An evaluation of enriching intimacy; a behavioral approach to the training of empathy, respect-warmth and genuineness.

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AN EVALUATION OF ENRICHING INTIMACY--
A BEHAVIORAL APPROACH TO THE TRAINING
OF EMPATHY, RESPECT-WARMTH AND GENUINENESS

A Dissertation Presented
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AN EVALUATION OF ENRICHING INTIMACY—
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ABSTRACT

Enriching Intimacy (EI), a new relationship skills training program designed to combine the predictive client outcome validity of the Truax and Carkhuff skills with the effectiveness and efficiency of Ivey's microcounseling format, was evaluated. The EI program relies heavily on the modeling, the immediate video feedback and the short practice interviews of a modified microcounseling format in the teaching of the specific behavioral components of Empathy (E), Respect-Warmth (R-W) and Genuineness (G).

Eighteen freshman medical students at the University of Nebraska College of Medicine were randomly assigned to one of three training conditions:

(1) The EI Program
(2) A traditional Experiential-Didactic (E-D) Program
(3) No further training (control)

Both pre- and post-training each S completed a 20-minute videotaped interview with a psychiatric inpatient and participated in a Group Assessment of Interpersonal Traits group. Two, 3-minute segments of each videotape were rated by trained judges on E, R-W, G and on the Ideal Therapeutic Relationship Scale. Each patient also completed the Therapist-Patient Relationship Scale. Each training group met for 22 hrs. The trainers were evaluated by the trained raters on the level of E, R-W and G demonstrated with a patient and by their trainees on the Student-Supervisor Relationship Questionnaire and the Interview Instructor Evaluation Questionnaire.

No significant differences were found between trainers. The evaluations of the trainees resulted in only two significant findings. On
the judges' videotape ratings, the EI group showed a significant increase in R-W ratings in contrast to the control group, and the E-D group showed a significant increase on E in contrast to the control group. These findings were not confirmed by any other measures of interaction with either patients or peers. The greater enthusiasm of the EI trainers was shown in their higher program evaluations and the loss of two members of the E-D group.

The results were discussed in relation to the questions of construct validity of the skills and the effectiveness and efficiency of the EI Program. The limitations of the study including the prior microcounseling experience of all Ss and the possible effects of this experience in decreasing the likelihood of further significant gains on the skills and decreasing the differences between the training groups were discussed. Recommendations for further research included behavioral counts of the skills, larger samples, naive subjects and investigation of direct client benefits of trainee use of the skills.
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An important part of the recent community mental health movement has been the recognition of the effectiveness, economy and other advantages of a variety of programs utilizing helpers with other than traditional professional training in mental health (Albee 1960, Gurin, Veroff and Feld 1960, Cowen, Gardner and Zax 1967, Sobey 1970, Gartner 1971). The role of the mental health professional has undergone a corresponding shift from direct service to training and consultation with "paraprofessionals" as well as professionals in other fields. The demand for training has also led to the development of a number of new training paradigms. Unfortunately these paradigms have rarely been systematically investigated in terms of either the effectiveness and efficiency of the training format or the therapeutic efficacy of the skills taught.

Two exceptions are the Experiential-Didactic paradigm developed by Truax and Carkhuff (1967) and the Microcounseling paradigm developed by Ivey and his associates (1970). Each of these programs has a well verified strength as well as an outstanding weakness. The Experiential-Didactic program teaches global skills which are clearly tied to client outcome but does so within a relatively inefficient and ineffective training format. Microcounseling, on the other hand, involves an effective and efficient training format for imparting specific skills but lacks evidence of the predictive outcome validity of those skills. The present study is an investigation of a new training paradigm, Enriching Intimacy--a behavioral approach, developed by Authier and Gustafson (1973),
which attempts to combine the strengths of these two programs by teaching the specific behavioral components of the validated Truax and Carkhuff global skills within a modified Microcounseling format.

The Experiential-Didactic Program

The Experiential-Didactic program, developed by Truax and Carkhuff (1967) and refined by Carkhuff (1969), focuses on well validated therapist attitudes. The therapist attitudes of Empathy (E), Warmth-Respect (W-R), and Genuineness (G) have been found to be significantly correlated with improved client outcome with a variety of clients and a variety of outcome measures. The first studies demonstrating such a relationship were part of the Wisconsin Project, involving sixteen hospitalized schizophrenics, conducted by Rogers, Truax, Gendlin and Kiesler. They found that patients whose therapists were high on the three attitudes showed significant positive personality and behavior changes while those whose therapists offered low levels of the three attitudes showed deterioration. The positive effect of E, W-R and G has since been found with inpatients and outpatients in both group and individual therapy, and with college underachievers, juvenile delinquents, preschool and elementary students and vocational counseling clients (Truax, 1972).

The beneficial effect of the manifestation of these attitudes by, not only therapists but also by teachers and even roommates has thus been demonstrated. It is important to note that significant effects have been demonstrated both with paper and pencil personality measures and for more behavioral indexes, such as time out of the institution, grade-point average, improvement in preschool socialization, reading achievement, and work quality and quantity (reviewed in Truax 1972).
In addition to identifying and establishing the predictive validity of E, W-R, and G, Truax and Carkhuff have been commendably instrumental in focusing the attention of the profession on the need for training and for evaluation of one's efforts. The program they have developed to train these qualities is, however, relatively inefficient. In contrast to the 6-7 hour basic microcounseling program, the Experiential-Didactic program varies from 20-100 hours. At the shorter end of the distribution, Pierce, Carkhuff and Berenson (1967) report significant post training increases, in contrast to no training controls, on ratings of trainee audio-tapes on all three scales. Berenson, Carkhuff and Myrus (1966), however, found a significant increase on a combined, overall score but not on the individual dimensions. They attributed this to the "very briefest of training involved."

Despite the statistical significance of the increases resulting from the training programs, however, one must question the practical effectiveness of the training. Of the seventeen studies summarized by Carkhuff (1969, p. 154-155), in fifteen cases the mean level of trainee functioning following training was still below 3.0, the level defined as minimally facilitative. The remaining two cases involving clinical Ph.D. trainees and 100 hour training programs, reached the 3.0 level.

The relative inefficiency of the Experiential-Didactic approach appears to be attributable to the lack of specificity in both the definition of the dimensions taught and the structure of the training format itself. The Experiential-Didactic format is described as integrating "the didactic-intellectual approach, emphasizing the shaping of counselor behavior with the aid of previously validated research scales measuring
the facilitative dimensions, with the experiential approach, focusing upon counselor development through quasi-therapeutic activity" (Berenson, Carkhuff and Myrus 1966). Exactly what this entails in the various adaptations of the program is at times obscure. The three essential elements appear to be 1) a discrimination phase during which the trainees are essentially trained in rating audiotape segments using the research scales, sometimes with the help of previously rated high tapes, 2) a communication phase during which the trainer and other trainees use the research scales to rate each trainee's responses a) to audio-taped client statements, b) during audio-taped segments of role played interviews, c) with real clients, and 3) a group therapy phase. The necessity of a therapeutic context in which the supervisor communicates high levels of E, W-R, and G to the trainees themselves is emphasized throughout.

Although a shaping procedure is emphasized as a core component of the Experiential-Didactic approach and the central therapeutic ingredients are spoken of as "skills" the decision as to what behaviors to shape is not delineated. This seems to remain largely at the discretion of the trainer. The trainer also usually acts as the only model of the skills. Systematic examples of the levels of each scale are not regularly provided. Again, neither the behaviors the trainer should model nor how explicitly (s)he should identify those behaviors to the trainees is stipulated.

A repeated finding of this group of investigators (Carkhuff 1969) is the large impact and, in fact, major limiting influences of the trainer's skill level. The attention they focused on this previously
largely ignored factor was much needed. Its importance is, however, probably exaggerated by the degree of reliance on the trainer in this format. A more detailed and explicit behavioral definition of the three global skills, as well as provision of additional models of the skills, would serve to temper the influence and particularly the limiting potential of the trainer.

The lack of specific behavioral definition of the global skills of E, W-R, and G, particularly combined with the paucity of model taped examples of the different levels of the skills and the absence of video-tape feedback, appears then to be the major limiting factor of the Experiential-Didactic paradigm. Its major advantages are the predictive validity of the dimensions trained and the emphasis on the provision and modeling of the attitudes by the trainer in the context of the training relationship itself.

Microcounseling. In contrast Microcounseling, an interview and/or basic communication skills training paradigm developed by Ivey and associates (1971), involves an innovative training format but lacks the crucial advantage of proven predictive validity of the operationally defined skills emphasized. The training format relies heavily on the immediate reinforcement value of videotape feedback and is "micro" in several respects: the trainee learns only one skill per training session, the skill is concisely defined in operational terms in the written manuals, the model videotapes portraying good and bad examples of the skills are only 5-8 minutes long and the videotaped practice interviews with another trainee are only 5-8 minutes long. The effectiveness of the microtraining format as an instructional technique
has been convincingly demonstrated with a variety of trainees. These include psychology and counseling graduate students (Ivey, Normington, Miller, Morrill and Haase 1968, Moreland, Phillips, Ivey and Lockhart 1970, Miller, Morrill and Uhlemann 1970), medical students (Moreland 1971), paraprofessionals (Haase and DiMattia 1970) and patients (Ivey 1973).

A variety of skills have been operationalized and taught within this format. The core of these are five skills drawn heavily from the Rogerian non-directive therapy model: attending behavior (varied eye contact, relaxed posture with appropriate gestures and verbal following), minimal encourages to talk, paraphrasing, reflection of feeling and summarization. Although these skills have been found to be representative of the major kind of skills used by practicing therapists (81% of therapist utterances of psychiatric residents in initial interviews, Authier 1973), their validity in terms of client outcome has not been demonstrated.

Gluckstern (1971) offers some important preliminary data relating the use of counselor skills to the client's participation in the interview. She found that as the counselor's verbal leads changed, the categories of client verbal responses also changed and in the way predicted by the Microcounseling definition of the skill. Counselors who focused on the client caused the client to reflect more on himself. When counselors gave leads oriented to feelings (feeling questions and reflections of feeling), the client responded with his emotional experience. This finding suggests that, within the limits of the interview itself, one can validly predict the type of client responses evoked
by at least several of the Microcounseling skills. Relating these client responses to longer term client change and growth awaits, however.

In view of the difficulties one faces when conducting direct outcome research, several studies have focused instead on investigating concurrent validity in terms of relating the use of the microcounseling skills to the ratings of the interviewer on dimensions previously shown to be related to outcome, such as the central therapeutic ingredients of E, W-R, and G defined by Truax and Carkhuff. Despite Ivey's contention (1973) that

"Microcounseling represents an effort to bring together the important facilitative conditions of the warm emphatic counseling relationship with the current demands for directly observable behavior."

the relationships between the Microcounseling behavioral skills and the dimensions of E, W-R, and G are not taught directly as part of the Microcounseling paradigm and the evidence for a direct connection in therapist behavior is contradictory.

Moreland (1971), who trained medical students under the Microcounseling paradigm, found both a significant post-training increase in the use of the Ivey skills and higher, although not significant, post-training judges' ratings on the Truax and Carkhuff therapist rating scales. In this instance an increase in the interviewers' use of the Microcounseling skills resulted in higher ratings on the Truax and Carkhuff attitude scales.

Authier (1973), looking at the initial interviews of psychiatric residents who had received no specific training in the Microcounseling skills, however, did not find a significant positive relationship between
the frequency of use of the Microcounseling skills and experts' or patients' ratings on the Truax and Carkhuff scales. In fact the therapists' use of the Microcounseling skills was inversely related to experts' ratings of his manifestations of the Truax and Carkhuff central therapeutic ingredients and significantly so for the ratings of Empathy and Genuineness.

The discrepancy between these two studies may reflect a more effective and perhaps less mechanized use of the skills by Moreland's students following specific training, as opposed to their use by Authier's residents who lacked such training. The relationship is also obscured, however, by the limited range (all low moderate levels) and the low inter-rater reliability of the Truax and Carkhuff scales in both studies.

The relationship between the Truax and Carkhuff central therapeutic ingredients thus remains unclear and the predictive validity in terms of client outcome of the Microcounseling skills remains uncertain. The greatest asset of the Microcounseling paradigm would seem to be the effective and efficient training format and its emphasis on specific operationally defined skills. The usefulness of training using the Microcounseling paradigm is questionable, however, until the Microcounseling skills can be demonstrated to be related to client outcome criteria.

Enriching Intimacy - a behavioral approach. Authier (1973) suggested that "one solution during the interim might be to teach both the Truax and Carkhuff attitudes using their Experiential-Didactic training program in conjunction with the teaching of the Microcounseling skills using the microteaching paradigm" (p. 58). A more efficient
alternative would seem to be a new training program combining the major assets of both paradigms. An important aspect of such a program would be the operational definition of E, W-R, and G in terms of their specific behavioral components. This need had been frequently voiced and as frequently dismissed. Truax and Carkhuff themselves have stated

"Future research must be aimed not only at developing further evidence to define more solidly the contexts within which these three conditions are indeed ingredients in effective psychotherapy, learning, education and human development, but also toward further specifying the exact behaviors and characteristics relevant to change. For example, since empathy seems to be of significance, it becomes important to know which specific behaviors among those now labeled as "empathic" or "warm" are doing the actual work; e.g.; is the total quality of the voice a significant factor, or only the understanding?" (1967, p. 141)

The assumption has been, however, that the Truax and Carkhuff attitudes are manifest in such individually and situationally variable ways that definition and training in terms of specific behaviors is infeasible. Truax and Carkhuff content that "A careful cataloging of the kinds of behaviors and verbalizations that people use to communicate warmth or positive regard could easily fill a number of books" (1967, p. 314). Any answer to the question, "What is an Empathy?" has been prejudged as inadequate in capturing the essence of the dimension. The fear is also expressed that such training would result in "therapist-as-technician" rather than "therapist-as-person" (Truax 1972, p. 241). This position is reflected by Truax and Carkhuff's statement that "It is not difficult for a beginning counselor to learn the "form" of warmth, the kinds of words to say, etc.--the danger, of course, is that he will end up with an imitation warmth that is clearly not part of him." (1967, p. 323)
Several studies provide evidence to question these assumptions. Closer examination of a study by Pierce and Drasgow (1969), which was cited by Carkhuff (1969, p. 154-155) as falling within the Experiential-Didactic paradigm, reveals that they modified the approach to emphasize a behavioristic shaping, in well defined steps, of what amounts to a reflection of feeling skill. After a 20-hour training program, their psychiatric inpatient trainees showed the second largest mean overall changes and one of the few increases of over one level on the Truax and Carkhuff scales of the seventeen studies reviewed.

Payne, Weiss and Kapp (1972) examined the didactic, experiential and modeling factors in brief empathy training with college students. In terms of efficiency, it is striking to note that the level of trainee responses to recorded client statements, as rated on the Carkhuff Empathy scale, was significantly different after only a thirty minute audio model tape and increased significantly (.7 of a level!) after less than an additional hour involving two fifteen-minute didactic supervision sessions and two ten-minute response practice sessions. The model tape involved good and bad examples and commentary describing specific differences between them. The emphasis of the didactic supervision sessions was on provision and discussion of specific examples of responses which would have been more empathic. This study can be criticized on the grounds that the rated responses were to isolated taped client stimuli and live interview behavior was never involved. It thus might be argued that the trainee, as more than a technician, was not established. Their findings are supported, however, by Birk (1972) who did find significant increases in rated empathy of live interview behavior after two very similar fifteen-minute didactic supervision sessions.
Linden and Stollak (1969) trained undergraduates in either a didactic or experiential manner to be empathic with children. The didactic training program consisted of the definition and explanation of empathic play behavior in terms of six specific behaviors, the modeling of these behaviors by the trainer by role playing and playing with a child and three 5-minute practice sessions with different children for each S, each followed by feedback in terms of the six behavioral principles. The experiential training program consisted of group discussion of situations with children and the observation and discussion of 15-minute play periods for each S. The trainer offered no answers or information but summarized and integrated the discussion and reflected the participants' feelings. Pre- and post-behavior in live play sessions was coded by trained raters in nineteen categories selected as clinically relevant to empathy. After only nine hours of training, the students trained didactically reflected significantly more feeling and content of behavior, gave significantly less direction and unsolicited help, asked fewer questions and restricted less than under the other two conditions. The experiential group did not differ from the no-treatment control group. Linden and Stollak concluded that

"communicated empathy is possibly not something that even the most empathic and sensitive of us can figure out without being taught...rather directive, didactic supervision may be necessary in the training of naive, psychologically unsophisticated persons. Probably some people are brought up to be more empathic than others, but the ability to communicate it, which is essential to a helping relationship, must be taught." (p. 217)

Common to these studies is the successful definition and training of at least one of the Truax and Carkhuff global skills in terms of more
specific behavioral components of E, W-R, and G is also enhanced by the demonstrated efficiency of the cited training programs. In each case, specific behavioral definition of the skills taught made possible the use of specific modeling and specific instruction and feedback. Both Payne et. al (1972) and Linden and Stollak (1969) found no improvement when specific models, instruction and feedback were used. These instructional elements have been repeatedly related to effective and efficient training in other contexts as well. Rappaport, Gross and Lepper (1973) and Doster (1972) found specific instruction to be the most potent variable in the social skills training of college students and pre-interview preparation for self-exploration and personal communication, respectively. Rappaport et. al (1973) utilized the Group Assessment of Interpersonal Traits (GAIT) with either general or specific instructions, as their evaluation situation. The GAIT is a structured small group situation for the evaluation of interpersonal skills developed by Goodman (1969) as a paraprofessional selection procedure and has been shown to have moderate predictive validity in terms of client outcome (Chinsky and Rappaport 1971). Each participant serves as a "discloser" and as an "understander" and must solve two difficult situational problems:

1. Presenting personal problems in a manufactured group situation.

2. Being understanding of a stranger and communicating that understanding in a group." (p.101)

The Rappaport, Gross, and Lepper (1973) study compared college students trained with a 20-minute videotaped model plus an audiotaped narration pointing out specific desired behaviors, with those involved in a 14-hour sensitivity group. They found that under the general instructions
corresponding to the usual GAIT procedure, model trained Ss demonstrated significantly more personal discussion as the "discloser" than control or sensitivity trained Ss. They also found no significant difference between the control and sensitivity trained groups. Whalen (1969), looking at interpersonal openness in small groups of college students, found a combination of a film model and detailed instruction to be most effective.

The point here is not to deny the value of an experiential aspect of training. Indeed a combined focus of experiential and didactic elements, as suggested by the name of Truax and Carkhuff approach, is probably necessary and desirable. If E, W-R, and G really are facilitative, they should be operative within the training relationship as well, in facilitating both learning of the skills and self-understanding which promotes sensitive application of the skills. Rather, the point is that experiential training alone is not sufficient and that modification of the didactic element in the direction of greater specificity would seem to greatly improve the effectiveness of the training. In designing a new training program, it would thus seem advantageous to utilize a format, such as that of microtraining, which emphasized these specific elements, in combination with the active experiencing of E, W-R, and G in the training relationships themselves.

The present study is an investigation of such a new training program. Enriching Intimacy—a behavioral approach, developed by Authier and Gustafson (1973), seeks to combine the assets of the Microcounseling and the Experiential-Didactic paradigms by operationally defining the previously validated global skills of Empathy, Warmth-
Respect, and Genuineness in terms of their verbal and non-verbal behavioral components and teaching these behaviors within a modified microtraining format. The program involves separate training in each of the three global skills plus a group interaction based, integration phase. The format utilized; 1) specific written manuals, 2) model videotapes of the global skills as well as of specific component skills, 3) practice, 4) videotape feedback, 5) specific verbal feedback from the trainer and the other trainees and 6) trainer modeling of the skills within the training relationships themselves.

Each of the three Truax and Carkhuff global skills is operationally defined in terms of a set of verbal and non-verbal behavioral skills. A complete listing of these skills as well as a detailed explanation of the format is available in appendix C. The behavioral skills selected to define each of the three more global skills were included largely on the basis of their face validity, their correspondence with theoretical descriptions of the dimensions (Rogers 1967, Bucheimer 1963, Raush and Bordin 1957) and in a few cases their research derived relationship (Haase and Tepper 1972, Kelly 1972, Fretz 1966, Jourard and Friedman 1970). One purpose of this study is to begin investigating the validity of the selected configurations.

Of particular note is the emphasis given non-verbal behavior by this program. The importance of the non-verbal components of communication is often cited (Birdwhistell 1970, Mehrabian 1971, Sommer 1969, Hall 1966) but rarely systematically considered in training. Ivey's Attending skill is one exception. The training of increased length of silence before responding and decreased length of response
with a modified microteaching format by Elsenrath, Coker and Martinson (1972) is another.

The imperative need for inclusion of training in non-verbal behaviors is made evident by findings like those of Haase and Teepel (1972) that "the non-verbal components in the model accounted for slightly more than twice as much variance in the judged level of empathy as did the verbal message" (p. 421). For example, they found that regardless of the empathy level of the verbal message, all judged values were below 1.0 on the Carkhuff scale when eye contact was not maintained. Similarly Mehrabian and Ferris (1967) found that facial expression accounted for about one and one-half times as much variance in the communication of positive attitude as did a vocal component. Shapiro (1968) found that E, W-R, and G can readily be judged from silent videotapes and for E and W, visual and audio cues are equally good predictors of ratings by audio-visual judges (Shapiro, Foster and Powell 1968). Kelly (1972) verified a set of therapist proxemic cues related to liking. Frequency of smiling by interviewees has been identified as the cue most closely related to warmth ratings (Bayes, 1972). Fretz (1966) has studied the postural movements related to judgements of Empathy and Regard.

Attention is given to the non-verbal aspect of each of the three global skills as part of the Enriching Intimacy training program. This process is greatly facilitated by the use of immediate videotape feedback.

The focus of the present study was on two questions regarding the Enriching Intimacy skills training program. The first addressed the construct validity of the set of skills defined. Does systematic training in the behavioral components identified in this program raise the level
of functioning as rated on the Truax and Carkhuff scales? The second addressed the efficiency and efficacy of the paradigm. Given the brief time of 20 hours, does the Enriching Intimacy training program result in greater trainee improvement than the Experiential-Didactic training program?

Change in trainee level of interaction with patients was assessed through rating of pre- and post-videotapes on the Truax and Carkhuff scales and on the Ideal Therapeutic Relationship Scale (ITR) (Authier 1973) by trained raters and through the patients' ratings of the trainee on the Therapist-Patient Relationship Questionnaire, a brief measure also adopted from Truax and Carkhuff. The ITR was chosen as a related but somewhat more global measure of the interview relationship that would perhaps reflect changes in some aspects of the interaction not tapped by the Truax and Carkhuff scales. In addition change in trainee interaction with peers in a structured group setting was rated by peers and observers using the Group Assessment of Interpersonal Traits (GAIT) Scales. As E, W-R, and G are seen as relationship skills which are applicable not only in formal helping interactions, it was expected that changes in their level should be evident in peer interactions as well. Although the GAIT scales have not been empirically related to the Truax and Carkhuff scales, the concepts measured appear to be quite similar.

The specific hypotheses of the present study were:

1. The order of significant improvement in rated level of each of the three Truax and Carkhuff scales (E, W-R, G) will be: Enriching Intimacy > Experiential-Didactic > Control
2. The order of significant improvement in ideal Therapeutic Relationship (ITR) Scores will be: Enriching Intimacy > Experiential-Didactic > Control

3. The order of significant improvement in Therapist-Patient Relationship Questionnaire (RQ) scores will be: Enriching Intimacy > Experiential-Didactic > Control

4. The order of significant improvement in Group Assessment of Interpersonal Traits (GAIT) scores will be: Enriching Intimacy > Experiential-Didactic > Control
CHAPTER II

METHOD

Subjects

The subjects were eighteen freshman medical students at the University of Nebraska College of Medicine. All had completed an eight hour basic interviewing course involving training under the micro-counseling format in the skills of open ended questions, reflection of feeling, paraphrasing, confrontation and self-disclosure, and one twenty-minute videotaped patient interview. The training received as part of this study served as a non-credit advanced interviewing elective. The only criteria for inclusion in this study was voluntary participation and consent to have their interviews videotaped.

Procedure

Pre- and Post-Training Interviews. Prior to and again following training, each of the eighteen Ss conducted an individual, thirty-minute, videotaped interview with a different adult inpatient from the Nebraska Psychiatric Institute. The patients interviewed were required to meet two criteria: (1) they must volunteer to participate in the experiment and consent to having their interview videotaped, and (2) they must be functioning above a minimal level as evidenced by their membership in either step two or three of the interpersonal communication skills, step group program of the inpatient unit. The step group program is a three group sequence in which patient advancement to a higher level group is determined by their use of three communication skills in the prior group. All patients in this study had shown at least the 1) relaxed posture and appropriate gesture, 2) varied eye contact and 3) verbal following, required to move from step group I to step group II.
The Ss were given the following instructions prior to each interview:

"The person you are about to interview is currently a psychiatric inpatient here at NPI. Your task is to try to get to know this person and be as helpful as possible, during the thirty minutes you talk with him or her."

Following each pre- and post-interview, the patient was asked to complete a Relationship Questionnaire regarding his/her interaction with the trainer. The Therapist-Patient Relationship Questionnaire, is a scale adopted by Ivey et.al (1968) from Truax and Carkhuff (1967), to assess the interviewer's ability to establish and maintain a relationship with the interviewee. See Appendix E.

Pre and Post-Training GAIT Sessions. Prior to and again following training, each S participated in one of four GAIT groups of six members each. Before beginning training, Ss were randomly assigned to these groups with the only stipulation being that each group consist of two members from each training condition. Following training, Ss were randomly reassigned to GAIT groups with the only stipulations being: (1) that each group again consist of two members from each training condition and (2) that the two Ss from any training condition must not have been in the same GAIT pre-group. These stipulations were made in an attempt to minimize any halo effect due to increased familiarity between GAIT post-group members resulting from shared training experiences.

Each group completed the GAIT procedure as outlined in Appendix D. In addition to being rated on the seven interpersonal style scales by the other group members, all Ss were rated on the same scales by two clinical psychologists who acted as observers during the groups. These observers had no knowledge of the training group assignment of the Ss.
**Training.** The eighteen Ss were randomly assigned to one of three experimental conditions with the only restriction on assignment being that there be an equal number of Ss in each group, i.e. 6.

The three training conditions were: (1) training under the Experiential-Didactic format as outlined in detail in appendix B, (2) training under the Enriching Intimacy Format as outlined in appendix C, (3) a control condition involving no further formal training. Two members of the Experiential-Didactic condition dropped out of the program (1 after the 3rd week, 1 after the 4th week). Data analysis, thus, included the ratings of only four members of the Experiential-Didactic groups and six members of both the Enriching Intimacy and Control groups.

The two training groups were scheduled to meet for two hours, once a week for ten weeks for a total of twenty hours. At the request of the Enriching Intimacy groups this was extended for both training groups by one week for a total of 22 hours i.e., 11 weeks, 2 hr/week. In order to meet the promise of training involved in the course, the control group was given the opportunity to complete the training portion of the course during the quarter following the post-measures.

**Trainers.** The trainers were two male interns in clinical psychology at the Nebraska Psychiatric Institute. One trainer was randomly assigned to conduct the Experiential-Didactic training program, while the other conducted the Enriching Intimacy program. Each had minimal knowledge of the other training program and of the design of the study.

As the level of E, W-R, and G offered by the trainer has been shown to be an important variable in trainee learning, (Carkhuff 1969), the level of E, W-R, and G shown by each trainer during a patient
interview was rated prior to beginning training. Each trainer completed a one-hour videotaped interview with a different female, neurotic, adult, inpatient at the Nebraska Psychiatric Institute. The patients were matched on age and degree of talkativeness. Four, three-minute randomly selected segments from each tape were rated in a random order on E, W-R, and G using the Truax and Carkhuff scales. Raters were two trained clinical psychology graduate students who had no knowledge of the purpose of the tape. The third, sixth, and nineth training sessions of each group were also audiotaped and the trainer's level of E, W-R, and G was to be rated using the Truax and Carkhuff scales. In addition, after completing the post-interview each S in the training groups completed the Student-Supervisor Relationship Questionnaire, an eighteen item true or false questionnaire adapted from Truax and Carkhuff (1967), and the Interview Instructor Evaluation Questionnaire, a fifteen item 1-5 rating scale developed by Saslow. See appendices J and K. The Ss also completed the Training Program evaluation form which also includes ratings of the components of the programs. See appendix L.

Raters and dependent variables. Each of the trainee's pre- and post-interviews were rated independently by two raters. The raters were graduate students in clinical psychology who volunteered to serve as paid raters.

Prior to beginning the rating, the judges met to study the scales and to rate practice tapes until a criterion of .80 inter-rater reliability on all scales had been reached. The tapes were coded to prevent any knowledge of training or pre-post condition.
Two criteria were used to evaluate each of the trainee's interviews. First, two 3-minute segments of each pre- and each post-videotaped interview were rated independently by the two judges using the five-point scales of E, W-R, and G developed by Truax and Carkhuff. See appendices F, G and H. The segments to be rated were randomly selected from minutes 10 to 25 of each interview. The only stipulation on the selection procedure was the inclusion of one interviewee-interviewer-interviewee interchange in each segment. Each judge rated each of the tape segments on all three scales. In order to minimize a halo effect among the three ratings, all segments were rated on one scale before any ratings were made on the next scale and all tapes were rated in a different random order for each scale. The arbitrarily selected order of rating was W-R, then E and then G.

Second, after completion of each G rating each judge rated each interview (one rating for the two, 3-minute segments) on the Ideal Therapeutic Relationship Scale (Authier 1973). See appendix I. This scale is a fourteen item scale derived from the Fiedler studies (1950a, 1950b, 1951). Fiedler through Q sort and factor analytic techniques isolated fourteen criteria characteristics of the ideal therapeutic relationship. Each item of the scale is rated on a Likert scale ranging from 1 to 5. The judges were instructed to circle a (1) if the characteristic was not manifested by the interviewer, a (5) if the interviewer manifested the characteristic to an extremely high degree, and an intermediate rating, 2, 3, or 4, if the interviewer manifested the characteristic to a moderate degree. The ratings on each item will be summed across all fourteen items and their will serve as the
overall indicator of an ideal therapeutic relationship. These numerical ratings were used for statistical analysis.

After completion of all ratings of the pre- and post-interviews, the judges were to have rated the segments of the audiotaped training sessions on the trainer's level of E, W-R, and G using the same scales. As the poor quality of the tapes and the confusing context of the classes made rating extremely difficult, it was decided not to complete these ratings.
CHAPTER III

RESULTS

Evaluations of the Trainer and the Trainee-Trainer Relationship

The trainers were evaluated in two ways: 1) each trainer's level of interaction during the videotaped patient interview conducted prior to the training groups was rated by trained raters on the three Truax and Carkhuff scales and the ITR scale and 2) each trainer was rated by his trainees on the Student-Supervisor Relationship Questionnaire (S-SRQ) and the Interview Instructor Evaluation Questionnaire (ITEQ).

Video Tape Ratings of R-W, E, G and ITR. The inter-rater reliabilities computed using Pearson's product moment correlation coefficients on the Truax and Carkhuff scales were: R-W (r=.80) E (r=.96) and G (r=.50). Table 1 shows the mean and standard deviations and t-tests for the ratings on each of the four scales. The maximum rating on the Truax and Carkhuff scales is 5 and on the ITR scale is 70.

Insert Table 1 about here

Tr-1 conducted the E-D groups while Tr-2 conducted the EI group. Individual small sample t-tests indicated no significant differences between the trainers on these ratings. Both trainer's mean ratings were above the minimum facilitative level of 3 on all three Truax and Carkhuff scales.
**TABLE 1**

**MEAN, STANDARD DEVIATIONS AND t-TESTS OF JUDGES' RATINGS OF TRAINERS ON R-W, E, G AND ITR**

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<td>.25</td>
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<tr>
<td>t</td>
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<td><strong>E</strong></td>
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<tr>
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<td>3.5</td>
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<td>.24</td>
</tr>
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<td>62.5</td>
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<td>.5</td>
</tr>
<tr>
<td>t</td>
<td>2.23</td>
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Trainee Ratings. Each trainee rated his/her trainer on the Student-Supervisor Relationship Questionnaire (S-SRQ) and on the Interview Instructor Evaluation Questionnaire (ITEQ). Table 2 shows the mean and standard deviation and t-tests for these two scales. The maximum score on the S-SRQ is 18. The ITEQ score range from 15 to 75, the higher the score, the more positively the relationship is rated on both scales.

Insert Table 2 about here

Table 2 includes the mean and standard deviations for the ratings of Tr-1 both by the entire original E-D class of six and by the group of four who completed the program. T-tests indicated no significant differences between the trainers on these ratings. This was true for the ratings by the entire E-D - 6 group as well as for the E-D - 4 group.

In summary, no significant differences between trainees were found on either the observers ratings of interaction with a patient or the trainee's ratings. Both trainers tended to rate rather high on all of the scales.

Evaluations of Trainee Interaction with Patients

Two judges rated videotapes of each trainee's pre- and post-training interviews on the R-W, E, G and ITR scales. The inter-rater reliabilities for each of these scales, computed using Pearson's Product Moment Correlation coefficient, were, R-W, r=.62 (p<.01), E, r=.54 (p<.01), G, r=.86 (p<.01) and ITR, r=.45 (p<.05).

Because the inter-rater reliability on the genuineness ratings of the first half of the tapes was very low (r=.33), rating was stopped and
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<td>58.83</td>
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further training of the raters conducted. When reliability over .80 was again attained, the second half of the tapes were rated and the first half were re-rated. These ratings were used in the following analysis.

The data for each of these dimensions was analyzed separately using an analysis of variance for a mixed design with one between and one within subject variable. Training condition was the between subjects variable while time was the within subject variable. The least-squares solution for unequal n's was used (Kirk, 1968, p. 279). For each of these scales it was predicted that the E-D and EI would improve significantly in comparison to the control group and that the EI group would increase significantly more than the E-D group.

**Respect-Warmth Rating.** Tables 3 and 4 show the analysis of variance summary and means for the subject's Respect-Warmth ratings. Scores range from 1 to 5 with 1 indicating the lowest level of respect.

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Insert Table 3 and Table 4 about here

---

The training condition Time Interaction was significant ($F=4.46, df=2/13, p<.05$). Analysis of simple main effects revealed no significant differences at $b_1$ (pre-time) ($F=.48, df=2/26$) but a significant difference between training conditions at $b_2$ (post-time) ($F=4.86, df=2/26, p<.05$).

Tukey's H.S.D. test using an approximation for $n$ (Kirk, 1968, p. 90) and an approximation for $q$ (Kirk, 1968, p. 269), indicated a significant difference between the Enriching Intimacy and Control groups at post-time ($q=3.78, p<.05$). No significant differences were found between the
TABLE 3

SUMMARY OF ANALYSIS OF VARIANCE FOR
RESPECT-WARMTH SCALE SCORES

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<tr>
<td>S/A</td>
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<td></td>
<td>4.28</td>
<td>13</td>
<td>.33</td>
<td></td>
</tr>
<tr>
<td>Within-Subjects</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B (Time)</td>
<td>5.36</td>
<td>16</td>
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<td>1.22</td>
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<td>AB</td>
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<td>4.46*</td>
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<td></td>
<td>3.03</td>
<td>13</td>
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<tr>
<td>TOTAL</td>
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* P is less than .05
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<tr>
<td>S2</td>
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<tr>
<td><strong>X</strong></td>
<td>2.83</td>
<td>2.38</td>
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</table>
Experiential-Didactic and the Control groups at post-time \( (q=3.48) \) or between the Enriching Intimacy and the Experiential-Didactic groups at post-time \( (q=0.30) \).

As Figure 1 illustrates, the R-W ratings of both the EI and E-D groups increased while those of the control group declined slightly. Only the improvement of the EI group as compared to the control group was significant, however.

Empathy Ratings. Tables 5 and 6 show the analysis of variance summary and means for the subjects empathy ratings. Ratings may range from 1 to 5 with 1 indicating the lowest level of Empathy.

The training condition Time Interaction was significant \( (F=5.0, \ df=2/13, p<.05) \). Analysis of simple main effects revealed no significant differences at \( b_1 \) (pre-time) \( (F=.40, \ df=2/26) \) and a significant difference between training conditions at \( b_2 \) (post-time) \( (F=4.25, \ df=2/26, p<.05) \). Tukey's H.S.D. Test using the approximation for \( n \) and \( q \) (Kirk, 1968) further indicated a significant difference between the E-D and control groups at post-time \( (q=4.16, p<.05) \). No significant differences were found between the EI and control groups at post-time \( (q=2.51) \) or between the EI and E-D groups at post-time \( (q=1.62) \).
FIGURE 1
MEAN PRE AND POST RESPECT-WARMTH RATINGS FOR
C, EI, ED-4 MEMBER AND ED-6 MEMBER GROUPS
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<td>Within-Subjects</td>
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</tr>
<tr>
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<td>.50</td>
<td>5.0 *</td>
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* P is less than .05
### Table 6

#### Mean Empathy Ratings

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<td>$S_2$</td>
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<tr>
<td>$S_3$</td>
<td>2.25</td>
<td>1.75</td>
</tr>
<tr>
<td>$S_4$</td>
<td>2.5</td>
<td>2</td>
</tr>
<tr>
<td>$S_5$</td>
<td>2.75</td>
<td>2.25</td>
</tr>
<tr>
<td>$S_6$</td>
<td>2.5</td>
<td>2</td>
</tr>
<tr>
<td>$\bar{X}$</td>
<td>2.29</td>
<td>1.91</td>
</tr>
</tbody>
</table>
As Figure 2 illustrates, the ratings of both the EI and E-D groups on the E scale increased while that of the control group declined slightly. Only the difference between the E-D and Control group was significant, however.

-Genuineness Ratings. Tables 7 and 8 show the analysis of variance summary and means for the subject's genuineness ratings. Ratings may range from 1 to 5 with 1 indicating the lowest level of genuineness.

Only the A (Treatment) Main Effect was significant \( (F=8.63, df=2/13, p<.01) \). Tukey's H.S.D. tests utilizing approximations for \( n \) and \( q \) (Kirk, 1968) indicated significant differences between the E-D group and the control group \( (q=3.83, p<.05) \) and between the EI group and the control group \( (q=5.58, p<.01) \). The difference between the EI and E-D groups was not significant \( (q=1.75) \).

As Figure 3 illustrates, the ratings of the E-D and control groups increased while those of the EI group decreased slightly. The interaction effect was not significant, thus indicating no significant differences in change over time between the groups. Neither training format affected
FIGURE 2

MEAN PRE AND POST EMPATHY RATINGS FOR
EI, ED-4 MEMBER AND ED-6 MEMBER GROUPS
### Table 7

**Summary of Analysis of Variance for Genuineness Scale Scores**

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between-Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A (Training Cond.)</td>
<td>4.84</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.76</td>
<td>2</td>
<td>1.38</td>
<td>8.63 *</td>
</tr>
<tr>
<td>S/A</td>
<td>2.08</td>
<td>13</td>
<td>.16</td>
<td></td>
</tr>
<tr>
<td>Within-Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B (Time)</td>
<td>3.86</td>
<td>16</td>
<td></td>
<td>1.56</td>
</tr>
<tr>
<td>AB</td>
<td>.28</td>
<td>1</td>
<td>.28</td>
<td></td>
</tr>
<tr>
<td>BX S/A</td>
<td>1.22</td>
<td>2</td>
<td>.61</td>
<td>3.39</td>
</tr>
<tr>
<td></td>
<td>2.36</td>
<td>13</td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8.7</td>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* P is less than .01
### Table 8

**Mean Genuineness Ratings**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$S_1$</td>
<td>2.5</td>
<td>4</td>
</tr>
<tr>
<td>$S_2$</td>
<td>2.75</td>
<td>3.75</td>
</tr>
<tr>
<td>$S_3$</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>$S_4$</td>
<td>3.25</td>
<td>3.25</td>
</tr>
<tr>
<td>$\bar{X}$</td>
<td>2.88</td>
<td>3.63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E-I</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$S_1$</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>$S_2$</td>
<td>4</td>
<td>3.25</td>
</tr>
<tr>
<td>$S_3$</td>
<td>3.25</td>
<td>3</td>
</tr>
<tr>
<td>$S_4$</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>$S_5$</td>
<td>3.75</td>
<td>3.25</td>
</tr>
<tr>
<td>$S_6$</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$\bar{X}$</td>
<td>3.58</td>
<td>3.33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTROL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$S_1$</td>
<td>1.75</td>
<td>3.25</td>
</tr>
<tr>
<td>$S_2$</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$S_3$</td>
<td>2.75</td>
<td>2</td>
</tr>
<tr>
<td>$S_4$</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$S_5$</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$S_6$</td>
<td>2.5</td>
<td>3.25</td>
</tr>
<tr>
<td>$\bar{X}$</td>
<td>2.67</td>
<td>2.92</td>
</tr>
</tbody>
</table>
FIGURE 3
MEAN PRE AND POST GENUINENESS RATINGS FOR
C, EI, ED-4 MEMBER AND ED-6 MEMBER GROUPS
a significant change in G ratings in comparison to the control group or to each other. Overall, the rating of both the EI and E-D groups were significantly higher than those of the control group.

**Ideal Therapeutic Relationship Scale Ratings.** The F values for the analysis of variance of the subject's ITR ratings are summarized in Table 9.

---

Insert Table 9 about here

---

Only the A (Treatment) Main Effect was significant (F=3.85, df=2/13, p<.05). Tukey's H.S.D. tests utilizing approximations for n and q (Kirk, 1968) indicated a significant difference between the E-D group and control group (q=4.02, p<.05). The differences between the E-D and EI groups (q=1.9) and between the EI and control groups (q=2.12) were not significant. Overall the E-D group scored significantly higher than the control group. The interaction effect was not significant, however. Thus, neither training format effected a significant change in ITR ratings in comparison to the control group or to each other.

**Therapist-Patient Relationship Questionnaire Ratings.** In addition to the judge's rating of each videotaped trainee-patient interview, each patient rated his/her interviewer on the T-PRQ. Table 9 shows the F values for the analysis of variance of the T-PRQ ratings. None of the main or interaction effects were significant, indicating no overall differences between groups and no significant changes over time in T-PRQ ratings.
### TABLE 9

**SUMMARY OF F VALUES FROM ANOVA FOR ITR, T-PRQ**

<table>
<thead>
<tr>
<th>Variable</th>
<th>A (Training Cond.)</th>
<th>B (Time)</th>
<th>AB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITR</td>
<td>3.85*</td>
<td>.004</td>
<td>2.74</td>
</tr>
<tr>
<td>T-PRQ</td>
<td>.92</td>
<td>.73</td>
<td>2.76</td>
</tr>
</tbody>
</table>

\[ \text{df}=2/13 \quad \text{df}=1/13 \quad \text{df}=2/13 \]

*p < .05*
Evaluations of Trainee Interaction with Peers

Each trainee's level of interaction with his/her peers was rated as either + or - on each of seven GAIT scales (#1 understands, #2 Blue, #3 open, #4 Quiet, #5 Warm, #6 Set in his ways, #7 Relaxed) by the other five members of his/her GAIT group and by two professional observers. Scores were in terms of percent of endorsement i.e., the percentage of raters who gave a + rating. A composite score (#8) consisting of the mean score of items 1, 3, and 5, labeled Therapeutic Talent, was also computed. In addition each person designated the three group members (s)he thought would make the best counselor. The score on this item (#9) was again percent of endorsement i.e., the percentage of people who included S_x on their list of the top three for their group. Data from each of these 18 ratings (9 by peers and 9 by observers) was analyzed separately using an analysis of variance for a mixed design with one between and one within subject variable. Training condition was the between subject variable while time was the within subject variable. It was hypothesized that both the EI and E-D groups would improve significantly on these scales relative to the control group and that the EI group would also improve significantly in relation to the E-D group.

Insert Table 10 about here

As Table 10 shows, no significant main or interaction effects were found for any of the GAIT peer ratings, indicating no significant difference between groups or across time. The only significant effects for the GAIT observer ratings were on scales #4 (quiet) and #6 (set in his ways).
### TABLE 10
SUMMARY OF F VALUES FROM ANOVA FOR GAIT SCORES

<table>
<thead>
<tr>
<th></th>
<th>GAIT-Peer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1.77</td>
<td>.03</td>
<td>.30</td>
</tr>
<tr>
<td>2</td>
<td>1.05</td>
<td>.00</td>
<td>.23</td>
</tr>
<tr>
<td>3</td>
<td>.49</td>
<td>1.51</td>
<td>1.95</td>
</tr>
<tr>
<td>4</td>
<td>.59</td>
<td>.05</td>
<td>.23</td>
</tr>
<tr>
<td>5</td>
<td>.09</td>
<td>2.26</td>
<td>.19</td>
</tr>
<tr>
<td>6</td>
<td>.34</td>
<td>.13</td>
<td>.39</td>
</tr>
<tr>
<td>7</td>
<td>.40</td>
<td>.20</td>
<td>.41</td>
</tr>
<tr>
<td>8</td>
<td>.65</td>
<td>.46</td>
<td>.16</td>
</tr>
<tr>
<td>9</td>
<td>.13</td>
<td>.12</td>
<td>.74</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>GAIT-Observer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.64</td>
<td>1.11</td>
<td>1.86</td>
</tr>
<tr>
<td>2</td>
<td>.18</td>
<td>.10</td>
<td>.19</td>
</tr>
<tr>
<td>3</td>
<td>.64</td>
<td>.58</td>
<td>2.52</td>
</tr>
<tr>
<td>4</td>
<td>3.91*</td>
<td>.81</td>
<td>.97</td>
</tr>
<tr>
<td>5</td>
<td>.73</td>
<td>1.82</td>
<td>.16</td>
</tr>
<tr>
<td>6</td>
<td>.26</td>
<td>2.33</td>
<td>3.98*</td>
</tr>
<tr>
<td>7</td>
<td>.28</td>
<td>1.63</td>
<td>.49</td>
</tr>
<tr>
<td>8</td>
<td>.37</td>
<td>1.81</td>
<td>1.82</td>
</tr>
<tr>
<td>9</td>
<td>.04</td>
<td>.07</td>
<td>.06</td>
</tr>
</tbody>
</table>

*p .05  \( df=2/13 \)  \( df=1/13 \)  \( df=2/13 \)
On scale #4 only the A (Treatment) Main Effect was significant (F=3.91, df=2/13, p<.05). Overall the order of group means on scale #4 was E-D>C>EII. Tukey's H.S.D. tests indicated that none of the comparisons between two means were significant, however. This is apparently one of the rare cases where some significant difference exists between the groups, but out tests are not sensitive to that comparison.

On scale #6 only the interaction effect was significant (F=3.98, df=2/13, p .05). Analysis of simple main effects showed no significant differences between A (training condition) at pre-time (F=.35), between A at post-time (F=1.74), between B (time) for EI group (F=1.55) or between B for control group (F=3.49). Only the difference between B for the E-D group (F=5.24, df=1/13, p .05) was significant. This indicates that in comparison to their rating at the first GAIT session only the E-D group was rated by observers as significantly less set in their ways at the time of the second GAIT session. This change was not significantly greater than that of the control or the EI groups, however. The control group decreased slightly and the EI group increased slightly.

In summary, the evaluations of trainee interaction with peers indicated no significant training effects. In comparison with the control group and with each other, neither of the training groups changed significantly on any of the GAIT scales as rated by either peers or professional observers. Of the evaluations of trainee interaction with patients, the patient rated T-PRQ and the judges ratings of videotaped interaction on the ITP and Genuineness scales also showed no significant training effects. Only two significant differences between groups across time were found. In comparison with the control group, the EI group improved significantly
on Respect ratings and the E-D group improved significantly on Empathy ratings. The EI and E-D groups did not differ significantly from each other on either of these judges ratings of videotaped interaction.

**Program Evaluation**

Each of the Ss in the training groups completed the training program evaluation form (see appendix L). This form was included to obtain some impressions of the trainees' views of the program format in which they participated. The evaluation consists of 32 questions which are answered on a 1 to 5 scale. Items 1 to 10 are addressed to the value and clarity of the program in their view, items 11-20 are separate ratings of the program components for each program. Items 21-32 are ratings of the value, their understanding, their prior performance level and their present performance level on each of the three Truax and Carkhuff skills. On each item 1 is the lowest rating and 5, the highest. As this measure was intended primarily as a source of impressions and speculations to augment the less structured comments received verbally, statistical analysis was not performed on the items. The means for each item are included in Table 11, however.

The EI groups tended to rate the program higher and to see themselves as improving more on the skills than did the E-D group.
## TABLE 11

**MEAN TRAINING PROGRAM EVALUATION RATINGS**

FOR EI, ED-4 MEMBER AND ED-6 MEMBER GROUPS

1 indicates the lowest or poorest rating and 5 indicates the highest or best rating.

<table>
<thead>
<tr>
<th>Question</th>
<th>EI</th>
<th>ED-4</th>
<th>ED-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are the objectives of the program clear?</td>
<td>4.67</td>
<td>3.5</td>
<td>3.83</td>
</tr>
<tr>
<td>2. How relevant do you see this program to your professional training?</td>
<td>5</td>
<td>4.5</td>
<td>4.17</td>
</tr>
<tr>
<td>3. Now that you have completed the program, would you recommend it to someone who did not have to take it?</td>
<td>5</td>
<td>4.75</td>
<td>3.67</td>
</tr>
<tr>
<td>4. Rate your effort to learn and understand the materials and/or concepts presented in this program:</td>
<td>3.83</td>
<td>3.75</td>
<td>3.17</td>
</tr>
<tr>
<td>1-No effort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Below average</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Average</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Above average</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Maximum effort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. How useful have you found the skills in your patient contacts?</td>
<td>4.33</td>
<td>4.25</td>
<td>3.5</td>
</tr>
<tr>
<td>6. Have you become aware of implications of the subject matter in your own life?</td>
<td>4.67</td>
<td>4.5</td>
<td>4</td>
</tr>
<tr>
<td>7. Have you had discussions of related topics outside of the class?</td>
<td>3.67</td>
<td>4</td>
<td>3.17</td>
</tr>
<tr>
<td>8. Have you developed increased sensitivity to the feeling aspects of others communication?</td>
<td>4.67</td>
<td>4</td>
<td>3.5</td>
</tr>
</tbody>
</table>
TABLE 11 (Cont.)

<table>
<thead>
<tr>
<th></th>
<th>EI</th>
<th>ED-4</th>
<th>ED-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Have you developed increased awareness and comfort with your own feelings and reactions?</td>
<td>4.33</td>
<td>4.25</td>
<td>3.5</td>
</tr>
<tr>
<td>10. Overall, how would you rate the training program?</td>
<td>4.67</td>
<td>4.25</td>
<td>3.83</td>
</tr>
</tbody>
</table>

Rate the effectiveness of each of the following program components in helping you accomplish the goals of the program.

- **EI-11.** the written manual: 4
- **EI-12.** the model tapes: 3
- **EI-13.** the practice interviews of another student: 4.5
- **EI-14.** immediate videotape replay of practice interviews: 4.33
- **EI-15.** audio and video tapes of client stimuli: 4

- **ED-11.** the written rating scales: 2.75 2.5
- **ED-12.** rating of audio taped interactions: 3.25 2.67
- **ED-13.** responding to audio taped patient statements and rating such responses: 4.25
- **ED-14.** practice interviews of fellow student: 5
- **ED-15.** replay and rating of taped interview of fellow student: 4.5

- **16.** supervisors comments: 5 4.75 4
- **17.** other participants comments: 4.67 4.5 3.17
TABLE 11 (Cont.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>EI</th>
<th>ED-4</th>
<th>ED-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>pre and post patient interviews</td>
<td>4.8</td>
<td>3.5</td>
<td>3.33</td>
</tr>
<tr>
<td>19.</td>
<td>group section during final two classes</td>
<td>4.33</td>
<td>3.75</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Of the 8 components listed above, list in order the four most helpful parts:</td>
<td>#16</td>
<td>#16</td>
<td>#17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#13</td>
<td>#17</td>
<td>#16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#17</td>
<td>#15</td>
<td>#15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#14</td>
<td>#14</td>
<td>#14</td>
</tr>
</tbody>
</table>

Rate the following areas for each of the global skills:

**Respect-Warmth**

21. How valuable or relevant do you see this skill?  4.67  4.75  4.5
22. Rate your understanding of the definition of this skill.  4.17  3.75  3.33
23. Rate your performance level of this skill before training.  3  3.5  3.17
24. Rate your present level of performance of this skill.  4.17  4  3.5

**Empathy**

25. Value  4.83  4.75  4.67
26. Understanding  4.5  4  3.5
27. Prior performance level  2.42  3  2.83
28. Present performance level  3.75  3.5  3.33
### TABLE 11 (Cont.)

<table>
<thead>
<tr>
<th>Genuineness</th>
<th>EI</th>
<th>ED-4</th>
<th>ED-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Value</td>
<td>5</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>30. Understanding</td>
<td>4.83</td>
<td>3.25</td>
<td>4.2</td>
</tr>
<tr>
<td>31. Prior performance level</td>
<td>3.17</td>
<td>3</td>
<td>2.8</td>
</tr>
<tr>
<td>32. Present performance level</td>
<td>4.33</td>
<td>3.5</td>
<td>3.2</td>
</tr>
</tbody>
</table>
This study addressed two central issues: 1) the construct validity of the Enriching Intimacy skills and 2) the efficiency and effectiveness of the Enriching Intimacy Program. The results relevant to each of these issues will be discussed in turn. The limitations of the study and implications for future research will complete the discussion.

The Construct Validity of the Enriching Intimacy Skills

The central question asked relating to construct validity was: Does systematic training in the behaviorally defined components of R-W, E and G under the Enriching Intimacy format raise the trainee levels of functioning on the R-W, E and G scales?

For trainee-patient interaction, the answer was yes for Respect-Warmth but no for Empathy and Genuineness. Only the Respect-Warmth ratings of the pre- and post-videotapes of the EI group improved significantly. The Genuineness rating was higher overall but did not improve. None of the other dependent measures revealed a significant change in.

In practical terms, if improving helper Respect-Warmth is a major goal of one's training efforts, the EI Program as a whole would appear to be a reasonable choice. This conclusion is tempered by the moderate inter-rater reliability (r= .62) on the R-W scale and the lack of confirmation from the Therapist-Patient Relationship, the Ideal Therapeutic Relationship and the GAIT scales.
The question remains as to why R-W improved significantly, whereas the others did not. Several speculations appear plausible. The possibility exists that the EI behavioral definitions of E and G do not relate to the Truax and Carkhuff scales. The EI skills were based on information from a wide variety of theories, studies and other sources and were not drawn specifically or exclusively from the Truax and Carkhuff scales. This increases the likelihood that the findings here may reflect true differences in the conceptualization of E and G. If so, the more important question than construct validity for the EI Program is predictive validity of the skills. That is the relationship of the use of the skills to improved trainee relationships with helpees and ultimately helpee benefit measurable in behavioral terms.

The difference may also reflect the different emphasis placed on the three skills by the EI Program, however. In three respects, Respect-Warmth appears to have received more emphasis than E or G in the EI Program and in this study particularly. First, as appendix A notes, seven rather than the originally estimated five hours were spent on Respect-Warmth. As a result only three, rather than four, hours were spent on Genuineness. Second, in the EI Program, Respect-Warmth is conceptualized as the basis upon which the E and G skills are built. For this reason, it is taught first in the sequence. As such, many of the R-W behaviors are reemphasized throughout the program. Third, all of the trainees had participated prior to this course in an eight-hour micro-counseling based interviewing course in which many of the components of Respect were emphasized. The Respect training as part of the EI Program was in some sense then relearning. Finally, non-verbal components are a
major part of the R-W behaviors, perhaps more so than for E or G. Consequently, the video feedback of the EI Program may be particularly effective in teaching these skills.

Although the Empathy skill also received one extra hour and the largest block of time (8 hrs.) the increase in E ratings for the EI group was not significant in relation to the control group. The trend was to improve. The lack of significance may reflect the strength of our cultural conditioning to avoid feelings. This may be especially true for the trainee population studied here—generally fact-oriented, somewhat compulsive medical students. A longer time or more intense training may be required to bring about greater improvement in Empathy.

Hesitant and thus somewhat awkward use of the skills may impact on raters as not very empathic even when the trainee is, in fact, aware of and attempting to use the skills. While watching their pre- and post-tapes, the trainees' perceptive comments and criticisms of their own performance showed an awareness and knowledge of the skills and of feelings that they had not been able to translate into action during the interview itself. This would seem to indicate some cognitive change at least. More repetition and experimentation may be required for the change to become behavioral and comfortable for the person.

The meaning of the E data is also obscured by the relatively low inter-rater reliability. Although the E reliability (r=.54) was within the range also reported by Truax and associates, it was rather low. The raters reached higher reliability during training but did not maintain it. The lack of specificity of the scales which makes teaching difficult also makes the attainment of high inter-rater reliability
difficult. The scales call for considerable subjective judgement on the part of the raters. The E scale is particularly liable to difficulty due to the contradictions in the instructions for its use that were noted by Chinsky and Rappaport (1970). The contradiction lies between the wording of the scale items which emphasized increasing accuracy in reflecting the client's feelings and the instructions given by Truax (1972) to basically ignore client statements and rate on the basis of therapist statements. The raters in this study tended to differ in the emphasis they put on the client and on their judgement of what was accurate.

The G scale also has a flaw, namely, the lack of a rating for congruent positive statements that are not facilitative. After further training, this difficulty was overcome and final inter-rater reliability was high ($r=.86$). The lack of significant improvement on the G scale seems to be a combination of two factors—high starting level and lack of emphasis or poor timing. The G rating of the EI group was significantly higher than the control group overall. The initial EI group mean for G was 3.58. Although the EI group declined slightly to 3.33, this is still well above the 3.0 minimally facilitative level. Starting this high, it is difficult to improve measurably, particularly in view of the time cut from four to three hours. In designing the EI Program, the G skills were given less time as there are fewer skills and the final group integration phase was conceptualized as particularly emphasizing genuineness. In this study, the timing of the group phase just after spring vacation probably reduced the potency of this learning. Involvement and commitment seemed to ebb at that time since the only two absences in the EI group occurred then.
The high starting level of the EI group may simply reflect a random sampling error resulting from small n, but it may also be related to the prior microcounseling experience of the Ss (the implications of this possibility will be discussed more fully in the limitations of the study section).

Analysis of ITR ratings showed no significant difference between the EI and control groups. The low inter-rater reliability for the ITR ratings may be a major factor in this finding, however. Despite high reliability in previous studies (r=.81 in Authier, 1973 and r=.91 in Authier and Gustafson, 1974), the ITR reliability here was very low (r=.45). Although retraining was conducted and half of the tapes were rerated, reliability did not improve. The rater's basic differences in their preference in therapist style seemed to be reflected in their use of the ITR scale.

As alluded to earlier, the EI group also showed no significant changes in comparison to the control group in the GAIT scales. The lack of significant GAIT findings may indeed reflect the similarity of the members or alternately, the lack of sensitivity of this measure in this situation. The use of volunteers for a 20+ hour commitment in a very busy quarter probably tended to increase the similarity of the members. Also the Ss here were not strangers as ideally specified by the originators of the GAIT procedure. The nature of the task was changed in this respect. The GAIT procedure was developed as a screening method for undergraduate volunteers to work with troubled children (Goodman, 1972). In has only recently been used as a pre-, post- measure and may be less appropriate for this use especially when the members of the pre- and
post-groups come from the same small S pool. In this regard, the
GAIT findings here may reflect the pre-established interaction pat-
tterns of the dyads more than the new learning or lack of it.

The lack of confirmation of trainee improvement by the GAIT
scales is, nevertheless, important as the GAIT is the only other measure
included with moderate client outcome validity (Goodman, 1972).
It was also included as a preliminary measure of generalizability of
learning from clients to peers. The lack of significant differences
must at least lend caution to the interpretation of the R-W finding.

The finding of a lack of significant change on the Therapist-
Patient Relationship Questionnaire is consistent with past research. The
lack of correspondence between interviewee and outside raters judgements of interviewer levels of E, R-W and G is a repeated finding (reviewed
by Carkhuff and Burstein, 1970). This finding is puzzling theoretically
and needs further exploration.

In summary, the only dependent measure on which the EI group im-
proved significantly in contrast to the control group was the R-W
rating of the videotaped trainee-patient interaction. Significant differ-
ences were not found on the E and G ratings, on any of the ratings of
trainee-peer interaction or on any of the other dependent measures
related to any of the three global skills. Some problems with low inter-
rater reliability and high initial levels were noted. The lack of
improvement on the E and G scales may reflect either the true lack of
relationship between the EI skills and the Truax and Carkhuff scales
or a need for a longer time or greater emphasis on E and G in the EI
Program in order to effect significant change on those scales.
The Efficiency and Efficacy of the Enriching Intimacy Program

The efficiency and effectiveness of the EI Program was assessed by comparison with the E-D Program. The central question asked was:

Given the brief time of 22 hrs., does the Enriching Intimacy Training Program result in greater trainee improvement than the Experiential-Didactic Training Program? Although significantly greater improvement by the EI group was hypothesized, no significant differences in trainee change were found between the two groups on any of the measures used. The findings of this study would thus suggest that the EI Program is not generally more effective than the E-D format used here.

As an aside, it is interesting to note that the EI and E-D groups each differed significantly from the control group on only one of the Truax and Carkhuff scales. The EI group, as covered earlier, improved significantly on the R-W scale relative to the control group. The E-D group improved significantly on the E scale relative to the control group. The difference may reflect the differing emphasis of the programs. Just as the EI Program seemed to give a special emphasis to R-W, the E-D format strongly emphasized E. Like the EI group, the E-D group also showed no other significant changes in relation to the control group on any of the other dependent measures. In practical terms, the choice between the two formats would seem to depend on the user's preference for emphasizing R-W or E.

An important aspect of the choice relevant to efficiency requires elaboration, however. The small n involved in this study must make any conclusions tentative. Within that limitation, the EI and E-D formats differed decidedly in their appeal to the participants. The most
striking indication of this was the loss of two members of the E-D group and the threatened loss of several others. The discrimination phase was, in fact, shortened and modified in response to the great member dissatisfaction and to prevent dissolution of the group entirely. In contrast, both training programs were extended two hours at the request of the EI group. The EI group members also put considerable pressure on their trainer to continue meeting beyond the planned end of the program. The differences in member enthusiasm was also reflected in the generally higher ratings by the EI group on the Program Evaluation Questionnaire. In terms of a larger scale implementation of either program, drop-out rate could be a determining factor in efficiency level. This seems particularly relevant in that motivation has certainly also been shown to be an important factor in the effectiveness of training programs.

Some possible factors in the greater satisfaction and enthusiasm of the EI trainers are suggested by the complaints and recommendations given by the members of the E-D group. These complaints centered on the format of the E-D Program and chiefly on the discrimination phase. Class morale improved considerably during the later communication phase. The suggestions made were very similar to those advanced earlier as assets of the EI Program. They included:

1) The interactions to be rated are too short.

2) Why can't we use video-tape rather than audio-tape? Too many important cues are missing this way.

3) The scales aren't clear. Why don't you give us examples of the levels of each of the scales?

4) It gets boring just rating tapes. Why can't we interact with each other, practice more?
The time spent rating tapes was decreased and, at their insistence, they role-played the different levels of the scales themselves. These accommodations were made in the interest of continuing the program. These changes also decreased some of the differences between the two formats and thus the likelihood of statistical significant differences between them, however. The modified version of the E-D format used here may have capitalized on the benefits of modeling, more specific feedback and practice to a greater extent than would the traditional E-D paradigm. Nevertheless, it should be noted that despite these changes, in comparison to the E-D studies summarized by Carkhuff (1969), both the EI and E-D groups tended to show less change in level of functioning. (The implication of this data will not be elaborated on here but will be given further consideration in the limitations of the study section.)

Limitations of the Study

Several of the overall limitations of this study, including the small n and the moderate reliabilities were mentioned previously. Rather than belabor these deficits, the focus of this section will be the more specific drawbacks of this study in relation to the two central issues addressed.

Limitations Related to Construct Validity

This study was designed as a beginning step in testing the construct validity of the EI skills. In this regard, the approach was indirect in that the impact of the program as a whole rather than that of specific behavioral components was the unit of analysis considered. Conclusions must, therefore, also be phrased in terms of the program as a whole. Although conclusions about the program logically suggest relationships
between the component skills and the areas of trainee improvement, the direct evidence of such relationships is not available from this study.

Nevertheless, as a first step in the evaluation of a new paradigm, this program level approach seems justified. From the practical viewpoint of a curriculum or training director the first question is: Do graduates of the program gain the qualities the program claims to teach? The question of which components of the program account for what changes is a more secondary concern.

Limitations Related to EI Efficiency and Efficacy

Two elements of the current study potentially limit the conclusions drawn relating to the comparative efficiency and efficacy of the EI and E-D training formats.

The first and major factor related to the efficiency and efficacy question is the prior microcounseling experience of all the Ss. This study aimed to contrast the effects of training under the EI program with those of training under the E-D program and those of a no treatment control condition. In practice, the final contrast was between a microcounseling plus EI, a microcounseling plus E-D and a microcounseling only control group. It seems likely that the E-D trainees would draw from their past learning in evaluating and formulating responses during the E-D program. The probability of this is increased by the lack of specific guidelines provided by the E-D scales. The E-D trainees' suggestions of modifications in the direction of the microcounseling format is one indication of the carryover of the impact of the format on their thinking. Consequently, the E-D group of this study was in many ways closer to the sequential training in microcounseling and Truax and
Carkhuff skills proposed by Authier (1973) than to the traditional E-D approach developed by Truax and Carkhuff.

As such, one would expect fewer significant differences between the results of the EI and E-D groups. Consideration of the possible benefits of the pre-study microcounseling training may also shed new light upon the scarcity of significant differences between either of the training groups and the control group. The fact that all Ss in this study tended to start at higher levels on the Truax and Carkhuff scales than those summarized by Carkhuff (1969) lends credence to the speculation that the pre-study microcounseling training had a favorable impact. The mean pre-training level of overall functioning reported by Carkhuff for the four studies involving intermediate i.e., M.A level trainees ranged from 1.4 to 1.9. In contrast, the mean pre-training level across all three scales and all Ss involved in this study was 2.73. Initial levels on individual scales for different groups ranged from 2.08 to 3.58. Similarly, post-training levels in this study were higher than those Carkhuff reports despite lower changes in this study. The mean overall level of functioning after 22 hours of training (or 30 hours if the pre-study training is included) for the EI group was 2.99 and for the E-D group was 3.63, where three is the minimally facilitative level. In contrast, most of the groups reported by Carkhuff did not reach the three level after 50-100 hours of training.

Although one cannot rule out the possibility that the difference simply reflects a difference between studies in raters' use of the scales or true Ss differences, the difference may indeed reflect increases on the Truax and Carkhuff scales resulting from the prior microcounseling training.
Seen in this light, the findings of this study might tend to confirm rather than question the effectiveness and efficiency of the microcounseling format and the seven skills taught, which are also important parts of the EI Program. In further support of this speculation, Moorland (1971) did find an increase, although not significant, on all three Truax and Carkhuff scales after training second-year medical students for seven hours in five skills under the microcounseling format. Five of the same skills plus two others were taught in eight hours to the present Ss.

The second element of the present study which could potentially limit the conclusions relating to the efficiency and efficacy question is the confounding of trainer with program format. The differential enthusiasm of the trainees towards the EI and E-D Programs was an important factor noted in regard to program efficiency and efficacy.

On explanation of this difference in appeal of the two programs could be the effect of the trainer. All indications are that this is not the case, however. The trainers did not differ significantly in the level of E, R-W and G as rated during a patient interview conducted prior to the training program. Although the ratings of the actual class sessions were not completed, the above finding suggests that the two trainers' level of those qualities would be similar with trainees as well. This is substantiated by the lack of significant difference between the trainers on the two ratings completed by the trainees. Importantly, this finding holds for the entire group of six trainees assigned to the E-D group as well as for the four who completed the program. In general, both trainers were rated highly. Supervisor's
comments was also a highly ranked component on the program evaluation questionnaire by both groups. It would thus appear that dissatisfaction with the trainer was not the source of dissatisfaction with the program.

The high ratings of the trainers on E, R-W and G (ranging from 3.375 to 4.125) also makes it unlikely that low trainer levels was in this case a limiting factor on trainee growth as Carkhuff (1969) postulates.

Implication for Future Research

Some of the necessary components of future research have already been mentioned. These included a larger sample, higher inter-rater reliability and the investigation of modifications in separate components of the EI Program such as time devoted to each section, total length of the Program and different trainee populations. In addition, the limitations of this study in relation to the two major questions considered here point to several further needed modifications in the future.

The present study focusing on a program level evaluation was designed as an indirect approach to establishing the construct validity of the EI skills. As a next step, further research designed to look more directly at the impact of the skills or sets of skills is needed. Such a study would require two steps: 1) It must be demonstrated that the EI trainees learned the behavioral skills and 2) the increased use of those skills must be related to increased ratings on R-W, E and G. Behavioral counts of pre- and post-videotapes to establish the change in frequency of use of the skills would be required to meet the first criteria. The next step in meeting the second criteria could be either the assessment of change including behavioral counts after each major
section of the program, i.e. after R-W training, after E training, etc. through additional videotaped interviews at those points or the training of separate groups in each of the three global skills using the corresponding section of the EI Program. The first alternative would seem preferable in view of the sequential design of the program and the assumption that E and G build on the base of skills established through the training in R-W.

The inclusion of both behavioral counts and ratings on the Truax and Carkhuff scales plus other more inclusive measures such as the GAIT, and the repeated assessment at important stages of the program would meet the major criteria outlined by D'Angelli (1973) in his paper on comprehensive evaluation of training programs. One of his primary points was that in comparing several training paradigms it is important to evaluate each program in terms of its own prime criteria for effectiveness. In this case that would have been the learning of the behavioral skills for the EI Program and the change in Truax and Carkhuff ratings for the E-D Program. As alluded to earlier, the possibility exists that the EI skills do not relate to R-W, E and G as conceptualized by Truax and Carkhuff. If not, the question remains as to what other effects the EI Program has on the trainer's ability to relate to another person and the value of those effects. Behavioral counts would be much needed in examining this question.

The imperative need for the use of naive subjects is the major recommendation stemming from the discussion of the efficiency and efficacy question of this study. Naive Ss are necessary to clarify the impact of the EI Program apart from the pre-study microcounseling experience.
Although it did not appear to be of great import in evaluating the study, avoidance of the confounding of trainer with format in future research is also to be recommended. This would be particularly important in a larger study involving more groups.

Ultimately closer attention must be directed to the impact of the training on the lives of the individual trainees and those with whom they interact. The inclusion of the behavioral counts mentioned before would allow a closer examination of individual needs and gains. Such an approach may reveal important benefits of the program obscured by the use of group data. In terms of generalizability, measures to examine the impact of the training on the trainee's behavior in other realms of his/her life, i.e. family as well as work, would be important. The most crucial need, however, relates to client outcome. As a training program aimed at helpers, the ultimate usefulness of the Enriching Intimacy Program depends on the demonstration of benefits measured in behavioral terms for the people who interact with trainees who use the EI skills. Despite the many problems associated with direct outcome research which will not be enumerated here, the demonstration of positive client change remains the most vital criteria in evaluating the usefulness of a program.
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### COMPARATIVE OUTLINE OF TRAINING CONDITIONS

<table>
<thead>
<tr>
<th>Gp. I (Experiential-Didactic)</th>
<th>Gp. II (Enriching Intimacy)</th>
<th>Gp. III (Control)</th>
</tr>
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<tbody>
<tr>
<td>Pre measures</td>
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<tr>
<td>Week 1</td>
<td>I Respect-Warmth Skills 5 hrs.</td>
<td>No Training</td>
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<tr>
<td>I Discrimination gross - 1 hr.</td>
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<tr>
<td>Empathy - 3 hrs.</td>
<td>I Empathy Skills 7 hrs.</td>
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<td>3</td>
<td>II Empathy Skills (8 hrs.)</td>
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<tr>
<td>Warmth-Respect 2 hrs. (1½ hrs.)</td>
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<td>4</td>
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<tr>
<td>Genuineness 2 hrs. (1½ hrs.)</td>
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<tr>
<td>5</td>
<td>III Genuineness Skills 4 hrs. (3 hrs.)</td>
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<tr>
<td>II Communication Empathy - 4 hrs.</td>
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<td>Warmth-Respect 2 hrs. (2½ hrs.)</td>
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<td>8</td>
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<tr>
<td>Genuineness 2 hrs. (2½ hrs.)</td>
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<tr>
<td>(9)</td>
<td>All three (2 hrs.)</td>
<td>Training if desired</td>
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<tr>
<td>9</td>
<td>III Group Sessions 4 hrs.</td>
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<td>(10)</td>
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<tr>
<td>10</td>
<td>IV Group Sessions 4 hrs.</td>
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<td>(11)</td>
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<tr>
<td>Post measures</td>
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(modifications from original plan noted in parentheses)
Appendix B

DETAILED OUTLINE OF THE EXPERIENTIAL-DIDACTIC PROGRAM
(modifications from original plan noted in parentheses)

I. Discrimination Training

This 8 hour phase concentrates on training the Ss to discriminate the five levels of each of the three scales by rating excerpts using the research scales. (reduced to 7 hrs.)

1 hr. A. Gross discrimination
   1. Hand out and review the five point gross rating scale with the accompanying paragraph. Scale included here.
   2. Play audio-taped interview excerpts consisting of an interviewee-interviewer-interviewee exchange for Ss to rate using this scale. After each excerpt all Ss give their numerical ratings before discussing their reasons for rating as they did.

3 hrs. B. Discrimination of Empathy
   1. Handout and review the E scale (appendix F).
   2. Play audio-taped interview excerpts. Focus initially on: "Is this a level 3?"
      "If not, is it higher or lower?"
      Discuss why.
   3. After there is high agreement on level 3, ask the Ss to rate on the 1-5 scale. Again have each Ss give his/her numerical rating before discussing their reasons.

2 hrs. C. Discrimination of Respect and Warmth
   (1.5 hrs.) Follow the same three step procedure as in B above using the W-R scale (appendix G).

2 hrs. D. Discrimination of Genuineness
   (1.5 hrs.) Follow the same three step procedure as in B above using the G scale (appendix H).

II. Communication Training

This 8 hour phase focuses on practice in formulating responses which are high on each of the three facilitative dimensions. In each case this is done by first competing to offer the highest rated response to audiotaped interviewee statements and then attempting to communicate the attitude to a high degree while interviewing another trainee. In both cases the trainee's responses are rated on the scales by the trainer and other trainees. (increased to 11 hrs.)

A. Communication of Empathy

2 hrs. 1. Practice responses to audiotaped interviewee stimuli.
       After playing each stimuli, the trainer randomly points to a trainee who responds with as much empathy as (s)he can. This response is immediately rated and other
2 hrs. 2. "Role played" interviews
a. Each S chooses a partner and audio tapes a 5-minute interview. The person acting as the interviewee should discuss something real for them. The person acting as the trainer should concentrate on communicating with as much empathy as possible. Each pair then switches roles and records a second 5-minute interview.
b. Rate random excerpts from each tape using the E scale. Again, encourage Ss to offer higher alternate responses. Rate additional segments as time allows.

2 hrs. B. Communication of Respect-Warmth
(2½ hrs.) Follow the same procedure as in A above using the R-W scale.
2 hrs. C. Communication of Genuineness
(2½ hrs.) Follow the same procedure as in A above using the G scale.
(2 hrs.) D. Communication of all three

III. Group Sessions
4 hrs. The focus of the group sessions is on the trainees' reactions to their experiences in the training program. The aims are to give the trainee a chance to experience, in part, the role of a client and to provide an opportunity for self-exploration of their own inner feelings, goals, values and experiences in relation to their role as a helper. The format is that of a free responding group. The role of the trainer is to offer high levels of the three dimensions while acting as a group therapy leader. The attention is directed not to the three dimensions but to the reactions of the participants.
None of these conditions are communicated to any noticeable degree in the person.

Some of the conditions are communicated and some are not.

All of the conditions are communicated at a minimally facilitative level.

All of the conditions are fully communicated, and some are communicated fully.

All of the conditions are fully communicated simultaneously and continually.

Figure 8-1. Gross ratings of facilitative interpersonal functioning.

The facilitator is a person who is living effectively himself and who discloses himself in a genuine and constructive fashion in response to others. He communicates an accurate empathic understanding and a respect for all of the feelings of other persons and guides discussions with those persons into specific feelings and experiences. He communicates confidence in what he is doing and is spontaneous and intense. In addition, while he is open and flexible in his relations with others, in his commitment to the welfare of the other person, he is quite capable of active, assertive, and even confronting behavior when it is appropriate.

You will hear a number of excerpts taken from therapy sessions. Rate such excerpt 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0 using the above continuum.

From Carkhuff (1969).
Appendix C

DETAILED OUTLINE OF THE ENRICHING INTIMACY PROGRAM
(modifications from original plan noted in parentheses)

5 hrs. I. Respect-Warmth Skills Training

(7 hrs.)
20 min. A. View the good and bad global model video tape and discuss
the behavior involved.

(30 min.)
10 min. B. Communicating a willingness to listen.

(1½ hrs.)

1. Focus is on the nonverbal behaviors listed in the
 accompanying behavioral list.

2. View the short, good and bad model video tapes
 for specific behaviors.

3. Videotape and review 30 seconds-1 minute individual
 practice sessions - no sound.

2 hrs. C. Communicating interest and facilitating the interviewee's
telling his/her own story.

(3 hrs.)

1. Nonverbal behaviors - see behavioral list.


3. Questions - single and open.

4. Paraphrasing.

Follow microcounseling format using short (2-minute)
practice interviews with another trainee for each of the above.
Emphasize the dealing with a real concern and situation and
a concentrated focus by the interviewer on the behavior being
trained.

1 hr. D. Communicating respect for the individual's worth, integrity,
and abilities.

1. Discussion of non-evaluative and non-absolute word
 lists.

2. Videotaped practice interviews focusing on the be-
haviors 2-5 listed under this heading.

10 min. E. Reviewing of good and bad global model videotape.

50 min. F. 2½-3 minutes videotaped practice interviews focusing on
 incorporating all of the emphasized behaviors in communi-
cating high levels of respect.

7 hrs. II. Empathy Skills Training

(8 hrs.)
20 min. A. View of the good and bad global model videotapes and discuss
the behaviors involved.

40 min. B. Non-verbal components of communicating Empathy.

1. Focus on the non-verbal behaviors listed and their
dependence on the Respect non-verbals as a base.

2. Practice in a group setting, first the non-verbal
communication of respect, then modifying those be-
haviors to communicate a more intense involvement.
3. Videotape with no sound, view and discuss these interactions.

C. Identification of verbally expressed feelings.

30 min.
1. Discuss the feelings versus thoughts distinction and the confusion of these in our everyday language. Listen to several audio taped personal statements and identify the feelings contents of the statement.

1 hr.
2. View model tapes, videotape and view 2-minute interviews, focusing on practicing feeling oriented open question, and reflection of feeling content via repetition of key feeling words and paraphrasing of feeling content. Emphasize the attention to the distance dimension.

D. Identification of non-verbal clues to feelings.

30 min.
1. View several silent videotape segments. Identify clues to the persons current emotions.

1 hr. (2 hrs.)
2. Videotape and view 2-minute interviews focusing on the reflection of current non-verbally expressed feelings. Emphasize the forming of these reflections in the form of statements rather than questions, the attention to including words or expression that express the intensity of the feeling and the use of the present tense and personal pronouns.

1 hr. E. Facilitating exploration of hesitant or conflicting expressions of feeling. Follow microcounseling format using 2-minute interviews emphasizing the confrontation of incongruence between verbal and non-verbal behaviors and giving permission to express feelings. See list for specific behaviors.

1 hr. F. Self-disclosure as a means of communicating empathic understanding. Follow microcounseling format. Emphasize sensitivity required and the value of here and now disclosures as low level feedback.

10 min. G. Review the good and bad global model videotape.

50 min. H. Make and view 2-3 minutes videotaped practice interviews focusing on incorporating all of the emphasized behaviors in communicating high levels of empathy.

4 hrs. III. Genuineness Skills Training.

(3 hrs.) A. View the good and bad global model videotape and discuss the behaviors involved. Emphasize the tendency to retreat to a professional role when dealing with a personally difficult interaction or area and reemphasize the importance of respect non-verbals.

40 min. B. Ask each person to consider ways they subtly avoid showing their real reactions in interactions that are difficult for them and to conduct a 2-minute videotaped interview as if they were making a poor genuineness model tape for themselves. View and discuss their tape.

1 hr. C. Feedback skill.

(40 min.) Practice this skill using the microcounseling format and 2-3 minute interviews.

20 min. D. Ask each trainee to spend a few minutes fantasizing what
would be the most difficult topic area and kind of person for him/her to relate to in helpful, genuine way. Ask them to write a brief 2-3 minute sentence description of this situation on a card. Each person should then choose a partner, exchange cards, and spend a couple of minutes elaborating and exploring the fantasy.

Each person will then conduct a 3-4 minute videotaped interview with their partner who will role play that person's feared situation. Review the skill of confrontation. The groups task will be to use this skill, focused on inconsistencies in the Interviewer's behavior, as the videotapes are viewed and discussed. Also the interviewer will be encouraged to really look at his/her reactions.

The purpose of the group sessions are to continue the process, which is particularly vital to genuine communication, of becoming comfortable with, being aware of and expressing one's own feelings and to provide a situation to practice integrating all three dimensions and to specifically reinforce and redirect the use of the trained behaviors as they occur. The attention is thus on the feelings discussed but also, to a considerable extent, on the ways they are being discussed. The strong emphasis is on everyone attempting to be as respectful, empathic and genuine as possible and providing helpful feedback to one another.

Lists of the behavioral components of W-R, E and G are included here. For further details, consult the training manual, "Enriching Intimacy: a behavioral approach. A relationship skills training manual" (Authier and Gustafson 1973), which is available from the authors.
Behavioral Components of Warmth-Respect Listed by Purpose

Communicating willingness to listen

1. varied eye contact
2. relaxed posture
3. appropriate, comfortable gestures
4. rotation towards
5. lean forward
6. seating distance

Communicating interest and facilitating the client's telling of his/her own story

1. head nods
2. facial expression of interest
3. voice tone
4. avoidance of interruptions
5. repetition of key words
6. single questions
7. open questions
8. paraphrasing

Communicating respect for the individual's worth, integrity, and abilities

1. use of non-evaluative and non-absolute language
2. use of his/her name
3. positive statements about the client
4. avoidance of stereotyped gestures and responses
5. leaving options to the client
BEHAVIORAL COMPONENTS OF EMPATHY

Two important dimensions
- feeling vs. event or fact dimension
- distance or intensity dimension

**Nonverbal** - built on a basis of Respect non-verbals but differs in intensity, congruence of vocal tone, pace and volume

- eye contact - longer?
- seating distance - closer
- lean forward - more including possibly touching
- facial expression of more than interest
- degree of body tension communicating more involvement
- gestures towards self

**Verbal**

- focus of comments and questions on the feeling content rather than the event or fact content of the person's verbalizations
- his feelings more than a specific someone else's feeling, feelings of people in general or feelings as abstractions
- her feeling now more than earlier today, more than distant past

- reflecting the current feeling particularly those expressed non-verbally

- use of words or expressions that express the intensity of the feeling
  - i.e., word choice - furious vs. annoyed
  - adjective and adverbs - really, very, slightly
  - slang or exclamations - wow

- use of present tense and personal pronouns

- make a statement rather than ask a question - note: specificity of emotion and tentativeness of expression

  - I'm sensing ...., Hearing ...., Wondering ....
  - It sounds like ...., seems ..... 

- self-disclosure
  - then and there
  - here and now

- expression of similarity with awareness of differences - not discounting or prescribing

- confrontation for incongruence between verbal and non-verbal behaviors

- giving permission to express feeling
  - directly
  - strength confrontation
  - Acknowledgment of difficulty in expressing feelings
BEHAVIORAL COMPONENTS OF GENUINENESS

Reemphasize respect non-verbals

- Participation in an interview presupposes a genuine willingness to at least listen. Without this, the basic interaction is ingenuine.

Congruence between interviewees verbal and non-verbal behaviors

- voice tone, gestures, facial expression, etc. match verbal content
- lack of defensive use of professional facade and language to avoid difficult topics or awareness and communication of one's own feelings
- admits lack of understanding
- asks for clarifications
- acknowledgment of limitations as well as realistic potential for helping

Feedback

- communicates willingness to look at feeling and share own reactions by considering his/her own role in the immediate interaction.

Confrontations

- emphasis on trainee manner in confronting.
Appendix D

The Group Assessment of Interpersonal Traits (GAIT)

Procedure: Six people meet in structured groups where they perform several interpersonal tasks and prepare systematic descriptions of each other. The members are asked to think of two immediate interpersonal concerns that they could share with the group and to state them briefly in writing. These self-descriptive statements are used as catalysts to start dialogues between pairs of group members: One person elaborates or explores his own written statement as his partner attempts to understand feelings. The procedure is as follows:

(1) The applicants sit in a circle and wear letter tags. "Mr. A" begins by reading one of his statements to the group. He is designated as "the Discloser."

(2) Any member can spontaneously respond to the Discloser and engage in a four-minute dialogue. He is called "the Understander." The remainder of the group should be asked to remain silent.

(3) In the rare instance (about 1 in 75) where no response is offered to the Discloser's first statement within a minute, the Discloser should be asked to read his second statement.

(4) When the four-minute dialogue has terminated, the Understander tries a brief (30 seconds) recap of the interaction with a focus on his own style of listening.

(5) The recap is followed by the Discloser's re-reading of his initial statement. This contrast between initial statement and recap gives the group a sharper view of the Understander's grasp of the situation and his success at facilitating the expansion of the problem presented.
(6) The recap ends the first dyadic interaction. A second dyad is formed as "Mr. B" becomes the Discloser and anyone who has not been an Understander responds to him. The group continues to form dyads in this manner until everyone in the circle has performed both tasks.

(7) When finished, the group has observed each of its members performing in the Understander and Discloser roles. All have attempted to be genuine and understanding in a mild stress situation. At this point they are asked to rate each other (but not themselves) on socio-metric scales describing interpersonal traits: Understanding, Openness, Acceptance, Rigidity, etc. The same scale is used by attending staff members to rate group members. The scale is included here.

(8) Finally, when the ratings are completed, the group is open for free discussion, with the staff answering questions. The entire procedure takes about an hour.

Scoring Method: The percentage of observers that rate an individual on the positive half of the six-statement GAIT scale is computed for each of the seven items and for a composite index, labeled Therapeutic Talent, consisting of items #1, 3, and 5. This yields a simple index of positive endorsement for each item, a "yes" score is given any rating from "I feel this is probably like him, or more like him than not" to "... very much like him." This collapses the six-step scale into a two-step dichotomous scale. The potential range is 0 to 100%. The percentage of endorsement are computed separately for members and staff observers.

Adapted from Goodman (1972).
Group Description Scale

Instructions. We want your impressions of every group member (except yourself). Please give us your best guesses and speculations on the first eight items. Indicate how each person appears to you from his behavior in today's group. Many items have three descriptive words. If one word doesn't seem to fit the pattern of the other two, then just use the other two words. It's the meaning of the item that we want you to use. We cannot elaborate on these items. Answer every item for every person.

Start with the first item, "I feel he understands what others really mean," and rate group member A. Continue using this same item and rate all the members in the group. When you have finished rating each group member on the first item, then move on to the second item, "He seems sad, blue, discontented," and rate each person on this one item. Then proceed to the third item and then on down the page using the same procedure. It is important that you rate all persons on one item before moving on to the next.

Place one or more plus (+) or minus (-) marks in each square to represent the following answers:

+++ I feel this is very much like him.  ---I feel this is probably not like him, or more unlike than like him.

++ I feel this is like him.  ----I feel this is not like him.

+ I feel this is probably like him, or more like him than not.  ---I feel this is very much not like him.

After completing items 1-8, tell us which four applicants you feel might make the best counselors, which might be most successful with an emotionally troubled person. Indicate your choices in order by numbering them 1 through 4. Since we cannot be certain of what makes a good counselor, we can't expect you to be sure of your guesses either. Use your intuition so we can compare it with ours.

GROUP MEMBERS

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<tr>
<th>ITEMS</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<td>1. I feel he understands what others really mean.</td>
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<td>2. He seems sad, blue, discontented.</td>
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3. He appears honest, frank, emotionally open.

4. I see him as a mild, reserved, quiet person.

5. He seems warm, patient, and accepting.

6. He appears set in his ways.

7. I see him as a relaxed, easy-going person.

8. Indicate in order of preference (1, 2, 3, 4) the four students you feel would make the best counselors.

From Goodman (1972).
Appendix E

**THERAPIST-PATIENT RELATIONSHIP QUESTIONNAIRE**

People feel differently about some people than they do about others. There are a number of statements below that describe a variety of ways that one person may feel about another person, or ways that one person may act toward another person. Consider each statement carefully and decide whether it is true or false when applied to your present relationship with your counselor. If the statement seems to be mostly true, then mark it true; if it is mostly not true, then mark it false.

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<td>T</td>
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<td>1.</td>
<td>He understands my words, but does not know how I feel.</td>
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<td>He understands me.</td>
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<td>He understands exactly how I see things.</td>
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<td>He often misunderstands what I am trying to say.</td>
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<td>Sometimes he will argue with me just to prove he is right.</td>
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<td>He can read me like a book.</td>
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<td>7.</td>
<td>He ignores some of my feelings.</td>
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<td>He knows more about me than I do about myself.</td>
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<td>9.</td>
<td>Sometimes he is so much &quot;like me&quot; in my feelings that I am not at all distracted by his presence.</td>
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<td>10.</td>
<td>Even when I cannot say quite what I mean, he knows how I feel.</td>
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<td>11.</td>
<td>He usually helps me to know how I am feeling by putting my feelings into words for me.</td>
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<td>He must understand me, but I often think he is wrong.</td>
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<td>13.</td>
<td>He seems to follow almost every feeling I have while I am with him.</td>
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<td>14.</td>
<td>He usually uses just the right words when he tries to understand how I am feeling.</td>
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<td>Sometimes he is so much &quot;with me&quot; that with only the slightest hint he is able to accurately sense some of my deepest feelings.</td>
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16. I often cannot understand what he is trying to tell me.

17. Whatever he says usually fits right in with what I am feeling.

18. He sometimes seems more interested in what he himself says than in what I say.

19. He sometimes pretends to understand me, when he really does not.

20. He usually knows exactly what I mean, sometimes even before I finish saying it.

21. He often leads me into talking about some of my deepest feelings.

22. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings.

23. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of.

24. I can learn a lot about myself from talking with him.

25. When he sees me, he seems to be "just doing a job."

26. He never knows when to stop talking about something which is not very meaningful to me.

27. He sometimes cuts me off abruptly just when I am leading up to something very important to me.

28. If I had a chance to talk with a different counselor, I would.

29. He uses the same words over and over again, till I am bored.

Adapted from Truax and Carkhuff, 1967.
Appendix F

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT

Definition: Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. It is not necessary--indeed it would seem undesirable--for the therapist to share the client's feelings in any sense that would require him to feel the same emotions. It is instead an appreciation and a sensitive awareness of those feelings that the client is experiencing.

Instructions: Please read the following levels of empathic understanding very carefully and then rate the preceding interview on a scale ranging from 1 to 5. Circle a rating of 5 if level 5 is most characteristic of the therapist's empathic understanding, a 2, 3, or 4 if the therapist's empathic understanding is characterized by one of these intermediate levels, and level 1 if the therapist failed to demonstrate empathic understanding.

Level 1: The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

Examples: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2: While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person.

Examples: The first person may communicate some awareness of obvious surface feelings of the second person, but his communication drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.
Level 3 The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

Examples: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4 The responses of the first person add noticeably to the expressions of the first person(s) in such a way as to express feelings a level deeper than the second person was able to express himself.

Example: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5 The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feeling levels below what the person himself was able to express, or (2) in the event of on-going deep self-exploration on the second person's part, to be fully with him in his deepest moments.

Example: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

Adapted from Carkhuff (1969).
Appendix G

THE COMMUNICATION OF RESPECT (NONPOSSESSIVE WARMTH) IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT

Definition: The dimension of non-possessive warmth or unconditional positive regard, ranges from a high level where the therapist warmly accepts the patient's experience as part of that person, without imposing conditions; to a low level where the therapist evaluates a patient or his feelings, expresses dislike or disapproval or expresses warmth in a selective and evaluative way.

Instructions: Please read the following levels of respect and non-possessive warmth very carefully and then rate the preceding interview on a scale ranging from 1 to 5. Circle a rating of 5 if level 5 is most characteristic of the therapist's respect and non-possessive warmth, a 2, 3, or 4 if the therapist's respect and non-possessive warmth is characterized by one of these intermediate levels and level 1 if the therapist failed to demonstrate respect and non-possessive warmth.

Level 1 The verbal and behavioral expressions of the first person communicates a clear lack of respect (or negative regard for the second person(s)).

Example: The first person communicates to the second person that the second person's feelings and experiences are not worthy of consideration or that the second person is not capable of acting constructively. The first person may become the sole focus of evaluation.

In summary, in many ways the first person communicates a total lack of respect for the feelings, experiences, and potentials of the second person.

Level 2 The first person responds to the second person in such a way as to communicate little respect for the feelings, experiences, and potentials of the second person.

Example: The first person may respond mechanically or passively or ignore many of the feelings of the second person.

In summary, in many ways the first person displays a lack of respect and concern for the second person's feelings, experiences, and potentials.

Level 3 The first person communicates a positive respect and concern for the second person's feelings, experiences, and potentials.
Example: The first person communicates respect and concern for the second person's ability to express himself and to deal constructively with his life situation.

In summary, in many ways the first person communicates that who the second person is and what he does matter to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4 The facilitator clearly communicates a very deep respect and concern for the second person.

Example: The facilitator's responses enables the second person to feel free to be himself and to experience being valued as an individual.

In summary, the facilitator communicated a very deep caring for the feeling, experiences, and potentials of the second person.

Level 5 The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual.

Example: The facilitator cares very deeply for the human potentials of the second person.

In summary, the facilitator is committed to the value of the other person as a human being.

Adapted from Carkhuff (1969).
Appendix II

FACILITATIVE GENUINENESS IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Definition: "Being himself" simply means that at the moment the therapist is really whatever his response denotes. It does not mean that the therapist must disclose his total self, but only that whatever he does show is a real aspect of himself, not a response growing out of defensiveness or a merely "professional" response that has been learned repeated.

Instructions: Please read the following levels of genuineness very carefully and then rate the proceeding interview on a scale ranging from 1 to 5. Circle a rating of 5 if level 5 is most characteristic of the therapist's genuineness, a 2, 3, or 4 if the therapist's genuineness is characterized by one of these intermediate levels and level 1 if the therapist failed to demonstrate genuineness.

Level 1 The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person.

Example: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality. Where he is defensive, he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

In summary, there is evidence of a considerable discrepancy between the inner experiencing of the first person(s) and his current verbalizations. Where there is no discrepancy, the first person's reactions are employed solely in a destructive fashion.

Level 2 The first person's verbalizations are slightly unrelated to what he is feeling at the moment, or when his responses are genuine, they are negative in regard to the second person; the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

Example: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed role rather than expressing what he personally feels or means. When he is genuine, his responses are negative and he is unable to employ them as a basis for further inquiry.
Level 3  The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

Example: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary: The first person appears to make appropriate responses that do not seem insincere but that do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4  The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the second person(s).

Example: The facilitator's expressions are congruent with his feelings, although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings, and there is no doubt as to whether he really means what he says. He is able to employ his responses whatever their emotional content, as a basis for further inquiry into the relationship.

Level 5  The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s).

Example: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful. In the event of hurtful responses the facilitator's comments are employed constructively to open a further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

Adapted from Carkhuff (1969).
Appendix I

The "Ideal Therapeutic Relationship" Scale

Fourteen statements are listed below which have been identified as being most characteristic of the "ideal therapeutic relationship." Please rate your preceding interview on a scale ranging from 1 to 5 along each of these dimensions. Circle a rating of 5 if the interview is highly characterized by the statement, an intermediate rating if the interview is somewhat characterized by the statement, and a 1 if the statement is not a characteristic of the interview.

1. An empathic relationship existed between the therapist and I.
   1-----2-----3-----4-----5

2. The therapist and I related well.
   1-----2-----3-----4-----5

3. The therapist stuck closely to my problems.
   1-----2-----3-----4-----5

4. I felt free to say what I liked.
   1-----2-----3-----4-----5

5. An atmosphere of mutual trust and confidence existed between the therapist and me.
   1-----2-----3-----4-----5

6. Rapport existed between the therapist and me.
   1-----2-----3-----4-----5

7. I felt free to assume an active role.
   1-----2-----3-----4-----5

8. The therapist left me free to make my own choices.
   1-----2-----3-----4-----5

9. The therapist accepted all my feelings which I expressed as completely normal and understandable.
   1-----2-----3-----4-----5

10. The therapist manifested a tolerant attitude toward me.
    1-----2-----3-----4-----5

11. The therapist was understanding.
    1-----2-----3-----4-----5

12. I felt that I was really understood.
    1-----2-----3-----4-----5
13. The therapist was really able to understand me.
   1------2------3------4------5
14. The therapist really tried to understand my feelings.
   1------2------3------4------5
Appendix J

STUDENT-SUPERVISOR RELATIONSHIP QUESTIONNAIRE

My instructor's name was: _________________________________________

| Direction: Please mark each item "true" or "false", depending upon whether you feel it describes the way you feel about your interview-training instructor. |
|---|---|
| T | F |
| 1. He seems to hold things back, rather than tell me what he really thinks. |   |
| 2. He understands exactly how I see things. |   |
| 3. Sometimes he seems interested in me, while at other times he doesn't seem to care about me. |   |
| 4. He often misunderstands what I am trying to say. |   |
| 5. Sometimes I feel that what he says to me is very different from the way he really feels. |   |
| 6. He usually is not interested in what I have to say. |   |
| 7. He is a very sincere person. |   |
| 8. He accepts me the way I am, even though he wants me to be better. |   |
| 9. He often leads me into talking about some of my deepest feelings. |   |
| 10. If I had a chance to study under a different instructor, I would. |   |
| 11. He frequently acts so restless that I get the feeling he can hardly wait for the day to end. |   |
| 12. He is always relaxed. I don't think anything could get him excited. |   |
| 13. He gives me so much advice that I sometimes feel overwhelmed. |   |
| 14. He never says anything that makes him sound like a real person. |   |
| 15. He probably laughs about the things I have said to him. |   |
| 16. His concern about me is very obvious. |   |
17. He acts like he knows it all.

18. Often he makes me feel stupid, the way he uses strange or big words.

Adapted from Truax and Carkhuff (1967).
Appendix K

INTERVIEW INSTRUCTOR EVALUATION QUESTIONNAIRE
by George Saslow, M.D., Ph.D.

Instructor's name ____________________________ Date ____________________________

Please place the appropriate number next to the question and answer all questions. Thank you.

Never 1 2 3 4 5 Always

1. The instructor makes clear to me what I'm expected to learn.

2. The teacher is able to explain concepts in a way I can understand.

3. The teacher can demonstrate for me applications of these concepts.

4. The instructor is aware of what stage I am at in the learning process.

5. The instructor gives me prompt feedback and constructive criticism.

6. The instructor helps me move on to the next higher step in my learning process in a way that makes good sense.

7. The instructor allows me to make a try at the material to be learned with a minimum fear of penalty for making an error.

8. If while learning I should make a mistake, I feel the instructor would support me and help me learn from the mistake.

9. The instructor takes some personal and/or professional risk in allowing me to make mistakes.

10. The instructor involves himself--his skill, his knowledge, his feelings--in the learning process with his group.

11. The instructor deals honestly with me and with what is taking place at the moment in the group.
12. The instructor has a good knowledge of his subject.

13. The instructor seems not to care how I learn the material as much as that I learn the material.

14. The instructor seems to fit naturally into the teaching role.

15. Rate the overall effectiveness of this teacher for you.

COMMENTS: Any additional observations that could be helpful to the instructor in improving his instructional competence are welcomed.
Appendix L

TRAINING PROGRAM EVALUATION

Rate each question on a scale of 1 to 5 where 1 indicates the lowest or poorest rating and 5 indicates the highest or best rating. Please circle your answers.

1. Are the objectives of the program clear? 1 2 3 4 5

2. How relevant do you see this program to your professional training? 1 2 3 4 5

3. Now that you have completed the program, would you recommend it to someone who did not have to take it? 1 2 3 4 5

4. Rate your effort to learn and understand the materials and/or concepts presented in this program. 1. No effort 2. Below average 3. Average 4. Above average 5. Maximum effort

5. How useful have you found the skills in your patient contacts? 1 2 3 4 5

6. Have you become aware of implications of the subject matter in your own life? 1 2 3 4 5

7. Have you had discussions of related topics outside the class? 1 2 3 4 5

8. Have you developed increased sensitivity to the feeling aspects of other communication? 1 2 3 4 5

9. Have you developed increased awareness and comfort with your own feelings and reactions? 1 2 3 4 5

10. Overall, how would you rate the training program? 1 2 3 4 5

Rate the effectiveness of each of the following program components in helping you accomplish the goals of the program. (Items 11-15 differed for the two training programs as the program components were different.)

EI-11. the written manual 1 2 3 4 5

EI-12. the model tapes 1 2 3 4 5
EI-13. the practice interviews of another student

| 1 | 2 | 3 | 4 | 5 |

EI-14. immediate videotape replay of practice interviews

| 1 | 2 | 3 | 4 | 5 |

EI-15. audio and video tapes of client stimuli

| 1 | 2 | 3 | 4 | 5 |

ED-11. the written rating scales

| 1 | 2 | 3 | 4 | 5 |

ED-12. rating of audio taped interactions

| 1 | 2 | 3 | 4 | 5 |

ED-13. responding to audio taped patient statements and rating such responses

| 1 | 2 | 3 | 4 | 5 |

ED-14. practice interviews of fellow student

| 1 | 2 | 3 | 4 | 5 |

ED-15. replay and rating of taped interview of fellow student

| 1 | 2 | 3 | 4 | 5 |

16. supervisors comments

| 1 | 2 | 3 | 4 | 5 |

17. other participants comments

| 1 | 2 | 3 | 4 | 5 |

18. pre- and post- patient interviews

| 1 | 2 | 3 | 4 | 5 |

19. group section during final two classes

| 1 | 2 | 3 | 4 | 5 |

20. of the 8 components listed above, list in order the three most helpful parts:

1. (most helpful)

2.

3.

Rate the following areas for each of the global skills:

**Respect-Warmth**

| useless | essential |

21. How valuable or relevant do you see this skill?  

| 1 | 2 | 3 | 4 | 5 |

22. Rate your understanding of the definition of this skill.

| 1 | 2 | 3 | 4 | 5 |

23. Rate your performance level of this skill before training.

| 1 | 2 | 3 | 4 | 5 |
24. Rate your present level of performance of this skill.

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Empathy

25. Value

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26. Understanding

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27. Prior performance level

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28. Present performance level

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Genuineness

29. Value

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30. Understanding

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31. Prior performance level

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32. Present performance level

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Please add your own comments on any aspect of the program you liked or disliked, improvements you could suggest, things you became aware of, personal gains . . . anything you want to add. Thank you!