal and interpersonal values. The correlations among the subscales showed that the subscales were grouped in the direction which would be expected. If enough results were collected, factor analysis could be used to identify any underlying dimensions for the subscales. This would provide a clearer understanding of the factors which account for the various similarities and differences among the subscales. Further evidence of construct validity could also be established by correlating the COS with other established instruments for assessing counseling orientation preferences. Also, administration of the COS to counselors who claim and are known to follow a particular model would help establish the predictive validity of the instrument.

The COS has been able to provide some information on the "counselor variable" of the counseling process. Further research on it will provide greater confidence in reported results.

The rating of counseling behaviors is another issue which warrants further discussion. There were a number of difficulties in attempting to objectify these ratings on the basis of identifying specific orientations. The first difficulty was in defining the techniques unique to the particular orientations. The existential orientation, for example, was difficult to evaluate because techniques as such are not fundamental to the existential counseling process. This required that existentialism be identified by the evidence of issues fundamental to the existential philosophy and by a focus on person-to-person encounters between the counselor and client. Also, the orientations overlapped on various

dimensions. Therefore the Rater Check-List was developed to indicate those counselor behaviors which differentiated each orientation from all the other orientations. The raters were able to reach agreement on the statements as representative of each of the orientations.

As indicated earlier, the counselor behaviors were more difficult to determine in the actual counseling sessions. For example, a counselor could be using the technique of confrontation and yet be using it in such a manner which was not representative of either the Gestalt or rational-emotive techniques of confrontation. Thus, some behaviors were difficult to categorize---there were different ways to view the same behavior. As mentioned previously, the authenticity and quality issues were additional problems.

Despite these problems it became apparent that the trainees were exhibiting behaviors representative of a number of orientations, and the adequate reliabilities for two raters over nine tapes indicated that there was some consensus among experts as to what behaviors were evidenced. It is suggested, however, that the method for evaluating behaviors be refined to eliminate some of the current problems. Instead of identifying specific orientations it might be more useful to use a method similar to some of the previous studies which would involve the development of the dimension format (Appendix A, Part II) to identify behaviors along the continua and analyze which aspects are emphasized in the counseling interviews. These could then be compared with the positions of major categories of orientations on the continua. Comparing these results to measured orientation preferences would provide evidence on the congruence between general orientation and practices.

Attempting to assess trainees not trained in a specific orientation and relatively new to the counseling field seems to be a difficult task.

It would be useful to replicate the study with counselors who are experienced in the field to see if their behaviors can be discriminated more easily. Also, if further studies of this nature are conducted, it is recommended that ratings for each segment be recorded to get a better indication of what occurs within the counseling process.

### Conclusions

Combining the results of Hypothesis One and Hypothesis Two a number of statements can be made concerning the orientation preferences of the 36 counselor trainees.

Hypotheses One and Two. First of all, analysis of the raw scores indicated that for the Affective category the trainees both endorsed the statements representing these orientations to the greatest degree, and agreement with one orientation was associated with agreement with the other two orientations in the category. This is consistent with the findings concerning philosophical positions reported by Bauernfeind (1962), Bellucci (1975), Roseleip (1976), and Ryan and Butzow (1973), and the direction Beck (1963) predicted for the guidance and counseling field. That is, the counselor trainees agreed with those statements which have a phenomenological and existential basis.

These findings lend support to the categorization of the orientations under a common theme, e.g., "Affective", which connotes a counseling process which focuses on a subjective, insight-oriented approach in general agreement with the right-hand side of the continua presented in Appendix A (Part II). There are exceptions within this group of orientations but the general philosophical and theoretical underpinnings show consistency.

The results for the category defined as Cognitive are less definitive than those for the Affective category. There was a fairly good indication that the three were associated even though one of the relationships did

not reach significance. The problem is that this relationship was no higher than some of the between-category relationships. Although the categorization used is not uncommon, e.g., Karasu (1977) and Sundland (1977), it does seem to have greater differences. The orientations grouped under this category generally represent a rational, objective, planned, and problem-solving approach which emphasizes the external reality and exerts considerable counselor directedness, as represented by the left-hand side of the continua outlined in Appendix A (Part II). However, the particular categorization comes into question on two counts: the lack of a significant relationship between the trait-factor and rational-emotive orientations (even though the relationship was substantially high it was no higher than that of client-centered and behavioral, for example), and the significant association of the Freudian orientation with the trait-factor and behavioral orientations. Therefore, separation of Cognitive from Freudian may not be the most accurate categorization for the statement of beliefs of the 36 trainees.

An unexpected finding was the influence of statements representing the Freudian orientation. The approach is not emphasized in the counselor training program in either the theoretical or practical sense. Despite this fact, it was significantly related to trait-factor and behavioral orientations and had a fairly high relationship with client-centered and Gestalt. Secondly, statements representing the Freudian orientation were endorsed to a greater degree than behavioral or trait-factor. The speculation is that the Freudian approach is so fundamental to the psychotherapeutic process that some of its basic tenets, e.g., verbalization of source of problems, influence of unconscious processes and past experiences, are tacitly accepted as "truths" without the concomitant practice of

traditional Freudian techniques. An item analysis of the Freudian scale would reveal those statements on which there was the greatest agreement and thereby permit testing of this proposition.

An analysis of the COS scores as standard scores (z-scores) allows a statement about the most preferred orientations for each individual relative to the preferences of other counselor trainees (as reported by Loesch and McDavis, 1978). That is, the standard scores control for the possibility that statements reflecting some of the positions are generally more endorsed and therefore do not necessarily indicate that the individual is, for example, more client-centered than rational-emotive.

Table 2 in Chapter 3 provides information for each individual trainee in terms of most preferred orientations relative to the endorsement of other trainees. The results of the z-scores as reported in Chapter 4 showed that trainees were generally not discriminated on the basis of a particular orientation. For example, 36% of trainees endorsed orientations in the Affective category and 64% endorsed orientations from the major categories of Affective and Cognitive, and Freudian in varied combinations. The trainees of this study obtained scores primarily below the means of those reported by Loesch and McDavis, and observations during the administration of the COS indicated that respondents had difficulties with statements requesting a position of an "all or none" nature. All of this suggests that the counselor trainees of this study were not disposed toward a specific orientation. This is consistent with previous findings which reported a tendency for counselors and therapists to describe themselves as eclectic (Garfield & Kurtz, 1974; Goldschmid et al., 1969; Wildman & Wildman, 1967; Wrenn, 1960), and with the trainees' exposure to diverse theoretical models.

The conclusion which can be made from the present results is that the trainees showed a preference for the statements representative of the Affective category. When taking into account the preferences of the 294 counselor trainees in the Loesch and McDavis study, this group came out predominantly in an "eclectic type" category, although some trainees were distinctly in an Affective category.

Hypotheses Three and Four. Most fundamental to the study was the third hypothesis. Based on a correlation between the COS z-scores and the rankings of the raters on a total of nine counseling tapes, there was no relationship between stated orientation preferences and counseling behaviors.

Due to the small number of cases the observation is based upon, it is difficult to make any generalized statements. Although for one of the trainees the correlation was significant in a positive direction and for a number of others the correlations were positive, the presence of substantial negative correlations confused the issue. Also, the small number of trainees represented by each category: four in the Affective category, one in the Cognitive category, and four in an eclectic grouping makes comparisons over orientation categories impossible. At best, the results, as determined over all nine counseling tapes, indicate that orientation does not coincide with practice; this is consistent with the results comparing philosophy to practice (Hipple, 1970; Ruzicka & Naun, 1976) and theory to practice (Fiedler, 1950a, 1950b; Wrenn, 1960).

The behaviors exhibited by the trainees did not represent one group of orientations more than another. The behaviors spanned the six orientations, with only the client-centered orientation represented more often than the existential orientation.

The results of the attempt to differentiate the six orientations through the development of the "Rater Check-List", and the comments made by the raters, indicate that attempting to identify specific orientations may not be a useful way in which to view the counseling process. Even when the process is analysed by experts in the field, it appears to be a complex interaction which is difficult to objectify according to specific orientations. A second indication is that observation of counseling orientation should perhaps account for such vital aspects as authenticity and counseling quality. Although the indication from the present study is that orientation discrimination is difficult there may be other designs by which a similar assessment could be conducted which refine the methodology or use alternative methods.

Based on the results, the continuum of philosophy-theory-practice as described by Strickland (1969) does not represent the counseling process as evaluated by the present study. Stated preferences are not operationalized in simulated counseling sessions. This leads to a number of unanswered questions as to the reasons for this observation and also as to the most useful dimensions by which to view the counseling process. It may be that the Strickland model is important but that the trainees studied were revealing their lack of congruence between stated preferences and counseling behaviors, or it may be that the model has presented a view of the counseling process which does not account for the basis of counseling behaviors.

There have been various opinions concerning other variables of more importance to what occurs in the counseling process. As cited earlier, Ellis (1978) has stated a position for the relationship of therapist's personality and personality disturbances to counseling practices.

Basically, his position points to the fact that therapists may hold to the basic tenets of an orientation, e.g., RET, but will focus on certain aspects of the orientation and practice it in ways contrary to the main behaviors of the majority of RET therapists, e.g., collect detailed background information, engage in self-disclosure, etc. His view is that therapeutic behaviors are more often a reflection of personality (what the therapist does easily and naturally) and personality disturbances, than they are of the theory to which the therapist was initially attracted.

The basic personality, as well as the personality disturbances, of psychotherapists are not to be taken lightly. Subtly or quite consciously they usually (though not always) are important deciding factors in which general school of therapy the practitioner chooses and--perhaps even more significantly--which specific ways he/she chooses to live with and practice within the framework of this school (Ellis, 1978, p. 332).

Strupp, who spent a number of years demonstrating that there was some congruence between orientation and practice, recently (1978) suggested that the focus of study should be on a more general notion of the therapist's personal qualities and general skills. As discussed previously, he described the specific aspects which should be focused on, rather than orientation. It may be that theoretical orientation is not as important in determining counseling behaviors as other variables which interact with the counseling process, e.g., personality of the therapist and of the client, and situational variables.

Sundland (1977) points out that data is lacking which shows that therapists beliefs are matched to their behaviors. He reiterates that an orientation has no practical importance unless a class of behaviors can

be identified from it. The orientation must be related to a description of the goals of therapy and evidence of client outcomes. Sundland suggests that there are many ways to facilitate more effective modes of living. The question to be answered is which orientations can accomplish various behavior changes. "We need to look at specific behavior changes and assess the effectiveness of producing these changes by therapists of particular TØs [theoretical orientations]" (Sundland, 1977, p. 216). This indicates that the focus should be on defining the orientations in a manner which enables the specification of outcomes given employment of the particular techniques. In this way, therapists of particular orientations could be matched to particular client needs.

Cartwright (1966) found a relationship between orientation and practice but also found that the clients responded similarly irrespective of the therapist's orientation. He suggested that theory serves as a guide to the novice to keep behaviors role-appropriate while gaining experience in the psychotherapeutic profession. The differences between theoretical orientations become less important with increased experience. Therefore, he views theory as important for the novice to clarify, in order to provide a given framework of operation. Beyond this function, it becomes less important for consideration.

Also, there seems to be an emphasis on each counselor developing a personal style of counseling which is relevant and effective, but again there are varied opinions on the process through which this should be done, e.g., the "know thyself" dictum of Bergantino (1978) and Rousseve (1969), and the reconciliation of previously considered incompatible systems as proposed by Carkhuff (1966).

Although the operationalization of the Strickland model was not apparent in the present study, and despite the varied opinions presented, the usefulness of the model for describing a facet of the counseling process is not negated. What has been shown are the complexities of the counseling process and the necessity of incorporating other variables into future studies of the process.

The model as described by Strickland may not represent the status of novice counselors who are involved in a process of constantly reformulating views as they experiment with a variety of counseling approaches and situations. The novice counselor is faced with a plethora of views which are likely clarified in a personally relevant way only through cumulative experience in the counseling profession.

#### Recommendations

There are a number of implications for future research which can be drawn from the findings of the present study. Some of the implications parallel suggestions that have been made previously in the literature and some are more specific to the present study.

Further studies need to be conducted concerning the validity of the COS. This would enable a stronger statement about the COS as a measure of counseling orientation.

Further investigations into the contribution of the Freudian orientation to existing beliefs and practices of counselors is suggested. The Freudian orientation was not a focus of the present study; the results showed that it received a greater endorsement than was expected.

Subsequent studies of this nature need to examine in greater detail the process of rating counseling sessions to determine the most effective method. The identification of behaviors representing specific orientations

does not seem to be the most useful method. Behaviors based on more general groupings of orientations, as evaluated by various dimensions of the counseling process, may be a viable alternative. Ratings based on the individual segments of each session should be analyzed to enable identification of patterns of counseling behaviors within a counseling interview.

A study of a similar nature should attempt to include a larger sample of trainees upon which to base results. Secondly, this study did not control for other variables related to the trainees, e.g., type of counseling experience, years of experience in the field, course hours of training, etc. The size of the sample in the present study did not allow for comparisons of this nature. Therefore, trainees who were more advanced were not differentiated from those in initial training. Future studies should attempt to use a larger sample to identify any interactions related to these variables.

This study was conducted mid-term in the program. It may be of value to use a similar design to assess trainees upon entering and completion of a counseling training program.

It is also recommended that a similar study be conducted with experienced counselors. The current evidence on this group is not conclusive, although there have been questions as to the advantage of continuing to pursue this particular direction.

Other dimensions of the counseling process need to be examined in conjunction with orientations. Primary among these seem to be the personality of the counselor and the situational variables related to the client and the setting.

This writer has attempted to study the relationship between statements of beliefs regarding various counseling orientations and the counseling behaviors of counselor trainees in a simulated counseling session. Future research is necessary to indicate whether this avenue should receive further examination or whether other dimensions ought to be sought by which to understand the counseling process.

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APPENDICES

APPENDIX A  
Counseling Orientations

PART I: Description of Six  
Counseling Orientations

PART II: Evaluation of Six  
Counseling Orientations on 16  
Dimensions

PART III: Rater Check-List

## PART I

This section outlines the major tenets, goals, and techniques of six counseling orientations: client-centered counseling, trait-factor counseling, rational-emotive therapy, existential therapy, Gestalt therapy, and behavioral counseling.

## Client-Centered Counseling

Basic to client-centered counseling is the philosophy and the attitude of the counselor. From these characteristics a client-counselor relationship emerges in which change and growth can occur. Counseling techniques should grow out of the relationship rather than determining it.

The counselor must create a non-threatening and accepting atmosphere. If such an atmosphere exists, the client will feel free to explore her/his feelings and personal relationships to significant others.

The emphasis is on the individual and not the problem, on feelings rather than intellectualization, on the present rather than the past. In order to describe what the counselor does, it is necessary to describe the characteristics the counselor must bring to the session. While there are some aspects which can be described in terms of what the counselor does, it is also useful to indicate what the counselor does not do.

### Characteristics of the Counselor

Three major characteristics of the counselor are considered essential by client-centered counselors.

Understanding (empathy). The counselor focuses on understanding the world of the client as the client sees it. The counselor not only listens to the client but tries to be in the client's place, to view the world from the client's frame of reference. Therefore, the counselor's comments not only reflect what the client is saying but also go beyond this in attempting to communicate the meaning and feeling the client is trying to express. In this way the client feels understood and also

feels the counselor's acceptance. The counselor communicates an emotional as well as cognitive understanding of what the client is saying.

Acceptance (positive regard, respect). The therapist avoids any behavior which is overtly or covertly judgmental. The counselor does not probe, interpret, or show approval or disapproval. The counselor communicates a trust in the client's ability to grow and change. This is done by allowing the client to determine the direction of therapy without attempting to shift the focus of the session.

Genuineness (congruence). The counselor demonstrates self-congruence of verbal behaviors and actions. The client can trust that the counselor is real, not a phoney, and that the relationship is a real one which can be trusted.

The counselor must be able to communicate these characteristics to the client. This is done through both the counselor's verbal and nonverbal behavior (facial expression, attending posture) and by what the counselor does not do. By not interfering with the client's process, by not directing or evaluating, the counselor communicates trust and acceptance of the client.

#### Behaviors of the Counselor

A number of specific behaviors are key to the counseling process.

Acceptance. This is a counselor response in which the counselor wants to communicate interest, understanding, and acceptance of what the client is saying, and does not want to interrupt the client's continuity of thought. This allows the client to go on with the knowledge that the counselor is following and understanding. The counselor may nod or say "yes" or "um-huh".

Clarification. This is used to check that the counselor is clear on what the client means. The counselor verbalizes an understanding of what the client is saying without intellectualizing or changing the content. The client can then see if the counselor is understanding and provide feedback on the accuracy of the counselor's verbalization. This also demonstrates that the counselor is attempting to understand from the client's frame of reference:

Client (Cl): "My parents shouldn't have to work so hard. I'm not worth that much effort just to keep in college."

Counselor (Co): "You mean they are sacrificing too much to keep you in school?"

The client-centered counselor uses methods such as this to check out whether she/he is understanding the client accurately. The clarification may be asked as a question or stated as if the client is saying it, using "I".

Reflection of feeling. This is the major technique of client-centered counseling. The counselor expresses in new words the feelings and attitudes of the client. This brings feelings to the surface and encourages further verbalization by the client.

An example of a counselor statement might be, "You seem to be saying you don't like her, but yet you don't dislike her either, sort of ambivalent like."

A counselor-client dialogue might be:

Cl: "I wish I could talk to my Dad about things like this, but I never seem to get up the nerve to ask him to take time out to talk with me."

Co: "You are a little bit afraid of your Dad, then?"

The counselor can also reflect in the sense of simply restating or parroting the client's words. This simple reflection of the exact words of the client enables the client to hear how she/he sounds and encourages further elaboration on the remarks made.

Examples of different types of reflection are:

Reflection of content, "In other words its this way...."

Reflection of core, "In essence you've said this...."

Reflection of feeling, "In other words you feel...."

Summarization. Summarization is a form of paraphrasing which includes condensing the semantic content of what the client has said, identifying the common theme of several of the client's statements, and organizing what the client has said.

Some examples of summarization are:

"Let's see if I have the whole picture then...."

"It sounds like there have been a number of upsetting incidents in a short time...."

Listening. Listening involves complete silence or utterances such as "umm" or "uh huh". The counselor also attends physically through eye contact and body posture.

Understanding. The counselor uses statements which convey the feeling of understanding or acceptance of the client's words and actions. The counselor might directly say, "I understand your feelings", or use phrases like, "It sounds like you're feeling very depressed."

#### Other Characteristics of the Counseling Relationship

The relationship is a highly verbal transaction about feelings, not a direct expression of feelings. The values of the therapist are kept out of the relationship; however, in recent years there has been more expression of the therapist's experience.

There is no interpretation other than the counselor clarifying, reformulating, and synthesizing what the client has said. The counselor checks out perceptions; the client has the opportunity to correct misconceptions. Interpretation, by this definition, is intended to emerge from the client's viewpoint. The counselor does not infer beyond what the client has said and thereby give the counselor's interpretation of the client's situation. This latter method would imply that the counselor is wiser about the client's world than the client is.

If the issue is important from the client's point of view, the counselor may outline the basics of the client-centered approach and the nature of the client-counselor relationship. The counselor will answer questions if they seem relevant to what is happening in the session. The counselor generally refrains from giving information to avoid the trap of dependency on the counselor.

The counselor does not diagnose, use test data, state personal opinions about problems (which may foster dependency and establish the counselor as an "expert"), advise, teach, or manipulate the direction of the session. The counselor does not assume responsibility for the direction or goals of the sessions. The counselor provides the conditions in which the client can feel free to pursue her/his own direction of growth and self-understanding.

### Trait-Factor Counseling

E. G. Williamson, one of the best known proponents of trait-factor counseling, has stated that "it is not enough to help counselees become what they want to become; rather it is more important to help them become what they ought to want to become" (Williamson, 1975, p. 78).

The trait-factor approach to counseling relies heavily on psychometrics in order to define what it is that the counselee "ought to want to become." The approach involves an assessment of the total individual and in doing so utilizes subjective information in conjunction with the objective material. The emphasis is on identifying the individual's assets and liabilities and then matching the individual to the appropriate environment or life style.

#### Major Premises of the Approach

The key concepts of trait-factor counseling include the following:

1. People spend a great deal of time attempting to put order and reason into major life decisions by attempting to match their capabilities and potentials to their environments.
2. Human beings cannot develop autonomously but need help and guidance from others.
3. Each individual has a unique pattern of capabilities and potentialities which can be identified and measured by tests; these patterns would correspond with such things as different work tasks.
4. Trait-factor counselors rely heavily on the use of external objective criteria (e.g., personality and interest inventories, and ability tests).

5. The goal is that each person achieves a level of social, civic, and emotional maturity within that person's range of potential.

6. Uniqueness is identified primarily through objective measurement rather than subjective appraisal.

7. The trait-factor approach has a deterministic basis.

#### Counselor Role

The counselor's major functions include: collecting and giving information, diagnosing, bringing in external information to aid the client in "measuring" self, and aiding the client in identifying the "good life" by use of objective criteria and problem-solving techniques.

The counselor can't be neutral concerning values and must do more than communicate unconditional acceptance. Therefore, the counselor takes an active, directive role in the counseling process.

The counselor deals with the whole client in attempting to diagnose all aspects of the client's life (e.g., ability, interest, personality, and social level).

Individual freedom to "become" can be self-destructive; therefore, the counselor seeks to influence the direction of development so that the client will become what she/he "ought" to become. Furthermore, the client need not be voluntary in order for the counselor to counsel.

The counselor is a teacher. The counselor teaches the client to learn to accept and understand self in terms of capabilities, aptitudes, and interests. The client is taught to identify her/his motivations and techniques of living, then to appraise them according to implications and consequences. When appropriate, the counselor will aid the client in acquiring more adequate behaviors to achieve personal goals.

### Interview

The emphasis in the interview is on collecting the necessary information in order to appraise the client's potential and then remediate problems the client has. The counselor seeks to help the client achieve her/his potential in all areas, not only vocational. In order to do this the counselor focuses on the human capacity to think and to solve problems through rational means. The counselor aids the client in understanding personal capabilities and the options available by using external requirements, whether vocational or societal, as a comparison. Therefore, the counselor stresses the external reality, indicating how this corresponds to or conflicts with the individual's capabilities and potentials.

Affective elements may be dealt with but they are not the major focus of counseling. Trait-factor counselors point out that emotions may interfere with rationality and therefore may need to be dealt with before clear thinking is possible. Dealing with emotions is not the end of counseling however. To the trait-factor counselor, counseling begins when the individual is able to use rational powers to understand self.

It is important to note that the trait-factor counselor distinguishes counseling from psychotherapy. Psychotherapy is seen as dealing primarily with the emotions, resolving self-conflicts, and facilitating self-understanding through subjective means and the techniques of listening, catharsis, and relationship building. Counseling goes beyond this to help the client deal with external problems and the decision-making process through the techniques of rational problem-solving. While the counselor does not ignore the influence of emotions, they are not an

integral part of trait-factor counseling. In fact, the counselor may refer the person for psychotherapy first in order to deal with deep emotional conflicts.

#### Steps of the Counseling Process

These steps are most applicable to vocational and career problems; however, the same basic approach is used for all problems which the trait-factor counselor encounters.

Analysis. This involves collecting information on the client in order to diagnose aptitudes, interests, motives, physical health, emotional balance--all those things which can facilitate or inhibit the client's adjustment to life situations. The counselor collects this information from cumulative records, autobiographies, anecdotal records, psychological tests, and the interview itself. The objective information together with the attitudes and ideas presented by the client give the counselor an indication of the client's life style.

Trait-factor counseling is primarily concerned with vocational problems and so the counselor may be involved in helping the client correct misconceptions. For example, the counselor demonstrates to the client that liking or desiring a certain occupation is not the same as possessing the necessary aptitudes for it. The client's "conviction" of having the aptitude is not the same as objective indicators of the aptitude. The counselor explains to the client what is admissible as evidence, emphasizing the logic of choosing a vocation based on the data which has been collected.

Synthesis. In this step the counselor summarizes and organizes the data from the analysis to reveal the client's assets, liabilities, adjustments, and maladjustments.

Diagnosis. In the diagnosis, the counselor looks for consistencies and patterns. The counselor summarizes the problems and poses these against the characteristics of the client to get an indication of the possible adjustments and maladjustments. The counselor infers the probable success of various directions given the client's assets and liabilities.

There are three major components to the diagnosis:

1. Identifying the problem(s). The counselor classifies problems into one of six categories: financial, educational, vocational, social-emotional-personal, family, and health or physical disability. Within these categories the problem may be identified as dependence, lack of information, choice anxiety, lack of assurance, or lack of skills, to give a few examples.

2. Identifying the causes of the problem(s). The counselor explores the relationship of the past and present to the client's potential. If there isn't much evidence, the counselor relies on hunches and intuition. These are verified logically, by the client's reaction, and by trying various courses of action.

3. Prognosis. The prognosis and diagnosis are made relative to the goals the client is attempting to achieve. The diagnosis is done primarily by the counselor, rather than as a cooperative effort. The client's responsibility is to achieve self-understanding in terms of what the counselor has diagnosed. The client can achieve this understanding by being emotionally willing and intellectually able to do so.

Counseling. The counseling process is guided learning toward self-understanding. This self-understanding is achieved through rational problem-solving means rather than by a subjective, affective approach. The trait-factor counselor attempts to match the client to the environment with minimal or no changes to either the client or the environment. Therefore, the counselor seeks to aid the client in a self-understanding of personal assets and liabilities so that the client can choose those things which will have the highest probability of success. The counselor shows the client how to apply a cause-effect method of analysis to all phases of life and assists the client in becoming prepared to solve adjustment situations before they become so involved that complicated therapy is required. The counselor helps the client to formulate and answer questions concerning the factors which caused a situation, the outcomes of continuing in the same manner, and the alternatives and modifications which could be employed.

Follow-up. The counselor checks back on the client to see what has happened. The counselor seeks feedback on the effectiveness of the treatment and on any new problems which have arisen.

#### Additional Techniques

While the major technique is the use of psychometrics, this approach attempts to individualize the counseling to fit the particular problem pattern of the client. The five techniques listed below are additional ones used by the counselor.

Establishing rapport. The counselor establishes a personal, concerned atmosphere. The counselor communicates professional competence and respect for individuality. The counselor's friendliness and

patience helps the client feel at ease. The counselor does not use sarcasm or ill-humor. The session begins in a casual manner; the counselor displaying attentiveness toward the client and the concerns that are presented.

Cultivating self-understanding. The counselor aids the client in understanding personal assets and liabilities to get a more accurate picture of self. The client is encouraged to utilize personal assets and overcome liabilities. The counselor interprets the data in a simple but professional way, checking if the client follows the interpretation. In the diagnosis, the counselor outlines the liabilities which rule out certain courses of action and the assets which enhance the probability of success in other directions.

Advising or planning a program of action. The counselor begins with the student's choice, goal, and point of view. Next the counselor points out the favorable and unfavorable data from the diagnosis, explaining to the client the reasons for the advice given.

The counselor is a technician who has weighed the evidence and on this basis presents the case to the client. The client may not accept the diagnosis; therefore it is important that the counselor prepare the client by presenting the data before the diagnosis is made. The client may need time to consider it or may need to clear up some emotional blocks before accepting the choices indicated by the data. The counselor encourages the client to try her/his ideas as well as give careful consideration to what the counselor has presented.

Following the presentation of the data there are three methods the counselor can use to advise the client: direct advising, the counselor

openly states her/his opinion concerning what the client should do; persuading, the counselor carefully and logically presents the evidence for various alternatives showing why one particular choice is the best; and explaining, the counselor is less directive and persuasive, explains carefully the implications of the data indicating the possible alternatives. The last method is presently the most used and preferred; trait-factor counseling is moving toward a less directive and cooperative approach regarding counselor advising.

Carrying out the plan. The counselor assists the client in implementing the choice the client has made. This may involve the client getting further training, education, or remediation.

Referral to other personnel workers. The counselor may feel that the client requires relationship therapy before being able to face problems rationally. This type of problem is viewed as the jurisdiction of psychotherapy. The trait-factor counselor is more concerned with practical problems. According to trait-factor counselors, the affective dimension is recognized as important and perhaps requiring attention first; however, it is not viewed as sufficient for making optimal life adjustments.

#### Summary

In recent years the trait-factor approach has become less directive. It remains a rational problem-solving approach and its proponents continue to view emotions as best handled in psychotherapy. The counselor is viewed as a model of a rational approach to solving problems and as a model of a person using her/his potential to the best advantage.

The trait-factor approach is based on the belief that people need the guidance of a counselor in order to engage in rational problem-solving; clients can actualize in ways that are not utilizing their best potential. The counselor seeks to influence clients to commit themselves to using their best potential and to pursuing the right values. The clients' own perceptions are taken into consideration but are not the focus; therefore clients may be seen as having deeper emotional blocks if they do not agree with the external appraisal.

While the trait-factor approach does prescribe the "good life" for the individual, it recognizes that the ultimate choice remains with the individual. As pointed out by Williamson, "New, alternative models of becoming ought to be introduced to them. They have a moral right to choose or reject them, but at least they ought to broaden their concepts of the possibilities of becoming--the style" (Williamson, 1975, p. 81).

## Rational-Emotive Therapy (R-ET)

The focus of R-ET is on the dispute of the irrational beliefs held by the client. The counselor attempts to demonstrate how these beliefs create and maintain emotional disturbance and distress. If the client is taught new ways of thinking and behaving the negative feelings associated with the beliefs are minimized and eventually eliminated. In order to do this the counselor uses a variety of directive, didactic techniques.

### Initial Interview

The counselor may begin by explaining the principles of R-ET. Mutual responsibilities are delineated and counseling is explained as a learning experience in which the client will have an opportunity to examine carefully ways of behaving and thinking. The client is informed that she/he is expected to implement and practice the techniques outside of the counseling session.

The counselor spends a majority of the initial interview teaching and lecturing. The "ABC" theory is taught (A = stimulus event; B = individual's attitude, belief, or interpretation of A; and C = reaction or response). It emphasizes the importance of cognitive control over emotional states: A is not the cause of C but B is; the counselor disputes B by challenging it rationally, thereby the disturbed consequences disappear and cease to occur.

Some of the irrational beliefs which people tell themselves at point B are:

- (1) The idea that it is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in his community.
- (2) The idea that one should

be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile. (3) The idea that certain people are bad, wicked, or villainous and that they should be severely blamed and punished for their villainy.

(4) The idea that it is awful and catastrophic when things are not the way one would very much like them to be. (5) The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances.

(6) The idea that it is easier to avoid than to face certain life difficulties and self-responsibilities. (7) The idea that one's past history is an all-important determiner of one's present behavior and that because something once strongly affected one's life, it should indefinitely have a similar effect. (Ellis, 1962, p. 84).

During the first interview the client will likely verbalize some irrational belief. The counselor immediately confronts this with the ABC theory.

The counselor may ask the client what is bothering her/him the most at present. However, no matter what the presenting problem is, the counselor will not become overly interested in it and does not spend a great deal of time having the client fully express it or the surrounding emotions. The counselor will instead question the client as to the type of self-indoctrination which is going on and perhaps suggest to the client what this "self-talk" might be. The counselor very quickly pins down a few basic irrational ideas. Once the client agrees that this is what is happening, the counselor challenges the client to validate them. The counselor attacks the irrationality of this self-talk by using logical

reasoning, showing the client that these ideas cannot be validated; for example, demonstrating how it is unreasonable to believe that one must be liked and accepted by everyone. The counselor uses statements such as: "It would be nice if..." and "It would be better if..." to demonstrate that although an ideal situation would be nice, to expect it is not reasonable thinking, and it is not catastrophic that the ideal situation does not exist. In this way the client understands the difference between believing that "it would be better" and believing the "musts", "oughts", and "shoulds".

The counselor continues to explain how the client's irrational beliefs can be replaced with more rational ideas and teaches the client how to think logically. The belief of the R-ET counselor is that most people unnecessarily upset themselves through their self-talk. The counselor uses examples to demonstrate how this works.

### Feelings

In response to a client asking the "why" of feelings, the counselor will say it is not "why" one feels a certain way, but that "one feels what one believes". Feelings and thinking are viewed as the same process.

The counselor does not give the client the opportunity to explore feelings. Rather, the focus is on explaining how self-talk leads to unpleasant feelings and that it is this self-talk which must be examined. In this way the counselor uses the client's responses as "take-offs" for further teaching.

The following illustrates how the counselor focuses on the anxiety-creating belief system rather than on the feelings of the client.

The client talks about anxiousness in the presence of authority figures. Through questioning, confronting, and suggesting the counselor pins down one of the client's irrational beliefs: the client must be approved of by everyone and feels that it is awful when the approval does not occur. The counselor diverts attention from the criticism by an authority figure (A) and from feelings of anxiety (C) to the irrational belief (B) of the client that one must be approved of and that it is awful when someone disapproves.

Thus, the client will become non-anxious because the focus is on the self-talk which causes the anxiety rather than the anxiety itself. The counselor stresses that although the disapproval of others is unfortunate, it is not catastrophic.

#### Insight

Insight as defined by R-ET is important to the treatment process. The client must understand the cause of her/his problems and then apply the understanding to developing the solution. The cause is always interpreted in terms of the self-talk of the individual. Therefore, the events of the past aren't important in and of themselves; they can indicate, however, the kind of self-indoctrination which the client perpetuates in the present.

R-ET counselors distinguish three levels of insight: (1) awareness that present neurotic behaviors have antecedent causes, (2) awareness that the original causes are kept alive by repeated self-indoctrination and by a belief in these irrational ideas, and (3) awareness that the only way to overcome current problems is by continually challenging these beliefs through a rational manner and practising counter-propagandization to eliminate them. R-ET therapists are primarily concerned with the latter two levels of insight.

Insight in terms of a dynamic understanding of oneself and one's feelings is not stressed. The client is not permitted to explore feelings or how and why they have come about from a subjective perspective. R-ET counselors believe that this exploration may help an individual see the problems but will not lead to change. Rather, to effect change the client must examine the unrealistic and magical beliefs held, and realize they do not withstand objective scrutiny.

#### The Relationship Between Client and Counselor

The counselor does not spend a great deal of time building rapport (listening, clarifying, and conveying understanding). The counselor listens carefully to the client's self-talk rather than to the feelings the client is expressing. The counselor is not necessarily warm and friendly, but may be viewed as such due to the displayed tolerance and acceptance of the client. The counselor's goal is not to convey caring and warmth; the goal is to get at the basic irrational beliefs and modify them. The R-ET counselor views this as the best way to help people.

The counselor works with irrational beliefs by attempting to identify which of them are being held by the particular individual. Some core beliefs are evidenced in most people. If the client accuses the approach of lacking sympathy, the counselor explains that sympathy would reinforce the irrational beliefs instead of helping to change them. The counselor's reason for use of clarifying statements is to check whether the client understood what the counselor said, rather than the reverse. The client is often asked to repeat back the message received from the counselor. The counselor gives personal views without hesitation and usually answers any personal questions which the client asks.

If the client resists the approach, the counselor confronts the client with wanting a magical, easy solution rather than working for change. The emphasis is that only hard work and practice will correct irrational beliefs and keep them corrected for effective living. The client needs to be involved in repeated rethinking and repeated actions. The counselor conveys tolerance of the client by directly telling the client that she/he is capable of changing these self-defeating beliefs. The counselor uses examples to illustrate how the approach works and reinforces the client's use of this cognitive approach in solving problems.

#### Disputing Irrational Beliefs

In disputing irrational beliefs, the counselor uses a variety of techniques: direct contradiction and denial of self-defeating propaganda, encouragement, persuasion, and cajoling. At times the counselor may insist that the client engage in some type of activity which utilizes a more rational approach. The counselor's statements and questions are designed to reveal the client's "crazy" thinking. Questions the client may be asked are: "What if I think you are a terrible person, would that be the end of the world?"; "What would happen if you did fail, would that make you a terrible person?"; and "What is the worst thing that can happen to you in this situation?".

Through questions such as these the client is challenged to validate the "shoulds", "musts", and "oughts". The purpose is to show the client how unreasonable they are. The counselor explains that they are self-imposed, inculcated through society and childhood, but that they do not exist in reality. The client is told that this self-talk maintains states of anxiousness, depression, etc., and that the majority of people fall

into the trap of using destructive self-talk.

The counselor is often ahead of the client, speaking of "crazy" self-talk before the client even verbalizes it. The client is taught how to give up irrational self-talk through challenging it and deliberately risking possible failures and rejections through the homework assignments. The counselor impresses upon the client that it is possible to learn to avoid rating oneself while continuing to rate one's performances.

#### Humor, Exaggeration, Sarcasm

All of these methods may be used by the R-EI counselor. It is the counselor's way of confronting the client with the "crazy" thinking. An example of the type of dialogue that may occur is:

The client expresses fear.

The counselor replies: "Of what?" "Of me?"

Should the client say "Yes", the counselor might say:

"What for?" "Am I hurting you?" "Do I have a knife at

your back?" The counselor may then go on to suggest

that the client is really afraid of not performing

adequately or of being rejected, depending on the nature

of the client's self-talk. The counselor tries to impress

upon the client that the worst fears are really not that

terrible and that we often become overly concerned about

things which we need not.

#### Punishment and Reinforcement

The client's irrational thinking is punished through the use of logical reasoning which shows the difference between "sane" and "insane" thinking. The counselor uses humor about and exaggeration of what the client says, relentlessly insisting that the client validate the self-talk.

When the client admits this can not be done, the counselor can begin to help work toward change.

The counselor continually tells the client about her/his capability for rational thinking and for effecting life changes. The client is praised for making rational statements or being able to explain to the counselor how her/his thinking has been irrational. The client is also encouraged to think in problem-solving terms through having the client generate alternative ways of thinking, examine their feasibility, and submit them to empirical test.

#### Homework

The counselor will assign tasks for the client to do outside of the sessions. The tasks involve utilizing the ABC theory. The client outlines both the irrational and rational beliefs and then practices using rational thinking in situations which are usually upsetting. The counselor provides self-help and homework reports for this.

#### Past

The counselor agrees that many beliefs are indoctrinated in the past. The R-ET counselor maintains, however, that the reason why the person is still disturbed by them is that they are continually indoctrinated. The beliefs are not conditioned; they are actively reinforced.

#### Techniques Not Used by the R-ET Counselor

Some of the techniques not used include history collecting, dream analysis, free association, and exploration of feelings. Reflection of feelings and clarification are used in a limited sense. When used, the purpose is to get the client to verbalize concerns and thereby indicate to the counselor what kind of self-talk is occurring.

### Summary of Major Techniques Used by the R-ET Counselor

The techniques of the R-ET counselor focus on three major areas of therapy.

Cognitive therapy. The counselor teaches the client how to recognize "shoulds", "oughts", and "musts"; how to separate the irrational from the rational using an empirical approach; and how to accept reality even when it is grim.

Emotive-evocative therapy. Throughout the therapy, the R-ET counselor: dramatizes truths and falsehoods so the two can be distinguished, uses role plays to show what the false ideas are and how they affect the client's relationships with other people, models how to adopt different values, uses humor and sarcasm to reduce ideas to absurdity, demonstrates unconditional acceptance (tolerance) by showing the client that she/he is accepted despite some presently unfortunate traits, encourages the client to accept the self more fully, and uses exhortation to persuade the client to give up "crazy thinking". The counselor encourages the client to take risks and thereby find out that most situations are not catastrophic, and emphasizes that others can accept her/his failings when they do occur.

Behavior therapy. The counselor uses behavioral techniques to change dysfunctional symptoms, effect habitual ways of performing, and help modify cognitions. A variety of methods might be used by the counselor to engage the client in thinking about and carrying out risky behaviors. The methods include the systematic techniques of shaping, assertion training, desensitization, operant conditioning, and bibliotherapy.

## Existential Therapy

"Existential counseling includes both a philosophy and practice that centers upon the existing person as he is emerging and becoming in terms of himself, others, and the world. Existential counseling implies that both the counselor and client are active partners in the developing process of making proactive decisions and implementations" (Frey & Heslet, 1975, p. 5). There is no one single approach which can be called existential counseling.

Basic to the philosophy of existential therapy is an intended avoidance of specifying systematic techniques. Existential counselors hold the view that counseling has been preoccupied with technique and a pragmatic approach. From the existential point of view, one is existential to the extent that one implements in counseling a particular view of man --the particular man with whom one is dealing. Existential therapy stands as an attitude toward counseling. It provides a philosophical basis which focuses on the nature of man's existence and an understanding of how he experiences his world. The techniques used emerge from this understanding.

The following outlines the attitudes and approach which would be expected under the rubric of existentialism.

### View of Humans--Key Concepts

Most philosophies view humans as having some "raison d'etre" prior to existing. Existential thought turns this around to "existence precedes essence". First of all we are here, then we define ourselves. Each individual has the task of defining "self" through her/his "being-in-the-world". This being-in-the-world is characterized by three simultaneous aspects of

the world. The Umwelt is the natural world, the world of objects--the environment around us. The Mitwelt is the world of our fellow human beings--the world of interpersonal relationships. The Eigenwelt, unique to human beings, is the world of our relationship to ourselves.

The Eigenwelt or world of self-consciousness has been given less attention in therapy since problems have been viewed as difficulties in adapting to either the Umwelt or Mitwelt. From an existential point of view, the capacity to relate to oneself increases the capacity to relate to others. Each individual is centered in self and has a need to preserve this centeredness. Therefore, existing comes from the inside, out to relationships with others and the environment.

The Eigenwelt is composed of both the subjective inner experience of self and the meaning the individual gives to things in the real world. It provides the basis upon which the individual orients self to reality. This being-in-the-world, brings together the subject-object dichotomy. Individuals are viewed as existing with their objects; they are not subjects perceiving objects. Each person has the ability to become aware of self (self-conscious) as the creator or designer of this dynamic process of existence.

While each individual is ultimately alone in giving meaning to life, existence is enriched by allowing another importance in one's world. The individual's ability to stand alone and use personal resources, rather than deprivations, determines the quality of a relationship with another.

Existential counseling is concerned with "Dasein", the being who is there who can be aware of existing now and aware that there is an unknown time when existence will cease. All patterns of behavior and constructs about humans can only be meaningful in the context of the existence of the particular person seated before the counselor.

Because the individual is a conscious being, each person is responsible for her/his existence. With no reason to be other than the choices one makes, the individual is condemned to freedom. Freedom is the core of existential thought. Despite outside forces, and those the individual has internalized, each person is still free to decide what to do--even if this is choosing the attitude to take toward a particular situation or event. As the individual becomes more conscious of self as a free, choosing, and determining being, the more possibilities there are to use personal potentials in defining existence. Each person has the ability to transcend the immediate situation, being aware of what has been and being aware of movement into the future. The "now" referred to in existential counseling includes this movement forward.

The result of this choosing for self is personal freedom, responsibility, and anxiety. Human beings are faced with the awesomeness of freedom. This is humanity's exaltation and despair. An individual can give up this freedom of choice to others, allowing others to make the decisions. This is a willful act; the individual is choosing that particular way of being-in-the-world. Existential counseling seeks to make individuals aware that they are determining rather than determined. The more they become aware of this and assume responsibility for their lives, the less they need to blame others or to create elaborate means for self-protection and defensiveness.

Anxiety is an ontological characteristic of man. Existential anxiety arises from the knowledge of being finite and from having to make choices in a world of uncertainty. One does not know the outcome and yet one must go ahead. Because existence is finite, each person has only a limited time in which to define self and personal existence.

A second ontological characteristic is authenticity. Human beings are basically authentic in their honesty to selves and to the world. Man can become inauthentic through the socialization process and thereby experience guilt. Guilt also results from failure to act or acting contrary to personal feelings and thoughts. Other sources of guilt include: failure to use potentials, failure to become what one is able to become, and failure to create a purpose in life.

Individuals define themselves through their actions. Actions are the outer representations of each person's inner world. They are manifestations of how the individual experiences the world.

Humans are feeling, thinking, acting beings. When an individual views life as having limited choices and is unable to actualize personal potentials, help may be sought.

Each person is unique and irreplaceable. Therefore each individual is the only representative of humankind the individual will ever know. Therefore, the choice an individual makes represents the best choice for all human beings.

#### Theory of Therapy

Existential counseling is concerned with the uniqueness of the individual, the uniqueness of the particular person seated before the counselor. The focus is on the client's present world-view. Existential counseling begins with a phenomenological approach. The counselor seeks to understand the world of the client as presented at that moment.

Counseling is a process, not a series of techniques. It is a real life experience for both the client and the therapist. The process involves an attitude of attempting to understand the client as a being and as a being in her/his world.

Encounter. The "I-Thou" encounter between the client and the counselor is central to the process of existential counseling. The underlying assumption is that the individual is not an object to be analyzed but is an existing expression of reality. The counselor relates to the client as one existence relating to another, not as a professional role or a system of techniques. The relationship brings about the expression of the client's world and its personal meaning. Too much emphasis on techniques is viewed as one of the main blocks to understanding another.

The emphasis in the encounter is on the counselor being totally present to and with the client. The encounter is the interaction of two entire structures of existence in an open and honest manner. The counselor must be willing to take part in the total existence of the client. The encounter involves a commitment by both the counselor and client; it is characterized by freedom, sharing, and openness.

The encounter involves contact on all levels: verbal, non-verbal, physical, psychological, affective, and cognitive. It can generate intense feelings from either the client or the counselor. Release of negative and positive feelings are supported and dealt with rather than prohibited or ignored. What is real in the encounter is the present relationship between the counselor and the client. The relationship involves risk for both parties as they expose their uniqueness. The counselor must feel comfortable with her/his own being-in-the-world in order to feel comfortable with the client.

The encounter serves to expand the client's awareness of existence and of the personal possibilities available. The counselor can not change the client, only allow change to occur. The counselor must respect the client as a unique human being and not probe or try to manipulate the

client into the counselor's own way of being or into a set of prescribed ideas.

A relationship is existential if two people are meeting for the purpose of gaining a greater awareness of the existence of the other. The humanness of the encounter allows the client to achieve awareness of the uniqueness of self as an existing being. The encounter is a real life process in which the counselor does not only reflect what the client says but is actively involved in the world-experiences of the client, taking the risk to expose a personal world-view. The client and counselor do not only talk about experience, rather they are involved in an immediate real experience with each other. The counselor must actually be real with the client, not think or talk about it.

The focus in therapy is on the person as an existence, not a concrete problem or question. The encounter requires that the counselor be aware of those aspects of self which prevent being fully with the client. The counselor also experiences her/his own existence in the encounter. The counselor must be willing to risk self in the encounter, going where the relationship leads.

Confrontation. Confrontation involves some kind of conflict. The confrontation can be verbal or physical. The conflict will revolve around the client being faced with a choice about her/his existence. The counselor confronts the client with some aspect of the client's world and the client must choose what to do with it. Respect and integrity remain but the client is faced with a decision. The intention is not to expose the client in an "I caught you" manner. The counselor is with the client throughout the confrontation. They may argue over the issue but not the personal worth of the client. The counselor reveals personal feelings whether

these be anger or sadness, demonstrating both concern and genuineness. The confrontation involves facing an issue of the client's existence. The client is free to choose the way in which to go.

Techniques. Repeatedly the point is made that techniques follow understanding. Technique implies manipulation. A person manipulates objects not people. The counselor needs to be experienced as a real existing person not as a set of professional techniques. The counselor allows whatever technique which emerges during the encounter to occur. The techniques are based on the existential view of man. The central task and responsibility of the therapist is to understand the client's being-in-the-world. Technique is regarded as irrelevant without this basis. The goal is for the client to recognize and experience personal existence, giving technique a different emphasis. Technique is used in a different framework and with a different attitude. The purpose is not the use of the technique itself but how it can further the client's experiencing of self. Technique is not used to categorize, diagnose or label the client in some way.

The counselor may use techniques from psychoanalysis, Gestalt, Rogerian therapy or any other approach. All that occurs is related to the client's present existing. The key feature which distinguishes this approach from others is that the therapist seeks to express personal subjective experiences rather than interpret the client's experience according to some predetermined model. The technique used is determined on the basis of what will best reveal the existence of the client at this moment and aid in illuminating the client's being-in-the-world. The client's immediate life is always the point of reference.

The therapist is real, not merely a reflector of the client's expression. This importance of the presence of the therapist can be found in other schools of counseling but existential therapy emphasizes the underlying assumption that the human being is not an object to be analyzed. The individual is an existing expression of reality who is always in the process of becoming.

Once a relationship based on openness and authenticity has been established, other means of intervention may be used. This must be done after the client has assumed responsibility for self and seeks to expand the personal potentials. The client chooses aspects which will aid in creating a meaningful existence. Programs designed for specific actions, e.g., interest inventories in vocational selection, relaxation procedures etc., may be used. This follows the client's experiencing self as real, as the determiner of existence, and as the chooser and designer of her/his own world.

#### Goals of Therapy

One of the major goals is for the client to become aware of her/his own existence and personal potentials. Authentic existence includes: being aware of the present moment, choosing how to live in that moment, and taking responsibility for choices made. The goals also include the client recognizing both the freedom and responsibility of authentic existence. This involves the realization that uncertainty and anxiety are part of life and can be used to enrich the meaning of life rather than withdraw from life. A further goal is the client's acceptance of aloneness as well as the need to relate to others.

The counseling process allows the client to experience in the counselor a model of someone displaying authentic existence, not a perfect being but someone who also lives with uncertainties and is seeking to utilize

potentials in acting upon the world. The client must be able to distinguish the counselor's values from her/his own, recognizing the self-responsibility for choosing, acting, and bringing meaning into existence. Through the counseling process the client becomes conscious of self as a feeling, thinking, acting being in this world. This frees the client from a deterministic view of existence.

In the counseling sessions the client learns to make decisions regarding which fears and anxieties to explore. The goal is for the client to leave therapy and act in her/his world as a choosing and deciding being who is committed to existence. The therapist seeks to help the client discover the ways in which the client avoids full acceptance of both freedom and responsibility. The counselor attempts to convey the notion that the client does have choices but must risk taking them even though it is difficult. Therefore, the counselor as she/he exists in the counseling process, models the view of humans upon which the existential approach is based. The client learns to respect and accept self, taking responsibility for error. The client comes to view life as an unfinished process beset with uncertainties and not totally comprehensible, but a process in which one can have an exciting, on-going part. The client becomes aware of the unchangeable aspects of her/his personality, while always being open to things which can be altered. It is hoped that the client will leave therapy with the intent to live from the "inward out", and be relatively free from external expectations. The client will have encountered real conflicts in the counseling sessions and can leave with a view to challenge living in a complex world of real conflicts.

### Examples of Existential Counseling

The following presents some questions a counselor might ask the client concerning various existential issues. These questions are taken from Corey's (1977) description of the existential-humanistic approach.

If the client talks about the lack of meaning and purpose in life, questioning the reason for existence, the counselor may ask questions of this nature:

Do you like the direction of your life?

Are you pleased with what you are now and what you are becoming?

Are you actively doing something to come closer to your self-ideal?

Do you even know what you want?

If you are confused regarding who you are and what you want for yourself what are you doing to get some clarity?

If the client fears to live from the inside out because life has always been lived according to the expectations of others and there is nothing inside from which to draw meaning, the counselor might ask the client to intensify the feeling of being nothing more than the sum of the expectations of others and pursue the following line of questioning:

How do you feel now?

Are you condemned to stay this way forever?

Is there a way out?

Can you create a self if you find you are without one?

Where can you begin?

The therapist invites the client to explore the ways in which the client has lived outside of self.

In relation to establishing meaningful relationships with others, the therapist helps the client distinguish between a neurotically dependent relationship with another and a relationship in which both persons are enhanced. The counselor may confront and challenge the client to examine: what the client gets from relationships, how intimate contact is avoided, how the client prevents self from having equal relationships, and how healthy mature relationships might be created.

Another aspect which is often considered is anxiety. Because of some anxiety or depression, individuals can enter counseling in the hope that the therapist will remove their suffering or reduce their anxiety. The counselor is not concerned with the removal of symptoms per se. The counselor tries to help the client recognize that living with uncertainty is a part of existence and can in fact lead to a more independent fulfilling life. The counselor and client explore the anxiety which comes from trying new life styles and behaviors, but also discuss the resulting satisfaction and diminished anxiety which results from new confidence in self.

Strickland (1966) presents a list of counselor behaviors based on Kierkegaard's concepts:

The counselor adopts the role of learner. The counselor allows the client to do the teaching since the client's understanding of personal feelings and experiencing of the world is greater than the counselor's.

The counselor seeks to understand what the client understands. This means finding out where the client is now--her/his frame of reference--and beginning there.

The counselor uses any technique which seems appropriate, with the focus on what the client is seeking. The choice the client makes must come from within the client's own frame of reference. The counselor avoids both advice and condemnation.

The use of objective information by the counselor is cautioned. If it is not accompanied by increased self-knowledge it can be useless or obstructive.

The counselor helps the client find her/his own truth and meaning in life. The client must decide what is appropriate for her/him.

The counselor helps the client develop an inward frame of reference. This is based on the assumption that while information can be sought and gained from the outside, the decision must come from within.

The counselor encourages self-exploration by having the client articulate all areas of existence to increase self-understanding and self-fulfillment. The counselor does not give "truths" or answers as this indicates a lack of respect for the individual.

Below are statements representing an existential versus a non-directive response to a given client statement. These have been extracted verbatim from an article by Bates and Johnson (1969).

Concept: Existence precedes essence.

Client:

I don't really know who I am or where I'm going, or how I'm going to get there.

Non-directive:

You're pretty confused right now about what life is all about.

Existentialist:

Before you can make choices about what you want to do, first of all you somehow have to find out the sort of person you are.

Concept: Man is condemned to freedom.

Client:

I'm not sure whether I should drop chemistry or not. I know I need it for college, but I'm not doing well in it.

Non-directive:

You know you need chemistry for college, but you are not quite sure whether you can make it or not.

Existentialist:

It seems to me that we should explore together whether or not to drop chemistry. I'm willing to help you in any way I can, but it will be your choice and your decision.

Concept: When man chooses, he chooses for all men.

Client:

I know I should have done my homework, but the teacher just didn't make it interesting, and I was bored, so I didn't get it done.

Non-directive:

You know better, but somehow you just couldn't seem to work up enough interest to get at your homework.

Existentialist:

You chose not to do your homework last night and would like to shift blame to your teacher. This sounds like a cop-out to me.

Concept: Man defines himself only through his actions.

Client:

I'm not sure what I want to be. Sometimes I think nursing, then again, no. I think I would like to be a secretary.

I'm just not sure at all.

Non-directive:

The whole picture of choosing a job seems pretty dim to you right now.

Existentialist:

Right now you seem to have at least two choices in mind.

Could we think out loud what's in each job for you?

Concept: Two worlds exist-- the world of objective reality and the world of subjective reality.

Client:

I don't see the way clear at all after graduation. There has to be something, but I sure don't know what.

Non-directive:

You're feeling pretty much up in the air about everything right now.

Existentialist:

You know there is a world out there, some place to go, but at this point you don't see how you fit into all of it. Let's talk about it.

Additional behaviors exhibited by the existential counselor include:

The counselor shares personal reactions in relation to what a client has said, and engages in relevant and appropriate self-disclosure.

The counselor asks the client to express anxieties and anguishes which are experienced as one chooses in an uncertain world.

The counselor also challenges and confronts the client on avoidances, e.g., decision-making.

The counselor shares with the client that much of what the client is experiencing is the part of the unique quality of being human. These include the issues around: aloneness, responsibility for decisions, anxiety over uncertainty, and responsibility for defining meaning in a world which can appear meaningless.

## Gestalt Therapy

Central to the Gestalt approach is concentration on the "here-and-now" experience of the client. The primary therapeutic technique is awareness, focusing on what exists. This involves the client reporting what she/he is aware of at the moment--thoughts, sensori-motor impressions, feelings. Gestalt therapy stresses the immediate subjective reality of the client in a holistic sense. The external reality is not important as there is no right or wrong reality, it is what the client is aware of and what exists for the individual.

### Three Major Aspects of Gestalt Therapy

Gestalt therapy focuses on three aspects of the client's experiencing: (1) awareness of self, others, and relationships, (2) awareness of inner blocks and energy tie-ups, and (3) concentration on immediate behaviors, feelings, and sensations.

### Therapeutic Relationship

The immediate person-to-person relationship between the client and the therapist is very important to Gestalt therapy. The way the client deals with the therapist is representative of the way the client deals with the world.

Counselor role. In a general way the counselor's functions is to increase the client's awareness and the client's self-support skills. The counselor is responsible for helping the client recover personal resources.

The counselor uses mini-experiments to enable the client to change in the direction the client has chosen. Experimentation teaches the client how to distinguish which behaviors satisfy personal needs. The

counselor uses a wide variety of games and techniques; these are used as they fit the particular situation, rather than being systematically planned.

The counselor using the Gestalt approach believes that providing opportunities is more effective than verbal explanations. This results in the counselor manipulating both the client and the environment so that the client comes face to face with personal blocks. The counselor may frustrate the client so that the client is able to get beyond the impasse to that which is being avoided.

In attempting to help the client increase awareness and get beyond the impasse, a wide variety of techniques are used in which the counselor may confront, probe, challenge, and frustrate the client; listen carefully to the client; observe non-verbal communication; use specific awareness exercises; point out awareness or lack of it; engage the client in dreamwork; and pay attention to words such as "but", "wondering", and "should" while playing down the need for words. (A subsequent section will deal more specifically with the various techniques of Gestalt therapy.)

There are several things which the counselor does not do. The Gestalt therapist does not dig or probe to get at the client's concerns; what is of greatest concern will come to the "foreground". At any given moment, the "figure" (that which is in the foreground) may be any of a number of things, for example, the therapist's posture, the quality of the client's voice, or the texture of the rug. These figures represent unfinished situations. Once they are worked on and dealt with they go into the background and a new figure emerges. Gestalt therapy deals with what emerges, rather than digging for an underlying concern.

The counselor does not need to interpret events as they can be directly felt, contacted, and described. The counselor seeks to integrate attention and awareness, rather than analyze. The counselor does not theorize or explain and may prohibit questions by the client.

Client. The client is responsible for deciding the goals of therapy and presenting what will be addressed. At the beginning this usually means the client has a vague idea of the changes desired. These may be attitudes, behaviors or feelings. The client is directed toward assuming responsibility for personal behaviors, thoughts, feelings, and fantasies, rather than blaming others, thereby disowning these aspects of self. In the Gestalt process, the client discovers self through action rather than introspection. The counselor encourages the client to become whatever she/he is rather than what she/he wants to become.

Goals of Therapy. The goals of Gestalt therapy for the client include: bringing the alienated and disowned parts into awareness and integrating new behavior through awareness rather than cognitive explanations; recovering disowned parts by understanding, playing, and becoming those parts; discovering that any impasse exists only in fantasy, not in reality; and achieving the capacity to solve problems without any dependency on the counselor's advice or interpretations.

Definitions. Terms which are important to an understanding of Gestalt therapy include:

now = all that exists,  
 attention = deliberate way of listening to foreground  
                   figure or that which is unpleasant,  
 awareness = experience or being in touch with all aspects  
                   of self and the world.

## Techniques

The following presents a descriptive list of the variety of techniques which may be used by the Gestalt therapist.

Questions. The counselor's questions always ask "How" and "What", never "Why".

Contact and support. To make contact with the world support is needed, e.g., breathing, undercarriage of the body, knowledge, interest, concern for others. Gestalt therapy seeks to increase awareness at all levels.

Example: The client becomes aware that her limited ability to respond is at least partially the result of a belief that she should always be in control. This attitude is manifested in several ways: (a) symbolically--believes must be in control, fantasizes and dreams about control, speech is commanding or authoritarian, (b) motorically--evidenced by stiff posture, abrupt movements, piercing looks, loud voices, and (c) interpersonal level--rigidity and distance in relationships, dominance or submission, insistence on respect. The Gestalt therapist assists the client to achieve increased awareness on all three levels: symbolic, motoric, and interpersonal.

Changing questions to statements. The therapist seldom answers questions; rather the client is asked to change the question to a statement.

Client (Cl): "Do you think I'll ever get over being afraid to talk to you?"

Counselor (Co): Asks the client to restate the question and take responsibility for his feeling of fear.

Client (Cl): "I am afraid to talk to you."

Only genuine questions are allowed, not those which are really statements of opinions, or verbal attacks on others, or questions which mask passiveness and dependency. Genuine questions are of the variety : "Are you aware that your hands are trembling?", "What is happening now?".

Confronts. The counselor confronts behavior that is perceived as phony, e.g., smiling while talking about an emotionally unpleasant incident.

Discourages. The counselor discourages the use of hypothetical or detached language such as "one says", "if", "it would seem". The counselor asks client to own these and state them differently, e.g., state the words in terms of "I".

Principle of the Now. The focus is on the present experiencing of the client. Representative statements of this principle include:

"What is happening now?"

"Right now I am aware of ...."

"I imagine that you are feeling something."

"How do you behave/sit/talk now?"

I and Thou. In Gestalt therapy the client is asked to speak directly to the receiver. This method is used so that the client can distinguish between "talking to" and "talking at" the listener. The client is asked to use "I" instead of the detached "It", e.g., "It is cold" becomes "I am cold".

Exaggeration. Sometimes the client will say or do something that seems to the counselor to have significance, but of which the client is unaware. The counselor has the client repeat it again and again exaggerating the movement or statement more each time. This leads to client awareness and recognition of what she/he is saying or doing.

Polarities. Clients often describe emotions as static in nature and intensity. In Gestalt therapy the client experiments with different emotions of varying intensity.

Dreamwork. The client role-plays each element in the dream in the "now", enacting the dream sequentially. This helps the client to identify conflict points and splits in awareness. All interpretations come from the client not the counselor.

Reversals. The counselor may ask the client to do those things to which the client says "I can't" or "I won't". The client plays the role opposite to the expressed behavior. In this way the client may discover that the negative is not due to lack of ability but rather motivation or attitude.

Feeding Sentences. As the counselor hears certain messages or themes the client may be asked to "try these on for size" or to repeat a sentence which may have some significance to the client. The client experiences whether they are true or not. This is not a diagnosis but rather a validation of a recurring impression. This is also called "Sharing Hunches", the counselor tentatively introduces insights but does not interpret. The counselor uses statements such as: "I see...", "I imagine...", rather than "You are..." which leads to defensiveness.

Using Awareness Continuum. In Gestalt therapy the focus is on the client achieving awareness at all levels. Therefore, if the client says, "I feel nervous", the counselor may ask: "How do you experience your nervousness?", or "Where is the nervousness in your body?", or "What are you aware of now?".

Other Language Uses. There are a number of phrases which the client will be asked to change and then repeat. The client is asked to substitute: "I think" for "I know" (perceptions of others may differ), "I want" for "I need" (except for physiological need, the client is asked to assume responsibility for all other "needs"), "I don't want" for "I can't". The client is asked to "try these on" as better representations of experiencing and as a way of assuming responsibility.

Breathing and relaxing techniques. Gestalt therapy uses breathing and relaxation techniques which focus the client on body awareness.

Locating feelings. The client is asked to locate where feelings occur and what they look like, e.g., size, color, texture.

Stop trying to be sane. The counselor encourages the client to go with feelings and thoughts without monitoring them.

Inner dialogue. Often a person will experience splits or separated aspects of self, e.g., tough guy/lonely boy, nice guy/rascal, right hand/left hand, top-dog/under-dog. The counselor has the client bring the two face-to-face in a dialogue to resolve the impasse. The client will address one part as if speaking to the person. The client imagines the response and replies to the response, continuing in this manner. This is also done by what is called the "Empty Chair" technique. The client plays both roles, switching from chair to chair.

Unfinished business. The client may have some unfinished business, e.g., the client hasn't said good-bye to either people or tasks. The counselor may have the client go through a dialogue which finishes the client's agenda with the person.

I am that. The client is asked to examine an object in the room that is appealing. Next, the client is instructed to feel it, smell it, and get acquainted with it. The client imagines and speaks as if the object. This exercise permits the client to project aspects of self that might not otherwise be disclosed.

I take responsibility. The client may be asked to follow each statement about self or feelings with "...and I take responsibility for it."

Playing the projection. If the client expresses what seems to be a projection, the counselor may ask the client to play the person involved in the projection in order to discover the conflict.

Logical extension. The counselor encourages the client to extend upon vaguely presented ideas.

Leaving unfinished. The counselor seeks to have the client realize that there will always be unfinished business even when therapy is over. The counselor has the client say, "This is how I am now", which indicates future change but also acknowledges the present state of being.

Teaching. The Gestalt therapist may teach in the area of awareness skills, e.g., distinguishing between observation and assumption--between what the individual sees, hears, smells, tastes, and what is assumed or imagined. Training exercises are done to reveal the fallacy of "labelling" and the accompanying assumption that the label is reality. For example, telling Bob that he is insecure is attributing a characteristic to Bob, making him what one believes he is, rather than seeing him as he is. Training exercises of this nature are more conducive to a group situation.

Withdrawal. The client is permitted the experience of withdrawing temporarily, as withdrawal is a natural inclination.

All the above techniques may be used in individual therapy. Other techniques have been designed specifically for group experiences, but these are not included here.

## Behavioral Counseling

Behavioral counseling is a pragmatic approach, applying the principles of learning to the counseling process. The focus is on overt behavior change rather than insight. The approach has a deterministic basis; behavior is viewed as the product of conditioning.

The focus in behavioral counseling is on formulating specific goals and on specific behaviors. Basic to the approach is precision in clarifying treatment goals, specific objective treatment plans, and objective means to assess whether treatment has been successful. Behavioral counseling continually attempts to obtain experimental validation of results.

There are a variety of approaches in behavioral counseling. Cunningham and Peters (1973) have summarized key concepts presented by Thoresen (1966) which seem common to all the approaches.

1. Most human behavior is learned. The individual's environment is very influential in this learning. Since behavior is learned, it is subject to change.
2. With any change in environment may come a change in relevant behavior. Counseling procedures therefore attempt to change behavior by changing the client's environment.
3. Behavioral counseling does not rely on any single set of procedures, but social modeling and reinforcement usually play a major part in the process.
4. Only changes in client behavior outside the counseling interview are important in judging success or outcome.

5. Counseling procedures are designed to help a client solve the particular problem he brings to the interview. Techniques vary with the problem (p. 83).

#### General Approach

The following outlines some of the key features of the behavioral orientation. The features include the counselor-client relationship, functional analysis, goals, techniques, assignments, and contracts.

Establishing a working relationship. The personal relationship between the counselor and client is not emphasized in that it is not essential to the counseling process. A good working relationship however, is viewed as important to implementing a treatment plan.

Initially, the counselor engages in the following behaviors: listens carefully to the client's concerns, attempts to understand and see things from the client's point of view, checks and clarifies perceptions with the client, seeks to communicate to the client a nonjudgmental attitude and a willingness to work with the client in solving the client's problems, and portrays the expertise to guide the client toward the client's goals.

The foregoing sounds very much like what a Rogerian would do. The purpose for this relationship building is very different for the behaviorist counselor, however. The purpose is not that the client achieve insight and self-understanding. Behaviorists will acknowledge that this may be important and in fact sufficient for some clients, but not for most. The purpose of this rapport building, for the behaviorist, is to get at the specifics of the client's environment--to identify what behaviors occur and when they occur. The counselor seeks to answer questions about what is going on in the client's environment. The counselor wants to know how the client behaves and how others respond to the client. The counselor

seeks to help the client decide how she/he would like to act and aids the client in reaching the goal. No matter how vague or confused the presenting problem, the counselor's task is to translate it into a goal which can be accomplished. To do this the counselor must focus on specific behaviors. Therefore, throughout the initial stages of counseling the behaviorist counselor will be asking questions and structuring the interview such that these objectives can be clarified.

Functional analysis. One of the first tasks of the behavioral counselor is to delineate the probable Stimulus-Response (S-R) connections for the client. Once the counselor has established a tentative analysis of this, the counselor explains to the client the process by which maladaptive behaviors are learned and can be unlearned. The process is based on the assumption that all behavior occurs in response to stimulation (external or internal). Thoughts, actions, and feelings are elicited by conditioned or unconditioned stimuli. Modification or removal of the symptoms will have a positive effect on the inappropriate behavior.

The human being is viewed as a conditioned set of behaviors rather than as a being who is too complex to be measured. The counselor must first establish the S-R connections to find out when and under what conditions feelings and behaviors occur. Once the counselor has a picture of this, goals and subsequent procedures to reach the goals can be delineated. During the analysis the counselor aids the client in identifying situations in which particular feelings arose, or behaviors were stimulated about which the client is concerned.

Goals. The counselor and client set up goals which are observable and have a criterion of measurement to evaluate whether they have been achieved. The goals involve behaviors which the client will ameliorate

or acquire. The client defines the goals but the counselor helps make them specific and concrete. The formulated goals must then meet three criteria: (1) the goals must be desired by the client, (2) the counselor must be willing to help the client achieve the goals, and (3) it must be possible to assess the extent to which the goals have been achieved.

Like counselors of other orientations, the behavioral counselor wants the client to reach full potential but finds terms such as self-actualization too abstract. Also, since the belief is that symptoms have no underlying illnesses and that removing the symptom eliminates the disorder, there is no need to achieve goals of insight and self-understanding. The client need only concentrate on the behaviors and seek to change them.

Thus, the behaviorist deals with specific problems and specific actions. The goals are action oriented, focused on behavior change. In addition, the client should learn a more efficient decision-making process which will help prevent future problems.

Techniques. The techniques are tailored for the client. If one technique does not work, another is attempted. The behavioral counselor experiments with various procedures. To be a behavioral counselor one must tailor the techniques to the client on the basis of scientific evidence concerning their effectiveness.

The behavioral counselor always knows when a mistake has been made in selecting a technique--the client does not make progress. This is the counselor's sign to try something different. The guiding rule by which to measure success is whether the technique works. If it modifies or ameliorates inappropriate behaviors and aids in learning new behaviors it is acceptable for use.

The techniques used are based on the principles of learning theory and conditioning. The counselor may use any one of the following techniques to reach the goals of the counseling process:

1. Observational learning, social modeling.
2. Role playing to learn new behaviors, rehearsing new behaviors, shaping new behaviors.
3. Desensitization therapy.
4. Assertion training.
5. Flooding.
6. Relaxation techniques.
7. Aversion therapy.
8. Contingency management.
9. Counter conditioning.
10. Positive reconditioning.
11. Cognitive learning.
12. Operant and classical conditioning techniques.

Assignments. The client is instructed to engage in various tasks outside of the counseling session. A typical initial task might be for the client to become aware of stimuli to which she/he responds by recording situations in which unpleasant emotional responses and maladaptive behaviors occur.

Contract. The client and the counselor usually have some contract to begin corrective learning procedures. The explicitness of this contract can vary. It is usually an agreement between the counselor and client on a plan of action, indicating behaviors and contingencies.

Counselor Role

Beyond the functions related to goal setting and treatment implementation indicated above, the counselor actively teaches the client the principles of behavioral therapy. The client is given information about reinforcement contingencies and about how to pay attention to proper cues. The counselor provides information with which the client may be unfamiliar pertaining to S-R connections and how these relate to the particular problems the client is having. The counselor leads the client to describe how she/he would like to act and explains the process of reaching the desired goals. Together they identify to what stimuli--situations or people-- the client's responses have been learned. The counseling is a collaborative process; the counselor explains the procedures every step of the way and engages the client in setting up appropriate goals.

The counselor uses questions a great deal in the initial stages of the interviews. The questions concern the "what" and "when" of behaviors. The counselor may ask a series of direct questions concerning the client's problems which require more than a "yes" or "no" answer. The counselor makes direct suggestions as to how the client can modify or eliminate inappropriate behaviors and how the client can go about learning new behaviors.

The counselor is in control of the direction of the counseling process. The counselor's agenda is to identify the client's symptoms, to find out what aspects of the environment or situation maintain them, and to delineate what aspects of the environment and the client's behavior can be manipulated or changed. Consequently, the counselor does a good deal of questioning and explaining. While the counselor is in control of the direction of the treatment process, the client is consistently informed about the procedures.

There are a number of issues which are usually avoided. The behavioral counselor does not deal with issues of human and social values, parental influence, and unconscious processes. In addition, the counselor does not concentrate on feelings; specific maladaptive behaviors are the focus. The counselor will therefore not explore feelings with the client. Instead, the counselor questions to find out the conditions under which the feelings occur and with what frequency they occur. The following is an example of how a behavioral counselor might deal with a problem which is presented as a feeling.

The client presents the problem as: "I feel inadequate", or "I feel unloved and unwanted", or "I feel lonely and alienated". The counselor listens carefully to the client's statements. Rather than exploring the feelings themselves, the counselor will work toward action plans such as:

- (1) encourage the client to take an action incompatible with the undesired feeling, e.g., do something so that she/he won't feel so lonely;
- (2) help the client establish more realistic standards for comparing feelings through various cognitive learning experiences, e.g., the competent individual who feels inadequate may be requested to discount those who are less competent and less successful or to talk with others to find that they have the same fears. In this case the goal is to help the individual become more realistic about the feelings, more in touch with the real world.

Summary

The foregoing has presented the key features of a behavioral orientation toward counseling. The distinguishing features are the careful application of learning principles to the process and the concentration on a well-defined action-oriented treatment plan.

## PART II

This section describes the same six counseling orientations as in Part I. Each of the six orientations is evaluated along 16 dimensions. Each of the 16 dimensions was constructed to reflect opposite ends of a continuum.

Client-Centered Counseling

1. Rational

Affective

The emphasis is on the client exploring feelings from a subjective point of view.

2. Action

Insight

The emphasis is on client understanding self in relation to experience and others.

3. External Reality

Internal Reality

The counselor focuses on understanding the client's view of the world, and assists the client in exploring this world.

4. Present

Past

While the emphasis is on the present experiencing, the client is permitted to explore past feelings in achieving a state of congruence.

5. Problem-Oriented

Whole-Person Oriented

The emphasis is on the client exploring the whole realm of her/his feelings and relation to the world rather than focusing on a specific problem.

6. Counselor Control

Client Control

The client determines the direction of the sessions. The counselor does not shift the focus nor does the counselor have a specific agenda to follow.

7. Counselor Responsibility

Client Responsibility

The counselor's responsibility is to create an environment in which growth can take place.

The client is responsible for the direction of the sessions, personal growth and the outcomes of the counseling process.

8. Goal Selection  
(Counselor)

The counselor trusts that the client will choose those goals which will promote the client's growth.

Goal Selection  
(Client)

The client determines what the outcomes of therapy will be, as the responsibility for growth and kinds of change is the client's.

9. What of Behavior

How of Behavior

Why of Behavior

Any of the three may be explored by the client. The emphasis however is on exploring the what/how/why of feelings and the way the client perceives self in relation to the world.

10. Advising, Questioning, Probing

Reflection, Clarifying

The counselor does not advise or probe. Questions asked are those in reference to checking out whether the counselor's perceptions are accurate; rather than to get at information or to lead in the direction of a goal which the counselor has in mind.

The majority of the counselor's responses involve reflection, clarification and summarization. The client is aware that the counselor is with him and this frees the client to become more open and do further exploration.

11. Teaching

Self-Discovery

The counselor does not serve the role of giving information or instructing.

The emphasis is on the client's exploration of feelings and her/his way of relating to the world. The client determines how this is done, rather than being told the way to do it.

12. Technique Oriented

Understanding

Techniques used by the counselor grow out of the relationship. Techniques do not have a central place in the approach because it is the client who determines the direction.

Understanding is emphasized over techniques. This comes about by the counselor giving the client the freedom to explore self and reach an understanding of self.

13. Techniques (Specific)

Techniques (General)

The counselor does not have specific techniques to use in order to achieve a predetermined outcome. The counselor seeks to communicate the core conditions by listening intently and through the use of reflection, clarification, and summarization.

14. Confrontation

The client-centered counselor could be said to use confrontation in terms of inferential "I" messages, e.g., "I get a sense of difference here...". The confrontation is low key and secondary to reflection.

Reflection

Generally, the counselor uses reflection rather than confrontation. The client through self-exploration discovers what has been disowned, what incongruencies and contradictions exist in perceptions of self and self in relation to the world.

15. ManipulationFreedom

The counselor permits the client to go in the direction which the client chooses in order to effect change and growth. The counselor does not set up the environment or lead the client in a specific direction.

16. Importance of the Client-Counselor Relationship to the Therapeutic ProcessMinorMajor

The relationship, based on the core conditions, is central to the therapeutic process. The emphasis is on creating an atmosphere in which growth and change can take place; this is done via the client-counselor relationship. The relationship is not focused however, on the counselor revealing a great deal of "self" in the process. The counselor creates the conditions of the relationship but still retains a modicum of the "counselor role".

Counselor Characteristics:

The counselor portrays a warm, accepting, non-threatening attitude. The counselor does not seek to frustrate the client in coming face to face with self. The counselor is not sarcastic or abrasive in any way. The counselor's trust in the client's ability to grow and change is evidenced by non-interference with the client's process. The counselor operates on the premise that given the right conditions or atmosphere--the client has the resources to actualize her/his potential as a person.

Trait-Factor Counseling

1. Rational

Trait-factor counselors use a rational, problem-solving approach in dealing with the client's concerns.

Affective

Trait-factor counseling acknowledges that dealing with emotions may be important. This is not seen as sufficient, but emotional blocks may have to be dealt with before the client is able to approach problems rationally. Dealing primarily with emotions is viewed as the task of psychotherapy. Therefore, the trait-factor counselor pays only minimal attention to emotions and may refer the client elsewhere if the client is seen as requiring in-depth relationship therapy.

2. Action

Trait-factor counseling emphasizes actions based on a realistic, rational appraisal of potential. The client is encouraged and persuaded to act upon those aspects of self which have the highest probability of success and achieving ones best.

Insight

Insight may be overemphasized according to the trait-factor point of view. It is not a goal of the counseling process. The counselor prefers to leave this to psychotherapists but does not view it as sufficient for most people.

3. External Reality

The counselor relies heavily on objective external criteria as the appropriate means to assess the individual's potential. This is the basic operating principle of the approach.

Internal Reality

The counselor will listen to the client's perception of the situation and then evaluate this against objective evidence. The counselor believes that people can have unrealistic perceptions of themselves which will not hold up when faced with the facts of external situations. The counselor seeks to correct misconceptions by giving the client evidence about the reality of life.

4. Present

The counselor collects information about the client's past history and present situation. This is necessary in order to make an accurate diagnosis and recommendation.

Past

5. Problem-Oriented

As part of the diagnosis the counselor identifies the problem(s) area. The counselor then advises the client on the best way of approaching the problem. The counselor also teaches a problem-solving approach which the client can apply to all areas of life and thereby minimize future problems.

Whole-Person Oriented

The trait-factor approach emphasizes collecting information on all aspects of the client: attitudes, interests, abilities, motivations, way of approaching life. The goal is to get a total picture of the client in order to make an accurate diagnosis of the best match of the client to the external environment. The method of obtaining this total picture is to rely mainly on objective evidence rather than the client's experiencing of those aspects of self.

6. Counselor Control

The counselor is in control of the sessions by having a definite agenda in mind. The counselor's approach is to systematically follow through the various steps of the trait-factor model. The specifics of these steps are adjusted for each individual. Counselors vary as to the amount of decision-making in which the client is involved.

Client Control

The client has little control over the general approach that is taken. The client may be involved in determining what assessments will be carried out in meeting particular concerns. The counselor will confer with the client about this but will also do a considerable amount of advising. Since the approach relies so heavily on the expertness of the counselor, the client does not have much control.

7. Counselor Responsibility

The counselor is responsible for helping the client to achieve an individual "best". This includes: values, attitudes, and vocational choice. The counselor decides what is the client's "best" through the steps of analysis, synthesis and diagnosis. The counselor's responsibility is to help the client become what she/he "ought" to become.

Client Responsibility

The client's responsibility in the sessions is minimal. Much of the work is done for the client after the client's initial cooperation in providing information. The client may be involved in the diagnosis, but the results of the counselor's assessment will indicate the most reasonable direction to take. The client must ultimately decide whether to follow the direction indicated and then act in accordance with the direction chosen. The approach views the client's responsibility as cooperating in the process so that the client can become her/his "best".

8. Goal Selection  
(Counselor)

The counselor advises the client about which goals to strive for. The counselor then helps the client to achieve the goals the client has decided to pursue. If the client chooses a goal which is better reached through psychotherapy, the counselor will refer the client.

Goal Selection  
(Client)

The client comes in with some concerns. The counselor then uses the trait-factor approach to identify the various problems and form a diagnosis. The client is advised about which goals seem appropriate, given the available information. If the client has different goals in mind, she/he must defend these against the persuasion of the counselor to do otherwise. The client has the ultimate decision but the whole approach seeks to influence the client to approach problems in a particular way--that which the counselor has decided is most appropriate.

9. What of Behavior

How of Behavior

Why of Behavior

All of these may be explored as part of the counseling approach. The emphasis however is on demonstrating and teaching a rational approach to life's situations, rather than focusing on specific behaviors. If the causes have been explored, a comprehensive diagnosis formulated and effective treatment initiated, the client's behavior will be appropriately matched to the environment.

10. Advising, Questioning, Probing

Reflection, Clarification

The counselor questions and probes to collect information on the client's assets, liabilities and approach to problem situations. This is done directly by asking or through the use of tests and inventories. Questioning and probing are instrumental to the first step of the counseling approach (analysis). The counselor also advises the client on the best course of action. This is done after the counselor has synthesized all the information which has been collected. The counselor weighs the pros and cons of various alternatives with the client and advises the client on this basis.

These are of limited use to the trait-factor approach. Reflection may be used initially in obtaining information. Clarification is used in the sense of checking out whether the client is understanding what the counselor is explaining (e.g., explaining the data, diagnosis).

The amount of directiveness in advising varies. Recently, trait-factor counseling has been leaning toward a less directive approach.

11. Teaching

The counselor teaches the client a rational, problem-solving approach for dealing with problems. This is done indirectly by the counselor using the approach with the client and directly by explaining the principles of it.

Self-Discovery

Self-discovery is delegated to psychotherapy by trait-factor counselors. For trait-factor counseling it is necessary that the client understand self in terms of personal potential (as measured by the trait-factor approach). This is not self-discovery however, as the counselor does the discovering of the client's potential.

12. Technique Oriented

Trait-factor counseling is based on psychometric and rational problem-solving techniques. Through the counselor's use of these techniques, the client achieves an understanding of self. Once the client has this understanding, she/he can continue to use a problem-solving approach in future situations.

Understanding Oriented

Understanding, as defined by the trait-factor approach, is important. This understanding relates to one's assets and liabilities rather than feelings. The goal is that the client use the understanding gained from the approach to achieve fulfillment of personal potential. With this kind of understanding the client can more effectively choose those situations which fit her/his particular pattern of capabilities.

13. Techniques (Specific)

The techniques are specifically geared to meet the needs of the individual client. They are objective techniques; the specific ones used are determined by the counselor assessing which ones best suit the individual.

Techniques (General)

14. Confrontation

The counselor confronts the client with objective evidence. The data speaks for itself. The counselor uses persuasion, advise-giving, and explanation to point out any

Reflection

incongruencies between the client's wishes and the objective evidence. If the data is congruent with what the client had in mind, the counselor can proceed in aiding the client in fulfilling the goals.

15. Manipulation

Freedom

The client is influenced to view self in the manner diagnosed by the counselor. The approach is geared toward the client taking a specific systematic route in dealing with concerns.

The client does not necessarily seek counseling. Especially in a school situation the counselor may seek out the client (perhaps based on another's request). The client is not free to choose the manner in which problems are dealt with. The client may have to go elsewhere if she/he does not agree with the approach or if the counselor thinks it would be advisable. The client has the ultimate choices to make after the counselor has done an assessment.

16. Importance of the Client-Counselor Relationship to the Therapeutic Process

Minor

Major

The relationship between the counselor and client is not central to the therapeutic process. While a good working relationship is helpful, there is no need to go beyond this to reach the goals of the approach.

Counselor Characteristics:

The counselor is warm, friendly and demonstrates concern for the client. The counselor is also very professional in the sense of displaying competence and confidence in what she/he is doing. The counselor is a skilled technician, attempting to formulate an accurate diagnosis of the client and to teach the client an effective way to deal with problem situations. By virtue of the approach she/he uses, the counselor knows what is best for the client.

Rational-Emotive Therapy

- |   |                         |
|---|-------------------------|
| 1. <u>Rational</u>  | <u>Affective</u>        |
| <p>The R-ET counselor will tell the client that her/his beliefs are unrealistic and irrational; they do not meet the test of objective scrutiny. The counselor emphasizes thinking over feeling and directs the client to examine beliefs and self-talk, rather than explore feelings. The counselor reinforces rational thinking and responds to feelings by telling the client that feelings are the results of beliefs. The entire counseling process is logical, reasoned, and planned.</p> |                         |
| 2. <u>Action</u>  | <u>Insight</u>          |
| <p>The client is assigned homework tasks involving the ABC theory and various behavior modification exercises. Cognitive restructuring and action are major aspects of the theory.</p>  |                         |
| <p>Insight is not emphasized. All the client need understand about self is how "crazy" thinking leads to problems.</p>  |                         |
| 3. <u>External Reality</u>  | <u>Internal Reality</u> |
| <p>The counselor defines what is realistic rational thinking by evaluating the validity of the thinking against objective criteria.</p>   |                         |
| <p>The client's subjective experience is viewed as a hindrance rather than a help to effecting change. The reason the client has problems is because the client's own perceptions of self and experiencing are irrational.</p>  |                         |
| 4. <u>Present</u>   | <u>Past</u>             |
| <p>While individuals may have internalized various irrational beliefs in childhood, the reason why people continue to be upset is that these beliefs are reinforced in the present. Exploration of the past is thus of no significance to the theory. What matters is finding out what the person now believes and changing those irrational beliefs to more rational ones.</p>   |                         |

5. Problem-OrientedWhole-Person Oriented

R-ET lies somewhere between the two. In its most elegant form, it deals with more than specific problems. It seeks to effect restructuring (cognitive or philosophic). That is, it goes beyond specific problems and attempts to get at the individual's basic beliefs and general mode of operation. It focuses however on one aspect of the person, namely beliefs, and avoids any exploration of feelings, or the client's way of viewing the world.

6. Counselor ControlClient-Control

The counselor shifts the direction of the session in order to get at the client's basic beliefs. The counselor does the majority of the talking and explaining and decides which beliefs are irrational. The counselor then challenges these beliefs and teaches alternative ways of thinking.

The client is not in control of the counseling process. Once the client has verbalized her/his concerns the counselor takes control and shows the client the way to more effective living.

7. Counselor ResponsibilityClient Responsibility

The counselor takes a great deal of responsibility in the sessions but impresses upon the client that only hard work and practice on the client's part can effect change. The client must ultimately be willing to assume responsibility for change but the counselor is very directive in showing the client how to do this.

8. Goal Selection  
(Counselor)Goal Selection  
(Client)

The counselor decides what the client's problem is, pinning down the irrational ideas and then instructing the client as to what to do.

The client has little or no say in the goals and desired outcomes of therapy.

9. What of BehaviorHow of BehaviorWhy of Behavior

The counselor asks "what" questions not so much in terms of behaviors but more in terms of what kind of self-talk the client engages in. The counselor then explains how this self-talk leads to emotional upset and inappropriate action or inaction.

10. Advising, Questioning, Probing                      Reflection, Clarification
- All of these methods are used by the R-ET counselor to get at the internalized beliefs of the client and to persuade the client to challenge and subsequently change these beliefs.
- Reflection of feeling is generally not a technique of R-ET. Clarification may be used to get at the client's internalized beliefs.
11. Teaching    Self-Discovery
- This is a major technique of R-ET.
- This is not a part of R-ET as the client is told what her/his irrational beliefs are, how these cause problems, and what to do about them.
12. Technique Oriented    Understanding
- R-ET uses a variety of techniques to effect cognitive and behavioral change. This is emphasized over achieving self-understanding.
- The client need only understand how self-talk leads to distress and then go about changing this self-talk.
13. Techniques (Specific)    Techniques (General)
- The techniques of R-ET are specific. The counselor uses the same approach for each client. The ABC strategy is fundamental to R-ET.
14. Confrontation    Reflection
- The counselor is very active in confronting the client with her/his irrational beliefs.
15. Manipulation    Freedom
- The counselor manipulates the client by directing the sessions so that the client views and deals with problems in a certain way. The counselor sets up the experiences such that the client has one particular direction in which to go-- examination and elimination of irrational beliefs.
- The client does not have the freedom to explore problems in a self-chosen manner.

16. Importance of the Client-Counselor Relationship to the Therapeutic Process

Minor

Major

The client-counselor relationship is not of great importance to the approach. The counselor is there to help the client change self-defeating ways of thinking, not to establish a personal relationship with the client. Because of the counselor's own belief system (which is also part of the R-ET approach), it is irrational to think that one must be liked and approved of by all significant others in one's world. Therefore, the counseling process can continue and be successful without a strong relationship between the therapist and the client. This would in fact validate the R-ET approach.

Counselor Characteristics:

The counselor is not necessarily warm and personable. The counselor does not get involved with either empathizing or sympathizing with the client's feelings. The R-ET counselor conveys acceptance of the client by reassuring the client that she/he is okay despite present irrational beliefs and by reinforcing that the client has the ability to engage in more rational thinking. The counselor may use sarcasm and exaggerated humor in order to show the client how irrational her/his beliefs are. If the client confronts the counselor on this, the counselor will point out that sympathy would not help, as the client would continue to engage in self-defeating behavior.

Existential Therapy

1. Rational

While the process is not based on an objective planned format, the client's cognitive experiences are dealt with. The focus and order of events differs from other approaches. The process is one which emphasizes that first we are here, we experience our existence and then we decipher it. The cognitive components are dealt with as an outcome of the "I-Thou" counselor-client relationship.

Affective

Existential therapy is on the affective end of the continuum. The process of therapy is a personal, spontaneous and subjective experience. Clients are encouraged to express all of their existence. This includes their feelings, thinking and acting. The process is not objective and planned or based on reasoned judgment. It is very much centered in the client's experiencing of the world, her/his world-view.

2. Action

The ultimate goal is that the client act upon her/his world. This action however is related to a whole underlying view of existence and an understanding of oneself in relation to self and others. Actions represent outer expressions of inner thinking and feeling. The goal is that those actions be based on self-awareness of one's thinking, feeling and authenticity. The client must first experience existence as real and take responsibility for giving meaning to life and then act upon this. Action in and of itself is not a goal if it is done in a random, deterministic manner or in accordance with the expectations of others. It must be accompanied by the awareness of self as a choosing, deciding, creating human being.

Insight

Without the client experiencing existence as real, actions can be carried out in a deterministic, "non-conscious" manner. Actions are a part of a dynamic understanding of self. The goal is for the client to live from the inward out--from the core of her/his being. Since humans are centered in self and seek to maintain this centeredness (at times in neurotic ways), it is important that the client first address the ultimate issues of existence. Each person needs an understanding of her/his way of being in a world of uncertainty and ultimate aloneness. The client can only act in a "self-conscious" manner when responsibility has been taken for choices and actions result from decisions based on a range of possibilities and potentials.

3. External Reality

External realities are recognized but the emphasis is on the freedom each individual has within this. Each person has the freedom to choose how to deal with a particular event, even if this is the attitude taken toward the event.

Internal Reality

Starting from a phenomenological framework, the counselor seeks to understand reality as the client experiences it. The client's definition of self must come from within rather than be determined by the expectations of others. The counselor seeks to convey the view of man's freedom in a determined world. That is, man may be faced with some unchangeable condition. However, there is always the choice of how to act, think or feel in response to it. While the existential counselors begin with the subjective side of the subject-object relationship by examining the meaning that events have for the individual, they attempt to resolve the subject-object dichotomy by their concept of "being-in-the-world". This implies a unity in which there is no split between an individual's sensory equipment and the physical systems which activate this. Humans exist with objects. Therefore, the inner subjective experience includes what something in the real world means to the individual.

4. Present

The focus in the encounter is on the present experiencing of the client. The overall view is futuristic in that the client is regarded as emerging, as making choices for the future as she/he defines existence.

Past

The past is important to the degree that it is part of the client's present and in terms of the meaning the client attaches to it. The focus is on how the past relates to the client's being-in-the-world. Therefore, the past is explored in terms of the meaning given to it rather than as a determiner of the client's present being. By being aware of the meaning given to particular past events in defining existence, the client expands the choices available in the future.

5. Problem-OrientedWhole-Person Oriented

The existential counselor is concerned with the person's entire existence and philosophy or "life-view". The counselor does not seek symptom removal or reduction of discomfort as the primary goal. The counselor is concerned with the fundamental issues of existence upon which existentialism is based---the person as a free, responsible, choosing committed being who is oriented toward the future. This does not mean that specific problems will not be dealt with but they are not the focus; they become secondary to dealing with the central issues around them. For example: a student comes in who is uncertain about what course of studies to take. She/he would like to take some interest inventories to have a clearer idea of the field she/he is best suited toward. An existential counselor would first explore the uncertainties with the client and then possibly use the tests. The existential counselor views a given problem in the wider context of how this relates to the client's holding back of potential and thereby limiting her/his being-in-the-world.

6. Counselor ControlClient Control

The counselor controls the process by focusing on the present experiencing--what is happening at the moment in the counselor-client relationship. Avoidance of this is confronted.

In accordance with the basic tenets that man is free and responsible, the counselor provides the freedom for the client to explore those areas of existence which the client feels are most important. The counselor follows the client's leads. The client is also free to express self in the manner chosen, e.g., metaphor, dreams, physically, non-verbally.

7. Counselor Responsibility

The counselor's responsibility is to be congruent, presenting self as real to the client. The counselor expresses personal existence in the encounter with the client. This means that the counselor expresses subjective reactions, personal thoughts and views. The counselor is responsible for conveying acceptance of the client's way of being-in-the-world even if this is opposed to personal views. More than any other approach the counselor as a person comes into play. The counselor must be aware of aspects of self which block a real encounter and avoid confrontation. The counselor must be committed to engaging in a human to human encounter, realizing that self will be exposed and perhaps changed. The counselor is a model of someone who is experiencing existence as real and someone who is able to engage in this human-with-human sharing process. As a model of this particular attitude and philosophy, the counselor has a great deal of responsibility. The counselor must not get side-tracked by techniques but experience being-in-the-world of the client with all that defines self as a being-in-the-world.

Client Responsibility

The client is responsible for the direction of the therapy. The client must choose those aspects of existence that she/he wishes to explore. The client is also told that she/he is responsible for the direction of her/his life, and must take the ultimate choices; the counselor can not do this for the client. In line with the existential view of man, the counseling sessions are geared toward the client accepting responsibility for actions. The counselor seeks to increase the client's awareness of the possibilities available but will not tell the client what to do.

8. Goal Selection  
(Counselor)

The counselor's goals are that the client experience existence with its uncertainties and anxiety, using the freedom to choose, act, and take responsibility for defining the meaning and purpose of life. The counselor seeks to increase the client's "self-consciousness". The goal is that the client will leave therapy being able to live more fully in the three modes of

Goal Selection  
(Client)

The client ultimately defines the goals for personal existence. The client decides what to deal with and what direction to take in life.

existence. These are the over-all goals that existential therapy is geared toward. The counselor is there to allow the client to explore concerns in a self-defined way and not to steer the client toward a particular meaning of existence.

9. What of Behavior                      How of Behavior                      Why of Behavior

Humans define themselves through actions. However, rather than deal with behavior as such, existentialism is concerned with how the behaviors relate to the client's feelings and thinking. What meaning does the client give to the actions as representations of an inner world? The counselor seeks to increase the client's awareness of self as choosing and responsible for the choices. The particular problem or behavior is not the focus. The central issue is the person as she/he exists at that moment before the counselor.

10. Advising, Questioning, Probing                      Reflection, Clarification

The counselor does not give advice, as any decision the client makes must come from self. The client's way of being-in-the-world will not be the same as the counselor's.

The counselor will use these techniques when appropriate. The purpose is to convey to the client that she/he is being understood.

The counselor's questions are directed toward the existential questions which form the basis of the therapy, e.g., questions concerning the direction and meaning of life, questions concerning the possibilities and options available. The questions are not asked to get at specific details but rather to help the client experience the full meaning of existence.

The counselor does not probe in terms of asking a series of direct questions to get information about the client's problem.

The questions the counselor asks her/himself are: "What will help me understand the client's existence at this moment?" "What will help me understand her/his being-in-the-world?"

11. Teaching

The counselor is not a teacher, as one can not teach another how to experience self as a real existing human being. Rather, the counselor seeks to learn about the client's being-in-the-world from the client such that the counselor can participate more fully in this world, including those moments when it seems a bizarre world.

The counselor does model her/his own way of being-in-the-world but this is not a prescription.

Self-Discovery

The client must discover self in relation to self, others and the environment. Only personal experience can do this. The client must define personal meaning in the world. A relationship with another which is based on honesty and genuineness can help the client experience existence and take a decisive attitude toward it.

12. Technique Oriented

Technique implies manipulation. The existentialist counselor does not believe that the "right" technique will lead to understanding the uniqueness of the client. Existential therapy is not a system of techniques but an underlying attitude which transcends all techniques. Technique emerges from theory and one's philosophy of counseling, the way one perceives human existence. The counselor allows whatever technique that emerges during counseling to occur. Therefore the techniques are flexible and in accordance with the particular client at a particular moment. The techniques used include those from other approaches. The perspective is different in that it is not the technique in and of itself that is important, but that it can help the client to recognize and experience existence.

Understanding

Technique follows understanding. The counselor's primary goal is to understand the client as a person, a being, and as being-in-the-world. The attitude of the counselor toward the client is the framework within which any technique is used. The context in which counseling occurs is important. The client is not viewed as an object or the product of psychic dynamisms or mechanisms. The context is one of seeing the client as a person who is choosing, committing and orienting self toward something emerging in the present. The goal is for the client to have a clearer view of her/his being-in-the-world. From this understanding the client is able to make conscious choices and thereby define existence.

13. Techniques (Specific)Techniques (General)

The techniques used are general in the sense that there aren't any that are specific to existential counseling. It should be noted however, that particular forms of existentialism are more specific in their approach, e.g., Boss's use of psychoanalytic techniques, Frankl's Logotherapy.

14. ConfrontationReflection

When existence is experienced as real and one experiences another in a fully human way there will be confrontation. Conflicts are part of our existence and an inevitability of maintaining our own centeredness while seeking to relate meaningfully with others.

Reflection of feeling is used when it is appropriate. The purpose is to let the client know that the counselor is understanding existence as the client experiences it.

Secondly, a commitment to existence brings confrontation as one becomes more conscious of avoidances, choses not to act, decisions to be made, potential to be used. The counselor will confront the client on issues of her/his existence in the sense that the client must decide the direction to take and how to act upon the world.

The counselor and client will be involved in the confrontation of two existences meeting each other in a real encounter. The honesty and genuineness will lead to conflicts but it will be the issues which are the focus, not the worth of the individuals involved. The counselor must be aware of the ways in which she/he might hide behind technique in order to avoid the risk of a real human confrontation.

15. Manipulation

The counselor views manipulation as treating the other as an object to be analyzed and diagnosed. Things are done to the client rather than being involved with the client. Therefore, the counselor tries to avoid the use of procedures which attempt to lead the client in a prescribed direction. The counselor, as one human relating to another, brings to the foreground the questions basic to human existence. The counselor does not define a set of procedures and outcomes by which existence should be realized.

Freedom

Freedom is at the core of the existential view of man. In the counseling process the goal is that the client become aware of and experience individual freedom. The client is given the freedom to decide where the sessions lead and with this also has the freedom and responsibility for ultimately deciding the direction to take in life.

16. Importance of the Client-Counselor Relationship to the Therapeutic ProcessMinorMajor

The existential approach is the relationship between the client and counselor as it happens in the present moment.

Counselor Characteristics:

More than any other approach, the person of the counselor is crucial to the counseling process. The heart of existential counseling is the human-with-human sharing between the counselor and client. The counselor does not act or play a role. The counselor risks being involved in an intimate human relationship with the client. The counselor shares with the client subjective reactions and seeks to use self fully in understanding the client's experiencing. The counselor must be willing to risk the changes that she/he might experience as a result of the encounter and be committed to a process which may become an intense encounter with confrontations at many levels. The counselor must be committed as well to examining her/his own way of being which creates blocks to the client's experiences. The counselor realizes that a genuine human encounter will have conflicts and uncertainties but that this is the type of relationship which will allow the genuine expression of the client's way of being. The counselor needs to be flexible, creative, and demonstrate acceptance and concern for the client. The counselor expresses personal experiencing rather than interpreting the client's subjective experience. What is real in the counseling session is the present relationship between the counselor and the client.

Gestalt Therapy

- |  |   |
|--|---|
| <p>1. <u>Rational</u></p> <p>The counselor deals with the cognitive experiencing of the client in an attempt to bring all aspects of self into awareness. The main emphasis, however, is on the affective end of the continuum for the process tends to be subjective and spontaneous rather than planned and objective.</p> | <p style="text-align: center;"><u>Affective</u></p> <p>The counselor places a great deal of emphasis on the active expression and awareness of the client's feelings and experiencing. This expression is both spontaneous and subjective.</p>  |
| <p>2. <u>Action</u></p> <p>The counselor integrates both of these aspects. Insight is achieved through active participation in experiencing what one is thinking, feeling and doing. Action is emphasized over verbal intellectualizing about problems.</p>  | <p style="text-align: center;"><u>Insight</u></p>   |
| <p>3. <u>External Reality</u></p>  | <p style="text-align: center;"><u>Internal Reality</u></p> <p>The counselor encourages the client to experience her/his immediate subjective reality. The external reality is not important as there is no "right" or "wrong" reality. What is important is what the client is aware of; what exists for the client.</p>  |
| <p>4. <u>Present</u></p> <p>More than any other approach, Gestalt therapy stresses the immediate experience of the moment; what exists right now. This principle is basic to the counseling process.</p>   | <p style="text-align: center;"><u>Past</u></p> <p>The past is only important in terms of experiencing it in the present.</p>  |
| <p>5. <u>Problem-Oriented</u></p> <p>The focus of a session is on whatever is a concern for the client at the present moment. The counselor takes a lead from this and attempts to help the client integrate awareness.</p>  | <p style="text-align: center;"><u>Whole-Person Oriented</u></p> <p>The Gestalt counselor focuses on all levels of awareness; thoughts, sensori-motor impressions, feelings. The goal is for the client to be in touch with self and the world at all levels of awareness. The emphasis on the "whole" self and realm of experience is unique to the Gestalt approach.</p> |

6. Counselor Control

The counselor is in control in the sense of setting up experiences which bring the client face to face with that which the client is trying to avoid. The counselor engages the client in various experiments designed to increase awareness and emphasize experiencing in the "here-and-now".

Client Control

The client is in control of what concerns are dealt with. Whatever comes to the foreground as a concern is what the session deals with. The counselor directs the manner in which this is dealt with.

7. Counselor Responsibility

The counselor is responsible for helping the client to recover the personal resources. The counselor attempts to increase the client's awareness and self-support skills such that the client realizes that he can do that which he expects the counselor to do.

Client Responsibility

The client is responsible for owning behaviors, thoughts, feelings, and fantasies. The emphasis of the therapy is on the client taking this responsibility rather than blaming others, or situations external to the client (whether past, present, or future).

8. Goal Selection  
(Counselor)

The counselor's goal is for the client to: integrate awareness, recover the disowned aspects of self, become whatever that "self" is, achieve the capacity to be self-sufficient in solving problems, and become responsible for self. These are the overall goals for the outcome of therapy.

Goal Selection  
(Client)

The client decides what concerns are dealt with in therapy. The client is responsible for choosing these goals and ultimately for all that occurs in the sessions. The counselor is there to aid in exploring these concerns.

9. What of BehaviorHow of BehaviorWhy of Behavior

The Gestalt counselor's emphasis is on the "what and how". This pertains to all experiencing not only behaviors. The counselor never asks the "why" of anything the client does or feels. Questions are always asked in terms of "what" and "how".

10. Advising, Questioning, Probing

The counselor does not advise or interpret as the goal is for the client to become independent in problem-solving. Interpretation of events is not necessary as they can be directly felt and described. The counselor does not have to probe to discover what the client's problem is, as what is of greatest concern will always come to the foreground. The counselor does probe in the sense of setting up experiences that will frustrate the client and get at the blocks or the impasse, to increase the client's awareness and integrate all aspects of self.

Reflection, Clarification

While this is not a major technique, it may be used when the counselor feels it will be useful to the client. Gestalt therapists stress action over introspection and play down the need for words.

11. Teaching

The counselor may teach awareness skills but teaching is of minor importance to the counseling process.

Self-Discovery

The emphasis is on self-discovery and learning through the experimentation with feelings, thoughts, and actions. The client discovers "self" through these awareness exercises. The focus is on understanding through experiencing rather than on being told how to achieve self-understanding.

12. Technique Oriented

The Gestalt orientation is unique in that it uses a variety of techniques to help the client achieve understanding and awareness of self. It stresses nonverbal communication over verbal communication and therefore has the client actively involved in doing various activities which put the client in contact with self and the relation of self to others.

Understanding13. Techniques (Specific)

The techniques used by the Gestalt counselor are comprehensive and specific. The ones used are those which fit the situation at the moment, rather than being systematically planned. Spontaneity is the operating condition in the sessions.

Techniques (General)

14. Confrontation

The client is confronted with personal blocks and disowned parts through the awareness activities set up by the counselor. Consequently, the client is often frustrated in the process of facing those aspects of self. The counselor does allow for the client to withdraw at times, as this is viewed as a natural inclination.

Reflection

Reflection is used occasionally but does not serve as the focus of the therapy. The emphasis is on action rather than reflecting the client's feelings.

15. Manipulation

Manipulation is a major technique in that the counselor sets up experiences which help the client use personal resources and achieve awareness. The client is asked to engage in a number of activities and thereby explore personal ways of thinking, behaving, and feeling at the present moment.

Freedom

The client is free to explore any concern that is present at the moment. This might be a fantasy, a dream, a feeling about the therapist, in short anything that is presently in the foreground. From this point the therapist emphasizes bringing this experience into the present moment and experiencing all the associated sensations.

16. Importance of the Client-Counselor Relationship to the Therapeutic ProcessMinorMajor

The relationship is of major importance to the therapeutic process as the focus is on the client's present experiencing. This gets the counselor directly involved with the person of the client. The counselor can not remain detached in the relationship.

Counselor Characteristics

The person of the counselor is very important in Gestalt therapy, as the counselor is very involved in the immediate experiencing of the client. While the counselor is not sarcastic or abrasive, she/he is relentless in moving the client toward greater awareness and responsibility for self. The counselor requires a great deal of skill, judgment and experience. Gestalt therapy can release intense emotions which the counselor must be able to handle. The counselor must be able to respond in the immediate present. The counselor must be unwilling to be sidetracked by the intellectualizing, questioning, or conditioned resistance of the client.

Behavioral Counseling

1. Rational

The behavioral counselor uses a cognitive, rational approach to counseling. Problems are viewed objectively and a systematic plan is implemented to modify inappropriate behaviors.

Affective

The counselor does not get involved in exploring the client's feelings. If this is done it is used to get at what behaviors are inappropriate and the conditions under which they occur, rather than as an end in itself.

2. Action

The emphasis is on the client doing those things which will change the client's behaviors. The focus is on acting and changing behavior rather than on self-knowledge and understanding.

Insight

Since the client is viewed as a conditioned set of behaviors, rather than as complex and requiring a great deal of self-understanding and self-exploration, this aspect is not emphasized at all.

3. External Reality

The approach emphasizes what the client is doing or not doing which causes problems. The counselor establishes how this has been conditioned and provides new learnings or sets up the environment such that the behaviors can be changed. This is done in an objective manner with little attention to the client's subjective experience.

Internal Reality

The subjective reality of the client is not of concern in the counseling process.

4. Present

The counselor looks at present situations with which the client is dissatisfied and focuses on what can be done to change those situations.

Past

The counselor collects information from the past in order to find out how particular behaviors have been conditioned and reinforced. The past is only important for the counselor to be able to identify S-R connections.

5. Problem-Oriented Whole-Person Oriented
- The counselor focuses on specific problems, planning a systematic approach for each one. According to the behavioral position, removal of the symptom eliminates the disorder.
- The counselor does not explore the whole realm of the client's feelings, thoughts, and actions. The counselor focuses on specific problems.
6. Counselor Control Client Control
- The counselor is in control of the counseling process. The counselor determines the plan of action and serves very much the 'expert technician' role.
- The client has little control over what happens. The client provides the counselor with the necessary information and then relies on the 'expert' to either design or help design a plan of action. The client then follows the given plan.
7. Counselor Responsibility Client Responsibility
- The counselor is responsible for designing and helping implement a plan that ameliorates the client's problem(s). If the plan does not work the counselor is responsible for seeking alternative ways.
- The client is not responsible if the procedures of behavioral counseling do not work. The client is not blamed for resisting. It is the methods that are inadequate, rather than a function of the client. The client is not responsible for bringing meaning into her/his life but may assume responsibility in setting up strategies for reinforcement and goal achievement.
8. Goal Selection Goal Selection  
(Client)  
(Counselor)
- The counselor and client will most often collaborate on the goals the client wishes to achieve. The counselor structures all presenting problems into a behavioral framework and teaches the client how problems come about through conditioning. The counselor helps the client define what needs to change and then goes about reducing the goals to digestible chunks.
9. What of Behavior How of Behavior Why of Behavior
- The counselor concentrates on the "what" and "when" of behavior.

10. Advising, Questioning, Probing                      Reflection, Clarification
- The counselor will use all of the above techniques in attempting to get at how the client's behavior(s) is being maintained.
- These may be used initially to build rapport and to find out the client's concerns. They are not ends in and of themselves but a vehicle to begin the behavioral strategy.
11. Teaching    Self-Discovery
- The counselor actively teaches the principles of learning theory. The counselor also teaches how to modify inappropriate behaviors and how to set up more rewarding environmental circumstances.
- Self-discovery is not a part of behavioral therapy. The client is told how inappropriate behaviors have been learned and how to change them with the counselor's help. The client does not discover these aspects of self through a process focused on understanding. Since humans are not viewed as complex, it is not necessary to go through a process of "finding oneself". Because humans are viewed as a set of learned behaviors, self-discovery is not required. What is required is the instruction and aid of someone knowledgeable in learning theory.
12. Technique Oriented    Understanding
- The counselor relies heavily on techniques to modify behaviors and environmental situations.
- All the client need understand are the principles of learning theory and then apply them.
13. Techniques (Specific)    Techniques (General)
- The techniques used are very specific to the particular problem of concern. A systematic plan is followed. If one plan does not work, an alternative one is implemented which again follows specific procedures.
14. Confrontation    Reflection
- The behavioral counselor uses whatever techniques work. However, confrontation and reflection are not central to the counseling process. Reflection tends to be used in the initial rapport building and to find out where the client is at in terms of inappropriate behaviors.

15. ManipulationFreedom

The counselor manipulates the client by deciding the appropriate course of action and how this should be implemented.

Outside of expressing what it is she/he would like to change, the client has little freedom in the counseling process.

16. Importance of the Client-Counselor Relationship to the Therapeutic ProcessMinorMajor

The relationship between the counselor and client is not central to the therapeutic process. The counselor and client need not know each other in any personal sense. A good working relationship is viewed as important to implementing the treatment plan. Therefore, the initial phases involve rapport building.

Counselor Characteristics:

The person of the counselor is of minimal importance to behavioral counseling. While the counselor seeks to build rapport with the client, this is not the major focus of the counseling. The major focus is that the counselor be able to portray skills in dealing with the problems and therefore assure the client of her/his expertise as a counselor. The counselor is therefore portrayed as a competent technician. The counselor is not sarcastic or attacking; she/he simply implements the behavioral techniques of counseling.

### PART III

The Rater Check-List consists of five summary statements for each of the six counseling orientations described in Part I and Part II. The statements reflect the differences among the orientations.

Rater Check-List

Instructions: Below are statements which distinguish the six counseling approaches from each other. Beside each item indicate which of the following six approaches is most represented by that statement: Client-Centered (C-C), Trait-Factor (T-F), Rational-Emotive (R-ET), Existential (E), Gestalt (G), or Behavioral (B).

1. \_\_\_\_\_ The major technique used by the counselor is verbal reflection of feeling.
2. \_\_\_\_\_ The counselor focuses on aiding the client in obtaining an objectively measured appraisal of personal potential.
3. \_\_\_\_\_ Counselor statements and questions concentrate more on global issues of the meaning and uncertainty of existence, the ultimate choices each individual faces, and the individual freedom and responsibility rather than on specific problems.
4. \_\_\_\_\_ More than any other approach the goal is to establish the "here and now" experience for the client.
5. \_\_\_\_\_ Periodically the counselor summarizes what the client has said up to that point, often rephrasing it and then checking the accuracy of the summarization with the client.
6. \_\_\_\_\_ The counselor asks questions of the "how" and "what" variety, never the "why". The questions concern all aspects of experiencing, not only behaviors.
7. \_\_\_\_\_ The counselor challenges and confronts the client's irrational thinking by the use of logical reasoning.

8. \_\_\_\_\_ The counselor confronts the client with the ultimate responsibility the client has for choosing her/his way of "being-in-the-world".
9. \_\_\_\_\_ The counselor structures the therapy such that the focus is on engaging the client in learning new modes of action.
10. \_\_\_\_\_ The counselor takes an active role in attempting to understand the client's world and freely expresses personal reactions, feelings, and thoughts as one human communicating openly with another.
11. \_\_\_\_\_ Rapport building is characterized by questions which get at the specifics of the client's environment--what things occur and under what conditions.
12. \_\_\_\_\_ Early in the first session the counselor identifies the irrational self-talk of the client and explains how this type of thinking leads to bad feelings and problems.
13. \_\_\_\_\_ The session is characterized predominantly by talking about feelings rather than a direct expression of feelings.
14. \_\_\_\_\_ The counselor focuses on the client's actions by asking questions about "what" behaviors occur and "when" they occur.
15. \_\_\_\_\_ The counselor encourages the client to find her/his own truth and meaning and to express fully the anxieties and anguishes of choosing in an uncertain world.
16. \_\_\_\_\_ More than any other approach it is important to deal with very specific problems such that a well-defined action-oriented treatment plan can be formulated for each one.

17. \_\_\_\_\_ The initial interview is characterized by the counselor collecting information on the client's interests, attitudes, abilities, motives---all background information related to the client's total characteristics.
18. \_\_\_\_\_ The focus of the session is on the "I-Thou" experience of both the counselor and the client.
19. \_\_\_\_\_ Feeling statements are not dealt with; they are put into the framework of the self-talk that maintains the feelings. The client is told that one feels what one believes.
20. \_\_\_\_\_ The counselor asks the client to change questions to statements and has the client "own" statements by using "I".
21. \_\_\_\_\_ The client experiences the counselor's unconditional positive regard and empathy in whatever the client communicates.
22. \_\_\_\_\_ The counselor teaches the principles of learning theory.
23. \_\_\_\_\_ The counselor explains the procedure whereby the client can be helped to match individual skills and attitudes to the appropriate environment.
24. \_\_\_\_\_ The counselor sets up situations in which the client can get closely and intensely in touch with self.
25. \_\_\_\_\_ The counselor confronts the client with objective evidence of assets and liabilities, indicating those areas of the client's life which have the highest probability of success.
26. \_\_\_\_\_ The counselor uses teaching and persuasion to show the client her/his irrational beliefs and to demonstrate how they can be eliminated.

27. \_\_\_\_\_ The counselor involves the client in various experiential activities during the session which focus on all aspects of the client's immediate experiencing--thoughts, feelings, sensori-motor impressions.
28. \_\_\_\_\_ The counselor identifies the client's "shoulds", "musts", and "oughts", dramatizing the extreme case of them to show the client that the worst that could happen is really not that bad.
29. \_\_\_\_\_ The counselor continually uses phrases which check out the counselor's perceptions of what the client has said, e.g., "You seem to be saying...", and "In other words you feel...".
30. \_\_\_\_\_ The counselor focuses on those aspects of the client's life which are amenable to assessment by objective criteria and encourages the client to engage in this assessment program. For example, the counselor would focus on objective means for assessing career interest and ability rather than the client's feelings about choosing a career.

## APPENDIX B

Background Information: biographical information requested from the participants previous to completion of the Counseling-Orientation Scale (COS).

Participation and Feedback: information requested from the participants following completion of the COS.

Participants in the Study: outline of the study provided to the participants following administration of the COS.

Date \_\_\_\_\_ Course Name and Number \_\_\_\_\_

(if applicable)

Age \_\_\_\_\_ Gender \_\_\_\_\_

1. Present Occupation \_\_\_\_\_ Years of Experience \_\_\_\_\_  
(e.g., Grade Nine Math Teacher)

2. Present University Program \_\_\_\_\_  
(if applicable) (e.g., Old B.Ed., Pre-Masters)

Major \_\_\_\_\_

Year of Program \_\_\_\_\_

3. Post High School Training/Studies \_\_\_\_\_  
(e.g., diplomas, certificates, degrees)

Major Area \_\_\_\_\_

4. Previous Courses in Counselling and/or Helping Professions (list course names and program, if possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Other Training related to Counselling and/or Helping Professions:  
(e.g., workshops)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Previous Counselling Experience:

(a) Type - e.g., crisis counsellor, school counsellor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Agency/Institution - e.g., public school

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Years of Experience \_\_\_\_\_  
\_\_\_\_\_

PARTICIPATION AND FEEDBACK

(a) Are you willing to participate in the second portion of the study, if requested to do so?

Yes \_\_\_\_\_

No \_\_\_\_\_

(b) Do you wish feedback on the data collected for the Counseling-Orientation Scale (COS)?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you have answered No to both (a) and (b), omit the following:

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

I will contact you regarding details of your participation in the second portion of the study and/or results of the COS within three weeks.

*Anita M. Dewar*  
Anita Dewar

Room 100I Ed. Psych.  
Ph: 474-9629

TO: Participants in the Study

FROM: Anita Dewar

Introduction:

I am a Masters student in Ed. Psych. majoring in Counselling. In fulfillment of my degree requirements, I am conducting a research project. After having been involved in the training here and having worked in settings such as Clinic and Walseley House, I have become very interested in studying the counselling process in greater detail. My interest lies in studying some of the dynamics of the counselling process through simulated counselling sessions. In order to do this I require the cooperation of persons such as yourselves who are involved in counselling training and who have a variety of background and experience in various educational and work settings. I am not able to disclose all the details of the study at this time but will be happy to share and discuss them when the data is collected.

Outline of the Study:

- (1) Administration of a scale dealing with counselling orientations. This is a 35 item scale requiring approximately ten minutes to complete. The covering page to the scale requests some biographic information for the purpose of finding out whether any of these variables interact with dimensions of the scale and the counselling session. Depending on the results obtained from this scale, I will be requesting various individuals to participate in the second portion of the study. For this reason I have asked for names and phone numbers.
- (2) Simulated counselling sessions using video tapes. The taping will be done by me at the University in December/79 and/or January/80. This will require approximately an hour of your time in which you will serve as a counsellor. I would like to stress that I am not concerned with viewing individual counsellors as such. The names from the scales will be eliminated after I have contacted the people involved in the taping sessions and the tapes will be erased after they have been reviewed.
- (3) Reviewing of the tapes by three experienced counsellors. The tapes will be viewed by experienced counsellors in order to examine the dynamics of the counselling session in which I am interested. These counsellors will not have access to the names or the scales.

Obligations:

My obligation is to ensure that the tapes will be viewed only by the three counsellors indicated above and myself. The names from the scales will be discarded after the data is collected and the tapes will be erased after being reviewed by the counsellors. I will be producing a schedule whereby participants can meet with me individually to discuss the tape and the study if this is requested. All data will be kept in strictest confidence.

You are under no obligation to participate in the study. For my purposes your cooperation is requested; I am sure useful information will result from the study. The benefit for the participants is the opportunity to use counselling skills in a situation that is similar to a real life counselling situation and to view the results of the study.

Thanking you,

*Anita M. Dewar*

Anita M. Dewar  
Room 1001  
Ed. Psych.  
Ph: 474-9629

## APPENDIX C

### Participant Results

The following presents the results of the Counseling-Orientation Scale (COS) as given to each participant in the study.

1.

TO: Participants in the Study

FROM: Anita Dewar

First of all, I'd like to express my thanks and appreciation for your participation in the study. The following presents your results on the Counseling-Orientation Scale (COS).

The scale was developed as a simple method of objectively assessing counseling-orientation preferences of counselors and counselor trainees. Scores are obtained on seven major counseling orientations (there are others):

Behavioral  
Client-Centered  
Existential  
Gestalt  
Freudian  
Rational-Emotive  
Trait-Factor

There are five different characteristics for each orientation:

Nature of Man (NM),  
Personality Constructs (PC),  
Nature of Anxiety (NA),  
Counseling Goals (CG), and  
Counseling Techniques (CT).

A statement is given for each characteristic reflecting a belief in keeping with the particular orientation. You were asked to give your level of agreement to these statements:

4 = Strongly agree,  
3 = Agree,  
2 = Disagree, and  
1 = Strongly disagree.

For example, item 1, "People are mechanistic in that they are merely responsive to environments over which they have little control", reflects the Behavioristic position regarding Nature of Man. A response of "Strongly agree" would yield four points toward a Behavioral score. Responses to all five items for each orientation are totalled; thus, the range is from 5 to 20.

The scale items and your responses are given in Table 1. Your total score for each orientation is also given.

2.

INTERPRETATION

Your total score alone does not give a clear indication of your orientation preference. Statements pertaining to some orientations are more readily endorsed by people irrespective of their orientation. For example, choice of words can make one statement seem more negative or positive independent of the point of view. Thus, your scores must be interpreted relative to the scores of other students in counseling training. Your scores have been compared with those of 294 students at seven U.S. universities.

One way of representing your scores on the seven orientations is to use percentile ranks. This way you can readily see your relative position on each orientation, as well as comparing your level on one orientation to the others. This is given as a profile on Figure 1. Your percentile rank indicates the percentage of people who obtained scores below you on that orientation. If you score 50 on Behaviorism, then approximately 50% of the people scored below you and 50% scored above--this is an average score. A percentile score of 75 indicates that 75% of the people obtained scores lower than that. Therefore on your profile a higher score reflects greater agreement with that orientation.

You can be in agreement with more than one orientation, many people are. This may be due to the similarity of certain characteristics among some of the orientations. Also, an eclectic approach is common in counseling today. Finally, this scale, like all others, is not perfect; it gives an indication of a counselor's orientation but does not distinguish perfectly among orientations.

To help indicate important differences between your orientation preferences, your scores are given as bars on the profile. If the bars on any two orientations do not overlap it is highly likely that your orientation is closer to the one with the higher bar. In some cases two bars may overlap and are higher than the other five bars--the orientation would then probably be a combination of the two higher orientations.

Remember this is only one way of indicating your orientation. To accurately identify an individual's orientation further information would be necessary.

Again, thanks for the time you afforded me. I hope it has been of interest to you. If you wish to contact me for further information call or write:

Anita Dewar  
Room 100 I  
Dept. of Ed. Psych.  
University of Manitoba  
Winnipeg, Manitoba R3T 2N2

Telephone: 474-9629

Table 1  
COUNSELING-ORIENTATION SCALE

Behavioral			Your Score
Charac- teristic	Item		
NM	1. People are mechanistic in that they are merely responsive to environments over which they have little control.		<u>1</u>
PC	8. People's behaviors are determined by the antecedent conditions in operation at any given point in time.		<u>2</u>
CG	15. Being well adjusted means having learned behaviors that don't cause problems.		<u>1</u>
CT	22. The best way to help people is to aid them in learning behaviors that bring about desired reactions.		<u>1</u>
NA	29. People are anxious because they have learned inappropriate reactions to certain stimuli.		<u>3</u>
TOTAL			<u>8</u>
Client-Centered			
PC	2. People are guided by their perceptions of themselves and their environments.		<u>3</u>
CG	9. The well-adjusted person is mature, self-directed, congruent, and open to new experiences.		<u>4</u>
CT	16. The best way to help people is to be open, accepting, and understanding of whatever they wish to communicate.		<u>4</u>
NA	23. Incongruence between self-concept and personal experience leads to anxiety.		<u>3</u>
NM	30. A person is in a constant state of movement toward self-actualization.		<u>3</u>
TOTAL			<u>17</u>

Table 1. Continued...

/2

Existential			
CG	3.	People are well adjusted when they experience existence in order to develop commitments and act on potentialities.	<u>3</u>
CT	10.	The best way to help people is to aid them in finding the meanings in their lives.	<u>3</u>
NA	17.	People become anxious when they lose sight of the purposes of their lives.	<u>3</u>
NM	24.	People are responsible only to themselves and must define their own meanings for their lives.	<u>4</u>
PC	31.	What people are or do is determined by the individual meanings in their lives.	<u>4</u>
TOTAL			<u>17</u>
Gestalt			
CT	4.	The best way to help people is to provide situations in which they can get closely and intensely in touch with themselves.	<u>4</u>
NA	11.	Anxiety is the result of unresolved feelings about previous events.	<u>3</u>
NM	18.	People are more than the sums of their parts; they are a coordination of the parts working as a whole.	<u>4</u>
PC	25.	A person is a self-regulating system trying to balance between doing and thinking components.	<u>2</u>
CG	32.	People are well adjusted when they take responsibility for their own lives and are in touch with themselves and the world.	<u>4</u>
TOTAL			<u>17</u>

Table 1. Continued...

/3

Freudian			
NA	5.	Anxiety is caused by unconscious conflicts in the mind.	<u>2</u>
NM	12.	People are shaped by their needs, instincts, and drives.	<u>2</u>
PC	19.	People's personalities are the composite results of all that has happened previously in their lives.	<u>3</u>
CG	26.	In order to achieve maximum adjustment, people must reconstruct parts of their personalities.	<u>2</u>
CT	33.	The best way to help people is to let them verbalize the source(s) of their problems.	<u>3</u>
TOTAL			<u>12</u>
Rational-Emotive			
NM	6.	People have the potential to be rational and can rid themselves of emotional difficulties through rational thinking.	<u>2</u>
PC	13.	Psychological states are the result of either logical or illogical thought processes.	<u>3</u>
CG	20.	People will be adjusted when the vast majority of their behaviors are rational.	<u>2</u>
CT	27.	The best way to help people is to use teaching and persuasion to help them eliminate irrational ideas from their lives.	<u>2</u>
NA	34.	Anxiety is the result of overgeneralizing the potentially negative effects of an event.	<u>3</u>
TOTAL			<u>12</u>

Table 1. Continued...

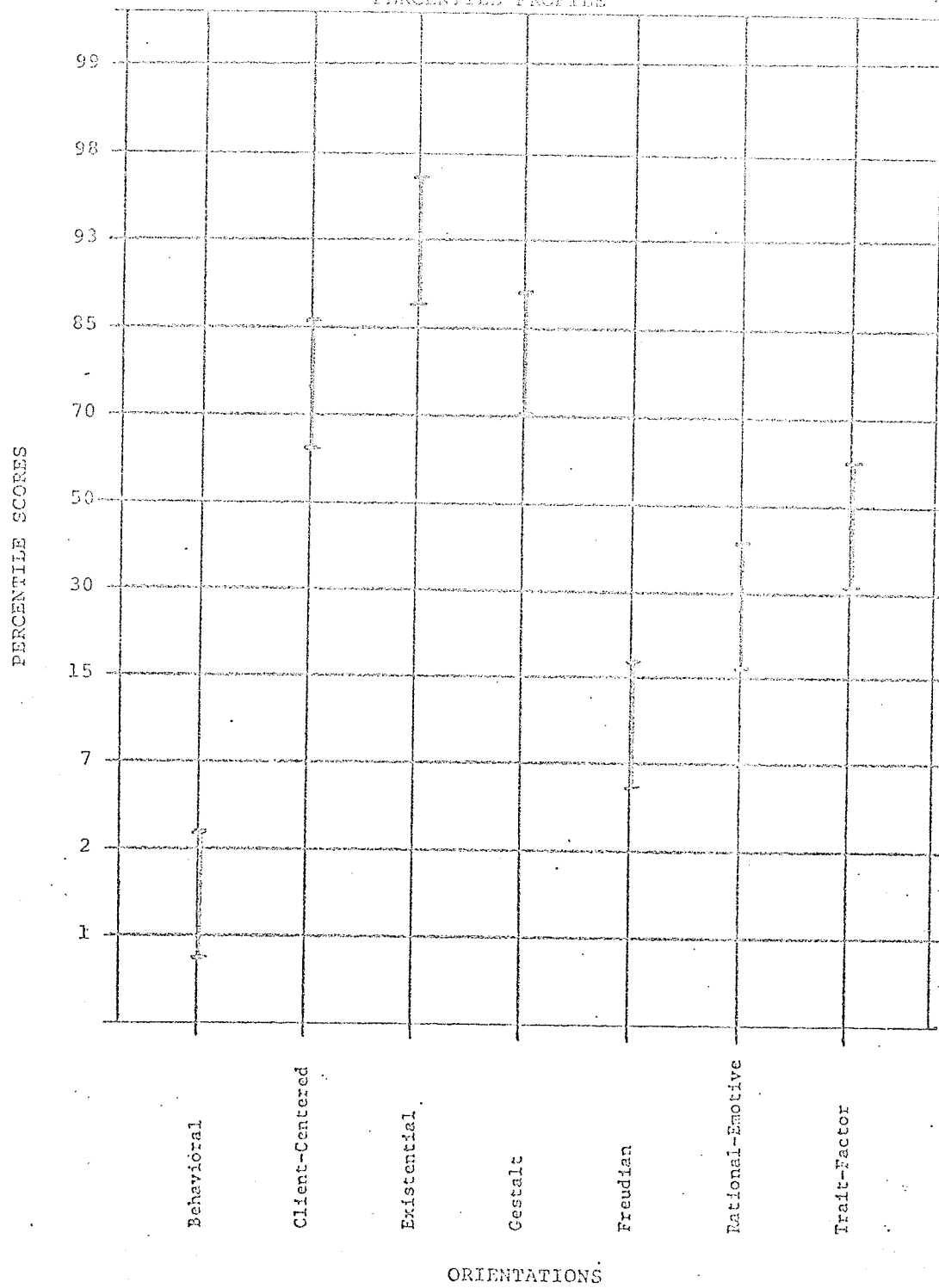
/4

Trait-Factor			
CG	7.	People may be considered well adjusted when their characteristics and their environments are appropriately matched.	<u>2</u>
CT	14.	The best way to help people is to match them to appropriate environments and show them how their skills and attitudes are appropriate to those environments.	<u>2</u>
NA	21.	Uncertainty about use of personal potential in appropriate situations results in anxiety.	<u>3</u>
NM	28.	People are not capable of developing autonomously and need the assistance of others effectively to match their potential to their environment.	<u>3</u>
PC	35.	People seek to organize and maintain their lives by matching their unique patterns of capabilities and potential to their environments.	<u>3</u>
TOTAL			<u><u>13</u></u>

(Details on the Counseling-Orientation Scale can be found in:

Loesch, L. C. and McDavis, R. J. A scale for assessing counseling-orientation preferences. Counselor Education and Supervision, 1978, 17(4), 262-271.)

Figure 1.  
COUNSELING-ORIENTATION SCALE  
PERCENTILE PROFILE



APPENDIX D

Rating Results of the  
Counseling Interviews

## Rating Results of the Counseling Interviews

Tapes (Counselor Trainees)		Rater One	Rater Two	Rater Three
1	most	Trait-factor	Rational-emotive	Rational-emotive
	least	Rational-emotive Client-centered	Trait-factor Existential	Client-centered Existential
2		Behavioral	Behavioral	Rational-emotive
		Rational-emotive	Rational-emotive	Behavioral
		Trait-factor	Trait-factor	Trait-factor
3		Client-centered	Behavioral	Behavioral
		Behavioral	Rational-emotive	Rational-emotive
		Trait-factor	Client-centered	Client-centered
4		Trait-factor	Trait-factor	Client-centered
		Rational-emotive	Rational-emotive	Trait-factor
		Client-centered	Client-centered	Rational-emotive
5		Gestalt	Gestalt	Gestalt
		Client-centered	Client-centered	Rational-emotive
		Rational-emotive	Rational-emotive	Client-centered
6		Rational-emotive	Rational-emotive	Gestalt
		Client-centered	Trait-factor	Client-centered
		Trait-factor	Client-centered	Rational-emotive
7		Client-centered	Trait-factor	Rational-emotive
		Behavioral	Rational-emotive	Client-centered
		Trait-factor	Client-centered	Gestalt
8		Client-centered	Existential	Existential
		Existential	Client-centered	Gestalt
		Gestalt	Gestalt	Rational-emotive
9		Client-centered	Client-centered	Client-centered
		Gestalt	Gestalt	Rational-emotive
		Rational-emotive	Rational-emotive	Existential
10		Trait-factor	Rational-emotive	Behavioral
		Behavioral	Trait-factor	Rational-emotive
		Rational-emotive	Behavioral	Trait-factor
11		Trait-factor	Trait-factor	Behavioral
		Client-centered	Client-centered	Client-centered
		Behavioral	Rational-emotive	Trait-factor
12		Client-centered	Trait-factor	Existential
		Trait-factor	Client-centered	Client-centered
		Rational-emotive	Rational-emotive	Rational-emotive