University of Windsor
Scholarship at UWindsor

Electronic Theses and Dissertations Theses, Dissertations, and Major Papers

2008

Training counselors: An efficacy study of a new teaching method

Andreea Cristina Andreescu
University of Windsor

Follow this and additional works at: https://scholar.uwindsor.ca/etd

Recommended Citation

Andreescu, Andreea Cristina, "Training counselors: An efficacy study of a new teaching method" (2008). *Electronic Theses and Dissertations*. 8011.
https://scholar.uwindsor.ca/etd/8011

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.

Vita Auctoris

Cristina Andreea Andreescu was born in 1980 in Bucharest, Romania. She graduated from Mihai Viteazul High School in 1998. From there, she went on to the University of Bucharest, specializing in Psychology. In 2002, she immigrated to Canada and in 2006 she obtained her Hon. B.A. in Psychology at McMaster University. She is currently a candidate for the Master's degree in Clinical Psychology at the University of Windsor and hopes to graduate in Fall 2008.

Training Counselors: An Efficacy Study of a New Teaching Method

By Andreea Cristina Andreescu

A Thesis
Submitted to the Faculty of Graduate Studies
through the Department of Psychology
in Partial Fulfillment of the Requirements for the
Degree of Master of Arts at the
University of Windsor

Windsor, Ontario, Canada
2008
© 2008 Cristina Andreea Andreescu

Library and Archives Canada

Published Heritage Branch

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque et Archives Canada

Direction du Patrimoine de l'édition

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 978-0-494-47091-6
Our file Notre référence
ISBN: 978-0-494-47091-6

NOTICE:
The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

AVIS:
L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.

Declaration of Originality

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

I certify that, to the best of my knowledge, my thesis does not infringe upon anyone's copyright nor violate any proprietary rights and that any ideas, techniques, quotations, or any other material from the work of other people included in my thesis, published or otherwise, are fully acknowledged in accordance with the standard referencing practices. Furthermore, to the extent that I have included copyrighted material that surpasses the bounds of fair dealing within the meaning of the Canada Copyright Act, I certify that I have obtained a written permission from the copyright owner(s) to include such material(s) in my thesis and have included copies of such copyright clearances to my appendix.

I declare that this is a true copy of my thesis, including any final revisions, as approved by my thesis committee and the Graduate Studies office, and that this thesis has not been submitted for a higher degree to any other University or Institution.

ABSTRACT

Research indicates an increasing number of training programs, teaching trainees to establish an adequate working alliance with clients. Such programs appear effective, but suffer from methodological shortcomings. As a response, a training program for undergraduate psychology students has been designed at the University of Windsor. The current study is assessing the effectiveness of the program. The program was formulated in an experiential- integrated fashion. Twenty-four advanced psychology students underwent twelve weeks of training. Students practiced with volunteers in 45-minute counseling sessions in four occasions throughout the program. The program outcome was reflected in the improvement of helping skills compared to baseline, rated by trainees and "clients". Results show significant improvements of trainees' ability to establish a supportive working relationship with the clients, as well as a trend of improvement in dealing with their own anxieties. Findings indicate the course was successful and propose improvements for future implementations.

DEDICATION

Firstly, I would like to thank Dr. Antonio Pascual-Leone for being more than my supervisor, for all his advice and for supporting me through my journey from the first year of graduate studies, including all my overly ambitious ideas for super-theses.

Secondly, there are no words to express my gratitude towards my parents, and my grandmother who ventured into a new country to offer me a better future. Thank you for always encouraging me to follow my dreams and to not take "no" for an answer and for being my best friends, above all.

Last but definitely not least, I want to thank Jim, my fiancee, for always believing in me and loving me through all the busy school times and the distance.

TABLE OF CONTENTS

DECLARATION OF ORIGINALITY iii

ABSTRACT iv

DEDICATION v

LIST OF TABLES x

LIST OF FIGURES xi

CHAPTER

I. INTRODUCTION 1

Training Counsellors 2

Issues Related to Training Therapists 3

Single vs integrative training frameworks 3

Methods of supervision 4

Personal/didactic psychotherapy 5

The Necessary and Sufficient Conditions of Therapy 6

Early Programs Developed to Train Helping Skills 8

More Recent Approaches to Helping Skills Training 12

Training in an integrative approach 12

Training in experiential therapy 13

Training in cognitive behavioural therapy 14

Cross-training approaches to teaching therapists 15

Research on Counsellor Training Programs 17

A review of outcome research 17

Identifying effective components of therapist training programs 19
Recommendations for conducting research on training outcomes 21
Current Context: A Platform for Conducting Research 26
Course Design of 46-430 26
Lectures 26
Practice and supervision 27
Assignments 28
Formal sessions with volunteers 29
Ethical considerations 31
Current Study 32
Research Possibilities vs Current Design 32
Hypotheses 37
II. METHODS 39
Participants 39
Client Participants 39
Counsellor Participants 40
Measures 40
Client Measures 40
Counsellor/trainee Measures 42
Control Variables 44

Research Design 44

Procedures 45

Research Protocol 45

Procedures to Ensure Ethical Process 45

III. RESULTS 47

Preliminary Analyses 47

Main Analyses 50

Testing Hypothesis 1 50

Testing Hypothesis 2 52

Testing Hypothesis 3 54

Secondary Analyses 54

IV. DISCUSSION 56

Discussion of the Individual Measure Findings 56

Improvements in Counselling Skills: Perspectives of Both Trainees and Their Clients 57

Is There a Drop in Performance at the End of Training? 61

Methodological Considerations: How Did the Improvement Suggestions Work? 62

Future Directions and Improvements 67

V. REFERENCES 71

APPENDIX A: Course Outline Psychology 0246430 79

APPENDIX B: Letter of approval from the Research Ethics Board 93

APPENDIX C: Consent Form for Students Enrolled in 0246430 94

APPENDIX D: Consent Form for Participant Pool Students 97

APPENDIX E: Counselor Activity Self-Efficacy Scales 101

APPENDIX F: Self-Awareness and Management Strategies Scales for Therapists 106

APPENDIX G: Working Alliance Inventory- Short Revised Version 109

APPENDIX H: Revised Session Reaction Scale 110

APPENDIX I: Demographic Questionnaire for Participant Pool Volunteers and Course Students 113

VITA AUCTORIS 114

LIST OF TABLES

Table		Page
1	Variables available from course vs. variables proposed for in study	33
2	Timeline of data collected in course	36
3	Trainee development over the four testing times, as shown by client and trainee measures	48
4	Descriptive statistics of baseline scores at beginning of the program	49
5	Effects of gender and prior exposure on course performance	55

LIST OF FIGURES

Figure Page

1 Trainees performance at the testing times, according to client and trainees mean standardized scores 50

Training Counselors: An Efficacy Study of a New Teaching Method

Introduction

An important feature of the profession of Clinical Psychology is the training and supervision of psychotherapists to provide effective service to the clients in need. As psychotherapy has become more established in the mental healthcare, numerous therapist training programs have been developed and implemented. Research on these programs is focused on two levels: (1) developing the best training sequence (i.e., How can we train students to be the best psychotherapists?) and (2) developing better methods of evaluating training programs (i.e., How do we know if a program works and how well it work?). After a few decades during which research has focused on developing programs, there appears to be a reorientation of interest in the field towards the effectiveness of training.

The current study follows this more recent research trend by evaluating the effectiveness of a training program. This study is not intended to design or develop techniques for training psychotherapists. Rather, the study assesses the effectiveness of a newly developed program, which was taught to advanced psychology undergraduates at the University of Windsor.

This introduction will review the literature on two inter-related themes. It will address the issues and developments in therapy training programs. At the same time it will review literature on training effectiveness, and the common obstacles in training evaluations. Once again, the aim of the current study is to assess the overall skills improvement experienced by trainees over the course of their training in an existing counsellor training program.

Training Counsellors

Following the development of various paradigms and theoretical frameworks for psychotherapy (psychodynamic, cognitive-behavioural, humanistic, etc) and research established their effectiveness, the field moved onward with questions of refinement, such as: "which framework is more effective?", "how can we match a disorder with the most appropriate treatment?" and other similar questions (Hill & Lent, 2006). In contrast, relatively less interest was invested in how to teach psychotherapy and how to train professionals. At the same time, increasing demand for psychotherapy points towards the need for more therapists, who can provide effective services for a very large range of difficulties (van Deurzen-Smith, 1996). It follows then that there is an increasing need for more training programs.

As a result, there is an important need to research which skills students should have to conduct effective and efficient psychotherapy. In a meta-analytical study, Ahn and Wampold (2001) investigated a wide range of therapies developed between 1970 and 1998 and found that adding specific techniques and refining the theoretical framework did not lead to an improved outcome of the therapy. Rather, it became obvious that the ability of the therapist to establish a stable and productive working relationship with the client, one which allows for an optimal use of additional techniques, was a general requirement. These results suggest that teaching students how to "be therapists" is more important than teaching them an academic understanding of the theories and methods specific to each therapy. This led to the current research questions: "Can one teach a

measurable increment of basic therapy skills in a classroom format?" and "How much can undergraduate students improve their skills within a single term?"

Issues Related to Training Therapists

Single vs. Integrative Training Frameworks.

Most current training programs are based on certain theoretical frameworks (cognitive-behavioural, psychodynamic, systemic, etc). The more comprehensive programs are from 1 to 2 semesters to several years (Hill & Lent, 2006). Initially, programs were developed following manuals from particular theoretical bases, with a strong emphasis on teaching specific techniques (Ronnestad & Ladany, 2006). As the field evolved, there was an increased influence of not only cognitive and social sciences, but also of philosophical streams (with Oriental influences such as meditation and mindfulness-oriented therapy). This evolution is characterized by increasingly large variations in terms of theoretical orientations, degree of eclecticism, training ideologies, and standards of professional competence (Ronnestad & Ladany, 2006). There are also practical reasons for the departure from traditionally manualized training programs. For example, simply learning a manual seemed not to be enough to develop adequate and effective treatment skills. In 2000, Bein, Anderson, Strupp, Henry, Schact et al. conducted a study which compared the impact of training on therapy outcome. They found that there were no significant differences between therapists who had received a manualized therapy and therapists who had not had a manual to train from. By contrast, Grawe (2005), Caspar (2006) and Fluckinger (2005) (all cited by Ronnestad & Ladany, 2006) have presented positive research results on the use of "integrative therapy", following an

intensive, highly structured, integrative therapist training. Their studies showed that students trained in this integrative manner were able to facilitate better therapy outcomes for their clients than students trained traditionally. The most comprehensive training programs also integrate manualized teaching with supervision (in practica and internships), self-therapy (or personal therapy) and highly structured courses (Ronnestad & Ladany, 2006).

Methods of supervision.

Supervision has evolved from the traditional one-on-one meetings between the trainee and the trainer after therapy sessions conducted by the trainee. Other methods include supervision from audio or video recordings. Still other approaches include live supervision, when the trainee enters a session with a two-way audio device (bug-in-ear, or phone-ins) which allows the trainer to convey guidance and feedback to the trainee in vivo. Although there is some mixed evidence for the usefulness of live supervision from the perspective of therapy outcome (Champe, & Kleist, 2003), there is also evidence that this method is becoming more ubiquitous in clinical settings. Several studies examined the effects of supervision (post-session consultations vs. live supervision) and found that supervisory training usually involves a considerable amount of problem solving which is correlated with increased counselor skills, improved counselor-client partnership and increased goal attainment (Harkness, 1995). These results could be potentially caused by a modeling of the trainer's empathy and interpersonal style by the trainee. In the framework of psychotherapy training, supervision would complement theory learning by

providing the trainee with specific examples of applying therapy techniques and constructing the therapeutic alliance.

Personal/didactic psychotherapy.

Since the beginning of psychodynamic training programs, personal therapy has been used as a training requirement. Currently, four out of five psychotherapists (from various theoretical orientations) report being or having been in personal therapy (Orlinsky, Ronnestad, Willutzki, Wiseman, Boterman et al., 2005). In this approach, future therapists undergo therapy sessions, with the intention of resolving their own issues, stress and frustration that might emerge during training. Furthermore, once the therapists have addressed their own issues, it is believed they will be more apt to act professionally in sessions with clients (Sherman, 2000). In addition, being in the role of the client allows the trainee to gain a new perspective of being in a vulnerable and open position vis-à-vis the therapist, and thereby helps trainees to develop empathy for their clients (Greenberg & Goldman, 1988). Through this process trainees gain first-hand knowledge by witnessing the application of theoretical concepts and having the opportunity to follow behaviour modeled by more experienced therapists (Sherman, 2000).

Similar to personal or didactic therapy, self-therapy completes the learning process initiated by structured courses and manuals and adds new dimensions to their theoretical knowledge and interpersonal skills. Self-therapy as a training component directs trainees to do individual exercises that may develop skills and personal awareness (i.e. keeping a journal or completing private assignments of self-exploration). Still, with

the decreasing preponderance of staunchly psychodynamic schools, personal/didactic, and self-therapy are no longer widely required among graduate training programs in North America. One of the reasons for this are ethical concerns that have been raised by requiring trainees' to undergo treatment and potential conflicts of interest that can follow from the nature of didactic psychotherapy (Sherman, 2000).

The Necessary and Sufficient Conditions of Therapy

However the case may be with respect to issues in training therapists, it is clear that overall there is an increasing emphasis, not simply on the mastery of theory, but also on the interpersonal approachability of the therapist. Rogers (1957) was one of the first theorists to rest treatment success principally on the real relationship between therapist and client. He outlined three necessary and sufficient conditions for therapeutic change: (1) the therapist's communication of genuineness in expressing him/herself freely and approaching the client's issue, (2) the therapist's communication of unconditional positive regard and (3) the therapist's communication of empathy for the client's unique position. Rogers noted that therapists must be aware of the client's vulnerability and must provide congruent support (Rogers, 1957). It is essential that the therapist be perceived as genuine and involved. From this perspective, the therapist should be able to provide a medium for the exploration of the client's issue. For example, the client might be apprehensive about revealing personal aspects for fear of social rejection, therefore the therapist is advised at all times to accept the client as a whole and care for the client as a person. At the same time, such involvement with the client will also help the therapist offer adequate empathy, sharing the client's feelings and thoughts and creating a collaborative intervention into

the client's private life. These conditions allow the client to connect with the therapist and allow him or herself to be eased into the therapeutic process.

Coming at a time when behavioural therapies emphasized techniques over relationship factors, Rogers' approach was revolutionary in that it defined the client-therapist relationship as a key in therapeutic change. Moreover, this relationship was defined as independent of theoretical positions since therapist's most salient contribution is the personal relationship, not the technical interventions (Horvath, 2000). Rogers (1957) asserted that the alliance established in therapy is not particularly "special", but rather is very similar to everyday, "real" relationships, albeit constantly focused on benefiting the client. The three necessary and sufficient conditions for therapy outlined by Rogers laid the foundation for how to instruct trainees on establishing a therapeutic alliance with their clients.

The working alliance is defined as a collaborative negotiation with the following three key features: (1) establishing a common goal to work towards, (2) agreeing on tasks that would bring them closer to the goal and (3) developing an interpersonal relationship based on mutual respect and support (Bordin, 1979, 1980). The impact of the therapeutic alliance is so strong that it holds as a predictor of therapeutic success across treatment approaches. In a meta-analysis, Horvath and Symonds (1991) assessed 20 studies conducted between 1978 and 1990 that assessed the relationship between alliance and outcome. The effect size (after aggregating the dependent effects within studies) was .26, ranging from .22 to .29. Further analyses showed a relatively strong effect, as the alliance accounted for 7% of the outcome, in contrast with treatment techniques which accounted

for less than 1%. A more recent meta-analysis on studies published between 1977 and 1997 has found that the alliance effects accounted for 5% of the outcome, still a significant influence given the tremendous amount of variability from diverse clients and their presenting problems (Martin, Garske & Davis, 2000). Given the influence that the working alliance bears on the therapeutic change and ultimately outcome, an old question still remains to be fully addressed: Leaving the specific techniques aside, to what degree can one train the skills necessary for achieving a productive alliance? In other words, is one born an "empathic listener" or is one trained? Rogers initially believed one could train such abilities, but later reformulated them as personal therapist attitudes, rather than aptitudes (Rogers, 1957).

Early Programs Developed to Train Helping Skills

Despite Rogers' position later in his career, a number of his disciples believed that therapy skills oriented towards helping the client acclimatize and progress through therapy were the result of a given therapists' practice and knowledge of theory (Hill & Lent, 2006). Several followers of Rogers started formulating programs for psychotherapy trainees with the purpose of teaching students how to help, to be attentive, be empathic and achieve a collaborative partnership with the clients. Most programs today are based on three foundational frameworks, developed independently by Carkhuff (1969), Ivey (1971) and Kagan (1984). The following will provide a short description of these programs.

In order to train individuals in clinical skills, Carkhuff founded Human Relations Training (HRT; 1972), which became one of the most well known and utilized programs.

Formulated as a 100-hour program, it provides the trainees with a manual, integrating experiential approaches to therapy. In this program, therapists progress through three stages with clients. The first stage is “self-exploration” by the client: The therapist facilitates the exploration process through empathy and reflection of feelings. The second stage is “understanding” the nature of the issue presented in therapy: The therapist uses advanced empathy, adequate self-disclosure, interpretation and confrontation. Once the client has obtained a detailed understanding of the conflict, the therapist facilitates “action” through problem-solving, decision-making and behavioural techniques. Because the therapist is trained to guide and facilitate the healing process, the program emphasizes empathy and open questions, allowing the client freedom to explore and direct the therapy.

Schroeder, Hill, Gormally and Anthony (1973) examined the progression of trainees through the HRT course and noted that stylistically correct empathic responses are achieved within the first six hours of training. They also added that the remainder of the time is dedicated to helping the trainees modulate their answers from “stiff and formal” to a more sensitive and adequate answers (Kagan, 1972), where helping is a form of relating to the client. The progress and performance of trainees is assessed in different forms: written responses to analogue situations presented in the form of written statements (Anthony & Wain, 1971), audiotaped statements (Bierman, Carkhuff & Santilli, 1972) or interviews with volunteer clients (Pierce & Drasgow, 1969).

Microcounseling (MC; Ivey, 1971) originates from the microteaching paradigm (Allen, 1967). In this approach, skills very similar to the ones trained in HRT are

integrated into a pyramid. The basis is formed by fundamental skills (e.g., attending to the client, allowing the client to talk while giving minimal encouragement). Following this, the degree of difficulty increases to more complex skills (e.g., reflection of feelings, paraphrasing, summarizing, direct mutual conversation) leading up to highly complex skills (e.g., interpretation and integration of skills into a fluid style) (Hill & Lent, 2006). Microcounseling is built to incorporate several components: a) a focus on teaching specific skills and gradually integrating them b) modeling, used to modify existing behaviours and form new behaviours, c) practice with the purpose of rehearsing and assimilating the new behaviours, d) feedback, meant to reinforce learning, e) microcounseling sessions meant to resemble real therapy sessions and used both as a learning experience and as progress assessment (Ivey, 1971). As a basic procedure, the trainee interviews a client and videotapes the encounter. The client is invited to complete evaluation measures at the end of the session. These measures are part of the teaching experience and will be used in supervision meetings with the trainee. The trainee is also provided a manual teaching the skills to be learned in the session and watches a video of an expert counselor using the skills. The trainee and supervisor watch the tape taken with the client and discuss examples where the trainee applied or failed to make use of the target skills. After reviewing the skills together and planning for the next session, the trainee interviews the same client and receives feedback on the final session (Ivey, 1971).

The third major training program is the Interpersonal Process Recall (IPR; Kagan, 1984). IPR takes into consideration the notion that therapists are blocked in their working alliance by the selective perceptions of surface issues (Bernard, 1989). Kagan (1980), the

founder of IPR, proposed that people are driven by two forces, a need for human contact and a fear of human contact. He explained that early experiences imprint feelings of fear and helplessness that persist throughout a person's life, being often hidden from others and remaining unlabeled. At the same time, one is aware of the need to socialize and attempts to reconcile these opposite forces by behaving in socially acceptable manners. Specifically, the therapist, when faced with a client's issue will resort to at least one of two avoidance procedures. Therapists might "feign clinical naïveté" through an unwillingness to understand and become involved with the client's issue. Otherwise therapists might "ignore the client's messages" by deciding the course of therapy unilaterally, instead of collaboratively. Kagan (1980) considered that therapists in training already have skills appropriate for therapy, but that these skills are blocked by anxiety. The program is therefore designed to "remove the blockage". The training consists of a session conducted by the trainee with a client, which is audio recorded. While listening to the recording after the session, the trainer asks the trainee to reflect on the thoughts and feelings experienced during the session. The atmosphere of the supervision is non-threatening and instructive, as the trainer asks open questions, allowing the trainee to elaborate on the experience at the time of the session. The trainee is encouraged to find his/her own resolution to the thoughts and feelings discussed (Bernard & Goodyear, 1992). IPR is recommended to be integrated with other training programs so as to maximize the degree to which trainees understand the complexity of interpersonal dynamics in the therapeutic relationship (Bernard & Goodyear, 1992).

More Recent Approaches to Training Helping Skills

Since the development of the three programs described above, there has been a tendency to integrate these programs into new training curricula. The following is a short review of more recent approaches to training helping skills.

Training in an integrative approach.

In recent years, a new comprehensive program has been developed by Hill and O'Brien (1999). The Helping Skills approach integrates early training programs to maximize the training effect. The program focuses on three components. The first phase is exploration of the client's issue, during which the therapist facilitates the process by attending to the client's narrative, asking open questions, restating and reflecting feelings. In the second phase, trainees seek to help the client achieve an insight about the problem by challenging the client's pattern of thoughts, offering interpretations and adequate self-disclosure. In the third part, the therapist and client prepare an action plan, with the therapist offering direct guidance and information on action possibilities.

The program is formulated into a highly structured manual which provides theoretical information on the three stages of therapeutic process as well as illustrative case studies. The trainee is provided with analogue situations in the form of "problems" that allow for practice of the material covered in respective readings. In addition to analogue situations, trainees are shown video-taped examples and participate in group experiments, where they can practice the skills taught in each section. At the end of each stage, the manual offers a chapter meant to help the trainees integrate the skills acquired as well as an extended clinical example. The final chapter in the manual offers an

overview and broad integration of the skills taught throughout. Apart from this integrative approach of Hill and O'Brien (1999), several theoretical paradigms also led to training programs with unique features designed to teach specific treatment approaches.

Training in experiential therapy.

Gestalt therapy, one of the early approaches to experiential therapy that moved beyond the client centered tradition, is taught in stages designed to train exclusively in the Gestalt paradigm. In this approach there is a strong emphasis on personal therapeutic work, focused on increasing individual awareness both of oneself as a person and as an attending, caring professional (Greenberg & Goldman, 1988). A Gestalt training program developed by Greenberg (1980) sought to systematize the teaching of certain techniques (such as two-chair interventions). The program is an integration of behavioural skill training, theory, experiential learning and personal therapy. By combining "dialectic-experiential" (i.e. experiences both as client and therapist) and skill training programs, the trainees not only could apply the technique more effectively but also increased their level of guidance and attention to nonverbal cues (Greenberg & Sarkissian, 1984). Indeed, for training as an experiential therapist in general, it is believed that practicing in both the role of therapist and client leads trainees to gain an increased awareness of a client's perspective in the therapy situation (Greenberg & Goldman, 1988).

Other approaches to experiential therapy training combine theoretical skills (taught through manuals) with alliance-building skills such as attending to and summarizing feelings (taught using microcounseling training similar to that outlined by Ivy, 1971). In this tradition empathic communication is thought to be best acquired

through experience, which necessitates practice and personal growth. To this end, some such programs use techniques meant to deepen the trainee's experience as clients by encouraging them to attend personal therapy or to complete process measures given to trainees as part of the therapeutic process (Toukmanian, 1984). In addition to the personal growth component, experiential training programs also make use of manuals, which are focused on teaching students the "when-then" relationship (Rice & Greenberg, 1984). In this approach, "when the client presents a marker… then the therapist intervenes in a particular fashion" (Greenberg & Goldman, 1988, p. 698). Manuals for experiential therapy are therefore aimed at teaching in-session diagnostic skills as well as specific interventions. Training manuals for Emotion Focused Therapy, for example, systematically describe client "markers" or targets for intervention in almost as much detail as the interventions themselves (see Elliott, Watson, Goldman & Greenberg, 2004).

Training in cognitive behavioural therapy.

Approaches to training in Cognitive Behavioural Therapy (CBT) usually involve three phases: selection of trainees that are committed to the theoretical orientation, intensive study of the theory using highly structured manuals and practicing the techniques in role-play, and the completion of supervised treatment cases (Shlomoskas, Syracuse-Siewert, Rounsaville, Ball, Nuro & Carroll, 2005). Role play in CBT training typically makes use of fictitious cases (Shlomoskas et al., 2005), rather than trainees presenting their own personal material as it unfolds moment-by-moment. This makes CBT's "role playing the client" a point of contrast with the "personal experience a client" approach of experiential training.

More recently, web-based programs have become available as a possible alternate type of CBT training programs. Shlomoskas et al. (2005) investigated such programs and described them as follows: (1) a section covering the basics of CBT, (2) a section based on questions usually raised by other therapists during training, (3) two increasingly difficult testing sections and (4) one virtual role-playing section. They compared results of three groups of students: trainees who only read a CBT manual, trainees who participated in a Web-based program and trainees who were enrolled in a seminar with supervision. Results show that the most effective method appeared to be the seminar and supervision condition, followed by the Web program. The manual-only condition was the least effective. These results remained stable over time, supporting the general conclusion from other approaches, that a multi-method program is the most effective way of training psychotherapists (Sexton, Littauer, Sexton & Tommeras, 2005; Carkhuff, 1969; Ivey, 1971; and Kagan, 1984).

Cross-training approaches to teaching therapists.

Integrative approaches to therapy and to training can be formulated in several ways. Hill and O'Brien's (1999) Helping Skills approach teaches therapist skills within a coherent integrative approach that emphasizes common factors. However, other approaches to integration are more eclectic and teach a survey of treatment approaches. Thus, the trainees gain knowledge of varied approaches and can make an educated choice for the approach that best suits them (Consoli & Jester, 2005). Given that specific techniques account for a very small proportion of the therapeutic change (Horvath & Symonds, 1991), some training in integrative approaches to therapy are aimed towards

teaching the basics in the four main approaches: psychodynamic, cognitive-behavioural, experiential, and multicultural (Consoli & Jester, 2005). In essence, this is a form of cross-training for psychotherapists. Consoli & Jester (2005) describe a training program presented in the form of a single semester graduate course, divided as follows: two weeks on the structure of integrative psychotherapy, three weeks on psychodynamic thinking, three weeks on cognitive-behavioural thinking, two weeks on existential thinking, two weeks on multicultural, and two weeks on integrating these approaches. Students undergo two exams (midterm and final) and write a paper consolidating and integrating the material studied. There is an exclusive reliance on manuals and theoretical training but the course occurs at the same time as an internship placement, thus giving the students an opportunity to practice their skills and apply their knowledge in working with clients.

Although comprehensive, learning integrative approaches in this way can be overwhelming given the amount of information they entails. Moreover, one of the complications of cross-training in several treatment orientations is that there are fundamental philosophical challenges to reconciling how different approaches view such things as the treatment process, client agency, and the role of the therapist. Castonguay (2005) and Gold (2005) have both advised that for an integrative training program to be optimal it should allow the trainee to become proficient in a primary approach or single foundational approach into which they then integrate methods and theory from other approaches.

Research on Counsellor Training Programs

A review of outcome research.

Most of the outcome research on counselor training programs explores the effectiveness of HRT, MC, and IPR, which still form the basis of many training approaches. Reviews of the helping skills programs present mixed findings pertaining to the effectiveness of such training. In 1971, Matarazzo found that helping skills programs increased warmth and empathy and her conclusions supported their use not only for professionals, but also for lay personnel. However, she noted several methodological problems, which led her to dismiss HRT in 1978. According to her findings, the program did not specify how certain skills were being trained, the researchers used inadequate rating scales, and the outcome was assessed only through analogue situations, which create a very artificial context, removed from the reality of therapy sessions. At the same time, she suggested that microcounseling (MC) would be a more efficient and valuable program, as it helped develop skills in lay personnel in a relatively short period of time. Her observation was that MC defined the target skills in a very behavioural manner, thus developing a clear program, with videotaped sessions and detailed feedback for the students to draw on. In 1989, Baker and Daniels conducted a meta-analysis on 164 MC research studies and found a large effect of the program on therapeutic skills (ES = .83), regardless of the length of the program (ranging from 2 to 25 hours) or type of skills targeted (high-order or complex and low-order or basic). The researchers found more significant changes in undergraduate trainees versus graduate students. A possible explanation resides in the fact that graduate students have already had exposure to these

skills so their improvement margin might be smaller (Goodyear & Guzzardo, 2000). Similarly, Kasdorf and Gustafson (1978) confirmed the efficacy of the MC approach, although they noted some variability among individuals.

When comparing all programs, Baker, Daniels, and Greeley (1990) conducted a meta-analysis of the three programs and showed the smallest training effects were obtained with IPR training (.20), and the largest with HRT (1.07), MC falling in the midrange with an effect of .63. However, researchers cautioned the validity of these findings, given that the sample sizes from which they were extracted were small (41 studies in total). Nonetheless, these findings are similar to the ones Mayer (2004) reported. Overall, it appears that HRT is the most efficient program, followed by MC and IPR. A possible reason lies in the level of structure offered by the courses, as IPR relies on free discussions during supervision sessions. This method appears to be less efficient than HRT's manualized course. Another line of reasoning points at the role of the supervisor in these programs. In HRT, the trainer acts as a teacher who shares experiences and teaches the techniques. At the opposite pole, the IPR trainer works in a supervision-type setting, guiding the trainee through the learning process, but offering minimum structure and maximum freedom of exploration.

Hill and Lent (2006) conclude that IPR might simply be more suitable for trainees who have had previous exposure to therapeutic settings and processes, such as graduate students, or trainees who have completed an initial training program (such as HRT). Thus, at the beginning, when trainees are unsure of their skills, they should be given a clear structure and direction. After they have mastered some of these skills, they are able

to detach themselves and gather insights about their own cognitive and emotional processes.

After noticing variability in trainee response to the MC program, Kasdorf and Gustafson (1978) advanced the observation that integrating MC and IPR could lead to a superior training program. Their study supports Kagan's (1980) suggestion to use the method in conjunction with other programs. As discussed, Hill and O'Brien's (2004) program uses an integrative method to teaching psychotherapy skills. When reviewing that program, Hill and Kelems (2002) found encouraging evidence that trainees were more able to establish a therapeutic relationship, and were rated higher by their clients than at baseline in a pre-post design. More studies are still needed to explore Hill and O'Brien's (2004) Helping Skills approach before it can be established as a very effective training method.

Identifying effective components of therapist training programs.

The programs discussed tend to target the same general skills and therefore are similar to a large extend in terms of the techniques and processes used to train these skills. Even though there is little consensus on which program is most effective, there are several studies that investigated the specific training methods within each program and discuss their relative successes. Thus far, it appears that the positive outcome of training is related to training methods such as supervision, feedback, modeling, video-taping and discussion, instruction and self-observation (Kasdorf & Gustafson, 1978).

While personal therapy is considered an integral component of effective training in some schools of psychotherapy (i.e. Psychoanalytic, Adlerian, Gestalt), existing studies

do not consistently support this view. Even so, there is evidence that therapists who had undergone therapy were rated as more effective by their clients (Kernberg, 1973; Sherman, 2000). In a review of this literature, Sherman (2000) cites several studies in which therapists with personal experience with psychotherapy responded in a more therapeutic manner to clients' issues, and exhibited more empathy, warmth and genuineness (see Guild, 1969 and Strupp, 1958, as cited by Sherman, 2000). Other studies point out that personal therapy of the therapists has at best no effect on the improvement of clients, if not a detrimental one (see Strupp, 1958, as cited by Sherman, 2000). Even so, personal therapy continues to be used, particularly in training programs with a psychoanalytical orientation. As a result, such a component should be considered of probable use in training.

The "personal experience" component of experiential training programs, which consists of brief experiences as "client" and being the target of interventions, is distinct from ongoing personal therapy. As such, it offers a different form of hands-on experience. To date there seems to be no research on the contribution of personal experience as a training component. Even so, having brief experiences as client and then therapist, while using ones personal material (as opposed to role playing) provides a unique opportunity to get immediate and direct feedback from peers-as-clients. This is likely to have its own benefits apart from personal growth following psychotherapy (Greenberg & Goldman, 1988).

Hill and Lent's (2006) meta-analysis on the topic of training methods included studies between the years 1967 to 2006 and focused on training skills such as empathy,

restatement, and reflection of feelings. Training methods most often cited by these studies were modeling, instruction, practice, and feedback. They found an aggregated effect of . 89, which is considered a large effect compared to no-training controls. The most frequent assessment methods used ratings of counseling session with a trained/coached client and ratings of response to analogue situations. The performance ratings based on these types of assessments was not deemed to differ significantly, suggesting that analogue situations are adequate outcome measures. Modeling was found to be more effective than instruction and feedback (d = .67, confidence interval 0.33 to 1.00). In terms of combining training methods, Hill and Lent (2006) found that multi-method approaches (combining modeling and instruction) were more effective than single-method programs (d= 1.58, confidence intervals .49 to 1.03), suggesting that combining methods improves the development of helping skills. Despite these promising findings, much of the existing research would benefit from more rigorous design and outcome measurement.

Recommendations for conducting research on training outcomes.

The literature presented up to this point is promising in the sense that trainees in helping skills programs are shown to improve compared to no-training controls. Unfortunately, the results are confounded by certain limitations in these studies. The following section is concerned with what these limitations are and the recommendations for future research (for a more detailed account of research recommendations, refer to Hill & Lent, 2006; Gormally & Hill, 1974).

1. Content of training. Most studies did not use manuals for training, which implies that adherence to certain structure of the program was unknown. The reliability of such studies is questionable, as there are no descriptions of the course structure. Hill and Lent (2006) noted that most courses were offered within the context of educational programs so the teaching style varied with each educational program. Gormally and Hill (1974) suggested that as a consequence, the trainer-variable becomes an important confound in such research studies. Specifically, trainees often perform only as well as the trainer. In such cases, the outcome is not a reflection of the program merits, but of the characteristics of the trainer as teacher and counselor. They advised defining the instructor variables that could potentially influence the results, such as experience as trainer, interpersonal style and level of skills. Also, strict adherence to program outlines or manuals is advised to increase reliability and repeatability of the studies (Carkhuff, 1974).

2. Teaching to the test. Many of the training programs conducted so far "teach to the test" by segmenting the program into modules and conducting posttests at the end of each module. Hill and Lent (2006) point out trainees would be aware that each posttest sought the skills taught in the respective module. In contrast, control groups were not oriented towards particular behaviours. A possible bias introduced by this teaching style is that trainees artificially inflated the training effects (Quartaro & Rennie, 1983). Although it could exist in any training program evaluation, one might expect this self-favouring bias to be more pronounced when the intervention being taught is itself highly structured (as in some behavioral or cognitive techniques).

3. Practice as training. Hill and Lent (2006) emphasized the need of clearly defined and separated methods of training, as they noted in most studies, modeling and instruction overlap. Also, the effect of practice has rarely been included as an outcome process marker. It is recommended that practice be included as a variable but also as a teaching method.

Interventions which allow trainees to practice their helping skills ranged between 5 minutes and 1 hour. Hill and Lent (2006) disagreed with the common practice of explicitly stating that training should be done swiftly and pointed to the fact that most therapy training programs (for CBT, EFT, psychoanalysis etc) allow the trainees vast time for practice and training. A more adequate study would require lengthy practice sessions, resembling genuine counseling sessions.

4. Targets of training. Most studies focus on basic skills such as empathy to the detriment of other more complex skills (e.g., interpretation) (Hill & Lent, 2006). A few of these studies focused on the learning of only one skill (such as empathic responses). So, the results show not the effectiveness of an entire skills training program, but rather only of one component. Ideally, a more accurate study would involve general ratings of helping skills, which would gauge the integrated, fluid style sought in the training programs.

5. Structure of training. Training programs differ greatly in length, from as little as 10 hours, to as much as 2 semesters (Hill & Lent, 2006). This variability potentially creates differences in effects as skills are acquired at different levels based on the amount of time spent on teaching and modeling these skills before practice and assessment. It is

recommended that a standard timeframe be sought, in particular one that is close to the length of the actual training program (1 to 2 semesters).

6. Trainees and training groups. Hill and Lent (2006) draw attention to the fact that in most studies, participants sign up voluntarily, thus increasing the bias of the population selection criteria. Participants would, in this case, be highly motivated to learn helping skills and could artificially inflate the effects of the program. Although it is difficult to assign participants randomly, the authors suggest keeping this bias in consideration when calculating the effectiveness of a training program.

On the other hand, this critique by Hill and Lent (2006) might overlook the inherent ecological validity entailed in having trainee-participants who volunteered. It is usually the case that psychotherapy students are indeed very motivated to participate in such programs and it would be very unusual for trainees to otherwise be trained as therapists. Therefore, contrary to this particular critique regarding self-selected samples, it may be more adequate to maintain the usual manner of participant recruiting.

A separate factor that should be taken into consideration is the number of participants in each study, which varied from 7 to 12 trainees per training group (Hill & Lent 2006). Generally, smaller groups allow for a more active participation and individualized supervision. Future research should attempt to reconcile the need for collaborative learning with the requirement for a statistically powerful sample that would capture the effects of training in a more robust manner. In addition to research benefits, larger programs could potentially prove to be more cost-effective and would allow for the training of a larger number of therapists at the same time.

7. Measurement of outcome. Program outcomes have been measured in several ways. Assessment involved interview behaviours (e.g., pauses, length of responses; Matarazzo & Wiens, 1967) or receiving ratings to oral or written responses to analogue situations (e.g., writing an empathic response to an audiotaped client; Smit & van der Molen, 1995, 1996). Gormally & Hill (1974) as well as Carkhuff (1969), critiqued such methods, deeming them artificial and inadequate. They further suggest that genuine interactions with clients would be more realistic and would allow gauging the improvement of the clients as the clients themselves perceive it. Such an assessment method would eliminate the need for outside judges and implicitly, a source of unknown error.

Thus, an additional recommendation in the literature is the use of realistic counseling sessions, using several such sessions with different clients at each assessment point. While supporting this recommendation, Hill and Lent (2006) mention some of the problems with this. They highlight that the same trainee might receive a very psychologically-minded client at the beginning of the training course and a very reluctant client at the end of the course. Such discrepancies in client-based evaluations would not reflect accurately the effects of the training. Consequentially, the authors have recommended that more than one client be used per trainee, per assessment point.

8. Measurement of trainee change process. Finally, assessing the process, rather than simply the outcome of training would provide a more detailed and useful perspective. Therefore, it is recommended to employ several testing points throughout the course of the program (Hill & Lent, 2006). A baseline measurement (i.e. pre-training)

would provide a measurement of the trainees existing helping skills level, as some trainees already possess a high level of such skills and it can be expected that the program will not offer as large an improvement as for trainees with a lesser baseline level. It would also provide an initial point of comparison against which the effectiveness of the program can be measured. Subsequent testing times would allow one to track progress on a learning curve and might inform the relative importance of training periods.

Current context: A Platform for Conducting Research

The current study was designed to evaluate an advanced psychology course on counselling offered at the University of Windsor. The course was designed to address the existing shortcomings of programs developed up to date and thus requires a formal evaluation of the degree to which it achieves its purpose of providing an efficient training sequence. The current researcher acted as a graduate assistant for the course, organizing and mediating the training practice session. Before outlining the research method, a description of the skills training course will be provided.

Course Design of 46-430

Lectures.

A training skills program was designed by Dr. Pascual-Leone to incorporate instruction, modeling, feedback, and practice of helping skills into a 13-week course (39 hours of in-class activity plus approximately 40 hours of readings and assignments). For a detailed course syllabus, see Appendix A. The course was aimed at teaching the principles and techniques underlying an experiential approach to therapy. This course had four overarching learning objectives: (1) develop skills necessary to establish an effective

working alliance and repair alliance ruptures; (2) develop skills necessary for initiating and guiding clients into deeper experiential (i.e. affective-meaning) processing; (3) identify and discriminate between productive and unproductive client processes based on psychotherapy process measures. And finally, although training was not designed to include self-therapy per se, a series of assignments were designed to have students consider their own personal processing style, degree of affective avoidance, issues, etc., which is believed to (4) facilitate personal insight as relevant to therapist training.

The course met once per week on Thursdays from 4:00 until 6:50 pm for 13 weeks in the Fall semester of 2007. Students were gathered in a medium-sized classroom for the lecture component of the class. During the practice sessions, they were divided in two rooms, which allowed for greater privacy. The first class was used to introduce the course in terms of aims, structure, and requirements.

For the following weeks, with the exception of 4 special classes ("formal sessions" to be discussed later), the structure of classes was divided between instruction (lecture based on weekly assigned readings), modeling (videos of master therapists from different treatment orientations) and a practice session (with peers). In order to ensure adequate teaching, approximately 60% of class time was devoted to class discussion, instruction, and modeling through video while the other 40% was devoted to practicing skills.

Practice and supervision.

For practice sessions, trainees were divided into groups of three, in which one played therapist, one played client, and a third acted as an observer or "on-call therapist",

(offering intervention suggestions only at the request of the therapist). Trainees playing client were invited to present personal material that was appropriate for training purposes. For the purpose of the peer practice sessions, trainees were divided in two rooms, allowing for more privacy. In each room there was a maximum of 4 groups. Each practice session usually allowed for 2 rounds of 15-20 minutes such that each group of participants had an opportunity to rotate roles (client, counselor, and observer) at least once. The professor offered live supervision for each counseling group by dropping into ongoing practice sessions as unobtrusively as possible and then intervening or making suggestions as necessary. After the end of the practice time, a 15-minute class discussion allowed trainees from the different sub-groups and the trainer to comment on the experience of the counseling sessions and to address areas of difficulty.

Assignments.

Trainees completed weekly journal entries which consisted of a one-page commentary on what trainees discovered about themselves or the therapy process during the previous assignment and/or in-class practice sessions and a page containing questions and commentaries on the current week's readings.

In addition, six assignments were completed by trainees and these are believed to gauge the degree to which trainees understood and made use of concepts taught in the course. These assignments principally involved the use of validated psychotherapy process measures from different treatment approaches, including: The Levels of Emotional Awareness Scale (LEAS), Levels of Client Experiencing Scale (EXP-C), Pennebaker Trauma Narrative, the Narrative Process Coding System (NPCS), and the

Core Conflictual Relationship Theme (CCRT). Trainees used their own personal material (i.e. stories about real life events) to complete and code the assignments. They also attached a reflection on their experience of using the measures. The 6 assignments asked trainees to examine their own personal experiences and these exercises can be understood as self-explorations that are facilitative of therapists' training.

Formal sessions with volunteers.

Four classes, spread across the term, were dedicated to practicing therapy skills with "clients" with whom trainees had no previous contact. These "formal sessions" allowed trainees to have full one-on-one sessions with volunteer "clients" from outside the course. They are contrasted with the "practice sessions" in which trainees practice with each other for shorter periods in groups of three. Thus, formal sessions provided trainees an opportunity to practice their skills on "clients" who were unfamiliar with the training program and who were unknown to trainees but did not have serious clinical issues. The "clients" were asked to present issues of medium-to-minor concern that were of personal and current relevance to them. The trainees were instructed to provide support and make use of the skills they had learned up to that point in the course.

As such, formal sessions with volunteers served as unique practice sessions in their own right, but they also served as opportunities for standardized feedback to trainees on their progress. To maximize the feedback to trainees, volunteer "clients" were asked to complete a set of self-report measures regarding the quality and usefulness of their sessions. The self-reports from both volunteer "clients" and trainees were summarized by the graduate assistant and presented in the form of individualized trainee feedback. Thus,

feedback from standardized measures in each of the formal sessions was used as a teaching tool: they indexed key aspect of therapy, including areas for therapist discomfort/distraction, the quality of the therapeutic relationship, and feedback from the client on what was most and least helpful.

In order to encourage genuine involvement during formal sessions on the part of the "clients", dyads were distributed across three different classrooms, allowing for a certain level of privacy. Each room hosted a maximum of 8 dyads, each in a different part of the lecture room. In contrast to the weekly practice sessions (with peers-as-"clients"), no supervision was offered during these sessions so as to allow for a more realistic experience. Nonetheless, the professor and graduate assistant were available for emergency assistance in a separate room, and visited the rooms at the beginning and end of each formal practice sessions.

The first of these formal sessions took place in the second week of the course. This was the only formal session where trainees worked with peers from the same training class and where the session length was shorter. This session was defined as an introductory practice session to orient trainees to the format of formal sessions to come. Classes 5, 9 and 12 (out of 13) offered the trainees counseling opportunities with "clients" selected from the participant pool. Each of these classes was entirely devoted to formal session practice, allowing each trainee to conduct two counseling sessions with different "clients", each session lasting up to 45 minutes. At the end of the session, both "client" and trainee completed their respective measures. The findings of these

standardized session outcome measures were then summarized to provide trainees feedback on their ongoing development, as discussed.

Evaluation in the course consisted of attendance/journal completion (12%), assignments (75%), and skills improvement over the course (13%). Both trainees and "clients" were well informed that feedback from the formal sessions was not used to calculate course grades.

Ethical considerations.

In evaluating the effectiveness of a counselor training program, two sets of ethical considerations compel close examination. The first one pertains to ethical barriers within the course, such as student privacy and issues arising from the use of live volunteers. The second one relates to conducting research focused on the training program. This section will detail the first category of ethical considerations (i.e., related to the design of the course). The second category will be addressed in the methods section.

Student trainees and volunteers in the role of "clients" were given instruction by the course director and suggestions on what type of concerns are appropriate. The nature of the problem they were asked to discuss were stipulated as being of no more than mild or moderate personal concerns. Possible topics suggested included romantic, academic, or social issues etc. Volunteer "clients" were explicitly told that it was inappropriate to raise serious issues such as child abuse, self harm, or suicidality in the context of counsellor training. Moreover, on the day of the formal sessions student volunteer's were given a presentation that reiterated these boundaries and they were also reminded that they were participating in a training process, not in a counselling session per se. Still, the professor

(a licensed clinical psychologist) was in attendance for all formal sessions, for any clinical emergencies that could potentially occur, as participants discussed their personal issues. Moreover, Student Counseling Services was notified of the possibility that participants may be seeking additional assistance on or following the formal session days.

The process of using single counselling sessions and also of using volunteers to act as "clients" has been widely used in skills training courses at both undergraduate and graduate levels, without adverse effects by Dr. Greenberg at York University (from 2001 to 2005) and by Dr. Kou at University of Windsor (Course 46-674, Winter, 2006). Approval for the course process and to use all course material for the purposes of a research project evaluating the training course was obtained in September 2007 (see Appendix B).

Current Study

Research Possibilities vs. Current Design

The current study seeks to assess the level of skills attained by students at the end of the described course. The level of skill should be differentiated from the overall performance of the students in the course. Specifically, the former is reflected in the performance during counseling sessions, whereas the latter is a composite of performance during assignments and participation in class. Although the course itself has already been designed and implemented, the evaluation of the course effectiveness is the object of the current study. It follows then that the training evaluation can be accomplished using different parameters within the range of the course data collected. Table 1 indicates the totality of research variables accessible through the program as well as the variables that

were chosen for the effectiveness assessment. Table 2 reflects the times at which different parts of the course took place.

This study was conceived as a repeated measure design, assessing the improvement of student counseling performance across the training program (one semester) by examining their skills performance in counseling sessions at 4 points in time during the course. The outcome variable examined is reflected in the trainees' skills performance at the end of the course. This performance is measured in two ways: subjectively, by the trainees and objectively, by the "clients".

Table 1.

Variables Available from Course vs. Variables Proposed for Use in Study.

List of possible variables from the training course	List of variables proposed for use in this research
Weekly Journal (Reflection and discussion questions)	No
Assignment# 1 Levels of Emotional Awareness and Emotion Diary	No
Assignment # 2 Pennebaker Trauma Narrative	No
Assignment # 3 Audio taped session of relationship episode	No
Assignment # 4 Narrative Process Coding System	Yes
Assignment # 5 Levels of Experiencing	Yes

Assignment # 6	
Core Conflictual Relationship	Yes
Data from formal session baseline	Yes
Data from baseline formal #1	Yes
Data from baseline formal #2	Yes
Data from baseline formal #3	Yes
Trainee: The Counselor Activity Self-Efficacy Scales (CASES): 3 subscales - Helping Skills - Session Management Counseling Challenges Efficacy	Yes
Trainee: The Self- Awareness and Management Strategies Scales for Therapists (SAMS): 2 subscales - Self Awareness - Session Management	Yes
Client: Helping Skills Measure (HSM): 3 subscales - Exploration - Insight - Action	No
Client: The Working Alliance Inventory- Short Revised Version (WAI): 3 subscales - Goal - Task - Bond	Yes

Client: The Revised Session Reaction Scale (RSRS): 3 subscales: – Task – Relationship Reaction – Hindering	Yes
Client and Trainee: Demographic questionnaire: – for "clients" – for trainees	Yes
Improvement in counselling skills: Self evaluations	No

Table 2.

Timeline of Data Collected in Course

Week of course	Data collected
Week 1	
Week 2	Baseline counseling session (with one peer) – trainee ratings – volunteer client ratings Assignment #1: Levels of Emotional Awareness
Week 3	Assignment #2: Pennebaker Trauma Narrative
Week 4	Assignment #3: Audiotaped session of relationship episode
Week 5	Counselling session 1 (with volunteers from the participant pool) – trainee ratings - volunteer client ratings
Week 6	Assignment #4: Narrative Process Coding System
Week 7	
Week 8	

Week 9	Counselling session 2 (with volunteers from the participant pool) - trainee ratings - volunteer "client" ratings Assignment #5: Levels of Experiencing
Week 10	Assignment #6: Core Conflictual Relationship
Week 11	
Week 12	Counselling session 3 (with volunteers from the participant pool) - trainee ratings - volunteer "client" ratings
Week 13	Improvement in counselling skills: Self evaluations

Note. Journals (not listed) were also completed weekly. A complete listing of assigned readings, lecture topics, and videos used in class are listed in the course syllabus.

Hypotheses.

It is hypothesized that an integrated combination of instruction, modeling, and practice will allow trainees to provide more support to clients during single counseling sessions. In other words, trainees will feel increasingly more effective and adequate over the course of the program in building a therapeutic alliance with the clients and offering empathetic guidance to the clients in working with them. Also, trainees are expected to report less hindering self-awareness (e.g., intrusive thoughts about their lack of knowledge, anxiety, etc) as they progress through the course.

Given the fact that developing a collaborative therapeutic alliance is one of the training goals it is also hypothesized that "clients" will rate their counsellors as being increasingly effective in helping them explore their issue and providing support and guidance. Moreover, "clients'" rating of their relationship with their therapist will also improve in terms of agreement on goals, and tasks for accomplishing the goals, as well as overall interpersonal bond.

A second hypothesis is to investigate whether learning about psychotherapeutic processes measures will predict skill level at the end of the course. There is scant research to date on the use of psychotherapy processes measures (e.g., the Experiencing Scale or Narrative Process Coding System) to improve therapists' understanding of good therapy process (Toukmanian, 1984). It is hypothesized that a greater knowledge of such concepts and measures will be associated with an increased ability of the therapist to facilitate productive sessions. As an addition, the number of practice exercises is thought to help increase the development rate of helping skills (Hill & Lent, 2006, Carkhuff, 1974). The attendance and engagement in the program is expected to be correlated with the rate of skills development.

In summary, the following hypotheses will be tested:

1. The trainees will show improvement in their counseling skills at four points in time over the course of the training program compared to the level of their skills at the beginning of the course. The improvement will be noted in areas of establishing a working alliance with their clients.

2. The trainee improvement will also be demonstrated across training in terms of increased confidence in trainees' ability to conduct a helpful session, and deal with session challenges.
3. Trainees grades on 3 of the assignments (NPSC, EXP, CCRT) as well as trainees' attendance to practice sessions will be significant variables in the prediction of the counselor performance, as measured at the last formal session of counseling volunteer "clients".

Methods

Participants

There are two groups of participants in this study: counselor participants (i.e. trainees) and client participants (volunteer "clients" who are only present for the formal sessions).

Client Participants

"Client-participants" were undergraduate students, who registered to participate in the formal sessions of the course through the university participant pool. A total of 72 participants were recruited, with a gender distribution of 16 males and 56 females and an age distribution between 18 and 44 ($M = 22.2$). Their average number of years of education in university was 2.62. The sample had the following ethnic distribution: 54.16% Caucasian, 6.94% African American, 4.16% Asian, and 1.38% Middle Eastern. In terms of exposure to therapy, 31, 94% had had no exposure before the current session, 26.38% indicated having been clients, 4.16% had some previous training as therapists, and 4.16% had experienced roles of client and therapist.

Counselor Participants

The "counselor-participants" are fourth year undergraduate psychology students, who registered for the helping skills training course and have volunteered to participate in the study. This sample consists of 24 "counselor participants" and is comprised of five males and nineteen female participants. Their ages range from 21 to 41, ($M = 23$). Participants have had an average University education of 4.0 years, out of 24 participants 83% were majoring in psychology alone, with 16.6% pursuing double majors including psychology. Out of 24 the ethnic distribution was as follows: 79.16% Caucasian, 8.33% Middle Eastern, 8.33% Asian, 4.16% Southeast Asian. Out of the 24 trainees 70.33% had some previous exposure to therapy, 45.33% as clients, 20.83% had some form of formal training and 4.16% indicated exposure both as client and as trainee.

Measures

Client Measures

The Working Alliance Inventory- Short Revised Version (WAI-SR, Hatcher & Gillaspy, 2006) consists of 12 Likert- scale items, ranging from 1 (strongly disagree) to 5 (strongly agree). The measure is designed to gauge the depth of the therapeutic relationship between the client and the counselor. The original Working Alliance Scales were designed by Horvath and Greenberg (WAI; 1989) and short form was developed by Tracey & Kokotovic (WAI-S; 1989) both based on Bordin's (1979) alliance model. According to this model, the success of a treatment was based on the collaborative process of the client and therapist towards establishing goals (Goal component), tasks to address the problem (Task component) and an effective interpersonal relationship (Bond

component). The WAI-SR was designed to differentiate between these three components in a more time-efficient form. Correlations of the new scale with the old WAI and WAI-S suggested that the new questionnaire was an adequate replacement (Hatcher & Gillaspy, 2006). Reliability coefficients also reached satisfactory levels (between .88 and .92). In terms of construct validity coefficients, the WAI-SR correlates strongly with the Confident Collaboration Scale (Hatcher & Barends, 1996) lending further credibility to the revised scale.

The Revised Session Reaction Scale (RSRS; Elliott & Wexler, 1994) is a 24-item questionnaire formulated to assess the client's experience after completing a session. Items are on a Likert scale ranging from 1 (not at all) to 5 (very much) and comprise four sub-scales. The Helpful Reaction sub-scale consists of 14 items and gauges the overall feeling of support and useful exploration of the issue perceived by the client. For example, the item named "Progress towards knowing what to do about problems" reflects achievements such as " As a result of this session, I have figured out how to go about resolving a specific problem or how to achieve a specific goal; or I decided what to do about my problems or situation." The Task Reaction sub-scale, consisting of 10 items, gauges the extent to which the client feels the therapist helped him set and work towards certain goals. For example, in "Insight into others", clients might endorse: "As a result of this session, I have come to understand someone else better, through seeing reasons or causes for what they have done or said; or I have come to see why they are the way they are". The Relationship Reaction sub-scale consists of four items and reflects thoughts and feelings of the client regarding the therapeutic relationship with the counselor. For

example, where clients might give their rating from 1 to 5 on "Understanding", where a 5 is, "As a result of this session, I now feel understood by my therapist, either generally as a person or in specific ways; or I am impressed by how accurately my therapist understood what I was thinking, feeling or trying to say". The Hindering sub-scale is comprised of eight items, expressing negative feelings towards the therapy and/or therapist rating from 1 to 5. For example, "Stuck/lack of progress: As a result of this session, I now feel stuck, blocked, floundering, or unable to progress in therapy; or I feel impatient, frustrated, angry, bored, disillusioned, or critical of therapy or my therapist". One final item provides an overall view of the session effects, where the client endorses answers ranging from 1 (extremely hindering) to 9 (extremely helpful). The RSRS is the updated and improved version of the Session Impact Scale by Elliott and Wexler (1994). There is no research to date on this revised version, but the original scale was found to have a very good reliability, ranging from .67 for the Hindering Impacts factor to .91 for Relationship Impacts. Similarly, convergent validity was satisfactory, when compared with Session Evaluation Questionnaire (Stiles, 1980) and the Simplified Personal Questionnaire (Elliott & Wexler, 1994).

Counsellor/Trainee Measures

The Counselor Activity Self-Efficacy Scale (CASES; Lent, Hill & Hoffman, 2003) is a 44-item Likert scale (0- No confidence to 9- Complete confidence) self-report measure completed by helpers (i.e., therapists, counselors, trainees) at the end of counseling sessions. The measure is aimed at assessing three types of skills: Helping Skills, Session Management and Counseling Challenges Efficacy. In completing the

Helping Skills section, the counselor reports the perceived comfort and ability in situations requiring attending to the client's issue, restating the client's ideas, providing open questions, reflections and interpretations, as well as guidance, intentional silence, homework design. The Session Management section gauges efficacy in keeping the client on track, guiding the client towards a deeper analysis of the issue, all the while remaining focused on the set goal for the session. Finally, the Counseling Challenges Efficacy subscale focuses on the counselor's ability to provide adequate and prompt support in situations when the client is depressed, suicidal, anxious, reliving a significant trauma, inappropriate towards the counselor and so forth.

The measure has been shown to have good convergent and discriminant validity when compared with other counselor self-reports such as Counselor Self-Estimate Inventory and Social Desirability scales (Hill, Lent and Hoffman, 2003). Also test-reliability after a delay period of two weeks was adequate, ranging from .42 to .91 (Lent, Hill & Hoffman, 2003).

The Self-Awareness and Management Strategies Scales for Therapists (SAMS; Williams, Hurley, O'Brien & DeGregorio, 2003) were designed to assess aspects related to therapists and counselors that were experienced as obstacles during therapy sessions. The measure is composed of 33 Likert-scale items ranging from 1 (Never) to 5 (Always) that are divided in two subscales for hindering self-awareness (anxious awareness and distracting awareness) and five subscales of management (self-care, relaxation, focusing on the client, suppression and use of basic techniques). Examples of self awareness include awareness of the therapists' physical bodies (movements, facial expressions etc),

intrusive thoughts about the course of the therapy and thoughts about personal issues outside of the therapy matters (Williams et al., 2003). The second part of the measure is concerned with the usual compensatory behaviours that help manage and diminish the effect of self-awareness, such as actively returning focus on the session, self-reflection, seeking consultation and personal therapy. Self-awareness and Management subscales were shown to be internally consistent (.76 and .73, respectively).

The measure was shown to have good convergent and discriminant validity when compared with the Self- Monitoring Scale (Snyder, 1974) as well as a satisfactory reliability coefficient (Williams et al., 2003). In addition, results show that the three main management strategies employed by therapists are refocusing on the client, using basic therapy techniques (i.e., reflection and paraphrasing) and attempt to suppress awareness. These findings have been supported by other research results (Williams, Judge, Hill & Hoffman, 1997).

Control Variables

Demographic questionnaire. This brief questionnaire was designed to collect possible confounding factors, such as gender, age, ethnicity, academic orientation, career plans and possible previous exposure to therapy as well as grade point average. The questionnaire has been completed by both trainees and "clients".

Research Design

The proposed research study is conceived as a repeated measure design, such that trainees' are compared to themselves across time. In this fashion trainees serve as their own comparisons and the study does not include a separate control group. Although a few

studies in the literature have used true experimental designs with random assignment, there are four reasons for the omission of a no-training control as being adequate in this study. (1) The improvements of trainees in counseling skills over the course of the semester can reasonably be attributed to their participation in the training program. In support of this argument, the spontaneous development of counseling skills in a 3 month period is not likely to reasonably be related to maturational or other academic factors during that brief period. (2) Using four points of measurement across time (as opposed to simple pre-post comparisons) allows one to incrementally relate training to increasing skill level, which lends support to a causal interpretation. In addition, (3) creating a no-training control group in an educational setting where students expect to gain certain knowledge has obvious practical and ethical obstacles. Finally, (4) despite studies in the literature using various controls (i.e. no-training, attention control group, alternative training group; see Baker et al, 1990) as well as no control group (see Hill & Kellems, 2002) there are no recommendations in Hill and Lent's (2006) review for the use of a no-training control group.

Procedures

Research Protocol

At the beginning of the semester, the professor explained the syllabus and the researcher introduced the study as an option for bonus marks. Students were provided with a hard copy of the consent and were also informed that the consent form is available for download off the course website. Students were not presumed to be study participant but rather were given the option to opt into the study throughout the course.

The course was run as described. The "formal session" of counseling, conducted during week 2 was used to represent baseline skills (session 1). The subsequent "formal sessions" from weeks 5, 9 and 12 represented the assessment of skills at time 2, time 3, and time 4 respectively. Each of these were considered single session therapies used to address mild to moderate personal difficulties in a non-clinical sample, and therefore were structured to identify the client's issue and investigate the underlying processes as thoroughly as possible within the limits of the session time.

Procedures to Ensure Ethical Process

Students were made aware that their participation in data collection for a study was not required, would remain unknown to the professor, and that it would not influence the evaluation of their performance in the course. Also to reduce the perception of coercion, consent forms were made available to students in hardcopy and through the class website but student were instructed only to given their completed forms to the graduate assistant. The researcher of this proposed study also fulfilled the role of graduate assistant in the training course. Her position required her to facilitate classes, ensuring proper recruitment of volunteer "clients" for the formal practice sessions, and ensure that these sessions ran smoothly. In short, to minimize the potential for conflicts of interest, the professor was blind to research participation while the graduate assistant was not involved in grading students. These ethical considerations for the course as well as the study were accepted by the University Ethics Committee in September 2007 (see Appendix B).

Results

Before presenting the findings of the current study, a note on significance level is useful. For the purposes of the hypotheses, a large number of ANOVAs were completed, thereby running the risk of type I error. An option for counteracting this risk was to decrease the confidence level from .05 to .01. However, the current study is also an exploratory study, meant to detect effects and to suggest improvements for future training programs therefore using more stringent criteria would have proven counter to the main goal of this inquiry.

Preliminary Analyses

Prior to analyses, a verification of the assumptions for repeated-measures ANOVAs was conducted as was a search for outliers on all variables included in the analyses (WAI bond, goal and task, RSRS helpful reactions, task reactions, relationship reactions and hindering reactions, CASES challenge management, helping skills and session management and SAMS self awareness and session management). To that end, two cases were found with z score absolute values of 3.72 and 3.07, respectively. The two cases represent two female trainees whose characteristics suggest no significant differences from the rest of the study sample. This conclusion did not warrant elimination of the cases, but rather a transformation of the individual scores to minimize the degree of bias on the distribution. The winsorizing procedure chosen was to add/subtract one unit from each outlier score (Field, 2005).

A Pearson correlation test was run and the results indicated no significant correlations between the variables being used. Therefore no variables were eliminated from the analyses. For a descriptive account of the variables, see table 3.

Table 3.

Trainee development over the four testing times, as shown by client and trainee measures.

Variables	Measure score means and standard deviations			
	Testing time 1	Testing time 2	Testing time 3	Testing time 4
WAI total	3.385 (.596)	3.848 (.594)	4.046† (.438)	4.119 (.536)
RSRS Helpful Reaction	3.269 (.660)	3.712 (.608)	3.930† (.532)	3.754 (.608)
RSRS Task Reaction	3.108 (.711)	3.697* (.658)	3.820† (.571)	3.677 (.655)
RSRS Relationship Reaction	3.708 (.701)	3.933 (.737)	4.182 (.557)	4.052 (.544)
RSRS Hindering Reactions	1.171 (.223)	1.151 (.154)	1.148 (.195)	1.213 (.199)
CASES total	5.228 (.997)	5.980* (.929)	6.943*† (.658)	6.483*† (.774)
SAMS Self Awareness	2.430 (.317)	2.320 (.525)	2.261 (.468)	2.160† (.410)

* indicates significant pairwise comparison with the previous testing time with a significance level $p<0.05$

† indicates significant pairwise comparison with testing time 1.

A summary descriptive analysis was conducted on the scores obtained at baseline (session 1). Results show no marked variability between participants, indicating no confounding variables affected the results of the program. See Table 4.

Table 4.

Descriptive statistics of baseline scores at beginning of the program.

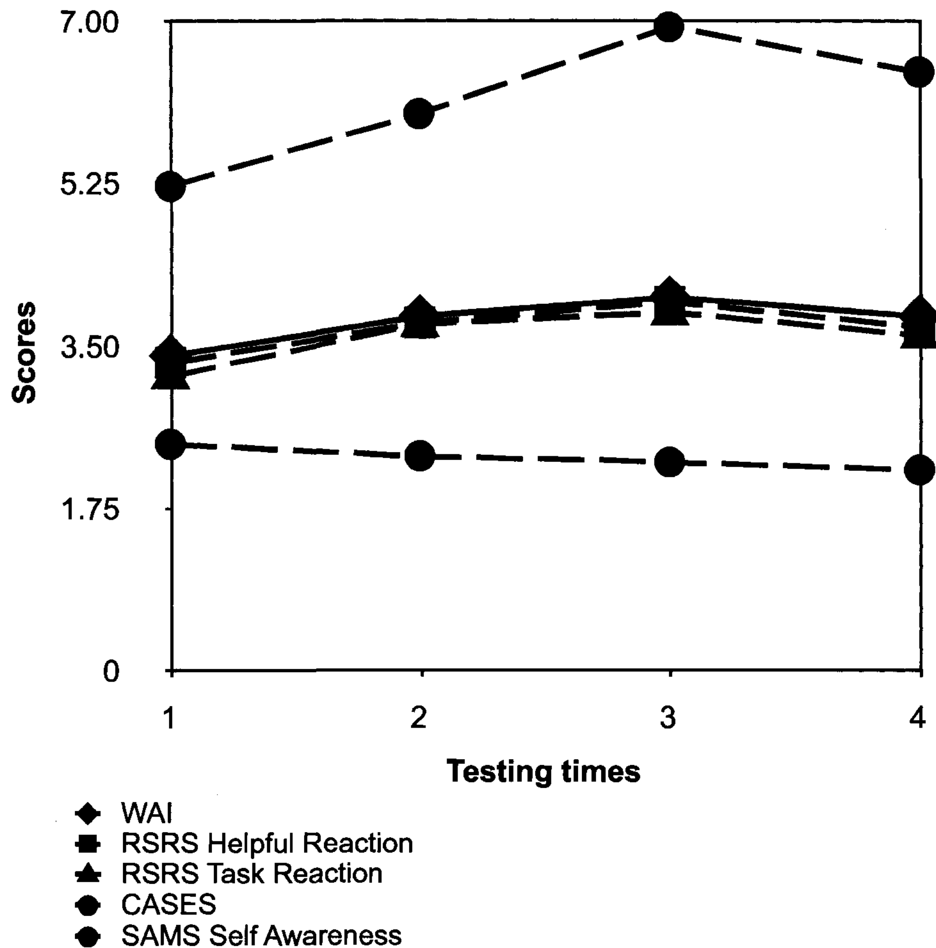
Measure	Descriptives			
	Minimum	Maximum	Mean	Standard Deviation
WAI total	2.03	4.77	3.41	0.59
RSRS Helpful	1.92	4.57	3.26	0.66
RSRS Task Reaction	1.5	4.5	3.7	0.71
RSRS Relationship Reaction	2.5	4.75	3.7	0.7
RSRS Hindering Reactions	1	1.75	1.17	0.22
CASES total	3.51	7.34	5.22	0.99
SAMS Self Awareness	1.7	2.9	2.43	0.31

Note. Scores on WAI, RSRS and SAMS range from 1 to 5 and scores on CASES range from 1 to 9.

Figure 1 shows data addressed by the main analyses for Hypotheses 1 and 2. It is notable that all measures follow the same trend of improvement throughout the first three sessions (baseline/session 1, session 2 and 3) followed by the drop at session 4.

Figure 1.

Trainees performance at the testing times, according to client and trainees mean standardized scores.



Note. Scores on Y-axis represent the mean standardized scores for each measure.

Main Analyses

Testing Hypothesis 1

The first hypothesis predicted that clients will indicate improving trainees' skills of establishing a working alliance by creating a supportive relationship with the client, and agreeing upon goals and tasks for the session.

Working Alliance Inventory. The measure assesses the clients' perception of collaborative work with their therapists on three planes. Repeated-measures ANOVA showed that client ratings showed a significant improvement of trainees over the four testing times: $F(3, 66)= 5.002$, $p<0.03$. Pairwise comparisons indicated a non-significant increase between consecutive testing times. However, the improvement was significant when comparing the baseline (testing time 1) with testing time 3, $p<.004$ (See table 2). Trainees demonstrated a peak in performance at testing time 3, followed by a non-significant drop in performance at testing time 4 ($p= .221$). This result indicates that clients felt their counsellors were becoming more apt at creating a successful working alliance and conducting the session in a satisfactory manner. Their ratings increased steadily until the third session. At the last session, clients felt less helped by their counselors than clients in testing times 2 and 3, but their level of satisfaction was still higher than baseline. Overall, there is no significant difference between testing time 4 and testing times 1, 2 and 3.

Revised Session Reaction Scale is divided into four subscales. The "helpful reactions" subscale gauges the overall feeling of clients that the session was useful. Results indicated a significant improvement of the trainees, $F(3, 66)= 4.778$, $p<.004$. Trainees did show a significant improvement between testing times 1 and 3 ($p<.003$), with a peak at testing time 3 and a non significant drop again at testing time 4 ($p= .918$). Similarly to the WAI, the improvements between consecutive testing times (1 to 2 and 2 to 3) were non-significant. These results on the RSRS helpful reactions subscale indicate that clients felt their counsellors were able to offer them a supportive atmosphere, at the

end of which the clients obtained a new and improved view of themselves or others, a new perspective on their issue and felt ready to formulate a problem-solving plan.

The "Task Reaction" subscale of the RSRS is focused on how useful the specific tasks used throughout the session were according to the clients. It also evidenced a significant improvement, $F(3, 69) = 5.124$, $p < .003$. The improvement was significant between testing times 1 and 2 ($p < .037$) and that trend of improvement continued through session 3, although not at a significant level ($p = .513$). Again, testing time 4 showed a non-significant drop ($p = .983$). In other words, the overall effect of the training was that clients felt the tasks used during the session changed their view of themselves, brought them new perspectives and led to a reformulation of the issue in a manner than is easier to understand and solve.

The RSRS contains two more subscales: The "relationship reaction" subscale assesses the depth of trust, comfort, respect, openness perceived by the clients within the therapeutic relationship. Finally, the "hindering reactions" subscale assesses negative feelings towards the session or the counsellor that would be an obvious deterrent from progress. These two subscales did not show significant improvements: $F(3, 69) = 2.447$, $p > .07$ and $F(3, 69) = .545$, $p > .653$, respectively. These latter results indicated that although clients seemed to rate an improvement in their counsellors' relationship skills, these improvement were not above chance.

Testing Hypothesis 2

The second hypothesis predicted that trainees would rate themselves as having improved their ability to conduct a helpful session, being supportive of the client,

completing useful tasks and managing session challenges, while also experiencing decreasing levels of self-awareness and anxiety.

The Counselor Activity Self-Efficacy Scales. The total score of the scale indicated a significant improvement of the trainees: $F(3, 69)= 39.186$, $p<.000$, with a very high effect size (Partial Eta Sq.= .630). In contrast to the previous ratings provided by clients, these improvements were significant between consecutive testing times (both session 1 to 2, and 2 to 3). Trainees peaked at session 3, followed by a statistically significant drop at session 4 ($p<.001$). Thus, trainees indicated a very high increase in their self-confidence that they can provide help and a supportive atmosphere to their clients. This increase is relatively steep and significant between consecutive sessions, suggesting that trainees felt notably more confident in their skills from one session to the next. Although they felt their performance was less adequate for the final session compared to the previous one, the overall estimate of their abilities remained higher than at baseline (session 1).

The Self-awareness and Management Strategies Scales for Therapists. The "Self-awareness" scale refers to all therapist-related negative elements that could interfere with the smooth flow of the session (e.g. anxiety, distraction, etc) Results from the Self-awareness scale indicated a downward trend of the trainees self-ratings (suggesting a positive effect), however, this difference did not reach statistical significance at the .05 level: $F(3, 69)= 2.759$, $p>.067$. Even so, the significance level still suggests a trend of improvement on the self-awareness scale and warrants attention; especially given the impact that trainee self-awareness had on the course of therapy sessions and the relevance of performance related anxiety to counsellors in training.

The Self-Management subscale assesses the probability of the trainees using self-care behaviours such as self-therapy, vacation, supervision etc. These self-care behaviours were not available to the trainees in the current program therefore scores on this subscale were not used in the current study.

Testing Hypothesis 3

The final hypothesis predicted that trainees' performance on three of the process assignments and their attendance throughout the semester would predict the trainees' performance at the end of the program (session 4). Upon further inquiry, testing this hypothesis was not possible given that there was a very limited amount of variance among scores and that the sample size was not sufficiently large.

Secondary analyses

Two sets of (2x4) repeated measures ANOVAs were conducted to examine individual differences (control variables) that might have impacted in the performance of the trainees. Both these analyses were based on the demographic information. When trainees' gender was examined, results indicated no significant difference in learning rate between male and female trainees (all F's (3, 60) > .038, p's > .126). See table 4 for detailed results.

The second variable examined was prior experience with therapy. Although some trainees had had personal therapy as clients, previous training experiences were limited to short workshops. Thus, two groups were created using the available data: "no prior experience with counselling" vs. "some experience as either trainee or client". Similarly, repeated measures ANOVAs found no significant differences between these two groups

(all Fs(3, 60)> .43, p>.274). See table 4 for detailed results. Having been exposed to therapy settings either as trainee or as client did not appear to help the current program trainees incorporate more quickly the skills taught in the course.

Table 5.

Effects of gender and prior exposure on course performance.

Variables F and p values for individual differences ANOVAs

	Gender		Prior Experience	
Scale	F	p	F	p
WAI total	0.137	0.933	1.022	0.404
RSRS Helpful Reaction	0.143	0.934	0.668	0.575
RSRS Task Reaction	0.303	0.823	0.587	0.626
RSRS Relationship Reaction	0.038	0.990	1.037	0.383
RSRS Hindering Reactions	0.743	0.537	0.179	0.748
CASES total	0.201	0.895	0.988	0.988
SAMS Self Awareness	1.983	0.126	1.327	0.274

Note: df= 3, dferror=60 for all ANOVAs.

Discussion

Discussion of the Individual Measure Findings

There is a strong interest in designing effective training programs for psychotherapists. However, once these programs are implemented, a new question arises: what is effectiveness of such programs? The current study sought to answer this question by examining the improvement of trainees throughout a training course. To this end, the evaluation process incorporated the most recent suggestions for achieving objective and accurate estimates of trainee improvement (see Hill & Lent, 2006); this included the use of various measures for assessing the level of skill applied by trainees from the perspectives of both trainee's and their client-participants.

The purpose of the training course was to teach trainees the skills required to establish a productive working alliance with clients and deepen the experience of those clients regarding their presenting issues. Previous studies have shown that the quality of the alliance takes precedence over the specific techniques in predicting favourable outcome (Ahn & Wampold, 2001). In other words, clients are less likely to be compliant with therapy tasks and to share personal information if the client and counsellor do not have respect and trust in each other.

The overall findings of this study suggest that trainees improved their skills significantly over the course of the programs. The four measures, which include both client and trainee perspectives, illustrated a consistent trend: a steady positive improvement that reached statistical significance over the first 3 testing times (equivalent approximately to ¾ of the training course), followed by a slight drop in performance for

the last testing session (see figure 1). This pattern was pervasive either as a significant finding or as a trend throughout all scales and subscales, indicating that the general effect found was reflective of improvement, and not a result of family-wise type 1 error. The following will illustrate what skills were assessed by each subscale.

Improvements in Counselling Skills: Perspectives of Both Trainees and Their Clients

1. Therapeutic alliance. The concept was defined in 1979 by Bordin as a composite result of collaborative work between client and counsellor in establishing sessional goals, tasks and an overall respectful bond. This construct was assessed through the WAI, the RSRS and through the CASES. All three measures showed the same pattern of improvement from baseline through session 3, followed by a non-significant drop in session 4. They indicated that subsequent clients rated their counsellors as increasingly highly in their ability to collaborate on these three planes. Although clients felt less satisfied at the last practice session, the overall success of the session remained higher compared to the beginning of the course. This finding indicates that trainees had made sufficient gains throughout the semester to deal with client issues and create a helpful atmosphere for the client to explore their issue and formulate a problem-solving plan. Subscales such as the RSRS "Helpful Reactions" and "Task Reactions" reflected an improvement of trainees' in facilitating a supportive atmosphere, relaying to the clients their interest in the issues presented and their wish to be helpful. In addition to an overall feeling of being helped and supported, clients also indicated that the tasks employed throughout the session had been agreed upon collaboratively. They appeared to find these tasks useful in exploring their issues and finding new and insightful ways of defining

their difficulties. At the end of the sessions, clients indicated they were increasingly more comfortable with their issue and felt they were getting closer to finding a solution or to starting a problem-solving plan. Both clients and trainees were aware that they would meet only for one session and their work would be confined to the 45 minute duration. Despite this constraint, clients' satisfaction increased over the first three sessions.

The CASES total score is a composite assessment of overall session helpfulness and the counsellor's ability to manage challenges. Counsellors' ratings followed the trend found in client ratings in that they indicated increasingly higher confidence in their ability to provide useful support to their client. Similar to the client ratings, counsellors also felt their improvement peaked at session three and then waned during the last session. This consistence indicates that the pattern was not a result of chance. Even so clients and counsellors ratings still suggested that the sessions were somewhat effective in addressing the presenting issues and their performance was still significantly better than at baseline.

One detail that warrants more attention is the much larger effect size found in the counsellor/trainee ratings compared to their clients. This finding can be explained in three ways. Firstly, trainees may have learned to notice client markers of productive processing, but their active skills were not strong enough to be applied fully. In short, this is arguable the "I know more than I can do" phase. In this way, it is likely that their personal improvements are more obvious to them because they are aware of how much more easily they make important observations of client features such as voice quality, depth of the narrative, nonverbal signals. In short, therapists come to have a better sense of when the therapy session is going well. In contrast, therapist may not be able to apply

that knowledge and direct the session towards a deeper processing. So in sessions that are not very productive, they can assess the problem and points of possible intervention, but they may not yet be able to carry out effective interventions. As a result, the session remains at a rather superficial level and the clients experience is not very productive, even though trainees are more aware of what needs to be done.

A second explanation for therapist changes in ratings being higher than clients' lies in the difference of perspectives between clients and trainees. Trainees observe their improvement over the entire length of the semester. Therefore they benefited from a longitudinal perspective and have an ability to compare their performance in a give session with previous ones and to note how they are applying new techniques and are using previous feedback. This gives clients the opportunity to make more subtle discriminations regarding their progress in the training. Clients, on the other hand, evaluate the helpfulness of the session and therapist based on only a "snap-shot" of their therapists' performance. They have no previous experience to use as a comparison point so they can only assess the overall usefulness of their counsellors for the current session. Client assessments, therefore, may be less complete and more influenced by the expectations they had going into the session. Client ratings should not be considered invalid or incorrect, but noting the difference between their perspectives and that of the trainees' is essential in gauging the usefulness of the training program.

Finally, critics may argue that counselor/trainee improvements are larger in self-rating as contrasted with their client's rating because of a self-serving bias. It is conceivable that trainees fabricated inflated ratings of themselves in an effort to appear

increasingly competent. However, this speculation is not likely to account for the difference because of several measures taken to ensure objective evaluations by trainees. Firstly, trainees were assured that their ratings and their performance in the formal sessions would not affect their course performance and their final grade in the course. Rather their ratings the ratings of their clients would only be used for research purposes. Secondly, the chance of inter-trainee comparisons was minimized as feedback was presented in an individual and private manner and no class averages were communicated to the trainees.

2. *Negative feelings*. Several subscales completed by the clients and counsellors gauge any hindering feelings and thoughts that could have diminished the effectiveness of the session. These subscales are the RSRS "Hindering Reactions" and the SAMS "Self Awareness". The construct assessed by these subscales reflects negative consequences felt by clients as a result of the session and distracting self-awareness elements that could potentially hinder the session. These subscales measured improvements that did not reach statistical significance. In the cases of the RSRS subscale, the improvement suggests that counsellors became increasingly more apt at addressing session ruptures and conveying a feeling of concern which helped clients feel at ease, respected and cared for. Such feelings likely helped clients through a difficult phase of the session: revealing intimate details about themselves and putting themselves in a vulnerable position in front of a complete stranger. In the case of the SAMS subscale, the trend suggests that trainees became more comfortable with their role as counsellors. They learned quite well to quell their nervousness and to focus their attention more on the clients and their presenting

issues. Anecdotal accounts from the trainees support this finding. In comments during debriefings in the second half of the training they noted the ease with which they were able to focus on the flow of the session and the decreased anxiousness that impaired their attention in the beginning of the course.

Several explanations could be used to account for the non-significant improvement on subscales referring to negative feelings. Firstly, the low sample size (N= 22) may have limited the effect size to a non-significant level, thus masking a quite strong trend and a significant comparison between the baseline and session three (the maximum performance point). A second explanation is that the course might have been too short for a dramatic change to occur. The training course lasted for one semester, which the minimum duration suggested by Hill and Lent (2006). The clear trend of improvement throughout the program leads to the assumption that the development would have reached a higher level given a sufficient amount of time for the skills to be practiced. A third explanation lies in the formulation of the items, as some of them contained harsh terms, expressing very negative feelings ("lost", "isolated", "misunderstood"). The duration of the client-counsellor interaction (1 session of 45 minutes) may have been too short to allow for deeper level of exploration to occur.

Is There a Drop in Performance at the End of Training?

A point that comes through in all scales is the peak in performance at session three followed by a drop at session four (see Figure 1, in Results). In all cases, the drop is statistically non-significant. Even so, the trend across measures is striking and a possible explanation for this drop lies in the timing of the last practice session. Both clients and

trainees in this study were undergraduate students therefore they had finals and assignments due at the end of the semester, coinciding with the last practice session. One can speculate that the stress of the semester end might have influenced both the issues brought into session as well as the quality of support offered by the counsellors. Moreover, clients may have brought issues that counsellors themselves were struggling with, such as late assignments, low grades, academic choices etc. From the perspective of the counsellors, when faced with issues very similar to their own, their ratings of themselves may have reflected the low confidence they had in giving appropriate and useful advice for issues they too had current difficulty with. On the other hand, even if the clients presented issues non-related to the academia, the counsellors themselves might have been so preoccupied about their upcoming finals that they might have been unable to uncouple from the concerns and to pay undivided attention to the clients. As a result, clients may have felt uncared for or unattended to and would have given low ratings. In conclusion, the last session might not be the best descriptor for the final level of skills attained by trainees as it includes noteworthy contextual factor that may have impinged on optimal performance.

Methodological Considerations: How Did the Improvement Suggestions Work?

The current training program and evaluation study, respectively, have been built upon the improvement suggestions resulting from several meta-analyses (Hill & Lent, 2006). These suggestions were meant to help future training programs obtain more reliable and durable results while avoiding errors and potentially some false positive outcomes. A summary of these suggestions was given in the introductory portion of this

paper. After the implementation of the program and the assessment of its results, one can consider following questions for future methodological implications: (1) How did these improvement directions apply to the program and to the evaluation of its effectiveness? And (2) what was learned from this program in terms of training students and conducting more sound research for evaluating the training program? The subsequent paragraphs will attempt to answer these questions.

1. Content of Training. The current program was designed to rely on a series of seminal articles and manuals for psychotherapy. The intent, as per Hill and Lent's suggestions (2006) was to provide all future cohorts with the same information. Thus, the chance of variation and differences in teaching was minimized as much as possible. In addition to this purpose, trainees who were unable to attend a certain class were still in a position to have read the materials and to have a similar amount of information about the skills discussed as their classmates.

2. Teaching to the test. A very important suggestion offered by Hill and Lent (2006) was to avoid composing the class of modules and to attempt a seamless transition from skills to skill. In the current program, trainees were able to provide support without following a "script" for using certain skills. The fact that they incorporated these skills easily is supported by their decreased self-awareness and increased confidence in their counseling abilities. Simply put, they became more aware that being supportive felt increasingly natural and they did not have to concentrate into finding the right answers for the session to continue on a productive path. Another support to this statement comes from client

ratings, which indicated that sessions were increasingly helpful and did not involve awkward moments when counselors appeared out of synchrony with their clients.

3. Practice as outcome variable. Hill and Lent (2006) had drawn attention to the lack of use of trainee practice sessions as markers for improvement. Rather than having evaluation sessions strewn throughout the semester, trainees benefited from practice sessions designed to be very similar to real counseling sessions. These practice opportunities allowed for the trainees to put into use their skills for the duration of a regular session with a live client, presenting a genuine concern. Trainees appeared to make very good use of the formal practice classes, as they had enough time to develop a working relationship with a person they had never seen before and they also were able to obtain a detailed image of the client's issue. Such a lengthy interaction was not possible in the weekly peer sessions, thus curtailing the impact practice had on trainee's skills. In addition to the genuine nature of the session, trainees also obtained feedback based on the clients' ratings. This detailed feedback informed them of strengths and points of potential improvement, thus trainees learned on what skills to focus to use more frequently and more effectively for the following sessions.

4. Targets of training. The current program was structured to focus not only on empathy, which appears to be the usual skill most training courses aim towards (Hill & Lent, 2006). Trainees were introduced to techniques for interviewing, detecting and repairing alliance ruptures, addressing termination, deepening in-the-moment experiencing for the clients and so on. All these different skills were actually put into use, as client ratings indicated. Clients indicated decreasing frequency of the negative moments and increasing

degree of positive feelings communicated by the counsellors. Moreover, client ratings increased throughout the semester, suggesting that trainees were incorporating more skills than simply empathy and were becoming more skilled at dealing with session challenges and responding to the clients' needs appropriately.

5. Structure of training. Hill and Lent (2006) suggested an optimal length of training between one and two semesters. Though the current course finds itself at the lower margin, its results suggest that the content offered to trainees was effective and their skills became sufficiently developed to appear not only as trends, but as statistically significant improvements.

6. Groups and trainee samples. Hill and Lent (2006) had suggested that volunteers for training program are a self selected sample because they already come to the program with certain expectations and a high level of drive to learn. Though it is true that students signed up for the course voluntarily, it is also true that all students who wish to learn about psychotherapy and counselling sign for the respective courses out of their own accord. So a sample of volunteer trainees provides external validity for the study.

An important suggestion of Hill and Lent (2006) pertained to the size of the sample. They had noticed a range of sample size from 7 to 12 participants. In the current study, twenty four participants completed the program, thus doubling the usual sample size and lending more statistical power to the evaluation research process.

7. Measurement of outcome . As suggested by Hill and Lent (2006), outcome assessments that gauge responses to analogue situations and interviews are not sufficiently realistic to provide an accurate impression of the trainees' actual skills. The current program was

designed to incorporate more realistic evaluation procedures, using "clients" (real persons) with genuine concerns from everyday life. This procedure not only guarantees that the counsellor has a chance to create a working alliance and exploring an issue for an adequate period of time, but it also allows clients to rate their counsellors' abilities after an entire session. The implementation of this measure proved extremely useful as it provided the counsellors' self-ratings with corroboration from clients' ratings.

A second suggestion in terms of outcome measurement was to include more than one client for each practice session. The trainees in the current study had the opportunity to practice with two individual "clients" for each evaluation session, outcome measures were then averaged across the two clients. The purpose of this modification was to decrease someone any bias originating from the clients themselves, such as a negative mood, complexity and nature of presenting concerns, communication deficits etc. Anecdotal accounts by clients at the end of practice sessions indicated that some clients had extremely positive impressions of the sessions and had no improvement suggestions to make. On the other extreme, some clients felt the session was ineffective and had very negative ratings of their counsellors with no positive elements. In such extreme situations, having another client to average this very high/low score helped stabilize the measures.

8. Measurement of trainee change process. As per Hill and Lent's recommendations (2006), the current study avoided evaluating the program outcome using only initial and final performance ratings. Researchers noted that the learning curve of these skills was unknown due to the pre-post evaluation procedure and they recommended introducing

mid-period testing points. This suggestion was central in the current evaluation, as it illuminated the significant improvement in the first three sessions, followed by the non-significant drop in the last session. Especially given the apparent drop in performance at the fourth measurement time, using a pre-post measurement would have overlooked the peak in performance at time 3 and many of the subscales would have not shown statistically significant improvements. As such, the program was shown to have led to a marked increase in helping skills for its trainees, despite the results obtained during the last practice session.

Future Directions and Improvements

The results obtained after the implementation of the current training program indicate that the course was successful at teaching trainees basic therapy skills. Four points of interest are worth mentioning for future improvement of the program. First, the course was offered to advanced psychology undergraduate students. The selection criterion for the students was represented by their major and completion of prerequisite undergraduate courses. Most of the students indicated their desire to complete a post-graduate degree with an orientation in counseling, however, there are significant differences between undergraduate students and graduate students registered in a clinical program. One direction of research would be to note the effect of the training program on the skills of graduate students at a first year MA level. It can be assumed that graduate students have demonstrated stronger academic abilities and are even more of a self-selected group oriented towards a counseling career and have already developed some level of helping skills. Previous studies have pointed to a potential difference in learning

rates between undergraduate and graduate students. Baker & Daniels (1989; as cited in Hill & Lent, 2006) found that undergrads improved substantially faster than their graduate counterparts when participating in a microcounselling course. Goodyear and Guzzardo (2000, as cited in Hill & Lent, 2006) explained that undergraduates might come into the program with a lower level of skill so they have more room for improvement. Graduates could potentially have developed their helping skills to such a level that their improvement appears non-significant. In contrast with these findings, Hill and Lent's (2006) meta-analysis indicated no effect of pre-training preparedness between undergraduate and graduate students. Given these contradictory conclusions, it will be of interest to compare these two groups following the current program and gauge whether the effects of the training course will be magnified or diminished.

Second, a major area of improvement lies in increasing the sample size. The sample size (N = 22) in this study was markedly larger than found in usual training programs (N = 7 to 12), giving more than the usual power to these results. However, the range of analyses required for a more detailed assessment of the course's effectiveness demands an even larger sample size. For example, a multiple regression analysis requires at least 16 participants for each variable included in the model (Tabachnik & Fidell, 2007). The existing analyses also risked an increase chance of false positives, a concern which was put to rest as a possibility following the high consistency among different trainee and client ratings. The reason behind the current sample size was that the course put a priority on offering students as much individual support as possible. The professor offered individual advice during the peer practice sessions and strived towards keeping a

close supervisory relationship with all students. A future implementation of the research would ideally involve a larger sample size but would have to still allow for one-on-one interactions with the instructor.

Third, another suggestion for future research is based on the effect size discrepancy between client and trainee ratings. As mentioned, clients were privy to only one session with their counsellors, therefore assessing the quality of their session “as is”, meaning they only had a chance to assess skills that their counsellors applied successfully in session. Trainees had a longitudinal view of their ability, assessing not only the current skill, but also the rate at which they improved from the last peer session. They were also assessing their ability to recognize elements of a productive session, even if they were not skilled enough to effectively orient the clients’ experiencing to deeper levels. A potential solution to this discrepancy would be to allow clients the same longitudinal perspective as the trainees’ by pairing each trainee with the same client throughout the four testing times. Clients would then be able to gauge the rate of improvement in the quality of counseling sessions by comparing it not to their own expectations of a session, but to the previous interaction they had had with their counsellor.

A fourth point of observation for the study pertains to the grading system employed in the course from which data was drawn. Many previous studies have encountered a measurement bias by grading students based on the same performance used as research outcomes (Anthony & Wain, 1971, Bierman, Carkhuff & Santilli, 1972, Pierce & Drasgow, 1969). Such procedures put additional pressure on trainees to perform for themselves, rather than to provide genuine support to the clients. In the current study,

the grading system was based on assignments, attendance/journal completion and skill improvement over the course (as assessed by the instructor). None of the formal testing sessions had an influence over the grade, allowing students to focus solely on their performance as counsellors.

Lastly, future versions of the course and research could be designed to cover not only one semester, but longer. As noted in some results (i.e. from the SAMS), and anecdotal accounts from trainees of their decreasing levels of anxiety throughout the program, measures of of difference in that construct did not reach statistical significance. It would be interesting to investigate if a longer training period would allow trainees to hone their skills to a higher level which would be statistically satisfactory. Additionally, the last testing session took place during a very stressful time for undergraduate students, the end of the semester. The trainees' performance was affected by this increased stress, thus undermining the final measures of skills. A longer course or training would allow more testing sessions for research, allowing the study of skills as they become more established, and potentially less influenced by outside factors such as school load.

In conclusion, following the findings of this study the training program appears to have reached its set goal: trainees gained a better handle on their ability to provide support and guidance to clients. These results are even more encouraging given that trainees had only one 45-minute session per client to establish a working alliance and to reach a satisfactory level of exploration of the issues brought in by clients. Future implementations of the course will bring additional evidence to these findings and will help improve the structure of the program.

References

Ahn, H. & Wampold, B. E. (2001). Where oh where are the specific ingredients? A meta-analysis of component studies in counseling and psychotherapy. *Journal of Counseling Psychology, 48*(3), 251-257.

Allen, D. (Ed.). (1967). *Microteaching: A description.* Palo Alto, CA: Stanford Teacher Education Program.

Anthony, W., & Wain, H. (1971). Two methods of selecting prospective helpers. *Journal of Counseling Psychology, 18*, 155-156.

Baker, S. B., & Daniels, T. G. (1989). Integrating research on the microcounseling program: A metaanalysis. *Journal of Counseling Psychology, 36*, 213–222.

Baker, S. B., Daniels, T. G., & Greeley, A. T. (1990). Systematic training of graduate-level therapists: Narrative and meta-analytic reviews of three major programs. *The Counseling Psychologist, 18*, 355–421.

Bein, E., Anderson, T., Strupp, H. H., Henry, W. P., Schact, T. E., Binder, J. L., et al. (2000). The effects of training in timelimited dynamic psychotherapy: Changes in therapeutic outcome. *Psychotherapy Research, 10*, 119-/132.

Bernard, J. M. (1989). Training supervisors to examine relationship issues using IPR. *The Clinical Supervisor, 7*, 103-112.

Bernard, J. M., & Goodyear, R. K. (1992). *Fundamentals of clinical supervision.* Needham Heights, MA: Allyn and Bacon.

Bierman, R., Carkhuff, R. R., & Santilli, M. (1972). Efficacy or empathic communication training groups for inner city preschool teachers and family workers. *Journal of Applied Behavioural Science, 8*(2), 188-202.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*, 252–260.

Carkhuff, R. R. (1969). *Human and helping relations (Vols. 1 & 2)*. New York: Holt, Rinehart, & Winston.

Carkhuff, R. R. (1974). *The art of helping*. Amherst, MA: Human Resource Development Press.

Castonguay, L. G. (2005). Training issues in psychotherapy integration: a commentary. *The Journal of Psychotherapy integration, 15*(4), 384-391.

Champe, J., & Kleist, D. M. (2003). Live Supervision: a review of the research. *The Family Journal: Counseling and Therapy for Couples and Families, 11*(3), 268-275.

Consoli, A. J., & Jester, C. M. (2005). A model for teaching psychotherapy theory through an integrative structure. *Journal of Psychotherapy Integration, 15*(4), 4-20.

Elliott, R., Watson, G., Goldman, R. N., & Greenberg, L. S. (2004). *Learning emotion focused therapy: A process experiential approach to change.* Washington, DC: American Psychological Association.

Elliott, R. & Wexler, M. M. (1994). Measuring the impact of sessions in process-experiential therapy of depression: The session impacts scale. *Journal of Counseling Psychology, 41*(2), 166-174.

Field, A. (2005). *Discovering Statistics Using SPSS.* Thousand Oaks, CA: Sage Publications.

Gold, J. (2005). Anxiety, conflict, and resistance in learning an integrative perspective on psychotherapy. *Journal of Psychotherapy Integration, 15*(4), 374-383.

Goodyear, R. K., & Guzzardo, C. R. (2000). Psychotherapy supervision and training. In S. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 83–108). New York: Wiley.

Gormally, J., & Hill, C. E. (1974). Guidelines for research in Carkhuff's training model. *Journal of Counseling Psychology, 21*, 539–547.

Greenberg, L. S. (1980). Training counsellors in gestalt methods. *Canadian Counsellor, 14,* 174-180.

Greenberg, L. S., & Goldman, R. L. (1988). Training in experiential therapy. *Journal of Consulting and Clinical Psychology, 56*(2), 459-464.

Greenberg, L. S., & Sarkissian, M. (1984). Evaluation of counselor training in gestalt methods. *Counselor Education and Supervision, 23,* 328-340.

Harkness, D. (1995). The art of helping in supervised practice: skills, relationships and outcomes. *The Clinical Supervisor, 13*, 63-76.

Hatcher, R. L., & Barends, A. W. (1996). Patients' view of the alliance in psychotherapy: Exploratory factor analysis of three alliance measures. *Journal of Consulting and Clinical Psychology, 64*, 1326-/1336.

Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the working alliance inventory. *Psychotherapy Research, 16*(1), 12 – 25.

Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (1999). *Research design in counseling* (2nd ed.). Washington, DC: Wadsworth.

Hill, C. E. & Lent, R. W. (2006). A narrative and meta-analytic review of helping skills training: time to revive a dormant area of inquiry. *Psychotherapy: Theory, Research, Practice, Training, 43*(2), 154-172.

Hill, C. E. & Kellems, I. S. (2002). Development and use of the helping skills measure to assess client perceptions of the effects of training and of helping skills sessions. *Journal of Counseling Psychology, 49*(2), 264-272.

Hill, C. E., & O'Brien, K. M. (1999). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.

Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *Psychotherapy in Practice, 56*(2), 163-173.

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36*, 223-233.

Horvath, A. O, & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139-149.

Ivey, A. E. (1971). *Microcounseling: Innovations in interviewing training*. Springfield, IL: Charles C Thomas.

Kagan, N. (1980). Influencing human interaction--Eighteen years with IPR. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice* (pp. 262-283). New York: Wiley.

Kagan, N. (1984). Interpersonal process recall: Basic methods and recent research. In D. Larson (Ed.), *Teaching psychological skills: Models for giving psychology away* (pp. 229–244). Monterey, CA: Brooks/ Cole.

Kasdorf, J., & Gustafson, K. (1978). Research related to micro-training. In A. E. Ivey & J. Authier (Eds.), *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation* (pp. 323–376). Springfield, IL: Thomas.

Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the counselor activity self-efficacy scales. *Journal of Counseling Psychology, 50*(1), 97-108.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relationship of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450.

Matarazzo, R. G. (1971). The systematic study of learning psychotherapeutic skills. In A. E. Bergin & S. L. Garfield, *Handbook of psychotherapy and behavior change: An empirical analysis* (pp. 895–924). New York: Wiley.

Matarazzo, J. D., & Wiens, A. N. (1967). Interviewer influence on durations of interviewee silence. *Journal of Experimental Research in Personality, 2*, 56–59.

Mayer, R. E. (2004). Should there be a three-strikes rule against discovery learning? The case for guided methods of instruction. *American Psychologist, 59*, 14–19.

Orlinsky, D. E., Rønnestad, M. H., Willutzki, U., Wiseman, H., Botermans, J.-F., and the SPR Collaborative Research Network. (2005). The prevalence and parameters of personal therapy in Europe and elsewhere. In J. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 177-200). Oxford, UK: Oxford University Press.

Pierce, R., & Drasgow, J. (1969). Teaching facilitative interpersonal functioning to psychiatric in-patients. *Journal of Counseling Psychology, 16*, 295-299.

Quartaro, G. K., & Rennie, D. L. (1983). Effects of trainee expectancies and specific instructions on counseling skill acquisition. *Canadian Journal of Behavioral Science, 15*, 174–185.

Rice, L., & Greenberg, L. S. (Eds.). (1984). *Patterns of change: Intensive analysis of psychotherapeutic process*. New York: Guilford Press.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change.

Journal of Consulting Psychology, 21, 97–103.

Ronnestad, M. H., & Ladany, N. (2006). The impact of psychotherapy training: introduction to the special section. *Psychotherapy Research, 16*(3), 261-267.

Shlomoskas, D. E., Syracuse-Siewert, G., Rounsaville, B. J., Ball, S. A., Nuro, K. F., & Carroll, K. M. (2005). We don't train in vain: a dissemination trial of three strategies of training clinicians in cognitive-behavioural therapy. *Journal of Consulting and Clinical Psychology, 73*(1), 106-115.

Schroeder, K., Hill, C. E., Gormally, J., & Anthony, W. (1973). Systematic human relations training for resident assistants. *Journal of College Student Personnel,14*, 313-316.

Sexton, H., Littauer, H., Sexton, A., & Tommeras, E. (2005). Building the alliance: Early therapeutic process and the client–therapist connection. *Psychotherapy Research, 15*, 103–116.

Sherman, J.B. (2000). Required psychotherapy for psychology graduate students: psychotherapists' evaluation of process. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 60*(9-B), 4910-5068.

Smit, G. N., & Van Der Molen, H. T. (1995). Development and evaluation of a video test for the assessment of interviewing skills. *Journal of Cancer Education, 10*, 195–199.

Snyder, M. (1974). Self-monitoring of expressive behavior. *Journal of Personality and Social Psychology, 30*, 526–537.

Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. *Journal of Consulting and Clinical Psychology, 48,* 176-185.

Tabachnick, B. G., & Fidell, L. S. (2007). *Using Multivariate Statistics.* Boston MA: Allyn & Bacon/Pearson Education.

Toukmanian, S. G. (1984). *Therapist manual: Perceptual-cognitive method of therapy.* Unpublished manuscript, York University, Toronto.

Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment, 1*, 207-210.

van Deurzen-Smith, E. I1996). The future of psychotherapy in Europe. *International Journal of Psychotherapy, 1*(1), 15-21.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Erlbaum.

Williams, E. N., Hurley, K., O'Brien, K., & De Gregorio, A. (2003). Development and validation of the self-awareness and management strategies (SAMS) scales for therapists. *Psychotherapy: Theory, Research, Practice, Training, 40*(4), 278-288.

Williams, E. N., Judge, A. B., Hill, C. E., & Hoffman, M. (1997). Experiences of novice therapists in prepracticum: Trainees', clients', and supervisors' perceptions of therapists' personal reactions and management strategies. *Journal of Counseling Psychology, 44*, 390–399.

Appendix A

COURSE OUTLINE
Clinical and Counselling Psychology, 0246-430-01, Fall 2007
Department of Psychology
University of Windsor

Day: Thursday **Time: 4:00 – 7:00 PM** **Location:**
DillonHall r 355

Course Director:	**Office Hours:**	**Office:**
Dr. A. Pascual-Leone South Email: apl@uwindsor.ca 4702	Thurs: 9:30 - 11:30 am	257 Chrysler Hall 519-253-3000, ext.
GA: Cristina Andreescu Email: andrees@uwindsor.ca andrees@webmail1.uwindsor.ca	None	N/A

(When emailing you must indicate course number and your name in the subject line**)**

Description: The principles and techniques underlying clinical interviewing and modern psychotherapeutic methods. Emphasis will be placed upon the application of clinical interviewing and modern psychotherapeutic methods, as well as the application of clinical methods in clinics, hospitals, schools, mental health settings, and community agencies. (Prerequisite: 46-233.)

Objectives: Students will gain:

- Knowledge of core content regarding: Practice and theories of psychotherapy with an emphasis on psychodynamic, behavioural, and experiential traditions as well as the basics of psychotherapy outcome and process research.
- Critical thinking skills regarding: Comparative analysis of major contemporary models of psychotherapy and theories of change.
- Oral & written communication skills: Through the discussion of key issues, in writing personal reflections, and applying process research to everyday life.
- Relevance & application to everyday life: By practicing helping skills in a compassionate way with a non-clincal population. The practicum portion of the course focuses on the development of basic interviewing and therapeutic relationship skills.
- Understanding & respect for sociocultural perspectives that impact the psychotherapeutic process.

Textbooks: Martin, D. G. (2000). Counseling and therapy skills. 2nd ed. Long Grove, IL: Waveland Press Inc.:\

Course structure: The aim of this course is not only to teach students about counselling and psychotherapy theories but also how to use some of the basic counselling skills. For this reason half of the class time is dedicated to discussing research and theory while the other half is an applied component in which we will practice basic counselling skills among peers.

Before Class

1. **Reading Text:** (The week before class). You are expected to come to class prepared by having read the assigned readings and ready to discuss it. This means with a few notes on questions or comments you might have (see assignments below).

In Class

2. **Seminar and discussion:** (4:00 – 5:30pm). The first part of each class is dedicated to discussing topics related to the readings. I will be presenting some key theoretical ideas related to the readings
    a. ***Seminar:*** Sometimes I will use powerpoint but this will largely be discussion oriented. This is time for us to discuss the issues as a group.
    b. ***Psychotherapy/interview case presentation***: It is important to watch real therapy sessions as a model of how intevention skills are used. I will show video of master therapists with real clients. This will be interactive and we will discuss moment-by-moment process together as we watch the video.
3. **Practice:** (5:30 – 6:50). The second half of almost every class will be dedicated to practice. You will break up into groups of 3 or 4 and role play client and counsellor. I will drop in and out of the groups, listening in, and providing support and supervision.

**Special note on in-class practice: Practice is often an invaluable component of learing about basic counselling skills. To do this students will take turns playing "client" and "counsellor" and clients will often present real life issues. Playing both sides of of the counselling situation is an important learning experience. When playing "client", students typically discuss real topics that are currently of mild concern to them. These may include isolated issues related to romantic, academic, social, or financial concern. HOWEVER, this is always a class in training and learning counselling skills, although it is "hands-on" this is not therapy. It would be both inappropriate and unfair to your peers-in-training to raise any major personal concerns that you may have in this training situation. Please only discuss those issues you feel comfortable discussing with the small group and with the course director, who is supervising. Discussing serious current personal issues is for the Psychological Services Centre, not for brief trianing situations. If you are uncertain of what may or may not be appropriate approach me, the course director, for guidance. During the practice periods "clients" are always entitled to change the topic or stop the exercise at any time for any reason. You may also refuse to answer any questions you do not want to answer. This is a training experience (not therapy) and you are expected to work within that framework.

**Special note on confidentiality: Although practice sessions are for training, we will be fostering a trusting and confidential group environment. It is expected that by participating in the practice periods (as "client", "cousellor", or as an observer) you will keep any personal information that is disclosed confidential and within the boundaries of the class room.

COURSE OUTLINE

September 6

(1) Introduction to course and psychotherapy research

- *Readings to be done before class*
    - Greenberg & Pascual-Leone (2006) Emotional processing
    - Howard (1991) Narrative, culture, and psychotherapy
- *Seminar topic*
    - Lecture from Kordy (2007) on psychotherapy research
    - Lecture on client process: Emotional Processing
- *Assignment*
    - Introduce Levels of Emotional Awareness and emotion diary assignment
        - (due next week)
- Skills training
    - Introductions and introduction to interviewing

September 13

(2) Counseling vs. interviewing

- *Readings to be done before class*
    - read LEAS scoring manual for assignment
    - Norcross (2002) Empirically supported relationship
    - Martin (2000) Chapter 12: Ethical issues
- *Seminar topic*
    - Lecture from Norcross (2002) Psychotherapy relationship
    - Lecture on Clinical interviewing as a contrast
    - *Diagnostic Video & session videos*
        - *(Listen for: Interviewer's style-- info seeking vs. getting the story)*
- *Assignment*
    - Introduce Pennebaker Trauma Narrative assignment
        - (due next week)
- Skills training
    - **"pre"-practice skills on peers** (1 session, with a peer)

September 20

(3) Building the alliance and empathic reflection

- *Readings to be done before class*
    - Martin (2000) Chapter 1: The third alternative: Evocative empathy
    - Rogers (1957) Necessary and Sufficient conditions
    - Angus et al, (1999) Narrative Process Coding System
        - (Optional reading lists "do" and "don't" for beginners: Brodley, 1991, Beginning to practice client centered therapy)
- *Seminar topic*

        - Discuss readings
        - *Rogers Video*
            - *(Listen for:* Client narrative processes and therapist responding)
    - *Assignment*
        - Audio taped session of relationship episode
            - (due next week)
        - Introduce Narrative Process Coding System assignment
            - Use Angus et al, 1996, NPCS Manual (due in 3 weeks)
    - *Skills training*

September 27

(4) Empathy and Experiencing

- *Readings to be done before class*
    - Martin (2000) Chapter 2: Learning to hear
    - Martin (2000) Chapter 3: Finding the words
    - Angus et al, 1996, NPCS Manual
- *Seminar topic*
    - Lecture on therapist skills: Empathy and varieties of empathic responding
    - Vocal Quality Scale
    - Greenberg video (series, session one)
        - *(Listen for:* Client vocal quality & therapist deepening experience)
- *Skills training*

October 4

(5) Early-practice skills on volunteers (2 sessions, each with a different client)

- *Readings to be done before class*
    - Martin (2000) Chapter 4: Confronting experience
    - Hovarth (2005) The working alliance

October 11

(6) Deepening experience and focusing

- *Readings to be done before class*
    - Martin (2000) Chapter 5: The basic principle: Client is the problem solver
    - Gendlin (1961) Focusing in psychotherapy
    - Experiencing scale coding criteria, (from Pascual-Leone, 2005)
- *Seminar topic*
    - Focusing handout

        - Lecture on therapist skills: Systematic evocative empathy and PRPs
        - Greenberg video
            - (*Listen for:* Client depth of experiencing & therapist leading edge)
- *Assignment*
    - Introduce Levels of Experiencing assignment
        - (due in 3 weeks)
- *Skills training*

October 18

(7) Repairing the alliance

- *Readings to be done before class*
    - Saftan et al (2001) Repairing alliance ruptures
    - Muran (2002) Relational approach to understanding change
- *Seminar topic*
    - Discuss readings
    - Castonguay's use of alliance repair in integrative cognitive therapy
    - Fosha video
        - (*Listen for:* Client relational markers & therapist relating)

October 24

(8) An introduction to psychotherapy integration

- *Readings to be done before class*
    - Pascual-Leone & Greenberg (2006) Insight and awareness
    - Prochaska et al, (1992) Stages of change
- *Seminar topic*
    - Lecture on client process: Insight and awareness types of client processing
- *Skills training*

November 1

(9) Mid-practice skills on volunteers (2 sessions, each with a different client)

- *Readings to be done before class*
    - Martin (2000) Chapter 6: Relationship issues
        - (Optional reading on attachment: Johnson, 2003)

November 8

(10) Transference, attachment and relationship patterns

- *Readings to be done before class*
  - Martin (2000) Chapter 14: Other formats
  - Johnson & Greenman (2006). Emotion focused therapy for couples
  - Luborsky et al (1985), Core conflictural relationship theme
    - (Optional supplementary reading on CCRT: Luborsky et al, 1994)
- *Seminar topic*
  - Greenberg couples video
  - (*Listen for:* Client relational pattern and therapist identification of cycles)
- *Assignment*
  - Introduce Core Conflictual Relationship Theme assignment
    - (due in 3 weeks)
- *Skills training*

November 15

(11) Exposure and behavioural therapy

- *Readings to be done before class*
  - Martin (2000) Chapter 10: Direct interventions
  - Foa & Kozak (1986) Emotional processing of fear
  - Vagri (2006) Managing anxiety: Patient's guide
    - (Optional reading on experiential approach to emotion regulation: Paivio & Laurant, 2001)
- *Seminar topic*
  - Lecture on therapist process: Basics of Cognitive Behavioural Therapy
  - Beck video
    - (*Listen for:* Empathic responding and narrative processes)
  - Summary notes of behavioural and cognitive therapies
  - Dog phobia video
  - Lecture on process: Soothing & emotion regulation

November 22

(12) Final-practice skills on volunteers (2 sessions, each with a different client)

- *Readings to be done before class*
  - Geller & Greenberg (2002) Therapist presence

November 29

(13) Ending therapy: Termination

- *Readings to be done before class*

    - Martin (2000) Chapter 13: Termination (pp. 231-234)
    - Greenberg, (2002) Termination in experiential therapy
- *Seminar topic*
    - Group debriefing and reflection on end of course process
    - Opportunities in graduate course
    - Complete Levels of Emotional Awareness
- *Skills training*

DATE	OVERVIEW OF EVALUATION	WEIGHT
Weekly	**Journal (Reflection and discussion questions)**	12% (@1% each)
Sept. 13	**(Assign# 1) Levels of Emotional Awareness and Emotion Diary**	10%
Sept 20	**(Assign# 2) Pennebaker Trauma Narrative**	10%
Sept 27	**(Assign# 3) Audio taped session of relationship episode**	10%
Oct 11	**(Assign# 4) Narrative Process Coding System Assignment**	15%
Nov 1	**(Assign# 5) Levels of Experiencing Assignment**	15%
Nov 22	**(Assign# 6) Core Conflictual Relationship assignment**	15%
	Improvement in counselling skills over the course	13%
	Bonus Marks – for participantion in research *or (while supplies last)* assigned chapter summary (email prof)	(bonus) (1%)
	There is no final exam in this course	N/A

Grading assignments

Grading: The objective of these assignments is to familiarize you with some of the importatn processes than happen in effective psychotherapy therapy. The personal content of your accounts (see below) will not be graded. However, your grade will be based on (a) the thoroughness of completed assignments and (b) the quality of process by which the content is treated.

Complete assignments to pass: Completing the six (6) assignments is a requirement for completing this course. If you do not hand in all six assignments you will fail the course. Make sure you hand in all assignments!!

ASSIGNMENT DETAILS

DUE Weekly	**Journal (Reflection and discussion questions)** o 12 journals (1-2 pages each) must be handed in at the beginning of each class. Each journal must have 2 separate sections. o First section should be titled, "Reflection" and is a ½ to 1½ pages on what I learned or discovered about the process and/or about myself during the previous class exercise, relate it to reading of possible. o The Second section should be titled "Questions for discussion" and is about ½ page with 2-3 questions about the texts that you read in anticipation of the class.	12% (@1% each)

DUE Sept. 13	**(Assign# 1)** **Levels of Emotional Awareness and Emotion Diary** (1) Read the instructions and complete the LEAS-B questionnaire, answer honestly and spontaneously. (The content of you answers is *not* graded). (2) Next read the LEAS scoring manual and use it to score each of your responses on the LEAS-B (Do not read the scoring manual before completing the questionnaire and do not change your answers). (3) Use the handout to keep an emotion diary for 7 days. (4) In 1-2 pages summarize your findings of the LEAS scoring and write a reflection relating the findings to youself or your life. Consider: What did you think of the task? Do you think the rating reflect how you usually experience things? How does this fit with the emotion diary you are keeping? Hand in: LEAS-B responses, scoring sheet, emotion diary, summary of findings/reflection.	10%

DUE Sept 20	**(Assign# 2)** **Pennebaker Trauma Narrative** (1) "Select from your past life a memory of a traumatic event event in which you were a participant, and you were surprized, puzzled, or shocked by your actions or reactions. Write a descriptive account of the circumstances, setting, participants, and sequence of events which occurred in memory. Be sure to describe your experience". (2) When your narrative is complete, read it over. In 1 page describe the experience of writing and/or reading your own narrative. Hand in: The typed narrative, the reflection on your writing experience.	10%

DUE Sept 27	**(Assign# 3)** **Audio taped session of relationship episode** (1) You will need 1 audio casette and 1 tape recorder or some other sutable audio recording device. (2) "In conjunction with a fellow clasmate, select and describe a relationship event which is memorable to you. The event should have occurred over a year ago and be definitive of you in some way. Be sure to select an episode that you will be comfortable sharing with a classmate and be sure that the recording device is working before proceding further. The description of the event should be at least 5 minutes in length. For the listener: After listening to the account of the recalled memory be sure to aske the narrator how often they recall this memory; are other momories connected to the memory; how vivid is the memory and to describe the salient emotional theme or tome connected with the relationship memory" (3) Transcribe the relationship episode. Hand in: The typed transcription.	10%

Nov 22	**(Assign# 6)** **Core Conflictual Relationship assignment** (1) You will need copies of your typed narrative (from assignment #2) and your transcribed relationship episode (from assignment #3). These will serve as 2 accounts. (2) Read Luborsky et al's (1985) article on the Core Conflictual Relationship Theme (CCRT). For more clarification you could also read Luborsky et al's (1994) paper. (3) Using the CCRT method, analyze the 2 accounts for recurrent or predominant themes. (4) In **3 pages** summarize your findings and provide a personal reflection. Be sure to comment on: *Summary of findings* a. For each account create a chart to represent where you have identified the CCRT theme components – WISH, RO, RS – in the transcripts. There are several ways of doing this, one way is to use 4 columns across the top of a page: (1) Person & Relationship Episode#; (2) Wish, need, intention of self; (3) Response form Other; (4) Response from Self. This way each row in the table could be used to represent a different relationship episode (RE#). (Note: Because it may be easier to make tables in a landscape format, the range for the assingment is 3pages *plus* any tables you might make). *Interpretation/Reflection* b. As you examine the table made for each account, do you find a recurrent theme within either of the accounts when you examine the relationship episodes? c. Are there any recurrent themes which cut across the 2 accounts? d. How general or specific are these issues? Are they related to gender issues or developmental states? *Implications* e. Describe the CCRT method and its relationship to the psychoanalytic notion of transference. How might the notion of transference of recurrent relationship themes aid or hinder couselling relationships? Hand in: Copies of the 2 accounts on which you have marked the WISH, RO, & RS of the CCRT, summary charts of findings, reflection, implications.	15%

	Improvement in counselling skills: Self evaluations Journal	13%
Dec 6	This component to the course is based a collaborative appraisal of your development in the practical helping skills that you have learned. 1) <u>Complete a Course Feedback Form</u> and honestly consider which course material you read or competed and which ones you found most helpful. The purpose of this is to identify those readings, videos, journals, and assignments that may have all contributed to your overall knoweldge of couselling and psychotherapy. *(NB: This is a completion requirement. It will not be graded or and will not be read by the professor until after the course grades are in).* 2) <u>Prepare a reflection of 2-3 pages describing your skills improvement</u>. Notice that although many things (i.e. as outlined above) may have all contributed to your overall knoweldge of couselling and psychotherapy, this reflection should be dedicated exclusively to your development of hands-on couselling skills – i.e. things you can actually do now that you could not do before. You may make reference to materials but the focus should be on your abilities rather than theoretical or general knowledge. *<u>Self-appraisal (content)</u>* There is no best answer to this assignment other than a personalized one. Your self appraisal must include a comment on each of the following personal questions (you may use them as subheadings): *a.* *What can I do that I couldn't do before?* *b.* Given the personal abilities I brought to the class: *What new strengths have I developed over the last 4 months as a counsellor?* *c.* Given the personal abilities I brought to the class: *What are some of the areas of difficulty I have encountered over the last 4 months as a counsellor?* d. Outside my role as a counsellor: *How has this course affected me personally?* (Perhaps it has altered your perceptions of yourself, others, or relationships, if so, How?) *Recommendations on style* -- Be as clear and specific as possible! General statements are not good self-appraisals. Describe the particular and unique strengths, areas of difficulty, etc. -- Present a self-appraisal that is as level-headed as possible. The degree to which you seem to be fair and honest with yourself will contribute to the genuineness and credibility of your self-appraisal. *Grade yourself* e. In conclusion to your level-headed and honest self-appraisal, provide a recommended letter grade for yourself, with respect to skills improvement. Be sure that the contend and manner of the self-appraisal justify the suggested grade. (Your fairness and credibility here will also contribute to your overall evaluation). Hand in: Course Feedback Form (to GA); 2-3 page self appraisal (including a suggested grade). (NB: I may or may not use your suggested grade).	

Bonus marks. There is also an opportunity to earn 1 bonus mark, worth one percentage point towards the final grade. They can be earned in *one* of two ways. If you would like the bonus marks choose *one* of the following:

1. *Research participation*. This course is part of a research project and is being evaluated to its effectiveness in teaching counselling skills. You are not expected be part of the research just because you are registered in the class. You are not required to participate. However, if you agree to participate you will be given 1 bonus point toward your grade. Participating in the research does not require any additional tasks other than participating fully in the course. The course director will not know if you have agreed to be in the study until final grades are submitted.

   -- OR --

2. *One chapter/article summary*. Bonus credits can be earned by completing a three page typed (single spaced) summaries of one clinical psychology article or chapter to be provided by Dr. Pascual-Leone. The articles/chapters are from professional journals or text books and cover clinical and research issues of interest. If you would like to choose this option for bonus marks you must contact the professor, apl@uwindsor.ca, who will provide you with an article/chapter reference while supplies last. It is the student's responsibility to request a bonus assignment in time (students may not select their own articles). The single summary will be worth up to 3 bonus marks. This bonus assignment must be submitted by **email by last day of class, Thursday November 29, 2007**. You must follow the instructions for the bonus assignment, insturctions are posted on the website.

Final grades. The instructor reserves the right to adjust grade distributions, should too many students perform excessively poorly or excessively well in the course. The instructor also reserves the right to adjust grades upwards based upon course participation; grades will under no circumstance be lowered based upon participation or lack thereof.

Plagiarism and Examination Make-up Policies

(This Policy will be appended to all course outlines in the College of Arts and Human Sciences)

1. Plagiarism

Plagiarism is a serious academic offence because it dishonestly and fraudulently uses someone else's work as one's own. Students are to be evaluated on the basis of their own original work. In the preparation of essays, papers, reports, and any other types of

assignments, students must necessarily rely on the work of others. However, it is imperative that the source of any ideas, wording, or data obtained from others be disclosed and properly acknowledged by citations, quotation marks, and bibliographic references in the proper format. Using the work of others without acknowledgement is plagiarism. Plagiarism includes, but is not limited to:

a) Using a passage or passages of any length from published or unpublished work of others without placing the passage(s) in quotation marks (or using indentation for long quotation(s)) and acknowledging their source;

b) Submitting work as original when that work also has been or is currently being submitted for another course, unless prior permission has been given in writing;

c) Copying material, for example, from the Internet, or purchasing material and submitting it as one's own;

d) Submitting work completely or largely identical to that of other students, unless group work and joint submissions are explicitly permitted by the instructor.

In cases of plagiarism, the instructor assigns a grade of 0 (F-) to the work in question, and may assign an F- for the entire course. This will be decided in consultation with the AAU head or designate. If an instructor determines that plagiarism has occurred, the student shall be informed and the case reported to the Executive Dean of the College. Disciplinary proceedings may be initiated pursuant to Senate Bylaw 31, which could result in suspension or expulsion from the University in cases of repeated plagiarism. Students will not be allowed to re-write or re-submit work to compensate for grades assigned as a result of plagiarism. Students can appeal a plagiarism grade to the AAU head or designate and/or to the Administrative Dean of Student and Academic Services, and ultimately to a judicial review panel at the University.

2. Exam Policy

The Policy of the College of Arts and Human Sciences is not to allow make-ups for scheduled tests, midterms, or final exams, nor to assign a grade of Incomplete **without acceptable and verifiable medical** (or equivalent compassionate) **reason.** Acceptable reasons might include hospital stays, serious illness, family emergencies (like serious accidents or illnesses, death) or similar circumstances. Normally, written documentation stating specific reasons and dates is required. Arrangements for make-up exams--if allowed by the instructor--must be made as soon as possible. The instructor establishes the date and format for make-up exams, which will usually differ from the original exam.

Student Evaluation of Teaching. University wide student evaluation of teaching will be administered during the final two weeks of classes. They will be administered at the beginning of class periods. Every effort will be made to inform you in advance of the specific dates and times for the evaluation. Informal evaluations will also be conducted by the professor throughout the course, in order to improve the quality of the course for the current and future terms.

Released: January 9, 2005 (Supersedes previously distributed information)

Appendix B

UNIVERSITY OF
WINDSOR
OFFICE OF THE
RESEARCH ETHICS BOARD

Today's Date: September 5, 2007
Principal Investigator: Ms. Cristina Andreescu
Department/School: Psychology
REB Number: 07-172
Research Project Title: Training helping skills in undergraduate students
Clearance Date: September 5, 2007
Project End Date: September 1, 2008

Progress Report Due:
Final Report Due: September 1, 2008

This is to inform you that the University of Windsor Research Ethics Board (REB), which is organized and operated according to the *Tri-Council Policy Statement* and the University of Windsor *Guidelines for Research Involving Human Subjects*, has granted approval to your research project on the date noted above. This approval is valid only until the Project End Date.

A Progress Report or Final Report is due by the date noted above. The REB may ask for monitoring information at some time during the project???s approval period.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the REB. Minor change(s) in ongoing studies will be considered when submitted on the Request to Revise form.

Investigators must also report promptly to the REB:
a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) all adverse and unexpected experiences or events that are both serious and unexpected;
c) new information that may adversely affect the safety of the subjects or the conduct of the study.

Forms for submissions, notifications, or changes are available on the REB website: www.uwindsor.ca/reb. If your data is going to be used for another project, it is necessary to submit another application to the REB.

We wish you every success in your research.

Dr. Maureen Muldoon

Maureen Muldoon, Ph.D.
Chair, Research Ethics Board

cc: Dr. Antonio Pascual-Leone, Psychology
Mark Curran, Research Ethics Coordinator

This is an official document. Please retain the original in your files.

401 SUNSET · WINDSOR ONTARIO · CANADA N9B 3P4
TELEPHONE 519/253-3000 (3948) · WEB www.uwindsor.ca/reb

Appendix C

CONSENT TO PARTICIPATE IN RESEARCH
- Psychology 430 Students-

Title of Study: **Helping skills training in psychology undergraduate students.**

You are asked to participate in a research study conducted by Cristina Andreescu, MA Candidate from the Department of Psychology at the University of Windsor. The study is supervised by Dr. A. Pascual-Leone, C. Psych.

If you have any questions or concerns about the research, please feel to contact Cristina Andreescu at andrees@uwindsor.ca.

PURPOSE OF THE STUDY

The purpose of this study is to evaluate the effectiveness of the training skills program which comprises Psychology 430, Fall 2007. Information you provide will help to determine if the methods used are effective in training therapist abilities required towards a successful psychotherapy outcome. In short, this research project consists of a course evaluation with respect to the helping skills you will be learning.

PROCEDURES

Participating in this study does not involve any activities other than those already required as part of the course 46-430.

If you volunteer to participate in this study you will allow for use of your grades and assignment materials for the course. There are also some course components that are participation-based only and are not graded (such as filling out self-evaluations); if you consent to participating in this research those participation based course components will also be used for research purposes.

POTENTIAL RISKS AND DISCOMFORTS

There are no known or anticipated physical, psychological, emotional, financial or social risks associated with participating in this study.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

If you agree to participate, and provide the information requested, you will be awarded one (1) additional bonus point towards your grade in the course 46-430.

The information gathered may further the understanding of the effectiveness of the helping skills training curriculum used in this course. If results indicate that these methods result in better learning outcomes, this will directly influence the methods used in teaching this course in the future, and may influence other instructors as to whether they wish to adopt similar methods in their teaching.

PAYMENT FOR PARTICIPATION

One (1) additional bonus mark will be awarded to students who take part.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Once information is entered into the database, all identifying information, such as name and student number, will be removed. No information which might result in your being identified will be reported in any publication or presentation resulting from this research.

Dr. Pascual-Leone (course director) will is supervising the research but will remain blind to your participation in this course. This means that he will not know whether you consented or not until after course grades are calculated and final grades are submitted to the department. The course GA, who will not be responsible for course evaluations, will add the bonus point to the grade of any student who has chosen to participate in this study at the end of the course.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may still withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

Results will be emailed to all members of the course, whether or not you participate in the study. Results will be emailed in 2008.

SUBSEQUENT USE OF DATA

This data may be used in subsequent studies.

Do you give consent for the subsequent use of the data from this study?
Yes No

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Mark Curran, research Ethics Coordinator, Assumption University Building, Room 303, University of Windsor, 519-253-3000, ext. 3948, ethics@uwindsor.ca.

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study **Training Helping Skills in Undergraduate Students, Psychology 430, Fall 2007** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

____
Name of Subject

______________________ ________________
Signature of Subject Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

__________________________ ________________
Signature of Investigator Date

Appendix D

CONSENT TO PARTICIPATE IN RESEARCH
- Psychology Participant Pool Students-

Title of Study: **Helping skills training in psychology undergraduate students.**

You are asked to participate in a research study conducted by Cristina Andreescu, MA Candidate. The research is supervised by Dr. Pascual-Leone, C. Psych. from the Department of Psychology at the University of Windsor.

If you have any questions or concerns about the research, please feel to contact Cristina Andreescu at andrees@uwindsor,ca.

PURPOSE OF THE STUDY

The purpose of this study is to evaluate the effectiveness of the training skills program which comprises Psychology 430, Fall 2007. Information you provide will help to determine if the methods used are effective in training therapist abilities required towards a successful psychotherapy outcome.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

1. Participate as the "Client" in two (2) 50 min long mock counselling sessions in which you will be invited to discuss some current personal concern. These two sessions will be done with different counsellors and there will be a short break in between them. Participants playing "client" typically discuss real topics that are currently of mild or moderate concern to them. These may include isolated issues related to romantic, academic, social, or financial concern. At the beginning of this study researchers will provide some guidance on what the suitable issues of concern to discuss in the mock session.
2. You will also be asked to complete three questionnaires at the end of each therapy session that asks about your experience in the session.

Your participation in the study will take approximately just under 3 hours, including a break.

POTENTIAL RISKS AND DISCOMFORTS

Given that the mock counselling session will invite you to discuss an issue (of your choosing) that is of concern to you, you may experience some emotional discomfort. The aim of the session is to help you with the difficulty you may choose to discuss but it is sometimes mildly upsetting to discuss emotional issues. There are no known or anticipated major risks associated with participating in this study, be they physical, psychological, emotional, financial or social.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Some participants in similar studies have reported that answering these questionnaires and participating in a mock counselling sessions was a thought provoking and insightful exercise. The findings of this study will benefit science and society by furthering our understanding of methods for training future counsellors.

PAYMENT FOR PARTICIPATION

Where applicable, students will receive 3 bonus credits in Psychology courses at University of Windsor for participation in this study.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Once all information about you is entered into the database, all identifying information will be removed. No information which might result in your being identified will be reported in any publication or presentation resulting from this research.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind, although you may not keep questionnaires from the study. During the mock counselling sessions you may change the topic or stop the session at any time for any reason. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so or if too many items are left unanswered.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

Study results will be made available through www.uwindsor.ca/reb and will be available as of September 1, 2008.

SUBSEQUENT USE OF DATA

This data will be used in subsequent studies.

Do you give consent for the subsequent use of the data from this study?
Yes No

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Mark Curran, research Ethics Coordinator, Assumption University Building, Room 303, University of Windsor, 519-253-3000, ext. 3948, ethics@uwindsor.ca.

SIGNATURE OF RESEARCH SUBJECT/LEGAL REPRESENTATIVE

I understand the information provided for the study **Training Helping Skills in Undergraduate Students, Psychology 430, Fall 2007** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

____
Name of Subject

____________________ ____________________
Signature of Subject Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

____________________ ____________________
Signature of Investigator Date

PROFESSIONAL COUNSELING SERVICES AVAILABLE ON CAMPUS

STUDENT COUNSELING SERVICES

Phone no: (519) 253 3000, Ext. 4616

Location: Room 293. Second floor of the CAW Student Center.

Email: scc@uwindsor.ca

PSYCHOLOGICAL SERVICES CENTER

Phone no: (519) 973- 7012 or (519) 253 3000, Ext. 7012

Location: House on Sunset, 326 Sunset Ave.

WEB FORM K
COUNSELING ACTIVITY SELF-EFFICACY SCALES

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. I am looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Using a dark pen or pencil, please fill in the number that best reflects your response to each question.

Part I.
Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients.

No confidence			Some confidence				Complete confidence		
0	1	2	3	4	5	6	7	8	9

How confident are you that you could use these general skills effectively with most clients over the next week?

Item										
1. **Attending** (orient yourself physically toward the client).	0	1	2	3	4	5	6	7	8	9
2. **Listening** (capture and understand the messages that clients communicate).	0	1	2	3	4	5	6	7	8	9
3. **Restatements** (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).	0	1	2	3	4	5	6	7	8	9
4. **Open questions** (ask questions that help clients to clarify or explore their thoughts or feelings).	0	1	2	3	4	5	6	7	8	9
5. **Reflection of feelings** (repeat or rephrase the client's statements with an emphasis on his or her feelings).	0	1	2	3	4	5	6	7	8	9
6. **Self-disclosure for exploration** (reveal personal information about your history, credentials, or feelings).	0	1	2	3	4	5	6	7	8	9
7. **Intentional silence** (use silence to allow clients to get in touch with their thoughts or feelings).	0	1	2	3	4	5	6	7	8	9

8. **Challenges** (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).	0 1 2 3 4 5 6 7 8 9
9. **Interpretations** (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).	0 1 2 3 4 5 6 7 8 9
10. **Self-disclosures for insight** (disclose *past* experiences in which you gained some personal insight).	0 1 2 3 4 5 6 7 8 9
11. **Immediacy** (disclose *immediate* feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).	0 1 2 3 4 5 6 7 8 9
12. **Information-giving** (teach or provide the client with data, opinions, facts, resources, or answers to questions).	0 1 2 3 4 5 6 7 8 9
13. **Direct guidance** (give the client suggestions, directives, or advice that imply actions for the client to take).	0 1 2 3 4 5 6 7 8 9
14. **Role-play and behavior rehearsal** (assist the client to role-play or rehearse behaviors in-session).	0 1 2 3 4 5 6 7 8 9
15. **Homework** (develop and prescribe therapeutic assignments for clients to try out between sessions).	0 1 2 3 4 5 6 7 8 9

Part II.
Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counseling most clients.

No confidence			Some confidence				Complete confidence		
0	1	2	3	4	5	6	7	8	9

How confident are you that you could do these specific tasks effectively with most clients over the next week?

Item										
1. Keep sessions "on track" and focused.	0	1	2	3	4	5	6	7	8	9
2. Respond with the best helping skill, depending on what your client needs at a given moment.	0	1	2	3	4	5	6	7	8	9
3. Help your client to explore his or her thoughts, feelings, and actions.	0	1	2	3	4	5	6	7	8	9
4. Help your client to talk about his or her concerns at a "deep" level.	0	1	2	3	4	5	6	7	8	9
5. Know what to do or say next after your client talks.	0	1	2	3	4	5	6	7	8	9
6. Help your client to set realistic counseling goals.	0	1	2	3	4	5	6	7	8	9
7. Help your client to understand his or her thoughts, feelings, and actions.	0	1	2	3	4	5	6	7	8	9
8. Build a clear conceptualization of your client and his or her counseling issues.	0	1	2	3	4	5	6	7	8	9
9. Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.	0	1	2	3	4	5	6	7	8	9
10. Help your client to decide what actions to take regarding his or her problems.	0	1	2	3	4	5	6	7	8	9

Part III.

Instructions: Please indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios. (By "work effectively," I am referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client resolve his or her issues.)

No confidence				Some confidence				Complete confidence	
0	1	2	3	4	5	6	7	8	9

How confident are you that you could work effectively over the next week with a client who...

Item										
1. ...is clinically depressed.	0	1	2	3	4	5	6	7	8	9
2. ...has been sexually abused.	0	1	2	3	4	5	6	7	8	9
3. ...is suicidal.	0	1	2	3	4	5	6	7	8	9
4. ...has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse).	0	1	2	3	4	5	6	7	8	9
5. ...is extremely anxious.	0	1	2	3	4	5	6	7	8	9
6. ...shows signs of severely disturbed thinking.	0	1	2	3	4	5	6	7	8	9
7. ...you find sexually attractive.	0	1	2	3	4	5	6	7	8	9
8. ...is dealing with issues that you personally find difficult to handle.	0	1	2	3	4	5	6	7	8	9
9. ...has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).	0	1	2	3	4	5	6	7	8	9
10. ...differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class).	0	1	2	3	4	5	6	7	8	9
11. ...is not "psychologically-minded" or introspective.	0	1	2	3	4	5	6	7	8	9
12. ...is sexually attracted to you.	0	1	2	3	4	5	6	7	8	9

13. ...you have negative reactions toward (e.g., boredom, annoyance).	0 1 2 3 4 5 6 7 8 9
14. ...is at an impasse in therapy.	0 1 2 3 4 5 6 7 8 9
15. ...wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).	0 1 2 3 4 5 6 7 8 9
16. ...demonstrates manipulative behaviors in-session.	0 1 2 3 4 5 6 7 8 9

Note. Permission to use this measure was granted by R. W. Lent, C. E. Hill, and M.A. Hoffman. The article about the measure was "Development and validation of the Counselor Activity Self-Efficacy Scales" by R. W. Lent, C. E. Hill, and M. A. Hoffman, 2003, *Journal of Counseling Psychology, 50,* pp. 97–108.

Appendix F

WEB FORM J
THE SELF-AWARENESS AND MANAGEMENT STRATEGIES (SAMS) SURVEY

Instructions: Before completing Questions 1–10, please think about times when, during a counseling session, you have become aware of your thoughts, emotions, feelings, and reactions, and physical experiences or behaviors.

Please use the following scale to answer Questions 1–10:

1: Never
2: Rarely
3: Some of the Time
4: Most of the Time
5: Always

_______ 1. How frequently do you have thoughts about your performance or abilities as a therapist during your therapy sessions?

_______ 2. How often do you become aware of feeling anxious during a session?

_______ 3. How often do you experience awareness of negative self-talk (e.g., self-critical thoughts, distracting thoughts) during a session?

_______ 4. How often do you become aware of thinking about issues unrelated to the client or session (e.g., outside stressors, needing to return a phone call, paperwork, etc.)?

_______ 5. How often do you find that your self-awareness is hindering during a therapy session (e.g., pulls your attention from the client, causes you to feel upset or distracted)?

_______ 6. How often do you experience moments of heightened self-awareness (e.g., moments when you become increasingly aware of your thoughts, feel overwhelmed, or feel the desire to yawn, etc.) during a therapy session?

_______ 7. How frequently do you experience self-awareness that distracts you from what your client is saying or doing (e.g., when a client says something that reminds you of an issue in your own life or of something about another client)?

_______ 8. How often does your self-awareness feel more like self-consciousness (e.g., negative or critical concerns about yourself, what you said, your physical self such as needing to sneeze)?

_______ 9. How often do you feel that your thoughts and reactions have interfered with your performance as a therapist during a session (e.g., you "tuned out" and didn't hear what your client just said)?

_______ 10. How often do you become aware of your physical self during a session (e.g., nodding your head, smiling, laughing, crying, tension, hand movements)?

Instructions: Please answer Questions 11–25 in terms of how often you use the strategies listed specifically to manage distracting self-awareness. In other words, I do not want to know how often you use thought stopping, for example, in general, but how often you have used it as a strategy to manage your self-awareness and return your focus to the client or issue at hand.

Please use the following scale to answer Questions 11–25:

1: Never
2: Rarely
3: Some of the Time
4: Most of the Time
5: Always

When I find a need to manage distracting self-awareness, I use the following strategies:

_______ 11. Actively return all of my focus to the client.

_______ 12. Try to understand my self-awareness and use it to understand my client.

_______ 13. Attempt to suppress or ignore my intrusive thoughts or feelings.

_______ 14. Use self-coaching or positive self-talk.

_______ 15. Use thought stopping techniques.

_______ 16. Get back to using basic techniques (reflection, paraphrase, minimal encouragers).

_______ 17. Take a break or time out during the session.

_______ 18. Use relaxation exercises.

_______ 19. Engage in self-reflection (process my reactions after the session).

_______ 20. Take a vacation.

_______ 21. Use deep breathing techniques.

_______ 22. Seek supervision or consultation.

_______ 23. Prepare (e.g., get centered, clear my head) before a session.

_______ 24. Focus on self-care (e.g., nutrition, sleep, exercise).

_______ 25. Work on my own issues in my own personal therapy.

Note. This measure involves two scales: Hindering Self-Awareness (items 1–10) and Management Strategies (items 11–25). Scale scores are obtained by summing all the items on the scale and then dividing by the number of items on the scale. Adapted from "Development and Validation of the Self-Awareness and Management Strategies (SAMS) Scales for Therapists," by E. N. Williams, K. O'Brien, K. Hurley, and A. deGregorio, 2003, *Psychotherapy, 40*, pp. 278–288. Copyright © 2003 by the American Psychological Association. Adapted with permission. The full version of the SAMS scale is copyrighted by E. N. Williams.

Appendix G

Working Alliance Inventory – Short Revised (WAI-SR) Subscales

Name: ______________________________ Date: ______________________

Instructions: Indicate how much each statement reflects your experiences *in your most recent helping session.* Please not that all of these things no *not* occur in every session because helpers do many different things to be helpful. The terms helper can refer to a therapist, counselor, or any other person in the helping role. Circle one number for each item using the following scale:

	Strongly Disagree				Strongly Agree
My helper and I are working towards mutually agreed upon goals.	1	2	3	4	5
I feel my helper cares about me even when I do things that he/she does not approve of me	1	2	3	4	5
What I am doing in therapy gives me new ways of looking at my problem	1	2	3	4	5
As a result of these sessions, I am clearer as to how I might be able to change	1	2	3	4	5
I believe my helper likes me	1	2	3	4	5
I feel that my helper appreciates me	1	2	3	4	5
My helper and I collaborate on setting goals for my therapy	1	2	3	4	5
I feel that the things I do in therapy will help me to accomplish the changes I want	1	2	3	4	5
We have established a good understanding of the kind of changes that would be good for me	1	2	3	4	5
I believe the way are working with my problem is correct	1	2	3	4	5
My helper and I respect each other	1	2	3	4	5

Appendix H

RSRS (©R. Elliott, 1993)

(©R. Elliott, 1993)

(Complete immediately after session)

Your initials ____________ Your Therapist's initials ____________
Session number ____________ Date of session ____________

Take a minute to think back over the therapy session you have just completed. Please rate the extent to which you have experienced each of the following reactions to the session. Some of the items include a number of related but somewhat different descriptions. Where some of the descriptions in an item fit your experience, but others do not, rate on the basis of the descriptions which fit best and ignore the others. Circle the appropriate number for each item.

Not at all	Slightly	Somewhat	Pretty much	Very much
1	2	3	4	5

1 2 3 4 5 1 SEEING THINGS FROM ANOTHER PERSON'S PERSPECTIVE. As a result of this session, I have begun to see things (about myself or others) from another person's point of view, including that of my therapist.

1 2 3 4 5 2 PRESSURED OR CONTROLLED. As a result of this session, I feel too much pressure is being put on me to confront something or to change; or I feel controlled or manipulated by my therapist, or pushed to do something I don't want to do.

1 2 3 4 5 3 DEFINITION OF PROBLEMS FOR ME TO WORK ON. As a result of this session, I have realized or become clearer about what I need to work on or what my problems or goals are, for therapy or in general.

1 2 3 4 5 4 DEPRIVED OR UNCARED-FOR. As a result of this session, I now feel let down, abandoned, or left on my own by my therapist; I feel deprived of guidance or support; I feel my needs are being ignored or not properly attended to by my therapist; or I experience my therapist as cold, bored, insensitive or uncaring.

1 2 3 4 5 5 INSIGHT INTO SELF: MADE NEW CONNECTIONS ABOUT MYSELF. As a result of this session, I have come to understand myself or my feelings or actions better, through seeing reasons or causes involving what I feel, think or do; I have learned why I do something.

1 2 3 4 5 6 MORE DISTANCED. As a result of this session, I am less able to feel certain feelings; or I am now pushing away or stopping myself from experiencing particular thoughts, feelings, or memories.

1 2 3 4 5 7 SUPPORTED. As a result of this session, I now feel supported, reassured or protected by my therapist, either as a person or in specific ways; or I now feel the therapist is "on my side."

1 2 3 4 5 8 INSIGHT INTO OTHERS: MADE NEW CONNECTIONS ABOUT OTHER PEOPLE. As a result of this session, I have come to understand someone else better, through seeing reasons or causes for what they have done or said; or I have come to see why they are the way they are.

1 2 3 4 5	9	RELIEVED. As a result of this session, I now feel generally less negative, depressed, guilty, anxious or hurt; I feel more positive, relieved, unburdened, safe, relaxed, generally confident or encouraged. (Refers to positive change in emotional state, not your view of yourself.)
1 2 3 4 5	10	STUCK/LACK OF PROGRESS. As a result of this session, I now feel stuck, blocked, floundering, or unable to progress in therapy; or I feel impatient, frustrated, angry, bored, disillusioned, or critical of therapy or my therapist.
1 2 3 4 5	11	CLOSE TO THERAPIST. As a result of this session, I feel close to my therapist; I trust my therapist; I am impressed by my therapist, including his/her caring or competence; I have come to experience my therapist as a person or fellow human being; or I feel less alone because of the therapy relationship.
1 2 3 4 5	12	UNDERSTOOD. As a result of this session, I now feel understood by my therapist, either generally as a person or in specific ways; or I am impressed by how accurately my therapist understood what I was thinking, feeling or trying to say.
1 2 3 4 5	13	CRITICIZED. As a result of this session, I now feel attacked, put down, rejected or judged by my therapist; or I feel my therapist has been critical or judgmental of me.
1 2 3 4 5	14	MORE AWARE OR CLEARER ABOUT OTHER PEOPLE. As a result of this session, I have become more aware of things about other people (not counting my therapist), or my situation; I am facing the reality of an other or outside situation; or I have become more aware of another person's responsibility for things that have happened.
1 2 3 4 5	15	DISTRESSED. As a result of this session, I now feel upset or uncomfortable (for example, scared, overwhelmed, depressed, sad, embarrassed or in physical pain); I feel worse than when I started the session today; or I am more bothered by unpleasant thoughts, feelings or memories.
1 2 3 4 5	16	MORE AWARE OR CLEARER ABOUT SELF. As a result of this session, I am now more in touch with my feelings, thoughts or memories; I have realized something about myself or who I am; I have become clearer about things in myself that I had been avoiding or having trouble putting into words; or I am able to "own" particular experiences of mine or aspects of myself.
1 2 3 4 5	17	POSITIVE BELIEFS ABOUT OTHERS. As a result of this session, I have begun to feel more positively or less negatively about another person or persons (not counting therapist); or I feel hopeful about someone else.
1 2 3 4 5	18	INVOLVED IN THERAPY. As a result of this session, I feel invested in what I need to do in therapy; I feel more responsible for what happens in therapy; I find myself continuing to think about the issues raised; I feel challenged to go on working on my issues outside of therapy; I feel more free to express myself or work on my problems; or I feel confident about the possibility that therapy may help me deal with my problems.
1 2 3 4 5	19	MISUNDERSTOOD. As a result of this session, I now feel that my therapist does not fully understand me as a person or misunderstands something about me; or I feel my therapist is trying things which just don't fit me as a person or my situation or problems.
1 2 3 4 5	20	POSITIVE BELIEFS ABOUT SELF. As a result of this session, I have come to see myself or specific things about me more positively or less negatively; I have come to feel stronger, more powerful or entitled, or more complete or whole; I have a sense of having begun to make progress; or I have gained hope about the possibility of my changing in the future.

1 2 3 4 5 21 DISTRACTED OR CONFUSED. As a result of this session, I now feel more confused about my problems or issues; I feel interrupted or sidetracked by my therapist; or I feel I have been allowed to stray or become distracted from what is important for me to work on in therapy.

1 2 3 4 5 22 PROGRESS TOWARDS KNOWING WHAT TO DO ABOUT PROBLEMS. As a result of this session, I have figured out how to go about resolving a specific problem or how to achieve a specific goal; or I decided what to do about my problems or situation. ons or causes involving what I feel, think or do; I have learned why I do something.

1 2 3 4 5 23 OTHER REACTIONS. Please describe and rate any other reactions you might have had to this session:

OVERALL SESSION HELPFULNESS

Please rate how helpful or hindering to you this session was overall.
(Check one answer only)

THIS SESSION WAS:

____ 1. Extremely hindering
____ 2. Greatly hindering
____ 3. Moderately hindering
____ 4. Slightly hindering
____ 5. Neither helpful nor hindering; neutral
____ 6. Slightly helpful
____ 7. Moderately helpful
____ 8. Greatly helpful
____ 9. Extremely helpful

Appendix I

Demographic Information

Age: _________ *Gender:* Male____ Female____

Education:

Number of years of education _________

Occupation: ____

If student: 1st year 2nd year 3rd year 4th yearGraduate Student

Program of Study: ____

School: ____

Overall academic average (as of Jan 2007):

Psychology academic average (as of Jan 2007):

Career orientation:

__________Graduate School Discipline_________________

__________Teacher's college

Race:

____ Caucasian

____ African American

____ Hispanic

____ Middle Eastern

____ Asian

Other:________________

Previous exposure to therapy:

____ Formal therapy training

____ As client