

**THE INTERVIEW AS THERAPEUTIC TECHNIQUE:
A TRAINING MODEL**

by

SANET BURGER

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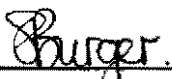
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**PROMOTER: PROFESSOR L J JACOBS
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I declare that **THE INTERVIEW AS THERAPEUTIC TECHNIQUE: A TRAINING MODEL**, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



S BURGER

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by Sanet Burger

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SUMMARY

The interview is considered to be a critical technique in the therapeutic process. The effective (and by implication, the ineffective) use thereof determines to a great extent the outcome of the therapeutic process.

Training in therapeutic interviewing forms an integral part of the training of counsellors and therapists. This study was prompted by BEd (Specialisation in Guidance and Counselling) students' need for a structured and systematic approach to training in therapeutic interviewing skills.

A literature study of the phenomenon *therapeutic interviewing* revealed firstly that the skills needed for effective therapeutic interviewing can be identified and operationally defined and secondly that these skills can be systematically trained. Having a repertoire of interviewing skills is however not a guarantee that therapy or counselling will have a positive outcome. The therapist must be able to create

a therapeutic relationship with the client and in this regard the therapist's personality and attitudes, including empathy, warmth, respect, genuineness and unconditional positive regard for the client, are of major importance in helping to create an atmosphere wherein the client can feel free to discuss his problems and innermost feelings and thoughts.

In the design of a model to train therapeutic interviewing, consideration must be given to both content and procedure. Not only were interviewing skills addressed in this model, but also skills to communicate empathy, warmth, respect, genuineness and unconditional positive regard. For the purposes of this study, the therapeutic interview was divided into six stages. Skills used in each stage were identified, defined and discussed.

A pilot study was conducted to evaluate the effectiveness of the training model. Subjects were trained in accordance with the proposed training procedure. In order to evaluate the subjects' progress and thus also the effectiveness of the training procedure, each subject's pre- and post-training interviews were compared. An evaluation scale was designed for this purpose. The results of the pilot study indicated an improvement in the subjects' interviewing skills.

It is hoped that this study will pave the way for innovation in the training of counsellors and therapists in therapeutic interviewing.

DIE ONDERHOUD AS TERAPEUTIESE TEGNIEK: 'N OPLEIDINGSMODEL

deur Sanet Burger

Graad: Doktor Educationis
Departement: Sielkundige Opvoedkunde
Promoter: Professor L. J. Jacobs

OPSOMMING

Die onderhoud word as 'n kritieke tegniek in die terapeutiese proses beskou. Die effektiewe (en by implikasie, die oneffektiewe) gebruik daarvan bepaal tot 'n groot mate die uitkoms van die terapeutiese proses.

Opleiding in terapeutiese onderhoudvoering vorm 'n integrale deel van die opleiding van terapeute en voorligters. BEd (Spesialisering in Skoolvoorligting)-studente het 'n bepaalde behoefte aan 'n gestruktureerde en sistematiese benadering tot die opleiding van terapeutiese onderhoudvoeringsvaardighede uitgespreek.

'n Literatuurstudie oor die fenomeen *terapeutiese onderhoud* het eerstens aan die lig gebring dat vaardighede onderliggend aan die terapeutiese onderhoud geïdentifiseer en operasioneel gedefinieer kan word en tweedens dat hierdie vaardighede sistematies aangeleer kan word. 'n Repertoire van onderhoudvoeringsvaardighede is egter nie 'n waarborg dat terapie 'n positiewe

uitkoms sal hê nie. Die terapeut moet 'n terapeutiese verhouding met die kliënt kan stig en in hierdie opsig is die terapeut se persoonlikheid en sy houding van empatie, warmte, respek, egtheid en onvoorwaardelike agting van kritieke belang in die skep van 'n atmosfeer, waarbinne die kliënt vry kan voel om sy probleme, diepste gevoelens en gedagtes te kan bespreek.

In die ontwerp van 'n model vir opleiding in terapeutiese onderhoudvoeringsvaardighede moet aandag aan beide inhoud en opleidingsprosedure geskenk word. In hierdie model word nie net die vaardighede vir terapeutiese onderhoudvoering aangespreek nie, maar ook vaardighede om empatie, warmte, respek, egtheid en onvoorwaardelike positiewe agting aan die kliënt te kommunikeer. Vir die doeleindes van hierdie studie is die terapeutiese onderhoud in ses fases verdeel. Vaardighede wat in elke fase gebruik word, is geïdentifiseer, gedefinieer en bespreek.

'n Loodsondersoek is onderneem om die effektiwiteit van die opleidingsmodel te evalueer. Proefpersone is aan die hand van die voorgestelde opleidingsprosedure opgetel. Ten einde die proefpersone se vordering en só ook die effektiwiteit van die model te evalueer, is elke proefpersoon se voor- en naopleiding onderhoude vergelyk. 'n Evalueringsskaal is vir hierdie doel ontwerp. Die resultate van die loodsondersoek het getoon dat die proefpersone se onderhoudvoeringsvaardighede verbeter het.

Die hoop word uitgespreek dat hierdie studie die weg sal baan vir vernuwing in die opleiding van voorligters en terapeute in terapeutiese onderhoudvoering.

SLEUTELTERME

- **Terapeutiese onderhoudvoering**
- **Opleidingsmodel**
- **Terapeutiese verhouding**
- **Empatie**
- **Warmte**
- **Respek**
- **Egtheid**
- **Onvoorwaardelike positiewe agting**
- **Onderhoudvoeringsvaardighede**
- **Opleidingsmetodes en -evaluering**

KEY WORDS

- Therapeutic interview
- Training model
- Therapeutic relationship
- Empathy
- Warmth
- Respect
- Genuineness
- Unconditional positive regard
- Interviewing skills
- Training methods and evaluation

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CHAPTER ONE

INTRODUCTORY ORIENTATION, STATEMENT OF THE PROBLEM, AIMS AND CLARIFICATION OF CONCEPTS

" To be human is to speak. To be abundantly human is to speak freely and fully. The converse of this profound truth, also: that the good listener is the best physician for those who are ill in thought and feeling."

Anonymous

1.1 INTRODUCTION

The interview plays such a critical part in the therapeutic process that the effective use thereof can make a drastic difference in the life of another person. The therapist's¹ ability to sensitively and accurately perceive and communicate his understanding of the client's feelings and the meaning thereof, is of cardinal importance to the positive outcome of the therapeutic process. To communicate this message of understanding the therapist uses the interview.

¹The terms therapist and counsellor are used interchangeably. The person being helped is referred to as the client.

In the words of Leon (1989:5) "...interviewing is an art, a science and a therapeutic tool all wrapped up in one complex package." Learning to become an effective therapist/counsellor implies learning to use the therapeutic interview effectively.

1.2 AWARENESS OF THE PROBLEM

The researcher, in her capacity as a lecturer in the BEd (Specialisation in School Guidance and Counselling) and the MED (Counselling) courses at the University of South Africa, is involved in the training of future Educational Psychologists.

An important component of both these courses, but especially the BEd (School Guidance and Counselling) course, which is a prerequisite Honours course for the MEd (Counselling) course, is practical training in therapeutic/counselling interviewing.

During the practical training the researcher became aware of the fact that the students struggled to master the skills of interviewing. They were overwhelmed by the vagueness and relative lack of structure of instructions such as "Listen empathically....", "Be sensitive..."

Often during training students wondered what to say, what to ask, how to say things, how to convey their interest and attention. They were asking questions such as "Which guidelines can we follow to conduct a good interview?" and "Don't you have a manual for us to use for interviewing?"

These questions and the observation that students need more structure led to the awareness that students have a need for *specific* guidance. They were searching for a comprehensive source on *how to conduct an effective therapeutic interview*.

1.3 ANALYSIS OF THE PROBLEM

1.3.1 A review of existing literature regarding the therapeutic interview

A preliminary literature study revealed that there are relatively few sources specifically addressing the therapeutic interview. It became evident that sources dealing with interviewing can be categorized into nine broad categories. These categories will be presented here as a means of organizing existing literature.

Various sources deal with *general interviewing*. These are comprehensive sources describing a variety of interviews such as the journalistic interview, the job interview, the medical interview and the research interview. The clinical interview, as the therapeutic interview is referred to in many of these sources, is described in general terms as one of these interviews (Kahn & Cannell 1957; Bingham, Moore & Gustad 1959; Tolor 1985; Gottlieb 1986).

A second category of sources studies *specific types of interviews*. Minichiello, Aroni, Timewell and Alexander (1990) studied the in-depth research interview. The interview as it functions in family therapy is also studied (Fleuridas, Nelson & Rosenthal 1986; Hellier 1987). Brearley and Birchley (1986) describe the techniques and skills of the paramedic interview.

A third group of sources discusses the *nature and structure of the interview* (Gevers, Kapsenberg & Straatman 1982; Molyneaux & Lane 1982; Emans 1985; Hulshof 1987). In these sources aspects of the interview such as characteristics, structure and basic goals are dealt with.

In some sources focusing on *psychotherapy and the psychotherapeutic process* aspects of the therapeutic interview are discussed (Rogers 1942; Rogers & Truax 1967; Truax & Carkhuff 1967; Carkhuff & Berenson 1976; Carkhuff 1980; Priestley & McQuire 1983; Ivey, Ivey & Simek-Downing 1987; Rogers 1987; Brammer 1988). Some of these aspects such as empathy, being genuine and accepting the client unconditionally are viewed as conditions for a successful therapeutic outcome (Rogers & Truax 1967:80). The value of the above-mentioned conditions cannot be ignored: If the client does not feel accepted by the therapist, or if he experiences the therapist as being judgmental and false, he will not feel free to discuss his innermost secrets and problems with the therapist. Since Rogers' (1957) theory of the "necessary and sufficient conditions of therapeutic personality change" a variety of therapeutic schools have stressed the importance and positive influence of empathy, warmth, acceptance and genuineness in the therapeutic relationship.

A fifth category of sources addresses a *single component of the interview*. Barbara (1958), Epstein (1985) and Van der Merwe (1991) concentrate on listening skills while Berger (1987) and Gladstein (1987) focus on empathy. Long, Paradise and Long (1981) deal with the use of questions in the interview. In his book *The elements of counseling*, Meier (1989) gives useful information regarding communication and listening in the interview.

There is a group of sources addressing the therapeutic interview specifically (Erickson 1950; MacKay 1973; Edinburg, Zinberg & Kelman 1975), but other aspects such as motivation for change, the nature and causes of psychological problems, organising a therapeutic programme and interpersonal relationships are also dealt with. The therapeutic interview *per se* once again features merely as an aspect of therapeutic interviewing in general.

A seventh category of sources deals with various aspects in the training of the counselling interview. Ivey and Authier (1978), Ivey (1983) and Evans, Hearn, Uhlemann and Ivey (1984) describe specific techniques and skills such as attending, reflection and confrontation. Included in some of these sources are practical exercises to learn the above-mentioned skills. Borck and Fawcett's book *Learning Counseling² and Problem-solving skills* (1982) concentrates on learning basic counselling skills as well as skills to teach the client problem-solving skills. Larson's book *Teaching Psychological Skills* is based on the Chinese proverb of "...give a man a fish, he has one meal; teach him to fish, he can eat for the rest of his life" (Larson 1984:1). This author's method is to teach the client psychological skills for the direct treatment of his problems. Examples of these training programmes are "Life Skills Education", "Social Skills Training" and "Relationship Enhancement".

In *Personal conversations - Roles and skills for counselors* Long, van der Molen, Trower and Look (1990) explain Rogers' client-centered theory and Bandura's social learning theory as a basis for guidelines for the practicing counsellor. These authors divide the therapeutic process into two distinctive phases and give valuable practical skills for dealing with the client.

There is a category of sources which analyse the interview in terms of its *linguistic aspects*. Labov and Fanchel (1977) are of the opinion that the interpretation of words alone are insufficient and superficial. Their micro-analytic approach makes a definite distinction between words and the cues underlying the words. Cues such as hesitations, variation in tone and volume as well as long silences are spectrographically presented. If the client emphasises a specific word in a sentence, for example: "... It is *not* that I don't

²It should be noted that in some instances the words "counseling and counselor" are spelt in the American way, as opposed to the normal usage of "counselling and counsellor".

want to do it..." it will clearly be indicated on the spectograph. This approach may seem technical and cumbersome but it can be valuable especially for the novice interviewer as it is an objective method of analysing what really occurs during an interview.

The last category of sources to be discussed here focuses on mastering effective interpersonal skills (Johnson 1981; Ratliff & Hudson 1988). Although many of these sources are directed at the lay person or the popular psychology market the content dealing with improving general interpersonal relationships can be of value to the therapist.

From the above it is evident that the therapeutic interview can be viewed from different angles. This variety of views necessitates a reflection on the nature of the therapeutic interview.

1.3.2 The therapeutic interview

The focus of this study is the therapeutic interview. For the sake of perspective, some definitions of the interview in general will be presented. This then will serve as a framework for defining and discussing the therapeutic interview.

The interview is not an ordinary social conversation. For Benjamin (1981:xxii) the interview is a serious and purposeful conversation - the purpose being to help the interviewee. Ivey (1983:2) views the interview as the basic process whereby information is gathered, problems are solved and information or advice is given. For Garrett (1972:5) the interview is a professional conversation.

Molyneaux and Lane (1982:vii) define the interview as "...a face-to-face conversation with a purpose." This emphasis on the purposefulness of the interview is also reflected in Fenjason's (1962:129) definition stating that it is the purposefulness of the interview that distinguishes it from an ordinary conversation.

In a reflection on these few definitions certain common elements become evident. The interview is:

- an encounter between two (or more) persons;
- a face-to-face conversation;
- a professional conversation;
- a conversation with a specific purpose.

It is within this framework that the therapeutic interview will be discussed.

In the therapeutic interview all the dynamics of the interview are present, but with important fundamental differences. It is the *purpose* of the therapeutic interview that distinguishes it from other interviews. There is also a certain shift in focus: the purpose of the journalist, the researcher, the employer is to seek help (in the form of information) from the interviewee, while the primary purpose of the therapeutic interview is to help the other person. In this interview the client "...is at the centre; he is the focus; he is all-important" (Benjamin 1981:xxi).

The therapist's most important tool is the interview (Berman 1982:27; Molyneaux & Lane 1982:3). The interview is a way to intervene but interviewing on its own is not intervention. Epstein (1985:3) defines intervention as "...actions taken by the practitioner to introduce information, to interrupt some event or train of events, to interfere with some actions going on, to mediate some conflict, to intercede on behalf of the client." From this it can be deduced that the interview is the *instrument*, the *tool* that makes intervention possible.

1.3.2.1 Approaches to the therapeutic interview

From a study of the psychotherapeutic literature it seems that the word "interview" has many and diverse meanings. Different approaches to psychotherapy define the interview in different terms and emphasise different aspects.

For the **traditional psychoanalysts** every therapy session is an interview (Tolor 1985:3). In this approach the word "interview" implies that the therapist determines the direction of the therapeutic process and that therapy is primarily verbal.

For the **behaviourists** the interview is one component of the comprehensive evaluation and diagnosis of the client and his problems. The behaviouristic interview can be defined as "...the interpersonal interaction between a therapist and patient that has as its goal the identification of problems, their history and development, and the delineation of factors that precede the identified problems (antecedents) as well as the factors that follow as a consequence of the problem behaviours" (Tolor 1985:24). Diagnosis and treatment go hand in hand in behaviour therapy and the interview is the major method the behaviourist employs to obtain information regarding the success of his interventions.

Tolor (1985) distinguishes the therapeutic interview from the above two approaches and defines it as a communication process between therapist and client whereby information is verbally and nonverbally exchanged. The theoretical point of departure for Tolor's study of the therapeutic interview is primarily based on the psycho-dynamic theory that the client's problems originate in limited self-knowledge which in turn is a direct result of

developmental problems. Techniques used in this therapeutic interview focus on the expansion of the client's self-knowledge with specific reference to the unconscious.

Although the first interview (initial contact between therapist and client) is not really viewed from a specific perspective, quite a few authors stress the critical importance of the first interview and as such is worth special mention. For Singer (1965:145) there is a definite distinction between the first interview and follow-up, or later interviews: The first contact between therapist and client is "...more crucial for the therapeutic enterprise than any other in the patient-therapist relationship". This emphasis on the first interview is also recognised by other authors such as Tyler (1969), Molyneaux and Lane (1982) and Tolor (1985).

In relationship therapy (Jacobs 1987) the first interview is not considered as a separate entity in the therapeutic process, but rather it is the *purpose* of the first interview that distinguishes it from further therapeutic interviews: The continuation and success of the therapeutic process depends on the building of rapport which is the main purpose of the first interview. Furthermore, the first interview often contains therapeutic elements in the sense that the client, sometimes for the first time in his³ life, experiences unconditional acceptance, empathy and respect.

1.3.2.2 Training in therapeutic interviewing

The preliminary literature study showed that the training and evaluation of counsellors and therapists has warranted widespread interest and attention

³The repetitive use of pronouns referring to gender tend to be cumbersome - therefore the masculine gender has been used throughout the study, unless specific differentiation is required.

ever since Freud's time (Truax & Carkhuff 1967; Stone 1975; Toukmanian & Rennie 1975; Gulanic & Schmeck 1977; Hodge, Payne & Wheeler 1978; Ivey & Authier 1978; Baker & Daniels 1989; Benschhoff & Thomas 1992).

It was further evident that the training of counsellors evolved from a vague, unstructured approach to more structured approaches with specific characteristics. Rogers (1957) is viewed as the pioneer who initiated the movement in the direction of structured, systematic training. His *experiential-based approach* brought him in direct conflict with the supporters of the traditional *didactic-cognitive approach* (Wolberg 1954). With time came the tendency to attempt an integration of these two approaches and with Truax and Carkhuff's (1967) didactic-experiential approach, training was placed on a "...continuum ranging from didactic shaping to experiential growing" (Watson & Anchor 1974:16).

Ivey's (1971) theory of *microcounseling and microtraining* is a systematic approach to the training of interviewing skills. The essence of this approach is explained by Ivey (Ivey & Authier 1978:8): "Microtraining and microcounseling are direct attempts to develop a systematic approach to interviewer and interviewee training."

The assumption on which Goldstein's (1973) *Structured Learning Therapy* is based, is that traditional training programmes are directed at the training of counsellors who work with high- and middle income groups while the specific needs of the low-income groups are not addressed in the training of counsellors. His approach therefore focuses on the training of very specific skills such as assertiveness, internal control and accuracy in perception of feelings.

Kagan's (1975) *Interpersonal Process Recall* addresses fundamental questions such as: Can interpersonal relationships be improved? Can a community's mental health be improved? Kagan and his colleagues (1975:74) observed that stimulated recall by means of videotape and assisted by a person serving as an "inquirer" could help people understand themselves better, recognise their impact on others and give people the opportunity to try out new interpersonal skills. This method proved to be an effective method to help counsellors in training become more sensitively aware of their own reactions and effect on others. Danish and Hauer's (1973; 1977) *Helping Skills Programme* focuses very much on the same issues and is also directed at the improvement of interpersonal skills.

Lastly, Carkhuff's (1969) *Human Relations Programme*, which is essentially an expanded programme of the didactic-experiential approach, is one of the first training programmes to identify and focus on specific therapist qualities.

Paragraph 1.3.2.2 is not meant to be a complete review of existing training programmes and approaches. In Chapter 3 training models and programmes will be discussed in more detail.

1.4 DEMARCATION OF THE FIELD OF STUDY

1.4.1 General demarcation

Therapy and therapeutic techniques are comprehensive. In the therapeutic process the therapist uses a wide variety of techniques. The preliminary literature study has revealed that the interview is a distinctive and important technique used in therapy. The therapeutic interview forms the focus of the research in this study.

1.4.2 Specific demarcation

Paragraph 1.3.1 gives evidence of the many ways the therapeutic interview can be studied. This study focuses specifically on the training of therapeutic interviewing.

1.5 STATEMENT OF THE PROBLEM

1.5.1 General statement of the problem

Many books on interviewing exist, but with regard to systematic training the researcher became aware of a definite need for a comprehensive model focusing on therapeutic interviewing training.

1.5.2 Specific statement of the problem

A reflection on the researcher's awareness brought about specific questions:

- What is the nature and importance of the therapeutic relationship?
- Why do beginner-counsellors find it difficult to master the skills of therapeutic interviewing?
- What are the common problems and stumbling-blocks encountered by beginner-counsellors?
- Can therapeutic interviewing skills be trained and mastered?
- What is the nature of the effective therapeutic interview?
- How can therapeutic interviewing be trained?

1.6 AIMS OF THE STUDY

1.6.1 General aims

The general aim of this research is to study the therapeutic interview. In this study the focus will be on:

- the nature of the therapeutic relationship
- existing training models
- the nature (content) of the therapeutic interview
- a training procedure to train therapeutic interviewing skills

1.6.2 Specific aims

The purpose of this study is twofold:

- to design a comprehensive training model for training therapeutic interviewing skills. In the design of this model consideration will be given to both content and training procedure;
- to design an evaluation instrument to evaluate the effectiveness of the training model

1.7 RESEARCH METHODOLOGY

The research will be conducted as follows:

- A literature survey will:
 - explore the phenomenon of the therapeutic relationship. This exploration will serve as a point of departure for studying the therapeutic interview.
 - evaluate various approaches to training, existing training models and address some issues in training counselling and interviewing skills.
- The empirical research consists of the design of the training model. The model addresses content (theory) as well as training procedure (practice). A pilot study will be conducted to evaluate the effectiveness of the proposed training model.

In short, the pilot study will be conducted as follows: Each subject will conduct a five-minute base-line interview. These interviews will be evaluated using the designed evaluation instrument. Once training is completed, each subject will once again conduct a short interview which will be evaluated using the same scale. Pre- and post-training interviewing behaviour will then be compared.

1.8 CLARIFICATION OF CONCEPTS

1.8.1 The therapeutic interview

The concept *interview* has been dealt with in paragraph 1.3.2. For the purpose of this study the therapeutic interview is re-defined as follows:

The therapeutic interview as a tool for intervention and helping is a purposeful conversation between therapist and client with the client as focal point. In this conversation the therapist uses verbal and nonverbal ways to establish and maintain a warm and accepting climate to give the client the freedom and courage to gain new insights into himself and his problems.

1.8.2 Therapeutic technique

Plug, Meyer, Louw and Gouws (1988:363) view *therapy* as "...enige behandeling van 'n siekte of geestesgebrek, hetsy deur middel van psigoterapie of mediese tegnieke."

Collins Pocket Reference English Dictionary (1988:492) defines *therapy* as a "healing treatment" and *therapeutic* as "serving to improve or maintain health."

Some academic sources use the concept "helping" interchangeably with therapy (Carkhuff 1980; Benjamin 1981; Brammer 1985).

Technique refers to "...die wyse waarop 'n handeling, veral 'n gespesialiseerde handeling of prosedure, uitgevoer word" (Plug et al 1988:360). Collins (1988:487) defines technique as "...a skill required for mastery of subject."

In this study *therapeutic technique* is defined as a tool used by the therapist to bring about positive change, growth and self-actualisation in the client. This tool is in essence the therapeutic interview.

1.8.3 Training model

Plug et al (1988:252) give a detailed definition of the concept of training: " 'n Sistematiese reeks aktiwiteite waaraan 'n persoon onderwerp word ten einde

nuwe kennis, vaardighede of gedragsverandering by hom te weeg te bring. Dit kan aspekte soos die volgende betrek: instruksies, oefening, hersiening, praktiese werk en eksamens."

Van den Aardweg and Van den Aardweg (1988:234) define training as "...learning under guidance and supervision to perform a specific skill."

A *model* is, according to Odendal, Schoonees, Swanepoel, Du Toit and Booysen (1991:706) "...'n voorbeeld waarvolgens 'n werk uitgevoer word."

For the purpose of this study a training model is defined as:

A frame of reference for the transfer of specific knowledge and skills. This knowledge and these skills are directed at the development and enhancement of ability and effectiveness in therapeutic interviewing.

1.9 DEVELOPMENT OF THE STUDY

This chapter has focused on the awareness, analysis and statement of the problem. The field of study was demarcated, aims were formulated and concepts as they appear in the title have been clarified.

In Chapter 2 the therapeutic relationship is studied. This chapter forms an important part of the study as it is the ideal to strive for: Effective therapeutic interviewing is needed to create the kind of relationship described in this chapter.

As this study is an attempt to design a training model, it is of the essence to study and evaluate existing training models. In the design of a training model

certain variables are to be considered. These and other issues in training will be dealt with in Chapter 3.

The empirical study consists of the design of the training model. Chapter 4 will deal with the content of the model. Chapter 5 is devoted to the practical implementation of the model. In this chapter the training procedure is explained, the evaluation instrument designed to evaluate the effectiveness of the model is presented, and the pre- and post-training profiles of the subjects used in the pilot study, are compared.

In Chapter 6, the concluding chapter, findings from the literature as well as the empirical study, conclusions and recommendations will be presented.

CHAPTER 2

THE THERAPEUTIC RELATIONSHIP

"The heart of the therapeutic process is the relationship established between the counselor and the client"

Brammer, Shostrom and Abrego (1989:74)

2.1 INTRODUCTION

As it is the purpose of this study to design a model to train future counsellors in the effective use of the therapeutic interview and by implication enhancing their effectiveness as counsellors, it is necessary to reflect upon the nature of this effectiveness. From the literature it became evident that the therapist's personality in general and his interpersonal skills specifically are considered to be of the utmost importance in establishing a positive working relationship with the client.

In the study of the phenomenon of the therapeutic relationship, consideration will be given to the following:

- The nature of the therapeutic relationship.
- The therapist as a person.
- Stumbling-blocks in the way of the beginner interviewer.

2.2 THE THERAPEUTIC RELATIONSHIP

A large part of the knowledge concerning the therapeutic relationship stems from the client-centered (Rogers 1951) and the existential (May 1978) theories of counselling and therapy. Since the formulation of these theories, most, if not all, other approaches to psychotherapy recognise the cardinal importance of the therapeutic relationship to the positive outcome of the therapeutic process (Gelso & Carter 1985:155).

All forms of psychotherapy and counselling require an interpersonal relationship between therapist and client. For some this relationship is the *sine qua non* of good therapy, that client change flows naturally from the relationship. This relationship deserves a special place in the therapeutic process as the successful establishment thereof, will ensure the client's emotional involvement. The therapeutic relationship represents an emotional and reciprocal involvement between client and therapist. To define it in the words of Gelso and Carter (1985:158): "The relationship is the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed."

That a positive relationship between therapist and client should exist, cannot be questioned, but what is the nature of this special relationship? What does it consist of? What does it look like?

2.2.1 Perspectives on the therapeutic relationship

As seen above, general consensus exists regarding the importance of the therapeutic relationship. There are however some diverse opinions concerning the *nature* of this relationship. Three major approaches to the therapeutic

relationship will briefly be discussed. These approaches are the psychoanalytic, the humanistic and the learning approaches. The psychoanalytic approaches are those approaches that focus on making the unconscious conscious, for instance the theories of, inter alia, Adler, Jung, Fromm, Sullivan and Horney. The humanistic approaches are those that pay attention to the "here-and-now" and the client's capacity for self-actualisation, for instance the client-centered, the experiential and relationship approaches to therapy. Finally, the learning approaches with their principles of conditioning include behaviour therapy, cognitive behaviour therapy, social learning and the like.

2.2.1.1 The Psychoanalytic perspective

In the therapeutic relationship the therapist must maintain an air of controlled neutrality in order to allow the client's transference to develop. At the same time, the therapist must care for his client and respond to him in an empathic manner. According to Gelso and Carter (1985:199) it is as if the therapist says to the client: "I do care about you but for your own good I must maintain my "analytic posture"..." The client on the other hand is expected to express his immediate feelings and thoughts, he must therefore be genuine.

The above refers to the traditional psychoanalytic relationship. In the more psychodynamically-oriented therapeutic encounters there is more give and take between therapist and client and a wider range of therapeutic responses. It must be noted that changes are taking place in the direction of greater "humanization" of the analytic treatment and a greater acknowledgement of the role of the relationship between therapist and client (Gelso & Carter 1985:202).

2.2.1.2 The Humanistic perspective

Rogers' (1951:172) own words: "The process of therapy is seen as being synonymous with the experiential relationship between client and therapist" stress the value placed on the relationship by the supporters of the humanistic approaches to psychotherapy.

Rogers' *Person-centered counseling* is a refinement of his client-centered theory. Gelso and Carter (1985:211) give a useful clarification of the changes in Rogers' theory:

- 1940 - 1950: These years represent the first phase which might be called the "nondirective therapy" phase. The function of the therapist was to create a permissive climate and to accept the client unconditionally.
- 1950 - 1957: During the second phase, the "reflective phase", the emphasis was on creating a non-threatening relationship. The therapist's main task was to reflect the client's underlying feelings, rather than simply rephrasing them.
- 1957 - 1980: The "experiential" phase begins with Rogers' statement of the "necessary and sufficient conditions" and a large range of therapist behaviours were permitted in order to express the relationship attitudes of empathy, positive regard and congruence.

Therapist genuineness or "realness" - his openness to his own experiences and his willingness to share it with the client in the here-and-now, is considered the crucial basis for client change. Genuineness is the hallmark of all of the humanistic approaches to therapy (Gelso & Carter 1985:213).

2.2.1.3 The Learning perspectives

In behaviour therapy, the conceptualization of the therapeutic relationship is different from that of most other approaches, but it is not less important. The relationship is not seen as the essence of therapy, but as a facilitative factor in producing change.

According to a study by Sloane, Staples, Cristol, Yorkston and Whipple (1975:170) the behaviour therapist was rated as more directive, more open, more genuine and more disclosing than the psychoanalytically-oriented therapist.

For the learning theorists, the relationship gives the therapist a power base that facilitates appropriate persuasion, reinforcement, and the use of techniques. In this relationship the client must feel understood and accepted, and be trusting of the therapist's skills so that the therapist has an interpersonal leverage upon which to base his strategies (Gelso & Carter 1985:226).

From the above discussion it is clear that despite having different views on the therapeutic relationship, theorists from different perspectives do not question the importance thereof.

2.2.2 The nature of the ideal therapeutic relationship

In the ideal therapeutic relationship the client experiences warmth and acceptance. He experiences the freedom to express any thought, feeling and attitude without the fear of being judged or ridiculed. The client can, often for the first time in his life, be himself. In this unique relationship he is able to

explore his wishes, his fears, problems and conflicts because he does not have to defend anything.

2.2.2.1 Dimensions of the therapeutic relationship

In order to come to a clearer understanding of this relationship, some important aspects thereof will be discussed. Brammer (1965) and Brammer, Shostrom and Abrego (1989:76-81) discussed these elements or dimensions in detail. These dimensions will briefly be described here to give a theoretical basis for the rest of this chapter:

- ***Uniqueness/Commonality***

The therapeutic relationship can be described in general terms but each relationship is unique. The factors contributing to this uniqueness are the counsellor's attitudes, his behaviour and personality. Coupled with this are the client's attitudes, his personal characteristics and background. Therefore, each new client brings a new challenge.

The therapeutic relationship is also unique in its distinction from other relationships. Some of its distinct features are its structure and the therapist's ability to be objective as well as emotionally involved.

- ***Objectivity/Subjectivity***

The therapist's intense interest in his client is paradoxical in nature: It is not subjective in the sense of loving the client and it is not as objective as viewing the client as nothing more than scientific material. The most effective relationship concerning this aspect, is a balance between these two extremes. Oppenheimer (1954:165) explains that objectivity and subjectivity should not

be defined as opposites but rather as degrees of intensity in a positive emotional closeness.

Objective counsellor behaviour implies that the counsellor respects the views of the client, he does not force his own opinions on him and he looks at his problems in a rational way. Extreme objectivity may lead to the counsellor maintaining a psychological distance, being cold and not involved.

Subjectivity, which includes emotional warmth and psychological closeness, as well as intense interest, gives the client the experience of being cared for and understood. Too much subjectivity can be experienced as threatening and it may lead to the counsellor responding to the client's problems as if they were his own.

- ***Cognitiveness/Affectiveness***

Cognitive relationship elements refer to intellectualizing whereas the affective elements refer to the expression of feelings. In the relationship the therapist must be sensitive to know when to encourage a rational discussion of the problem and when to encourage exploration of feelings and emotions. Brammer (1985:42) characterizes the affective quality of the relationship as having an empathic quality, as being a friendship where the people involved like each other and have a deep caring quality. The intellectual elements refer to numerous self-dialogues including thinking about what is happening, deciding what to do next and wondering about the meaning of the relationship.

- ***Ambiguity/Clarity***

The client may experience the therapeutic relationship as being vague and ambiguous. It is one of the therapist's first tasks to explain the process and give the client some structure and thus, some clarity to the relationship.

Ambiguity does serve a purpose in the relationship: A person tends to handle ambiguous stimuli in terms of his own unique projected responses. Thus, by allowing the client to project his feelings, he becomes aware of them and together with the therapist, able to deal with them.

Brammer (1985:43) warns that if the relationship is too ambiguous in terms of the purpose and role of the therapist, the client may react with considerable anxiety or the interview may drift into a social conversation.

- ***Responsibility/Accountability***

The acceptance of the client in the relationship implies the therapist's willingness to assume some responsibility for the outcome of the counselling process. The client also has a responsibility since it is his problems which are at stake.

Although counsellor responsibility does not mean that the counsellor will decide for the client, he is in a responsible leadership position where he must protect the client and assume certain liabilities for the outcomes, especially when it comes to the client deciding to take drastic action such as divorce, changing of jobs or leaving home.

- ***Trust/Distrust***

For Brammer (1985:43) trust/distrust is a crucial dimension of the therapeutic relationship. The client is generally willing to accept help from someone he trusts. For trust to develop, the client must have confidence in the therapist. Clear motives for helping the client help to create trust: The therapist's motives must be apparent and attractive to the client and should not be a cover for

efforts to control, manipulate or punish. Trust leads to feelings of being accepted and valued as a person.

Distrust causes the client to reject help, especially if the client thinks the therapist wants to change him. The client resists the efforts of the therapist, the therapist senses the resistance, and feeling rejected, tries even harder to change the client and encounters more resistance. This may lead to an end of the relationship with feelings of disappointment or anger in both client and therapist.

2.2.2.2 Characteristics of the most and the least ideal therapeutic relationship

Rogers (1961:49) is of the opinion that relationships which are helpful have different characteristics from relationships that are unhelpful. These differential characteristics have to do primarily with the attitudes of the helping person on the one hand and with the perception of the relationship by the "helpee" on the other.

To further elucidate the therapeutic relationship some characteristics of the most and the least ideal relationship will be listed. Fiedler (1950) studied the concept of an ideal therapeutic relationship and found the following statements to be characteristic of the most ideal relationship:

- An empathic relationship
- The therapist and client relate well
- The therapist sticks closely to the client's problem
- The client feels free to say what he likes
- There is an atmosphere of mutual trust

- Rapport is excellent
- The client assumes an active role
- The therapist leaves the client free to make his own choices
- The therapist accepts all feelings expressed by the client as completely normal and understandable
- The therapist is understanding
- There is an atmosphere of tolerance
- The client feels most of the time that he is really understood

Some characteristics of the least ideal therapeutic relationship are:

- A punitive therapist
- The therapist makes the client feel rejected
- The therapist seems to have no respect for the client
- The relationship is cold and impersonal
- The therapist often puts the client "in his place"
- The therapist tries to impress the client with his skill or knowledge
- The therapist treats the client like a child

From the above two paragraphs (2.2.2.1 and 2.2.2.2) it is evident that the therapist plays a crucial role in the creation of an ideal, or facilitative relationship. It seems acceptable to state that the therapist's personality is an important determinant, not only for the quality of the relationship, but also for the success of the therapeutic outcome. The therapist as a person should then be put under the magnifying glass: What is it that makes him such an important factor in this process?

2.3 THE EFFECTIVE THERAPIST

Success in the therapeutic relationship (getting the client to the point where he will open up and speak truly and honestly about his problems), depends to a

large extent on the personality and attitude of the therapist. Watson (1951:580) states that the therapist's personality is undoubtedly important in deciding the outcome of the therapeutic process. He stresses this statement by saying that "...the "right" psychotherapist will often achieve good results with the wrong method whereas the wrong person will fail despite using a more valid one." This may be a distorted and somewhat one-sided view but the implication is clear: effective and ineffective therapists may have mastered the same skills, but their personality and attitudes will determine the extent of their success. The question now is: What does this effective therapist look like?

2.3.1 The therapist as a person

In studying the therapist as a person two specific aspects stand out: his personality and his attitude. Many of the qualities and attitudes which will be discussed in this section may seem idealistic; nevertheless, they provide yardsticks against which counsellors can measure themselves. They also provide an "ideal" to strive for.

2.3.1.1 The personality of the therapist

Information concerning the personality of the therapist originates mainly from four groups of sources:

- 1 Opinions and ideas of theorists (Wolberg 1954; Truax & Carkhuff 1967)
- 2 Research studies implying that the therapist has certain personality characteristics that distinguish him from other people (Cottle 1953; Weitz 1957).

- 3 Therapists own views regarding personality characteristics necessary for successful therapy (Norcross, Strausser & Faltus 1988)
- 4 Clients' views regarding the personality of the therapist (Arbuckle 1956, 1975; Rogers 1987; Howe 1993)

To turn to an identification of the effective therapist's personality: A publication by the *National Vocational Guidance Association* on professional training of counsellors (Cottle 1953:446) lists general characteristics of counsellors:

- A deep interest in people
- Patience with people
- Sensitivity to the attitudes and reactions of others
- Emotional stability and objectivity
- A capacity for being trusted by others

Van Kaam (Arbuckle 1975:446) views the ideal therapist as being:

- flexible
- accepting
- sincere and
- gentle

For Rogers (1942:254-256) the therapist must:

- be sensitive to human relationships
- be objective
- have respect for the individual (this implies accepting him as he is)
- understand himself regarding his own emotional limitations and shortcomings and
- have knowledge of human behaviour

Truax, Carkhuff and Douds (1964:243) suffice with empathic understanding, warmth and congruence as the three therapist characteristics sufficient for the facilitation of in-depth client self-exploration.

Arbuckle (1975:390) is of the opinion that the *client's perception of the therapist* plays just as an important role in the successful outcome of the therapeutic process. Arbuckle gives an extract from Grande's (Arbuckle 1975:391) research concerning positive and negative client perceptions of the therapist:

POSITIVE CLIENT PERCEPTIONS	NEGATIVE CLIENT PERCEPTIONS
"He is someone who <i>really</i> cares about me and what happens to me..."	"He is just like my father."
"...he's someone I can trust. He isn't always judging me - he lets me judge myself."	"They (counselors) just sit around and get paid for nothing."
"He's not easily shocked - no matter what I tell him."	"Counselors have no wisdom."

In the literature there seems to be a shift away from the tendency to describe the therapist as being "a good person" toward a focus on the therapist's ability, not only to understand and accept the client, but also his ability to look at himself, to understand himself and accept himself as he is. Stone and Shertzer's (1963:346) view underscores this shift in emphasis: "The true professional knows not only who he should be but also what he is...All too many counselors invest their energy in arguing what they should be without stopping to look at what they are both personally and professionally."

In an attempt to move away from the tendency to measure himself according to a description of how he should be, Rogers (1988:50-55) suggests that the therapist should rather focus on himself by asking himself the following questions:

- Can I *be* in some way which will be perceived by the other person as trustworthy, as dependable, or consistent in some deep sense?
- Can I be expressive enough as a person that what I am will be communicated unambiguously?
- Can I let myself experience positive attitudes toward this other person - attitudes of warmth, caring, liking, interest, respect?
- Can I be strong enough as a person to be separate from the other?
- Am I secure enough within myself to permit him his separateness?
- Can I let myself fully into the world of his feelings and personal meanings and see these as he does?
- Can I receive him as he is? Can I communicate this attitude?
- Can I act with sufficient sensitivity in the relationship that my behaviour will not be perceived as a threat?
- Can I free him from the threat of external evaluation?
- Can I meet this other individual as a person who is in the process of *becoming*, or will I be bound by his past and by my past?

With these questions Rogers expresses the hope that the therapist, in his honest answer to this, will gain the understanding and insight to facilitate growth in the relationship with his client.

2.3.1.2 The attitude of the therapist

Research by Fiedler (1950) indicates that experienced therapists from diverse theoretical orientations agree that empathy, warmth and unconditional positive regard are central elements of the therapeutic relationship.

Some theorists view the above elements as personality characteristics (Bailey, Deardorff & Nay 1977:257), but the researcher is in agreement with Rogers' and Truax's (1967:11) view that empathy, warmth, respect and genuineness are attitudes of the therapist. These attitudes are imperative for client change and growth and they do not refer to perceivable behaviour such as questioning, interpretation or reasoning, but rather to interpersonal qualities or attitudes. In other words, it is not what the therapist does, but how he does it.

Truax and Carkhuff (1967:107) distinguish these attitudes from techniques: "These ingredients are in part a description of the attitudes and personality of the therapist rather than merely effective techniques." Blocher (1974:194) agrees with this distinction and says techniques are only means and they are useless "...unless they are based upon accurate perceptions of client communications." This view makes sense if one thinks about the therapist who is able to listen empathically and in so doing perceive the client accurately.

Empathy, genuineness, warmth and respect are not new concepts. According to Cameron (Truax & Carkhuff 1967:38) it seems that "...ever since Freud, it has been established practice amongst competent psychotherapists to treat

their patients and their complaints with respect, warmth, and understanding, to meet the emotional aspects of their behavior with empathy, that is with thorough emotional understanding."

Renewed interest in the positive effect of these attitudes was raised by Rogers' (1957) theory of the necessary and sufficient conditions for constructive personality change. Rogers (1962:417) asked himself : "What are these attitudinal or experiential elements in the counselor which make a relationship a growth-promoting climate?" His answer to this important question is summarized by Truax and Carkhuff (1967:25):

The therapist's ability to communicate *empathic understanding* and *unconditional positive regard* for the patient, and his being a *congruent or genuine* person in the relationship, are both necessary and sufficient conditions for patient therapeutic change" (own emphasis).

The researcher supports the view that these attitudes are necessary (although not sufficient in themselves) to the extent that accurate empathy, unconditional positive regard, warmth, respect and genuineness are considered to be the *basic building blocks* upon which the therapist builds his relationship with the client. Viewed against this background the researcher makes the statement that without these building blocks as a basis, the therapist, despite having mastered a range of skills, will not be effective in facilitating client change and growth. Findings of a study by Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash and Stone (1966:334) underscore the researcher's view: These findings suggest that the therapist determines the level of conditions occurring in therapy which in turn determines the level of psychotherapeutic outcome.

These attitudes will now be discussed.

2.3.1.2.1 *Accurate empathy*

Empathy is the key element of therapy. The explicit communication thereof, especially in the early phases of therapy is critical. Without empathic understanding of the client's world and his problems as seen by him, there is no basis for helping.

A strong statement but it emphasises the critical role of empathy in the therapeutic process. Of all the essential elements necessary for effective therapy, empathy received the most prominent attention in the literature (Barbara 1958; Rogers 1957, Carkhuff 1969; Ivey & Authier 1978; Cormier & Cormier 1979; Long, Paradise & Long 1981; Ivey 1983; Brammer 1985; Berger 1987; Gladstein 1987) to name but a few.

The word *empathia* seems to be of Greek origin and indicates affection as well as passion with a quality of suffering. *Em* means *in* or *into* and there is the idea of a strong feeling - of connection with another. *Pathos* is from Latin, and as the modern suffix *pathy* it can mean feeling-perception (Barrett-Lennard 1981:91). Modern usage of the term empathy is dated as beginning 1897 when the German psychologist Theodor Lipps used the term *Einfühlung* to refer to the process of becoming totally absorbed in an external object. Adler's (1931:172) quote of an unknown English author is a simple but accurate definition of empathy: "...to see with the eyes of another, to hear with the ears of another, (and) to feel with the heart of another."

A description of the term accurate empathy would not be complete without Rogers' (Rogers & Truax 1967:104) definition:

"Accurate empathic understanding means that the therapist is completely at home in the universe of the patient. It is a moment-to-moment sensitivity that is in the "here-and-now", the immediate present. It is a sensing of the client's inner world of private meanings "as if" it were the therapist's own, but without ever losing the "as if" quality."

When the client's world is clear to the therapist and if he can move freely in his (the client's) world, he can communicate his understanding of what is often vaguely known to the client. Rogers (1962:419) asserts that it is this kind of highly sensitive empathy which seems to make it possible for the client to get close to himself and to learn, to change and to develop.

Dainow and Bailey (1988:59) warn against the incorrect way of using empathy interchangeably with sympathy: Sympathy is a reaction evoked by a specific event whereas empathy indicates the ability to project oneself into another person's experience while remaining unconditionally oneself. Empathy, unlike sympathy is a state of being. Benjamin (1981:51) agrees with these authors and adds that although feelings of sympathy are sometimes needed, they are not always therapeutic. He issues a further warning not to confuse empathy with identification: When a person identifies with another, he wants to be like him, to think as he does, to feel and act as he does, he wishes to erase himself and substitute the self of the other. By doing this, the own identity is lost.

To be empathic is much more than being a good listener. The therapist has to *communicate* his understanding of the client's feelings, frustrations and fears. Therefore, besides having a perceptive aspect, empathy also has a communicative aspect. The interaction between these two aspects is described by Rogers and Truax (1967:104): "To sense the patient's confusion, his fear,

his anger, his rage... as if it were a feeling you might have (but which you are not currently having) is the essence of the perceptive aspect of accurate empathy. To communicate this perception in a language attuned to the patient that allows him more clearly to sense and formulate his confusion, his fear, his rage or anger is the essence of the communicative aspect of accurate empathy."

From the above definition it becomes clear that the therapist must focus on the *client's* world. The client and his problems are viewed from his internal frame of reference. Should the therapist address the client from his own frame of reference (that is the therapist's frame of reference) it will mean that he interprets information as he sees it and directs the interview according to his frame of reference and not that of the client. Accurate empathy implies that the therapist approaches the interview without any preconceived ideas. Blocher (1974:194) makes a strong statement about this: "The primary area in which counselors must develop skills is in perceiving total client communications in terms of those relevant constructs through which *the client views his world and assigns meaning to his perceptions* (own emphasis)".

If looking at empathy against the background of the discussion above, it is clear that empathy cannot be merely a technique. Empathy is an attitude, a way of approaching another person, in this context, the client. The question that arises from this is: If empathy is an attitude and not a technique, can a person learn to be empathic? Can empathy be trained?

Rogers' (1975:6) answer to this question is a frank "yes":

"...an empathic way of being can be learned from empathic persons. Perhaps the most important statement of all is that the ability to be accurately empathic is something that can be developed by training." There is further conclusive

evidence in the literature supporting Rogers' point of view (Truax & Carkhuff 1967; Campbell, Kagan & Krathwohl 1971; Payne, Weiss & Kapp 1972; Saltmarsh 1973; Dalton & Sundblad 1976; Gulanick & Schmeck 1977). According to Ivey and Authier (1978:129), effective listening, which is the basis for accurate empathy, consists of attending behaviour and attending skills - these are skills that can be learned.

The moment-to-moment intense sensitivity for the feelings of another person requires unconditional acceptance of and regard for the other person. Therefore, a high level of empathy is barely possible without unconditional positive regard for that person.

2.3.1.2.2 *Unconditional positive regard*

Unconditional positive regard does not only reflect the therapist's deep concern for the well-being of his client, but also respect for his individuality and worthiness as a human being. The underlying message communicated by this attitude is that the client has the freedom to be himself and that the therapist respects him for that.

Although the concept of positive regard originates from Rogers' (1961) view that the individual has the ability to grow, to change and to actualize his potential, other approaches to psychotherapy also emphasize the above positive aspects of the individual. Positive regard is viewed as "...a point common to all systems of psychotherapy" (Wyatt 1948:83).

To return to the concept of unconditional positive regard. By communicating this attitude the therapist conveys the message that there are no conditions for acceptance, there are no hidden messages such as "I will like you if..." or "I care for you if..." To accept the client unconditionally means to avoid any form

of judgment. In his genuine acceptance of the client the therapist does not express, explicitly or implicitly, approval or disapproval. The client has to feel free to express any feelings, thoughts or desires without fearing disapproval or worse, rejection. As he expresses these previously unpermitted feelings and receives the message that he is, despite these verbalisations, still accepted and respected, he comes to the positive acceptance of his own changing, new self.

In operational terms positive regard is selective attention to the positive aspects of the client's verbalisations. By communicating these, the client may become aware of positive aspects in himself which he did not know existed. Equipped with this knowledge and an increased belief in himself, the client can move on to solve larger problems in his life. The positive outcome of this is that "...minimum change becomes a maximum change over time" (Ivey & Authier 1978:134).

Positive regard, communicated by verbalisations congruent to the nonverbal expression of warmth, acceptance and empathy is also an attitude which can be operationalized, practised and mastered (refer Chapter 4).

2.3.1.2.3 *Genuineness*

In the therapeutic relationship the therapist must be himself, not playing a role or pretending to be something he is not. This means he has to be genuine. Only by being genuine can he have a real understanding for the client and accept him for himself. This understanding is more than just a cognitive understanding, it also has an affective component to the extent that he can "feel" what it would be like to live the experiences of the client (Meador & Rogers 1984:164).

In an attempt to define *genuineness* it seems to be easier to define what it is *not*. It is not falseness, it is not being defensive, evasive or "professional". Ivey and Glückstern (Ivey & Authier 1978:150) give a concise definition: "Genuineness and congruence then, could be described as being open, spontaneous, sharing one's thoughts and opinions, being in the here and now, expressing congruent verbal and nonverbal messages (or if incongruent, verbalizing one's awareness of one's own mixed feelings and thoughts), being real, sincere and authentic."

There is no alternative for being genuine in the therapeutic relationship. Even if the therapist is a skilled user of techniques and a good actor, it is doubtful whether he will be able to hide his real feelings from the client. Should he pretend to care, to be interested, to respect or understand, he is only fooling himself. In the words of Truax and Carkhuff (1967:34): "The client may not know why the therapist is "phony", but he can easily detect true warmth from phony and insincere "professional warmth"..." It is clear then that without genuineness a true trusting relationship cannot exist.

These three attitudes are viewed as the basic building blocks of the ideal therapeutic relationship. Another attitude related to positive regard, namely respect and warmth is also important in establishing a working relationship.

2.3.1.2.4 *Respect and warmth*

Irrespective of the therapist's theoretical orientation, a certain degree of respect for the client is necessary for effective communication. Respect and warmth are closely related to positive regard and indicate an attitude of deep respect for and acceptance of the client just as he is.

Once again, in an attempt to define respect and warmth, it is easier to say what respect is *not*. Negative remarks and put-downs manifesting in responses such as "You won't be able to do that!" or "Stupid of you!" reflect disrespect. Responses like these can easily be reformulated to reflect respect: "It may be difficult for you to do that, but with practice you will master it" and "Your answer is technically incorrect, but it is an interesting point you've made."

Warmth, a subjective, inner attitude is mainly communicated by nonverbal behaviours. The therapist's tone of voice, his body language, gestures, facial expressions and even physical touch are all means of communicating warmth. Empirical evidence for this statement can be found in research done by Bayes (1972) and Hermansson, Webster and McFarland (1988).

Respect and warmth go hand in hand. It is possible to respect differences in opinions but still maintain a cool, distant attitude. But if this respect for differences is accompanied by a warm smile, or a touch, it conveys a much higher level of respect.

Respect and warmth are both concepts which can be easily operationalized and trained (refer Chapter 4).

Up to this point the ideal therapeutic relationship and the critical role of the therapist in establishing such a relationship were discussed. A practical aspect concerning the establishment of this relationship refers to the building and maintenance of rapport.

2.3.2 Building rapport

Every client experiences some degree of uncertainty and anxiety when they encounter the therapy situation for the first time. They may also experience feelings of self-consciousness and defensiveness. It is therefore the therapist's

first task to help the client feel at ease. The client cannot feel free to discuss his problems unless the therapist provides an atmosphere of sufficient warmth and support. Essentially, the client needs to feel that the therapist is interested in him as a person and that he can be trusted with thoughts and feelings ordinarily withheld from others. Especially at the beginning of the interview, special attention should be given to developing rapport and establishing an effective therapeutic climate. For Hathaway (1948:228) rapport is a vital component of the therapeutic relationship and in this regard he states: "It is likely that rapport as an interpersonal relationship between client and the well-meaning counselor is, in itself, a powerful therapeutic factor."

Without this climate both diagnostic and therapeutic attempts will be of little value, because if the client does not trust the therapist, he will not feel free to discuss his problems openly and honestly. Rogers (1942:85) is in agreement with this statement and says: "Much well-intentioned counseling is unsuccessful because a satisfactory counseling relationship is never established." Thus, without a facilitative climate there will be little, if any, progress despite the therapist's knowledge and use of interviewing skills.

The conditions/attitudes described in paragraph 2.3.1.2 are the core conditions which form the foundation for establishing and maintaining this therapeutic climate. The more conducive the therapeutic climate, the more likely that effective therapy will occur. Specific behaviours that build rapport are *nonverbal gestures* such as a smile, a tension-free posture (relaxed but not casual), open-hand gestures toward the client that invite his involvement, eye contact with the client and *verbal messages*, including minimal verbal encouragers, reflection of feelings, silence and the like (these and other skills will be addressed in Chapter 4).

But how does the therapist know whether rapport has been established? Rapport has been established when the client's tendency to defend himself is

overcome, when his confidence and trust are gained and when his resistance to discuss his problems openly has decreased to the extent that he is motivated to explore his problems and feelings. The client now trusts the therapist, he feels respected and accepted.

To establish a working climate is not enough, it must be maintained throughout the therapeutic process - its establishment does not guarantee its continuance. According to Watson (1951:95) humour, sincere praise and stressing of the favourable aspects of the client can be used throughout to maintain rapport.

The road that the beginner-therapist has to travel in becoming an effective therapist and by implication an effective user of the therapeutic interview, is not without stumbling-blocks and pitfalls. To conclude this chapter, some thought will be given to these potential problems.

2.4 Some stumbling-blocks on the road of the beginner-therapist

"Nothing is more prominent in the work of young clinicians than the anxiety sometimes bordering on panic, with which they first approach a patient to discuss his psychological problems"

Watson 1951:91

Feelings of anxiety may indeed cause the novice to feel so uncomfortable and uncertain that he, in his attempts to obtain information or answers to his questions, tends to follow guidelines so rigidly that he forgets about the client's feelings.

Some of the problems encountered by the novice are:

- Long silences which further reinforce feelings of anxiety and uncertainty. These silences are then often filled with desperate attempts to get the client talking, but in almost all cases silence does not mean nothing is happening. The novice has to learn how to effectively handle these moments.

- Concentrating too much on events instead of feelings. The beginner counsellor sometimes tends to deal with facts to the exclusion of feelings. To combat this, Leon (1989:121) suggests that a rule to remember is that specifics of an event will often come out as the client is asked about feelings, but feelings do not come forth so easily when asked about events.

- The inexperienced counsellor often talks too much (which can also be related to anxiety) and tends to interrupt the client.

- The ineffective use of questions such as asking more than one question at a time may also be related to anxiety and the need to talk. On learning to interview, the student often focuses on questions to be asked, thinking that they must have all the questions ready in order to keep the interview going.

- Related to the above, the beginner interviewer is sometimes so worried about what he should say that he forgets to listen. He is planning his next question or response as the client is talking and then uses what he has planned whether or not it is appropriate to what the client has said.

- Many beginner therapists tend to switch to a more superficial level to avoid the emotional conflicts and closeness that accompany empathic

listening. The result of this is that the interview stays on a superficial level.

- Becoming too involved with the client can be a problem for the beginner counsellor. The client's emotional problems are compelling and it is tempting to try to step in and help him straighten out his life, to offer love, affection and support. The student/novice should understand and accept these emotions but not act upon them. It is vital that the counsellor should remain objective (refer paragraph 2.2.2.1 regarding objectivity and subjectivity in the therapeutic relationship).

The proposed training model (refer Chapter 4) will deal with some of the problems and pitfalls referred to above.

2.5 SYNTHESIS

The existence of a positive working relationship is vital for the therapeutic process. There should exist a climate of trust and acceptance for the client to feel free to discuss and explore feelings and thoughts. It is primarily the task of the therapist to provide the client with such a relationship.

The therapist's personality and his attitudes are the two main variables in establishing and maintaining a facilitative relationship. By being genuine, empathic, respectful and accepting of the client as the human being he is, with his faults and problems, the therapist creates an atmosphere of trust and gives the client the permission to be himself.

The therapist must be more than just a good listener - he must also be able to communicate his understanding for the client's world and his problems. By perceiving the therapist's genuine understanding and acceptance, the client can begin to accept himself.

The therapist-in-training as well as the beginner or novice therapist often experiences some degree of difficulty when first starting a therapeutic interview and relationship. Some of the stumbling-blocks have been discussed briefly in this chapter. Practical ways to deal with these problems will be presented in Chapter 4.

To conclude: The content of this chapter not only gives a background for exploring the research problem, but it also presents the ideal therapeutic relationship which can be created by mastering the skills of the effective therapeutic interview.

CHAPTER 3

TRAINING AND TRAINING ISSUES

3.1 INTRODUCTION

The purpose of this chapter is to discuss several approaches to and issues in the training of counsellors and more specifically, training in therapeutic interviewing. Only a few recent sources focusing on therapeutic interviewing training were found in the literature. The researcher inevitably has had to make use of less recent, but relevant and mainly primary sources.

From the literature it was further evident that most of the existing literature on the training of therapists regarded the interview as only one facet of training, which in itself is not incorrect, but it is the contention of the researcher that most of the existing models do not place sufficient emphasis on training in the use of the interview and in this regard the researcher agrees with the view of Klas and Peters (1973:137) stating that "...of the many facets of the counseling process, the person-to-person interview stands out as the most significant." The techniques of the counselling interview serve as the tools with which the counsellor builds, maintains, and puts to use the personal relationship between him and his client. Much of a counsellor's effectiveness is lost if he does not possess a sufficiently deep and broad repertoire of counselling interview techniques.

The following will be addressed in this chapter:

- A critical evaluation of existing training models
- An overview of training methods and techniques

- Variables playing a role in the training of student-counsellors
- Measurement and evaluation techniques used in training

3.2 TRAINING IN COUNSELLING AND INTERVIEWING

Teaching beginner counsellors "how to counsel" and "how to interview" are complex and challenging tasks. The belief that counselling and interviewing are indeed tasks that can be trained and learned, is reflected in the diversity of training models dating back as far as 1905 when Sigmund Freud's relatively informal Wednesday evening meetings set the stage for training (Strupp, Butler & Rosser 1988:689).

In an overview of interview training, Ivey and Authier (1978) stated that most instruction in basic interviewing or psychotherapeutic skills was of a hit-or-miss apprentice type, with intuition or clinical arts stressed over precise and defined behaviours and trial-and-error learning over systematic teaching.

In the following discussion of various approaches to training, training models and programmes, the evolution of training will become evident.

3.2.1 The didactic approach

From the literature it appears that the didactic approach (mainly used to train psychoanalysts) was one of the two basic and traditional approaches to the training of counsellors and therapists (the other approach is the experiential approach which will be discussed in paragraph 3.2.2). The format of traditional therapist education is essentially the grandparent of counsellor and interviewing training (Ivey & Authier 1978:25). This model and the methods

used (didactic training, supervised case work and personal analysis) have remained essentially unchanged (Strupp, Butler & Rosser 1988:689).

A prerequisite for students trained under this model is the possession of a highly developed conceptual grasp of psychotherapeutic theory. To attain this goal, students have to attend innumerable formal lectures and seminars. In the second stage of training a control patient is assigned to a student. After seeing the client the student has to recount from memory what transpired in the session to his supervisor. The student's self-report (in the format of a case study) is the only information upon which learning within the supervisory process is based.

This intellectual, authoritarian approach often had an experiential component where the student enters into a therapeutic relationship with his supervisor to deal with feelings of transference and countertransference. The belief is that this experience will help the student to describe client sessions to the supervisor in a more spontaneous and clear way. Once this goal is accomplished, it is expected that a generalization of this experience to the student's own interviews will occur and be reflected in the student's actual interview and therapy behaviour.

In a critical evaluation the following criticism may be levelled against the didactic model:

- At no point in the training process is there an attempt to observe or modify the student's actual behaviour with a client.
- Behavioural learning outcomes are not explicitly stated. This implies that the student neither has a clear vision of what he is supposed to be able to do at the end of training, nor has any guidelines for self-evaluation.

- The student is not allowed to practise those things stressed during supervision prior to meeting with clients. It is assumed that the student will automatically make the jump from theory to practice and it is questionable whether the transition from training to the interview can be smooth.
- The use of a case study format to recount what transpired in the interview session may lead to the student, consciously or unconsciously, distorting what actually happened during the session. Furthermore, important information may be lost.

This model is still used, especially, as mentioned earlier, in the training of psychoanalytic therapists. A major deviation from this approach, was Rogers' (1951) experiential approach to training.

3.2.2 The experiential approach

It was the notion held by many traditional psychotherapists that psychotherapy was a private interaction between therapist and client and accordingly, the supervisory process was seen in the same light. Rogers' willingness to open to public scrutiny what occurs in therapy, paved the way for the compilation of objective data about the therapeutic process and also led to more systematic training procedures (Ivey & Authier 1978:27). Rogers was also one of the pioneers who gave specific guidelines for conducting an interview (Matarazzo, Phillips, Wiens and Saslow 1965:49).

In the experiential approach, the assumption is that increased self-awareness will make the student a better counsellor, and the focus is on learning about oneself through participation in encounter groups.

The basic difference between the didactic and the experiential approaches was the emphasis placed by the latter upon the feelings, experiences and personal growth of the student. This was in direct contrast to the teaching of specific theoretical information. Rogers (Garfield 1977:71) emphasized the following important aspects of training:

- the atmosphere of the teaching situation
- the relationship between the student and his teacher or supervisor
- the importance of the student's development of his own approach to therapy based on his personality and experience

In an attempt to systematize training, Rogers (Ivey 1971:19) presented explicitly formulated suggestions:

- Students listen to a recording of experienced and inexperienced therapists doing live therapy. The purpose of this activity is to teach students to discriminate between good and bad techniques, between facilitative and nonfacilitative interviews.
- The experiential component features strongly in the second stage of training where the student observes a series of interviews conducted by experienced therapists.
- In the final stage of training, the student is allowed to carry on therapy under the direct supervision of an experienced therapist.

The first two stages of this training approach is one of the first attempts to establish a formal training bridge between theory and practice. Rogers was, therefore, the first person to present a means for helping novices acquire facilitative interviewing behaviours (Ivey 1971:19).

From the above, it is apparent that Rogers' model of training is a marked departure from the traditional interview training model, but it is not only the *method* of training that differed, but also the *content* of the model which was aimed at helping the novice acquire the skills of a good therapist.

Rogers' model, although a huge step towards a paradigm shift, was also subject to criticism:

- The one critical aspect of this training model, namely to teach the student how to discriminate between an effective and ineffective session, was not as systematic as it might have been. This poses questions as to how well the student actually learned facilitative interviewing behaviour.
- The specific skills that discriminate between an effective and ineffective therapist are not as well defined as they could be. This means that a student might be able to differentiate between the effectiveness or ineffectiveness of a session, but may not be able to identify what he did or did not do.
- The student is not given explicit instructions or practice in how to conduct an effective or facilitative interview.

Rogers' (1987:430) own critique of his training model was that the teaching methods were decidedly inadequate and "...in general they consisted of approval and disapproval of specific ways of carrying on counseling." In this way, the student felt that he was under a magnifying glass and there was only a correct or incorrect way of conducting an interview. There was also a over-emphasis on techniques because Rogers believed that if students were permitted to work with clients in any way they saw fit, real harm might result.

It was hoped that by emphasizing the techniques of a relatively safe approach, the student could be initiated into counselling.

Despite the above-mentioned critique, Rogers' approach to training was revolutionary in that it was one of the first attempts to establish a formal bridge between the classroom and the real therapeutic situation. Furthermore, this approach to training led to the emergence of excellent therapists mainly due to the student being given responsibility for dealing with a real person in difficulty at a very early stage of training. Students learned from their own experience that "...interviews were not just talk, but highly sensitive indicators of cause and effect in human relationships" (Rogers 1987:432).

3.2.3 The didactic-experiential approach

Truax, Carkhuff and Douds (1964) attempted to *integrate* the didactic and the experiential approaches to training. The didactic-experiential training programme is the best-known early attempt to identify and train therapists in qualities which differentiate effective therapists from ineffective therapists, thus to some extent filling the void left by Rogers' training programme.

This integrated approach involved the supervisor teaching the student the former's accumulated learnings concerning effective therapeutic dimensions in the context of a relationship. This provides the student with experiences essential for therapeutic outcome (Carkhuff & Truax 1965).

The effective therapeutic dimensions referred to above, and which were viewed by Rogers (1957) as the necessary and sufficient conditions for positive change and growth in the client, are warmth, empathy and genuineness. Truax and

Carkhuff (1964), who agree with Rogers in this regard, designed a programme to develop these qualities in the student.

The assumption underlying this model is that if a student can recognise the presence or absence of these qualities in other therapists, they will automatically incorporate these qualities into their own interview behaviour. To reach this goal students are taught the conditions of accurate empathy, warmth and therapist genuineness. Then students listen to selected audiotaped therapy sessions in order to learn what constitutes high and low levels of empathy, warmth and genuineness. The student is then taught to rate taped sessions on a seven or nine-point scale designed to measure these three qualities (Truax & Carkhuff 1967). After this phase, students undergo a group therapy experience. In the final phase of training, once the student has begun doing therapy, the supervisor relates to the student in a highly warm, empathic, and genuine manner, forming another aspect of the experiential component of training. This interaction between student and supervisor is central to this training programme and facilitates self-exploration on the part of the student (Truax, Carkhuff & Douds 1964:244).

This model of Truax and Carkhuff places more emphasis on the acquisition of specifiable, facilitative interviewer skills than the Rogers' model did, and as such is one more step closer to bridging the gap between the classroom and the actual therapy sessions.

This integrated approach to training has several advantages. The evaluation of students' behaviour is based upon research measuring scales which proved more reliable and valid than the supervisor's subjective evaluation. Secondly, its concreteness and experiential nature provided the student with a training programme, consistent with what is theoretically and empirically known about

an effective therapeutic relationship, as a base from which the student can add more advanced techniques. Thirdly, this step-wise programme allows the student to master more basic techniques before attempting a more complex relationship such as the relationship with a real client.

In spite of this progress and the advantages explained above, Truax and Carkhuff failed to explicitly define the *behaviours* constituting the characteristics of empathy, warmth and genuineness. The reason for this can be found in their assumption that if a student is able to recognize these qualities in a therapist, they will be able to incorporate these qualities into their own behaviour.

Carkhuff (1969a;1969b) has refined and elaborated the original training model and operationalized empathic understanding, incorporated warmth into the dimension of respect and extended the therapeutic equation to include two more dimensions, namely confrontation and immediacy. His new model called "Human Relations Training Programme" will be discussed in paragraph 3.2.5.

Ivey and Authier (1978:29) viewed Carkhuff's most significant contribution to training as being the emphasis he placed on evaluating the results of training programmes and then changing these programmes in order to produce more effective counsellors.

Research into the effects of training, comparisons between different approaches of training and research into using various methods and techniques in training paved the way for more innovative training programmes. Microcounselling is one such an innovative approach and will be discussed in the next paragraph.

3.2.4 Microcounselling

This innovative approach to training is based on the assumption that interviewer behaviour is extremely complex and therefore the best way to teach it is to break the interview down into discrete behavioural units (Ivey 1971; Ivey & Authier 1978). This model addresses, therefore, specific interviewing skills.

From the literature it is evident that the microcounselling model did not only attract interest because it was a new and fresh way of training interviewing skills, but it was also evaluated and described as being a very effective way of training interviewing skills (Ivey 1971; Elsenrath, Coker & Martinson 1972; Moreland, Ivey & Phillips 1973; Ivey & Authier 1978; Stokes & Lautenschlager 1978; Ford 1979; Spruce 1980; Brammer 1985; Baker & Daniels 1989).

Carkhuff (Ivey 1971:ix) states that microtraining is more than just a useful technique, it "...is a preferred technique of skills acquisition for it is based upon the principle of practising that which we wish to effect." But what is the nature of microcounselling?

Microcounselling techniques and microtraining are direct attempts to develop a systematic approach to interviewing training. For Ivey and Authier (1978) microcounselling or microtraining (these two concepts are used interchangeably in the literature) is two things: It is a technology for teaching single helping skills and it makes use of videotape, step-by-step training manuals and self-observation. It is therefore a structure for teaching a variety of skills. Secondly, it provides a conceptual framework and theory concerning the basic skills of the helping process, for instance questions, reflection of feeling, directions and interpretations. In other words, microcounselling is a structural or methodological approach to interviewing training whereby the

helping process is broken down into specific components which is then taught as single units and later integrated into meaningful gestalts.

3.2.4.1 The microcounselling model

Microcounselling is based on several essential propositions:

- It is possible to lessen the complexity of the interviewing process through focusing on single skills.
- Microtraining techniques provide important opportunities for self-observation and confrontation. Immediately after a therapy session, the student and the supervisor review the student's behaviour and the client's reaction. This also gives an immediate opportunity for feedback.
- Students learn from observing video models which illustrate the skills they have to learn. In this way the student not only hears skilled interviewers (as was the case with the integrated training model discussed in paragraph 3.2.3 above) but he sees them in action.
- Microcounselling is a method which can be used to teach interviewing skills in a wide area of theoretical and practical frameworks, for example psychoanalytic interpretation skills, Rogerian reflection of feelings and even interpretation of vocational tests.
- Microtraining is real interviewing. In some instances role-play is used but students soon assume a real counsellor role.

The model, as designed by Ivey (1971) consists of the following progressive steps:

Step 1 *Baseline Interview*

- The student conducts a five minute real interview with a volunteer client. The client completes an evaluation form which is used later in the supervisory session.

Step 2 *Training*

- The student reads a written manual describing the single skill to be learned. The supervisor discusses with him the relevant matter in the manual.
- The student views video models illustrating the skill he has to learn. Sometimes an effective and an ineffective model is used. A discussion of the skill follows.
- The student views his baseline interview and compares his performance with the model on the videotape.
- During the whole training process, the supervisor maintains a warm, supportive relationship with the student. Positive aspects of the student's performance are stressed.

Step 3 *Reinterview*

- The student reinterview the same client and gives special attention to the skill learned. The student and supervisor review, evaluate and discuss the interview.

If a student does not demonstrate competence in the skill at the end of the above, the process may be repeated with more training and reinterviewing.

The content of the model consists firstly of attending and listening skills which include for example, eye contact, physical attention and verbal following behaviour. After mastering this group of skills, reflection of feeling, which Ivey (1971:57) calls "selective attention to the client's emotional aspects", is taught. Ivey preferred to use the above redefinition of Rogers' reflection of feeling, because in the microcounselling paradigm, students are simply taught to reinforce emotional aspects of the other person's verbal and nonverbal behaviour instead of teaching undefinable empathy.

Reflection of feeling is a skill which is initially difficult to master and students first have to learn the skills of "sharing behaviour" and "expression of feelings". After they learn how to express themselves and to recognize emotion, they can learn how to listen to others (Garfield 1977:75). For the researcher **listening skills** are central in the therapeutic process and will consequently be discussed in depth in the next chapter.

3.2.4.2 An evaluation of the microcounselling model

This model has several advantages that makes it a more effective model for training than the previous models discussed:

- The skill to be mastered is explicitly defined in operational terms. The student does not just get the instruction "Listen to the client!", but receives explicit descriptions and an explanation on **how** he has to listen, **what** he has to do to convey the message to the client that he is listening to.

In conclusion, although cognitive, written material, in the form of manuals, are available for each skill to be learned, microcounselling/microtraining is experiential in nature and the emphasis is on the student's active involvement and participation.

3.2.5 Human Relations training

Carkhuff (1969a,b) developed the Human Relations Training programme from the Truax and Carkhuff (1967) programme (see paragraph 3.2.3). The Human Relations training programme was one of the first programmes which attempted to focus on specific therapist qualities, differentiating good therapists from poor therapists. Furthermore, Carkhuff believed that the integration of all sources of learning such as didactic, experiential and modelling into a more systematic programme would demonstrate the most constructive student outcomes (Carkhuff 1969a:151).

The Human Relations programme emphasizes skill training in concreteness, self-disclosure (Carkhuff saw this skill as part of being genuine), confrontation and immediacy. The counsellor-trainer plays a critical role in training for he not only offers high levels of facilitative behaviour, thus providing the student with the same experiential base as the client is to be offered, but also establishes himself as a model who can sensitively share experiences with another person. In this model, the trainer is the key ingredient insofar as he offers a model of a person who is living effectively (Carkhuff 1969a:201).

Carkhuff (1969a:161) further stressed the importance of practice in training and said "...if we want trainees to function effectively in the helping role, then we must give them plenty of practice in that role." This is especially true with regard to low-functioning students (low-functioning in this context refers to

those students who, in the beginning of training, function at low levels on the facilitative dimensions such as empathy and warmth), if those students do not receive sufficient practice, they will be functioning at levels commensurate with their clients and thus will have nothing to offer.

The Human Relations training programme uses two training phases: The first phase consists of a discrimination phase during which students learn to differentiate levels of counsellor communications by listening to audiotaped recordings of counsellor models. At this stage students get no practice in counselling. In the second training phase students are trained in communication skills. These skills are then practised through role play. After successful completion of the first two phases, the student conducts an interview with a real client.

The main focus of this model is training in communication and in the early stages of training the focus is on empathy training, "...the most critical of all helping process variables, the one from which all other dimensions flow..." (Carkhuff 1969a:202). Training in the communication of respect, concreteness, genuineness, confrontation and immediacy then follows.

Ivey and Authier (1978:293) cite a number of studies where the Human Relations training model was successfully used to train a variety of populations, from teachers to psychiatric patients.

3.2.6 Interpersonal Process Recall

Kagan's (1975) Interpersonal Process Recall (IPR) training model is an innovative and integrated training package based on providing the trainee with accurate affective as well as behavioural feedback from the client, peers,

trainers and videotape. This model helped the student to recognise, accept, and begin to overcome his fears of interpersonal involvement, become a better listener and interpreter of other peoples' communications, discriminate levels of empathic understanding and respond in an empathic manner.

Training occurs in the following sequence:

- Students view a videotape demonstrating effective and ineffective therapist actions. Guidelines for discrimination amongst these behaviours are given.
- Students conduct role play interviews with performance feedback and coaching from peers and the teacher/trainer.
- Students practise rating model therapists on the *Counselor Verbal Response Scale (CVRS)* categories, with discriminative feedback.
- Students conduct real interviews which are videotaped.
- In "Recall session 1" the student views his own session and the teacher aids the student in recalling his thoughts, feelings and reactions to the client and the interview situation. Specific feedback based on the CVRS categories is provided.
- In "Recall session 2" the student observes as his client participates in a similar recall session conducted by the teacher.
- In "Recall session 3" the student conducts a similar recall session with another student's client.

- "Recall session 4" consists of the student and his teacher jointly conducting a recall session with the student's client. The teacher initially controls the interview while the student observes. Gradually the student takes responsibility for guiding the interview.

IPR provides the student with multiple vantage points and "scaled down" opportunities to rehearse skills with a real client as well as having the benefits of modelling, cueing and discriminative instructions (Ford 1979:108).

According to Ward, Kagan and Krathwohl (1972:180) the use of videotape playback to stimulate recall has the potential of providing the following:

- Cues for recall of cognitive and affective behaviour.
- An immediate and/or delayed playback.
- An opportunity to introduce a significant third person (the teacher/supervisor) into a didactic relationship with the client and the student.
- An opportunity for the student and/or client to observe himself both subjectively and objectively.
- An in-depth analysis of the meaning and incipience of both cognitive and affective dimensions through separation of the content into components, sequences, and responses.
- A recording of the counselling relationship that helps the student recognize his strengths and weaknesses more clearly than a supervisor's comments would.

Thinking in terms of negative criticism regarding this model, it is clear from the exposition of the training steps, that a considerable amount of time is needed to present the total package and the time factor may be the largest deterrent to the IPR model being used on a more practical level, especially for training.

3.2.7 The Helping Skills Model

The Helping skills model of Danish and Hauer (1973) was a response to the need for structured training for paraprofessionals. These authors believed that paraprofessionals needed to learn the basic skills to enable them to build a strong relationship with the people they are helping. Groups who have successfully completed this programme were for example, social workers, hospital aides, family planning counsellors, graduate students in counselling, community health workers and police. These groups share a common element - their central role of being "people-helpers" (Danish & Hauer 1977:2).

The programme is taught in six stages:

- 1 The student must understand his need to be a helper. Models, either live or on film, are observed to stimulate discussion. Homework is assigned. The training manual which accompanies the programme consists of behavioural checklists and space for written evaluations by dyadic partners, which also enhances the student's understanding of the need to be a helper.
- 2 Training in the use of effective nonverbal behaviour.
- 3 Training in using effective verbal behaviour.

- 4 Training in using effective self-involving behaviour.
- 5 Training in understanding others' communication by use of an understanding guide.
- 6 Establishing effective relationships.

Stages two, three and four are similar to microcounselling in both content and the training process used (see paragraph 3.2.4). Skills like eye contact, open questions and self-disclosure are taught in these stages. The only difference is that the Helping Skills programme makes use of behavioural checklists and homework assignments.

In stage six the specific skills which were emphasized are integrated. Didactic instruction is given as to the various means to form and establish an effective relationship with a client. A group discussion follows, then dyad role play, then observing of models using ineffective communication skills, again role play using ineffective communication skills, then observing models using effective communication skills. After this process, the group discusses the differences between effective and ineffective communication. Homework, in the form of an audiotaped 20-minute real interview, is assigned. Evaluation of this interview is done by using a behavioural checklist.

The process of training involves the following:

- Defining the skill to be learned in behavioural terms.
- Presenting a rationale for the skill.
- Identifying a skill attainment level.
- Modelling of effective and ineffective examples of the skill.
- Opportunity for extensive supervised practice of the skill.
- Assignment of homework.

3.2.8 Enriching intimacy: a behavioural approach

The Enriching intimacy (EI) programme designed by Authier and Gustafson (Ivey & Authier 1978) is a relationship skills training programme. This programme was an attempt to overcome one of the limitations of the integrated didactic-experiential model, namely to specify behavioural components of empathy, genuineness and warmth.

The programme is divided into four stages:

- 1 Teaching the behavioural components of respect.
- 2 Teaching the behavioural components of empathy.
- 3 Teaching the behavioural components of genuineness.
- 4 Integration of the above by means of a group session.

The structural format is very similar to the microtraining format with one addition - operational definitions of each behavioural component are discussed. In the first stage, in the teaching of respect, the student is taught that being respectful is demonstrating that one is willing and interested in listening to what the client is telling you. Specific skills are those of attending behaviour, minimal encouragers to talk, open questions and paraphrasing.

In stage two, teaching of empathy, the above skills are also included, but the use of verbal and nonverbal skills are intensified: Eye contact is more intense, facial expression shows more than mere interest, and seating distance may be closer. On the verbal skills side, the focus is on the identification and reflection of feelings. Students use a feeling word list to expand their feeling word vocabulary.

In the third phase the emphasis is on genuineness and students are trained to become more aware of their own feelings when they are interacting with others. Congruency between verbal and nonverbal behaviour is stressed as being the key to being genuine.

The final phase is the group session phase where the purpose is twofold: Firstly to provide an opportunity to integrate the three skills as explained above and secondly to provide an opportunity to explore their motivations for wanting to be helpers (an aspect stressed by the Helping Skills Model as well. See paragraph 3.2.7).

To conclude this section on training programmes, a number of other, lesser-known programmes will be discussed briefly.

3.2.9 The Competency Based Model

This approach requires the identification of observable and measureable outcomes. These outcomes are identified prior to the beginning of practicum. The emphasis is on directing activities toward enabling each student to meet the predetermined competencies (Dimick & Krause 1980:13).

3.2.10 Supervised Field Experience Model

In this model the focus is upon providing the student with actual experiences in real settings together with an experienced counsellor in a supervisory/consultative capacity. The student is provided with experiences in keeping with his capabilities and to the extent of his skills and experience at that stage of training (Dimick & Krause 1980:13).

Although this model is designed to teach clients a variety of skills, the format of training is applicable to teaching students the skills of interviewing and counselling. The model consists of four training phases:

- 1 Modelling. Audiotapes are used in this phase. Students listen to a didactic presentation of the rationale of the training format and its effectiveness. Students then listen to a model tape emphasizing a specific skill.

- 2 The skill to be learned is then role played while the rest of the group is observing.

- 3 Social reinforcement serves as the third phase of the model. The purpose of this phase is to "shape" the student's behaviour to ensure that the skill is acquired.

- 4 The fourth phase is the transfer of training phase. This is a crucial phase where the student has to transfer the skill he has learned to a real-life situation.

A study by Goldstein and Goedhart (1973) demonstrated that SLT can be used effectively to train counsellors. This model's emphasis on the transfer of training is probably the key factor which tends to make it so effective.

The models described in this section have their own advantages and disadvantages and it is interesting to note how training has evolved over the decades from a vague, unstructured approach to innovative and systematic training in interviewing and counselling skills.

The next section will deal with various methods and techniques used in the training of interviewing skills.

3.3 TRAINING METHODS AND TECHNIQUES

In the discussion of training models in the section above, a variety of methods and techniques used in training were mentioned, for example didactic lectures (traditional, psychoanalytic model), audiotapes (experiential and SLT), videotapes (microcounselling) and modelling. Most of the models use a combination of methods and techniques which include instruction, modelling, experiential components and role play. The purpose of this section is to explain in more detail the uses and advantages of a number of methods and techniques.

3.3.1 Role play

It is certainly better to learn and practise new interviewing skills in real settings with real clients, but for many training institutions it is just not possible to find clients with real problems. The use of role play is then a suitable alternative. In the literature, role play is also referred to as "simulated counseling experiences" (Weiss 1986). This simulation of a real experience has the advantage that new skills can be practised in a safe and supportive atmosphere with immediate feedback from peers and the teacher.

Role play has the further advantage that a real client is not exposed to a novice counsellor. One disadvantage is that role play feels artificial and unnatural.

3.3.2 Videotapes

Videotapes are probably the method used most extensively and with the most success. According to Guttman and Haase (1972) the videotape is a very important tool in counsellor training.

The use of the videotape is twofold: An experienced counsellor models the skills to be learned or models effective and ineffective ways of conducting interviews. By reviewing the tape on slowplay the experienced counsellor's behaviour can be analysed and studied in detail.

The second use of the videotape is to tape students' interviews for observation, evaluation and discussion of their own performance. Before the use of videotapes feedback was given in verbal form (for example in the didactic model). Verbal feedback does not have the same impact on the student as when he is able to observe his own behaviour. The student could be told that he seems restless or bored, but when he sees this behaviour himself, the impression will probably be stronger.

3.3.3 Modelling

According to studies in the training of counsellors, modelling is an effective, reliable and relatively quick method to learn new skills or to strengthen learned behaviour (Payne, Weiss & Kapp 1972; Bailey, Deardorff & Nay 1977; Gulanick & Schmeck 1977; Peters, Cormier & Cormier 1978).

Modelling, in combination with verbal instructions was found by Perry (1975) to be more effective than modelling alone. In addition to the use of the videotape for modelling live role play (Carkhuff & Truax 1965) and real interviews between a real therapist and a real client (Truax, Carkhuff & Douds 1964; Saltmarsh 1973) could also be used.

3.3.4 Feedback

Feedback is a technique used in almost every training programme and it seems to accelerate the training process. The value of feedback was discussed

in the paragraph on videotapes (see 3.3.2). Feedback is a message consisting of either "right or wrong" or specific discriminative instructions, explanations or modelling of the desired behaviour.

3.3.5 Games

Games can be used very effectively in training, especially when the game is focused on a specific component. For learning and practising listening skills, empathy, sensitivity skills and nonverbal behaviour games can be of value if they are well-structured. An advantage of games is that they can enhance students' interest, motivation and involvement.

Barak's (1990) "Empathy Game" is an example of an attempt to teach empathic skills by using a game. He found that the use of this game contributed to an increase in students' use of empathic skills and that they experienced the game as competitive, motivative and fun.

3.3.6 Instructions

Instructions form an integral part of every training programme or model. In some models written and verbal instructions are the main method of training (didactic model). Instructions differ from feedback and modelling in the sense that they *enhance* the impact of modelling and feedback. Instructions are also effective in that they clarify vague training objectives:

3.3.7 Supervision

According to Clark (1965) counselling supervision may be conceptualized as a continuum along which students are assisted in moving from the low

differentiation and integration of a relatively small number of processes, attitudes, skills and techniques involved in counselling, to the high differentiation of all these various elements.

Supervision is an important component of training. Greben (1991:314) who has over 33 years of supervisory experience, suggests that "...individual supervision remains the second most important way to become a competent psychotherapist. The first, of course, is to engage in psychotherapy with clients."

For the supervisor, supervision is a counselling-*teaching* process. He protects the student by demonstrating the most proficient way to cope with the client's needs, he teaches the student in a didactic way, or by counselling him and also by participating in the counselling process. For the student, supervision is a counselling-*learning* process which started with a one-to-one relationship with a master counsellor who exposes the student to cognitive material and who guides him towards affective growth (Cottle & Downie 1970:381).

There are a number of ways in which supervision can occur:

- by means of a verbal report or discussion of cases;
- by means of reviewing, discussion and evaluation of audio- and videotaped interviews;
- by observation using a closed circuit TV;
- by direct observation through a one-way mirror;
- by direct observation with the supervisor in the counselling room.

From the literature (Geldard 1989) it seems that the use of video recordings is one of the best methods of supervision especially if combined with a one-way mirror system. The use of this combination provides the opportunity for

3.4 ISSUES IN INTERVIEWING AND COUNSELLING TRAINING

There are a number of issues and aspects which must be taken into consideration when designing training programmes and which may influence the effectiveness of a programme. Training programmes must also be evaluated often, in order to judge whether they are still meeting the needs of the students and the society the student-counsellor will ultimately serve. Very few approaches to training seek innovations or are overly concerned with evaluating their techniques.

Two issues that will be addressed in this section and which have an important influence on the design of a training programme are (1) variables in training and (2) issues in cross-cultural training.

3.4.1 Variables in training

In looking at training *per se* some basic variables are evident:

- the student-in-training;
- his teachers and supervisors;
- the rationale and procedures which are to be taught;
- the client or target group who is ultimately the focal point of the whole therapeutic process and
- the theoretical orientation.

The aptitude and personality of the *student* will affect his learning rate and proficiency. Not all students have similar aptitudes and not all of them learn at the same rate. The success of training depends to a large extent on the ability

of each student to develop his own personality in such a way as to use it as an instrument in the therapeutic process.

According to Garfield (1977:68) the particular skills and procedures used by *teachers* are important factors in determining the student's success as a therapist. Teachers vary in their skill in training students and there may be important student-teacher interaction effects, with some students being able to profit more from some teachers than from others.

The *theoretical orientation* will influence what is taught and how it is taught. In this regard the client-centered approach will focus on conditions of empathy, warmth and genuineness. Other orientations will focus on different aspects and use different means of evaluating success.

Differences in *concepts, methods and techniques* may present problems both in training and in the evaluation of training effectiveness (Garfield 1977:69). To use the client-centered approach again as an example: In this approach there is more specificity and what is to be learned is defined in operational terms. Thus, it is easier to devise training procedures. In the psychodynamic approach the techniques appear to be more ambiguous. The use of teaching methods such as audio- and videotape recordings, role play etcetera, would appear to transcend theoretical differences, but what is stressed or attended to by means of these methods would differ.

All of the above aspects are to be taken into consideration in order to secure effective outcomes.

An aspect of training which will become more and more of a challenge is cross-cultural counselling and training. Although the focus of the present study is not on teaching interviewing skills for a specific target group such as black clients,

children or the aged, but to study the phenomenon of therapeutic interviewing as such, the issue of multi- or cross-cultural training will be addressed to emphasize the need for a re-evaluation of existing training programmes.

3.4.2 Cross-cultural training

Cross-cultural counselling is a complex and diverse task which warrants a study on its own. It is, however, an important aspect to be considered in interviewing training.

In a country such as South Africa with a diversity of cultures and races where it is no longer viable or acceptable to train cultures apart from each other, this task will be even more challenging. This then will make it necessary for training institutions to seriously re-evaluate their existing training programmes and even selection procedures.

Gunnings (1971) in his article "*Preparing the new counselor*" presents a clear view of the effects of the traditional white-oriented counselling programmes on black students especially with regard to admission and training.

According to him, admission (selection) committees for training programmes are usually composed of a group of whites who, using criteria developed for white students, select blacks whom they think have been successfully "white-erized" or whose behaviour can be modified to fit the existing programme. When selected, the black student must contend with a curriculum which is inadequate to prepare him to work in a black community. The problem with white-oriented curricula is that blacks are taught to interpret data and diagnostic tests from a white perspective.

He further stated that black students receive few meaningful experiences in training especially in the area of teachers to whom they can relate. Ideally black students need to receive guidance and instruction from black teachers who live and understand blackness.

A drawback to the idea of blending into a big melting pot, is that there is a tendency to forget that each culture has a rich cultural heritage which inevitably influences an individual's personality and life choices. According to Paradis (1981:136)"...the melting pot idea was an utopian concept that could never work because of the power of cultural transcendence and the innate resistance of people to give up the values, mores, customs, and dreams of their families and ancestors."

The word "*culture*" can be defined in many ways. Cultural differences are not only represented in race, but also in religion, gender, lifestyle differences, class and even physical disability. There are also other cultures such as a youth culture, a culture of the aging and those facing death through Aids or cancer. In effect, any group that differs from the "mainstream" of society can be considered a subculture (Ivey 1994:12). For each of these subcultures a counsellor may need a different approach and even a different communication pattern. A culturally effective counsellor must be flexible enough to switch approaches when things seem to be going wrong. It won't be of any use to persist in using only one skill, one definition of the problem even if it isn't working.

The question that now arises is to the definition of cultural effectiveness or cultural expertise. Ivey (1977) defines cultural expertise as "...the ability of an individual to generate verbal and nonverbal sentences to communicate with a maximum number of individuals within a particular society."

In training cultural awareness or the transfer of cultural concepts from one culture to another, care must be taken if cultural expertise is to be achieved. An example of this can be found in a counselling skills workshop in Alaska where trainers stressed the importance of eye contact. It turned out that the particular group of Eskimos attending the workshop, dealt with personally relevant material sitting side by side and specifically not maintaining eye contact (Ivey & Authier 1978:227). Therefore, what is appropriate behaviour in one culture may be considered rude in another.

Ivey's Taxonomy (Ivey & Authier 1978:229) presents an orderly classification of skills which professionals use in counselling and psychological education. This taxonomy also stresses the qualitative dimensions of helping (see paragraph 2.3.1.2):

- The culturally experienced individual uses *culturally appropriate basic skills*: eye contact, body language, tone of voice, rate of speech and loudness, and verbalization on acceptable topics. Style of usage of these skills varies with the cultural group.
- The culturally experienced individual uses *culturally appropriate communication skills* to hear others and describe the self: attending skills of open and closed questions, minimal encouragers, paraphrases, reflection of feelings, summarizations and *influencing skills* of directions, expressions of content and feeling (self-disclosure) and interpretations. These skills will be differentially appropriate in different cultures.
- The culturally experienced individual uses *culturally appropriate qualitative skills* as an added dimension to communication:

concreteness, respect and warmth, immediacy, confrontation and genuineness. Again, these skills vary as to use in different cultures.

- The culturally experienced individual can *focus skillfully on a variety of culturally appropriate subjects: self, others, topics, group and cultural-environmental-contextual issues.*

Ethnicity and culture are important aspects of *personal development* and as such must be accommodated for in counselling training programmes. In the USA this issue is of such importance that the American Psychological Association (Paradis 1981) recommended nine specific cross-cultural competencies for psychotherapists and counsellors which should be implemented in training programmes:

- 1 The culturally skilled counsellor is one who has moved from being culturally unaware to being aware and sensitive to his/her own cultural baggage.
- 2 A culturally skilled counsellor is aware of his/her own values and biases and how they affect minority clients.
- 3 The culturally skilled counsellor will have a good understanding of the socio-political system's operation in the United States with respect to its treatment of minorities.
- 4 A culturally skilled counsellor is one who is comfortable with differences that exist between the counsellor and the client in terms of race and beliefs.

- 5 The culturally skilled counsellor is sensitive to circumstances (such as personal biases, stage of ethnic identity, socio-political influences) which may dictate referral of the client to a member of his/her own race/culture.
- 6 The culturally skilled counsellor must possess specific knowledge and information about the particular group he/she is working with.
- 7 The culturally skilled counsellor must have a clear and explicit knowledge and understanding of the generic characteristics of counselling and therapy.
- 8 At the skills level, the culturally skilled counsellor must be able to generate a wide variety of verbal and nonverbal responses.
- 9 The culturally skilled counsellor must be able to send and receive both verbal and nonverbal messages accurately and "appropriately".

The researcher is aware of the fact that circumstances in South Africa are different to those in America, especially with regard to black clients in America belonging to a minority group whereas in South Africa black clients belong to the majority group. The content of the above competencies are however, very much applicable to the South African context: The demands of multi-cultural education necessitate the inclusion of training in multi-cultural counselling as children and people of various races and cultures will be assisted and counselled by future counsellors.

One example of how complex cross-cultural counselling training can be is when it comes to the implementation of the concept of empathy: Empathy demands that the counsellor attempts to experience the client's experiences "as if" it is

his own. Lago and Thompson (1996:55) say that, in a cross-cultural situation, "...this urge towards understanding enters into the realm of possibly inadequate approximations, or at worst, hit-or-miss hypotheses."

To conclude, the culturally effective and experienced counsellor is able to generate a wide array of verbal and nonverbal sentences so as to communicate with a maximum number of clients. It is the contention of the researcher that a counsellor who listens and communicates from an external frame of reference (that is, the client's frame of reference) will already be culturally more open but knowledge of other cultures, especially with regard to interpersonal skills and communication patterns, is essential and must be accommodated in a training programme. The ultimate training goal in this regard is "...the emergence of a culturally skilled counselor who uses strategies and techniques that are consistent with the life experiences and cultural values of clients" (Lee 1991:209-210).

This discussion on issues in cross-cultural counselling and training will suffice for the purposes of the present study.

3.5 MEASUREMENT AND EVALUATION INSTRUMENTS OF TRAINING IN THERAPEUTIC INTERVIEWING

The evaluation of counselling and interviewing training in general has taken many directions: Some studies have attempted to appraise the personality characteristics of effective and ineffective counsellors (Arbuckle 1956; Steffire, King & Leafgren 1962; Schmidt & Strong 1970) while other studies attempted to measure specific aspects such as empathy (Cochrane 1974) and sensitivity (Danish & Kagan 1971).

Instruments were also developed to evaluate a counsellor's performance from the client's point of view (Anderson & Anderson 1962; Cramer 1993). While it is important to consider the client's perception of the counsellor and the counselling relationship, reports by clients are not traditionally objective and valid.

The instruments used to evaluate aspects of training have been discussed and evaluated in various research papers. The researcher was not able to see all the measurement or evaluation scales and therefore the discussion of these measurements will be based on the relevant papers and journal articles.

3.5.1 The Counselor Evaluation Rating Scale

Myrick and Kelly (1971) developed the *Counselor Evaluation Rating Scale* (CERS) to help supervisors evaluate a student's total practicum experience and performance. The CERS is composed of 27 items which enable a respondent to rate a student-counsellor's performance in counselling and supervision. The instrument yields three sources: (a) counselling; (b) supervision; (c) total. Investigations suggest that the CERS can serve as a useful tool in the task of evaluation and is one approach toward systematizing evaluation of students in training.

3.5.2 Interpersonal Competency Scale

The *Interpersonal Competency Scale* (IC-scale), developed by Holland and Baird (1968) reflects a concern with the idea of competency. This scale was designed to assess a student's ability to deal with others. The IC-scale does not attempt to measure all the complex and subtle interpersonal skills required in diverse social settings.

Although this scale does not measure training outcomes as such, it is useful to administer it at the beginning and end of a practicum year.

3.5.3 Bowers Psychotherapy Skills Rating Scale

This scale (Bowers, Gauron & Mines 1984) was developed as an integral part of the evaluation process. The BPSRS is composed of 17 Likert-type scales that have been reported in the literature to be important characteristics of good helpers. These 17 scales are:

- 1 Expression of feeling
- 2 Non-defensive attitude
- 3 Self-disclosure
- 4 Personal flexibility
- 5 Empathy
- 6 Personal involvement
- 7 Nurturance-Caring
- 8 Confrontiveness
- 9 Need for disclosure
- 10 Regression in the service of the ego
- 11 Work ethic
- 12 Tolerance for ambivalence
- 13 Responsibility
- 14 Individualism
- 15 Extroversion
- 16 Life satisfaction
- 17 Energy

3.5.4 Affective Sensitivity Scale

According to Danish and Kagan (1971) this scale, which attempts to measure affective sensitivity, may meet some of the necessary conditions to measure personal growth in counsellor training programmes.

This scale consists of a series of personal encounters between two or more persons taken from actual interpersonal interactions. These interactions are on film and range from a discussion between friends, couples, teachers to counselling and psychotherapy. After viewing each scene, the student answers one or more multiple choice items. The student has to select the responses which are most likely to be what one of the participants in the encounter is really saying to himself at the end of the scene.

The wide range of interactions permits the following profile to be constructed for each student:

- Client sensitivity
- Interviewer sensitivity
- Child sensitivity
- Male sensitivity
- Female sensitivity
- Sensitivity in educational settings
- Health care settings
- Informal settings
- Group settings
- Counselling settings
- Psychotherapy settings

3.5.5 Measurement of Interpersonal Perception

One purpose of many training programmes is to increase the accuracy of the student's perception of others. The ability to "understand others" is considered a basic requirement for the good practitioner but it can be difficult to evaluate the success of such training. Crow (1957) developed interpersonal perception measures which were administered at the beginning, during and at the end of a practical training year.

Another instrument for measuring counsellor perception was designed by Arbuckle and Wicas (1957). This instrument was an appraisal instrument that would provide a more objective comparison between the counselling perception of students and a jury of expert counsellors.

3.5.6 Measurements of empathy

It appears that the measurement of empathy has followed two lines of development: (a) indexes of empathic inference and (b) measures of empathic communication.

According to Cochrane (1974) the fundamental model in empathic inference is one of predictive accuracy according to which a person is asked to predict on the basis of his knowledge of, acquaintance with, and/or relation to another person how the other person would describe himself. Instruments used included personality inventories, rating scales and Q-sorts.

The second line of development has been oriented around the assessment of empathic communication in interviews. Truax and Carkhuff's (1967) rating

scales are examples of this approach and are probably the first quantitative rating scales to evaluate a counsellor in terms of facilitative conditions. In these scales the low end represents therapist's responses that are inaccurate and insensitive while the high end represents responses that are accurate and accepting of deep feelings. Truax and Carkhuff's (1967) rating scales are probably the first quantitative rating scales to evaluate a counsellor in terms of facilitative conditions. These scales are, however, limited to the process dimensions of empathy, respect and genuineness and did not *describe* the behaviours which contribute to these dimensions. According to Myrick and Kelly (1971:331) these scales can be helpful in evaluating the counselling process, but they are not adequate as regards a comprehensive evaluation of an individual's practicum experience.

Both the above type of measurements were criticized as not being reliable and valid (Chinsky & Rappaport 1970; Gormally & Hill 1974). Cochrane (1974) then attempted to develop a more reliable and specific measure of empathic communication and to investigate the therapeutic relationship.

3.5.7 The Hill Counsellor Verbal Response Category Systems

Hill (1978) developed this evaluation instrument to measure 14 counsellor verbal responses that are the targets of training programmes. These responses are categorized as follows:

- 1 Minimal encouragers
- 2 Approval-reassurance
- 3 Information
- 4 Direct guidance

- 3 Affective/Cognitive
- 4 Honest labelling/Overweighting

3.5.9 Client rating scales

The *Barrett-Lennard Relationship Inventory* (Ford 1979) is an internally reliable and validated instrument for obtaining client ratings that parallel the empathy, warmth and genuineness observer-ratings.

Another client rating scale is the *Counselor Evaluation Inventory* (CEI) designed by Linden, Stone and Shertzer (1965). This scale is a reliable client-rating questionnaire that provides factor analytically derived scores for counselling climate, counsellor comfort and client satisfaction.

The *Counselor Effectiveness scale* (Ivey & Authier 1978:490) has been used frequently in microtraining. This scale has been primarily used to measure client attitudes toward their counsellor. This scale is useful in evaluating the counsellor before and after microtraining sessions.

3.5.10 Therapist Error Checklist

Matarazzo (Ivey & Authier 1978:523) designed the *Therapist Error Checklist* to measure therapy in general, not to measure any special orientation, which gives it a special advantage. The categories are broad and give valuable information of student's errors which can then be practised and mastered.

3.5.11 Microcounseling Skill Discrimination Scale

The *Microcounseling Skill Discrimination Scale* (MSDS) (Lee, Zingle, Patterson, Ivey & Haase 1976) consists of forty-four interaction segments, with each

segment made up of brief verbal exchanges initiated by the client and responded to by the counsellor. The evaluation of two skills namely reflection of feeling and paraphrasing are represented in the MSDS.

According to Ivey and Authier (1978:497) the MSDS can be used for various purposes in the training of therapeutic communications and it can be adapted to other skills such as open-ended questions and summarizations.

3.5.1.2 Measurements of nonverbal behaviour

Nonverbal behaviour is an important aspect of the interview and as such warrants special attention. The importance of nonverbal behaviour in communication and specifically the therapeutic interview, has been well researched and documented (Delahanty 1970; Brown & Parks 1972; Gladstein 1974; Claiborn 1979; Fretz, Com & Tuemmler 1979; Roets 1984; Roets 1989).

Nonverbal behaviour such as eye contact, body posture, facial expression and vocal tone and speech rate are all behaviours that convey the message that the counsellor is attentive and listening or not.

There are quite a number of scales and instruments to measure nonverbal interviewing behaviour. A few of these will be listed. For a discussion of these scales refer to Roets (1989) who has done an in-depth study on nonverbal communication and the implication for training educational psychologists:

- Feedback Response Inventory.
- Q-sort for the identification of nonverbal perceptions.
- Behaviour Rating Form.
- Profile of Nonverbal Sensitivity.

- Social Interpretations Task.
- Facial Affect Scoring Technique.

3.6 CONCLUSION

The researcher identified four aspects related to training at the beginning of this chapter. These aspects focused on different approaches to and models of training, existing programmes, variables to be taken into account when designing training programmes, cross-cultural counselling and training as a controversial issue and finally, some measurement scales and instruments to evaluate training and specific aspects of the interview such as empathy, perception, sensitivity and nonverbal behaviour.

From the discussion of the above aspects of training, the researcher came to two conclusions: It is not only possible, but necessary to train students to be effective users of the therapeutic interview and secondly, training in interviewing skills requires a multi-faceted approach. A specific method or technique may not necessarily evoke the desired behaviour in each student. Provision should be made for individuality and therefore a flexible approach with a variety of methods and techniques may be more effective.

There are undoubtedly many more training programmes, measurement scales and instruments than those discussed in this chapter. The researcher does not claim to present an exhaustive and comprehensive list of all the training programmes, models and measurement scales and instruments available in the literature, in this chapter.

The next chapter presents the content of the proposed model for training in therapeutic interviewing.

CHAPTER 4

EMPIRICAL RESEARCH

THERAPEUTIC INTERVIEWING: A MODEL FOR TRAINING

"An effective interviewer can make a tremendous difference in the life of another human being.....Poor interviewing can be destructive."

Evans et al 1984:1

4.1 INTRODUCTION

The major aim of this study is to design a training model to train students in the use of effective therapeutic interviewing. In the design of a training model consideration is given to both content and procedure. This present chapter forms the content component of the training model.

To evaluate the effectiveness of the training model, a pilot study will be conducted. This pilot study, which forms part of the empirical research, represents the practical component of the training model and will be presented in Chapter 5.

From the discussion in Chapter 3 it became evident that approaches to the training of students in interviewing and counselling skills are numerous and varied. Lacking amid the plethora of available training programmes and models, is a conceptualization that effectively integrates the different approaches and methodologies into a systematic training model.

The researcher is of the opinion that the most efficient means of ensuring that novice interviewers (therapists, counsellors, helpers and the like) will maintain their newly acquired skills in interviewing is to **systematically** train them.

The skills-training model proposed in this study is a systematic and structured approach to the training of students in interviewing skills. A student will move from the simplest skills, for example attending to the client, to the most complex such as elaborating action plans. It is critical to master the basic skills as the more complex, or advanced skills, are based on them.

4.2 THE NATURE OF THE MODEL

The model is developmental in nature, that is, it is cumulative: The success of Stage II, for example, depends on the quality of work done in Stage I. The success of Stage III depends on the quality of work in both Stages I and II. The skills of Stage I, namely the attending skills, are needed throughout the interviewing process. If the therapist fails to master these skills, he will not be able to do the work of Stages II, III and so on, even though he might have some knowledge of the skills of those specific stages. This brief, and possibly at this point, vague discussion on the developmental nature of the proposed model will become clearer in the subsequent discussion.

The systematic and structured approach to training interviewing skills gives students a sense of direction and provides them with clear objectives as to the skills they must learn and master in order to be effective in therapeutic interviewing. The approach is also a practical one, whereby the concepts and skills must be practised to be truly useful.

4.3 COMMON PITFALLS OF USING A TRAINING MODEL

There may be some pitfalls when presenting students (in this case novice counsellors/interviewers) with a systematic training model: The novice can apply the model rigidly by progressing mechanically through the stages of the model. Interviewing, and in fact counselling/helping, does not always happen in as orderly a fashion as suggested in the model. Furthermore, the stages of an interview are not always as differentiated and sequential as presented. It must be kept in mind that clients do not necessarily divulge all their problems at once and therefore it may be impossible to work through, say Stage II completely before moving to the next stage. New problems may keep coming up even when the interviewing process is in the later stages and they must be explored and understood.

Another pitfall is to try to predetermine the amount of time to be spent on a stage. Novices often spend too much time on Stages I and II, not because they have respect for the necessity of accurate empathy, but because they do not know what to do next.

Novices should not become a slave to the model, but should rather use it as a tool and make it their own by modifying, refining and expanding it according to their own theoretical orientations and natural style. This model will give the student the "know-how" of helping the client by using the interview as a therapeutic tool, but he may still need specialized skills to deal with specialized

problems such as crisis intervention, abuse, juvenile delinquency, family problems and the like.

Although the model gives structure and direction to the interviewing process, it must be open to the realities of the actual interview. This often means moving back and forth in the model which calls for flexibility on the part of the interviewer.

Lastly, as the interview is essentially a process of human interaction, it does not follow a linear cause-effect model wherein one person's behaviour is seen as the cause for the other's. This interaction is reciprocal and circular wherein messages are sent and received simultaneously: The therapist gives feedback to the client to elicit new messages which in turn affects the therapist's next message and so on. The novice who follows the model too rigidly may encounter problems if he does not allow for this.

4.4 THE VALUE OF SKILLS ACQUISITION

As became evident in Chapter 3 there is a trend in the training of therapists and counsellors to move away from global learning (for example the didactic approach with its strong emphasis on theory) toward molecular training (for example microskills). Attention became focused on what happens in a therapeutic interview and what is effective. This then led to a definition and labelling of specific interviewing behaviours. Some of these behaviours are extremely specific, such as maintaining eye contact, while others are more complex, for example listening, but which can also be broken down into specific behaviours.

One distinct value of skills acquisition is related to "accountability". From an economical and financial point of view there is a tendency to evaluate results. Accountability in the therapeutic interview (and by implication the training

thereof) requires the ability to specify what happens and what is effective. Interviewing skills can be observed, described and evaluated in a way that theory can not.

A second value of skills acquisition is that the behaviour to be learned is understood, not merely memorized as in the theory-alone approach. Straight memorization of skills is rather ineffective, but when the purpose, value and usefulness of skills are incorporated into the training model, skill development is enhanced.

The values of skills *per se* are considerable:

- They can be taught directly.
- Their specificity makes it possible to
 - examine what a skill is and does;
 - see how it fits into the larger system of the interview and
 - understand why and how client growth is promoted by using a particular skill.

Mastering a variety of skills and techniques is important because then "...the counselor may be of maximal benefit to a greater number of clients. The one-tool counselor is less flexible and less able to deal with new and unusual occurrences during interviews" (Ivey 1971:46). To this Kias and Peters (1973:137) add that "...counselors lose much of their effectiveness without a sufficiently deep and broad repertoire of counselling interview techniques."

The purpose of skills training is not to provide the student (or counsellor) with a "bag of tricks" to dip into during the interview. The idea is that, in addition to a wide range of knowledge and the mastering of skills and techniques, the counsellor will bring an individual intent, theoretical framework, empathy,

congruence and the dynamics of the relationship itself to the interviewing session. In Headington's (1979:26) words: " A counselor is more than a set of learned responses, just as a song is more than a series of notes."

To conclude this introductory section to the model: Distinctive features of the proposed model are the emphasis on learning and mastering one skill (or a set of skills) at a time and using verbal and nonverbal behaviours defined in specific, operationalized terms.

4.5 THE DESIGN OF THE MODEL

In the planning of a systematic training model it is crucial to identify and define its core components. Four fundamental areas have been identified:

- 1 Education in theory
- 2 Skills training
- 3 Experiential activity
- 4 Practicum experience

Related to the main theme of the present study, namely training of therapeutic interviewing skills, education in theory may be defined as measureable knowledge in terms of concepts and skills underlying interviewing behaviour. Skills training is defined as the classroom learning of specific, observable and measureable interviewing behaviour. Experiential activity refers to both the individual and group activities related to personal and interpersonal growth and the practicum experience, a combination of real-life interviews and corresponding supervision, is the forum for the student's integration of theory, skills and experiences.

Once the core components have been identified, broad training goals may be specified.

4.6 SPECIFIC OBJECTIVES

In the design of the present training model the researcher was led by three basic questions, or objectives:

- 1 What does the researcher want to achieve with this training model?
(Goals)
- 2 How can the specified goals best be realised? (Methodology)
- 3 How can a student's progress be evaluated? (Evaluation)

The specification of training goals gives direction for the choice of training methodologies and forms of evaluation. It is important to specify training procedures and to determine their effects upon the acquisition of desired outcomes. If training procedures are well-delineated, ambiguity regarding the skills to be acquired during the training process may be eliminated.

The overall objective of the present model is to train students to be competent and effective therapeutic interviewers. In other words, to train them to use the interview not only to gather information, but to use it therapeutically to establish rapport and to enhance client verbalisation, self-exploration and independence.

4.7 THE GOALS OF THE PROPOSED TRAINING MODEL

Emanating from the overall objective stated above, the following goals are formulated:

Goal 1 *To train students in becoming experts in interpersonal relationships.*

Sub goals To teach them appropriate attending behaviour

To teach them basic listening skills comprising:

- the effective use of questions
- the effective use of encouragers
- the effective use of paraphrasing
- the effective use of summarisation
- the effective use of reflection of feelings

Goal 2 *To train students to use the interview therapeutically to facilitate client self-revelation, self-discovery and self-integration, and thus the difficult process of decision-making and acting in the real world.*

Sub goal To train students in the more advanced skills of therapeutic interviewing which comprise the influencing skills of:

- confrontation
- directives
- information giving
- self-disclosure
- feedback
- logical consequences
- interpretation

Note: Although appropriate attending behaviour coupled with the basic listening skills is in itself therapeutic, many clients may need more advanced help to achieve self-actualisation and personal growth

enhancement. The researcher therefore deemed it necessary to include the advanced skills in the training model.

The other two questions which gave direction to the design of the model, namely "How can the specified goals best be realised" and "How can a student's progress be evaluated" will be dealt with in Chapter 5. The purpose of the present chapter is to address the content of the model as an answer to the first question: "What should be achieved by the proposed model?" and it is to the content of this question that we now turn.

4.8 THE PROPOSED MODEL FOR TRAINING STUDENTS IN THERAPEUTIC INTERVIEWING SKILLS

Paragraph 4.7 (above) can be viewed as a cursory overview of the content of the model. The content will be dealt with in the following manner:

- Practical ways and guidelines to use and implement the basic dimensions underlying all helping, namely empathy, genuineness, warmth and respect, and positive regard will be addressed first. These dimensions should be seen as the golden thread that keeps the whole interviewing process together. Without them effective therapeutic interviewing cannot take place.
- The interviewing process is, for discussion and training purposes, subdivided into six stages. Each stage, its purpose and function will be discussed separately.
- For each stage identifiable and operationally defined skills are presented and discussed.

4.8.1 The training of therapeutic dimensions

Before coming to the practical side of training therapeutic dimensions, a brief introductory discussion is necessary in order to give perspective on the training thereof.

There are certain dimensions, or qualities upon which the entire interviewing, counselling or therapeutic process rests. These qualities are not exactly skills, but rather attitudes (refer also to Chapter 2 paragraph 2.3.1.2) that need to be expressed in a variety of behavioural ways. The therapist needs to respect his client, he must be "for" him and most importantly he must communicate this to the client for example by working hard with him, by maintaining confidentiality, by respecting the client's values even when they differ from his own, by not judging and by not moralising. Respect must be expressed in behavioural ways. The therapist must be genuine, spontaneous, open and not hiding behind a professional role. For Rogers (1962:422) this communication is of the utmost importance - unless these qualities have been communicated to the client and perceived by him, they do not exist in his perceptual world and thus cannot be effective.

The question whether the dimensions of empathy, genuineness, respect, warmth and positive regard can be trained may arise. Chapter 2 referred to literature suggesting that these dimensions can indeed be learnt and according to Truax and Carkhuff (1967:108) specific training can lead to relatively effective communication of these dimensions (own emphasis). In a study done by Berenson, Carkhuff and Myrus (1966) trainees demonstrated significant improvement and high levels of functioning in these dimensions.

Although there is general consensus that these dimensions are important aspects of interviewing and the wider therapeutic process, Leon (1989:71), who wrote from a medical training point of view, said that despite this importance, some medical schools do not train students in these skills, which may lead to an inability to understand their patients. He is therefore of the opinion that "...students can be trained to have better empathy, and this leads to responses that are more appropriate to the patient."

Truax and Carkhuff (1967:239) believe that the student can learn to implement accurate empathic understanding, nonpossessive warmth and genuineness much in the same way that people learn to drive a car or learn to play golf. It may be more demanding, more complicated, but the process of learning is similar. Carkhuff (1967:69) further suggested that persons functioning at high levels of these dimensions can help persons at lower levels of functioning to achieve higher levels. This view has an important implication for training: Teachers/trainers should function on high levels of being empathic, accepting unconditionally and expressing warmth and respect. Being like this, the teacher not only serves as an excellent model but also provides the student with the kind of relationship and atmosphere which contributes to growth.

Originally three basic dimensions or conditions as referred to by Rogers (1957): genuineness, unconditional positive regard and empathy, were considered as sufficient for positive therapeutic outcomes. Later on Carkhuff (1969) added two other qualities, namely confrontation and immediacy. The researcher will concentrate on the three basic dimensions and call them the "basic building blocks" of the effective therapeutic interview.

Rogers and Truax (1967:100) stated that the order in which the three basic dimensions are applied in the interview has some significance because they are logically intertwined: A high level of accurate empathy must however be

achieved, to be deeply sensitive to the "being" of the client, requires that the therapist must first accept and to some degree respect the client. Consequently, a satisfactory level of empathy cannot exist without there being unconditional positive regard. Neither of these qualities can be meaningful unless they are real. Thus, unless the therapist is integrated and genuine within the interviewing encounter, the other qualities (conditions) could scarcely exist to a satisfactory degree. Therefore, it would seem that genuineness is the most **basic** of the three qualities.

Once this reality of the person of the therapist is established, the warmth and respect communicated to the client, becomes the **second basic** dimension of the effective relationship. Finally, given a relationship characterised by genuineness and warmth, the "work" of counselling proceeds through the therapist's empathic grasp of the meaning and significance of the client's world (Truax & Carkhuff 1967:32).

It is in this order that the dimensions of the effective therapeutic interview will be addressed.

4.8.1.1 Toward the understanding and training of genuineness

The question that springs to mind is what is meant by being genuine. In everyday life one encounters people who are not what they seem, people who hide behind a facade, who say things because it sounds appropriate to them, rather than because they mean it, people who are playing a role. On the other hand one also encounters people who can be trusted because one senses that they are being what they are in an open way, one is dealing with the person himself, not a polite facade.

A genuine person is at home with himself and can comfortably be himself in all his interactions. He does not have to change when he is with different people - that is, he does not constantly have to adopt new roles in order to be acceptable to others. Stating it simply, genuineness means that the person's words are congruent or consistent with his actions.

What does this mean for the therapeutic interview? Without genuineness a trusting relationship, such as the therapeutic relationship, could scarcely exist. Genuineness requires the therapist's personal involvement, he is not simply "doing his job" as a technician (Truax & Carkhuff 1967:329). It further means that the therapist is "freely and deeply himself" (Rogers 1957:97). It involves the element of self-awareness, the therapist is able to live his feelings and also to communicate them if appropriate. Rogers and Truax (1967:101) warn that the concept of genuineness may be misunderstood and therefore it is necessary to explain what it does and does not imply:

- It does not mean that the therapist burdens the client with the expression of all his feelings.
- It does not mean that the therapist blurts out impulsively everything or anything that comes to mind.
- It does not mean that the therapist discloses his total self.
- It does imply not denying his own feelings.
- It does imply that he can let his feelings be known to the client if appropriate. (This appropriateness is important because genuineness beyond certain levels may not be helpful and indeed may even be harmful.)

Being genuine in the therapeutic relationship has the advantage that the therapist serves as a model for the client; Perceiving the therapist as being genuine facilitates the client's congruence between his own words, feelings and actions.

Genuineness must be communicated to the client and there are a set of behaviours that will do so. The student can learn both what therapist genuineness is and how to express it.

4.8.1.1.1 *The behaviours that constitute genuineness*

For the genuine therapist helping and relating to people is part of his life-style, it is not a role he puts on and takes off at will and he does not take refuge in his role of counsellor. This implies *refusing to overemphasize his role*. To achieve this aspect of being genuine, Gibb (Egan 1982:127) suggests that students should learn to do the following:

- Communicate without distorting messages.
- Listen to others without distorting their messages.
- Be spontaneous and free in their communications.
- Respond immediately to the other person's need or state without waiting for the "right" time or giving themselves enough time to come up with the "right" response.
- Live in and communicate about the here-and-now.
- Strive for independence rather than dependence or counterdependence in their relationships with clients.
- Learn how to enjoy psychological closeness.
- Be concrete in their communications.
- Be willing to commit themselves to others.

Being genuine means being spontaneous

Genuine people are spontaneous. Many of the behaviours listed above are also ways of being spontaneous. The genuine therapist, while tactful (as being part of his respect for the client) does not constantly weigh what he is going to say, but it does not call for expressing every thought to the client. The deciding factor will be whether a response or an expression will benefit the client.

Being genuine is to avoid defensiveness

A genuine therapist is nondefensive. He knows his strengths and weaknesses. When a client expresses negative feelings or thoughts toward him, he does not defend himself, but tries to understand what the client is thinking and feeling. Because the genuine therapist is at home with himself, he can allow himself to examine negative criticism. He does not feel threatened by it.

A therapist who has to defend himself constantly cannot help others effectively. A student who feels he is defending a lot, who feels threatened by negative criticism, should work out his fears before trying to help others.

Being genuine is being consistent

Genuine therapists practise what they preach. The values the therapist shares with his client are the same ones he practises in his everyday life. This characteristic of genuineness is most evident in the therapist's ability to talk openly and honestly about himself and his experiences (Baruth & Huber 1985:179).

Related to being consistent is congruence between the therapist's words and actions. If saying he is interested in the client's problems, his words should be consistent with his basic feelings otherwise this discrepancy will be apparent to the client. This may very well lead to a loss of confidence and annoyance at the therapist's feigned interest (Brammer 1985:36).

Being genuine is being open

Self-disclosure is a valuable skill to use in the interview, especially in the later stages of the interview. Self-disclosure refers to the therapist's ability to talk about himself, his personal experiences, feelings and thoughts. Therapist's genuineness is often used interchangeably with self-disclosure (Lewis 1978:82), but although an important aspect of genuineness, the therapist may be genuinely himself without disclosing personal feelings. (Self-disclosure as a skill will be dealt with in more detail in paragraph 4.10.4.1.3).

Truax and Carkhuff (1967) devised a scale for the measurement of genuineness. This scale, and the subsequent scales measuring empathy, respect and positive regard, which may be used and reproduced without permission (Truax & Carkhuff 1967:73) serve as excellent guidelines for training and evaluation purposes and are therefore included as part of the training model (although not used for formal evaluation).

4.8.1.1.2 A scale to measure therapist's genuineness

This scale is an attempt to define five degrees of therapist's genuineness, ranging from a very low level where the therapist presents a facade, is defending and denying feelings to a high level where he is freely and deeply himself.

- Level 1**
- The therapist is defensive
 - There is explicit evidence of a discrepancy between what he says and what he experiences
 - The content of his verbalisation may contradict his voice quality or nonverbal behaviour
 - His voice quality reflects irritation, disgust or attraction, but he attempts to deny this by expressing the opposite or neutral feelings
 - Nonverbally, he appears uneasy, perplexed or frustrated, but he attempts to deny it or expresses composed, in-control behaviour.
- Level 2**
- The therapist responds appropriately but in a professional rather than a personal manner
 - There is a rehearsed quality or air of professionalism present
 - He does not speak openly or easily and seems to be covering up areas of ignorance
 - There is a definite uneasiness and forced quality to his tone of voice.
- Level 3**
- The therapist is implicitly either defensive or professional, but his manifest behaviour does not show it. He is,

therefore neither congruent, nor incongruent - he is
acongruent

- He may respond in an artificial manner by the use of habitual responses like "uh-huh..."; "i guess what you mean is..."
- He may respond conceptually appropriately, but in a flat, neutral voice with no intensity and no spontaneity.

Level 4

- There are no implicit or explicit manifestations of defensiveness or the presence of a facade
- The therapist speaks openly and freely and admits areas of ignorance
- There is no attempt to "fool" the client.

Level 5

- The therapist is freely and deeply himself
- He is open to any experience (positive or negative)
- His verbalisations match his inner experiences.

SYNOPSIS

BEING GENUINE

- The therapist's genuine willingness and interest to listen and to help must be communicated to the client. This is evidenced by congruence between verbal and nonverbal behaviours:
 - matching tone of voice, gestures and facial expression with verbal content;
 - not feigning understanding but admitting lack thereof and asking for clarification if necessary;
 - acknowledging limitations and not pretending to "know it all" if he does not;
 - avoiding stereotyped role behaviours;
 - remains open and nondefensive even when negatively criticized;
 - being spontaneous but not uncontrolled;
 - being consistent;
 - showing willingness to share himself and his experiences.

4.8.1.2 Toward the understanding and training of warmth and respect

Respect is, according to Baruth and Huber (1985:176) "...a specific therapist action essential to creating an effective therapeutic climate." If respect is to make a difference in the life of the client, it must be more than just an attitude, it must become a value - that is, an attitude expressed behaviourally.

For Authier and Gustafson (1982:104) respect consists of three major components:

- 1 Communicating interest and a willingness to listen.
- 2 Facilitating the client's telling his story.
- 3 Communicating respect for the individual's worth, integrity and ability.

Where Truax and Carkhuff (1967:58) use the term "non-possessive warmth" Rogers (Rogers & Truax 1967:102) uses "unconditional positive regard" in stressing respect as critical to the counselling and interviewing process because growth and change are more likely to occur the more the counsellor is experiencing a warm, positive, accepting attitude toward "what *is* in the client" (Rogers 1962:420).

Respect involves accepting the client completely, in a non-judgmental way, as the person that he is, with all his weaknesses, his strengths and positive qualities (Geldard 1989:10). This acceptance provides the non-threatening context in which it is possible for the client to explore and experience the most deeply shrouded elements of his inner self.

Accepting and regarding the client unconditionally does not imply that the therapist agrees with that which the client feels and thinks, but rather, it is a regard for his right to act in accordance with his personal perceptions. This then further implies that the therapist does not try to impose his values on his client.

In an operational way, respect is the ability to respond to the client in such a way as to let him know that the therapist cares for him and believes in his (the client's) ability to do something about his problems. This belief in the client's potential for growth, is underscored by Rogers' regard that the individual is moving forward and that he is capable of growth (Baruth & Huber 1985:176).

Lewis (1978:66) also includes the above aspect in his views on respect and says respect communicates a consideration of the client's potential for future mastery.

At its highest level, unconditional positive regard/ respect/ non-possessive warmth involves a non-possessive caring for the client as a separate person who is allowed to have his own feelings and experiences. This implies respect for the client for himself regardless of his behaviour.

4.8.1.2.1 A scale to measure therapist's respect

Truax and Carkhuff's (1967) scale to measure the level of the therapist's respect gives valuable guidelines against which the student can measure and evaluate his own behaviour with regard to respect.

- Level 1**
- The therapist is actively offering advice (at an inappropriate stage of the interviewing process - researcher's own addition)
 - He may be telling the client "what to do"
 - He may be actively approving or disapproving of the client's behaviour
 - He sees himself as responsible for the client.
- Level 2**
- The therapist responds mechanically to the client, indicating little positive regard and hence little warmth
 - He may ignore the client's feelings

- He may display a lack of concern and interest
- He ignores the client at times when a warm response would be expected
- He shows complete passivity that communicates almost unconditional lack of regard (own emphasis).

Level 3

- The therapist indicates a positive caring for the client but in the sense that his behaviour matters to him personally
- He may communicate things such as "It is not all right if you act immorally" or "I want you to get along with your boss"
- He sees himself as responsible for the client.

Level 4

- The therapist clearly communicates a very deep interest and concern for the client
- He shows a nonjudgmental and unconditional warmth in almost all areas of his functioning
- There is still some conditionality in the more personal areas, but the client is given the freedom to be himself
- Concerning the personal areas, the therapist communicates that it is important that the client be more mature, that he accepts and likes the therapist
- He sees himself as responsible for the client.

- Level 5**
- The therapist communicates warmth without restriction
 - There is a deep respect for the client's worth as a person
 - The client can be himself, even if this means being defensive, not behaving maturely and even disliking the therapist
 - The therapist cares deeply for the client, regardless of his behaviour
 - The client is genuinely cared for and his human potential is deeply prized.

How can the above attitudes and behaviours be communicated explicitly to the client?

4.8.1.2.2 *Communicating respect*

Respect is not often verbally communicated. With regard to respect, actions speak louder than words. Respect is principally communicated by the ways the therapist orients himself toward the client and works with him. *Covertly*, this is done by..

- *being sincerely interested* in the client and his world. Benjamin (1981:41) warns that a thin line divides interest from curiosity, although intangible, it is there and the client may easily sense the difference.

- *being available* for the client. For the respectful therapist, helping is a value, not just a job, even to the extent that he can say that working with his client is worth his time and energy.
- *having a regard for the client's individuality*. The therapist is committed to supporting each client in his or her uniqueness.
- *having the basic attitude that the client has the resources to help him live more effectively*. The therapist can help the client to assess his resources realistically, but if, ultimately, a client chooses to live less effectively than he can, the therapist, after challenging such a choice, must respect it.

The above refer mostly to the communication of basic attitudes towards the client. The question is, how can they be manifested in **overt behaviour**?

Overt manifestations of communicating respect

Component 1: Communicate a willingness to listen

Attend to the client. Attending says "I am with you. I am available to help you"

HOW?

Appropriate eye contact

Relaxed posture

Appropriate and comfortable gestures

Facing the client

Leaning toward the client

Maintaining an appropriate seating distance

Component 2: Facilitating the client's telling his story

HOW?

- Nodding of head
- Facial expression of interest
- Tone of voice that reflects interest
- Avoid interruptions
- Ask open questions
- Paraphrasing

Component 3: Communicate respect for the individual's growth, integrity and ability

HOW?

- Use nonevaluative (nonjudgmental) language, both verbal and nonverbal
- Use the client's name
- Make positive statements about the client
- Avoid stereotyped gestures and responses
- Leave options (freedom to choose) to the client

Some general guidelines in communicating respect.

- Do not probe for information unnecessarily.
- Communicate accurate empathy. This is one of the best ways of showing clients respect. The specific behaviours associated with the communication of accurate empathy will be dealt with in paragraph 4.8.1.3.2
- Help the client to cultivate his own resources. Skilled counsellors help their clients *search* for resources by providing, for example structure for the client to use in his exploration of his problems. The therapist

should not act for the client unless it is absolutely necessary, and then only as a step toward helping the client act on his own.

- Express warmth. Warmth is the physical expression of understanding and caring and is communicated through gestures, touch, tone of voice and facial expression such as a genuine and welcoming smile.
- Use reinforcing appropriately. Clients can experience the therapist's response as reinforcing, neutral, punishing or prompting. Punitive and neutral responses tend to inhibit self-exploration and are not ways of respecting the client's attempts to explore his problems. Respect is communicated when all of the client's constructive action is reinforced. Respect is also communicated by refusing to reinforce the client's self-destructive behaviour.
- By being genuine, as described in the previous paragraph (see paragraph 4.8.1.1.1) the therapist is also conveying respect.

SYNOPSIS

BEING RESPECTFUL

- Respect is communicated by the therapist's attitude toward the client and by his overt behaviour.

- Therapist's *attitude* that communicates respect:
 - .. Care about the client's welfare
 - .. See each client as unique - not just another case
 - .. See the client as capable of determining his own fate
 - .. Assume that the client wants to live effectively

- Therapist's *behaviour* that communicates respect:
 - .. Communicate willingness to listen
 - .. Attend actively to the client
 - .. Communicate respect for the client's worth and integrity
 - .. Communicate sincere interest
 - .. Communicate accurate empathic understanding
 - .. Express warmth
 - .. Help the client identify and cultivate his own resources
 - .. Provide encouragement and support by appropriate reinforcement

4.8.1.3 Toward the understanding and communication of empathy

The ingredient (condition/ dimension/ attitude) most often pointed to in theory as most related to constructive client outcome, is the level of *accurate empathy*. The sensitive and accurate grasp of the other person's deeper and surface feelings, meanings and experiences (Truax & Carkhuff 1967:313).

This ability of the therapist to accurately and sensitively understand experiences and feelings and their meaning to the client during the moment-to-moment encounter of psychotherapy constitutes what can perhaps best be described as the "work" of the therapist after he has first provided the contextual base for the relationship by his genuineness and his unconditional positive regard (Rogers & Truax 1967:104).

Much has been written about empathy and the importance thereof in the therapeutic relationship and interview. In Chapter 2 (see paragraph 2.3.1.2.1) a theoretical overview and definitions were given. In this present section the function and place of empathy in the interview as well as practical ways of learning to communicate accurate empathy will be addressed.

To refresh the memory, empathy refers to the therapist's ability both to *perceive accurately* what the client is feeling and to *communicate* this awareness to the client. This ability of the therapist is based upon responsiveness and sensitivity.

Lewis (1978:34) distinguishes between cognitive and affective empathy where cognitive empathy refers to the capacity to accurately perceive the manifest feelings of the client while affective empathy is described as the feelings aroused in the therapist as he strives to be with the client emotionally.

Truax and Carkhuff (1967:313) state that it is difficult to train students in the perceptive and communicative aspects of empathy and in this regard Lewis (1978:34) suggests that in training, it is easier to start teaching the techniques at the level of cognitive empathy as it is a learning exercise with more readily attainable goals.

Although one does not, according to Rogers (1962:420), achieve complete empathy any more than one can achieve complete congruence, there is no doubt that individuals can develop these qualities. Suitable training experiences can enable the student for instance to listen more sensitively, to receive more of the subtle meanings expressed by the client either in words or gestures and to resonate more deeply and freely within himself to the significance of those expressions.

It is this *practical nature of empathy* that will be dealt with next.

4.8.1.3.1 *The function of accurate empathy in the interviewing process*

Empathy serves several functions in the interviewing process. One such function is the creation of moments when the client feels that a significant other is deeply with him and that he is truly understood. This "being with" correlated significantly with client improvement and growth.

Secondly, empathy facilitates the client's self-exploration. The more the client feels understood, the more he is induced to share of himself.

Thirdly, empathy helps the therapist to *really* understand his client. Say, for instance, a client is talking about the death of a loved one without apparent affect. The therapist allows a significant personal loss to be reexperienced, he

feels the sadness and through his empathic capacity, understands the painfulness and possible resistance in the form of denial his client is experiencing. He is experiencing the world of the client "as if" it is his own.

Understanding is, according to Headington (1979:146) the primary task of the therapist, regardless of his theoretical orientation and is a prerequisite to planned intervention. Neither empathy nor understanding can occur without *attentive listening* (a skill to be dealt with in paragraph 4.10.2.1.1).

Egan (1982:87) distinguishes between primary level accurate empathy and advanced accurate empathy. Primary level accurate empathy means communicating *initial* basic understanding of what the client feels. This kind of empathy usually appears in the beginning stages of the interview because it helps to establish rapport and it helps the client to explore and clarify his problems from *his* frame of reference.

Primary level empathy is useful (and necessary) throughout the entire interviewing process as it communicates to the client that the therapist is with him and understanding him. The very effort to understand communicates to the client the value placed on him as an individual and thus conveying also an element of respect. Primary level empathy primarily involves attending and listening skills.

Advanced accurate empathy not only gets at what the client is clearly stating, but also what he implies or leaves half-stated. According to the researcher, to define it in simple terms, it is hearing what is not said. Through the use of influencing skills such as self-disclosure, interpretation and the like, the therapist can reach higher levels of accurate empathy (skills to be discussed in paragraph 4.10.4.1). Although the use of advanced accurate empathy and

the other influencing skills add a dimension of risk to the interviewing process, these skills, if used judiciously and appropriately, can truly facilitate client growth. Mitchell, Bozarth and Krauft (1977:490) agree with this view and state that core confrontations (confrontations which force the client to doubt certain "myths" about himself) could be successful only in the context of truly high, perhaps even peak levels of empathy, warmth and genuineness. In this regard Egan (1982:90) warns that the use of these more advanced skills too early in the interviewing process might frighten off or inhibit the client and may even damage the rapport that has been building up.

4.8.1.3.2 *The communication of accurate empathy*

The communication of accurate empathy requires three elements:

- 1 awareness
- 2 know-how
- 3 assertiveness

Awareness refers to the therapist's ability to get into the world of the client. Secondly, if the therapist has a feeling for the client's world, his feelings, his experiences, he must know how to communicate this understanding to the client - both the affect and the content of this message in a way that makes sense to the client. Merely nodding his head and saying "I understand" is inadequate. Thirdly, **assertiveness** refers to engaging the client in the kind of dialogue that leads to the development of a working relationship.

The aim of empathy training is to sharpen the novice's sensitivity and skill both in understanding and communication of the client's essential meaning.

To understand what the client is saying and trying to say, the therapist has to:

- **Concentrate with intensity** upon the client's expression, both verbal and nonverbal. This intense concentration achieves several goals:
 - By concentrating on the client the therapist has neither the time nor the energy to reflect on how the client's statements relate to his own personal values and norms.
 - Intense focusing on the client makes the therapist aware of subtle nonverbal communications, for example minute facial or postural cues that often contradict or strengthen the meaning of his verbal communication.
 - Intense communication ensures that errors in either the perceptive or communicative aspects of accurate empathy will be recognised. The therapist will be able to sense if and when his own responses were incorrect or not fitting and can then change his own responses to allow for errors in language or content.
 - Intense focusing minimizes the possibility of premature judgments and their resulting errors.
- **Listen with the principal question in mind: What is the core message in what the client is saying?** Many beginner interviewers jump in too quickly when the client pauses and thereby not giving themselves enough time to reflect on what the client has said in order to identify the core message being communicated.

Therefore, the novice has to practise waiting when the client pauses and during such pauses ask himself "What feelings has the client expressed? What is the core message?"

- The therapist's language, the words he uses, reflects his ability to assume the client's frame of reference. If the therapist is talking to a child, his language should be on the level that is understood by the child. Egan (1982:94) warns in this regard that the therapist should not adopt a language that is not his own just to be on the clients "wavelength" as it may sound phony and inappropriate.
- Respond in a tone similar to that communicated by the client. If the client is talking in a sad, depressed tone of the voice, the therapist should not use a bright, happy tone of voice.
- Focus comments and questions on feelings rather on content.
- Reflect current feelings, particularly those expressed nonverbally.
- Use words or expressions that express the *intensity* of the feeling.
- Use present tense and personal pronouns, for example "You feel..."
- Make a statement, rather than ask a question, for example " You feel sad because..." instead of "Do you feel sad...."
- Self-disclose with expressions of similarity and awareness of differences.

- Confront incongruence between verbal and nonverbal behaviours.
- Give the client permission to express feelings through direct statements and acknowledge the difficulty of expressing feelings.
- Keep responses short. Responses should be frequent, but short. Here again, the novice may, in trying to be accurate, become longwinded and even speak longer than the client. This mostly happen when the therapist tries to respond too quickly and when he sees his first sentences are off the mark he keeps on talking to try to succeed. Going back to the principal question of "what is the core message" can help make the responses short, concrete and accurate.
- The **therapist's nonverbal behaviour** can communicate his intense concentration on the client:
 - Extend eye contact
 - Sit closer to the client
 - Lean forward and possibly touch the client if appropriate
 - Indicate interest through facial expression
 - Communicate involvement through gestures toward self, for example, when disclosing a personal experience similar to that of the client, the therapist can point toward himself when saying " In a situation like that I feel..."

4.8.1.3.3 Common problems in communicating accurate empathy

It may be helpful to consider some problems in communicating accurate empathy, also what NOT to do.

Rogers and Truax's (1967:106) description of therapist behaviour that communicates a low level of accurate empathy, gives a good example of problems in perceiving and communicating accurate empathy:

- The therapist may have his own agenda, working from his own internal frame of reference.
- He may misinterpret the client's feelings.
- He may be so preoccupied and interested in his own intellectual interpretation of the client's behaviour, that he is not aware of the client's "being".
- He may focus on the intellectual content and so ignores and misunderstands the client's current feelings and experiences.

Other common problems, according to Egan (1982:95) are:

Using poor substitutes for empathy

An example may illustrate this problem:

Client: (speaking in a low voice, close to tears) "I think my husband is having an affair. I don't think he loves me anymore."

Examples of responses that do not communicate accurate empathy are:

No response: The therapist keeps quiet as if what the client has said is not worth responding to.

- A question:** "Who is he having an affair with?" This inappropriate question ignores the client's emotions.
- A cliché:** "Many married couples may face the possibility of affairs." A cliché like this totally misses the client's feelings and negates her problem down to "It's not serious."
- An interpretation:** "The affair may be a symptom of deeper problems in your marriage. Maybe you are the cause of him having an affair." This kind of response again ignores her feelings and implies that what is really important is hidden from the client.
- Moving to action:** "I will give you a book on marital relationships to study." Again a response ignoring the client's feelings and although an action like this may be helpful, the therapist's poor timing and not listening will probably result in the client never coming back.

Distorted accurate empathy

Inaccurate empathy: A response may be inaccurate because the therapist has failed to attend and listen well.

What can be done about inaccuracy? The therapist must learn to pick up cues from the client that indicate wrong responses, for example if the client stops talking or telling the therapist that's not what he meant. The therapist then has

to attend and listen more intensely and work to get back on the client's wavelength.

Feigning understanding

Sometimes, even when attending and listening well, what is said by the client is difficult to understand. The therapist should then not feign understanding - if being genuine, he should tell the client he does not understand and ask for clarification. By stating for example: "I don't think I understand quite clearly, can you go over it again?" the therapist is actually communicating respect and caring because a statement like this is a sign that the therapist thinks it is important to "stay" with the client and that he is really trying to understand.

The therapist can also use the skill of perception checking whereby he checks with the client whether he understood correctly. Examples of perception checking are:

"You seem to be irritated; *is that right?*"

"You expressed some doubt just now: *Did I hear correctly?*"

Perception checking communicates the message "I want to understand your feelings; is this the way you feel?"

Parroting

Parroting refers to the therapist simply restating what the client has said - which is NOT accurate empathy. For example:

Client: "I feel confused as to what subjects to choose. I don't know what to do with my life."

Therapist: "You feel confused because you don't know what subjects to choose and you don't know what to do with your life."

The effective therapist tries to listen to the core of the client's message and by doing this, empathy is much more than just repetition, more that just mirroring what the client has said.

To conclude this section on accurate empathy, the measurement scale developed by Truax and Carkhuff (1967) once again gives excellent guidelines for empathic behaviour.

4.8.1.4 A scale to measure therapist's accurate empathy

Level 1 ● The therapist seems completely unaware of the client's most obvious feelings

- His responses are inappropriate to the mood and the content of the client's statements
- There is no quality of empathy and hence no accuracy either
- The therapist may be bored or actively offering advice.

Level 2 ● The therapist shows an almost negligible degree of accuracy in his responses - but only toward the client's most obvious feelings

- The therapist ignores feelings not clearly defined
- Although possibly sensitive to the client's feelings, he misunderstands most of the client's expressions.

Level 3 ● The therapist often responds to the client's more expressed feelings

- He shows concern for the deeper, hidden feelings, but he neither understands them nor senses their meaning to the client
- This level is distinguishable from Level 2 in that the therapist displays an inability to understand the client's feelings, rather than just ignoring them.

Level 4 ● The therapist usually responds accurately to the client's more obvious feelings

- Occasionally he recognizes some deeper feelings
- He may misinterpret some feelings
- Although sensitive, the therapist is not always "with" the client in the here-and-now
- The therapist wants to understand, he is trying to, but he is not accurate.

- Level 5** ● The therapist accurately responds to all of the client's obvious feelings
- He shows an awareness of many deeper feelings but still tends to be inaccurate in his understanding of these feelings
 - His misunderstandings however, are not disruptive as he communicates his confusion or not-understanding to the client.
- Level 6** ● The therapist recognizes most of the client's obvious and most of the hidden feelings
- Although he understands their content, he sometimes tends to misjudge the intensity of the client's hidden feelings and therefore his responses are not always accurately suited to the mood of the client
 - Although sensing these feelings, the therapist is unable to communicate meaning to them
 - The therapist is "with" the client but he does not encourage exploration.
- Level 7** ● The therapist responds to most of the client's present feelings and shows an awareness of the intensity of the hidden feelings
- The therapist's responses, however, move only slightly beyond the client's own awareness

- The therapist does not initiate a move toward more emotionally laden material.

Level 8 ● The therapist accurately interprets all the client's present feelings

- He uncovers the most deeply hidden feelings
- The therapist moves sensitively and accurately into feelings and experiences only hinted at by the client
- The therapist still makes mistakes, but he is sensitive to them and is able to change them in midstream
- The tone of his voice reflects the seriousness and depth of his empathic grasp.

Level 9 ● On this final level, the therapist inerringly responds to all of the client's feelings

- He understands and communicates this understanding of every deepest feeling
- He senses each of the client's feelings and shows precision in both understanding and communicating.

SYNOPSIS
BEING ACCURATELY EMPATHIC

- Attend carefully (both physically and psychologically) to the client's expressions or messages.
- Show interest and understanding while the client is talking.
- Concentrate on the client's internal world.
- Listen for the CORE MESSAGE - what is he trying to say?
- Respond fairly frequently, but briefly to the core messages.
- Be flexible and tentative so that the client has room to affirm, to deny, to explain.
- Be gentle, but do not let the client evade important issues.
- Move gradually toward the exploration of sensitive topics and feelings - do not go too deep too soon.
- After an empathic response, attend carefully to verbal and nonverbal cues that either confirm or deny the accuracy of the response.
- Be on the lookout for signs of stress or resistance and try to judge whether it is because of lack of accuracy or being too accurate.
- Put yourself in the client's place by asking yourself: "If I were him, what would I be thinking and feeling about myself as a person, what would I be wishing? What would I be thinking of doing?"

4.9 IN CONCLUSION

The effective therapist in the effective interview is one who functions at the highest levels of the necessary dimensions of the effective therapeutic relationship. Thus, he communicates an accurate empathic understanding of the deeper as well as the surface feelings of the client; he is freely and deeply himself in a nonexploitative relationship and he communicates a very deep respect for the client's worth as a person.

Up to this point, the basic building blocks that lay the foundation upon which effective therapeutic interviewing is built, were discussed. A special attempt was made to operationalize these dimensions and to give practical, explicit behaviours which communicate these to the client and which can be learned.

In the discussion of these dimensions references were made to the various therapist behaviours such as being attentive, listening, communicating interest, reflecting feelings and the like. These behaviours are the skills used to communicate among other things empathy, warmth, and positive regard.

The next section deals with the structure of the interview. For purposes of this study the interview is broken down into stages. The most important part of the model, namely learning the skills necessary for effective therapeutic interviewing, as related to each stage of the interview, will be presented and studied. It must be noted that the skills discussed in each stage do not necessarily exclusively belong to that stage but can and are used throughout the interviewing process (except the influencing skills which are primarily used in the later stages of the interview). It is just for study purposes that the skills primarily used in a stage are distinguished: Attending and listening skills are

primarily used in Stages 1 and 2 but they are actually of utmost importance throughout the entire interviewing process.

4.10 THE THERAPEUTIC INTERVIEW: A BREAKDOWN OF GOALS AND SKILLS

The therapeutic interview, as proposed in this study, is broken down into six stages:

Stage 1: Building rapport

Stage 2: Gathering information and defining the problem

Stage 3: Goal formulation

Stage 4: Action Plan

Stage 5: Action

Stage 6: Termination

4.10.1 Stage 1: Building rapport

("Hello")

The initial interview or contact with the client is of critical importance because it sets the stage for the entire interviewing process and experience. There is no second chance to make a first impression. Poorly planned and hastily conducted first contacts frequently result in failure. Why? When the client does not feel understood, he will not return. When he does feel attended to and accepted, he will come back with heightened motivation to be involved.

The purpose then of the first stage of the interview is:

- 1 To built rapport, a working alliance
- 2 To enable the client to feel comfortable with the therapist
- 3 To lay the groundwork for trust
- 4 To give structure by explaining the purpose of the interview. If it is a client's first visit, it should not automatically be assumed that he understands exactly what the interviewing and counselling process entail. The client should be carefully briefed as to the objectives and procedures of counselling. The subject of confidentiality should also be addressed at this stage.

(Brammer 1985:49) said that the therapist should be aware of some realities that the client may experience when entering a therapeutic alliance:

- It is not easy to receive help
- It is not easy to commit oneself to change
- Help is a threat to one's esteem, integrity and independence
- It is difficult to trust a stranger and to be open to him
- It is difficult to see one's problem clearly at first
- Sometimes one's problems seem to be overwhelming or too large to share them easily
- Some cultural traditions disapprove of seeking help outside the family.

With the above in mind, the therapist will be more sensitive to the client's uncertainty, feelings of apprehension and wariness.

How does the therapist go about building rapport, to set the climate?

Skills for building a working relationship

The skills primarily used to build a working relationship are *attending skills*.

Attending skills consist of appropriate attending behaviour (nonverbal) and verbal attending skills:

- Eye contact
- Body language
- Vocal qualities
- Verbal tracking skills

Attending behaviour

Cultural differences are an important factor to be considered when attending to a client. In some cultures direct eye contact, especially by a child, is considered a sign of disrespect. A comfortable conversational distance also varies from culture to culture. The therapist should be prepared to adapt according to the individual.

Attending behaviour consists of four dimensions and is critical to all other skills. These dimensions are culturally appropriate eye contact, attentive body language, vocal qualities and verbal tracking. These dimensions have one goal in common: to increase client verbalisation.

(1) *Eye contact*

Eye contact is important in establishing rapport with the client. A good level of eye contact must be maintained. Unnatural eye contact, such as looking continuously into the eyes of the client may lead to the client feeling uncomfortable, which would NOT be helping to built rapport.

Client eye contact provides the therapist with important messages:

- When an issue is interesting to the client, his pupils tend to dilate and when a topic is uncomfortable or boring, his pupils may contract.
- Breaks in eye contact must be noticed: When discussing distressing topics, the client often tends to look away.

(2) *Attentive body language*

Attentive body language is reflected by aspects such as body position, touch, facial expression, gestures and the distance between the therapist and the client.

The therapist's *body position* should indicate interest and show attention to what is being said. He should *face the client* to show maximum attention and *lean forward* toward the client. Headington (1979:19) recommends that the two chairs used by the therapist and client should be placed in a curved line or at an oblique angle to increase ease and comfort.

The therapist must adopt an *open posture*. Crossed arms and legs can be signs of lessened involvement. An open posture is an indication that the therapist is open to the client and to what he says. Crossed legs however do not necessarily indicate non-involvement - the therapist should ask himself to what extent his posture communicates openness.

Leaning forward is another sign of involvement, while leaning back can be a way of saying "I'm not entirely with you" or "I'm bored" (Egan 1982:61).

Changes in the client's body language can tell the therapist about potentially uncomfortable issues. A person may move forward when interested and away

when bored or frightened. The therapist should notice the client's movements in relation to what is being said.

(Nonverbal behaviour is a study on its own. Although of importance in the interview, it is not the purpose of this study to discuss nonverbal behaviour in depth. Some interesting information regarding nonverbal cues may be helpful)

Body position	Tense, relaxed, leaning toward or away from the therapist
Eyes	Teary, open, closed, excessive blinking, twitching
Eye contact	Steady, avoiding, shifty
Body movement	Knee jerks, taps, hand and leg gestures, fidgeting, head nodding, pointing fingers, dependence on arms and hands for expressing message, touch
Body posture	Stooped shoulders, slouching, legs crossed, rigid, relaxed
Mouth	Smiling, lip biting, licking lips, tight, loose
Facial expression	Animated, bland, distracting, frowning, puckers, grimaces
Skin	Blushing, rashes, perspiration, paleness
General appearance	Clean, neat, sloppy, well-groomed
Voice	Fast, slow, jerky, high-pitched, whispers

(Okun 1987:49)

Another aspect of attentive body language deals with the *seating distance* between the therapist and the client. A comfortable seating distance should be created by the physical setting of the chairs. Again, this distance is influenced by culture and the therapist should be aware of the preferences of his clients from different cultures.

A distance of approximately .900 - 1.200 metres allows for a softer tone of voice that is less likely to be overheard by others. It also allows the therapist to note finer nuances of vocal and facial expressions. This distance further enables the therapist to lean forward and *touch* the client if emotional support is needed and acceptable under the circumstances. Gorden (1992:68) refers to experimental studies demonstrating that people have a more positive feeling toward someone who touched them during a conversation than toward someone who did not touch under identical circumstances.

Results of a study done by Alagna, Whitcher, Fisher and Wicas (1979) is in accordance with the above: These results showed that the use of touch may facilitate the counselling process by increasing the likelihood that the interaction will be positively evaluated.

Some consideration should be given to touch as the indiscriminate use thereof could lead to negative reactions from a client. Here again, cultural preferences should be kept in mind. Fisher, Rytting and Heslin (1976) give guidelines as to the use of touch:

Touch will be experienced as positive if

- it is appropriate to the situation,
- if it does not impose a greater level of intimacy than the recipient desires and
- if it does not communicate a negative message.

(3) *Vocal qualities*

The therapist's voice is an instrument that communicates much of the feelings he has toward the client. Changes in pitch, volume or speech rate convey similar messages that changes in eye contact and body language do.

The therapist's vocal qualities must suit the mood of the client. A flexible, conversational tone is appropriate to express an accepting, nonthreatening, nonjudgmental attitude.

There are signs the therapist must be on the look out for as they can convey important messages:

- Vocal changes that may indicate comfort or discomfort
- Speech hesitations and breaks often indicate confusion or stress
- Clearing of the throat may indicate anxiety and/or that words are not coming easily.

Pacing the rate of speech is crucial to good interviewing. According to Gorden (1992:71) pacing:

- determines the extent to which either superficial or deep information is given and
- a slower pace banishes the feeling of time constraints and gives the client the feeling that the therapist is interested enough to spend time with him.

A person can learn how to use pacing to elicit specific behaviour in the interview:

- Consciously or unconsciously, the therapist will have an effect on the pace. If a therapist naturally tends to speak fast, he can learn to slow down, conversely, another therapist can learn to speed up a bit.
- The use of *silence* is a powerful tool in regulating pacing. Some interviewers, especially beginners, find it difficult to handle silence in the interview. They find it frightening and tend to fill silent gaps with irrelevant and nervous talk.

As silence thus tends to be a problem to many, the researcher deemed it necessary to address silence as a technique in more detail:

(a) *The use of silence in the interview*

Silence is as much a skill as it is part of attending behaviour. For a beginner interviewer one of the most difficult tasks to learn is avoiding talking and letting silence occur at appropriate times during the interview.

The fear of silence can result in:

- Not listening fully
- Ignoring important relationships among the client's feelings, thoughts and actions
- Sputtering out any thought to fill the silence

- Interrupting while the client is thinking things through and thus cutting off productive thoughts about significant content that has just occurred in the interview
- Mentally rehearsing thoughts that might be said while the client is still talking and thus not paying full attention.

Hutchins and Cole (1992:95) stated that becoming comfortable with silence and allowing it to occur has several advantages for the therapist:

- He can listen more effectively
- He can pay better attention to the client's nonverbal behaviour
- He can better assess the relationship between the client's thoughts, feelings and actions
- He can follow more thoroughly what the client says
- He can ask more insightful questions
- He can reflect in a more comprehensive and helpful manner
- He can do a better job of focusing attention on the client's most critical concerns

(b) Learning to become comfortable with silence

- A general guideline to follow is: *Don't rush the client into talking.*
- Don't panic when silence occurs. Relax and remember that the client may need time to think things through.

- Sometimes the client feels compelled to fill silent gaps and by modelling unrushed silence, the therapist can help the client to become more comfortable with silences.
- The therapist can use a number of cues to relate silently to the client:
 - Nod his head casually
 - Use minimal encouragers such as "M-hmm" to indicate support
 - Maintain eye contact, sometimes coupled with a nod and/or encourager to communicate that what is happening (the silence) is fine.
- Allowing a few seconds to pass after the client has said something, tends to encourage continued talking and disclosure of additional relevant matter.
- During moments of insight, when important thinking occurs, silence is a most important technique to use. Therefore, do not interrupt the client's thinking. After such silent, unrushed thinking-through of things, the client will usually voluntarily relate thoughts and feelings related to what has just occurred.

(4) Verbal tracking

Staying with the client's topic is critical in verbal tracking. People tend to change topics when they feel uncomfortable. Cultural differences with regard to verbal tracking must be taken into account as some cultures, for instance some Asian cultures consider direct verbal follow-up (which is recommended here) as rude and intrusive (Ivey 1994:31).

Selective attention, a type of verbal tracking, may pose a problem because one tends to listen to some things and ignore others. Some interviewers consistently listen attentively to only a few key topics while ignoring other possibilities. In this regard, Ivey (1994:31) suggests that one should be alert to one's own potential patterning of responses. No issue should get lost, but it is also important not to address everything at once as it will lead to confusion.

Verbal tracking is a very useful verbal attending skill. The novice, when feeling stuck in the interview, can take whatever the client has said in the immediate or near past and direct attention to it through a question or a brief comment. Even experienced therapists who sometimes get lost or feel puzzled about what to say next in response, can relax and use verbal tracking to get the interview going again.

Nonattention is also of value and may sound contradictory to the above, but sometimes it is inappropriate to attend to some of the client's statements. Some clients only want to talk about negative things. A depressed client may continuously talk about how and why the world is wrong. At such times, intentional nonattending may be useful and to facilitate the interview the therapist can:

- subtly shift his body position
- break eye contact
- change his vocal tone
- intentionally jump to other topics.

Table 4.2: How the therapist's nonverbal communication can facilitate or inhibit communication

<i>Facilitates communication</i>	<i>Inhibits communication</i>
Informal seating	Formal seating
Appears relaxed, interested	Appears tense, stiff, bored
Sits reasonably close and leans forward at appropriate times to show interest	Sits behind desk or leans back in chair
Gives undivided attention	Fiddles, fidgets, taps fingers, re-arranges objects on desk, looks at watch
Good eye contact	Glances away often, stares challengingly, looks out of window
Animated facial expression, encouraging head nods	Sits motionless, minimal facial expressions. Or constantly frowns, raises eyebrows, shrugs

(Gillis 1994:63)

To conclude this section on **Stage I: Building rapport** useful criteria, as suggested by Delaney and Eisenberg (1972:39-40), to assess the success of the initial (first) interview of the interviewing process are given:

The therapist can ask himself the following questions:

- How comfortable was I during the session?
- How comfortable did the client seem?
- Was I relaxed or at least model a relaxed state?
- Did the client appear relaxed?
- Did I consciously try to listen attentively?
- Did the client realise that I was listening?
- Did I understand what the client was saying and did I tell him so?
- Did the client realise by my behaviour that I did understand him?
- If I did not understand him, did I ask him to help me to understand?
- Did he then help me to understand him?
- Did I allow the client to pace himself?
- Did the client perceive he was responsible to talk and not feel under pressure "to get to the point"?
- Was the client motivated for counselling and, if not, did I satisfy this client's need?

- In brief, did I behave in a manner which was conducive to creating a relaxed and comfortable environment in which the client felt free to express himself?

SYNOPSIS

STAGE 1: BUILDING RAPPORT

- The purpose of the first stage is to set the climate for a working relationship. The client should feel comfortable and experience the relationship as warm and nonthreatening.
- Attending behaviour and skills are primarily used to achieve this goal:
 - Maintain appropriate eye contact
 - Ensure attentive body language by:
 - body position - leaning forward
 - creating a comfortable conversational distance
 - using touch appropriately
 - matching vocal qualities to tone and mood of client
 - using pacing to elicit specific behaviours
 - Verbal tracking ensures staying with the client's topic
 - Nonattention must sometimes be used to facilitate the interview, especially if a client continuously talks about a certain topic and the interview cannot develop.

4.10.2 Stage 2: Gathering information and defining the problem

(“What is your concern?”)

Many clients come to the interview with a lot on their minds and often confuse the therapist with a long list of issues and concerns. A simple rule to keep in mind is that the *last item* on the list of concerns is often the one of central concern. The counsellor should watch for it, but also be prepared to redefine the problem as the interview progresses.

The purpose/goal of this stage is therefore to find out why the client is there and what his problem is. The central task in this stage is defining the problem(s) as the client sees and experiences it. Skillful problem definition will help avoid aimless topic jumping and will also give the interview purpose and direction. Gathering information does not only concern the client's problems, but also identifying his strengths. This is an important aspect as it may reveal capabilities in the client that are useful in the resolution of the problem.

The order in which the client's problems should be attended to must be determined. It is therefore necessary to rank the identified problems because it is difficult to work on several problems at once. If the client does not have specific preferences as to which problem to address first, the less serious problems or concerns can be attended to first.

Skills primarily used in Stage 2

The skills most commonly used in this stage are still the attending skills and *the basic listening skills*.

Ivey (1994:153) organized the basic listening skills into a specific sequence: **Open and closed questions** will help define the problem from the client's frame of reference. **Encouragers** and **paraphrases** will provide additional clarity and the opportunity to check out that the therapist has heard correctly. **Acknowledgement of emotions through reflection of feelings** will provide an important beginning understanding of the underlying emotions and emotional issues. Finally, the **summarization** of the issues and concerns will provide an orderly format of the problems to be dealt with. The basic listening skills will now, not necessarily in the above sequence, be presented.

Basic listening skills

The critical importance of active listening to the client is stressed by various authors. A few relevant quotations reflect the value of a skill as basic as listening:

"...the helper promotes good interaction by focusing attention and actively listening to the client" (Hutchins & Cole 1992:57).

"...the foundation for effective interviewing and eventual skill integration is the ability to listen to and understand the client" (Ivey 1994:14).

"...with the use of active listening techniques...the helper tries to gain an accurate understanding of the client's problem" (Gillis 1994:87).

"...One of the greatest gifts a person can give another is to truly listen to what the other is saying" (Purkey & Schmidt 1987:93).

And in the words of a client: "...to meet someone who listens and does not judge is both a surprise and a relief" and "...he was quiet, he listened very carefully" (Howe 1993:122).

After mastering the skills of attending behaviour, the novice may very well ask: What do I do next? How do I get the client to talk? What should the client be encouraged to talk about? How can the client be helped to explore his problems?

(1) *An open invitation to talk: Open and closed questions*

Using the skill of open-ended questions will encourage the client to talk and explore his thoughts and feelings. An open invitation is best understood by comparing it to a closed approach to interviewing:

Closed: "Do you get angry when your wife ignores you?"

Open: "How do you feel when your wife ignores you?"

By looking at the above example, it is evident that the closed question can be answered in a few words or a short sentence, for instance "Yes, I do." This type of question do have the advantages of focusing the interview, bringing out specific information and gathering factual data. Closed questions usually begin with *is, are, do or did*, for example:

Are you angry?

Is the relationship stressed?

Did you ask your father...?

The use of many closed questions may give the client a feeling of interrogation which is NOT facilitating the interview. Furthermore, relying on the use of closed questions, forces the therapist to concentrate so hard on thinking up the next question that he fails to listen and attend to the client.

In contrast, the open question cannot be answered in a few short words. These kind of questions encourage talk and provide the therapist with maximum information.

According to Ivey and Authier (1978:77) as well as Ivey (1994:49) some theorists do not like questions and suggest that counsellors never ask them. Especially nondirective client-centered and existentially oriented therapists tend to avoid questions for the reason that questions almost invariably come from the therapist's frame of reference.

(a) *The value and uses of questions*

The skillful use of questions is a useful tool for various reasons:

- Open-ended questions can assist in *starting the interview*, for example "What do you want to talk about today?" This kind of question provides the client with the freedom to talk about anything. A more focused open-ended question building on previous sessions is for example "How are things lately at home?" instead of "Are things better at home lately?"
- Open-ended questions may be used to help the client give *specific examples of behaviour* so that the therapist can better understand

what is being described. It therefore aims for concreteness and specifics:

"Could you give me an example of what you mean when you say you don't get along with your mother?"

- An open invitation can help the client focus attention on emotions:

"How do you feel as we talk about this?" instead of "Do you feel nervous talking about this?"

- An open-ended question can augment and enrich the interview. Getting suddenly stuck is not a problem experienced by novices only, experienced counsellors sometimes find themselves hard pressed to know what to do and an open question on some topic that was discussed earlier in the interview helps the interview get going again:

"Could you tell me more about...?"

"How did you feel when.....happened?"

- Open-ended questions open up new areas for discussion.
- Open questions assist in pinpointing and clarifying issues.
- Open questions aid the client's self-exploration.
- Open-ended questions are critical in the assessment of a problem (Ivey 1994:56). Asking or starting questions with **who, what, where, when, how and why** will assist the counsellor and the client in

assessing the problem. These questions can also help the client to elaborate on or be more specific about an issue at any time during an interviewing session.

- The first words of certain open-ended questions often result in *predictable outcomes* and the counsellor can use them intentionally to elicit specific information:

"What" questions ("What happened?") bring out **facts**

"How" questions ("How did that happen?") lead to the **discussion of processes or feelings** ("How do you feel about...")

"Could..." questions are maximally open and leave the client free to say "No, I don't want to talk about that."

- Questions can be used to monitor the **comfort and pace** of the interview. If a client has revealed much during the interview and the therapist senses some discomfort, he can use a few closed questions to slow down the pace and give the client room to regain composure. Later, an open-ended question will provide an opportunity to return to the same issue.

(b) *Some considerations when using questions in the interview*

- Questions should be designed to help the client clarify his own problems, rather than provide information for the interviewer (Ivey & Authier 1978:74).

- Too many questions may lead to the client feeling bombarded and may put him on the defensive.
- Asking double or multiple questions may confuse the client. Rather ask single questions, one at a time.
- The more indirect the question, the better.
- After asking a question, wait for and listen to the answer.
- "Why" questions often cause discomfort and elicit defensive behaviour. The client may experience a sense of being attacked and tend to defend himself. The client may also give intellectual or rationalized answers which do not focus on what is going on internally (Geldard 1989:51).
- Cultural differences with regard to questioning must be taken into account. Excessive use of questions sometimes results in distrust of the counsellor (Ivey 1994:57).

To conclude, a special note with regard to the use of questions: Most of the information the counsellor needs to know will emerge naturally without asking questions if he attends and listens actively to the client. The skill of reflection that will subsequently be discussed, is preferably to be used to obtain and gather information in a more nondirective and nonthreatening manner.

The next set of skills to be discussed are the skills of encouraging, paraphrasing and summarization. Reflection of feeling will be discussed separately. These skills are necessary because helping the client to verbalize

his problems by attending and questioning are not enough - the client needs to know that he has been heard and understood.

To operationalize these skills mentioned, Ivey's (1994:100) definitions are presented:

Encouragers consist of a variety of verbal and nonverbal means used by the therapist to prompt the client to continue talking.

Paraphrases (also referred to as reflection of content) feed back to the client the essence of what has been said by shortening and clarifying comments.

Summarization is similar to paraphrasing but covers a longer time span and more information. Summarizations may be used to:

- begin or end an interview
- move to a new topic
- clarify lengthy and complex issues
- help the client organize his thinking

Practical ways to use and apply these skills will now be given.

(2) *Encouragers*

This skill, a simple one, is often viewed as unimportant. However, encouragers offer the least intrusion into the client's world. Research has shown that encouragers are characteristic of successful counsellors (Ivey et al 1987:72).

Encouragers are:

- Head nods
- Open gestures
- Positive facial expressions
- Minimal verbal utterances such as "Um-mm"; "Uh-huh"; "yes" or "I see"
- Silence, accompanied by appropriate nonverbal communication
- Restatement of or accent on the client's key words, such as in the following example:

Client: "I have quite a good relationship with my boss, even though I'm not entirely happy"

Therapist: "Not entirely happy?"

Some considerations in the use of minimal encouragers

- Space minimal encouragers appropriately. If giving them too frequently, they will become intrusive and distracting. On the other hand, if given infrequently, or not enough, the client may feel that he isn't listened to (Geldard 1989:22).
- Excessive head nodding can be annoying and frustrating to the client (Ivey 1994:104).
- Minimal encouragers, when used randomly, will not facilitate either the growth of the client or the direction of the interview. Ivey and Authier (1978:78) suggest that minimal encouragers should follow directly from what the client has said.

- Although minimal encouragers are in essence non-evaluative (they neither indicate approval nor disapproval), they can be verbalized in ways that send different messages. For example an encourager such as "Yes, go on" may be said in such a way that the client perceives it as encouraging or in such a way as to suggest that he should hurry up.
- Minimal encouragers should be uttered in an encouraging manner, with a slight questioning bias (Gillis 1994:50).

(3) *Paraphrases*

Paraphrases help the counsellor to clarify, to bring together recent comments, to give the client the opportunity to explore old issues again, to establish new connections and to talk in depth about issues (Ivey et al 1987:73).

Accurate paraphrasing communicates to the client that the therapist understands accurately and thus does much to increase the quality of the relationship (Headington 1979:45).

(a) *How to paraphrase*

An accurate paraphrase consists of four dimensions:

- 1 A **sentence stem** using, insofar as possible, an aspect of the client's mode of receiving information, that is visual, auditory or kinesthetic.
For example:
Visual - "It looks like you're saying..."
Auditory - "It sounds like..."
Kinesthetic - "So, his remark touches you as if..."
Note: A sentence stem is not always necessary.

- 2 **The key words used by the client** to describe an event or situation. Include the main ideas coming from the client and some of his exact words.
- 3 **The essence of the client's basic message** in summarized form.
- 4 **A check-out for accuracy** in the form of a brief question at the end of the paraphrase. The purpose is to ask the client for feedback on whether the paraphrase was correct. For example:

".....Am I hearing you correctly?"

".....Is that how it is for you?"

A simplified example of a paraphrase using the above four dimensions:

Client: "I've changed my mind. I've considered furthering my studies but I really don't have the finances."

Therapist: "I hear you saying that you've changed your mind, that you are considering further studies but that finances may be a problem. Is that right?"

(b) Some considerations in the use of paraphrases

- Paraphrasing is **NOT** parroting the client's exact words. The therapist uses his own words plus the important key words the client has used.
- Do not add to or change the meaning of the client's statement.

- Paraphrasing is based only on the actual content of what the client has said. There is no suggestion, either expressed or implied, as to feelings which the content may suggest. Paraphrasing therefore focuses on the cognitive rather than on the affective component of the client's message. An example will illustrate the difference:

Client: "Everything seemed to go wrong today."

Therapist: **Paraphrasing content:** "It was not a good day for you."

Reflecting feeling: "You are feeling frustrated about what happened today."

- Do not overuse certain responses such as "I hear you saying that..." or "It seems to me..."
- The use of the client's name and personal pronouns help personalize the response:

Therapist: "David, as I hear you, it sounds as if coping with..."

To conclude: Crucial to paraphrasing is finding the essence of what has been said and striving for a delicate balance between the client's words and the therapist's own.

(4) *Summarization*

Summarizations cover longer periods of conversation. In a summarization the therapist attends to verbal and nonverbal comments from the client over a

period of time, he selectively attends to the key concepts and then restates them as accurately as possible.

Summarization serves several functions in the interview:

- To "warm up" the client at the beginning of an interview, for example: "Last week we spoke about a lot of things. We spoke about...."
- To focus the client's scattered thoughts and feelings.
- To close a discussion of a specific theme.
- To check understanding of the interview's progress.
- To encourage the client to explore a theme more completely.
- To assure the client that the interview is moving along well.
- To clarify what the client has said and put it into an organized format so that the client is able to see a clearer picture of his situation.
- To terminate the session.

(a) *How to summarize*

- Integrate the important ideas of the client's statements and restate them in summarized form.
- Do not give a complete re-run of everything covered in the session - pick out the most salient points, the important things and present

them in such a way that the client can get an overview of what he himself has been discussing.

- Do not add new ideas to the summary.
- Use a check-out for accuracy at the end of the summarization.
- Another way of using summarization is to ask the client to summarize the main points discussed, for example:

"Let's take a look at what we've accomplished in this interview: How does it appear to you?"

(5) *Reflection of feeling*

Underlying the client's words and behaviours are emotions and feelings. Emotions form the base of much of life's experiences - noting the client's key feelings and helping him to clarify them can be one of the most facilitative things the counsellor can do (Ivey 1994:120).

Reflecting feeling is defined as responding to the underlying feeling or emotional aspect of a client's response while ignoring its cognitive aspects (Evans et al 1984:51). It is an attempt to paraphrase in fresh words the essential feeling(s) as expressed by the client.

Reflection, according to Hutchins and Cole (1992:82) is a way of putting into words both what the client says and cannot say. Reflection includes verbal (what the client says) and nonverbal (how he says things) aspects of communication.

Reflection of feeling is often viewed as related to empathy. This "being with" the client emotionally requires the therapist to accurately sense the client's

world as he is experiencing and perceiving it. The communication of the therapist's understanding is critical in the development of empathic understanding.

Reflecting feeling serves several functions in the interview:

- A major function of reflecting feeling is to make the implicit, sometimes hidden, emotions explicit and clear to the client.
- Clients are sometimes out of touch with their feelings. By reflecting their feelings back to them, they become aware of them.
- It promotes the exploration and discussion of feelings which is often an important prerequisite to solving problems.
- It helps the client to sort out mixed feelings.
- If a client finds it difficult to continue in the interview, the reflection of feeling can help him to continue.
- Accurate reflection is a powerful indicator that the therapist is actively attending, listening and understanding. This serves as a positive reinforcer of the relationship.

(a) *General guidelines for the reflection of feelings*

- Before the therapist can reflect the client's feelings, he must be able to note and correctly identify them. A list of feeling words or a vocabulary of emotional labels is very useful to have, especially for the beginner. Table 4.3 presents such a list compiled by the researcher that, although not extensive, can be used and elaborated on.

Table 4.3: Feeling words*How do you feel....?*

Surprised	Enthusiastic	Hateful
Frightened	Concerned	Upset
Disgusted	Relieved	Foolish
Angry/Angered	Shocked	Wicked
Pleased	Troubled	Cross
Jealous	Embarrassed	Indignant
Excited	Confused	Furious
Frustrated	Perplexed	Afraid
Anxious	Hostile	Terrified
Resentful	Irritated	Delighted
Fearful	Bored	Adored
Worried	Hesitant	Loved
Hurt	Contented	Gloomy
Happy	Weary	Hopeful
Sad	Wary	Disappointed
Depressed	Thoughtful	Uncomfortable
Uncertain	Charmed	Comfortable
Secure	Gratified	Rebellious
Insecure	Rejected	Guilty
Annoyed	Bothered	Bugged
Irked	Pressured	Confident
Glad	Down	Distressed
Stressed	Alarmed	Used
Spiteful	Mad	Eager
Drained	Abandoned	Mixed up
Unsure	Desperate	Discouraged
Empty	Lonely	Unhappy
Lost	Free	Proud
Terrified	Terrific	Tortured
Despairing	Fulfilled	Moved
Humiliated	Torn	Harassed

In labelling the client's feelings, the therapist should note the following:

- The emotional words used by the client
 - Implicit emotional words not actually spoken
 - Emotions expressed nonverbally
 - Discrepancies between verbal and nonverbal emotional cues.
- **Identifying the client's feelings** is sometimes quite easy to do, for instance when he says "I feel depressed" and his nonverbal behaviour supports his statement. However, many clients often have mixed feelings or they don't know how they feel about something. It is then the task of the therapist to identify and label these feelings.

The easiest way to do this is to **ask the client** an open question:

"How do you feel about..."

"What feelings do you experience when talking about..."

Clients who find it difficult to talk about feelings or who cannot identify a feeling, can be helped by asking a closed question with the missing feeling integrated into the question, for example "Does that make you feel sad?" If the therapist "guessed" the feeling correctly, the client may say, "Yes, that's how I feel" and the interview can continue by discussing this feeling of sadness.

- Sometimes the therapist has to infer the client's feelings through observation of verbal and nonverbal cues. There may be a discrepancy between the client's words and his nonverbal behaviour,

for example looking away or shifting in his chair. The therapist, by observing the client closely, becomes aware of these mixed feelings and can help the client to explore them.

- The intensity of the client's feelings must be noted. Some clients are overwhelmed by emotion while others may use cognition to avoid the discussion of or coming to terms with feelings. The therapist must be able to determine how a client reacts emotionally.

(b) *Emotional orientations*

Ivey (1994:126) gives a description of four emotional orientations which is valuable in identifying the client's style of emotional expressiveness:

Sensorimotor emotional orientation

This client experiences his emotions rather than naming them. He may cry or laugh, but the emotional experience is primary. An advantage of this orientation is that the therapist has real and immediate access to the emotions experienced in the moment. A disadvantage is that the client may be overwhelmed by too much emotion.

Concrete emotional orientation

The skill of reflecting feeling is primarily focused on this orientation where feelings are named by statements: "I feel..." and "You seem to feel happy about..."

This orientation helps clarify mixed and vague feelings.

Formal-operational orientation

The client becomes more abstract and **reflects on emotions** and thus may avoid experiencing his emotions.

Dialectic/systemic emotional orientation

Clients at this level are very effective in **analysing** their emotions. The client gives an analytic and multiperspective view of emotionality which moves him even further away from experiencing it in the here-and-now. Consider this client statement:

"I am sad that my mother died of cancer, but I am proud of the way she handled it. In a way, I'm happy at the triumph over adversity she has demonstrated."

(c) The techniques of reflecting feeling

- Similar to paraphrasing, reflection of feeling, according to Ivey (1994:125), consists of the following dimensions:
 - A **sentence stem** containing if possible, the client's mode of perception, that is visual, auditory or kinesthetic. For example: "I hear you say you feel..."
Be aware of the over-use of stereotyped sentence stems, vary them or sometimes omit them altogether.
Using the client's name and personal pronouns helps personalize the response.

- Add a feeling label (emotional word) to the sentence: "David, you seem unhappy today."
- To broaden the reflection of feeling, a brief paraphrase may be added: "David, you seem unhappy **about all the things that went wrong at school in the past week.**"

Words such as **about, when** and **because** are some examples of words that add context to a reflection of feeling.

- Reflections in the **present tense** tend to be more useful: "Right now you seem angry."
- Use of a **check-out for accuracy** is valuable, especially if the feeling is not explicitly expressed:
 - "You feel sad today, *am I hearing you correctly?*"
 - "You seem to feel angry right now, *is that close?*"

- The therapist must try to imagine himself in the situation the client is describing (This is being empathic).
- Attend to the affective component of the client's message.
- As with paraphrasing, do not parrot the client's words:
 - Client: "I'm feeling really frustrated."
 - Therapist: "You're feeling really frustrated."

(d) Some considerations when reflecting feelings

- Reflecting feelings can be overdone. Beginners sometimes get into a pattern of reflecting after almost every statement of the client which

is not necessary. Usually a minimal encourager will ensure continuation until a reflection seems appropriate.

- Not all people will appreciate the therapist noting their feelings. Some clients need time to trust the therapist and only after rapport and trust have been developed, are they willing to disclose and discuss feelings. In a case like this, the therapist can approach the client in more cognitive ways first and get into more affective areas later on.
- Some clients may respond with "Of course I'm angry, why did you say that?"
- Reflection of feeling may be inappropriate with some cultures and may represent cultural insensitivity.
- Some men may believe that the expression of feelings is "unmanly" and the use of a brief reflection may be helpful.
- Reflecting feeling with too much depth for which the client is unprepared for may be anxiety-provoking and may retard the interview.
- Be aware of reflecting negative feelings only. Focus on the positive as well.
- Reflection can be used effectively with feelings expressed in only a nonverbal manner (Gillis 1994:55). For example:

Client: Sits in his chair, eyes downcast, despondent expression.

Therapist: "You feel as if things are pretty **hopeless** for you right now. Is that how you feel?"

- The language used by the therapist to reflect feelings must be appropriate to the client's cultural experience, level of education and age. Consider the following example:

Client: "I can't make it with girls. I'm very shy."

Therapist: "Your inferiority complex really shows with girls then."

"Mod" language may sound phony to a more conservative, traditional client.

- Most clients are tolerant if the therapist inaccurately reflects a feeling or a thought and may help the therapist by correcting him.

In conclusion: In the beginning the skills of especially paraphrasing and reflection may be experienced as unnatural and somewhat artificial, but with continuing practice the novice interviewer will develop his own style and with the integration of the skills learned, these skills will become more natural.

SYNOPSIS

STAGE 2: GATHERING INFORMATION AND IDENTIFYING PROBLEMS

- The purpose of this stage is to find out why the client is there, what is (are) his problem(s) and also to identify his positive assets.
- Attending skills are still very much in use at this stage but to get the interview to develop, the counsellor has to use the basic listening skills.
- Active listening is of critical importance in the interview.
- Asking open-ended questions is a way to help the client start talking.
- Talking however is not enough, the client must perceive that he has been heard. The therapist communicates active listening and understanding through the use of:
 - minimal encouragers
 - paraphrases
 - summarization
 - reflecting feelings

Up to this stage the therapist and client worked together to gather as much information about the client's problems and concerns as possible. With this information available, problems are concretely defined and prioritized. Specific goals to resolve these problems can now be formulated.

4.10.3 Stage 3: Goal formulation

("What do you want to have happen?")

The third stage of the interviewing process focuses on client goals: Where does he want to go? Determining outcomes is a useful technique to bring specificity to the interview: Asking the client what he wants to have come out of the interaction is critical in reaching an outcome. Goals are not just a vehicle for assessment but are an integral part of the entire interviewing process and provide criteria against which to measure progress and performance (Fox 1993:55).

Sometimes the therapist and the client assume that they are working toward the same goal, when actually each of them is heading in a different direction. Here clarification can save a great deal of time and effort. Sometimes a client's goal is vague, for example stating "I want to be happy." Maybe one way of achieving happiness is "to have more friends" which is a much clearer goal.

Some clients want immediate action and dislike a lengthy analysis of the problem. Here again the counsellor must be flexible and be able to adapt his interviewing style to meet the different needs of different clients. This may mean skipping Stage 2 and moving directly from Stage 1 to Stage 3, returning later to Stage 2.

Goal formulation has a positive influence on the relationship as the client realises that what he thinks and feels is taken seriously and is worth the therapist's time and effort. This experience sets the foundation for the client's involvement.

4.10.3.1 Assisting the client in goal formulation

How can the therapist assist the client to formulate clear and unambiguous goals?

- The goal(s) should identify observable behaviour. Explicit and measurable goals provide tangible evidence of accomplishment.
- Goals should be specific, making a concrete, definite and precise statement of intent in simple, understandable language.
- The goal should describe criteria for successfully reaching the goal. If a client's goal is to improve his marks it can, by clearly stating criteria for reaching this goal, be reformulated as "I want to raise my average marks by 5%"
- After the goals are formulated, the therapist and client may assess the quality of the stated goals by asking:
 - .. Are the stated goals clear and concise?
 - .. Are they unambiguous?
 - .. Are they realistic? (Can they be achieved?)

Table 4.4 gives a schematic overview of steps that can be used in goal formulation.

Table 4.4 Ten steps in goal formulation

Goals should	
<i>Be specific</i>	Express goals in concrete, definite and precise terms
<i>Be explicit</i>	Proceed jointly toward stating goals openly
<i>Be feasible</i>	Consider goals in the light of client's and therapist's capacity, opportunity and resources
<i>Be attainable</i>	Pay close attention to goals being reasonable, "do able" and reachable
<i>Be seen in the light of constraints</i>	Take stock of the array of forces within the client and his context that may hinder progress
<i>Be related to the work formulated</i>	Make sure that established goals are suited to the problems presented
<i>Be modifiable</i>	Be flexible, alter goals or formulate new ones to fit changing circumstances
<i>Be measurable</i>	State goals in ways that facilitate assessment of change, gauge movement and establish benchmarks for achievement
<i>Be prioritized</i>	Order goals in terms of their relative importance
<i>Be stated in terms of desired outcome</i>	Positively frame goals in terms of favourable results, slanting the focus toward possibilities rather than problems.

(Adapted from Fox 1993:57)

4.10.3.2 Skills used in Stage 3: Goal formulation

Most common are the *attending and basic listening skills*:

- Questions are asked, for example "How would you like things to be?"
- Paraphrasing, reflection of feeling and summarization are mainly used in this stage.
- Sometimes it becomes necessary to use more *influencing skills*, especially *confrontation* as discrepancies may occur between what the client wants and what he is prepared to do.

Confrontation

Confrontation points out the discrepancies between or among attitudes, thoughts or behaviours. Confrontation is NOT telling the client he is bad.

Critical to the understanding of confrontation are the concepts of *incongruity* and *discrepancy*. The therapist often receives a "double message" from the client saying one thing but meaning another. Sometimes mixed feelings are presented, for example "I love my wife but..." To really be of help, the therapist should point out to the client the existence of the double message and deal with it.

Double messages are often conveyed by a discrepancy between verbal and nonverbal behaviour: A client says he loves his wife dearly while simultaneously crossing his legs and arms tightly.

The correct use of confrontation involves bringing into the client's awareness, in an acceptable way, information which is either avoided or just not being noticed (Geldard 1989:65).

Confrontation is a difficult skill to master and should not be attempted until the attending and listening skills are mastered. Geldard (1989:67) recommends that confrontation should be used after the skills of paraphrasing and reflection have failed to sufficiently increase the client's awareness.

(1) When to use confrontation

Geldard (1989:65) lists a number of situations in which confrontation is appropriate. These situations are where...

- the client is avoiding a basic issue which is troubling him;
- the client does not recognise his own self-destructive behaviour;
- the client is not recognising possible serious consequences of his behaviour;
- the client is out of touch with reality;
- the client makes self-contradictory statements;
- the client is unable to focus on the present because he is excessively and inappropriately locked into talking about the past or the future;
- the client is going around in circles and repeating the same story over and over again;
- the client's verbal and nonverbal behaviour does not match;

- dependency on the therapist is occurring or where the client withdraws, shows anger, irritation and the like.

(2) *Techniques of confrontation*

- Confrontation seems to be most effective when it appears as a complex paraphrase or reflection of feeling (Ivey et al 1987:85).
- A sentence that can be used, especially by beginners is :

"On the one hand you feel (think, behave).....but on the other you feel (think, behave)....."

This sentence is nonjudgmental and often provides a clarifying picture of the confusing situation.

- The therapist should share with the client what he feels, notices or observes. This can be done by the following:
 - A reflection or a brief summary of what the client has said (this communicates the therapist's attentiveness and understanding)
 - A statement of the therapist's present feelings
 - A concrete statement (or description) of what the therapist has observed, given without interpretation

An example to illustrate:

The client has been referring obliquely to his concerns about his sexuality. Several times he mentions his sexual problem briefly and then immediately starts talking about other things.

Therapist: "I'm puzzled (*therapist's present feeling*) because I've noticed that several times you've briefly mentioned your sexual problem, and then have started talking about something different (*description of what the therapist has noticed*).

This sentence used in this way is nonjudgmental and minimally threatening and will promote continuation of the communication.

- Confrontation must be well timed, that is, when the client is ready for it. If a good relationship exists between the client and the therapist, the most useful time to confront a discrepancy is immediately after the discrepancy (behaviour) has occurred. If the therapist becomes aware of a discrepancy early in the interviewing process when rapport and a working relationship is still being established, the therapist should make a mental note and bring it up at a more appropriate time (Hutchins & Cole 1992:105).
- In the words of Geldard (1989:70): "Confrontation is best done caringly, sparingly and skilfully!"

SYNOPSIS

STAGE 3: GOAL FORMULATION

- The formulation of clear, unambiguous, concrete and attainable goals is critical in the interviewing process as they give structure and direction to the client's otherwise confusing world.
- The therapist should be flexible in the interview as some clients want immediate action and the therapist may have to skip Stage 2 of the interview to come back to it later.
- Attending and listening skills are still of importance in this stage.
- Sometimes it becomes necessary to confront the client when discrepancies in his behaviour are observed.
- Confrontation is a difficult skill to master and should not be attempted before the attending and listening skills are mastered.
- Confrontation must be well timed and should be used when a good relationship exists between the therapist and the client.

4.10.4 Stage 4: Action plan

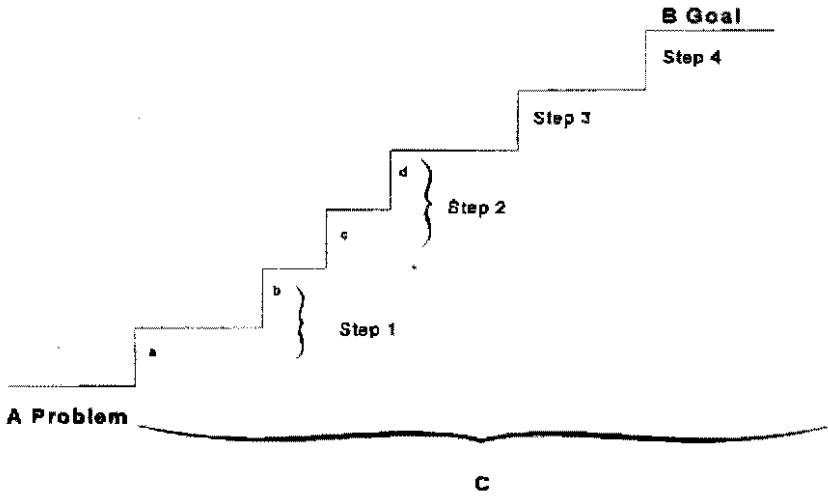
("Will you do it?")

The conception of an action plan is very important. Without the structure of a plan of action, the client may act inappropriately, thus magnifying the problem or even

creating new ones. With an action plan, the desired outcomes are more easily attained (McClam & Woodside 1994:116).

The purpose and function of this stage is to work toward a resolution of the client's problem(s). This stage in the interviewing process may be the longest as it involves the use of the creative problem-solving process of generating alternatives and deciding among them (Ivey 1994:156).

At this stage the client is stuck, he is unable to come up with alternatives and therefore, the task of the therapist is to explore possibilities. In helping the client consider how to reach the goal(s) formulated, each step is planned in such a way that the successful completion thereof is likely to occur. Success motivates the client to work toward reaching the goal. Hutchins and Cole (1992:155) give a very useful schematic view of how a goal can be subdivided into steps:



- To move from A to B requires careful planning of C (procedures)
- Steps 1 and 2 show that the procedures have to be broken up into smaller steps (a,b,c, and d).

Skills used in Stage 4: Action Plan

- *Attending and listening skills* are still used in this stage.
- *Confrontation skill* (an influencing skill) as discussed in Stage 3 is used when necessary.
- Other *influencing skills* may also be necessary:
 - Directives
 - Information/advice
 - Self-disclosure
 - Interpretation
 - Feedback
 - Logical consequences

It is possible to conduct a complete interview with a verbal client using only attending and listening skills. However, sole use of these skills can make growth slow and arduous and therefore the use of influencing skills is called for. The influencing skills (also referred to as advanced skills) are mainly used from Stage 3 onwards after rapport has been solidly established. For the purpose of this study the influencing skills of directives and interpretation are presented as **general skills** - not as skills related to a specific theoretical orientation. Different theories see the same skill differently.

Influencing skills are usually best given in the context of

- active listening to the client,
- being concrete and clear in wording and

- through observing and checking out with the client the impact of the intervention.

Influencing skills should be used sparingly and if one influencing skill does not work, move back to listening and perhaps try a different skill later on.

Ivey (1994:275) suggests the use of a 1-2-3 pattern for each influencing skill:

- 1 Attend
- 2 Use influencing skill
- 3 Check out for accuracy and reaction

4.10.4.1 Directives - the most "influencing" of the influencing skills

Directives tell the client what action to take. It may be a simple suggestion stated in command form or it may be a technique from a specific theory. Examples are:

Using the technique of imagery : "Imagine yourself in that specific situation. Close your eyes and describe it to me. What do you see, feel..."

Using the technique of relaxation: "Close your eyes and let yourself drift..."

Some theorists take the position that the counsellor should not direct his client, but even telling the client to take a test, or try a new behaviour or to give homework are directives (Ivey et al 1987:80).

In giving effective directives, the following "rules" according to Ivey (1994:271) must be observed:

- Use appropriate body language, vocal tone and eye contact to demonstrate effective attending. When using an influencing skill, the therapist's attending behaviour should be more assertive, for example, eye contact is more direct, tone of voice is stronger.
- The therapist's verbal expression should be clear and concrete. He must know what he wants to say and say it clearly and explicitly.

Vague directive: "Relax"

Concrete directive: "Sit quietly...feel the back of the chair...tighten your right hand..."

- Check-out whether the directive was heard and understood, especially when a series of directives were given: "I suggested three things for you to do for homework. Would you summarise them to me to make sure I've been clear?"

4.10.4.2 Information/Advice

Information provides suggestions, instructional ideas, advice on how to act, behave and think. Ivey et al (1987:82) warn that this skill is a useful, but potentially dangerous skill. It must be used sparingly and mainly on request of the client. If a therapist tends to give too much advice, the client may become dependent on the therapist to solve his problems.

Information and advice do have value in the sense that they provide the client with new and useful information. In some situations like vocational guidance it is the therapist's task to give information.

4.10.4.3 Self-disclosure

By using self-disclosure the therapist shares a personal experience or present reactions to and feelings toward the client. Self-disclosure may build trust and openness which lead to a strengthening of the relationship. Simon's (1989:411) study indicated that those therapists who tend to use a high level of self-disclosure view self-disclosure as an "...important way to communicate their care, respect and parity with their patients."

Therapist self-disclosure can help the client feel more comfortable and willing to self-disclose. Too much self-disclosure may close client talk. Some therapists tend to give long and extensive self-disclosures which take the focus away from the client.

Guidelines for therapist self-disclosure

- A self-disclosure consists of personal pronouns - "I"-statements using pronouns "me, my"; followed by a verb for content or feeling (or both) and an object coupled with an adverb and adjective descriptor(s):

Therapist: "My experience of divorce was something like yours. I still feel..."

- Genuineness is critical in self-disclosure. The therapist must genuinely have had the experience or feelings he is disclosing to the client.
- Self-disclosure is used when the client seems to want to talk about something but finds it difficult. A brief self-disclosure by the therapist may then be helpful.

- For self-disclosure to be powerful, it must be made in the present tense: "Right now I feel..."
- The self-disclosure can be ended with a check for accuracy.

4.10.4.4 Feedback

Feedback is somewhat similar to self-disclosure in the sense that the therapist discloses his present feelings or thoughts about the client to the client. The purpose of feedback is to help the client to see himself as others do. In the words of Ivey (1994:284) the goals of feedback are:

"To see ourselves as others see us,
To hear ourselves as others hear us,
And to be touched as we touch others..."

(This kind of feedback is not only a useful skill in interviewing, but also in training students - especially with regard to how they are experienced by others and by implication, their future clients.)

When giving feedback, the following considerations should be kept in mind:

- The person receiving the feedback should be in charge: Feedback will be more useful if the client asks for it.
- Feedback should focus on client strengths and/or on something he can change. Telling the client to change many things that are wrong, won't help. The therapist should focus on positive qualities. When talking about negative things becomes necessary, it should be areas that the client can do something about.

- Feedback should be concrete and specific. Vague feedback does not help. Feedback such as "You don't get along with your friends" is vague and not of much use. Rather "I heard you arguing with Betty twice today and now you and Mike had words. What does that mean to you?"
- Feedback should be nonjudgmental. To achieve this, the therapist's tone of voice and body language must communicate a nonjudgmental stance. Use facts and be specific.
- Feedback should be succinct and precise. The client should not be overwhelmed by feedback. The therapist can select one or maybe two things for feedback and save the rest for later.
- Use a check-out for accuracy and reaction. How does the client receive and react to the feedback?

4.10.4.5 Logical consequences

The use of logical consequences is a complex skill whereby the client is led to understand the possible consequences of his actions. A logical consequence statement basically consists of a paraphrase and reflection of feeling with the addition of the logical consequences of the client's behaviour. If ending the statement by a check-out for accuracy, it provides the client with room to react.

Ivey et al (1987:84) warn that the use of this skill may meet with client resistance and anger unless solid rapport has been established.

The following guidelines in providing logical consequences are offered by Ivey (1994:277):

- Through attending and listening skills the therapist must make sure that he understands the situation and the way the client understands it.
- As the client moves toward decisions, the therapist encourages thinking about the positive and negative results of a decision - this he does by questioning, so that the client actually makes the logical consequences.
- The therapist must provide the client with data on both the positive and negative consequences of a decision or action. Sometimes clients only think in terms of either positive or negative consequences and the therapist must draw his attention to the other consequences as well.
- Positive and negative consequences must be provided in a nonjudgmental manner.

In short, the skill of logical consequences is used to help the client sort through issues more completely.

4.10.4.6 Interpretation

Interpretation provides an alternative form of reference from which the client may view a situation. This "new" way of seeing things, this alternative perception of reality, may enable a change of view with a resulting change in behaviour.

Interpretation is construed differently by therapists, depending on their theoretical orientations. A few viewpoints are:

Psychodynamic oriented therapists view interpretation as the means to make the client conscious of conflicts and anxieties.

Client-centered oriented therapists do not like the use of interpretation as it may foster resistance and puts too much responsibility on the therapist.

A *Gestalt therapist* will ask the client to do his own interpretations on the grounds of the therapist pointing out a certain discrepancy.

Interpretation, when used skillfully, may have value in the interview. Again the therapist should be sensitive to know when the client and the moment are ready for an interpretation.

An interpretation is usually expressed as a hypothesis, or a hunch: "Perhaps your feelings of hostility toward men might be at the root of your marital problems." An interpretation may be drawn from a specific theory or from the therapist's personal observations. If an interpretation makes sense to the client, the interview will be accelerated.

Interpretation is somewhat similar to reflecting, but it adds meaning (from the therapist's frame of reference) to the client's basic message. Brammer, Shostrom and Abrego (1989:177) suggest that interpretation could be placed on a continuum ranging from reflection to in-depth interpretation.

(1) *The techniques of interpretation*

- Stating an interpretation in the form of a question, makes it less risky:
"Do you think then that you distrust men because your father treated you so badly?"
- In using an interpretation the therapist should:
 - Listen for the clients's basic message
 - Paraphrase it to the client

- Add his understanding of what the message means in terms of his theory or his general explanation of motives, needs, styles and defences
- Use a check-out for accuracy and reaction: "How does that seem/sound to you?"
- Use simple language and avoid wild statements
- Introduce ideas in a tentative way such as "The way I see it..." or "I wonder if this could mean..."

Interpretation, the most complex, and according to Ivey et al (1987:79) the "core" influencing skill, should be used sparingly - two or three skillful interpretations in a session. Overuse of interpretation may have the ultimate negative consequence - the client leaving the interview completely.

SYNOPSIS

STAGE 4: ACTION PLAN

- In Stage 4: Action Plan the purpose is to work toward a resolution of the client's problem(s).
- As the client at this stage is usually stuck as to what alternatives to consider, the therapist must help him explore possibilities.
- Desired outcomes (goals) can, and if complex should, be broken down into more easily attainable steps. Achieving these steps does much for the client's motivation and involvement.
- Skills used in this stage are still the attending and listening skills, but as the sole use of these skills can make growth for some clients slow, influencing skills are called for.
- Influencing skills that can be used are the following:
 - Confrontation
 - Directives
 - Information/Advice
 - Self-disclosure
 - Interpretation
 - Feedback
 - Logical consequences
- A certain amount of risk is involved in the use of these skills and should therefore be used sparingly and skillfully.

4.10.5 Stage 5: Action

("Will you do it?")

During this stage the action plan is implemented and the success thereof is evaluated. Based on joint evaluation the therapist and client will decide whether the plan worked successfully, whether and where the plan needs modification or whether another plan has to be devised.

In this stage the client assumes the major responsibility for implementation and the therapist has a supportive role. In this "working-through process" as Teyber (1992:232) refers to the action stage, the client has to assimilate new ways (behaviours) and apply them throughout his life. This stage also then involves generalisation to the client's other relationships and everyday living.

This stage places demands on the client to be assertive, to go out there and do something he couldn't or wouldn't do before. He must stop being a "patient" and become an "agent" on his own behalf (Egan 1982:267).

The client must believe that he will succeed because a positive attitude will influence his motivation. Some clients begin this stage motivated and committed but abandon the plan halfway. Other clients resist or hesitate to take this step toward change. The question may well be asked: Why do some clients work all the way up to this stage and then fail to cooperate? Evans et al (1984:174) give a few possible reasons:

- The client may experience a conflict concerning the selected goal.
- The client may lack the skills needed to attain the goal.

- The client may not really want to change his behaviour (although he says he wants to).
- The client may experience problems in his relationship with the therapist.

What can the therapist do to foster and support the client's expectations and change?

- Work through the client's feelings and doubts.
- McClam & Woodside (1994:129) suggest the development of a network of positive support. This network may include the therapist and members of the client's environment, such as parents, spouse and other self-help groups.
- Assist in the development of a feedback system that allows the client to monitor his own progress and make adjustments if and where necessary.
- Although evaluation usually occurs at the end of a process, a form of evaluation, namely *formative evaluation* is used during this stage as a way of supporting the client. The therapist and client meet several times during this stage to review progress and also to review how progress toward the final goal has been made. The more concrete goal formulation (Stage 3) was, the easier it is to evaluate progress.

Skills used in Stage 5: Action

- Attending and listening skills are used to check out the client's understanding of the importance of this stage, to listen and respond to the client's objections, doubts, reasons for failure, defences and conflicts.
- The influencing skills as discussed in Stage 4 are primarily used.

SYNOPSIS

STAGE 5: ACTION

- During this stage the client has to do what was planned to reach the stated goals.
- Clients often do not execute their well-intended action plans due to various reasons.
- The therapist, in a supportive role, can do much to foster and support the client's expectations of success.
- Formative evaluation is used to evaluate progress during this stage and also the progress toward the attainment of the client's final goal.
- The skills used in this stage are still attending and listening skills, but also influencing skills.

4.10.6 Stage 6: Termination

("Good-bye")

Termination is an important part of the therapeutic interviewing process and must be handled appropriately. An important goal of this stage is to evaluate the progress and the degree to which the client has reached the overall goal (Evans et al 1984:175).

The way the termination stage is dealt with and is experienced by the client influences to a great extent how he will resolve future conflicts in his life and whether he will leave the process with a greater sense of his own personal resources and ability to manage his own life. This stage will always be of great significance to the client (Teyber 1992: 245).

Termination is the culmination stage, an end point reached. To assist the client to make a successful termination from being "client" to being on his own, Fox (1993:196) lists eight tasks which should be integrated into the process of preparing to separate.

4.10.6.1 Preparing to separate

The therapist should

- Determine when to start termination
- Evaluate progress and goal accomplishment

- Work out conflict between acknowledgement of improvement and separation from help
- Acknowledge and mourn the loss of the relationship
- Recognise and work through ambivalence
- Discuss how progress can be transferred to other issues the client may encounter in future
- Plan how to maintain gains and continued growth
- Let go

4.10.6.2 Knowing when to terminate

Beginners often ask "How does one know when it is time to end therapy?" There are several indicators or markers:

McClam & Woodside (1994:137) give the following:

- The steps of the action plan have been carried out and the final goal has been met.
- The client has reached part of the goal and sees the rest as unattainable. The client and therapist should determine whether to adjust the plan or whether to terminate.

Teyber (1992:246) suggests that when the therapist has converging reports of client change from three different sources, the therapist is informed that the client is ready to terminate:

- 1 When the client reports that he consistently feels better, can respond in more adaptive ways to old conflict situations and finds himself capable of new responses unavailable before.
- 2 When the client consistently responds to the therapist in new and different ways without his old interpersonal coping styles, defences and the like.
- 3 When significant others in the client's life report changes to the therapist.

Maholick and Turner (1979:588-589) list helpful criteria to be used to evaluate the client's readiness to leave the relationship. These criteria are modified in the form of questions to facilitate evaluation:

- Have the initial problems/concerns been reduced or eliminated?
- Has stress or pressure on the client been reduced?
- Can he cope better with specific problems?
- Has his self-understanding improved?
- Does he appreciate and respect differences in others involved in the situation?

- Can he interact more effectively with others, including giving and receiving love?
- Is he being more responsible in everyday activities and interactions?
- Can he obtain pleasure from everyday activities and positive interactions with others?
- Does he feel able to live effectively without counselling?

Satisfactory answers to the above are strong indicators that the client is ready to terminate the relationship.

All of the above guidelines and criteria refer to a "natural ending" of the relationship. There are also, unfortunately, "unnatural endings" to the relationship, such as that the client (or the therapist) has to change jobs, often resulting in relocation, major illness, death, family changes and so on. Interaction following this kind of termination would be to explore the client's situation and mutually determine what to do.

4.10.6.3 How to terminate the relationship

The **skills** that are used in this stage are again, still the *attending and listening skills*, especially because termination is usually difficult in terms of emotional reactions that are far more intense than anticipated. If the client displays intense emotions such as anger or anxiety, it must be dealt with using the skills mastered in all of the previous stages.

Another skill used in this stage is the skill of *influencing summarization*.

Influencing summarization and general guidelines for termination

An effective skill to use during the termination stage is to review and summarise what has happened. Influencing summarization is similar to summarization used in Stage 2, except that summarization used here integrates and evaluates the whole process, not just what the client brought to the interview, but also the part played by the therapist in terms of actions suggested and comments made.

A brief distinction should be made between termination of an individual session in the interviewing process and termination of the relationship as a whole. **Terminating a session** is relatively easy because the therapist and client will be seeing each other again in the near future. In terminating the session it is important that the therapist, several minutes before the end of the session, verbally and/or nonverbally communicates that the allotted time is almost up. This provides time to **summarize** the session and assign in-between session homework. If a session was particularly emotional for the client, he should be given time to regain composure.

Terminating the therapeutic relationship indicates the end of a significant relationship with its accompanying feelings of sadness and loss. Some guidelines on how to handle the termination of the relationship are given:

- Do not avoid the ending. For Teyber (1992:248) the single most important guideline for negotiating a successful termination is "...to unambiguously acknowledge the reality of the ending."
- Discuss the client's emotional reactions, especially those toward the therapist.

- Once the therapist and client have mutually decided that the client is ready to terminate, a specific date for the last session must be set. Time will be needed to work through the ending and therefore, the final session must be scheduled in advance.

- Fox (1993:199) gives valuable guidelines for successful termination:
 - Focus on and highlight gains.
 - Avoid tackling new problems.
 - Validate and reinforce the client's problem solving capacity.
 - Cite evidence of decisions, choices and responsibility.
 - Commend activity that exhibits motivation, self-direction and self-control.
 - Emphasize accomplishments and initiative taking.
 - Comment on the client's worth and value.
 - Consider future expectations.
 - Express confidence in the client's future.
 - Make clear the possibility of future help.
 - Express interest and positive feelings for the client.

- The therapist must realize that in many clients' pasts, they have painfully experienced endings with significant others which often left them feeling powerless and out of control. The therapist should therefore, in his approach to termination, give the client a mastery experience by allowing him to be an active and informed participant in the ending. Many beginner therapists fail to keep in mind the essential differences between this ending and past endings and accept the client's anger and end up feeling guilty about "letting the client down" (Teyber 1992:249).

- How then can the therapist make the ending of the relationship different from past problematic endings?
 - By telling the client in advance about the ending.
 - By inviting him to communicate feelings of anger, disappointment and sadness.
 - By talking about the ending and the meaning it holds for both of them.
 - By validating the client's experience by acknowledging the ways that the ending evokes other conflicted endings.
 - By assuring the client that he can have future contact with the therapist.
 - By saying good-bye to each other.

SYNOPSIS

STAGE 6: TERMINATION

- The termination stage is an important and distinct stage in the interviewing process which must be handled effectively.
- The purpose of this stage is to evaluate the client's progress in attaining the overall goal(s) of therapy.
- It is a stage characterized by feelings of loss and sadness for the client and may evoke experiences of past conflicting endings.
- A number of indicators were given to assist the therapist in determining when the client is ready to end the relationship.
- Skills used in this stage are still attending and listening skills as much of the client's emotional reactions to the termination must be dealt with.
- The skill of influencing summarization is also used in this stage to summarise the entire interviewing process.

4.11 PUTTING IT ALL TOGETHER

This chapter dealt with the content of the model, that is, the interviewing process from beginning to end. Essential skills for effective therapeutic interviewing have been discussed in relation to each specific stage of the interview.

Some conclusive remarks: The skills discussed will have little benefit unless they are smoothly integrated into a naturally flowing interview. This is no easy task

and may be overwhelming to the beginner. It takes a lot of practice, not only in the safe environment of the training group, but in real-life as well.

Chapter 5 deals with the second question that directs this study, namely **How can students be trained in the use of therapeutic interviewing skills.**

CHAPTER 5

EMPIRICAL RESEARCH: TOWARD AN IMPLEMENTATION OF THE PROPOSED TRAINING MODEL

5.1 INTRODUCTION

As has been stated in Chapter 4 (refer 4.1) the major aim of this study has been the design of a model to train students in the use of effective therapeutic interviewing. The aim of this chapter is twofold:

- 1 To present the procedure component of the training model, that is to transfer theory (Chapter 4) into practice.
- 2 To evaluate the effectiveness of the training model, both with regard to content and procedure. For this purpose a pilot study has been conducted.

Before addressing these aspects, a brief reflection on the previous chapters follows.

Chapter 2, which dealt with the ideal therapeutic relationship and the role of the therapist in establishing this relationship, is an useful point of departure and in a sense, also a point of return - by mastering and successfully using the skills of

the therapeutic interview as described in Chapter 4, the therapist (in this case the student-therapist) will be able to create the kind of relationship described in Chapter 2.

The content of Chapter 3 gave a perspective on the evolvement of training models and programmes. A discussion of issues in training such as cross-cultural counselling and training underlines the need and necessity for a re-evaluation of existing training models. This is especially true for the new South African educational environment with its increasing demands on integrated, multi-cultural education and training.

As stated in Chapter 4 (refer paragraph 4.6) the researcher, in the design of the training model, was led by three basic questions: Firstly, "What does the researcher want to achieve with the training model?". A simple answer is "...to produce an effective user of the therapeutic interview". To realise this goal the researcher had to reflect on *what* to train, *how* to train and how to *evaluate*. Chapter 4 attempted to answer the "what"-question.

The second question stated, namely "How can the specified goals best be realised?" refers to the procedure used to transfer content into practice and the third question deals with the evaluation of the students' progress. In the present chapter the implementation of the training model addresses these two aspects.

5.2 AIMS OF THE EMPIRICAL RESEARCH

5.2.1 General aim

The general aim of this part of the empirical research (the pilot study) is not to compare this training model, especially the training procedure, to other training

models, but rather to investigate whether the training procedure proposed in this study will be effective in the training of therapeutic interviewing skills.

5.2.2 Specific aims

Two major, specific aims (related to the second and third questions as stated in the above paragraph 5.1) gave direction to the practical component of the empirical research:

- Aim 1 To use a multi-faceted training procedure to transfer the content of the model (Chapter 4) into practice.
- Aim 2 To design and use an evaluation instrument to investigate the effectiveness of the training procedure.

5.3 RESEARCH METHODOLOGY

5.3.1 Research approach

The pilot study will be conducted as an idiographic study. Although evaluation is based on pre- and post-training interviews which may suggest an experimental approach, the researcher has decided on the idiographic approach as it deals with the uniqueness of each subject's performance and progress. The researcher also did not want to obtain general, quantitative results. In dealing with each subject separately, qualitative feedback regarding his progress and performance becomes more personal and practical.

5.3.2 Selection of subjects

Fourteen subjects participated in the pilot study. These subjects were all post-graduate Unisa students registered for the BEd (Specialisation in Guidance and Counselling) course. This course is a prerequisite Honours-level course for the MEd (Guidance and Counselling) course which ultimately, if successfully completed, leads to registration as an Educational Psychologist with the South African Medical and Dental Council.

Subjects ranged in age from middle-twenties to middle-forties. Although the subjects differed in the amount of past experience in quasi-helping roles, for example informal or formal school counsellors and teachers, none had participated in any formal skills training programme in the area of therapeutic or counselling interviewing.

The group of 14 consisted of:

- 1 White male
- 7 White females
- 4 Black males
- 1 Black female
- 1 Asian male

It is evident that the group comprised different races, sexes and age groups which was a challenge for the multi-cultural dimension of the model (refer paragraph 3.4.2).

The course requirement regarding interviewing training is that students should master interviewing skills up to and inclusive of the basic listening skills. The

complex, more advanced skills of helping (Stages III to VI of the interview) form part of the Masters course. The researcher decided to use the Honours students as they did not have any previous formal training in interviewing skills and therefore the evaluation of the training model would be more meaningful.

Therefore, for purposes of the pilot study, the content of the model is implemented up to Stage II: "Gathering information and identifying the problem". This limits skill training to mastering ways to communicate therapeutic dimensions, attending behaviour and the basic listening skills.

5.3.3 Data collection for the pilot study

All subjects conducted a 5-minute interview in the first training session of the practical year. These role-played interviews were videotaped. The subjects were only instructed to conduct an interview and try to find out what the "client's" problem was. No further instructions, help or feedback were given.

The designed evaluation instrument (refer 5.3.5) was used to evaluate each interview. A profile of each subject's performance was drawn. The pre-training interviews were also used to compile a list of common problems and errors.

Training then commenced according to the training procedure described in paragraph 5.3.4.1.3

At the end of the practical year subjects again conducted an interview under the same circumstances, that is, no help and no feedback. Again profiles were drawn and then compared to the subjects' first profiles. In order to assess their own progress, profiles were later discussed with the subjects.

5.3.4 The implementation of the model

5.3.4.1 The training procedure

5.3.4.1.1 *The rationale of the training procedure*

The rationale of the procedure used in training the subjects in interviewing skills is to create a learning climate in which the subjects would:

- be exposed to various learning processes, that is didactic (cognitive), experiential (affective) and practical (involvement);
- be able to observe the demonstration of the skills to be learned (role play and practical);
- receive systematic and continuous feedback from the trainer and from their peers regarding their interviewing behaviour;
- be encouraged to explore and discuss their feelings and thoughts relating to the content and skills under discussion.

The above rationale is in accordance with Truax and Carkhuff's (1967:238) view that the learning atmosphere should be one where the trainer offers facilitative conditions (refer paragraph 2.3.1.2 and 4.8.1). A therapeutic relationship between teacher and student is an essential part of any training programme as it provides the conditions for a student's self-exploration of his feelings, values and attitudes. Self-exploration directly affects how the trainee is able to put into practice the theory of "how to be a good therapist." There can be no doubt then that the trainer

must continuously attempt to provide the therapeutic conditions that lead to students' self-exploration.

5.3.4.1.2 *The nature of the training procedure*

The training procedure resembles the microtraining method whereby a complex skill is broken down into smaller steps. The point of departure for training is:

- skills are broken down into observable, operationally defined behaviour and
- one skill is mastered at a time.

The emphasis on systematically mastering single skills and using verbal and nonverbal behaviours defined in specific terms is a distinctive feature of this training model.

Systematic training has several benefits:

- It is goal-directed and action-oriented.
- It emphasizes practice in the behaviour which the trainer wish to effect.
- It leaves the student with tangible and usable skills.
- It promotes longer retention of learned skills.
- It offers a built-in means of assessing the effectiveness of the training model.

It is for the above beneficial reasons that the researcher adopted a structured, systematic approach to the training of interviewing skills.

5.3.4.1.3 *The training procedure in practice*

The training procedure refers to techniques, activities and learning methods used in the actual training. Chapter 3 (refer 3.3) gave evidence of a large variety of methods used in training counselling interviewing skills. From all the available methods a multi-faceted training method was compiled. The training method/procedure used in this study consisted of nine steps:

- Step 1: Didactic presentation/theoretical discussion of the skill to be learned.
- Step 2: Demonstration of the skill to be learned.
- Step 3: Role play. Students role play the skill. Simulated interviews are video-taped for discussion.
- Step 4: Feedback by trainer and peers.
- Step 5: Practice of skill in small groups.
- Step 6: Group discussion of the experience, problems encountered, feelings and thoughts.
- Step 7: Interview with a real client which is audio- or video taped.
- Step 8: Self-assessment of interview.
- Step 9: Formal feedback (written and verbal) by the trainer

The above training procedure was implemented in the practical year of the BEd (Specialisation in Guidance and Counselling) course which consisted of 11 two-and-a-half hour sessions. These sessions were spread throughout the practical year, commencing in March and ending at the end of October.

A brief explanation of what occurred during each step of the training will now be presented:

Step 1: Didactic/Theoretical discussion (approximately 10-12 minutes)

Didactic material concerning the skill to be learned is presented. The content of the model (Chapter 4) is used as a basis for an informal intellectual discussion. It is important to stress that this step is not a didactic lecture, but an interactive discussion where student involvement and participation is encouraged.

The concept of the skill to be learned, for example: *"Communicating empathic listening and understanding"* is operationally and behaviourally defined, the functions thereof are explained, diverse opinions as related to different cultures are discussed, research findings regarding the skill are presented and students have the opportunity to share their own views, personal opinions and feelings.

Step 2: Demonstration of the skill (approximately 2-3 minutes)

The trainer (in this case the researcher) models the skill discussed. By using role play the "Therapist" and the "Client" (one of the students) enact an interviewing situation. Appropriate as well as inappropriate interviewing behaviour are demonstrated. After the demonstration a group discussion follows. The trainer also obtains information from the "client" as to his feelings and thoughts during the interview, for example how did he feel when the "Therapist" attended

appropriately, communicated empathic understanding or if the "Therapist" attended inappropriately, did not listen or even try to understand.

Step 3: Role play (approximately 42-45 minutes: 14x3 minutes)

During this step each student is given the opportunity to be the "therapist" and client alternatively. This role play is videotaped for later discussion.

An important component of the training model, namely the **experiential component** is focused upon in this step as each student experiences what it is like to be a "client", what it means and feels to be "helped" and what it is like to be a helper.

Step 4: Feedback (approximately 40-45 minutes)

By using the video-taped simulated interviews, supervision in the form of verbal feedback is given. The trainer as well as fellow-students who observed each interview reinforce appropriate execution of the skill and critically evaluate poor executions. Verbal feedback consists of practical suggestions such as "Ask fewer questions" or "Ask more open-ended questions" or "Paraphrase more frequently".

A learning atmosphere characterized by the facilitative conditions is of utmost importance during this step of the training. The student should feel free to make mistakes, he must know that even his clumsiest efforts will not be received with ridicule or laughter, he must feel accepted and respected in spite of possible negative criticism.

Step 5: Practice (no exact time limit)

To facilitate practice, small groups of three students are formed. Two students play the "Therapist" and the "Client" while the third student observes and takes notes for later discussion. Short interviews of approximately 2-3 minutes,

focusing on the skill under discussion, are conducted. Roles are alternated until each student has had the opportunity to practise the skill.

After the role play the "client" provides the "therapist" with information on what went well and what might be improved. The observer also gives feedback on what he has observed, for example nonverbal behaviour.

The trainer divides her time between the groups, listening, observing, giving feedback or brief modelling when necessary.

Step 6: Group discussion (last ten minutes of the session)

A brief group discussion follows the role playing practice. Students have the opportunity to relate their experiences and also problems encountered.

This step ends the actual training session. Homework, in the form of practising the skill with somebody outside the training group, is given.

Step 7: Homework

Homework consisted of a taped (audio or video) interview with a real client, focusing on the skills learned. In the initial stages of training, homework will be to practise the skills on somebody (friend, relative, spouse) who does not have problems. As training progresses and the student masters various skills, homework will consist of interviews with clients/persons who do not have serious psychological problems. As the student is still very much a novice in interviewing it is safer and ethically preferable to conduct interviews with such persons.

This experiential component of the training procedure serves several functions:

- It provides the student with a sense of the realities of the therapist-client relationship;

- It provides the student with opportunities to apply his academic knowledge to practical problems;
- It provides an opportunity to integrate various skills for understanding and helping a person.

Step 8: Self-assessment

The student has to assess and evaluate his own interview by using the evaluation instrument designed by the researcher (refer 5.3.5). The student can also add his own feelings, thoughts and suggestions for improvement.

This written critique, together with the taped interview, is handed in for formal evaluation and feedback.

Step 9: Formal feedback

Supervision in the form of formal, written feedback is given by the trainer. Recommendations and critique are provided. Formal, verbal feedback in the form of a discussion is then given during the next training session. This creates a further opportunity to discuss experiences and problems.

This step also provides the trainer with an opportunity for a one-to-one personal discussion with every student regarding personal problems, progress, satisfactory and unsatisfactory performance and so on.

5.3.5 The evaluation instrument

From the content of the model (Chapter 4) an evaluation scale was designed. This scale covers all the various components of the model but for the purposes of this study, only Part A consisting of components 1 and 2 was used. The evaluation of component 1 "Attending Behaviour" was adapted from Rollin and Ivey's (Ivey & Authier 1978:482) *Attending Behaviour Rating Scale*. The rest of the evaluation scale was designed by the researcher.

The influencing skills are evaluated on a separate scale.

A scale to evaluate the therapeutic dimensions is not included as the communication of these dimensions, for example warmth, respect, empathy and genuineness are implied by the various skills of attending and listening.

Interviewing behaviour as related to attending and listening skills (Part A) are rated on a 5-point scale:

- 1 Very poor
- 2 Poor
- 3 Average, needs improvement
- 4 Good, but can still improve
- 5 Excellent

The student's ability to use the influencing skills (Part B) is rated on a 3-point scale:

- 1 Not able to use the skill

2 Able to use the skill to a certain degree - still needs practice

3 Competent use of the skill - effective execution of skill

5.3.5.1 Evaluation scale: Therapeutic interviewing

Part A Attending and listening skills	1	2	3	4	5
<i>Component 1: Attending behaviour</i>					
● Eye contact					
● Body language					
● Vocal qualities					
● Use of silence					
● Verbal tracking					
<i>Component 2: Basic listening skills</i>					
● Use of questions					
● Use of minimal encouragers					
● Use of paraphrasing					
● Reflection of feeling					
● Use of summarization					

Part B Influencing skills	1	2	3
<ul style="list-style-type: none"> ● Ability to confront discrepancies between or among client's attitudes, thoughts and behaviour 			
<ul style="list-style-type: none"> ● Ability to give meaningful, clear and precise directions when appropriate 			
<ul style="list-style-type: none"> ● Ability to give meaningful suggestions, instructional ideas and advice related to the client's problems 			
<ul style="list-style-type: none"> ● Ability to self-disclose appropriately 			
<ul style="list-style-type: none"> ● Ability to give appropriate and useful feedback 			
<ul style="list-style-type: none"> ● Ability to provide logical consequences 			
<ul style="list-style-type: none"> ● Ability to interpret the client's behaviour appropriately 			

5.3.5.2 Key to the use of the evaluation scale

It should be noted that there is a difference in the content of the scales used for Part A: Attending and listening skills and Part B: Influencing skills. In Part A: "Attending and listening skills" Interviewing behaviour that communicates attending and listening is evaluated whereas in Part B: "Influencing skills" the ability to use these skills is evaluated.

Key for evaluating Part A: Attending and listening skills

Component 1: Attending Behaviour

- Eye contact

Rating	Description
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1	Inattentive; inappropriate eye contact, for example staring at the client; avoids eye contact; frequently loses eye contact; looks at watch or out of the window.
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2	Avoids prolonged eye contact; may break eye contact on certain topics; stares occasionally.
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3	Attentive to a certain degree; eye contact does not vary consistently.
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4	Eye contact is consistent and generally appropriate.
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5	Always attentive, observes the client closely and varies the use of eye contact.
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- Body language

1	Tense; uncomfortable; leans away from the client; may fidget excessively; adopts a closed posture (arms and legs crossed defensively); sits motionless; stiff; appears bored.
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- 2 Too relaxed; may appear sloppy or seems tense, slightly nervous and some inappropriate gestures may be evident; frowns.
 - 3 General appearance of comfortableness; few facilitative gestures present.
 - 4 Therapist appears comfortable; attentive and uses appropriate gestures.
 - 5 Comfortable, attentive, natural body movements and gestures. May use touch appropriately. Body language in synchrony with client.
- Vocal qualities
 - 1 Imitating; shrill; distracting; inappropriate to mood of the client; talks too slowly; too fast; sounds bored; anxious talk when silences occur; keeps silent for too long; panicky tone of voice.
 - 2 Somewhat hesitant; uncertain; too fast; too slow; little variation in tone of voice; uncertain in the use of silence; sounds nervous.
 - 3 Stereotyped; little change in tonal quality; sounds “robot-like”.
 - 4 Pleasant; clear; appropriate speech rate; seems comfortable with silences.
 - 5 Articulate; variation in tone and feeling; appropriate affect as reflected in voice modulation; speech rate appropriate. Appropriate use of silence - can silently relate to client by, for example nodding of the head.

- Verbal tracking
 - 1 Changes topic frequently; interrupts the client; talk about self (inappropriate self-disclosure).
 - 2 May focus on irrelevant material; may make statements or ask questions not related to the topic; allow client to side-track and does not know how to handle client's side-tracking.
 - 3 Generally stays on topic, but misses important information; some side-tracking still allowed.
 - 4 Stays on topic; does not self-disclose own experiences unless relevant.
 - 5 Not only stays on topic, but assists in delving deeper into the topic; does not allow side-tracking unless necessary, bringing client gently back to topic.

Component 2: Listening skills

- Use of questions

Rating	Description
1	Excessive use of questions; bombards client with closed questions; interrogates client.
2	Asks many questions; double questions; multiple questions; "why"-questions; does not allow sufficient time for answering.

- 3 Mostly closed questions; some open-ended questions; may ask "why"-questions; may miss important data in client's answers.
 - 4 Mostly open-ended questions; one question at a time; seldom misses information; gives client time to answer.
 - 5 Appropriate use of questions; uses reflection skills to obtain more information instead of asking questions.
- Use of minimal encouragers
- 1 No use of minimal encouragers; negative or neutral facial expressions; excessive use of minimal encouragers, for example excessive head nods.
 - 2 Inappropriate use of minimal encouragers, for example minimal prompts such as "yes" or "I see" while client is talking; too many encouragers which may be distracting, irritating; random use of encouragers; judgmental element to encourager.
 - 3 Use minimal encouragers to a certain extent, but may over-use one encourager, for example just head-nodding or saying "Mh-mmm".
 - 4 Variety in the use of minimal encouragers, some balance as to spacing thereof.
 - 5 Appropriate use of minimal encouragers, varies encouragers, encouragers are uttered in an encouraging manner.

- Use of paraphrases

1 Does not use paraphrasing at all. Unaware of the essence of the client's message.

2 Parroting of client's words; adds information or change the meaning of the client's statement; tries to interpret meaning; distorts essence of client's message.

3 Uses paraphrasing but may over-use certain responses, for example "it seems to me..."; trying to find essence of client's message and may "stumble" upon it.

4 Some balance as to the use of paraphrasing responses; paraphrases at appropriate times; may miss important data; sometimes accurate as to the essence of what has been said.

5 Always accurate in finding and paraphrasing the essence of what has been said, appropriate paraphrasing which strikes a balance between the client's words and the therapist's own.

- Reflection of feeling

1 Ignores obvious feelings; not aware of deeper feelings.

2 Inaccurate responses to obvious feelings; too much depth in reflection too soon in relationship which may be anxiety-provoking; concentrates too much on negative feelings; inappropriate use of language, for example, too "mod" or too intellectual; ignores deeper feelings.

3 Fairly accurate regarding obvious feelings. Sometimes aware of deeper feelings, but does not know how to handle them.

4 Often accurate regarding obvious and deeper feelings; may sometimes hesitate or identify feelings incorrectly, but corrects himself quickly and accurately.

5 Always unerringly accurate regarding obvious and deeper feelings, reflects accurately and appropriately.

- Summarization

1 Does not summarize at all; shows no intention of using this skill and leaves information in the air.

2 Inappropriate use of summarization, for example too frequently, not sufficiently, gives a complete re-run of everything covered; content of summary useless.

3 Summarization is used, but new (therapist's own) ideas are added; important information may not be included, summary does not really give client a clearer picture of his situation; summary does not do much in terms of focusing the client's scattered thoughts and feelings.

4 Summarization appropriate to an extent; may still exclude important information, may have some difficulty in helping client to organize feelings and thoughts.

5 Appropriate and skilled use of summarization; puts issues into an organized format; able to effectively integrate client's statements and restate them in summarized form.

5.5 RESULTS OF THE PILOT STUDY

The profiles of all 14 subjects are presented. These profiles show the subject's pre- and post-training behaviour. From the information obtained by evaluating the interviews using the evaluation scale discussed above, the researcher will be able to compare each subject's pre- and post-training interviews with a view to ascertaining the subject's progress and by implication the effectiveness of the training procedure.

Some notes concerning the interpretation of the profiles:

- 1 For confidential reasons, no names are provided. Profiles are also not presented in the exact order as described in paragraph 5.3.2 "Selection of subjects".
- 2 Additional remarks refer to the most salient aspects of each subject's pre- and post-training interviewing behaviour. These remarks can also be viewed as preliminary findings.
- 3 Apart from the researcher, one independent judge was used in the evaluation of the subjects' interviews.
- 4 General remarks are only included in the pre-training profiles as the findings of the pilot study (refer 6.3) reflect remarks regarding the subjects' improvement.
- 5

Key to profile:	Pre-training profile:	Post-training profile:
Researcher:	Blue —	Red —
Independent judge:	Green —	Black —

Pre-training profile of student A

Post-training profile of student A

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
Component 1: Attending behaviour						Component 1: Attending behaviour
<ul style="list-style-type: none"> Eye contact 						<ul style="list-style-type: none"> Eye contact
<ul style="list-style-type: none"> <i>Generally appropriate</i> 						<ul style="list-style-type: none"> <i>Inappropriate, little more consistent</i>
<ul style="list-style-type: none"> Body language 						<ul style="list-style-type: none"> Body language
<ul style="list-style-type: none"> <i>Tense, nervous gestures</i> 						<ul style="list-style-type: none"> <i>Less tense, seems more relaxed</i>
<ul style="list-style-type: none"> Vocal qualities 						<ul style="list-style-type: none"> Vocal qualities
<ul style="list-style-type: none"> <i>Uncertain; a lot of "uh.."; dryness of the mouth</i> 						<ul style="list-style-type: none"> <i>Appropriate speech rate; less tension in voice</i>
<ul style="list-style-type: none"> Use of silence 						<ul style="list-style-type: none"> Use of silence
<ul style="list-style-type: none"> <i>Silences evoke anxiety</i> 						<ul style="list-style-type: none"> <i>Seems to be more comfortable</i>
<ul style="list-style-type: none"> Verbal tracking 						<ul style="list-style-type: none"> Verbal tracking
<ul style="list-style-type: none"> <i>A lot of side-tracking allowed; irrelevant questions asked</i> 						<ul style="list-style-type: none"> <i>Still some side-tracking allowed; stays on topic for most of the time</i>
<ul style="list-style-type: none"> <i>questions asked</i> 						
Component 2: Basic listening skills						Component 2: Basic listening skills
<ul style="list-style-type: none"> Use of questions 						<ul style="list-style-type: none"> Use of questions
<ul style="list-style-type: none"> <i>Mostly closed questions; interrupts</i> 						<ul style="list-style-type: none"> <i>Definite decrease in use of closed questions; also fewer questions</i>
<ul style="list-style-type: none"> Use of minimal encouragers 						<ul style="list-style-type: none"> Use of minimal encouragers
<ul style="list-style-type: none"> <i>Excessive head nods - not facilitative</i> 						<ul style="list-style-type: none"> <i>Variety in use</i>
<ul style="list-style-type: none"> Use of paraphrases 						<ul style="list-style-type: none"> Use of paraphrases
<ul style="list-style-type: none"> <i>Does not use this skill</i> 						<ul style="list-style-type: none"> <i>Made use of this skill, although stereo-typed responses</i>
<ul style="list-style-type: none"> Reflection of feeling 						<ul style="list-style-type: none"> Reflection of feeling
<ul style="list-style-type: none"> <i>Does not pick up feelings; concentrates on content</i> 						<ul style="list-style-type: none"> <i>More aware of feelings, often accurate toward obvious feelings;</i>
<ul style="list-style-type: none"> <i>content</i> 						<ul style="list-style-type: none"> <i>deeper feelings missed</i>
<ul style="list-style-type: none"> Use of summarization 						<ul style="list-style-type: none"> Use of summarization
<ul style="list-style-type: none"> <i>Does not use this skill</i> 						<ul style="list-style-type: none"> <i>Made use of this skill, but not very skilful; Tend to make long "speeches"</i>
<ul style="list-style-type: none"> <i>speeches"</i> 						
General: <i>Very nervous appearance. Poor listening</i>						

Pre-training profile of student B

Post-training profile of student B

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate to a certain degree</i> ● Body language <i>Tense gestures</i> ● Vocal qualities <i>Pleasant, but slightly fast due to nervousness</i> ● Use of silence <i>Short silences do not really pose a problem; nervous during longer silences</i> ● Verbal tracking <i>Stays on topic; misses important information</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Generally appropriate and more consistent</i> ● Body language <i>Less tense, natural body movements</i> ● Vocal qualities <i>Marked improvement in speech rate</i> ● Use of silence <i>Seems less tense; does not talk during longer silences; uses facilitative gestures</i> ● Verbal tracking <i>Helps client to explore topic; no side-tracking allowed</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Many questions; multiple questions in one sentence</i> ● Use of minimal encouragers <i>Excessive head nods - irritating</i> ● Use of paraphrases <i>Parrot-like repetition of client's words</i> ● Reflection of feeling <i>Inaccurate identification of feelings</i> ● Use of summarization <i>Poor use of this skill</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>More open-ended questions; gives client more time to answer questions</i> ● Use of minimal encouragers <i>Uses a greater variety; tone of voice is encouraging</i> ● Use of paraphrases <i>More skilled, but still misses important data</i> ● Reflection of feeling <i>More accurate identification and reflection</i> ● Use of summarization <i>Marked improvement, but still excludes some important data</i>
<p>General: <i>Appears nervous; poor listening skills</i></p>						

Pre-training profile of student C

Post-training profile of student C

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Observes client closely. Appropriate eye contact</i> ● Body language <i>Fairly comfortable, slightly nervous gestures</i> ● Vocal qualities <i>Somewhat hesitant; "uh..."</i> ● Use of silence <i>Becomes tense, but not anxious</i> ● Verbal tracking <i>Focuses on irrelevant matter; jumps topics</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>No change. Appropriate eye contact</i> ● Body language <i>Comfortable gestures</i> ● Vocal qualities <i>Pleasant, less uncertainty in voice</i> ● Use of silence <i>Still a little nervous</i> ● Verbal tracking <i>Stays on a topic; explores but still not in depth</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>"Interrogates" client; sounds like completing a questionnaire</i> ● Use of minimal encouragers <i>No use, just question and answer</i> ● Use of paraphrases <i>None</i> ● Reflection of feeling <i>Concentrates on content; asks "why" questions inappropriately</i> ● Use of summarization <i>Uses skill, but content is useless</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Improved; fewer questions, more open-ended questions as well as more relevant questions</i> ● Use of minimal encouragers <i>Marked improvement; uses a variety of encouragers</i> ● Use of paraphrases <i>Makes use of skill, but not much variety</i> ● Reflection of feeling <i>Reflects feelings; sometimes accurate toward obvious feelings; deeper feelings ignored</i> ● Use of summarization <i>More appropriate use of skill, still difficulty in organizing ideas into a useful form</i>
<p>General: <i>Attending behaviour relatively appropriate, but listening skills are very poor</i></p>						

Pre-training profile of student D

Post-training profile of student D

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> Eye contact <i>Not consistent; looks away often</i> Body language <i>Extremely tense; nervous, swings foot</i> Vocal qualities <i>Dryness of mouth; speaks very fast</i> Use of silence <i>Anxious; face reddens</i> Verbal tracking <i>Jumps from topic to topic trying to find something to talk about</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> Eye contact <i>Much more attentive and consistent</i> Body language <i>More comfortable, gestures still slightly nervous</i> Vocal qualities <i>Speaks slower, less tension in voice, sounds more relaxed</i> Use of silence <i>Much more comfortable, uses minimal encouragers</i> Verbal tracking <i>Allows side-tracking to an extent but tries to redirect client's attention to topic</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> Use of questions <i>Excessive use of closed questions</i> Use of minimal encouragers <i>Says "yes-yes" excessively, but indicates no real understanding or even listening</i> Use of paraphrases <i>None</i> Reflection of feeling <i>Asks: "Do you feel...?"-questions, if "No" asks another "Do you feel...?" Client becomes irritated</i> Use of summarization <i>None</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> Use of questions <i>Marked improvement, gives client time to answer</i> Use of minimal encouragers <i>Improved use of skill, especially with regard to variety which indicates better listening</i> Use of paraphrases <i>Uses skill quite well; sometimes misses essence</i> Reflection of feeling <i>Reflects instead of asking questions; use of skill can still be improved</i> Use of summarization <i>Makes use of skill; content-focus sometimes irrelevant</i>
<p>General: <i>Subject is extremely nervous</i></p>						

Pre-training profile of student E

Post-training profile of student E

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Generally appropriate, but "stares" occasionally</i> ● Body language <i>Seems too relaxed; leans back in chair</i> ● Vocal qualities <i>Speaks softly, not much variation in tone</i> ● Use of silence <i>Keeps silent, but no facilitative gestures</i> ● Verbal tracking <i>Does not follow-up; lets client "ramble" on</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate</i> ● Body language <i>More "lively"</i> ● Vocal qualities <i>Still softly-spoken, slight change in tonal quality</i> ● Use of silence <i>Uses head-nodding - is more facilitative</i> ● Verbal tracking <i>Tries to focus on topics by exploring deeper</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Tends to ask irrelevant questions. Asks some open-ended questions</i> ● Use of minimal encouragers <i>Uses a lot of "I see" and "Hmm" statements, but not really facilitative</i> ● Use of paraphrases <i>None</i> ● Reflection of feeling <i>None; focuses on content</i> ● Use of summarization <i>None</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Asks fewer questions; relevant questions reflect better listening and understanding</i> ● Use of minimal encouragers <i>More facilitative in the sense that it does not interrupt client's flow of talk</i> ● Use of paraphrases <i>Tries to find essence of message - not always successful</i> ● Reflection of feeling <i>Does reflect feelings, but not always accurate</i> ● Use of summarization <i>Quite effective use of skill</i>
<p>General: <i>Too relaxed, did not talk much, leans back in chair and appears non-attentive in general.</i></p>						

Pre-training profile of student F

Post-training profile of student F

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate</i> ● Body language <i>Appears comfortable, but sits quite still</i> ● Vocal qualities <i>Clear, sounds relaxed</i> ● Use of silence <i>Seems comfortable, but becomes tense with long silences</i> ● Verbal tracking <i>Plays on the topic</i> <p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Mostly open-ended questions</i> ● Use of minimal encouragers <i>Fairly skilled, but may use more variation</i> ● Use of paraphrases <i>Does use paraphrases, but tends to be stereotyped</i> ● Reflection of feeling <i>Fairly able to identify obvious feelings</i> ● Use of summarization <i>Content of summary not effective, but is aware of importance of skill, tries to use it</i> <p>General: <i>Fair performance. Listening skills need practice.</i></p>						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate and attentive</i> ● Body language <i>Uses more facilitative gestures</i> ● Vocal qualities <i>Comfortable; variation in tone</i> ● Use of silence <i>More relaxed, but may use more gestures to encourage client verbalisation</i> ● Verbal tracking <i>Excellent use of skill; explores topics</i> <p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Appropriate in quantity; uses reflection</i> ● Use of minimal encouragers <i>Improvement in variety - head nods and verbal encouragers</i> ● Use of paraphrases <i>Expanded repertoire of responses</i> ● Reflection of feeling <i>Accurate toward obvious feelings</i> ● Use of summarization <i>Excellent use of skill; organises issues, checks for accuracy; integrates information effectively</i>

Pre-training profile of student G

Post-training profile of student G

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate</i> ● Body language <i>Somewhat tense; legs crossed, hands clasped around knees</i> ● Vocal qualities <i>Uncertain tone in voice</i> ● Use of silence <i>Nervous; tries to fill silences with questions</i> ● Verbal tracking <i>Focuses on irrelevant material</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate and generally consistent</i> ● Body language <i>More relaxed; shifts body position occasionally; more natural body movements</i> ● Vocal qualities <i>Sounds more comfortable but can be more "lively"</i> ● Use of silence <i>Still nervous, tries to keep silent, but looks around</i> ● Verbal tracking <i>Tries to stay on topic, but does not really explore in depth</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Many questions; irrelevant questions</i> ● Use of minimal encouragers <i>Random use - not facilitative</i> ● Use of paraphrases <i>Did not make use of this skill</i> ● Reflection of feeling <i>Aware of feelings, but only because client mentioned it</i> ● Use of summarization <i>None</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>More open-ended questions which focus on the topic</i> ● Use of minimal encouragers <i>Improved use of skill; more appropriate to client's verbalisations</i> ● Use of paraphrases <i>Uses skill, but still needs practice; sounds often parrot-like</i> ● Reflection of feeling <i>Aware of obvious feelings, identifies them quite accurately; deeper feelings missed</i> ● Use of summarization <i>Uses skill, but adds irrelevant information; tries to interpret data</i>
<p>General: <i>Subject seems bewildered. Does not seem to know what to do in the interview.</i></p>						

Pre-training profile of student H

Post-training profile of student H

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
Component 1: Attending behaviour						Component 1: Attending behaviour
● Eye contact						● Eye contact
<i>Attentive to a certain degree, shifts eye contact while trying to think</i>						<i>More appropriate eye contact; more consistent and generally more attentive</i>
● Body language						● Body language
<i>Defensive - arms and legs crossed</i>						<i>Still tense; less defensive; no facilitative gestures</i>
● Vocal qualities						● Vocal qualities
<i>Speaks slowly and softly; on same tone</i>						<i>Much the same; slightly more variation in tone</i>
● Use of silence						● Use of silence
<i>Appears nervous; looks around for "help"</i>						<i>Slightly less nervous but tend to fill silences with questions</i>
● Verbal tracking						● Verbal tracking
<i>Allows side-tracking</i>						<i>Improved, but still allows some side-tracking</i>
Component 2: Basic listening skills						Component 2: Basic listening skills
● Use of questions						● Use of questions
<i>Asks many closed questions; authoritative</i>						<i>More open-ended questions; more relevant but still too many</i>
● Use of minimal encouragers						● Use of minimal encouragers
<i>Did not use any - keeps quiet</i>						<i>Makes use of skill, but not much variation</i>
● Use of paraphrases						● Use of paraphrases
<i>Parrots client's words - not to paraphrase but because of lack of own words</i>						<i>Over-use of "It sounds like..."; improved with regard to "parroting"</i>
● Reflection of feeling						● Reflection of feeling
<i>Tries to guess feelings by asking too many "Do you feel...?"-questions</i>						<i>More accurate toward identifying feelings instead of asking client</i>
● Use of summarization						● Use of summarization
<i>None</i>						<i>Does make use of skill, but needs practise as to effectively organising data</i>
General: <i>Subject appears defensive and uncertain</i>						

Pre-training profile of student I

Post-training profile of student I

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate and attentive</i> ● Body language <i>Appears quite relaxed; leans attentively toward client</i> ● Vocal qualities <i>Clear, sometimes nervous clearing of the throat</i> ● Use of silence <i>Slightly nervous</i> ● Verbal tracking <i>Generally stays on topic</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate and consistently attentive</i> ● Body language <i>Comfortable; facilitative gestures, natural; smiles warmly; uses touch when appropriate</i> ● Vocal qualities <i>Relaxed; encouraging</i> ● Use of silence <i>Generally comfortable, but may make more use of encouragers</i> ● Verbal tracking <i>Keeps on topic, explores topic with client</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Uses open-ended questions</i> ● Use of minimal encouragers <i>Does use skill but not much variation</i> ● Use of paraphrases <i>Some use of skill - not very effective</i> ● Reflection of feeling <i>Some accuracy regarding obvious feelings; sometimes aware of deeper feelings</i> ● Use of summarization <i>Fairly skilful in execution of this skill</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Also uses reflection to encourage verbalisation</i> ● Use of minimal encouragers <i>Appropriate; expanded variety</i> ● Use of paraphrases <i>More effective</i> ● Reflection of feeling <i>Improved in identifying deeper feelings; reflection not always accurate</i> ● Use of summarization <i>May need more practice in organizing issues more clearly</i>
<p>General: <i>Subject is quite skilled and demonstrates a "natural flair" for interviewing.</i></p>						

Pre-training profile of student J

Post-training profile of student J

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
Component 1: Attending behaviour						Component 1: Attending behaviour
<ul style="list-style-type: none"> ● Eye contact <i>Appropriate as to contact, but winks a lot</i> ● Body language <i>Nervous swinging of crossed leg</i> ● Vocal qualities <i>Voice sounds "hard", speaks loudly. Irritating</i> ● Use of silence <i>Just "stares" at client while bobbing crossed leg</i> ● Verbal tracking <i>Asks irrelevant questions</i> 						<ul style="list-style-type: none"> ● Eye contact <i>Appropriate and appears more relaxed</i> ● Body language <i>Much more relaxed</i> ● Vocal qualities <i>Still speaks loudly - may be part of idiosyncratic way of speech</i> ● Use of silence <i>More relaxed, may need practice as to silently relating to client</i> ● Verbal tracking <i>Marked improvement as to exploration of a topic</i>
Component 2: Basic listening skills						Component 2: Basic listening skills
<ul style="list-style-type: none"> ● Use of questions <i>Mostly closed questions</i> ● Use of minimal encouragers <i>None. Just looks at client</i> ● Use of paraphrases <i>Parrots client's words</i> ● Reflection of feeling <i>Too many "How do you feel?"-questions</i> ● Use of summarization <i>Did not use skill. Ends interview abruptly</i> 						<ul style="list-style-type: none"> ● Use of questions <i>More open-ended questions</i> ● Use of minimal encouragers <i>Marked improvement; uses a variety of encouragers</i> ● Use of paraphrases <i>Tries to find essence of message - not always successful</i> ● Reflection of feeling <i>Improved with regard to identifying feelings instead of asking</i> ● Use of summarization <i>Uses skill, but need to practice to organize information more effectively</i>
<p>General: <i>Subject is very tense and uses inappropriate behaviour that is irritating to the client</i></p>						

Pre-training profile of student K

Post-training profile of student K

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
Component 1: Attending behaviour						Component 1: Attending behaviour
<ul style="list-style-type: none"> ● Eye contact <i>Appropriate and attentive</i> ● Body language <i>Attentive, quite relaxed</i> ● Vocal qualities <i>Softly spoken; shows concern; sounds sincere</i> ● Use of silence <i>Handles it well; appears slightly nervous with longer silences</i> ● Verbal tracking <i>Allows side-tracking, tries to redirect attention</i> 						<ul style="list-style-type: none"> ● Eye contact <i>Appropriate and attentive at all times</i> ● Body language <i>Attentive, relaxed, natural, touches client when appropriate</i> ● Vocal qualities <i>Sincere, genuine tone in voice</i> ● Use of silence <i>Comfortable with silences; longer silences not really a problem anymore</i> ● Verbal tracking <i>Stays on topic; uses self-disclosure related to client's experiences</i>
Component 2: Basic listening skills						Component 2: Basic listening skills
<ul style="list-style-type: none"> ● Use of questions <i>Mostly open-ended questions</i> ● Use of minimal encouragers <i>Does use skill, but mostly head-nods</i> ● Use of paraphrases <i>Does use, but not much variation</i> ● Reflection of feeling <i>Fairly accurate regarding obvious feelings; shows concern for deeper feelings</i> ● Use of summarization <i>Summaries not always well-organized</i> 						<ul style="list-style-type: none"> ● Use of questions <i>Skilful use; uses reflection to obtain more information</i> ● Use of minimal encouragers <i>Variation in prompts; balance in spacing</i> ● Use of paraphrases <i>Tries to vary responses, sometimes misses relevant information</i> ● Reflection of feeling <i>Mostly accurate toward obvious feelings; still needs practice in handling deeper feelings</i> ● Use of summarization <i>Uses skill well.</i>
General: <i>Subject's general appearance is one of concern and attention.</i>						

Pre-training profile of student L

Post-training profile of student L

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate but may be more consistent</i> ● Body language <i>Fits quite motionless, frowns at client</i> ● Vocal qualities <i>Does not speak much, little variation in tone</i> ● Use of silence <i>Seems to be too relaxed, just sits back and waits</i> ● Verbal tracking <i>Lets client side-track on issues and follows client with irrelevant questions</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate and more consistent</i> ● Body language <i>Appears to be more comfortable, uses facilitative gestures</i> ● Vocal qualities <i>Marked improvement in variation, speaks more</i> ● Use of silence <i>Similar as before training, but tries to use minimal prompts</i> ● Verbal tracking <i>Still some side-tracking allowed; tries to redirect attention with more relevant questions</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Mostly closed questions; "Why don't you..."</i> ● Use of minimal encouragers <i>None</i> ● Use of paraphrases <i>Excessive use of "You say you..."</i> ● Reflection of feeling <i>Inaccurate responses regarding obvious feelings; misses feeling-response of client</i> ● Use of summarization <i>Interprets client's words and actions.</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>More open-ended and relevant questions</i> ● Use of minimal encouragers <i>Does use encouragers, but tends to over-use "I see..."</i> ● Use of paraphrases <i>Still "You say...", but tries to use "fresh" words</i> ● Reflection of feeling <i>Improved vocabulary of feeling words; more accuracy but ignores deeper feelings</i> ● Use of summarization <i>More effective use of skill; if interprets, checks for accuracy</i>
<p>General: <i>Tends to be authoritative which may be experienced as intimidating.</i></p>						

Pre-training profile of student M

Post-training profile of student M

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
Component 1: Attending behaviour						Component 1: Attending behaviour
<ul style="list-style-type: none"> Eye contact 						<ul style="list-style-type: none"> Eye contact
<ul style="list-style-type: none"> <i>Generally appropriate</i> 						<ul style="list-style-type: none"> <i>Appropriate</i>
<ul style="list-style-type: none"> Body language 						<ul style="list-style-type: none"> Body language
<ul style="list-style-type: none"> <i>Looks intently at client, leans back and forth in chair</i> 						<ul style="list-style-type: none"> <i>Still intent way of looking at client, tries to sit still in chair; appears to be more relaxed</i>
<ul style="list-style-type: none"> Vocal qualities 						<ul style="list-style-type: none"> Vocal qualities
<ul style="list-style-type: none"> <i>Some hesitant; "ah...ah..."</i> 						<ul style="list-style-type: none"> <i>Flight improvement; still tends to be hesitant</i>
<ul style="list-style-type: none"> Use of silence 						<ul style="list-style-type: none"> Use of silence
<ul style="list-style-type: none"> <i>Smiles nervously at client</i> 						<ul style="list-style-type: none"> <i>More relaxed and nods head encouragingly</i>
<ul style="list-style-type: none"> Verbal tracking 						<ul style="list-style-type: none"> Verbal tracking
<ul style="list-style-type: none"> <i>Allows side-tracking</i> 						<ul style="list-style-type: none"> <i>Lesser side-tracking allowed</i>
Component 2: Basic listening skills						Component 2: Basic listening skills
<ul style="list-style-type: none"> Use of questions 						<ul style="list-style-type: none"> Use of questions
<ul style="list-style-type: none"> <i>Many irrelevant questions; does not follow-up on answers</i> 						<ul style="list-style-type: none"> <i>Improvement as to variety of questions, still too many questions asked</i>
<ul style="list-style-type: none"> Use of minimal encouragers 						<ul style="list-style-type: none"> Use of minimal encouragers
<ul style="list-style-type: none"> <i>Excessive use of "uhmmm..."</i> 						<ul style="list-style-type: none"> <i>More variety, but uses encouragers too often and thus ineffective</i>
<ul style="list-style-type: none"> Use of paraphrases 						<ul style="list-style-type: none"> Use of paraphrases
<ul style="list-style-type: none"> <i>None</i> 						<ul style="list-style-type: none"> <i>Needs practice in identifying essence of message</i>
<ul style="list-style-type: none"> Reflection of feeling 						<ul style="list-style-type: none"> Reflection of feeling
<ul style="list-style-type: none"> <i>Asks many "How do you feel..." questions</i> 						<ul style="list-style-type: none"> <i>Tend to reverse previous way by stating "You feel..."</i>
<ul style="list-style-type: none"> Use of summarization 						<ul style="list-style-type: none"> Use of summarization
<ul style="list-style-type: none"> <i>Did not use this skill</i> 						<ul style="list-style-type: none"> <i>Uses skill, but summary is more of a re-run of information covered in interview</i>
General:						
<ul style="list-style-type: none"> <i>Subject's nonverbal behaviour showed interest</i> 						
<ul style="list-style-type: none"> <i>- needs skills to communicate this interest.</i> 						

Pre-training profile of student N

Post-training profile of student N

Part A Attending and listening skills	1	2	3	4	5	Part A Attending and listening skills
<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate</i> ● Body language <i>Fits very still; slight smile, appears tense</i> ● Vocal qualities <i>General uncertainty in voice</i> ● Use of silence <i>Seems nervous; smiles at client</i> ● Verbal tracking <i>Does not follow-up; client jumps topics</i> 						<p>Component 1: Attending behaviour</p> <ul style="list-style-type: none"> ● Eye contact <i>Appropriate</i> ● Body language <i>Less tense, but still not much change in body position</i> ● Vocal qualities <i>Speaks clearly, less nervously</i> ● Use of silence <i>Still smiles a lot, but seems to be less tense</i> ● Verbal tracking <i>Is more able to stay on topic</i>
<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Does not really ask questions; some open-ended questions</i> ● Use of minimal encouragers <i>Slight head-nods and smiles; smiles sometimes appear false</i> ● Use of paraphrases <i>Mostly parroting - "You say you..."</i> ● Reflection of feeling <i>Did not use except for parroting "You say you feel..."</i> ● Use of summarization <i>Tends to interpret "As I see it..."</i> 						<p>Component 2: Basic listening skills</p> <ul style="list-style-type: none"> ● Use of questions <i>Quite skilful use of questions; asks relevant questions and gives client time to answer</i> ● Use of minimal encouragers <i>Still much the same, but varies responses to include "Mm-mm..."</i> ● Use of paraphrases <i>More able to find essence of client's message</i> ● Reflection of feeling <i>Reflection more accurate, feelings-vocabulary has expanded significantly</i> ● Use of summarization <i>Does not interpret anymore; summary is quite effectively organised</i>
<p>General: <i>Subject seems to be quiet and reserved.</i></p>						

5.6 COMMON ERRORS AND PROBLEMS REGARDING PRE-TRAINING INTERVIEWING BEHAVIOUR

From a study of the subjects' pre-training interviews the researcher was able to compile a list of common errors and problems. This list was compared with the subjects' post-training profiles to ascertain whether errors decreased (refer paragraph 6.3.3). This list also represents some preliminary findings regarding pre-training interviewing behaviour.

- 1 Focus on irrelevant matter.
- 2 Asking irrelevant questions.
- 3 Inaccurate identification and reflection of feelings - limited feelings vocabulary.
- 4 Asking too many closed questions.
- 5 Talks too much.
- 6 Interrupts the client.
- 7 Does not encourage client verbalisation.
- 8 Argues with client - trying to make him alter his ways.
- 9 Give unnecessary advice and information.
- 10 Tendency to communicate "Don't you worry, I'll sort it out."

- 11 Criticizes the client's behaviour.
- 12 Tendency to be judgmental and authoritative, for example "Stealing is wrong..." or "Don't you know what will happen if you steal?" and in so doing misses the underlying message and harms the relationship.
- 13 Interrupts client's silence with nervous talk.
- 14 Does not attend to the essence of the client's message.
- 15 Tendency to switch to a superficial level to avoid emotional issues - seems nervous, even anxious to address emotional issues and emotions.
- 16 Tries too hard to impress trainer and in so doing fails to listen to the client.
- 17 Worries too much about what to say or ask next and thus does not hear what the client says.
- 18 Long, awkward speeches are made.
- 19 Subjects report a general feeling of uncertainty and anxiety and express a need for guidance.

5.7 CONCLUSION

In this chapter the proposed training model was implemented as part of the empirical study. The general aim of the pilot study was to investigate whether the

proposed training procedure would be effective in training therapeutic interviewing skills.

In the discussion of the design of the pilot study, attention was given to the research approach and the selection of the subjects. All data for the pilot study was gathered from the pre-and post-training interviews. In a nutshell, the pilot study consisted of all subjects conducting a short pre-training interview, receiving practical training in accordance with the training procedure outlined in this chapter, and conducting a post-training interview to compare their performance with that of their first interviews. Both pre- and post-training interviews were evaluated by using the designed evaluation scale.

In the next chapter the findings of the study, conclusions and recommendations are presented.

CHAPTER 6

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

At the outset of the study the researcher was confronted by Educational Psychology Honours students' need for practical help and guidance regarding counselling/therapeutic interviewing. As mastering interviewing skills is an important component of their practical course, these students felt at a loss when told that they had to be empathic, and that they should listen attentively. This need prompted the researcher, who is a lecturer involved in this course, to reflect on the nature of the therapeutic interview: Is it possible to analyse the therapeutic interview and in a way "dissect" it in order to identify the various skills which provide it with its therapeutic nature?

The main aim of this study was then just that: To study the therapeutic interview and to design a training model based on the skills needed to conduct an effective therapeutic/counselling interview.

In this concluding chapter the findings of the literature study and the empirical investigation will be presented. Conclusions will be drawn to ascertain the extent to which the aims of the study were realised. Finally, recommendations for the practical implementation of the model as well as for future research will be suggested.

6.2 FINDINGS FROM THE LITERATURE STUDY

6.2.1 Findings regarding important aspects of the therapeutic relationship: its importance and relevance to the study (Chapter 2)

- The relationship between the therapist and the client is of **vital importance** to the outcome of the whole therapeutic process. Without a positive, facilitative relationship no effective therapy can take place.

- In the ideal therapeutic relationship the client experiences warmth, respect, unconditional acceptance (which also implies a nonjudgmental therapist attitude) and the freedom to express any feelings and thoughts. In this kind of relationship the client can, often for the first time in his life, be truly himself, without defending his actions, without having to hide behind a mask.

- The question that arises from the above description of the ideal therapeutic relationship was: What constitutes this special relationship between therapist and client? From the literature it was possible to highlight certain dimensions of the ideal therapeutic relationship. These dimensions which were discussed in detail (refer 2.2.2.1) will only be listed here:
 - Uniqueness/Commonality
 - Objectivity/Subjectivity
 - Cognitiveness/Affectiveness
 - Ambiguity/Clarity
 - Responsibility/Accountability
 - Trust/Mistrust

- From the literature it was further possible to obtain characteristics of the most and the least ideal therapeutic relationship. These were discussed in paragraph 2.2.2.2.
- The person who plays the critical role in building this ideal therapeutic relationship is the therapist. His personality and attitudes are the two most important and influential factors in building a working relationship. From the literature it further became evident that the way the therapist's personality manifests itself in the interview is an important determinant in the outcome of the therapeutic process.
- A practical aspect related to the therapeutic relationship is the establishment and maintenance of rapport. The client, especially if it is his first encounter with the therapeutic/counselling process, usually experiences some degree of uncertainty, anxiety and defensiveness and it is therefore the therapist's first task to help the client to feel comfortable. In the establishment of a positive and facilitative relationship, the first encounter between therapist and client is of decisive importance. From the above two paragraphs it is clear that the therapist's personality and his attitude are the two vital "tools" in the establishment of rapport.
- It is not easy to become an effective therapist. There are some stumbling-blocks and pitfalls to be aware of. Anxiety seems to be the most prominent of these stumbling-blocks as it leads to feelings of uncertainty and doubts about one's abilities. A few other pitfalls were discussed in paragraph 2.4.

Synthesis

From the findings regarding the ideal therapeutic relationship, the researcher is of the opinion that the therapist's attitudes of empathy, unconditional positive

regard, warmth, respect and genuineness are central to the development of a facilitative relationship. These attitudes constitute the basic building blocks of the effective and ideal therapeutic relationship: **Without these building blocks effective therapy cannot take place.** It is for this reason that the researcher has decided to include verbal and nonverbal skills to communicate these attitudes to the client in the training model.

The **relevance** of this chapter lies further in the image it created of the ideal therapeutic relationship and its crucial importance to the positive outcome of the whole therapeutic process. By mastering the skills of the effective therapeutic interview, the student will be able to create the kind of relationship outlined in this chapter.

6.2.2 Findings regarding the training of therapeutic/counselling interviewing (Chapter 3)

Chapter 3 addressed specific aspects and issues of interviewing training. These were:

- a critical examination of existing training models and programmes
- training methods and techniques
- variables in training student counsellors
- measurement and evaluation techniques regarding various aspects of interviewing training

6.2.2.1 Findings regarding existing training models

- The didactic approach to training was one of two traditional approaches to the training of therapists/counsellors. This model used

didactic lectures, to give students a thorough theoretical knowledge of psychotherapeutic theory, case-work and personal therapy. This model, which was mainly used to train psychoanalysts, is still very much in use today in the training of psychoanalysts. Several points of critique can be levelled against this approach to training (refer paragraph 3.2.1).

- The second traditional approach, which deviated from the didactic model, was the **experiential model** of training counselling and interviewing skills. Rogers is viewed as the pioneer who gave specific guidelines for conducting a therapeutic interview.
 - The basic difference between the didactic and experiential models is the emphasis placed by the latter upon the feelings, experiences and personal growth of the student.
 - This model can also be viewed as the first to make training more systematic, but despite being a huge step toward a paradigm shift, this model was also subject to criticism (refer paragraph 3.2.2).
- The **didactic-experiential** model was an attempt to integrate the previous two models. This model aimed at identifying and training those therapist qualities which differentiate effective from ineffective therapists. The assumption underlying this model is that if a student can correctly recognise the presence or absence of these qualities in other therapists, they will automatically incorporate these qualities into their own interviewing behaviour.

- One major critique levelled against this model was that it failed to explicitly define the behaviours that constitute the qualities referred to above.

- The designers of the **microcounselling** model believed that the complexity of interviewing behaviour can be broken down into discrete behavioural units. These units, or specific interviewing behaviour can then be trained one-at-a-time. Advantages of this model are discussed in detail in paragraph 3.2.4.2

- The **Human Relations** training programme developed from the didactic-experiential model and attempted to focus on specific therapist qualities such as empathy, warmth and genuineness. This model emphasised the importance of communicating these qualities.

- **Interpersonal Process Recall** is a training model based on providing the student with accurate affective and behavioural feedback from the client, peers, trainers and video-taped sessions. This model not only gives the student the opportunity to rehearse skills with a real client, but also provides him with the benefits of modelling, cueing and discriminative instructions. A major constraint of this model is that a considerable amount of time is needed to present the total training model.

- The **Helping skills** model addressed the need for structured training for paraprofessional helpers who needed the basic skills to build a working relationship with their clients.

- The **Enriching Intimacy** programme is directed at training relationship building skills. Behavioural components of respect, empathy and genuineness are identified and trained.
- Other lesser known training models and programmes were discussed (refer paragraphs 3.2.9 - 3.2.12).

Synthesis

From the findings regarding training models the researcher identified the microcounseling approach to be the most applicable to the present study. The training model used in this study has, to a large extent, been based on the microcounseling approach, especially with regard to the nature of the model, that is mastering one skill at a time and using verbal and nonverbal behaviours defined in operationalized terms.

Concerning content, the microcounseling model focuses on attending and basic listening skills, whereas the researcher has included a broader repertoire of verbal and nonverbal skills to communicate therapist's attitudes of empathy, warmth, respect, genuineness and unconditional positive regard.

The training procedure used in this training model deviates from the microcounseling model to include training sessions devoted to practice, role play practice, group discussions of the role-played interviews, and homework in the form of taped interviews with real clients.

6.2.2.2 Findings regarding training methods and techniques

A variety of methods and techniques are used in the training of counselling and interviewing skills. A brief summary of these methods will be given:

- **Role play** is especially useful in settings where real clients with real problems cannot be used. Role play, or a simulated counselling experience has the advantage that new skills can be practised in a safe atmosphere.
- **Videotapes** are used extensively and are viewed as an important training tool. Videotapes can be used to model effective and ineffective interviews and also to record a student's interview for later evaluation and discussion.
- **Modelling**, especially when combined with verbal instructions, seemed to be an effective, reliable and relatively quick method to learn new skills.
- **Feedback** is used in almost all training models and may consist of verbal messages and/or modelling of the desired behaviour.
- **Games** can be of value in training as they can enhance student interest, motivation and involvement.
- **Instructions** form an integral part of every training model and enhance the impact of modelling and feedback.
- **Supervision** is an important component of training and can be in the form of direct supervision, supervision using video-taped sessions, one-way mirror supervision and peer supervision.

- **Co-counselling** provides *in vivo* modelling and feedback. These joint sessions (therapist and student with the client) seem to be more effective than traditional supervision.
- Receiving **personal therapy** is a requirement for psychoanalytic students. Although still an important part of psychoanalytic training, several studies failed to support the efficacy of personal therapy.

Synthesis

The study of the various methods and techniques led the researcher to the belief that training in interviewing skills requires a multi-faceted approach. Using only one training method or following a rigid approach to training will not be to the benefit of all the students in a particular group.

From all the training methods and techniques discussed in Chapter 3 and summarized above, the following methods were considered to be relevant to the present study:

- Theoretical discussion (relevant written information is handed out to students)
- Modelling
- Role play
- Use of videotapes
- Feedback both from peers and the trainer
- Instructions
- Supervision in the form of verbal and written supervision
- Homework in the form of conducting real-life interviews

The range of training methods used in this study create the opportunity for a close and personal relationship with the students and therefore makes it easier to create the kind of climate where the student can feel accepted, respected and free to practice new behaviour - a climate similar to what is to be created between therapist and client.

6.2.2.3 Issues in interviewing training

- From the literature it became evident that several issues are to be taken into consideration when designing training models. Two such issues, which the researcher deemed relevant to this study are (1) variables in training and (2) cross-cultural training.
- Five **variables** to be taken into account when designing a training model were identified and discussed. These are:
 - the student-in-training
 - the trainers and supervisors
 - the rationale and procedures of training
 - the target group
 - the theoretical orientation
- **Cross-cultural issues** in counselling and interviewing are important aspects to be taken into account in training. In paragraph 3.4.2 the effects of the traditional white-oriented interviewing training models on black students were discussed.
- Increasing demands to integrate different cultures in educational settings necessitate a review of existing training (and by implication, selection) procedures. It must be noted that cultural differences are not

only represented in race, but also in religion, gender, life-style and class. For each of these sub-cultures the counsellor may need a different approach and training should therefore be directed at producing a flexible, culturally effective counsellor who is able to communicate with a maximum number of individuals.

6.2.2.4 Findings with regard to measurement and evaluation instruments in training therapeutic interviewing

- A variety of measurement instruments are currently in use. These were discussed in paragraph 3.5. These scales focused on different aspects of training such as the counsellor's competency, affective sensitivity, empathy, interpersonal perception, verbal responses and nonverbal behaviour.

Synthesis

The researcher was not able to find, in the literature, a comprehensive evaluation instrument which could satisfy the specific demands of the proposed training model. An evaluation instrument was therefore designed using the content of the model (Chapter 4) as well as part of Rollin and Ivey's (Ivey & Authier 1978:482) *Attending Behavior Rating Scale*. Rollin and Ivey's scale was only used in part for the design of *Part A: Attending and Listening Skills*. *Part B: Influencing Skills*, was designed by using the content of the model.

Chapter 3 is especially relevant to this study as it gives a perspective on existing training models which in a way answers one of the researcher's questions, namely can interviewing skills be taught, to a large extent.

6.3 Putting it all together: Findings from the empirical research

6.3.1 Introduction

The empirical research consisted of the design and implementation of the training model. In the design of the training model the researcher was led by three fundamental questions namely

- (1) What does the researcher want to achieve with this training model?
- (2) How can the specified goals be best realised?
- (3) How can a student's progress be evaluated?

A reflection regarding the first question led to a study of the therapeutic interview: What does it consist of? Can skills be identified? Can these identified skills be operationally defined? Can they be taught and mastered?

The study of the therapeutic interview showed that skills can indeed be identified, isolated, operationally defined, taught and mastered. The question then remains: **What** should be taught to produce an effective and skilled user of the therapeutic interview? Chapter 4 is an answer to this question and forms the content of the training model.

The second and third questions, namely "How can the specified goals best be realised" and "How can progress be evaluated" were addressed in the practical component of the empirical study (Chapter 5).

The mere design of the training model implies that the researcher assumes that the skills of the therapeutic interview can be trained and mastered. This assumption is based on evidence from the literature study (refer Chapter 3). The question however was: **Can interviewing skills be trained by using the**

training procedure suggested in this study? To find an answer to this question, a pilot study was conducted. Findings from the pilot study are presented in paragraph 6.3.3.

To put everything together and to give an overall view of the training model designed in this study, a diagrammatic overview is presented:

6.3.2 The training model: a diagrammatic overview

The content of the model is presented in Figure 6.1. The training procedure used to transfer theory into practice is presented in the form of a flow chart, refer Figure 6.2.

Figure 6.1 The content of the training model

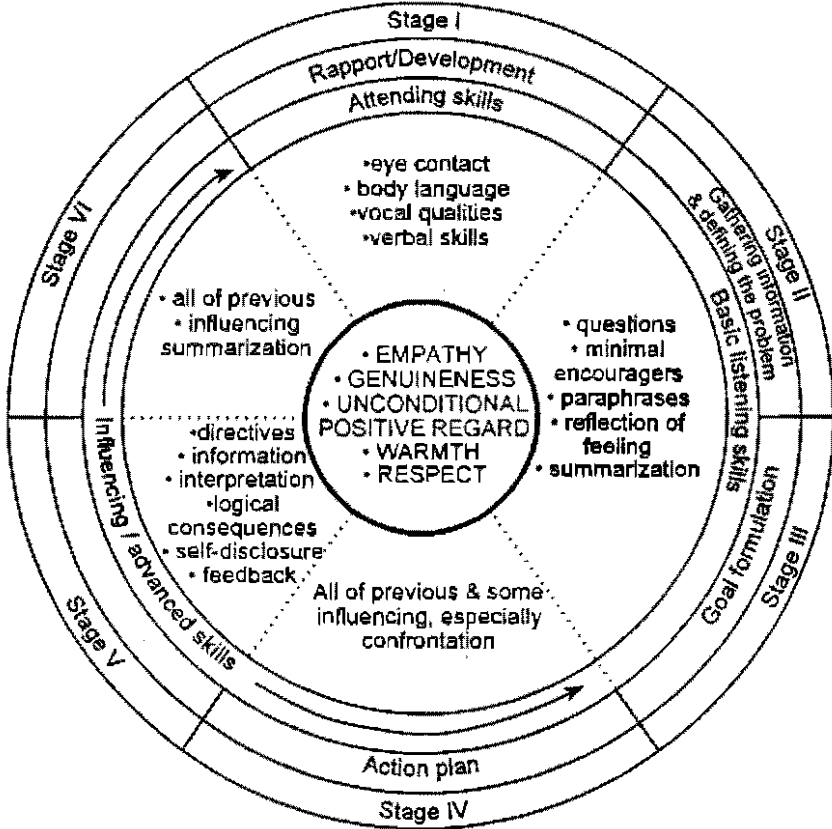
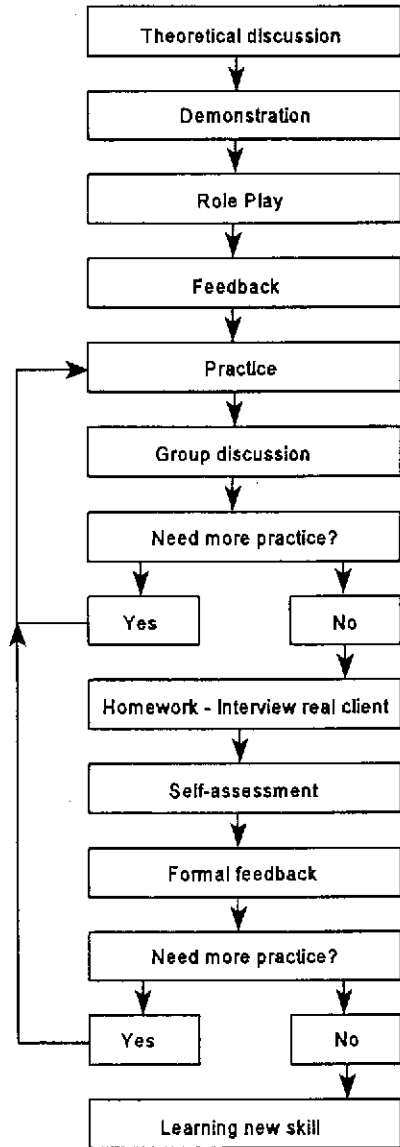


Figure 6.2 The training procedure



6.3.3 Findings regarding the implementation of the training model

- The concept of mastering one skill, or one set of skills at a time proved successful. This gave the student a feeling of progress and observable improvement which did much for student motivation and involvement.
- The procedure used in the actual training (refer paragraph 5.3.4.1.3) proved to be successful in promoting a relatively relaxed (free from anxiety) learning atmosphere. As the students were all adult-learners the approach to involve them in the discussions and demonstrations brought about an adult-adult relationship between the students and the trainer (researcher) which is far more conducive than a superordinate-subordinate relationship, especially where adult-learners are concerned.
- The training procedure further proved successful in training the various cultures in the group. Much was learned about different cultural ways and behaviour. Students reported that being in a diverse group was an enriching experience.
- Another finding regarding the training procedure is that it accommodates different learning paces. Students who felt that they needed more practice in a specific skill were able to do so without feeling they were keeping the group behind. The concept of using small groups to practise skills provided an excellent opportunity to practise a variety of skills, whether new skills or skills learned in previous sessions.

- The availability of an opportunity to discuss personal problems (refer Step 9 in training procedure, paragraph 5.3.4.1.3) seemed to be appreciated. This also gave the trainer the freedom to personally talk to students regarding their progress.

6.3.4 Findings regarding the effectiveness of the training procedure - the pilot study

- In general, the training model proved to be successful in providing the subjects with the structure and guidelines they needed. The structured, systematic approach followed in training left them with tangible and practical skills.

From the comparison of the subjects' pre- and post-training profiles, the following findings were obtained:

- There was a significant difference between the subjects' pre- and post-training profiles.
- The results indicated a noticeable improvement in each subject's interviewing performance following training.
- No deterioration of a skill was evident. If a skill did not improve, it functioned on the same level.
- There was an overall decrease in the usage of closed questions with an accompanying increase in the usage of open-ended questions.

- There was an overall increase in the usage of minimal encouragers. The quality of usage, especially with regard to the variety of minimal encouragers used, improved as well.
- The results indicated an overall increase (in some subjects not a very large improvement) in the subjects' ability to accurately identify and reflect feelings.
- All subjects made more use of paraphrasing and summarization but in some subjects more skilful application of these skills was also evident.
- For certain attending behaviour, especially eye contact no significant difference between pre- and post-training was evident. This finding can be ascribed to eye contact being a social skill already possessed by these subjects. It is reasonable to assume that persons (students) selected for a guidance and counselling course already function on a high level regarding this skill.
- Although every subject showed improvement, some students showed a higher level of improvement (quantitative as well as qualitative). Some subjects may need further training and practice to bring about consistently high levels of performance.
- Subjects reported a decrease in feelings of nervousness, discomfort and tension. They felt more in control and able to use the skills mastered.

6.4 CONCLUSIONS

6.4.1 Realisation of the aims of the study

The aims of the study (refer paragraphs 1.6 and 5.2) were realised.

- The literature was reviewed in order to study the nature of the therapeutic interview. From the findings the researcher was able to identify and define those interviewing skills that are conducive to the establishment of the ideal therapeutic relationship.
- A training model was designed to assist the counselling student in mastering effective therapeutic interviewing skills. This provided the subjects with the much-needed structure and guidelines they were looking for at the beginning of the practical year.
- The training model was successfully implemented using a flexible, multi-faceted training procedure.
- Subjects' progress and performance were assessed and evaluated using an evaluation scale designed specifically for this purpose.

6.4.2 Conclusions drawn from the findings

- Findings both from the literature and empirical study confirm that therapeutic interviewing skills can be operationally defined, trained and mastered.

- The training procedure as proposed in this study was successful and led to significant improvements in all cases.
- The training procedure was successful in training students from diverse cultures. The model, both content and procedure, can therefore be successfully implemented in a multi-cultural therapeutic interviewing training group.
- The training model was evaluated by comparing subjects' interviews before and after training. In all cases improvements in therapeutic interviewing behaviour were evident but some were more marked than others.
- The structured, systematic approach to training proved effective in reducing interviewer errors.
- From a practical and economical point of view, the training procedure suggests that training in interviewing skills may not necessarily require extensive modelling or *in vivo* practice because the theoretical discussion, demonstration by the trainer, role-play practice and feedback were sufficient for the development of a basic attending and listening skills repertoire.
- The evaluation instrument was used successfully during the practical year serving both as an instructional and an evaluation device.

6.5 LIMITATIONS OF THE STUDY

- The relatively small sample used may necessitate additional research to establish the generalization of the results.
- As the pilot study was limited to the implementation of the attending and basic listening skills only, the researcher cannot make conclusive remarks regarding the training and mastering of the advanced/higher-order skills.
- The evaluation scale used to evaluate the pre- and post-training interviews is not a standardized instrument which may lead to a subjective evaluation.

6.6 RECOMMENDATIONS

- The first recommendation is related to the evaluation of the subjects' performance: The client can assist in the evaluation of the subjects' interview. As the client is the person who is at the "receiving" end, valuable information regarding his experience of the interview and the interviewer can be obtained. Although this kind of evaluation may be subjective, it may be of considerable value, especially with regard to the student's personality and attitudes as manifested in the interview.
- The second recommendation is related to future research: A question that has arisen from this study is: Do trainees retain the skills mastered over time or do they revert to idiosyncratic styles once the evaluation process is completed? This interesting question can be answered by conducting longitudinal research.

- The final recommendation is a practical one: The training model can be converted into a full training manual, complete with theoretical discussions, instructions, video-taped models demonstrating the skills, "home-work" assignments and self-assessments instruments. This training manual can then effectively be used to train a variety of persons in professional and para-professional occupations where the interview is a fundamental tool.

6.7 CONCLUDING REMARKS

To create a relationship in which the client (adult or child) can feel free to discuss his problems without fear of judgment or ridicule, where he can be himself, where he feels respected, understood and cared for, is the most critical task of the therapist/counsellor. The ability to establish this unique relationship not only depends on how the therapist manifests himself as a person (his personality and attitudes) but also on his skilful usage of therapeutic interviewing and helping skills.

The envisaged product of the training model proposed in this study is not merely a skilled interviewer, but a flexible person sensitively attuned to receiving and communicating those messages that will lead to the client's positive growth and ultimate self-actualisation.

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