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The microtraining paradigm in the instruction of junior high school students in attending behavior.

Ernest Edward Aldridge

University of Massachusetts Amherst

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ABSTRACT

The purpose of this study was to demonstrate the effectiveness of the microcounseling technique in teaching attending behavior to ninth grade junior high school students. Thirty-two students were randomly assigned to an experimental and a control group with a further randomization as to the role of counselor-trainee or client. The experimental design involved pre- and post-test conditions for which ratings were obtained on non-verbal and verbal aspects of attending behavior for counselor-trainees. A further rating involved a completion of a Counselor Effectiveness Scale on each trainee by his assigned client. A change or improvement score was computed, employing the t test to determine the significance of differences for 13 of 14 variables subjected to study. Results of the study disclose significance of difference on 7 of the variables for the experimental group with no significance noted for control group. A further important aspect was the successful development and employment of a behavior count for non-verbal aspects of attending behavior. Results are deemed as conclusive that attending behavior can be taught ninth grade junior high school students.
THE MICROTRAINING PARADIGM IN THE INSTRUCTION OF JUNIOR HIGH SCHOOL STUDENTS IN ATTENDING BEHAVIOR

A Dissertation Presented by

Ernest Edward Aldridge

Submitted to the Graduate School of the University of Massachusetts In Partial Fulfillment of the Requirements For the Degree of DOCTOR OF EDUCATION

October, 1971

Major Subject: Guidance and Counseling
THE MICROTRAINING PARADIGM IN THE INSTRUCTION OF JUNIOR HIGH SCHOOL STUDENTS IN ATTENDING BEHAVIOR

A Dissertation Presented

by

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Ernest Edward Aldrige
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CHAPTER I
PURPOSE OF THE STUDY

The purpose of this study was to demonstrate the effectiveness of the microcounseling technique in teaching a basic human relations skill, that of attending behavior, to the ninth grade junior high school student.

The method, technique, and skill to be taught followed that developed and used by Ivey, Normington, Miller, Morrill, and Haase (1968) in the teaching of attending behavior to pre-practicum counseling students at the graduate level. The study differed from that of Ivey's et al. (1968) in that a younger, less sophisticated age group was employed.

The Need

The teaching of human relations skills such as attending behavior to a younger-aged group was viewed as particularly important. Osterreith (1969) took note of the adolescent position of being "caught" between childhood and adulthood with no well-defined status. Others, such as Anna Freud (1958), Blos (1962), and Erikson (1956) treated the critical developmental phase of adolescence as a time when many changes occur in a period of transition from the child to the adult. The social relations of the adolescent have been described as extremely complex and having many ramifications and difficulties. His social situation is a particularly difficult one in that he appears to live both in the world of childhood and that of the adult. In a period of rapid
growth and physiological change, the adolescent finds himself being treated at times as a child while at other times as more responsible and capable. He seeks to assert himself as a person, yet feels the need for parental approval. He is concerned for the future, has an increased sex drive due to hormonal changes, seeks acceptance of peer group, and is expected to display appropriate social skills (Bernard 1957).

The study of the Joint Commission on Mental Health (1970) took note of the mounting social, biological, and emotional pressures of this developmental stage. The study pointed out the need for satisfying and satisfactory relations with others; the need for open, free, verbal communication between parent and child; and that integrated learning which is lasting and useable to the child must be addressed to his emotional and social needs as well as to his intellectual and rational ones. This report, however, did not spell out in behavioral terms avenues to meet these objectives. Human relations training, in contrast, identifies, objectively defines, and outlines procedures that may be followed in the teaching of needed skills.

Ivey and Weinstein (1970) noted the need for emotional as well as intellectual and physical stimulation in the education of children. The authors in dialogue took note of psychological growth and behavioral skills as having relevance for an increase of effectiveness in interpersonal relations. They suggested initiating programs which would help children in intrapersonal and interpersonal relationships. Among those described were teaching
the individual how to relax, take a self-inventory, listen, and develop alternate ways of looking at the world. The authors, while denoting relevant human relationship skills, did not include in their dialogue detailed programs for the teaching of these skills.

It may be said in summary that the need for human relations skills is noted in the findings of the Joint Commission on Mental Health Study of Children (1969). The study, while calling attention to the need, offered no defined program as to how it is to be accomplished. An added impetus to such a need was noted in those treating the adolescent phase of development as a complex, critical one (Freud 1958; Blos 1962; Erikson 1956; and Bernard 1958) for which there was an absence of a well-defined social status. Osterreith (1969), Ivey and Weinstein (1970) while identifying relevant human relations skills, did not provide a systematized training program for the teaching of the skills noted.

The Skill To Be Taught

Training in attending behavior was viewed by the investigator as particularly appropriate to the adolescent stage of development. It was a common observation that the adolescent who displayed skill in relating to others was made more welcome, was more warmly accepted and received by peers and adults than those lacking in such skills. The acceptance and approval received from others lessened the impact of tension and frustration experienced in adolescence. It further promoted a greater self-acceptance as a person of worth, of a person who can achieve. In contrast, the adolescent who was lacking in social skill, such as that of attending behavior, found himself
not as readily accepted by peers or adults. This led to increased frustration, tension, and a likelihood of the acting out of feelings of hurt and rejection (Coleman 1964, pp. 142-143).

Attending behavior, as cited in Ivey's et al. (1968) study consisted of three central aspects which included non-verbal and verbal components. The first, that of the non-verbal, was defined as eye contact in which the person simply looked at the other. Secondly, it involved postural position, movements and gestures that communicated attentiveness. Verbal components were described as representing the person's responding to the last comment or some preceding comment of the client without introducing new data. As Ivey noted in the study, one of the basic tasks in any human encounter was the need to relax, pay attention to others, and refrain from jumping from topic to topic.

As may be noted from the foregoing, the non-verbal and verbal components of attending behavior appeared to have relevance to the findings of the Joint Commission on Mental Health (1969) in regard to satisfying and satisfactory relations with others. The skill to be taught was identifiable and was delineated as to how it may be taught.

Microcounseling Model

The microcounseling model as developed and employed by Ivey, Normington, Miller, Morrill, and Haase (1968) represented a scaled-down sample of counseling in which neophyte counselors were taught specific counseling or behavioral skills. Counselor and client talked for an initial five minute period in a counseling session
which was videotaped. Following this initial taping session, the counselor-trainee was given instructions in the skill. He was presented with written materials and reviewed his initial interview tape. An instructor-trainer interacted with the counselor-trainee to promote and encourage an acquisition of the skill sought. By modeling, encouragement, and praise, the trainer-supervisor reinforced the neophyte counselor's efforts. Following the training period, the counselor-trainee reinterviewed the same client for a second five minute session. The client after each session absented himself to complete a rating on the counselor-trainee. The entire procedure was of an approximate hour's duration.

It may be seen from the foregoing that the microcounseling model made use of cue discrimination in the form of live models (Bandura and Walters 1963), written material, trainer-supervisor interaction, and operant techniques, whereby the counselor-trainee received appropriate recognition and encouragement as he displayed or modeled the target skill. Allen, Clark, Cooper, Stroud, and Fortune (1967) identified and employed microteaching as a method of teacher training. Bandura and Walters (1963) and Bandura (1969) have amply demonstrated the worth of modeling and cue discrimination as a factor in social learning, while Skinner (1963, 1968), Reynolds (1968), and Staats and Staats (1963), Ullman and Krasner (1965) discussed and demonstrated the value of operant conditioning and reinforcement in teaching, learning, and behavioral modification.

The microteaching model has been employed by Sadker (1971) in an integrated approach with a token economy. Elementary students were taught to ask higher order questions which involved evaluation,
problem solving, seeking cause and effect relationships, comparisons, and divergent open-ended thinking. She noted marked improvement in questioning behavior among those trained as compared to those students who received no training. Moreland (1971) compared microcounseling with traditional psychiatric training using second year medical students who were also enrolled in an introductory psychiatry course. He noted that the microcounseling group showed more improvement on attending behavior rating scale and quantity of reflection of feeling and other variables. Haase, DiMattia, and Guttman (1971) conducted a one year follow-up study on paraprofessional trainees who had been trained in attending behavior, expression of feeling, and reflection of feeling. They noted non-verbal aspects of attending behavior and the verbal construct still high while some regression was noted for the remaining variables.

The microcounseling model has been demonstrated as having an applicability for the elementary school child and older age groups. Notably lacking, however, was the application of its principles and techniques on the adolescent or junior high school student (Ivey 1971). This group, as previously noted, was without a well-defined social status (Osterreith 1969) and was subjected to increasing social, biological, and emotional pressures differing from that of the child and later adult (Freud 1958; Blos 1962; Erikson 1956; and Bernard 1957). The employment of the microcounseling model in the teaching of attending behavior was viewed as of particular importance in that it served to demonstrate a basic human relations skill may be taught the junior high school student and, further, that the techniques have an applicability for
this age level.

Much of the research accomplished on microtraining has relied on generalized ratings on five point scales of specified counselor behaviors. This study differed in that a behavioral count was developed and employed by the investigator. While reliability has been described by Ivey (1971) as satisfactory on the use of subjective scales, microcounseling studies have not used more precise objective measurement of the variables subjected to study. The employment of a behavioral count permitted a more objective evaluation of the variables involved in the study.

Summary

The purpose of this study was to demonstrate the effectiveness of the microcounseling technique in the teaching of a basic human relations skill, that of attending behavior, to the ninth grade junior high school student.

The teaching of attending behavior to a younger aged group, that of the junior high teenage group, was viewed as particularly important in that social relations of the adolescent have been described as more complex and variable than those of the younger child or the adult. The Joint Commission on Mental Health has pointed out the need for satisfying and satisfactory relationships with other.

Ivey's studies and those of others have demonstrated that skills may be identified and taught which pertain to behavioral relationships. The microcounseling technique employed in this study has proven useful and needs to be tested with a new, younger
group. If effective, support may be found for the following major premise of this study:

A junior high school population may be taught the techniques of attending behavior through the microcounseling model.
Human relations skills have long been recognized for their value and worth in man's interactions with society and its institutions. Much attention is accorded the subject on television, radio, the contemporary press, and in the academic process. Despite the attention and recognition given the subject, one notes from the reviews and literature sporadic efforts in effecting programs to teach or instruct in the area. Education for human relations training has been like that for the counselor-therapist. It has followed along rigid lines, has been lacking in concretely-defined behavior, and has sought to teach complex skills on an all-at-once basis.

This chapter will outline the importance and validity of utilizing the microcounseling model in the direct instruction of adolescents in human relations skills. Since microcounseling research grew out of the counseling literature, this area will be examined first. A summary of the development of the microcounseling model will be presented along with an examination of research studies in this field. This will be followed by a brief summary of several alternative approaches to teaching children skills of human relations. A summary will integrate these data and provide a rationale for attempting to utilize the microcounseling model as an alternative program for human relations training.

Moreland (1971) provides an excellent conceptualization of microcounseling foundations as cited in Ivey's (1971, pp. 17-39)
text. His review served to provide an impetus and structure for the material that follows while calling attention to the more traditional training models. Additional to Moreland's (1971) efforts is that of R. G. Matarazzo's (1971) article which calls attention to current research, teaching, and learning in psychotherapy.

Counselor Training - A Historical Perspective

In examining counselor-training literature, both past and present, one notes a common pervasive theme—the counselor-therapist by virtue of training and experience is expected to serve as an authority in the bringing about of an increased effectiveness in his client's or patient's mode of adjustment. The counselor-therapist in his interaction with his client or patient has as one of his major objectives improvement in the client's interpersonal skills so as to effect tension reduction and increased effectiveness in relating. Harry Stack Sullivan (1953) accorded interpersonal relations as the proper study of psychiatry. He took note of the fact that the psychiatrist must be skillful and competent in the understanding and application of human relationship skills.

Despite a recognition of the importance and value of skill training, shortcomings are noted. This is particularly apparent in counselor-therapist training which has served as a model for human relations skills. Programs for training, as previously noted, have tended to follow rigid lines, to be lacking in concretely-defined behavior, and lastly to attempt to teach complex interpersonal skills on an all-at-once basis. A review of the literature
along with the more traditional training models for the counselor-therapist serves to illustrate from a historical perspective the shortcomings encountered.

Rogers (1957) noted a major failing which appeared much evident at the time of his review. He noted a paucity of research interest on the part of psychologists in the training of individuals in psychotherapy. He commented somewhat ironically of the field as being characterized by a "paucity of research and a plenitude of platitudes," (p.76). Matarazzo, Weins, Saslow (1966) noted in their overall review of the literature that essentially there was no published research on the teaching of psychotherapy, the supervisory process, how learning takes place, and how to effectively teach psychotherapy. The authors did note many reports of training programs but concluded that many psychotherapists talk about teaching with but few reporting systematic innovations, comparisons of methods, and student skills before and after training (p.608). Whitely (1969) in his review of counselor education literature arrived at a somewhat similar conclusion. Meltzoff and Kornreich (1970) in a more recent review cite the need for training to meet professional standards. They, too, took note of the disagreement, nature, extent, and timing of training. The reviewers offer a revealing comment as to teaching, art, and psychotherapy as being fields of endeavor that are generally lacking in objective standards of effective performance. (pp. 273-274)
Traditional Counselor-Therapist Training Models

An examination of three of the more traditional training models for the counselor-therapist serves to illustrate the shortcomings noted by the reviewers. Each model—the psychoanalytic, the client-centered, and the experiential-didactic—continue to be used in student training.

The psychoanalytic training model makes use of a personal analysis for the student. It further includes extensive readings and attendance of lectures and seminars for the learning of psychoanalytic theory and concepts. Ekstein and Wallerstein (1958) provide a detailed report of the teaching method employed. The student, after having been exposed to many hours of training, is assigned a control patient for analysis. He is supervised in this endeavor as a part of his training by a supervisory training analyst. The student's training analyst provides supervision from subjective reports and observations of the student in relating to his patient.

This method of training, while laudatory in its goals and objectives, may be viewed as having several shortcomings. A major one is the reliance upon the student's process notes on what occurred in the therapy hour. His report, a subjective one, is apt to have distortions, as well as to be influenced by the student's forgetting and inattending. Further, he is expected to recognize transference and countertransference phenomena, as well as other facets of behavior which occur in his session with his patient. Supervision of training occurs after the fact, with the student
having to draw upon his own relationship with the training analysis as a model. An explicit and discreet behavioral model is not available, nor is the student directly observed in his interaction with his patient by the trainer. A modern extension of this model is provided by Kell and Mueller (1966) in their text, Impact and Change: A Study of Counseling Relationships.

Rogers' (1957a) client-centered model was more explicit and systematic in regard to the teaching of psychotherapy. He suggested the beginning counselor or therapist listen to tape recordings of experienced and inexperienced therapists, observe live therapy sessions, participate in group or undergo individual therapy himself, and lastly, be allowed to conduct therapy while supervised by an experienced therapist.

Rogers' (1957b, p. 87) orientation in training is experiential. He writes of the effective therapist as one who discovers and makes use of attitudes in himself which have proven effective or rewarding in his therapeutic experience.

Rogers' formulations are of particular note since he had offered a training program which included classroom studies as well as an opportunity to participate in an experiential training program. Although Rogers' program represented a large step, it did present shortcomings. What the student internalizes or incorporates as good or bad therapeutic skill is dependent upon his own feeling as to its applicability and meaningfulness. The student, although provided with many opportunities to observe and experience what constitutes good or bad tapes or observation of live therapy sessions of a like nature, is not provided with
an objective, discreet model as to what makes it good or bad.

Truax and Carkhuff (1967) developed a didactic-experiential training model which, in some measure, reflects the influence of Rogers. The authors took note of qualities which differentiated the successful from the unsuccessful therapist in the Wisconsin Schizophrenic Project completed in 1962 and 1963, and they incorporated these qualities as goals of training. Results of this study showed that positive therapeutic outcomes were noted for those patients who had been treated by therapists rated high on warmth, empathy, and genuineness. In contrast, patients treated by therapists rated low on these qualities did not improve and in some instances had worsened. (Truax and Carkhuff, 1967, pp. 83-89.)

Truax and Carkhuff (1967) proceeded to develop a training program to teach the student in these desirable therapist qualities. As in the Rogers' (1957a) approach, audiotape samples were employed. The tapes used were of selected counselor interviews which served to illustrate high and low qualities in regard to warmth, empathy, and genuineness. After having been exposed to the tapes and learning what constitutes the qualities of warmth, empathy, and genuineness, the student was next taught to rate these qualities from other tapes on a seven or nine point scale. Other features of the training program involved group therapy experience as well as the training supervisor's serving as a model by relating in a warm, genuine, empathic manner.

Truax and Carkhuff's training model, while incorporating a didactic-experiential approach, did not provide the student with
explicitly-defined behavior as to what constitutes empathy, warmth, and a genuineness. Their model assumes that the student, by having been exposed to their training program, will be able to incorporate these behaviors or qualities into their own counselor-therapist relationships.

Alternate Human Relations Programs

A variety of alternate human relations training models exist. Perhaps the oldest on-going model is that of parental efforts devoted to the influencing and training of their offspring's social skills and deportment. Other more formal efforts which differ from the more traditional models previously examined range from that of the individual behavioral approach to those involving group participation and interaction.

The behavioral approach is described by Krasner (1971) as seeking to directly modify or change individual behavior through an application of general psychological principles. Carkhuff (1967) writes of this approach as turning away from the mysteries of the inner man with a focus upon overt public behaviors (p. 91) and an application of learning theory translated into clinical application (p. 92). The behavior or change sought is in general specified as concretely-defined with a program as to how it is to be achieved. Ullmann and Krasner (1965) in their text present case studies in which the behavioral approach is used on both child and adult. Guerney (1969) in a more recent text includes studies in which non-professionals, i.e., peers, teachers, and parents are employed or used in an application of behavioral modification with children.
The group approach is also employed as an alternate effort in effecting human relations training. Frank and Powdermaker (1959) acknowledge a diversity of group methods which they generally describe as being distinguishable by five general methods in which there is much overlap. In the didactic group there is an emphasis upon learning with educational material being presented by a group leader as a basis for discussion. A second type is that of the Therapeutic Social Club which is conducted along parliamentary lines with elected officers and dues being paid by members. Professional leaders select members, attend all meetings, but remain in the background. The main purpose of the group is to increase members' skills in social participation so as to interrupt a vicious circle which may include damaged self-esteem and social withdrawal. Repressive inspirational groups make use of inspirational talks, relaxation exercises, group singing, or recitation as a means of building morale through strong group identification and arousal of positive group emotions. Psychodrama, as described by Moreno (1959), has the individual acting out under the guidance of a leader anxieties, frustrations, or fears that are of deep concern. In this method, role reversals may be played by the individual or he may play himself. Members of the audience may play roles which are of significance to the individual. The fifth type of group is described by Frank and Powdermaker as Free Interaction Group which varies according to the therapist orientation. An emphasis is made upon the creation or encouragement of an atmosphere conducive to an honest, free
expression of feeling.

Other more interesting variations of the group approach include that of the T group or sensitivity training group (Bradford, Gibb, and Beame, 1964). In sensitivity training or the T group, the focus is upon group process, the here and now. Group members meet together under a therapist or leader for the purpose of self-exploration and self-understanding. Other aspects involve simulation techniques such as role playing, guided group fantasies, so as to provide emotional experiencing by group members. A variation of the T group is that of the Marathon Group (Stoller, 1968) in which group members meet together from several hours up to two or three or more days. The purpose is to provide group members with intensive emotional experiences and an opportunity for personal growth and sensitivity to their own needs as well as those of others.

Microcounseling - A Training Alternative

A more recent innovation in training is that of microcounseling as developed by Ivey et al. (1968). The method and techniques employed provide an opportunity of flexibility in teaching complex interpersonal skills on a scaled-down basis and further provide a model as well as a description of the discreet behavioral skill to be taught. The microcounseling approach itself is viewed as having a particular relevance not only for counselor-therapist training, but is of further use in the direct teaching of human relations skills to the adolescent.

Ivey (1971) in a later text has pointed out that the breakthrough in the concept of attending behavior itself accrued from
the teaching of a secretary how to attend or respond more effectively in an interview situation. The secretary, an untrained and naive subject as to counselor procedures and techniques, was taught in two brief five minute videotaped sessions with impromptu instructions and a viewing of her initial interview tape. She learned how to effect a more relaxed, attentive posture, maintain eye contact, and verbally follow her client. The secretary was quite enthusiastic over what she had learned and reported herself as being more involved and receiving much personal satisfaction in interpersonal relationships with husband and friends. Her observations in this regard lend credence to an underlying assumption in Ivey's writings and research that counselor training procedures might be gainfully employed for teaching people in general (Ivey et al. 1968; Ivey, 1971).

Microcounseling derived from the concept and practice of microteaching developed at Stanford University (Allen, 1967). Allen and associates were concerned about the dimensions comprising the complex act of teaching. As Cooper and Stroud (1967) noted, teacher trainees taught via the microteaching model are subjected to a scaled-down version of classroom teaching with a lessened complexity than normally is encountered in regular classroom sessions. The trainee teaches brief lessons, ranging from five to twenty-five minutes' duration, to students who may range up to five in number. The briefness of the sessions is described as providing an opportunity to render a close supervisory relationship, while a videotaped recording may be used to provide immediate
feedback. The method further allows for the student's responsiveness and evaluation.

As noted by Ivey (1971), microcounseling is designed to bridge the gap between theory and practice. Several propositions are noted in accomplishing this; single skills of counseling are focused upon; the student is provided the opportunity for self-observation and confrontation after each training session; the trainee observes videotaped models in which specific skills are demonstrated; the method provides for the teaching from a wide diversity of theoretical and practical frameworks; and, lastly, the microtraining sessions present an opportunity to actively experience the behavior or specific skill being sought.

The basic microcounseling model involves several progressive steps. Initially, the trainee is told to interview or interact with a client in a five minute session which is videotaped. The client leaves the room to rate the trainee on the skill for which the student-trainee is receiving instructions. After the departure of the client, the student-trainee receives written instructions which specifically delineate the skill to be learned. In addition, a supervisor-trainer talks with the student about the session and the manual on the behavior or skill to be learned. The trainee is next shown good and bad videotaped examples of the target skill and then views his own initial videotaped session. He is then asked to identify or point out his success or failure in demonstrating the skill sought. The supervisor, an important variable in the process, serves to reward and reinforce the trainee's efforts while planning for the next session. The supervisor, himself,
serves as a model in the supervisor-trainee interaction. The trainee then engages in a second five minute videotaped session with his client, after which he receives feedback and evaluation from his final session.

Non-Verbal Communication

The inclusion in Ivey's et al. (1968) study of non-verbal aspects of attending behavior calls attention to its importance in interpersonal relationships. Davis (1970) in an article for the New York Times Magazine reports upon her interview with four pioneers in the field of body language--Birdwhistell, Scheflen, Goffman, and Kendon. In a popular vein she describes Birdwhistell's observations as to the spoken words constituting only 30 to 35 percent of the meaning in an interpersonal relationship, and of man's being a multi-sensorial being who occasionally verbalizes. Further elaborations in her interviews with these four kinescists include their general interest and observations on body language such as posture, gender signals, courtship, and quasi-courtship behavior.

Duncan (1969) in a more formalized review of non-verbal communication serves to call attention to the interesting work and studies accomplished in the area. He notes non-verbal behaviors as typically neglected but playing an important part in communication. His review of studies involving gestures and other body movements, including facial expressions, eye movement, and posture, are of a particular relevance.
Birdwhistell's (1952) system for transcribing body motion made possible the transcription of body motion or non-verbal communication. Birdwhistell (1970) described the employment of, and describes and illustrates the use of his shorthand symbols in reporting upon a filmed and taped interview involving an anthropologist interviewing a middle-aged mother and son interaction.

Studies of body movement or motion and gestures are noted in several relevant studies of interest. Ekman and Friesen (1967) took note of body motion cues as providing information on the nature and intensity of emotion. These involved body acts, body positions, facial expressions, and head orientation. Loeb (1968) noted a fist-like movement as being associated with angry content in a filmed segment of psychotherapy. Dittman (1962) took note of moods being differentiated by frequency of movement with differing body areas being active for differing moods.

Duncan's (1969) review of visual interaction cited Exline's studies in regard to the different patterns of visual interaction for male and female subjects. Duncan (1969) noted from the results of Exline and other investigators that eye contact occurred more frequently when speaking than when listening. Kendon (1967) reported upon unacquainted college students observed in a non-experimental setting. He noted that when individual A came to the end of an utterance, he would visually interact with individual B and continue to do this until B began to speak. In the event that this pattern did not occur at the end of A's utterance, individual B would tend to delay his response or else not respond. Mehrabian (1969)
concluded that the studies of Exline and colleagues (p. 364) on eye contact could be interpreted as indicating that a higher percentage of eye contact between communicators is typically associated with more positive attitudes between them.

Mehrabian (1969) in his review of posture and position in communication took note of posture as a source of information about a client's feelings and attitudes toward others (Deutsch, 1947, 1952) which may or may not be verbalized. Deutsch and Murphy (1955) are cited as providing specific examples whereby clues of feelings and attitudes were inferred from posture. Mehrabian in his review (Mehrabian, 1968) noted male and female addresses inferred a negative attitude when the communicator leaned backwards and away than when seated in a forward, leaning position.

Related Research

Research employing the microcounseling or microteaching efforts have been reported in a number of studies. Although the studies reported upon are limited in number due to the relatively recent innovations of the model, the results are promising. The variety of studies reported upon are viewed as attesting to the adaptability and flexibility of the technique as a teaching or research method.

Ivey's et al. (1968) study identified and reported on the training of pre-practicum counseling students in attending behavior. The skills were composed of verbal and non-verbal components that
included eye contact, posture, movements and gestures, and verbal following behavior. Clients were asked to rate the neophyte counselor with whom they had interacted in a pre- and post-test five minute videotaped session. They noted significant differences for broken eye contact and verbal following behavior, and for the clients' ratings of those subjects receiving training in attending behavior. No significant difference was found for posture, movement and gestures. It should be noted that Ivey's study employed subjective five point rating scales on the non-verbal components of attending behavior.

Kelley (1971), using a modified microcounseling format, trained beginning counselors in specific skills of the interview as suggested by Matarazzo, Weins, and Saslow (1966). He noted his two trained groups, when compared to that of a control group, significantly reduced the number and length of utterances, reduced their percentage of talk time, and reduced their number of interruptions. One trained group had the advantage of supervision, while the other went through a carefully self-supervised model. He further noted that trainee reinforcement by a supervisor was more potent than self-reinforcement or no reinforcement.

Hutchcraft (1970), teaching similar skills as that reported for Kelley's study, noted the microcounseling model as a force for change on four variables: frequency of counselor interruption, counselor zero response latency, total number of counselor responses, and total duration of counselor talk time. Hutchcraft's study employed varying modeling procedures and retention of the learned
skill. He found that individuals trained with most complete modeling procedures learned the skill but did not retain it over a 24 hour period. Hutchcraft expressed a need for applied practice as a means of retaining the skills learned.

Moreland (1971) compared the microcounseling model with that of traditional psychiatric training for 24 second-year medical students enrolled at the University of Oregon Medical School in an introductory psychiatry course. Training in six skills of microcounseling were given to one group: attending behavior, open-ended questions, minimal encourages, paraphrasing, reflection of feeling, and summarization. The second group of 12 students received individual regular didactic training. Moreland reported the microcounseling group showed more improvement on an attending behavior rating scale and quantity of reflection of feeling skills.

Haase and DiMattia (1970) employed microcounseling to train paraprofessional counseling personnel in attending behavior and in the expression, as well as reflection, of feeling. The rationale for the development of the expression of feeling skill had to do with counselor-trainees' experiencing difficulties in the recognition and reflection of feelings to the client. The investigators noted that paraprofessionals who were taught to recognize and give expression to their own feelings were helped later to recognize emotional responsiveness in others.

Haase, Forsyth, Julius, and Lee (1969) taught prospective counseling clients accurate expression of feelings prior to counseling. Clients were divided into three groups with experimental
procedures involving an adaptation of the microtraining model. The three groups consisted of a microtraining group, a group subjected to regular intake interview, and a group who received no intake interview. The trained group was reported as exhibiting more affect in their initial counseling session.

An interesting application of training in attending behavior and its effects upon teaching personnel was reported by Ivey and Hinkle (1970). Six college students were taught attending behavior skills and made use of them in influencing a psychology professor's teaching behavior. The professor's lecture was factual, detailed, and note-centered. The professor had no knowledge or awareness of what was occurring. The students on a prearranged signal began deliberately exhibiting non-verbal aspects of attending behavior—attentive posture and eye contact. Changes were reported in the professor's teaching behavior. He gestured for the first time, increased his verbal rate, and, in short, the session became more lively. The students on a prearranged signal ceased attending with the professor's lapsing back into his original teaching behavior. Ivey (1971) noted in his text that students, by making use of attention and listening skills, can effect the direction of learning as well as involvement.

Sadker (1971) integrated the microteaching model with a token economy in the teaching of elementary school children. The children were instructed to ask higher order questions that required evaluation, problem solving, seeking cause and effect relationships, comparisons and divergent open-ended thinking.
Subjects were fifth grade students divided into experimental and control groups. Sadker reported greater improvement for those receiving training than for those receiving no such training.

Higgins, Ivey, and Uhlemann (1970) employed a variation of the microcounseling model to teach thirty pairs of individuals interpersonal relationship skills. The investigators made use of what they termed media therapy. This is a programmed approach to teaching behavioral skills useful in daily interaction as conceived by Ivey. The subjects employed consisted of married couples, roommates, engaged or pinned couples, and friends. They noted that the media therapy group or full treatment group showed the most improvement as compared to two groups which had received either programmed text and video modes only, or had received reading materials only. The authors took note that perhaps one day in the future the counselor will see a client, determine needful behavioral or interpersonal skills, and provide this training via media therapy.

Media therapy itself was proposed by Ivey (1968) as an alternative method to behavior change or one which might be of further use as an adjunctive method for counseling or therapy. The method makes use of microteaching and microcounseling in a scaled-down interpersonal interaction whereby the clients may have an opportunity to practice each target skill until learned. The counselor's role in this approach involves his observing interactions, commenting on what he perceives to be strength or weakness, while further providing suggestions that would promote more interpersonal skills.
The microtraining framework was cited by Ivey (1971, p. 111) as having been employed by Donk (1970) in the teaching of mentally ill, hospitalized patients attending behavior. The microcounseling format was used to teach listening skills. Obtained ward adjustment rating scales demonstrated that trained patients showed improvement in ward adjustment when compared with those patients who had received no training.

Malamud (1970) adapted the microcounseling technique in an ingenious way to provide for effective exercises which may be used in both group and family work. His exercises for self-confrontation are designed to facilitate communication. In one exercise, Get It Off Your Chest, Malamud divides group members into trios which form a circle with each member of a trio being designated as A, B, or C. The A's are told to share something that disturbs them in relation to the workshop. B's receive instructions to respond attentively, that they are attempting to understand A's feelings. The C's of the trio are told to observe the five minute interaction and evaluate B's fulfillment of the assignment. A five minute discussion occurs in which trios share their observations and findings. Shifting takes place until each letter of the trio has had an opportunity to experience and practice in expressing disturbed feelings as well as providing experience in listening skills. Another of Malamud's exercises involves shared feelings. Members are asked to respond to him in a single sentence. Malamud's response is limited to an "ugh" or a "thank you." Malamud's explanation of this, as he goes around the group, is that group
The range and adaptiveness of the microtraining or microcounseling approach in teaching human relations skills is well noted. The studies reported have ranged from that of counselor and client training to teacher and student training. They also include application of the method to hospitalized psychiatric patients, paraprofessional training, and the more innovative techniques such as those developed by Malamud (1970). One can discern as he covers the research reviewed a movement toward human relations training—the teaching or training in interpersonal relationship skills. Notably absent in the research reviewed is that of behavioral count. Although it does not detract from the importance of several of the studies reported upon, i.e., Ivey et al. (1968); Ivey and Hinkle (1970); Higgins, Ivey, and Uhlemann (1970); etc., it would have permitted a more objective evaluation.

As a psychologist in a child guidance clinic, the investigator has had occasion to make use of human relations skills in working with parents as well as children who range from pre-latency age through adolescence. Parents frequently complain of not understanding the child, that his actions are both confusing as well as mysterious. When trained in interpersonal skills, such as that of attending behavior, they are surprised at its effect in the relationship and are further pleased by the decrease in tense, frustrated involvement. The adolescent, in particular, is helped to understand the effect he produces on others by his social as
well as his communication skills. He may also note his own response to overtures from others who lack such skills. The younger child is pleased when at his level of experiencing he can learn to interest members of the peer group, to express himself more fully, yet not run afoul of parental censure or disapproval.

Training in attending behavior is viewed as particularly relevant to parent-child interactions. It serves to reduce tension and anxiety while promoting feelings of acceptance and support in the interpersonal relationship. The microcounseling model, by making use of several proven teaching techniques in combination, provides a viable training program in a short period of time for the teaching of verbal and non-verbal aspects of a complex human relations skill. To the parent receiving such training, the child's behavior is less threatening or mysterious and his actions more understandable. The child, in contrast, receives a feeling of acceptance and that parental figures do listen, can be supportive, and at least attempt to understand, rather than outright reject what he or she has to say. Further benefits accrue from the parent or child observing and experiencing feedback or reinforcement in interacting with others and noting the effects produced.

Summary

The review of the literature, while revealing of many shortcomings in counselor-therapist training, is further instructive in its disclosure of a lack of research into both learning and teaching aspects. An examination of the more traditional training methods—the psychoanalytic, the client-centered, and the didactic-
experiential—while having contributed to personal needs, are disclosive of shortcomings. The main ones appear to be that of rigid training lines, a lack of concretely-defined behaviors, and a teaching of complex skills on an all-at-once basis.

The complexity of the interpersonal interaction is further attested to by the role of non-verbal communication. Ivey's et al. (1968) study calls attention to its import, while other such as Birdwhistell (1970), Duncan (1969), and Mehrabian (1969) report upon its pervasiveness and effects in interpersonal interaction.

An observation that is frequently made has to do with one's impression of an individual's verbalizing an interest which is not supported by his non-verbal behavior in the relationship.

One notes, however, a more recent training innovation, that of microcounseling, which permits a scaled-down teaching of discreetly-defined counseling skills in such a manner as to permit an experiencing and understanding of complex interpersonal interactions. As the research effort is examined in the microcounseling or microtraining skills training, it is apparent that these skills are applicable not only to counselor-therapist training, but also have a suitable worth involving the interpersonal relationships of daily living. The latter has particular relevance for the adolescent. As has been noted, the adolescent phase of development has been described as a difficult and trying one without a well-defined social status. Training in interpersonal relationships skills does much to reduce the tensions and anxiety of this phase of growth. It does provide concretely-defined behavior, teach needed skills on a scaled-down basis, provide both live and video-
taped models, and, lastly, supports the adolescent as he acquires the needed skills.
CHAPTER III

METHOD

This experiment was designed to investigate the effectiveness of the microcounseling technique as a means of teaching a basic human relations skill, that of attending behavior, to junior high school students. The skill to be taught comprised both non-verbal and verbal components—eye contact, postural position, bodily movement, gestures, and verbal following behavior. The study differed from an initial study by Ivey et al. (1968) in that less mature and less sophisticated subjects were employed. The investigator assumed since communication in the interpersonal relationship is a common factor in relating, an increased proficiency could be gained by younger aged subjects.

The variables considered, questions to be answered, and procedures employed to examine the relationship between variables are explained in the remainder of this chapter.

The Sample

The sample consisted of 22 male and 10 female ninth grade students. All subjects were enrolled and attending the Amherst Regional Junior High School, Amherst, Massachusetts, during the spring term of the 1969-1970 school year. The age range for subjects was that of 14 years, 1 month, to 15 years, 7 months. The average age for all subjects was 14 years, 8 months. The age ranges and average age were compatible with the 280 students enrolled in the ninth grade classes.
Subjects were paid volunteers who were recruited on the basis of availability during the free periods of school time. Students were told that subjects were needed in a study designed to explore the conversations and interests of the ninth grade students and that they would be paid a nominal fee for participation. They were further told that this would involve their talking with another student with a videotaped recording being made as a part of the study.

Volunteer subjects were then given a form letter addressed to respective parents or guardians. The letter described the purpose of the study and further required parental permission by a signed statement prior to the student's participation (Appendix I).

Design

The present investigation employed the experimental design as used by Ivey et al. (1968) in the pre-practicum counselor training of students in attending behavior. The design included an experimental and a control group involving pre-test and post-test conditions (Campbell and Stanley, 1963). A random assignment was made to the experimental or control group with a further randomization as to whether subject would serve as a counselor-trainee or in a client role. Experimental and control groups were comprised of 16 subjects each with one subject in each pair serving as a counselor-trainee and the other as the client. The primary evaluation in this study was conducted on the effects of training in attending behavior for an experimental group as opposed to a control group who received no such training.
Treatment and Independent Variables

Treatment conditions for the experimental counselor-trainees included a pre-test videotaped five minute session with the assigned client. He then received training in attending behavior which involved written material, viewing of videotaped models of the desired non-verbal and verbal behavior being sought, and a training relationship in which the author served as the training supervisor. The investigator, in the role of the training supervisor, instructed, reviewed, and maximized the training relationship so as to reinforce the learning of the skills being sought.

Control subjects also accomplished an initial five minute videotaped session with an assigned client. Unlike the experimental subject, the control subject spent his free time in studying or reading magazine provided for him. Both groups were then given a second five minute videotaped interview session. Clients of each counselor-trainee rated the subjects after each session in a room separate and apart from the videotaping room. A summary of treatment procedures follows.

Treatment Procedures

Experimental Group

a. A five minute diagnostic interview was videotaped in which subjects were told, "Go in and talk with this student; get to know him."

Control Group

Same
Experimental Group

b. "Attending Behavior Manual," which described the basic components of attending behavior (see Appendix II) was given to each trainee for five minutes of study. The investigator then discussed what had been read with the experimental subject.

c. Videotaped models of attending behavior, as exhibited by effective and less effective interviewers, was presented. This presentation was coupled with a discussion of the model by the investigator.

d. The experimental subject trainee was then shown his initial interview (see a. above) and was asked to specifically identify instances of attending and non-attending. The investigator then discussed attending behavior concepts with the trainee during the viewing of the trainee's first interview.

e. The experimental subject or trainee and the investigator reviewed the procedures of attending behavior together. The investigator maximized the impact of

Control Group

Omitted
Experimental Group

attending in the interpersonal interaction between the experimental subject and his client in the videotaped initial interview. It should be noted that the training procedure involved cue discrimination in the form of video models (Bandura and Walters, 1963), written materials, investigator's comments, and operant techniques, whereby appropriate attending behavior was rewarded by the investigator. An important part of training procedure involved the quality of the training relationship with the investigator.

f. As a test, the trainee returned to the videotaping room and recounseled the same client for five more minutes.

The entire microcounseling teaching unit was envisioned as requiring approximately one hour's duration. Control subject counselor-trainees were asked to remain in the studio and employed their time in either reading or studying during the cited b. through e. training period for the experimental subject.

Independent Variables

The independent variables involved in the study, then, consisted
of cue discrimination through the presentation of video models, written material, and investigator's interaction as an instructor-trainer with the counselor-trainee. Investigator, as the instructor-trainer, rewarded with praise and recognition for the acquisition of the skills being sought by subjects. McDonald and Allen (1967) noted in their study of training teaching personnel that self-viewing on the part of the subject, accompanied by supervisor's comments, cueing and reinforcing behavior, was the most powerful aspect of the microtraining treatment.

Dependent Variables

Fourteen dependent variables involving non-verbal and verbal components of behavior were selected for the study. A significant aspect of this study, involving the non-verbal components of attending behavior, was the development and use of behavioral counts by two trained raters. Training of raters, format employed, and correlation coefficients between the raters are explained in the section that follows. Previous microcounseling research (Ivey et al., 1968) did not employ behavioral count but relied upon an overall rating over time without a count of the non-verbal variables involved.

The variables subjected to investigation were divided into three categories for discussion and scoring procedures employed. General scoring procedure will be discussed first, followed by the dependent variable concerned, and the scoring involved for the particular variable under discussion.

The first category is that of non-verbal components of
attending behavior which consist of broken eye contacts, posture, gestures, and bodily movement. The second category consists of verbal components and includes total word count for the session, number of times the counselor spoke, his word count, percentage of talk time, mean length of utterance, and the number of topic changes introduced by the counselor. The last category consists of the client's rating of the counselor trainee, using the Counselor Effectiveness Scale.

Non-Verbal Components

Recording of non-verbal components. A rating scale and method for recording the movements of the experimental and control trainees was developed for the purpose of this study. Previous research as cited by the investigator in a review of the literature involving microcounseling or microtraining made use of subjective rating scales where no verbal components are involved. The employment of behavioral counts is viewed as particularly relevant in that it permits a more objective analysis of data obtained. The investigator took note of Ivey's et al. (1968) observation as to the importance of non-verbal components of attending behavior, operationally defined the variables as shown in the following Behavioral Rating Scale form.
# BEHAVIORAL RATING SCALE

<table>
<thead>
<tr>
<th>Tape No.</th>
<th>Rater</th>
<th>Date</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Broken Eye Contact:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Arm and Hand Movement:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Leg and Foot Movement:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Gross Bodily Movement:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Shifting in seat, moving three or more parts of body at once)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Expressive Gestures:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Nodding; pointing; shrugging; using hands to illustrate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Posture:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rigid:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sloppy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total Bodily Movement:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions: Use a tally mark, i.e., 1 to indicate a movement. A tally mark signifies a discreet movement from start to finish. A tally mark with a dash, 1-, will be used whenever the movement is begun and continued, i.e., playing with hands, swinging feet to and fro, nodding, shrugging, etc. For example, playing with hands or movement of fingers would be shown as 1- in the appropriate column of Arm and Hand Movement. This would apply to all categories with exception of Posture. Posture will be noted at beginning of rating and observed over time. Rigid posture will be noted by strained appearance. Relaxed posture by apparent comfortableness and ease of subject. Sloppy posture will be denoted by sprawling, legs outstretched, and sitting on edge of chair. Total Bodily Movement is a composite score which is not rated but is compiled from items 2, 3, and 5.
Two middle-aged housewives were recruited as raters for the study. Raters, during their eight hour training period, were paid two dollars an hour and thereafter at the rate of two dollars for each five minute videotaped session rated. Rater training consisted of having each variable defined and modeled by the investigator and also having the raters model the variable to be rated. Further elements of training involved the raters' familiarization with the form to be employed while heightening their skill and responsiveness in rating by observing the investigator and another, by the rating of selected five minute sessions of late night television talk shows, and, lastly, by rating video modeling tapes of the junior high students employed in the study.

The training program, though rigorous and somewhat repetitious, was so designed as to permit a ready recognition and response in recording the movements observed. Particular attention was focused on the instructions printed on the Behavioral Rating Scale form so as to avoid a rater's multiple recording of on-going movement. The raters were seated far enough apart while accomplishing their ratings so as to preclude a knowledge as to what each was rating. They were then presented the videotapes in a randomized order with no identification as to whether they were experimental or control groups. Completed Behavioral Rating Scale forms were handed to the investigator after each rating. After filling in the required information, the investigator then supplied the raters with new blank forms.
A Pearsonian Correlation Coefficient was computed for rater agreement with the results noted in Table 1. It is interesting to note that all rater agreement correlations were better than .90, with Posture being reported as an \( r \) of 1.0. As in Ivey's et al. (1968) study, counselor trainees were reasonably relaxed initially. In this study the raters experienced no difficulties in discerning and agreeing on the posture being rated.
## TABLE 1

**PEARSONIAN CORRELATION COEFFICIENTS FOR TWO INDEPENDENT RATERS, R₁ AND R₂ ON NON-VERBAL BEHAVIOR COMPONENTS OF ATTENDING BEHAVIOR FOR PRE-TEST CONDITION**

<table>
<thead>
<tr>
<th>Variables Rated</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken Eye Contact</td>
<td>.98</td>
</tr>
<tr>
<td>Arm and Hand Movement</td>
<td>.92</td>
</tr>
<tr>
<td>Leg and Foot Movement</td>
<td>.93</td>
</tr>
<tr>
<td>Gross Bodily Movement</td>
<td>.98</td>
</tr>
<tr>
<td>Expressive Gestures</td>
<td>.95</td>
</tr>
<tr>
<td>*Total Bodily Movement</td>
<td>.91</td>
</tr>
<tr>
<td>**Posture</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* A composite score which excluded movement counts for Broken Eye Contact and Expressive Gestures.

** Raters were in complete accord as to rating Posture as that of relaxed for the session observed.
Broken eye contact. Eye contact in which the counselor simply looks at the client was described in the study of Ivey et al. (1968). He noted eye contact as being one of the two significant variables in attending behavior. The act of looking at another person as we converse or interact with him conveys our interest, our awareness of him as a person of worth. In addition, we become more conscious of non-verbal as well as verbal aspects of his interaction and may respond more appropriately. As Skinner (1953) noted, "The attention of people is reinforcing because it is a necessary condition of other reinforcements from them." (p. 78) Eye contact, without fixedly staring, serves to communicate a message of attending, of interest in the responding other. For the purpose of this study, eye contact was defined as having been broken whenever the counselor-trainee of the experimental and control groups did not look at the client but, instead, averted his gaze to look elsewhere, i.e., wall, floor, his lap, etc.

Raters tallied the number of times the counselor-trainee did not look at the client's face or shoulder area but averted his gaze elsewhere such as the wall, floor, his lap, or his own bodily movement or gestures. The correlation coefficient for rater agreement was an r of .98.

Arm and hand movement. Although Ivey's et al. (1968) study noted no statistical significance for posture, movement, and expressive gestures, an opinion was expressed as to their being a relevant component of attending behavior. The investigator was of the opinion that the method employed, that of an overall rating
by independent raters, was one of an impression and not an objective count. Accordingly, a method was devised, as previously discussed, to obtain such a count and permit a statistical treatment of the findings. Birdwhistell (1970) writes that psychiatrists and psychologists have long been aware of body motion and gestures as being important sources of information regarding personality and symptomology. (p. 180) He further writes (p. 184) of "visible body activity, like audible acoustic activity, systematically influences the behavior of other members of any particular group." Arm and hand movement in this study was counted whenever the counselor-trainee moved his fingers, hand or arm in other than an expressive gesture (dependent variable 5) or gross bodily movement (dependent variable 4). A tally mark with a dash was employed by raters to denote duration of ongoing movement and to further preclude the duration of such ongoing movement as being recorded more than once.

Arm and hand movements were counted each time the subject moved either the arm or hand. When both were moved, a single tally mark was used. The correlation coefficient for rater agreement was an r of .92.

Leg and foot movement. As previously noted for the arm and hand movement dependent variable, this variable was viewed as a relevant component of attending behavior as cited by Ivey et al. (1968). It constitutes movement which may exert a positive or negative aspect of attending behavior. Accordingly, a count of such movement was viewed as being amenable to a statistical
treatment for an evaluation. A count was made whenever the counselor-trainee moved his leg or foot or leg and foot together. To preclude multiple counting of an ongoing movement, raters used a tally with a dash to indicate ongoing movement of leg and foot. This was counted once with no further tally being made until cessation and the beginning of other movement of these body members.

Leg and foot movements were rated each time subject moved the leg or foot. When simultaneous movement was noted for both leg and foot, it was counted as one movement only. An r of .93 was the correlation coefficient for rater agreement.

**Gross bodily movement.** This dependent variable was defined for the purpose of this study as the counselor-trainee's shifting in his seat or moving three or more parts of the body in unison. Excessive shifting or gross movement can serve as a distracting influence in the attending other. It appears, as cited by Ivey et al. (1968), to constitute a relevant component of attending behavior. An objective count would permit a statistical treatment and analysis of its influence in the interview process. As for arm and hand, and leg and foot movements, a tally was made for such movements with a dash being employed to denote ongoing movement. The dash precluded a count of the ongoing movement as being counted more than once.

Gross bodily movement was counted whenever subject was observed shifting in his seat or moving three or more parts of the body in unison, i.e., leg and foot, hands and arms, head, etc. Broken eye contact and gestures were not included in this count. The correlation coefficient for rater agreement was an r of .98.
**Expressive gestures.** The use of expressive gestures in communicating or interacting with another person or persons has constituted an interest of writer's, the man in the street, as well as those interested in the study of the interpersonal interaction of others. Gestures may serve to facilitate conversation or to lessen as by nodding, shrugging, smiling, expressions of disgust, etc. Birdwhistell (1970) in his text cites their having an influence on the responding other (p. 184) and further of having an investigable function in communication. As noted by Ivey et al. (1968), although no statistical significance was obtained in his study, this variable was viewed as a relevant component of attending behavior. Its inclusion in this study was to obtain an objective count so as to permit statistical treatment and evaluation as a variable in the interpersonal interaction. A tally or count was made of the counselor-trainee's nodding, pointing, shrugging, or use of the hands to illustrate.

Expressive gestures were counted whenever subject nodded, pointed, shrugged, or used his hands to illustrate. The correlation coefficient for rater agreement was an \( r \) of .95.

**Posture.** A relaxed, comfortable posture as opposed to that of an observed rigid, strained one would appear to connote relaxation and comfortableness to the responding other. This is viewed as facilitating the communication process. As in the previous dependent variables cited in this investigation, Ivey et al. (1968) noted no statistical significance in his study. Its inclusion in the present investigation with an objective recorded count would allow for a statistical treatment and evaluation as a relevant
component of attending behavior. Experimental counselor-trainees were told in the pre-test interview to seat themselves in a position that was comfortable for them. Independent raters for this study then noted shift or changes reflecting rigid, relaxed, or sloppy posture. Rigid posture was defined as a strained appearance such as sitting up straight with stiffened arms or other body appendages conveying rigidity or stiffened movement. Relaxed posture was noted by an absence of stiffness or rigidity with comfortableness and ease apparent in movement and seating. Sloppiness or indifference in postural position was noted by sprawling in the chair, legs outstretched, sitting on the edge of the chair, etc. This posture in general was viewed as conveying an air of indifference. Raters noted posture for pre- and post-test conditions and gave an overall movement rating for each session observed.

Posture was rated as rigid, relaxed, or sloppy. A weight of 1 was awarded for strained, rigid posture, i.e., sitting stiffly upright with arms pressed to sides and feet pressed together. A weight of 2 was awarded for relaxed posture in which the rater observed subject to be seated in a comfortable, relaxed position with an apparent absence of strain, rigidity, or sloppiness. Sloppy posture was defined as subject's sprawling with legs outstretched and sitting on the edge of chair. The correlation coefficient for rater agreement was an r of 1.00.

Total bodily movement. This dependent variable, as well as the preceding ones cited, was noted in Ivey's et al. (1968) study
as showing no statistical significance but as having relevance for attending behavior. For the purpose of this investigation, total movement was treated as a composite or total involving the summation of arm and hand, leg and foot, and general bodily movement counts of the counselor-trainee of each of the experimental and control groups. An objective count and statistical treatment would permit an objective evaluation of overall movement in the videotaped session.

Total bodily movement, excluding broken eye contact, expressive gestures, and posture, was a composite score. This count was obtained after all ratings had been completed. The score obtained represented the sum of the movements for Arm and Hand, Leg and Foot, and Gross Bodily Movement. The correlation coefficient for rater agreement was an r of .91.

Verbal Components

The scoring for the verbal components was accomplished from typescripts of all interviews. All variables with the exception of Number of Topic Changes by Counselor were obtained by a count and then a further computation as denoted in the identification and explanation which follow.

Total word count. This dependent variable consisted of the total number of words spoken during the five minute interview session by the counselor-trainee and client. Ivey's et al. (1968) study included a word count for the first and second interviews with a cited finding of a reduced word count for the experimental
subjects' counselor-trainees' second session. The inclusion of this dependent variable in the present study was to determine by a statistical treatment and evaluation of results whether a significant difference exists in total number of words spoken for the respective counselor-trainees and clients of the experimental and control groups.

Total word count was obtained by a counting of all words spoken by the counselor-trainee and assigned client for each interview session.

**Number of times counselor spoke.** This dependent variable was selected because of its apparent relatedness to the verbal components of attending behavior. The counselor or clinician who speaks too much allows less time for the responding other to express himself. This behavior would tend to convey an impression of not attending or listening. The data for this variable was taken from an objective count from typescripts of the interview session. Matarazzo, Phillips, Weins, and Saslow (1965) noted that those subjects who spoke the most tended to make a greater number of errors and were rated, in general, as poorer interviewers. Strupp, Fox, and Lessler (1969) saw fit to include in their follow-up study of the patient's views of his psychotherapy a question as to whether the therapist talked too much (p. 154). Although no data is cited for this particular question, the authors noted that the patient who made unfavorable comments about his therapist was in general to be found in the low success group for treatment outcome (p. 101).
Total number of words spoken by the counselor consisted of a word count for the counselor-trainee.

**Percentage of talk time for the counselor.** The percentage of counselor talk time was obtained from dividing the total number of words spoken by the counselor in the individual five minute session by the total word count for that session. The client's or patient's verbalizations were facilitated when the counselor occupied less of the interview time. Ivey's et al. (1968) findings, though not a part of the study, noted a decreased percentage of talk time. The counselor-trainee who is attending or following what the client is saying would be expected to talk less.

Percentage of talk time for the counselor was obtained by dividing the total number of words spoken during the session for counselor-trainee and client and then dividing this into the number of words spoken by the counselor-trainee for the session being rated.

**Mean length of utterance for the counselor.** The counselor-trainee's mean length of utterance is viewed as being related to the client's responsiveness in the interview relationship. A diminished duration of utterance over time is viewed as reflecting an increase in counselor effectiveness. A lengthy duration of utterance on the part of the counselor serves to impede rather than facilitate the client's participation. The counselor who frequently interrupts, makes lengthy comments, or asks awkward questions increases his duration of utterance. Matarazzo, Phillips, Weins, and Saslow (1965) noted that the greater number of errors
made by student-therapists, the shorter the patient's average utterance and percentage of talk time. Ivey et al. (1968) further noted a decrease percentage of talk time for the experimental subject counselor-trainees as a group. Mean duration of utterance for the counselor was obtained from a typescript of the interview. The total number of words spoken in the interview by the counselor was divided by the number of times he spoke.

Mean length of utterance for the counselor was arrived at by counting the number of times the counselor-trainee spoke during the session and dividing the resultant sum into his total word count for that session.

**Number of topic changes by the counselor.** This variable was included in the present study because of its relevance and importance as a verbal component of attending behavior. The counselor-trainee or therapist who follows what the client is saying introduces fewer topic changes or irrelevant material. His act of staying on the topic introduced by the client would convey both interest and concern, as well as his being a good listener. Ivey et al. (1968) noted a statistical significance in verbal following behavior for the experimental subject counselor-trainees, and further noted that as a group their clients rated them significantly higher on the Counselor Effectiveness Scale. For the purpose of this study, a topic change on the part of the counselor was defined as the introduction of new or irrelevant topic material not previously stated or touched upon by the clients in either the first or second interview. The number of topic changes on the
part of the counselor was derived by independent raters going over typescripts and noting introduction of topics not previously touched upon by the client. A rater agreement percentage of 91.8 was obtained by two independent judges for the pre-test condition. Judges who rated for this variable were not told as to whether the interview session constituted an experimental or control group subject.

Number of topic changes by counselor in the post-test condition was arrived at by two independent trained raters. Raters were presented the typescripts in a randomized order with no identification as to whether it came from the experimental or control group. The raters made an independent count of the number of times the counselor-trainee introduced a topic not previously introduced or touched upon by the client in his initial or second interview. A topic change in the second interview was not counted whenever the counselor-trainee made reference to a topic or subject previously introduced by the client in the initial interview. The percentage of independent rater agreement on this variable was 93.

Client's Ratings For Counselor-Trainee

Counselor Effectiveness Scale Ratings were obtained by a summing up of the numerical score for each item checked by the client. The rating scale employed in this investigation was that employed by Ivey et al. (1968). The scale, a semantic differential form, was developed by Ivey et al. (1967), with a reported statistical reliability for Forms A and B of .975. Ivey et al. (1968)
noted a statistical significance in favorable scale ratings for the experimental subject counselor-trainees. He reported that the client tended to give a higher rating to those counselor-trainees trained in attending behavior than to those of the control group who had received no such training.

Measurement of The Dependent Variables

Data for the measurement of the fourteen dependent variables selected for the study came from three sources. The non-verbal components of attending behavior were derived from independent raters viewing and recording their observations directly from the five minute videotaped sessions for each counselor-trainee and his assigned client for pre- and post-test conditions. Data for verbal component analysis was obtained by a verbatim typescript being prepared from each of the videotaped sessions. The typescript permitted judges to rate and record for the verbal components of attending behavior. The clients completed Counselor Effectiveness Scales after each session, providing the data for an analysis as to the effectiveness of attending behavior by the responding other--the client in the interview situation.

The Experimental Setting

The setting for the study was the closed circuit television studio of the Audio-Visual Department of the school. The Amherst Regional Junior High School Television Studio was richly carpeted, nicely furnished in a modern decor with video camera and lighting
available. The entire training session for the pre- and post-test conditions required an hour and ten minutes. All interviews were conducted in the studio and during the free time available for the counselor-trainee and his assigned client.

Experimental and control groups were composed of eight pairs of subjects. The pairs consisted of a counselor-trainee and his assigned client. Experimental and Control subjects reported on a prearranged hour and date. The schedule permitted an ease in handling the subjects while cutting down waiting time and reducing the likelihood of subjects conversing with one another prior to scheduled sessions.

The counselor-trainee's assigned client completed the Counselor Effectiveness Scale after each of the two sessions. A waiting room was provided in the Audio-Visual Department for the accomplishment of this task. The client, after his session, was taken to the room which contained a desk and chair. He was given either A or B Form of the Counselor Effectiveness Scale and asked to complete it. He was further told that upon completing the form, he was to remain in the waiting room until called for his second session by the investigator. Clients were informed that they might make use of the waiting time by either studying or looking at the magazines provided.

The counselor-trainees of each group remained in the television studio for the whole period of the videotaping and training unit. Control subjects counselor-trainees were told they might either read or study their assignements after their initial
session. The purpose was to equate the time variable involved with that of the experimental subject who received attending behavior training.

Experimental Procedure

Subjects were randomly assigned to either the experimental or control groups. A further randomization was then made as to which of the eight pairs in each group would serve as the counselor-trainee and client, respectively. The counselor-trainee and his assigned client were scheduled during free time availability. Efforts at a randomized scheduling was hampered in some measure by the students' available free time during the school day.

The role of counselor-trainee or client was not divulged prior to the videotaping session. Scheduled subjects reported to the Audio-Visual Department where they were greeted by the investigator. A brief introduction was made, followed by the investigator's reiterating the information given student recruitment, that the study was concerned with conversational patterns of the ninth grade adolescent. The client, who reported five minutes earlier, was then taken to the studio and seated in prepositioned chairs. The client was seated in the left chair. Prior to entering the studio, he was told to go in, seat himself in the chair provided, and introduce himself to the person with whom he would be talking. His instructions were to "Go in and talk with this student and get to know him."
The investigator then observed from a seated position off to the side and out of camera range the taping of the interview session. The videotape equipment was operated by an adult audio-visual technician of the school staff. The video cameraman's role was to record only. He had been previously briefed as to the study and his role of videotaping. Timing of the five minute session was accomplished by an interval timer which investigator observed.

The use of a cameraman enabled the investigator to observe more closely the interaction occurring between the counselor-trainee and his client.

The investigator's experience as a practicing psychologist permitted an evaluation of the interpersonal interaction between the counselor-trainee and client. The observations made were then employed with the experimental subject. counselor-trainee in investigator's role as a trainer-supervisor in attending behavior.

After taping the initial diagnostic interview, the client was asked to accompany the investigator to the waiting room. He was then instructed to complete the Counselor Effectiveness Scale. The instructions further included directions to read each item and make an entry which he felt best described the qualities of the person with whom he had just talked. He was told that his rating would be kept confidential and not shown or discussed with the individual whom he was rating. The investigator then asked, after the client had examined the form, whether he had any questions in regard to the items or his ratings. He was then told that upon
completing the form, he was to remain in the waiting room for investigator's return, that he would be returning to the studio for another taping session and afterward would accomplish a second rating for the same person.

The investigator then returned to the studio where the counselor-trainee had previously been told to remain seated. The procedures that follow were then adhered to for each counselor-trainee of the experimental group. If the counselor-trainee was of the control group, he was encouraged to read available magazine or to study during the intervening time prior to his next five minute session.

Substantive Hypothesis and Research Questions

The objective of this study addressed itself to the question of whether or not the techniques of attending behavior could be taught ninth grade students at the junior high school level by employing the techniques described by Ivey's et al. (1968) study. The general hypothesis was that the ninth grade student could be taught the non-verbal and verbal components of attending behavior and over time he would receive a more favorable rating by the client with whom he interacted.

The preceding general hypothesis gave rise to the following research inquiries:

Is there a significant difference between the ratings received on non-verbal and verbal components of attending behavior for the experimental and control groups for the following listed dependent variables?
Non-verbal Components
a. Broken Eye Contact.
b. Arm and Hand Movement.
c. Leg and Foot Movement.
d. Gross Bodily Movement.
e. Expressive Gestures.
f. Total Bodily Movement.

Verbal Components
g. Total Word Count for the Session.
h. Number of Times the Counselor Spoke.
i. Total Number of Words Spoken by the Counselor-Trainee.
j. Percent of Talk Time for the Counselor-Trainee.
k. Mean Length of Utterance for the Counselor-Trainee.
l. Number of Topic Changes by the Counselor-Trainee.
m. Counselor Effectiveness Scale.

Analysis of the Data

The t test was used to test the significance of trainee improvement for the 14 dependent variables.

A change or improvement score was developed for each counselor-trainee subject for pre- and post-test measures. The mean improvement score for experimental and control groups were then computed. The formula employed was that of Snedecor's (1956), p. 88.

\[
t = \frac{(X_1 - X_2)}{\sqrt{\frac{n - (n - 1)}{EX^2}}}
\]
A pre-test intercorrelation matrix, Table 2, was computed for the combined experimental and control groups on 13 of the 14 dependent variables. Posture, a non-verbal component variable, was not included in that all counselor-trainee subjects were relaxed and had received a 2 rating for both pre- and post-test conditions. An obtained t value of .000 was noted for posture.

The purpose of the intercorrelation matrix was to determine pre-test relationships between criterion variables. Correlation coefficient values of \( r \) at the .01 and .05 levels of significance with 14 d.f. were selected for discussion. Edwards (1960), p. 502, cites \( r \) with 14 d.f. at the .01 level of significance as .623, while that for .05 is stated as .497.

The intercorrelations noted reveal a pre-test relationship at the .01 level of significance for 2 of the 78 intercorrelations while 8 disclose a significance at the .05 level. The variables, correlations, and levels of significance are discussed separately.

Percent of talk time for the counselor and total number of words spoken by the counselor: An obtained \( r \) of .65 at the .01 level of significance was noted for these two variables. An increase or decrease in the counselor's percentage of talk time produced a like effect on the number of words spoken by him. A like relationship would be expected between an increase or decrease in number of times the counselor spoke and that of his percent of talk time.

Total bodily movement, arm and hand, leg and foot, and gross
<table>
<thead>
<tr>
<th></th>
<th>Total Word Count for Session</th>
<th>No. Times Counselor Spoke</th>
<th>Total No. Words Spoken by Counselor</th>
<th>% of Talk Time for Counselor</th>
<th>X Length of Utterance for Counselor</th>
<th>No. Topic Changes by Counselor</th>
<th>No. Broken Eye Contacts</th>
<th>Arm and Hand Movements</th>
<th>Leg and Foot Movements</th>
<th>Gross Bodily Movement</th>
<th>Expressive Gestures</th>
<th>Total Bodily Movement</th>
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<tr>
<td>Total Word Count for Session:</td>
<td>-0.28</td>
<td></td>
<td></td>
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<tr>
<td>No. Times Counselor Spoke:</td>
<td></td>
<td>-0.26</td>
<td>**0.56</td>
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<tr>
<td>Total No. Words Spoken by Counselor:</td>
<td>-0.26</td>
<td></td>
<td>**0.65</td>
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<tr>
<td>% of Talk Time for Counselor:</td>
<td>-0.33</td>
<td>0.21</td>
<td>-0.65</td>
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<tr>
<td>X Length of Utterance for Counselor:</td>
<td>0.01</td>
<td>-0.54</td>
<td>0.36</td>
<td>**0.49</td>
<td></td>
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<td>0.26</td>
<td>-0.10</td>
<td>-0.25</td>
<td>-0.48</td>
<td></td>
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<tr>
<td>No. Broken Eye Contacts:</td>
<td>**0.55</td>
<td>-0.12</td>
<td>-0.09</td>
<td>0.11</td>
<td>0.17</td>
<td>-0.38</td>
<td></td>
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<tr>
<td>Arm and Hand Movements:</td>
<td>0.05</td>
<td>0.29</td>
<td>0.31</td>
<td>0.46</td>
<td>0.12</td>
<td>-0.27</td>
<td>**0.58</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg and Foot Movements:</td>
<td>-0.28</td>
<td>0.10</td>
<td>-0.09</td>
<td>-0.01</td>
<td>-0.16</td>
<td>-0.02</td>
<td>-0.28</td>
<td>0.18</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gross Bodily Movement:</td>
<td>-0.05</td>
<td>0.15</td>
<td>0.04</td>
<td>0.08</td>
<td>-0.14</td>
<td>-0.15</td>
<td>-0.16</td>
<td>-0.16</td>
<td>0.08</td>
<td></td>
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</tr>
<tr>
<td>Expressive Gestures:</td>
<td>-0.16</td>
<td>0.04</td>
<td>-0.18</td>
<td>-0.26</td>
<td>-0.24</td>
<td>0.29</td>
<td>-0.34</td>
<td>-0.21</td>
<td>-0.28</td>
<td>-0.19</td>
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</tr>
<tr>
<td>Total Bodily Movement:</td>
<td>-0.14</td>
<td>0.25</td>
<td>0.16</td>
<td>0.33</td>
<td>-0.01</td>
<td>-0.28</td>
<td>0.14</td>
<td>**0.61</td>
<td>**0.66</td>
<td>**0.50</td>
<td>-0.37</td>
<td></td>
</tr>
<tr>
<td>Counselor Effectiveness Scale:</td>
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<td>0.37</td>
<td>0.41</td>
<td>**0.50</td>
<td>0.07</td>
<td>-0.00</td>
<td>-0.23</td>
<td>0.21</td>
<td>0.07</td>
<td>0.08</td>
<td>0.05</td>
<td>0.18</td>
</tr>
</tbody>
</table>

* Significance at .01 level.

** Significance at .05 level.
bodily movement: An obtained r of .66 at the .01 level of significance was noted between total bodily movement and leg and foot movement, while that for arm and hand movement, r of .61, and gross bodily movement, r of .50, disclose a significance at the .05 level. The relationships noted would be expected in that an increase or decrease in movement, singularly or in combination, would be reflected in the movement variables. This is particularly relevant in that total bodily movement is a composite score composed of 3 non-verbal dependent variables--arm and hand, leg and foot, and gross bodily movement.

Total number of words spoken by the counselor and number of times counselor spoke: The obtained r of .56 is disclosive of a relationship at the .05 level of significance. An increase or decrease in either variable would be expected to reflect a like change in the other.

X mean length of counselor utterance and number of times the counselor spoke: An r of -.54 at the .05 level of significance is disclosive of an inverse relationship between these two dependent variables. As duration of utterance increases, a corresponding decrease would be expected in regard to the number of times the counselor spoke in the five minute video-taped session. A converse relationship would be expected in that the greater the number of times the counselor spoke in a given time span, the shorter his duration of utterance.

X length of utterance and percent of talk time for counselor: An r of .49 at the .05 level of significance is noted. As the
mean length of utterance increased, so did the percentage of talk time. A like relationship would be expected to prevail when a decrease occurs in either variable.

Number of topic changes by counselor and mean length of counselor utterance: Though significance was not obtained at the .05 level, an r of .48 closely approached that selected for discussion. An increase in topic change implied greater verbal productivity, and as the counselor became more productively active in a given time span, there was a corresponding decrease in the mean length of his utterance. The reverse would be expected where a significant increase in mean duration of utterance was noted. The counselor, while increasing his mean length of utterance, would appear to decrease his number of topic changes.

Broken eye contacts and total word count for session: An r of .55 with an .05 level of significance disclosed an increase or decrease in broken eye contact as total number of words in the five minute session increased or decreased. The greater the number of words for counselor and client in the five minute pre-test interview session, the greater the probability of an increase in the number of broken eye contacts.

Arm and hand movements and number of broken eye contacts: The obtained r of .58 is significant at the .05 level for these two non-verbal components of attending behavior. The obtained values appeared to reflect the relationship between movement in one area is related to that of the other. As the counselor-trainee increased arm and hand movement, a corresponding increase would be
expected for broken eye contact. A like relationship in pre-test conditions would be expected for arm and hand movement when broken eye contact increased or decreased for the counselor in pre-test condition.

Total bodily movement and gross bodily movement: An obtained $r$ of .50 at the .05 level of significance as previously noted was viewed as reflecting the composite score from which total bodily movement was computed. The latter non-verbal dependent variable was composed of a summation of arm and hand, leg and foot, and gross bodily movement. An increase or decrease in gross bodily movement would be reflected in the total obtained value of total bodily movement.

Counselor Effectiveness Rating Scale and percentage of talk time for the counselor: The $r$ of .50 is significant at the .05 level. The obtained values reflect a relationship between the client rating of the counselor-trainee and the percentage of talk time on the part of the counselor. This relationship may perhaps be explained on the basis of tension reduction and the novelty of the situation. The client would tend to accept in a more favorable light the counselor-trainee's increased talk time in a situation while being recorded as well as observed by others.

The obtained $r$'s and levels of significance noted for the intercorrelation matrix are disclosive of pre-test condition relationships. For the verbal components, the relationships involved the counselor-trainee's productivity, frequency and duration of response. The Counselor Effectiveness Rating Scale
disclosed the client related an increase in the percentage of talk time on the part of the counselor-trainee as being more favorable. This relationship may well reflect the anxiety and tension posed by the novelty of the pre-test condition. The more the counselor-trainee talked, the less the client was called upon to reveal his own anxieties or uncertainties which were being observed and recorded.

The non-verbal components of attending behavior also revealed interrelationships of interest. As the total word count increased for a session, so did the likelihood of broken eye contacts; while an increase in arm and hand movements was related to broken eye contacts, as well as to the percentage of talk time for the counselor-trainee. Total bodily movement was related to the component scores which comprised it: arm and hand, leg and foot, and gross bodily movement. It is interesting to note that no significant relationships were noted between non-verbal components of attending behavior and the Counselor Effectiveness Scale.

The obtained r's and levels of significance noted for the pre-test condition are of interest for the information provided prior to treatment conditions. The relationships noted for the verbal components have to do with frequency, productivity, and duration on the part of the counselor-trainee. None of the verbal component variables disclosed a significant relationship with the client's and counselor's combined word count for the session. It would seem that the measures comprising verbal attending behavior are not significantly related to the total word count for the
pre-test condition. Only one verbal component variable, percentage of talk time for the counselor, attained a level of significance with the Counselor Effectiveness Scale. This may well reflect the client's anxiety and uncertainty in a novel situation which was being observed and recorded. Again, it might reflect the adolescent's acceptance and expectancy of the responding other to talk more freely.

The non-verbal components of attending behavior with the exception of broken eye contact and total number of words spoken in the interview session by client and counselor-trainee, and arm and hand movements with percentage of talk time, reveal no significant relationship to the verbal components. Data for the Counselor Effectiveness Rating Scale was also devoid of any significant relationships at the .01 or .05 levels. The conjecture may be made that the client did not perceive these, as well as the general findings for verbal components, as relevant to the counselor's effectiveness in the interpersonal relationship. The one exception, as previously noted, had to do only with the counselor-trainee's percentage of talk time.

In summary, it would appear that intercorrelations of significance are more of the interrelatedness than intrarelatedness for pre-test conditions. More interrelationships are noted for the verbal components than for the non-verbal. (An explanation offered for consideration is that total bodily movement, a composite score, is made up of arm and hand, leg and foot, and gross bodily movement, confounds the issue.) The lack of a more widespread
significant level of interrelationships may well reflect a dichotomy between what does and does not constitute verbal and non-verbal components of attending behavior. Some credence for this may be implied, at least for the pre-test condition, in light of the client's ratings of the counselor-trainee.

Of added interest in Table 2 are the variables which do not obtain a statistical significance at the .01 or .05 levels for the Counselor Effectiveness Scale. It would seem from the relationship noted that the client tends to rate more positively when there is a decreased word count for the session. This may possibly reflect a chance to think or more leisurely respond. Other factors of influence have to do with both the number of times, as well as the amount, of words spoken and the amount of eye contact and movement involving the arms and hands on the part of the counselor-trainee.

A pre-test intercorrelation matrix was computed for the combined experimental and control groups on 13 of the 14 dependent variables. Posture, a non-verbal component variable, was not included in that all counselor-trainee subjects received a rating of 2 in both pre- and post-test conditions.

The purpose of the intercorrelation matrix was to determine pre-test relationships between criterion variables.
CHAPTER IV
RESULTS AND DISCUSSION

This chapter will present the findings of the study with an assessment of their meanings and implications.

Non-Verbal Components

The first question asked in this study was, "Is there a significant mean difference in the amount of change or improvement on the non-verbal components of attending behavior of the experimental group as opposed to that of the controls?"

Table 3 indicates the experimental group significantly improved on three of the six variables when compared with the improvement scores of the control group.

**Broken eye contact.** The change score of the experimental group when compared with that of the control group disclosed a significant mean difference at the .01 level. The pre- and post-test means for the experimental group were 14.75 and 3.00, respectively, while that for the controls were 17.06 and 15.13.

This finding is consistent with that of Ivey's et al. (1968) study. The significance obtained for the comparison of the experimental and control groups may be attributed to the training received. It would seem that the student-trainee of the experimental group did respond to the cue discrimination presented by videotaped models, written material, and verbal instruction and reinforcement supplied by the trainer in the form of recognition and praise.
### Table 3

**Non Verbal Behavior Ratings**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre-Test Mean</th>
<th>Post-Test Mean</th>
<th>Change Score</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken Eye Contact</td>
<td>Experimental</td>
<td>14.75</td>
<td>3.00</td>
<td>-11.75</td>
<td>3.003**</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>17.06</td>
<td>15.13</td>
<td>-1.94</td>
<td></td>
</tr>
<tr>
<td>Arm and Hand Movement</td>
<td>Experimental</td>
<td>9.94</td>
<td>7.06</td>
<td>-2.88</td>
<td>.323</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9.25</td>
<td>6.44</td>
<td>-2.81</td>
<td></td>
</tr>
<tr>
<td>Leg and Foot Movement</td>
<td>Experimental</td>
<td>5.88</td>
<td>1.88</td>
<td>-4.00</td>
<td>1.979</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.13</td>
<td>3.56</td>
<td>+0.44</td>
<td></td>
</tr>
<tr>
<td>Gross Bodily Movement</td>
<td>Experimental</td>
<td>8.25</td>
<td>1.19</td>
<td>-7.06</td>
<td>2.685*</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.69</td>
<td>4.50</td>
<td>+0.81</td>
<td></td>
</tr>
<tr>
<td>Expressive Gestures</td>
<td>Experimental</td>
<td>7.13</td>
<td>9.69</td>
<td>+2.56</td>
<td>.804</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>10.63</td>
<td>11.44</td>
<td>+0.81</td>
<td></td>
</tr>
<tr>
<td>Total Bodily Movement</td>
<td>Experimental</td>
<td>24.69</td>
<td>11.50</td>
<td>-13.94</td>
<td>3.476**</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>16.13</td>
<td>14.56</td>
<td>-1.56</td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td>Experimental</td>
<td>2.0</td>
<td>2.0</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.0</td>
<td>2.0</td>
<td>.000</td>
<td></td>
</tr>
</tbody>
</table>

* Denotes that the t value for .05 level of significance is 2.145 with 14 d.f.

** Denotes that the t value for .01 level of significance is 2.977 with 14 d.f.
The significant change score obtained for the experimental group in decreased broken eye contacts is viewed as demonstrative of short-term training effects in modifying visual contact in an interpersonal interaction. The adolescent, as the more mature subject in Ivey's et al. (1968) study, appears to respond to the effects of the training effort.

Arm and hand movement. The change score of the experimental group when compared with that of the control group disclosed no significant mean difference between the experimental group and the control group subjects. The pre-test means for the experimentals and controls were 9.94 and 9.25, respectively, while post-test means were 7.06 and 6.44. Although an objective behavioral count was obtained in this study, as contrasted with Ivey's et al. (1968) study, no significance for this dependent variable was obtained. The fact that no significant difference was noted in the mean scores for the experimental and control groups indicates that training did not positively influence this variable.

The failure to obtain significance on this dependent variable, when considered in the light of pre- and post-test means, suggests the individual subject does not markedly change these movements in a short training session. One might speculate these movements are idiosyncratic and that in an interpersonal interaction are more or less of an involuntary nature. Again, in a normal, conventional exchange, attempts at a voluntary control might generate anxiety and tension. The fact that the individual received no specific training for this variable would also be expected to have
an effect. Decreased movement is implied in the instruction and modeling tapes but subjects were not specifically trained.

**Leg and foot movement.** The change score of the experimental group when compared with that of the control disclosed no significant mean difference. The pre- and post-test means for the experimental group were 5.88 and 1.88, respectively, while that for the controls were 3.13 and 3.56. The lack of significance for leg and foot movement in this study is in agreement with Ivey's et al. (1968) findings for generalized bodily movement. Although not reaching significance, there is a greater decrease in the mean change score for the experimental group (see Table 3) than for that of the control group. Although training did not effect the mean change score for the experimental group in decreased leg and foot movement, the change did not attain significance.

**Gross bodily movement.** A significant difference at the .05 level was found when the mean change score on gross bodily movement for the experimental group was compared with that of the control group. Pre- and post-test means for the experimental group were 8.25 and 1.19, as compared to that of 3.69 and 4.50, respectively, for the controls. It would appear that shifting in the seat or moving three or more parts of the body in unison is susceptible to training. This finding lends credence to Ivey's et al. (1968) contention that bodily movement is an important aspect of attending behavior. An assumption might be made that gross bodily movement may reflect restlessness and tension in the initial interview which subsides when training in attending behavior is provided.
The counselor in an interpersonal interaction often notes the presence and amount of anxiety and tension in the client by gross bodily movements or a shifting about in the seat. It is a common observation that increased restlessness or shifting about can produce changes in the responding other. Meltzoff and Kornreich (1970) took note of Rennecker's (1960) report that an average hour of therapy contained over 325 units of relevant information, with the therapist displaying 1,000 or more bodily movements. Meltzoff and Kornreich concluded from this study that the patient talks and the therapist wriggles. (p. 452)

**Expressive gestures.** The findings for expressive gestures disclose no significant mean change score difference between the experimental and control groups. The pre- and post-test means for the experimental and control groups were 7.13 and 10.63, and 9.69 and 11.44, respectively. These findings are consistent with those of Ivey's et al. (1968) study. The failure to achieve a significant difference for expressive gestures suggests that they may be more of the trainee's relationship style and, as such, are less amenable to training. Birdwhistell (1970), quoting Sapir, writes, "Gestures are hard to classify and it is difficult to make conscious separation between that gesture which is merely of individual origin and that which is referrable to the habits of the group as a whole... We respond to gestures with an extreme alertness and one might also say in accordance with an elaborate and secret code that is written nowhere, known by none, and understood by all." (P. 182)
Gestures are a common part of everyday communication and appear to be idiosyncratic. They lend an enrichment and subtlety to the interpersonal process and verbal exchange between individuals. Anthropologists have long noted differences among races and cultures in gestures used. Attempts, however, at an analysis of their meaningfulness, an appropriateness in therapeutic research, has not proved fruitful. Berg's (1954) attempt at an analysis of the frequency and duration of gestures in sexually-conflicted and non-sexually-conflicted clients proved difficult because of recording problems. He did note, however, that gestures were not different for the two groups.

**Posture.** No significant improvement in change score was noted in that all counselor-trainees displayed an initially reasonably relaxed posture for both pre- and post-test conditions. Pre-test and post-test means for both groups was 2.0. This finding is in keeping with Ivey's et al. (1968) observations that all counselor-trainees were reasonably well relaxed in their study.

The obtained results suggest the observation for the purpose of this study that all subjects were reasonably well relaxed in relating with their clients with no training being needed. A further possibility exists in that the Behavioral Rating Scale was not sensitive enough to permit a more finite rating of what constitutes posture.

A more definitive evaluation of posture would have been forthcoming had anxious, insecure clients been included in the study, such as those encountered in a clinic setting. Since the
subjects in both groups exhibited or displayed no gross abnormalities in posture or gait and were reasonably relaxed, no differences were noted. Future research efforts in the area of posture might well consider its evaluation in the light of a series of discreet movements or shifts over time as an indication of subtle changes occurring.

Summary of Findings for Non-Verbal Components

The findings are supportive of the general hypothesis that non-verbal components of attending behavior can be taught to a younger and less sophisticated age group than that of Ivey's et al. (1968) counselors-in-training. The findings further lend support to Ivey's et al. (1968) contention that non-verbal components are relevant factors in attending behavior. Ivey et al. (1968), however, used subjective ratings as opposed to the direct behavior counts employed in this study. It would seem that it is possible to identify the non-verbal components of attending behavior in terms of directly observable behavioral counts.

The lack of significant improvement change scores on arm and hand, leg and foot movements and posture may well reflect a lack of specific training being given in these dependent variables. Though implied in the written instructions, modeling tapes, and trainer-supervisor interaction, subjects were not given specific instructions. Thus, the behavior displayed over time would tend to reflect to a great extent a naturalness of the behavior exhibited in everyday experience.
Meltzoff and Kornreich (1970) note that although gestures, posture, and facial expressions offer a great deal to the study of what transpires in psychotherapy, only a small number of studies have been accomplished. (p. 453)

The importance of non-verbal communication is elaborated on by Wolberg (1967). He writes of non-verbal communication as revealing aspects of the self that evade that of verbal expression. Both patient and therapist gain an awareness of each other's moods and emotions through non-verbal aspects of communication. The patient may note an attitude of disinterest, an annoyance on the part of the therapist through his facial expression, mannerisms, and behavior that belies verbal pronouncements of interest and concern. Wolberg further relates it is usually easy to discern tension and anxiety in the patient by noting muscular spasms which communicate themselves in gait peculiarities, fidgetiness while sitting in the chair, wringing of the hands, picking of lips and skin, stiffening of posture, and lapses of attention conveyed by facial blankness. (pp. 409-410)

The adolescent may be observed in the clinic and non-clinic setting to exhibit the behavior cited by Wolberg. The adolescent has the same basic needs as others but these needs differ in insistance and intensity. He is more self-conscious and aware of himself as he seeks emancipation from parental influences, peer group approval, educational and vocational planning, and heterosexual adjustment. (Bernard, 1957) His non-verbal behavior would tend to reflect or call attention to his needs and inner
tensions. They would be expected, however, to differ somewhat in their frequency and duration due to his immaturity.

Some specific limitations of the study of non-verbal behavior should be considered. The subjects involved were all paid volunteers and attending the same school. Though appearing to respond appropriate to age level, the situation was not typical of the counseling situation or that of everyday experience. The situation was stressed in that subjects were being asked to respond while a videotape recording was being made of their interaction. The adolescent as a group is sensitive to peer approval. The possibility of those receiving training in attending behavior gossiping with friends, of seeking to present a picture of being in the know, should not be discounted.

Further limitations involved movement as not being specifically taught but rather implied in the instructions received. Specific training in movement response might well reflect a more dramatic change over time. The quality of movement was not studied—fast, moderate, or slow. Its inclusion would have permitted a qualitative as well as quantitative analysis relative to the training received. The fact that posture was not amenable to study suggests a need for a redefinition or the inclusion of anxious, insecure subjects such as those encountered in a clinic setting. An added factor of note for future research effort is the non-verbal behavior of the responding other, the client. Its inclusion would permit an evaluation of the counselor-trainee's movement relative to his client's.
Verbal Components

The question posed for the study for the verbal components was the same as that addressed for the non-verbal components, namely, "Is there a significant mean difference in the amount of change of improvement scores in attending behavior for the experimental group as opposed to that for the control group?"

Table 4 reveals that the experimental group significantly improved on three of the six variables: Total Number of Words Spoken by the Counselor, Percent of Talk Time for the Counselor, and Number of Topic Changes by the Counselor. Significance was not obtained for Total Number of Words Spoken in the Session, Number of Times the Counselor Spoke, and Mean Length of Utterance for the Counselor. An examination of pre- and post-test means for these three dependent variables either reveal less gain or a decrease value over time for the experimental group as opposed to that for the controls.

The findings are supportive of the general hypothesis that verbal components for attending behavior can be taught to a younger, less sophisticated age group than that employed in Ivey's et al. (1968) study. Though significant mean differences in the amount of positive change were not noted on three of the six variables subject to study, pre- and post-test means do disclose some effects of training on the pre- and post-test means in favor of the experimental group.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre-Test Mean</th>
<th>Post-Test Mean</th>
<th>Δ Change Score</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Word Count For Session</td>
<td>Experimental</td>
<td>763.6</td>
<td>714.8</td>
<td>- 48.9</td>
<td>.300</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>738.3</td>
<td>749.6</td>
<td>+ 11.4</td>
<td></td>
</tr>
<tr>
<td>Number of Times Counselor Spoke</td>
<td>Experimental</td>
<td>39.63</td>
<td>28.25</td>
<td>- 11.4</td>
<td>1.1378</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>35.13</td>
<td>29.13</td>
<td>- 6.0</td>
<td></td>
</tr>
<tr>
<td>Total No. of Words Spoken by Counselor</td>
<td>Experimental</td>
<td>399.3</td>
<td>216.5</td>
<td>-184.0</td>
<td>2.1885*</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>328.9</td>
<td>298.9</td>
<td>+ 57.5</td>
<td></td>
</tr>
<tr>
<td>Percent of Talk Time for Counselor</td>
<td>Experimental</td>
<td>52.06</td>
<td>30.88</td>
<td>- 21.2</td>
<td>3.900**</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>46.09</td>
<td>50.07</td>
<td>+ 4.0</td>
<td></td>
</tr>
<tr>
<td>Mean Length of Utterance for Counselor</td>
<td>Experimental</td>
<td>10.27</td>
<td>7.87</td>
<td>- 2.5</td>
<td>.6480</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>9.88</td>
<td>13.60</td>
<td>+ 3.7</td>
<td></td>
</tr>
<tr>
<td>No. of Topic Changes by Counselor</td>
<td>Experimental</td>
<td>7.63</td>
<td>2.00</td>
<td>- 5.63</td>
<td>2.419*</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>6.75</td>
<td>5.50</td>
<td>- 1.25</td>
<td></td>
</tr>
</tbody>
</table>

* Denotes that the \( t \) value for .05 level of significance is 2.145 with 14 d.f.

** Denotes that the \( t \) value for .01 level of significance is 2.977 with 14 d.f.
Total number of words spoken for the session. The change score of the experimental group when compared to that of the control was disclosing of no significant mean difference in positive improvement. An examination of the pre and post means does disclose a slight decrease in word count for the experimental group as opposed to the slight gain noted for the controls. Pre- and post-test means for the experimental group were 763.6 and 714.8 in contrast to that for the controls which were 738.3 and 749.6, respectively. This finding suggests attending behavior does not significantly affect the total word count for counselor and client in the five minute session. An examination, however, of total word count for counselor, percent of talk time for the counselor, and number of topic changes by the counselor, all of which attain significant improvement change scores for the experimental group, suggests a shift in increased verbal productivity on the part of the client over time.

Number of times counselor spoke. The results of the study disclose no significant positive change score for this dependent variable. Pre- and post-test means were 39.63 and 28.25 for the experimental group and 35.13 and 29.13 for the control group. Although a slight decrease score is noted in pre- and post-test means in favor of the experimental group, it did not achieve significance. The finding suggests that although training in attending behavior does produce some decrease in the counselor's number of verbal responses, it does not markedly alter them.
Total number of words spoken by the counselor. The change score of the experimental group when compared with that of the control discloses a significant mean difference at the .05 level. Pre- and post-test means were 399.3 and 216.5 for the experimental group and 328.9 and 298.9 for the control. This finding indicates that training in attending behavior does produce a significant change in the number of words spoken by the counselor-trainee. The results noted are supportive of Ivey's findings in regard to a greater percent of reduction in word count for the pre-practicum counselor-trainees of the experimental group. The results further tend to support the observations of Matarazzo, Weins, and Saslow (1966) that counselors might be taught an optimal amount of participation in counseling session.

Percent of talk time for counselor. A significant mean difference improvement change score at the .01 level is noted for the experimental group when compared to that for the controls. Pre- and post-test means for the experimental group were 52.06 and 30.88 as contrasted with 46.09 and 50.07 for the control group. This finding is supportive of the effects of training in attending behavior as opposed to those who received no such training. Its effects are viewed as increasing the client's verbal participation in the interpersonal interaction. The results are in keeping with Ivey's study. Moreland (1970) found, however, that clients did not exhibit significant difference in percentage of talk time or in duration of utterance when interviewed by medical students trained in microcounseling techniques as opposed to
those trained in traditional methods. Matarazzo, Phillips, Weins, and Saslow (1965) noted that the student who talked more made more errors and was less favorably rated by his client.

**Mean length of utterance for counselor.** No significant improvement change score was obtained between the mean difference of the experimental and control groups. The pre- and post-test means for the experimental group were 10.27 and 7.87 as opposed to 9.88 and 13.60 for the control group. The findings appear to reflect for this study that training in attending behavior does not produce a significant change in the counselor-trainee's mean length of utterance from the pre- to post-test condition. Though training does produce a decreased duration of utterance from pre to post means for the experimental group as opposed to an increase for controls, it does not produce a significant change. Moreland, Phillips, Ivey, and Lockhart (1970) noted no decrease in the number and duration of counselor utterances in beginning clinical psychology students who performed an initial interview, received microcounseling training, which included attending behavior, and later interviewed the same client at the end of the semester.

Kelley, cited in Ivey's text (1971), using a modified microcounseling form in the training of beginning counselors in specific skills of interview behavior, as suggested by Matarazzo and Weins (1967), noted a significantly reduced number and length of utterance. An explanation offered in support of findings for this study may be due to the younger age of the subjects for
both groups. As adolescents interacting with a peer group member, they might well tend to be influenced to the extent of not markedly changing mean length of utterance in the direction sought.

**Number of topic changes by counselor.** The change score of the experimental group when compared with that of the control group discloses a significant mean difference at the .05 level. The experimental group achieved pre- and post-test means of 7.63 and 2.00 while those for the control group were 6.75 and 5.50, respectively. The significance obtained for the comparison of the experimental and control groups may be attributed to the training received. The experimental counselor-trainee by his reduction in topic changes tends to encourage the client's interaction. Lessened or diminished topic changes encouraged a freer expression and less frustration in the responding other. The findings are further supportive of those of Ivey's et al. (1968) study. The results of Ivey's study point to the relevance of verbal following as important to client's communication. Matarazzo, Weins, Saslow (1966) noted that when the counselor occupies less of the interview time, his client's verbalizations are facilitated.

**Summary of Findings for Verbal Components**

The significant improvement in change scores for the experimental group on the Total Number of Words Spoken by the Counselor, his Percent of Talk Time, and the Number of Topic Changes by Counselor are viewed as the result of training received in the
verbal components of attending behavior. The remaining dependent variables, Total Number of Words Spoken in the Session, Number of Times the Counselor Spoke, and Mean Length of Utterance for the Counselor did not significantly yield to the influence of the training received by the experimental group. It would appear that the latter variables are less susceptible to a training influence for the purpose of this study for a younger-aged population. It should be noted that these variables were not independently singled out for testing in Ivey's et al. (1968) study.

The significant improvement change score for the experimental group on the Total Number of Words Spoken, his Percent of Talk Time, and Number of Topic Changes are viewed as having relevance for what Menninger (1963) et al. cites in his text of being a good listener. (pp. 350-352) He ascribes listening as the most important technical tool possessed by the psychiatrist and quotes an essay by a magazine writer from his earlier book. The authorress, Brenda Ueland (1941) in her article, "Tell Me More," in a popular magazine describes several attributes of the listener. The good listener is one who give the other individual a chance to talk, does not press his mind against the other person, argue or change the subject, is not critical, but is accepting and not self-assertive. She further points out that people sometimes cannot listen because they think if they are not talking, they are socially of no account. The true listener is ascribed as more loved and magnetic than the talker, is more effective, learns more, and does more good.
Reusch (1961) describes "cathartic listening" as an attitude on the part of the therapist. This orientation involves his readiness to listen to the patient's concerns, emotional qualms, and other expressions in an attempt to understand without interrupting, guiding or advising, or refuting what the patient has to say. He further writes that through further contact with the therapist, the patient may learn to become a good listener himself, an ability which is effective in relations with other family members. Reusch's writing implies that the counselor who listens not only facilitates a responsiveness in his client and a release of tensions, but further serves as a model which can prove useful in relating to others. (pp. 128-129)

Limitations in the study include those referred to for non-verbal components, namely, that of being paid volunteers in the same school, stressed by the videotaping procedure, and a likelihood of seeking peer group approval by a discussion of the training received. Though procedures and efforts made were to not rule out a discerning on the part of the subjects receiving training and further discussing this with peers.

Though significant improvement change scores for the experimental group were found on three of the six variables, three were not amenable to training effort. The increase or decrease over time, though not significant for the experimental group, does suggest a trend in the direction sought. Further research effort might prove more fruitful by an increase in training session from that of one to two additional sessions. Additional gain might
also be had from a statistical treatment of the client's verbalizations, a factor which would permit a more informative evaluation of the counselor-trainee and client's verbal interactions.

Counselor Effectiveness Scale Ratings

The question asked of the study, in support of the general hypothesis, was, "Is there a significant mean difference in the amount of change of improvement on the Counselor Effectiveness Scale for those clients who rated those trained in attending behavior than those who received no such training?"

The change score for the experimental group when compared with that of the controls, Table 5, discloses a significant mean difference at the .01 level. Pre- and post-test means for the experimental group were 99.63 and 135.00 while those for the control group were 99.88 and 109.00, respectively. These findings are in keeping with those reported by Ivey et al. (1968). See Table 4.

Although both groups reflect a favorable rating increase from pre- to post-test means, the Counselor Effectiveness Scale for the experimental group was rated more favorably by their clients. The findings are further supportive of the data presented by Ivey (1971) on the Counselor Effectiveness Scale. Ivey in the latter study found that the scale was effective in demonstrating short-term attitude change among trained counselors rated by their clients. However, he also revealed that the Counselor Effectiveness Scale Scores tend not to be maintained over time.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre-Test Mean</th>
<th>Post-Test Mean</th>
<th>Change Score</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor Effectiveness</td>
<td>Experimental</td>
<td>99.63</td>
<td>135.00</td>
<td>35.38</td>
<td>3.577**</td>
</tr>
<tr>
<td>Scale Rating</td>
<td>Control</td>
<td>99.88</td>
<td>109.00</td>
<td>9.13</td>
<td></td>
</tr>
</tbody>
</table>

** Denotes that the t value for .01 level of significance is 2.977 with 14 d.f.
The more favorable ratings received by the trainees instructed in attending behavior are supportive of the general hypothesis. The counselor interacting with an individual who displays the techniques of attending behavior is more favorably rated than those who received no such training. It would appear, as Ivey et al. (1968) notes, that we tend to favor those who pay attention to us, at least on a short-term basis. It would also appear that the trainee who exhibits the non-verbal and verbal components of attending behavior is demonstrating the qualities of a good listener as noted by Menninger (1963) and Reusch (1961).

Matarazzo, Phillips, Weins, and Saslow (1965) noted that the student who speaks the most frequently has a greater error tendency and is in general rated as the poorer interviewer.

Clinical Observations

Both experimental and control groups performed reasonably well considering the nature of the setting and the activity involved. Some were shy and bashful, others sought to display a facade of being "cool" or in the know, while some were more sure of themselves in the interpersonal interaction. An admixture of the forementioned traits was reasonably represented in each group. All subjects were cooperative and tended to follow the instructions given.

As a group, the experimental subjects' movements appeared less distracting to the client in the post-test training session than did the control subjects'. The control subjects, in contrast,
seemed not as sure of themselves but tended as in the pre-test interview to continue their movement responses. Both groups were reasonably well relaxed as to posture for pre- and post-test conditions. Both groups employed expressive gestures that were similar in manner and numbers observed. This condition was also noted for arm and hand movements. However, leg and foot movements in the post-test condition were less noticeable in the experimental subjects as a group than for the controls.

Both experimental and control group subjects displayed an initial anxiety on verbal components for the pre-test condition. This was manifested by such questions as, "What should I talk about?"; "Can I talk with someone I know?"; etc. On the post-test, both groups were more relaxed, a fact particularly apparent in those who had received training in attending behavior. The experimental group as a whole seemed more assured of themselves in the interpersonal relationship. Post-test remarks were expressed in which experimental subject counselor-trainees stated that it had been a pleasant experience, they had learned something that was useful, had tried it on friends and family, and that it had worked.

An illustration of the effects of training in the verbal components of attending behavior may be noted in the first pages of typescripts for pre- and post-test conditions. The subject is a 15 year old female of the experimental group, while her client, a male, is of a similar age. The typescripts appear in full in Appendix III with a discussion of the interaction noted.
Experimental Pre-Test Interview

What are you planning to do when you get out of school, ah, what college do you like?

I don't have...I haven't given it really much thought. I don't really know what I want yet.

(long pause) I haven't really thought about it too much either. Well, it's not too early to start thinking, but, I don't know. I...I'm thinking I might like to be a drama major, but I'm not sure.

Isn't that, I don't know. You can't really make that much money from drama, can you? Not too much?

No, it's not so much the money. I like to act.

(stammers) I don't know how good I am, but I like to act.

I like to act, too. But people tell me that I'm good, but I think I'm a ham, so I wouldn't like to put people on. I hate to watch bad acting. I don't want people to have to watch the same thing.

(he laughs and mumbles) We were thinking of writing Woody Allen, he's the, ah, writer that I...like...to see if he'd kinda like, ahm...

Woody Allen? (They both speak, both mentioning Woody Allen.)

Wood Allen, yuh. I'm not sure. He's basically a writer, I think. But...our set...it's beautiful. You hafta come 'n see it. It's 200 dollars and it's very nice.

Is Woody Allen, ahm, any relation to Brenda Allen?
(clears his throat) I don't know.

Do you know Brenda ______? 

No, I don't know Brenda ______.

Well...

Why, is she in school?

Comments: As readily noted, subject does not verbally follow and pays but scant attention to her client.

Experimental Post-Test Interview

You were saying something about your cottages.

Oh, yes. This nice, quiet place. Also, I...I fly during the summer. I take flying lessons. Where we live near ______ airport...it's for light aircraft, ah...during the winter...don't take 'em during the school year. But, then, ah...I fly during the summer.

Oooh, lucky!

Yeah. I...I...I don't know how I got interested in it, but somehow I did and now I have my mother taking flying lessons and I nearly...We almost bought a plane, but we couldn't make ends meet.

That's too bad. It would've been fun.

Yeah. It would be. You could take trips that you couldn't take, you know, just by driving. And this summer I'm painting a house in order to get money for it...also.

For the plane or for flying?

For flying lessons.
What do you do when you fly? I mean, how do you fly the plane?

Ah...hah...well, it's hard to explain. But, ah...
well, first of all on your first flight you learn what the basic controls are, like the rudder pedals...
they affect the yaw and the plane's pitch and the ailerons, and the wheel turns it. That way if you pull it back, you'll roll back, and if you push it up, you go up, or if you push it forward, you go down. That's what you learn, when...to coordinate you have to coordinate the controls. Otherwise, if you just use the pedals when you go into a turn, you go like this. And it is not good.

Did you ever do that?

Yes, I did. When I first started out, but not now.

Is it scarey?

No, it isn't. Well, after you do it right it isn't. First time I did, ah, a steep bank, I...I went a little too steep and you know how in the war movies you see the planes slide off like that? That's what I did.

Comments: Subject, after her training session, displays verbal following behavior as well as an encouraging interest in the client.

The clients of both groups were cooperative in providing the ratings asked for. However, questions were raised as to some of the traits being rated and how they might apply to the person with
whom they had just talked. A general response on the part of the investigator as to what the client was being asked to rate sufficed to obtain a response or rating by the client. The investigator noted that all clients appeared relieved to learn that their ratings would be kept confidential and not discussed with the person to whom they had talked. Some clients openly expressed or commented on post-test ratings that so-and-so seemed better than on the first interview. No such comments were noted from those clients of the control group.

In summary, clinical observations are such as to confirm the values of attending behavior for the adolescents of this study. In the pre-test condition both groups were reasonably relaxed as to posture and use of gestures, both expressed concern as to what to say or talk about. Post-test conditions, however, did reflect the effects of training. The experimental group counselor-trainees appeared more poised and relaxed and their clients responded more favorably, even to having noted changes in the counselor-trainee for the second session. The counselor-trainees, themselves, expressed satisfaction with the training and thought it useful. No such comments were noted for the control group counselor-trainees or their clients.
CHAPTER V

SUMMARY

The purpose of this investigation was to demonstrate the effectiveness of the microcounseling technique in the teaching of attending behavior, a basic human relations skill, to ninth grade junior high school students.

The present study employed the methods and procedures developed and used by Ivey, Normington, Miller, Morrill, and Haase (1968) in the teaching of attending behavior to pre-practicum counseling students at the graduate level. The microcounseling model makes use of the modeling procedures as described by Bandura (1969) and the microteaching concepts developed by Allen and his associates (1967) for teacher training.

The relevant body of research and literature applicable to this area suggest an effectiveness in the employment of modeling, cue discrimination, reinforcement, and microteaching as a means of producing changes in behavior. The microcounseling model makes use of these variables and procedures in combination to effect desired behavioral change.

This investigation concerned itself with an extension of the applicability of microcounseling as a teaching method in attending behavior to a younger, less sophisticated age group than that of the original study.

The research design, that employed by Ivey et al. (1968), consisted of an experimental and control group involving pre- and post-test conditions. A randomized assignment was employed as to
group, with further randomization in the selection of those subjects who would serve as the counselor-trainee or his assigned client. The t test was selected for data analysis in that no major differences were noted in pre-test means for both groups. Change or improvement scores were computed for pre- and post-test means and subjected to a testing of significance for t value at the .01 and .05 levels of significance for 13 dependent variables.

A further objective of this investigation involved the development and use of a Non-Verbal Behavioral Rating Scale for the quantification and statistical treatment of 5 dependent movement variables.

In general, it was hypothesized that those counselor-trainees of the experimental group would, as a result of being taught via the microcounseling model the techniques of attending behavior, achieve a statistical significance for 13 of the 14 dependent variables than would control group counselor-trainees who received no such training. It was further hypothesized that a Non-Verbal Component Rating Scale could be developed and utilized to provide for a quantification and statistical treatment of observed movement ratings.

It was concluded that the microcounseling technique could be effectively employed to teach attending behavior skills to the ninth grade junior high school students involved in this study. Of the 13 of the 14 dependent variables subjected to study, a significant change score was obtained from pre- and post-test
means for 7 of the 13 variables for the experimental group counselor-trainees. The counselor-trainees of the control group failed to achieve a statistical difference on any one of the variables subjected to study.

It was further concluded that non-verbal components of attending behavior could be subjected to behavioral count so as to permit a testing for statistical significance.
Appendix I

Letter to Parents for Student Volunteers

and

Parental Permission Form
Dear Parent:

Your son or daughter has volunteered to take part in a research study focusing on conversational patterns of normal adolescents. The study will involve approximately one fifty-five minute session and will be scheduled by the administration office of the junior high school to minimize class conflicts.

Ten minutes of these sessions will be videotaped and scored later for data collection and analysis by trained raters. The verbal content of the conversation itself will not be analyzed nor will specific attention be paid to any one child. All videotapes will be held confidential and not shown after ratings are completed unless specific additional written permission is obtained from you.

When the study is completed (and it is anticipated that this would be either late spring or early summer), you will be notified by mail and you and your son or daughter are welcome to come view the videotapes and discuss the purposes of the study. Similar studies in the past have been proven enjoyable as well as beneficial to the student.

The study is being pursued as a doctoral research project under the direction of Dr. Allen Ivey, School of Education. Should you have any questions as to the study, please feel free to contact Dr. Ivey at 545-0915.

In order to participate in the study, your son or daughter has been informed that the parent or guardian must sign the attached permission form and return it to the principal's office. The form should be signed and returned by April 16, 1970.

Sincerely yours,

Edward E. Aldrige, M.S.

Attachment
TO: PRINCIPAL' OFFICE

AMHERST JUNIOR HIGH

Permission is given for my son or daughter ____________________________
Insert name here
to participate in the study as described in Mr. Aldridge's letter

of April 11, 1970

_________________________________  ________________
Date                      Signature of Parent or Guardian
Appendix II

Attending Behavior Manual
Appendix II

Training in Attending or Listening Behavior

The training you will be receiving today is to make you more skillful in attending or listening to the student to whom you have just talked. You may feel that just paying attention or listening to what the other person has to say is simple, that really there's nothing to it. Yet, how many times after talking with someone have you come away with the feeling they kind of tuned you out? You had the feeling they were not listening or attending to what you had to say. There's also been times that you may have talked with someone and come away with the feeling, "He really listened to what I had to say--he was really tuned in."

People who have made a study of what makes a good listener, or turns the other guy on, found three simple things which were common to being a good listener. They found out that when you use these three simple things the other person knows you are really listening or attending to what he says. It gives him a feeling that he can talk to you and share his ideas and feelings as a person. The three simple things that convey this are a relaxed, comfortable position, looking at the other person, and following what he has to say.

Relaxing: The first thing is to relax physically as you talk or listen. It may sound strange but if you are seated in a strained, uncomfortable position, you will find it hard to listen or really attend to what the other person is saying. When you are seated in a comfortable, relaxed position, your voice and movements will
be more natural--more you. In addition, a relaxed, comfortable position on your part will make the person to whom you are talking feel more comfortable and relaxed.

Looking or eye contact: A simple but important part of attending or listening to what another person has to say is to look at him. By your looking you let him know that he is important, that you know he's there. You need not gaze fixedly at him as if he were a freak or someone you're trying to stare down. As you know, this would make him feel uncomfortable. A varied use of eye contact or looking promotes a sense of well-being and a willingness to talk on the part of the other person. You may wish to look at the other person as you talk, at other times you may glance down as you think about something he's said or saying and then return his gaze.

Following what the person's saying: Follow what the other person is saying by listening to his comments, ideas, or interest. Your job is to be a good listener. A good listener encourages the other guy to talk by listening--not doing all the talking himself. You will find the other person will do all or most of the talking if you don't interrupt or jump from one topic to another. Tune in on the subject of interest to him. Ask questions which are related to what he's saying or has touched upon. Nothing turns a person off as fast as someone who jumps from topic to topic or insists on presenting his own pet ideas. If you are at a loss as to what to say, then you can think back to what he's said earlier and comment on that.
In summary, a good listener is physically relaxed as he looks and follows what the other person is doing and saying. By following and making use of these three simple ideas: relaxing, looking, and following what’s being said, you turn the other person on. Your behavior tells him you’re tuned in, you are listening.
Appendix III

Discussion of Pre- and Post-Test Typescripts for an Experimental Subject Counselor-Trainee and Client, and Pre- and Post-Test Typescripts
Appendix III-A

Discussion of Pre- and Post-Test Typescripts for an Experimental Subject Counselor-Trainee and Client

Pre-Test Discussion

The effects of training in the verbal components of attending behavior are illustrated in the full typescripts, pre- and post-test conditions, for a 15 year old female and her client (Appendix III-B and Appendix III-C). The counselor-trainee's verbalizations are shown on the margin, while those for the client are indented.

In the pre-test interview, subject is not sensitive to what the client is saying, nor is she attentive to expressions of anxiety and irritation. She does not allow him to complete his statements, she interrupts and changes the topics. She is obtuse and manages to convey a disinterest in him as a person. The effect on the client is such as to produce anxiety and irritation. He stammers and clears his throat and even attempts humor, but to no avail.

Post-Test Discussion

A dramatic change is noted for the post-test interview. Subject appears to have responded well to the printed instructions, viewing of good and bad models, and a review of her own initial interview. In the trainee-supervisor relationship, the investigator pointed out to subject the effects produced on the client and her general responsiveness to him. She admitted to feeling anxious in
her first session and not being too sure of herself. Her comments after the post-test session were that it had been interesting and that she had noted he seemed less anxious and more interested in her.

The post-test typescript discloses subject as staying on the topic, expressing an active, spontaneous interest, and encouraging the client to talk. As may be noted, the length of the client's verbalizations increase, while hers decrease. She appears more in rapport and attuned to what is occurring in the interpersonal relationship. Her client no longer stammers or clears his throat but appears to enjoy the session.
Appendix III-B
Pre-Test Typescript

What are you planning to do when you get out of school, ah, what college do you like?

I don't have...I haven't given it really much thought.
I don't really know what I want yet.

(long pause) I haven't really thought about it too much either.

Well, it's not too early to start thinking, but I don't know. I...I'm thinking I might like to be a drama major, but I'm not sure.

Isn't that, I don't know. You can't really make that much money from drama, can you? Not too much?

No, it's not so much the money. I like to act. (stammers)

I don't know how good I am, but I like to act.

I like to act, too. But people tell me that I'm good, but I think I'm a ham, so I wouldn't like to put people on. I hate to watch bad acting. I don't want people to have to watch the same thing.

(he laughs and mumbles) We were thinking of writing Woody Allen, he's the, ah, writer that I...like...to see if he'd kinda like, ahm...

Woody Allen? (they both speak, both mentioning Woody Allen)

Wood Allen, uyh. I'm not sure. He's basically a writer, I think. But...our set...it's beautiful. You hafta come 'n see it. It's 200 dollars and it's very nice.

Is Woody Allen, ahm, any relation to Brenda Allen?

(clears his throat) I don't know.
Do you know Brenda ______?

No. I don't know Brenda ______.

Well...

Why, is she in school?

No, I don't think so. I think she's in my other school. I don't know why I asked you.

We have one of the, ah, ambassador's mother, ah, Roy ____.

He's in, ah...

Roy's a mother?

Roy's mother!

Oh, Roy's mother.

Yeah. She's a professional artist. She offered to help me. She's done most of the work on our set.

Uhm, is she a good artist?

Yes. Very good. She made the, uhm, seal over our, ah, you know, the bald eagle! With the, uh, the arrows, and the ivy, or whatever it is.

Bald eagles! There's not that much left now, ah (they both speak)

They're extinct now?

Naw. (laughs) I'm talking about the seal. You know, like on presidents, ah, it's right above the, uh, you know, above the desk. It's really beautiful. She's a good...a good, ah, artist. Mr. _____ is the director.

Oh, I don't know. He's a French teacher, isn't he?

Right. (they both mumble something)

He's good. I had him last year.

(there is a long pause here with no one talking)
How do you think you're doing in math?

Yeuchhh!

Really. Well. Listen, on the first report card I got I didn't do so well. Matter of fact, I got mostly...mostly C's, but then I got my second report card. I don't understand any of this math stuff about squares or anything even though I'm doing okay on the tests. Yeuchhh!

(he lets his breath out, faintly amused) You understand it, but you just don't realize you understand it.

Well, it's possible.

What do you do during the summer?

Mmm...mmm...oh, all sorts of...not much really.

Do you travel, or do you stay at home?

My mother's going to get a job. What about you?

Well, let's see, we have this summer place up in Jaffrey, New Hampshire. In the family, we have a hill, and there's about four cottages on it.

Do you, uh, you own all the cottages?

Well, it's in the family. My...my father doesn't own all of them. We own, ah, a lot of land.

(interrupts) We're thinking about buying a house, but we don't have the money yet.

It's a nice, quiet place. And then there's this, uh, road that is blocked off during the summer, so it's nice and quiet. And across the street from this road there's this lake. Then we have a stretch of beach and two canoes, three actually. One is leaking quite badly.
Do you ever tip over?

Yeah. One time my cousin and I and a friend of his that came. We'd gone down the river which leads into the center of town.

Once...once we...uhm, when I was first learning how to, I carried two people and two dogs.

In a canoe...

Yeah. But, uh...but we were only about...it was only a flat lake, so...

They don't have any round lakes...mostly lakes.

(interrupts) Well, rivers.

Yeah. Okay. But, as I was saying, he was in a rush to get back because his mother said you have to be back by 5 o'clock or else (laughs) so we were sprinting across the middle of the lake and this wise guy in a motor boat comes around and...

END OF SESSION
Appendix III-C

Post-Test Typescript

You were saying something about your cottages.

Oh, yes. This nice, quiet place. Also, I...I fly during the summer. I take flying lessons. Where we live near ____ airport...it's for light aircraft, ah...during the winter...don't take 'em during the school year. But, then, ah...I fly during the summer.

Oooh, lucky!

Yeah. I...I...I don't know how I got interested in it, but somehow I did and now I have my mother taking flying lessons and I nearly...we almost bought a plane, but we couldn't make ends meet.

That's too bad. It would've been fun.

Yeah. It would be. You could take trips that you couldn't take, you know, just by driving. And this summer I'm painting a house in order to get money for it...also.

For the plane or for flying?

For flying lessons.

What do you do when you fly? I mean, how do you fly the plane?

Ah...hah...well, it's hard to explain. But, ah...well, first of all on your first flight you learn what the basic controls are, like the rudder pedals...they affect the yaw and the plane's pitch and the ailerons, and the wheel turns it. That way if you pull it back, you'll roll back, and if you push it up, you go up, or if you push it forward, you go down.
That's what you learn, when...to coordinate you have to coordinate the controls. Otherwise, if you just use the pedals when you go into a turn, you go like this. And it is not good.

Did you ever do that?

Yes, I did. When I first started out, but not now.

Is it scary?

No, it isn't. Well, after you do it right it isn't. First time I did, ah, a steep bank, I...I went a little too steep and you know how in the war movies you see the planes slide off like that? That's what I did.

Good. (faintly)

It was, ah, kinda funny because my instructor was sitting there with the seat back...he was sitting there like this and whistling like, uh, just like he wasn't in the plane, and this wasn't happening to him...which...it was funny.

Gosh! Was he scared?

He should've been.

How many years have you been doing this...flying like that?

Well, last...last year was my first year.

And, when do you get a...a license?

Not until you're 17. (laughs)

When will you be 17?

About two years from now.

You're only 15?

Yeah.

Mmm. You look bigger.
Well...I'm a precocious kid, you see...(humorously) and, ahm...let's see. Sometime this year I turn 16. I'll be able to solo. It means I can fly around without anyone in the plane.

Without a license?

No. A license means I can take a..take other people up in flight. But I can't do that now unless they know how to fly themselves. Then they...then I can take 'em.

How far along is your mother?

Ah, not very far. Just a couple of hours. She...she doesn't have that much time to, ah, develop to it, yet. So she's going to wait 'til this summertime to take it up then. My father...I'm going to work on him a little bit more.

Think you'll get him?

Yeah. Think I'll get him. I know he likes it, so...it's a pretty sure thing.

The flying family. (approvingly)

Yeah, right!

(laughs)

My sister, ah, she's renting a horse this summer. For $150 for two...one month. She's a horse bug.

How about you?

No. I've tried already, but I don't really like it. I got off the saddle and I felt like I was about to split right down the middle!
I've never ridden, so I don't know.

Well, it's lotta fun. It was funny one time I wasn't there, my sister was telling me about this. We have a Danish kid who comes over from, uh, from Denmark to America for the summer, for the past 2 or 3 years, and he and my sister go riding together. One time they were going through, ahm, going through the woods on a trail and they stepped...one of the horses stepped on a rotten piece of wood, and out came all these bees. And so Heinrich, that's the name of this Danish kid, Heinrich's horse sat right down and he was about to get off, then all of a sudden stood up and galloped away and you know he's holding on to the saddle for dear life. Must've been a comic sight...then...then another time my, ah, sister was having trouble with a horse and so the person who was taking them out on the trail took the riding crop and smacked the crop across the horse's behind...

END OF SESSION
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VITA

Ernest Edward Aldrige was born in Knoxville, Tennessee, on October 20, 1922, where he attended both grade school and high school. He entered the military service on October 15, 1940, and served for a period of 24 years and 4 months. During the period of service, he attended various service schools and served as a crew member aboard heavy bombardment and transport-type aircraft. During the course of his military career, he attended the U.S. Army's Clinical Psychologist Training Program for Enlisted Personnel at Brook Army Medical Center, Fort Sam Houston, Texas. He was awarded a B.S. Degree in Psychology from Trinity University, San Antonio, Texas, in 1960. Pursuance of graduate studies at Trinity University led to an award of an M.S. Degree in Clinical Psychology in 1963. During the period of February, 1949, to May, 1965, he served in the capacity of psychologist, enlisted, with clinics or hospitals having a psychological or neuropsychiatric service. Upon retirement in June, 1965, from the U.S.A.F. School of Aerospace Medicine at Brooks Air Force Base, San Antonio, Texas, he joined the staff of the Adult Mental Health Clinic in Springfield, Massachusetts. While there, he served as a psychologist from June, 1965, until June, 1966. He then joined the staff of the Springfield Child Guidance Clinic, Inc., as a clinical psychologist, working with children and adults. He served in this capacity until his current assignment at the Westfield Area Child Guidance Center, where he is the Chief Psychologist. The father of two children, Edward, age 26, and Keith, age 19, who now live apart, he resides with his wife at 27 Hollywood Street, South Hadley, Massachusetts.