THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

# EFFECTS OF MODELING, REHEARSAL, AND FEEDBACK ON HELPER GOAL-SETTING BEHAVIOR

A DISSERTATION

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EFFECTS OF MODELING, REHEARSAL, AND FEEDBACK ON HELPER GOAL-SETTING BEHAVIOR

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ABSTRACT

A counseling goal-setting analogue study was conducted comparing modeling, rehearsal, and feedback as methods of training this skill. Sixty-six subjects were randomly assigned to one of three experimental conditions: Instructions and Modeling; Instructions, Modeling, and Rehearsal; Instructions, Modeling, Rehearsal, and Feedback. Each subject was required to perform the target skill with a coached client after exposure to one of the three experimental conditions. Although the additive effect of rehearsal was in the hypothesized direction, the gain was not statistically significant. Contrary to expectation, no incremental effect resulted from exposure to feedback on subjects' performance in setting specific, behavioral goals with clients.

# EFFECTS OF MODELING, REHEARSAL, AND FEEDBACK ON HELPER GOAL-SETTING BEHAVIOR

In the 1950's, the field of counseling was unaware of the importance of goal-setting as a useful procedure in the counseling process. Goals, if they were mentioned at all, were stated in vague or global terms. In the 1960's, however, the influence of work in developing instructional objectives (Mager, 1962) was brought to the field of counseling by John Krumboltz (1966, 1966b). Krumboltz took the position, radical then, that specific goals should be developed for each client, emphasizing the benefits in terms of increased accountability and in terms of the usefulness of identifying specific behaviors that, in turn, might suggest the focus of particular interventions. This view is accepted today by a significant segment of the helping profession. Notable exceptions may be found among Gestalt, Rogerian and other humanistic and phenomenological schools. They continue to resist the dissection and analysis of the client's own personal experience, hence their aversion to the molecular in favor of the global.

Goal-setting is mentioned in many texts and journal articles dealing with the counseling process (Cormier & Cormier, 1975; Delaney & Eisenberg, 1972; Egan, 1975; Hackney, 1973; Hackney & Nye, 1973; Hill, 1975; Horan, 1972; Krumboltz, 1964, 1966, 1966b; Krumboltz & Thoresen, 1969, 1976; Locke, et al., 1970; McAshan, 1974; Thompson & Miller, 1973; Thompson & Zimmerman, 1969; Smith, 1976). Its relationship to counseling outcomes is repeatedly stressed.

If it is true that goal-setting is useful in producing behavioral change, especially in the therapeutic setting, then the question of interest to the educator is: What is the most effective way of teaching goal-setting behavior?

Since the introduction of social learning theory (Bandura, 1969, 1977) it has profoundly influenced the fields of behavioral research and education. Bandura holds that adaptive behaviors can be most effectively acquired through the teaching methodology of instruction, modeling, rehearsal and feedback (IMRF). This model has also been widely employed in the field of counseling. It has been adapted in recent work of assertiveness training (Alberti & Emmons, 1975; Goldfried & Davison, 1976; Lange & Jakubowski, 1977) as well as work on personal effectiveness (Liberman, 1975). Goldstein (1973) used elements of the model in his training approach for non-mainstream clientele. The demonstration-practice-reinforcement paradigm (Krumboltz & Thoresen, 1976) is yet another adaptation of the Bandura model.

Modeling, or the demonstration of a behavior in vivo or by film or tape, has been popular as a basic learning methdology (Bandura, 1969, 1971, 1976; Cormier, et al., 1976; Eisenberg & Delaney, 1970; Smith & Lewis, 1974). It has been used as a technique of acquiring verbal skills (Green & Marlatt, 1972; Stone & Stein, 1978); and more specifically, in counseling skills acquisition (Eisenberg & Delaney, 1970; Kuna, 1975; Myrick, 1969; Perry, 1975; Smith & Lewis, 1974).

Rehearsal, or the imitation of the behaviors modeled, has been shown to have a beneficial effect in psychotherapy. Shelton & Ackerman (1974) assigned homework as the rehearsal adjunct to learnings acquired during therapy sessions. Rehearsals during sessions have also resulted in clients' progress (Ascher & Phillips, 1975). A study established imitation as a learning tool and an aid to the development of complex behaviors in schizophrenic children (Lovaas, et al., 1967). Doster (1972) found that both self-exploration and personal communications skills increased with the use of modeling and rehearsal in tandem. In most clinical situations, observational learning (modeling) followed by imitation (rehearsal) results in more effective behavioral change (Rachman, 1972). Stone (1975) has noted that rehearsal is a vital part of counselor training. A later study indicated that although the modeling-rehearsal combination was superior to the instruction-modeling combination, the gains resulted in improvement in empathic communications, but not in written response ratings (Stone & Vance, 1976).

Feedback, or the assessment of the practice level of competency, has also been applied to theory. Leitenberg, et al., (1975) found that feedback, as additive to praise, dramatically improved subjects' behaviors, in their study of phobic clients. Moses & Marcia (1969) noted that, by using feedback, there was a significant decrement of self-defeating behaviors.

In the area of counselor education and training,

feedback has also been examined. Borgers (1975) employs feedback in training beginning counseling students. According to Eckstein (1974), counselor effectiveness was significantly increased with the use of feedback. Since verbal skills are vital in the technical repertoire of a counselor, it is noteworthy that by using feedback in a group practicum setting, more positive verbal behaviors were exhibited (Graves & Graves, 1973). Kulhavy (1977) claimed that feedback increases the amount learned from an instructional unit. In the area of decision-making counseling skills, Wallace, et al. (1975), found that counseling students displayed substantially better skills when working with clients after exposure to feedback.

Outside the work done by Stone in Canada and the Cormiers in West Virginia, little in the literature shares the concern of this study: If modeling-rehearsal-feedback is applied to the teaching of goal-setting behavior, what are the differential sources of gain?

Peters, Cormier & Cormier (1978) have studied this approach in some detail. Their study concentrated on aspects of microcounseling and the short-term retention of skills. However, there are some implications of their findings which have direct application to this study. They contradict the accepted notion that practice and feedback subsequent to modeling shows utility as effective learning strategies. It will be the purpose of this study to investigate this problem.

## Method

### Subjects

The subjects of the study were graduate students in the guidance and counseling program (N = 35) and social work program (N = 31) at the University of Oklahoma, 40 females and 26 males. Their ages ranged from 21 to 53, with a median age of 34. The original pool totaled 68. Two students were eliminated: one because of blindness and one because of a severe deficit with spoken English. The final number of subjects was 66, randomly assigned to the three treatment groups in even numbers (22 per group).

### Coached Clients

Six female master's degree students in the guidance and counseling program served as clients in a simulated counseling interview. These interviews were used to assess the goal-setting performance of the subjects. All coached clients were trained to play a standard role (see Appendix F) for at least two hours or until consistent performance was obtained. Subjects were randomly assigned to the various coached clients.

### Feedback Instructors

Six male Ph.D. level students in the counseling psychology and educational psychology programs served as feedback instructors. These instructors were trained for two hours in the steps of goal-setting as outlined in the instruction and modeling segment (see Appendices C and D).

Instrument

The Counselor Goal-Setting Scale (see Appendix E) was developed after 45 hours of editing and trials. Changes were made pragmatically through rehearsals on simulated materials. Four dimensions were used to generate a total score:

| | | |
|---|---|---|
| 1. | A. Behavior | A goal is to be stated with specificity and capable of external verification. (Krumboltz, 1966; Mager, 1962). Total points: 3 |
| | B. Criterion | The basis for measuring the behavior: (a) frequency - how often (b) duration - for how long (c) standard - how well (Cormier & Cormier, 1976; McAshan, 1974). 3 points. |
| 2. | Mutuality | A goal is to be arrived at mutually, without imposition or pressure. (Krumboltz, 1966). 1 point. |
| 3. | Long-term or Short-term | Is it a process goal or target goal? (Hackney & Nye, 1973). 1 point. |
| 4. | Action-orientation | Is the desired goal (or behavioral change) as stated by client or is more in the nature of intervention. (Delaney & Eisenberg, 1975). 1 point. |

Total points in the range of 7.

Two graduate students, one from guidance and counseling and one from arts and sciences, were trained for approximately ten hours in the use of the Counselor Goal-Setting Scale, (see Appendix E) using practice material similar to the simulated counseling interviews to be evaluated. After achieving above

90% consistency with the practice material, they were presented in random order the audiotapes of each subject's performance in goal-setting with a coached client, which they then independently rated. Inter-rater reliability, expressed as a product-moment correlation, was .81.

Procedure

Each class was told the general purpose of the study, then randomly assigned to one of three treatments.

Prior to the treatment to be given to Group I, all subjects will have been exposed to two twenty-minute video tape presentations:

1. urging the use of goals in counseling, without any specifics being given (EXHORTATION) (see Appendix B), and
2. a structured lecture on goal-setting, outlining each step of the procedure (INSTRUCTION) (see Appendix C).

These two segments were a part of a concurrent study (by Omowale Amuleru-Marshall) which shared one-third of the subjects of this experiment.

Group I: Modeling

Subjects were exposed to a twenty-minute video tape presentation of three vignettes, including one negative example (see Appendix D). The behaviors presented were based on the material in the INSTRUCTION unit.

Group II: Rehearsal

Subjects were exposed to the treatments given to Group I. In addition, these subjects were engaged in a twenty-minute practice session divided into two different roles.

In these practice sessions, the subjects were to arrive at a goal with clients. Fellow students (those already having undergone assessment after their treatments) served as clients for the practice session. The roles were furnished to the subjects and were identical for each subject (see Appendix H).

Group III: Feedback

Subjects were exposed to the treatments given to Group II. In addition, they received feedback on their rehearsals from trained Feedback Instructors. Feedback consisted of corrective information as well as positive reinforcement whenever subjects demonstrated competence.

After each group received its treatment, the subjects were assigned to individual rooms for assessment.

Assessment

Following treatment, subjects were given written instructions (see Appendix F) and randomly assigned to a coached client for assessment of goal-setting skill. The simulated counseling goal-setting task, in which the subjects took the "counselor" role (see Appendix G), was audio recorded and later evaluated by raters using the Counseling Goal-Setting Scale developed for this study. After completion of the simulated interview, subjects completed the Follow-Up

Questionnaire (see Appendix I), intended to determine the perceived realism of the video taped lectures, the modeled counseling vignettes, and the simulated counseling interview.

## Results

The means and standard deviations of the scores for subjects exposed to the Modeling, Rehearsal, and Feedback treatments are presented in Table 1.

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Insert Table 1 about here

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The data indicate that subjects exposed to Treatment II and Treatment III performed the criterion task more skillfully, on the average, than did subjects given Treatment I. Subjects in treatment groups II and III appear to have performed approximately at the same level. It should be noted also that the variability of subjects' scores increased progressively from group I through group III.

A one-way ANOVA was conducted on these data to determine the likelihood that findings were attributable to chance factors. The results are presented in Table 2.

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Insert Table 2 about here

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No statistically significant differences in the performance of the subjects in the three treatment groups were obtained, $F(2,63) = 1.16$, $p < .32$.

Additional analysis was conducted on the Follow-Up Questionnaire. Apparently the subjects perceived the lectures and the modeling tapes as quite realistic (see Appendix K). Moreover, the adequacy of the simulated counseling interview was experienced as being particularly viable.

## Discussion

The absence of significant effects makes any discussion largely speculative. However, the data suggest that rehearsal, in addition to modeling, provides some incremental benefit in terms of increased ability of helper trainees to develop specific, behavior goals with clients. No evidence was found to support the notion that feedback following rehearsal provides further benefits in the performance of this skill. Explanations for the lack of support for the hypothesized incremental effects of rehearsal and feedback can be found both within and without the present study.

In retrospect, the study, as carried out, may have suffered from several deficiences. The rehearsal and feedback treatments may have lacked potency because of the limited time which was allocated for them. Also, the use of untrained "clients" for rehearsal may have lacked efficacy. In addition, fatigue may have affected the performance of the subjects exposed to the feedback condition, since they had been in a rapidly changing learning situation for two hours with no relief. It is also possible that the criterion measure was not sensitive enough to accurately record subtle, though real,

differences in the performance of the target skill. A limitation of the design is that the three groups differed in the amount of time in training, so that duration of training was confounded with the qualitative differences in training.

More intriguing, however, is the possibility that the findings of this study represent fairly accurately the relative effect of rehearsal and feedback in training a complex helper behavior. Support for the contention can be found in the results of Stone and Vance (1976). They argue that, while rehearsal and shaping may be effective in formats such as assertive training, requiring specific response facilitation or disinhibition, these teaching modes may lack ability for tasks requiring response acquisition. Peters, Cormier, and Cormier (1978) also found results that "contradict the popular notion that practice or rehearsal is crucial for skill development (p. 237)." In light of these findings and interpretations, serious questions must be raised as to the cost-effectiveness of the use of rehearsal and, particularly, feedback after the presentation of an exemplary model when training prospective helpers in the acquisition of a complex counselor skill.

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TABLE 1

MEANS AND STANDARD DEVIATIONS OF GOAL-SETTING RATINGS

| Treatment Conditions | Goal-Setting Ratings M | SD |
|---|---|---|
| Modeling | 5.07 | 1.66 |
| Modeling & Rehearsal | 5.91 | 1.91 |
| Modeling, Rehearsal & Feedback | 5.73 | 2.91 |

Note: n = 22 for each condition

TABLE 2

ANOVA SUMMARY TABLE FOR TREATMENT EFFECTS

| SOURCE | df | SS | MS | F |
|---|---|---|---|---|
| Treatments | 2 | 8.61 | 4.31 | 1.16* |
| Within Groups | 63 | 234.33 | 3.72 | |
| Total | 65 | 242.94 | | |

*p <.32

# APPENDIX A

# PROSPECTUS

UNIVERSITY OF OKLAHOMA

College of Education

# EFFECTS OF MODELING, REHEARSAL, AND FEEDBACK ON HELPER GOAL-SETTING BEHAVIOR

A prospectus for the dissertation in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counseling Psychology.

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DISSERTATION PROSPECTUS

# EFFECTS OF MODELING, REHEARSAL, AND FEEDBACK ON HELPER GOAL-SETTING BEHAVIOR

NAME AND FIELD OF STUDY: John Eoyang; Counseling Psychology

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## INTRODUCTION:

Background of the problem: In the 1950's, the field of counseling was unaware of the importance of goal-setting as a useful procedure in the counseling process. If goals were mentioned at all, they were stated in vague or global terms. By the 1960s, Krumboltz (1966, 1966b) had framed a different perception: that goals are essential to the counseling process; that without goal-setting counseling cannot, with any degree of assurance, be reasonably accountable; and that, in order that these changes be brought about with predictability or potency, the goals must be stated in, specific, behavioral and observable terms.

In the years since Krumboltz' influential statements, the concept of goal-setting has more or less been accepted by a large segment of the helping profession. Regardless of the theoretical differences among educators, researchers and practitioners, a large number of persons involved with the

helping professional today agree that goal-setting is a beneficial, or even necessary aspect of counseling and therapy. Exceptions to this conventional acceptance can be found among Gestalt, Rogerian and other humanistic and phenomenological schools, who reject out of hand any approach which tends to dissect or analyze the client's own personal experience.

If it is true that goal-setting is useful to behavioral change, the question which comes to the fore is: What is the most effective method of teaching goal-setting behavior?

Bandura's social learning theory (1969, 1977) forms the basis of this investigation. Through examining the effects of modeling, rehearsal and feedback, this study will focus on the incremental effects, if any, of these modes of instruction. If traditional classroom techniques such as lectures, assigned readings and discussions are enhanced by modeling, an opportunity is given to practice what has been modeled, and such practice increases the skill being taught, then this component should be incorporated. Finally, if after practicing, trainees are given feedback and this feedback results in even greater improvement, then this element should be added. In short, each part of this model (modeling, rehearsal, feedback) will be examined to see which mode or combination of modes yields the optimal results in learning.

REVIEW OF RELATED LITERATURE:

Goal-setting is mentioned in many texts and journal articles dealing with the counseling process (Cormier & Cormier,

1975; Egan, 1975; Hackney, 1973; Hackney & Nye, 1973; Hill, 1975; Horan, 1972; Krumboltz & Thoresen, 1969, 1976; Krumboltz, 1964, 1966, 1966b; Locke, Cartledge & Knerr, 1970; McAshan, 1974; Thompson & Miller, 1973; Thompson & Zimmerman, 1969; Smith, 1976; Delaney and Eisenberg, 1972). Its relationship to counseling outcomes is repeatedly stressed.

The Instruction-Modeling-Rehearsal-Feedback (IMRF) model of Bandura (1977) has been widely employed in the counseling field. It has been adapted in recent work on assertiveness training (Alberti & Emmons, 1976; Goldfried & Davison, 1976; Lange & Jakubowski, 1977) as well as the work on personal effectiveness (Liberman, 1975) and as a training approach for non-mainstream clientele (Goldstein, 1973). The demonstration-practice-reinforcement paradig, (Krumboltz & Thoresen, 1976) is yet another adaptation of the Bandura model.

In the literature, the IMRF (instruction-modeling-rehearsal-feedback) model has most generally been studied from the standpoint of the separate components. Modeling has long held primacy as a basic learning methodology (Bandura, 1969, 1971, 1976; Smith & Lewis, 1974; Eisenberg & Delaney, 1970; Cormier, Cormier, Zerega, & Wagaman, 1976). It has proved effective in the acquiring of verbal skills (Green & Marlatt, 1972; Stone & Stein, 1978); and specifically, in counseling training (Eisenberg & Delaney, 1970; Myrick, 1969; Smith & Lewis, 1974; Kuna, 1975; Perry, 1975).

Rehearsal is generally discussed as having a beneficial

effect in psychotherapy. Shelton & Ackermann (1974) discuss the vital role played by the assignment of homework to augment the learnings acquired during therapy sessions. Ascher & Phillips (1975) involve the rehearsal of skills. Rehearsal is also effective as an aid to the development of complex behaviors in schizophrenic children (Lovaas, Freitas, Nelson, & Whalen, 1967). Doster (1972) found that both self-exploration and personal communications increased with the use of modeling and rehearsal in tandem. Social skills, such as dating, also lend themselves to rehearsal as applied to group interactions (MacDonald, et al., 1975). Assertiveness training can also benefit from the use of modeling and rehearsal used in combination (McFall & Twentyman, 1973). Rachman (1972) posits that, in most clinical situations, observational learning (modeling) followed by imitation (rehearsal) results in more effective behavioral change. Stone (1975) has noted that rehearsal (or imitation) is a vital part of counselor training. In fact, a later study indicated that the modeling-rehearsal combination was significantly superior to the instruction-modeling combination (Stone & Vance, 1976).

Feedback has been used in training beginning counselor students (Borgers, 1975). According to Eckstein (1974), counselor effectiveness is significantly increased with the use of feedback. Since verbal skills are vital in the technical repertoire of a counselor, it is noteworthy that Graves & Graves (1973) found that after feedback was given in a

group practicum, more positive verbal behaviors were detected. Kulhavy (1977) claims that feedback works to increase what a person learns from an instructional unit. In the areas of decision-making counseling skills, Wallace, Horan, Baker and Hudson (1975) found that counseling students who received feedback displayed substantially better skills when working with clients.

Leitenberg, et al. (1975) found that feedback, as additive to praise, dramatically improved subjects' behaviors, in their study of the treatment of phobias. Moses and Marcia (1969) noted that by using feedback there was a significant decrement of self-defeating behaviors.

With the exception of the work done by Stone in Canada and that of the Cormiers at West Virginia, very little in the literature addresses the problem which forms the basis of this study: If the IMRF model is applied to the teaching of goal-setting statements what are the differential sources of gain? Peters, Cormier and Cormier (1978) have studied this approach in some detail. Their study concentrated more on the aspects of micro-counseling and short-term retention of skills. However, there are some implications of their findings which have direct application to this study. They contradict the popular notion that practice and feedback subsequent to modeling showed utility as effective learning strategies. It will be the purpose of this study to investigate this question.

Statement of the problem. The problem to be investigated by

this research is: what are the effects of modeling, rehearsal, and feedback on counselor trainees' ability to set specific, behavioral goals with clients?

Purpose of this study. The purpose is to determine the incremental effects, if any, of using modeling, rehearsal, and feedback as teaching modes in the training of counselor goal-setting skills.

STATEMENT OF HYPOTHESIS:

1. Rehearsal after modeling will have a greater effect than modeling alone on the trainees' performance of specific, behavioral goal-setting.

   $H_O$ = There is no significant difference between the two treatments Modeling-Rehearsal and Modeling alone.

2. Feedback after modeling and rehearsal will have a greater effect than modeling alone on the trainees' performance of specific, behavioral goal-setting.

   $H_O$ = There is no significant difference between the two treatments Modeling-Rehearsal-Feedback and Modeling alone.

3. Feedback after modeling and rehearsal will have a greater effect than modeling-rehearsal on the trainees' performance of specific, behavioral goal-setting.

   $H_O$ = There is no significant difference between the two treatments Modeling-Rehearsal-Feedback and Modeling-Rehearsal.

METHOD:

Subjects. The subjects in this study will be graduate students (N = 60) in the guidance and counseling program and social work program at the University of Oklahoma.

The subjects were selected because they share the following common characteristics:

1. They have all chosen to enter the helping professions.
2. They are all relatively inexperienced in the technique of interviewing and have not been exposed to methods of goal-setting.

Treatments. Prior to the treatments to be given to Group I, all subjects will have been exposed to two twenty-minute video taped presentations:

1. urging the use of goals in counseling, without any specifics being given (EXHORTATION), and
2. a structured lecture on goal-setting, outlining each step of the procedure (INSTRUCTION).

These two segments will be a part of a concurrent study (by Omowale Amuleru-Marshall) which will partially share the subjects of this experiment.

GROUP I: Modeling

Subjects will be exposed to a twenty-minute video tape presentation of three vignettes, including one negative example. The behaviors presented will be based on the material in the INSTRUCTION unit.

GROUP II: Rehearsal

Subjects will be exposed to the treatments given to Group I. In addition, these subjects will have the opportunity of a twenty-minute practice session (divided into two 10-minute segments using two different roles). In these practice sessions, they are to arrive at a goal with clients. Fellow student will serve as "clients." The roles will be furnished to the subjects and will be identical for every subject.

GROUP III: Feedback

Subjects will be exposed to the treatments given to Group II. In addition, they will receive feedback on their rehearsals from trained Feedback Instructors. These will be doctoral students in Educational Psychology and Counseling Psychology. Feedback will consist of correctional information as well as reinforcement for demonstration of competence.

Coached Clients. Six female master's degree students in the guidance and counseling program will be paid to serve as "clients" in a simulated counseling interview used to assess the goal-setting performance of the subjects. All coached clients will be trained to play a standard role for at least two hours or until consistent performance results. Subjects will be randomly assigned to the various coached clients.

Raters. Two graduate students, one from guidance and counseling and one from arts and sciences, will be trained for approximately ten hours in the use of the Counselor Goal

Setting Scale, using practice material similar to the simulated counseling interviews to be evaluated. After they can achieve a high consistency with the practice material, they will be presented, in random order, the audiotapes of each subject's performance in setting goals with a coached client, which they then will rate independently.

Instrumentation. The Counselor Goal-Setting Scale (CGSS) will be developed to assess effectiveness with which goals are developed with clients. The scores on this scale, averaged between the two raters, will be the raw score for each subject in the study.

Procedure. Each class will be told the general purpose of the study. Then the students will be randomly assigned to treatments: modeling, rehearsal, feedback in equal numbers.

After each group has received its treatment, the subjects will be assigned to individual rooms for assessment. The assessment will consist of:

1. An audiotaped simulation of an interview with one of the coached clients, in which the subject will play the role of "counselor", using the information on a provided script.
2. Each subject will fill out a questionnaire to determine the realism of the experience as perceived by the subject both with reference to the treatment's similarity to typical learning situations and the credibility and realism of the interview.

Students who have completed the instruction segment and then been assessed will return to the classroom and assume the roles of "clients" so that those subjects in Group II will be able to rehearse, as "counselors", the skills seen in the Modeling segment video tapes. Again, scripts of the roles will be provided.

Research Design. The design of this study will test the significance of the difference between groups using analysis of variance. There will be three treatment groups with twenty subjects randomly assigned to each treatment. The dependent variable will be specific, behavioral goal-setting as determined by the Counselor Goal-Setting Scale score.

The basic design will be a multi-group posttest-only design. A one-way analysis of variance, using F-ratio, will be used to compare the groups in terms of posttest means. A post hoc multiple comparison will be conducted if there are significant main effects.

A limitation of the design is that the three groups will differ in the amount of time in training, so that duration of training is confounded with the qualitative differences in training.

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# APPENDIX B

# EXHORTATION SCRIPT

## EXHORTATION

Traditionally, mental health practitioners were given a free hand because of the considerable mystery surrounding the nature of mental health. No one was really quite sure what caused mental illness and, therefore, how to cure it. More importantly, it was considered taboo to discuss it openly; this contributed to the private world of mental health reserved for the unusually brave and/or skilled individuals who dared to work in the field. Fears of inherited and other forms of trait and personality predisposition did not help either. Practitioners typically encouraged this state of affairs which enhanced their importance in the community and, more importantly, protected them from any effective evaluation. Increasingly, in the past few years, this veil of secrecy has begun to be torn and mental health is becoming a topic about which there is less alarm, less shame and, subsequently, less mystery.

Many attribute this change to the mood of the time; to the advent of consumerism and accountability in many facets of service delivery to the public. Undoubtedly, diminishing resources and the resultant competition for funding has contributed also. No less important a factor is the gradual take-over of trait theories and the medical model by learning theories and the environmental model. Whatever the reason, a change is unquestionably occurring. The effects of this change on the mental health field have been positive. Practitioners as well as those who train them realize that the

general public now expects results. The public is demanding from the entire profession that it defends its hitherto unchallenged role in the prevention and treatment of psychosocial dysfunction. And, by extension, each would-be helper is being forced to become more accountable for the quality and quantity of the "help" provided. Consider the following illustration taken from the writing of John Krumboltz:

> From his hiding place Harold spotted Jimmy trudging home from fourth grade. Harold waited until Jimmy drew near and then sauntered out blocking the sidewalk. "Where you think you're going, punk?" Harold taunted. "Home," Jimmy said in a squeaky voice. Harold was in the eighth grade and he towered over Jimmy. "Not this way you're not." "I'll go around." "Not that way you won't." "Leave me alone, you big bully." "I could knock a squirt like you all the way across the street," said Harold advancing with clenched fists. Jimmy was seized with terror and turned to run. "I'm going to get you, shorty," Harold snarled. Jimmy was running as fast as he could, but Harold kept pace with him easily. Harold waited until they approached a large mud puddle, then skillfully he put one foot in front of Jimmy's flying legs. Jimmy went sprawling nose first through the mud puddle. Jimmy picked himself up slowly, surveyed his ruined clothes, and burst into tears as he ran home. Harold laughed, "That'll teach ya, kid." Then he slipped quickly down the back alley. The next day the school principal asked Harold to talk with the counselor. Harold knew the counselor's reputation for helpfulness, so he spoke frankly. "I don't know why I beat up little kids. I'm not really proud about it. In fact, I usually keep it quiet. But whenever I see a little kid, I just feel like giving him a hard time."

Let us assume that the counselor and Harold embark on some mysterious and undefined counseling activities. After

a year, what would you expect to happen if counseling is deemed successful? What would be the counseling outcome? Harold might make any of the three following statements if he were given a follow-up interview. Which one would seem to indicate that the counselor's intervention was successful?

STATEMENT A:
"At last I understand why I am a bully. Considering my background it's only natural that I would beat up little kids. Now whenever I bully someone, I have insight into why I'm doing it."

STATEMENT B:
"I've finally realized that I must accept myself as I am. I am a bully. It used to make me unhappy, but now I am content to be myself and act accordingly."

STATEMENT C:
"I don't beat up little kids anymore. I don't know why. Ever since the P.E. teacher offered to teach me and Charlie how to play tennis, I just lost interest in bullying. I don't accept myself as being the lousy tennis player I am now; Charlie and I have promised each other that someday we are going to be the two best tennis players in the world."

Statement A represents self-understanding without a behavior change, while statement C represents behavior change without either self-understanding or self-acceptance. Given this situation, most counselors would probably choose statement C because most counselors wish to see their clients attain socially appropriate goals. Yet self-understanding and self-acceptance appear as goals of counseling despite their imprecision. The counselors who use these terms, although they wish for their clients the greatest degree of change, have their efforts undermined by the abstract nature of the goals employed. Even if it could be argued that self-understanding and self-acceptance are useful goals in their

own right, it is impossible to determine agreement and goal accomplishment. It is far more desirable to state counseling goals in terms of behavior changes. The assumption that there are intermediate mental states, such as self-understanding and self-acceptance which control behavior, is a clinically cumbersome notion.

It should be possible to state goals differently for each client. No single goal statement should apply to all clients. One of the characteristics of the counseling relationship is the individual expression it facilitates. If we are really committed to the idea that each individual is to be respected as such, we should expect to determine and pursue different goals with each. Society holds certain standards as being generalizable to all its members and formal education is one of the instruments used to inculcate these standards. The extent to which this is accomplished continues to be one of the hotly debated issues of our time. What we counselors do, however, is uniquely designed to help individuals to achieve their individual goals within the framework of these societal standards. Even so, there are a virtually unlimited number of goals which counselors can help their clients to achieve. It is quite conceivable, moreover, that the goals of one client may directly contradict the goals of another. As an example, one may wish to learn how to become more socially active while another client may wish to learn to become less socially active. The same counselor could

effectively help both individuals to accomplish these conflicting goals.

It should be clear that the attainment of goals must be observable to as many people as possible. Certainly all counselors, irrespective of theoretical orientation, should be able to agree when the goal is achieved. This would require that specific behavior be a part of the goal formulation. Behavior is used broadly here to refer to any verbal or written statement, any response that can be seen or heard, and any other response that can be reliably assessed through some type of instrumentation.

The types of goals that a counselor will formulate may generally fall into one of three classes or categories. They are not mutually exclusive nor are they necessarily exhaustive.

The first class of goals is concerned with altering maladaptive behavior. Counselors often see clients who are distraught because they are engaging in a pattern of behavior which does not lead to the satisfactions they desire. Although they often cannot identify the specific maladaptive pattern to the counselor, they do report their subjective feeling which they feel cause and are caused by their behaviors. It becomes the counselor's task to understand the client's behavior and to translate it into useful terms.

The second class of goals revolves around problem-solving or decision-making. As mentioned before, the client will likely not state the specific nature of the problem.

The counselor must assist the client, once the client's subjective experience is understood, to state the needs in a workable format thus setting the stage for a course of action which would teach the client to solve problems.

The final category of goals is preventive in nature and seeks to vaccinate rather than waits to react, so to speak. It is suggested by many people in the field that the highest priority in a counselor's work be placed on educational programs designed to prevent maladaptive behavior and inept decision-making. Many of the problems brought to us by clients for remedy would not have been problems in the first place if we had trained teachers to be more skillful, parents to be more effective and administrators and politicians to be more precise and responsible. It cannot be emphasized enough that imaginative educational programs designed to teach discrete skills could begin to prevent such problems as unhappiness associated with marriage to the wrong person, for the wrong reason, at the wrong time; the discouragement that results from the efforts of a child to learn while always being at the bottom of the class; or the abject loneliness endured silently by someone who never learned to interact effectively with others. The most laudable goal of counselors is to become unnecessary.

As we mentioned earlier, some traditional theoretical formulations inherently inhibit the development of skills in specific and behavioral goal-setting in the counselors who

have brought into these theoretical biases. A closer look at some of these traditional conceptualizations of goals, in terms of inferred mental states such as self-understanding and self-acceptance, may be fruitful.

Actually, self-understanding is a concept that means different things to different people. Among its major weaknesses, relative to counseling goals, is the fact that it can be defined differently by anyone using the term. When challenged, a user can always say, "But that's not my definition of the term." Two of the most common definitions are: (1) self-understanding as interpretation and (2) self-understanding as self-knowledge.

A frequent definition of self-understanding is the interpretation or explanation of behavior in consonance with some given set of concepts or theory. This insight as a goal is vulnerable to a number of problems, but mainly that whether or not the client has arrived at self-understanding depends on the theoretical orientation of the person whose perception defines it. There are many conflicting theories on how self-understanding may be acquired. Let us re-examine the following ways in which Harold - of the earlier illustration - might "understand" himself.

SELF-UNDERSTANDING A:
Aggression is a human need, universally present in children, and I have found a way to satisfy that need.

SELF-UNDERSTANDING B:
My parents have frustrated me, but they are too powerful for me to attack, and so I direct my hatred toward powerless children.

SELF-UNDERSTANDING C:
My parents gave me everything I ever needed, and so I came to believe that everyone must obey my every whim.

SELF-UNDERSTANDING D:
Because my father stole the love of my mother from me, I became jealous. I repressed this jealousy. The repression caused me to project by hostility toward other males.

SELF-UNDERSTANDING E:
Everyone has bad feelings which he must get out of his system. As soon as I have expressed all my bad feelings, I will act differently.

SELF-UNDERSTANDING F:
My early aggressive acts toward young children happen to have been reinforced on a variable ratio schedule, accounting for my present high aggressive response frequency.

Self-acceptance, on the other hand, while sharing some of the weaknesses of self-understanding, is really less satisfactory as a counseling goal. As might be expected, there are a number of definitions advanced. Let us define self-acceptance as that degree to which a person expresses satisfaction with his or her present behavior. When this is used as a goal, the following problems may arise: (1) Self-acceptance as a goal can often negate the value of self-improvement. Dissonance between one's self-perception and one's ideal self can be resolved in only one of two ways: (a) by bringing one's behavior up to meet one's ideal, or (b) by bringing one's ideal down to meet one's behavior. Although self-acceptance can be achieved by either action, counselors who use it as a goal may encourage the client to accept his behavior rather than teach the necessary steps toward achieving the ideal. If it is argued that self-acceptance really means the reverse, that is, that it is not

passive, then why is it necessary to identify an internal mental state called self-acceptance in the first place? The specific, constructive behaviors used to reach the ideal would seem to be much more useful goals. (2) Self-acceptance suggests an inflexibility in human behavior. The notion that each person has a characteristic nature which must be accepted is responsible for such advice as: "Be yourself" or "Act the way you really are." Since we know that a person is what he/she has learned to be, there is no inherent and inflexible nature which must be accepted. Moreover, it is possible and desirable for people to alter their characteristic ways of responding or behaving when it is appropriate to do so. The danger in stating self-acceptance as a goal is in its interpretation: asking a person to maintain a behavior simply because it had been learned in the past. A more effective goal formulation would be one of specifying the behavior, real or ideal, which is appropriate to specific situations.

The issue is really one of behavior identification and measurement. First, one must be able to identify what it is that is to be changed in terms generally agreed upon rather than in esoteric terms. Next, it is necessary to specify how measurements are made. This two-pronged procedure comprises the skill of goal-setting; a skill seldom taught as a part of counselor training programs. Its possible that the major source of resistance and anxiety on the part of counselors is this very lack of skill. More than adherence to a given

theoretical orientation, this inability may be ultimately more obstructive in achieving a significant relationship with the client. We must assume that most counselors are genuinely committed to their clients and would welcome any demonstration of their effectiveness. The question therefore remains: how can success or effectiveness be demonstrated if its criteria are not clearly established? Obviously, we have to specify where we are going if we are to know when we've finally arrived. Accountability, therefore, both for the profession and the individual counselor, is one advantage to be gained from specific, behavioral goal-setting.

Another advantage of specificity in behavioral goal-setting is that the more clearly the goal is set the greater is the perception of success. From educational psychology, we learn that when a task is clearly and specifically defined first, its learning is enhanced. Goals, when stated adequately, serve a similar function. For example, a machinist must know what task is to be performed before he selects a tool. Similarly, a builder does not select materials nor set up a schedule before he has received his blueprints. A client is most likely to perform the requisite learnings when he knows in advance precisely what he is to do and how he is to do it.

Another advantage is the opportunity specific, behavioral goals provide the client to monitor his own progress. As behavior approximates the point of success, identified in

advance, the client is progressively reinforced, thereby securing the counseling outcome. Obviously, this reinforcement can only occur if the goal is adequately identified.

One final advantage of specific, behavioral goal-setting is that it enhances the counseling process, itself. The goals minimize disparities between the role expectations of both counselor and client; at the same time, they make clear the purpose of counseling. That these disparities exist, particularly with lower-class clients, has been demonstrated. When goals are adequately set, the chances of premature termination or frustrated outcomes are significantly reduced.

People come to counselors with problems of varying degrees of severity. The continum ranges from those who want help in simple decision-making to those paralyzed by confusion, turmoil, fear, guilt, and excessive environmental pressures. Many forcast a dramatic increase in the need for professional services as the world becomes more complex. There is obviously increasing need for counselors who can offer the most efficient techniques to the greatest number of persons in the shortest possible time. Specific and behavioral goals are the only defensible type of goals that an effective counselor can set with his clients if he keeps abreast of the experimental developments in his profession.

This presentation adapted from:

Krumboltz, J.D. Stating the goals of counseling. Monograph No. 1, California Counseling and Guidance Association, 1966.

# APPENDIX C

# INSTRUCTION SCRIPT

## INSTRUCTIONS

It is not usual for a client to begin a counseling relationship by requesting assistance to change specific behaviors. Seldom do clients say at the inception, "I want to learn to speak up in staff meetings," "I wish to learn to be less anxious in the presence of eligible members of the opposite sex," or "I wish to learn more information related to my career interests." If clients were to express their goals so clearly and specifically, it would be quite easy for the counselor to negotiate with them what they will try to accomplish. Actually, most of the people we see will not specify their problems in behavioral terms. Most of them really cannot identify what behavior they wish to change. Clients are usually confused and uncertain. Presumably, among the most important skills that a counselor possesses is the ability to translate the highly complex problems of clients into terms that are clinically manageable.

The first task of the counselor is that of listening carefully to the client's concerns. As this is being done, the counselor seeks to understand the client's thoughts and the feelings they provoke. He makes every effort to perceive the situation through the point of view of the client. The counselor must communicate this understanding to the client while attempting to check to ensure that this perception of the client's thoughts and feelings is accurate.

There is still more that the competent counselor will

seek to do in the initial stage of the counseling relationship. In addition to listening empathically and clarifying the perception of what the client is experiencing, the counselor also tries to answer the following questions: What precisely is happening to the client in his everyday life? What are the specific ways in which others respond to the client's actions, words, thoughts and feelings? Much attention is focused on the client and on the details of his living environment.

In some cases, listening empathically may be all the counselor needs to do. Understanding without condemnation may relieve the client's quilt feelings. Merely, by providing a sympathetic audience, the counselor may facilitate the client's verbalization of plans, thereby making it possible to proceed without any further intervention by the counselor. All counselor must, of course, be taught to be empathic listeners. But they should be taught more. As we pointed out, a good listener may be all that some clients want, but most require more. Most client's problems, once they are understood within the framework of the clients' experience, will challenge the counselor to employ other skills.

The counselor must be able to assist the client to describe how he/she should ACT instead of the way in which he/she currently ACTS. The counselor must be able to assist the client to translate confusion and fears into a goal for which the client is willing to work and which operationally solve the problem. To do this, the focus must be the specific behaviors in the client's present situation.

The counselor has two primary purposes, then: (1) To facilitate the client's expressions of his/her concerns. This includes helping clients describe the problems as they perceive them and to express their feelings about them. (2) To assist the client to translate this description into behavioral terms. Together they must identify, specifically, the behaviors that should be learned or unlearned.

What then is a good counseling goal? How specific should it be? As examples of counseling goals, the counselor and client might agree to: (a) help develop a client's self-actualizing potential more fully, or (b) increase the frequency of positive self-statement emitted by the client.

Conceivably, both of these may be considered as good outcomes; they may even be the same practical outcome. To a client, developing self-actualizing potential may be a primary goal, holding more meaning or personal appeal. The counselor, on the other hand, may use the term to mean a composite of more specific goals. The problem is that self-actualization is a hypothetical state that cannot be observed. It can merely be inferred from certain visible or audible behaviors of the client. Using self-actualization as a goal, the counselor is unaware of the activities the clients should engage in as he/she approaches attainment of the goal. It is, therefore, difficult for the counselor to know what should be his/her role in the relationship and the client is also deprived of a way to measure progress. As a result, the first goal is

not satisfactory because it fails to provide the counselor with guidelines for conducting the helping relationship.

Only when the outcome goals are expressed in precise terms do the counselor and client understand what is to be accomplished. And this understanding is vital to the effective intervention into the client's problem; thereby reducing the maladaptive behavior. For example, a student counselor was seeing a client whose problem was friction caused by her and her brother's competing desire to use the family car. A vague or inappropriate goal could have been:

> to develop a greater understanding of her feelings, her brother's feelings, and their relationship.

They, in fact, established a much more specific goal:

> to learn how to schedule the use of the family car so that they both used it an equal number of times each week.

Another important facet of the notion of working with specific and behavioral goals are the advantages derived by the counselor. The counselor can obtain the cooperation of the client more easily since the client more clearly understands what is to be done. Additionally, it is easier to select intervention techniques now that specific tasks are identified. Finally, both the counselor and client can recognize progress and this is, in itself, a rewarding experience.

It cannot be over-emphasized that it is crucial to the process of goal-setting that clients participate in it. Many times, goal-setting is taken to mean that the counselor listens

to the client's concerns, makes a mental diagnosis and prescribes a treatment. Such an approach is, in fact, hopelessly doomed. In order for there to be a true and efficient counseling relationship, clients must be involved in the process of goal-setting. When they are not, their involvement is, at best, directionless, and at worst, an interference. An illustration may help: A beginning counselor was seeing a male client who was overweight, self-conscious about his appearance, reluctant to enter into social relationships with others and very lonely. Recognizing the central role played by the problem of his weight, the counselor informed the client that one goal would be for him to lose three to four pounds per week, under a doctor's supervision. The client became really defensive and rejected the counselor's goal, saying: "You sound just like my mother."

A goal to resolve a client's problem is a highly personal task if it is to be useful. It must, therefore, be identified by the client as important enough to make sacrifices for. The counselor, in our example, should have moved more slowly, permitting the client to identify for himself the consequences of his overweight, and then together they could identify the weight goal.

Remember, hardly ever does a client begin a counseling relationship by seeking assistance to change a specified behavior. Clients are more likely to describe a characteristic about themselves rather than the ways in which the characteristic

is experienced. It becomes the counselor's job to orient the client to describe the ways in which he/she would ACT differently. This might seem to be an overly pragmatic point of view. However, it is justified by the fact that the average counselor does not err by being too action-oriented or pragmatic.

Subsequent to this, in order to evaluate whether counseling has been successful or not, criteria of success must be established. If counseling has been successful, then some change in behavior must have occurred. Thus establishing a criterion of success follows the identification of the target behavior and becomes, in a sense, the standard by which this behavior is to occur if behavior change is to be considered successful. So then, useful goals have the following two characteristics: (1) They identify or describe the specific behavior to be or not be performed; and (2) They indicate the acceptable level of performance, that is, how long, how often, or how well, so that client attainment of the goals can be observed, measured and recorded.

Of the two characteristics of specific and behavioral goals in counseling, this latter one--identify the criterion of success or the level of acceptable performance--can be the more difficult skill for the counselor to learn. In determining a level of success, it is necessary to determine how the client is presently performing the target behavior. This process is known as determining the BASE RATE or the point of

beginning. Base rate must be obtained if the goal is to be realistic and also if the client's progress toward it is to be measured.

Measurement of both pretreatment and posttreatment performance of a target behavior can be accomplished in at least three ways, depending on the nature of the behavior and the conditions associated with it. The three common ways by which behavior is measured are: (1) how often (frequency); (2) how long (duration); and, (3) how well (standard). Frequency counts simply require a tally of the number of times the target behavior occurs in a given period of time. This measure is particularly useful when the target behavior is discrete or noncontinuous. A discrete response or behavior has a clear beginning and end so that separate units of the behavior can be easily counted. The second method of measuring behavior is based, as the name implies, on the duration or length of the behavior. Duration is useful in situations where the purpose is to increase or decrease the length of time the behavior is performed as opposed to the number of times it is performed. This is a rather simple measure to use. One merely notes the times when the behavior begins and when it ends. Obviously, the important focus is the clear definition of the behavior including its onset and termination. This measure is used with behaviors that are not discrete but are rather continuous or ongoing. Using duration as a criterion of success would therefore consist

of identifying the length of time for which it is to endure each time it is performed. Finally, the standard of performance refers to the quality of a behavior, e. g. a client may wish to swim daily (frequency) for two hours (duration) or be able to swim at least 100 yards (standard).

Selection of a measure or criterion from among the three--frequency, duration, and standard--depends as mentioned before, on the nature of the target behavior and the conditions associated with its performance. Some behaviors lend themselves well to frequency counts because they are discrete. Some examples are: the number of obscene words used or the number of classes cut or the number of persons greeted. Other behaviors lend themselves to duration because they are ongoing. Examples of these are reading, working, crying, studying, sitting or watching TV. Yet others are suited to the use of standards because the quality of a behavior is essential to its mastery. Examples might be: to play the piano well enough to give a recital; to raise one's grade point average to 2.50.

Now the question could be asked: How does a counselor work with clients so that they develop a statement of the client's goal of counseling which is both specific and behavioral? The counselor and client, by this time, have become quite well-acquainted. Moreover, they have discussed the client's concerns and now share an understanding of these concerns. In order to assist the client to formulate a goal which lends itself to evaluation, the counselor may facilitate the client

through the following steps: (1) the general goal, (2) the behavioral goal, (3) the observable behavioral goal, (4) the measureable behavioral goal.

The general goal is that which the client generates in response to the question: "How would you like your situation to be altered as the result of counseling?" or, "What would you like your situation to be like if counseling were successful?" or, "What would you like to accomplish with my help?" The behavioral goal, then, becomes the client's response to this question: "What would you be able to do then?" or, "What would you be doing differently then?" or, "What would you have done or accomplished then?" or, "How would you act differently then?" These two questions have together caused the client to produce a statement of his/her aspiration for counseling success and to focus on the actions that are prompted by this statement. Now the counselor will seek to help the client to further specify the essential behaviors by formulating the observable behavioral goal. This results from the client's response to the question: "How could I (others) tell you were doing it?" or, "How could I (others) tell you were able to do it?" or, "How could I (others) tell you had accomplished it?" or, "What will I (others) see or hear that will let us know that you are doing it?" Finally, the counselor helps the client to formulate the measurable behavioral goal by posing one of these three questions: "How long would you do it?" or, "How often would you do it?" or, "How well

would you do it?" The question asked by the counselor--how often, how long, how well--is determined by the nature of the behavior in question. Some behaviors lend themselves to a frequency count, how often; while others are amenable to a measure of a duration of time, how long; still others are best suited to a measure by some agreed-upon standard, how well. These three questions, then, employ the three criteria of success. One of these must be a part of each appropriate goal statement which must also contain the target behavior.

Let us now return to the four steps--(1) the general goal; (2) the behavior goal; (3) the observable behavioral goal; and (4) the measureable behavioral goal--and illustrate their uses. Let's say a client's presenting problem is that he is shy in romantic settings, and as a consequence, has no social contact with females. His preoccupation with this dilemma has begun to neutralize his effectiveness in mary other facets of his life. In response to the counselor's question: "What would you like your situation to be like if counseling were successful?" He may say, "I want to be confident around women." The counselor then will ask for a behavioral goal: "What will you be doing differently then?" To which the client may respond, "I will be enjoying female companionship." The counselor then presses for an observable behavioral goal, "But how will I, or anyone else, tell that you are doing that?" "Well," the client may say, "I will be dating." Now that the target behavior has been identified,

the counselor can seek to get the client to determine how dating success will be measured. So he asks him, "How often would you want to be dating if counseling is successful?" "About three times a week," the client may respond. So then the goal statement can be formulated in this way: If counseling is successful, the client will be dating at least three times each week.

As a second example of how to formulate a target behavior followed by its criterion, let us examine the following situation: A counselor has been seeing a young woman for two sessions. In summarizing, the counselor might say something like this: "Judy, let's see if I understand all that you've been saying: you can't seem to concentrate on your studies and you are afraid that you may even flunk out. This causes you a great deal of anxiety and you would like to do something about it. Is that about right?" Judy would probably respond, "Yeah, that's it." Applying the four-question method, the counselor would say, "How would you like things to be after counseling?" The reply could be, "Well, I sure wouldn't want to flunk out." This, of course, is the general goal. To guide the client into the behavioral goal, the counselor might say, "What would you have to do differently to prevent flunking, that is?" The client might say, "Well, I guess I'd have to study a lot more." Now we try to establish an observable behavioral goal: "How would I be able to tell if you do study more?" The reply could be, "Well, I figure if I studied more

my grades would improve." And finally, the measurable behavioral goal: "How much improvement would you want or need?" Now that the target behavior is established (study more) we move into the criterial aspect.

"How much more studying time do you feel this requires?" the counselor would say. "Well, probably at least three hours a day on weekdays and six hours a day on weekends." There we have it: the goal statement--if counseling is successful the client will be studying three hours per night on weekdays and six hours during two weekend days.

This presentation adapted from:

Delaney, D.J., & Eisenberg, S. The counseling process. Chicago: Rand McNally College Publishing Company, 1972.

Hackney, H., & Nye, S. Counseling strategies and objectives. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

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# APPENDIX D

## MODELING

## MODELING

As an orientation, much earlier we discussed with you the advantage of setting specific and behavioral goals with clients. In so doing, some attention was paid to the weaknesses of goals that are not specific and refer to non-behavioral abstractions. Later we attempted to teach you how to set specific and behavioral goals as part of your efforts to help clients. What we would like to do now is present three mini-counseling examples in which three different counselors demonstrate how the skill can be used with clients and how goal-setting should not be done. In the first segment, an example of appropriate goal-setting behaviors with a client is provided. The second counselor will work with a different client only this time a negative example will be provided. Then, to confirm the contrast, a third counselor will, working with the same client, demonstrate once again the skill of setting specific and behavioral goals with clients.

(male client and male counselor)

> "Well Ricky, I feel like we've had a really productive two sessions and I'd like to spend the last few minutes here summarizing some of the things you told me and kind of working on where we're going to go in the future. Ahmm. . . you've told me that your whole life has centered around getting into Medical School and becoming a Medical Doctor and everything was fine the first year and now that you're into your second year, you're finding out that you are having a lot of trouble with your Human Anatomy lab. Ahmm. . . You have a lot of trouble, as I understand it, making the incisions on your cadaver and you're relying a lot on your lab partner who is perfectly

willing to make all the incisions for you while you take notes. But you told me that you don't feel comfortable doing that; that you want to be able to pull your own fair share. I was wondering if underlying what you've told me so far is the feeling that maybe you just weren't cut out to be a doctor afterall."

"That's right. . .you know. . .right now I'm really worried about getting through Medical School. . .you know. . .its come to that point. I'm beginning to think that I, I may not make it."

"And this, I imagine, is pretty scary."

"Yea! I've worked at accomplishing this aim for such a long time now, you know. . .ah. . .the pressure is really starting to get to me. . ."

"I see."

"I may not make it."

"And its awfully hard to perform under that pressure."

"Yea!"

"If the sessions that we're going to have. . . ah if they are going to be successful, what would you like to be able to do when you leave here?"

"Well, you know, eventually, I'd like to make it through Medical School."

"Right, O.K., that sounds like a very general goal; can you be a little more specific about getting through Medical School?"

"Yea. . .er. . .you know, the problem that brought me in was my Human Anatomy course. . . er. . .I haven't been able to cut on the cadavers. You know, I. . .I just haven't been able to do it. I'd get my hand and the scaple up there and all of a sudden I'd just freeze. I just. . .I. . .I've tried several different things and the instructor has been very helpful. My lab partner has been really helpful, you know, she. . .she's done most of the cutting while all I've done is taken notes. . .I've learned that way to a great extent, so far. . ."

"Ihhmn."

"But unless I can start to cut, unless I can pull my fair share of the load, ah. . .I might not pass this course and if I don't pass the course, the exams at the end of second year are going to flunk me out."

"I see, so specifically you want to be able to make incisions into the cadaver and be able to do the disections."

"Yea, and I've got to start doing that right away cause we're at the middle of the semester now and I know its going to take me a while to, you know, to be able to do that over a longer period of time but I need your help right now in making the first cut."

"O.K., say we're off into the future, how long would you like to make the incisions for?"

"Well, initially, I'd like to be able to do it for one three hour segment. . .you know. . .er, our lab meets for three hour periods three times a week and so I think, you know, I can. . .even if I were only to do it one day a week. . .to work that full three hours one day a week. . . ahm. . .I think I could have some success with the course."

"O.K., I agree, so then, specifically, you'd like to be able to perform the disections every other time for three hours?"

"Yea! I think that would ensure my success in the course."

"O.K., I think those are really very specific goals and things that we can work on. You've told me that you want to succeed in Medical School and more specifically that you want to get through the Human Anatomy course and success in Human Anatomy involves making. . .ahm . . .incisions, being able to do your disections and you'd like to be able to share the responsibility by doing it for one three hour period every other time."

"Right, if I can do that, and I can get through this course then I will be O.K."

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(female client and male counselor)

"Ann, from what you tell me I think I understand that. . .ah. . .things were really pretty good with Phil, . . .er. . .during the seven years that you were married, up to the time about two years ago when he got that promotion. And since then its really been downhill; he's been taking work home and not spending time with you and. . .ah. . .Things have just been escalating and getting worse and worse. Now you've been bitching at him a little bit and overall it just seems like for the last two years things have not been worth it, maybe."

"That's right."

"Well, do you think perhaps. . .er. . .since he got that promotion that he's changed any?"

"Oh! yes, I have no doubt about it. He was never worried before about how much he accomplished or how much he impressed people or what he looked like when he went to the office. And since then that's the only thing that's on his mind. I don't have any time. . . don't have any part of what he thinks about."

"Hmn. Just like he doesn't care about the things that you value now."

"Oh! no, and he used to."

"Yea. . .seems like it really changed him quite a bit."

"I think it did and too I think I've changed some in the last two years."

"Huh, tell me about that."

"Well. . .one thing is because he is concerned about those things, I feel pressure on myself to perform around his colleagues and. . .and to keep the house nicer and to dress better and all those things and that pressure. . .I don't like and, and it affects me. . .But he can't understand that because he seems to thrive with all that kind of pressure. It's a very difficult

thing for me to deal with and he doesn't see it as a problem at all."

"He really likes the pressure and to you it really makes you uptight and. . .ah. . .maybe in the last couple of years or at least since you origianlly got married. . .ah. . .you've become interested in some things that are a little different from what he is interested in now."

"Oh! I have. Ah. . .for a while before we were married I'd done some art work and. . . when he started doing so much work at the office, I was looking for something to do with my time and energy and I have been working with art and teaching children art at a, at a place for underprivileged children here in town and I've enjoyed that so much and I get a real satisfaction from that, I feel like I'm helping someone else and he doesn't understand that at all, he sees it as a waste of my time."

"Would I be right that the two of you don't talk about your interests very much?"

"Oh! no, we don't at all, sometimes I try. . . or at least at the beginning I tried to. But I've given up now."

"Well it seems to me like you would really like to be happy again in your marriage like you were maybe five years ago."

"Oh! yes, I remember those days so fondly. We'd do things together and we'd go places. . .we'd go shopping together and. . .we just don't do those things anymore and I feel like the time we spend apart takes our interest apart as well."

"Ihhmn."

"And I don't know how to go back to that again and when I try to talk to him about it, he reads the paper or something, he never pays any attention to it."

"Maybe you're going to have to generate some of that happiness on your own."

"Well I try to. . .but that is when I'm outside the house; when I'm with my friends and with the

children and I'm happy then but when I go home I can't take one into the other and I want to be able to do that. And as much as he spends time with his friends as well, there are still hours during the day that are ours together and. . .those aren't very happy."

"As I see it, our task together is to, ah, help you get to the point where you are feeling happy again about your marriage and ahm you'll feel more like you did back in the early days."

"Well, that's what I'd like to do and it's not that I'm not happy with my marriage. I want to stay married to Phil. I just want to enjoy it more and want him to too."

"Maybe not just your marriage but your whole life you'd like to enjoy more."

"That's true, I think. But its hard for me to talk about that."

"Well it might be important that we talk about some of the other things that. . .ah. . .in the other parts of your life that you are not as happy with."

"Well I feel like though I'm satisfied with working with these children, I feel that I have capabilities far beyond that and that these are not being tapped. And no one asks me to do the things that I feel like I do the best and so I feel frustrated in that way. Does that make any sense?"

"Well it sounds to me like. . .ah. . .maybe you feel that you. . .ah. . .that your capabil-itites aren't. . .ah. . .appreciated not only by Phil but maybe by other people in other parts of your life."

"Well, I think that's part of it but it's not that I want to be appreciated so much as I want to be challenged in those areas and I feel that I'm not being challenged."

"It seems to you maybe your life is kind of a blah right now?"

"Aha, and they appreciate it but that's still not a challenge to either my artistic skills

or teaching skills or. . .it just doesn't challenge me. I feel that they love me for just being myself and. . .and that's not challenging."

"Ihhmn."

"So I. . .I do feel that that's what I need."

"Maybe it would be worthwhile if we were to help you to try and feel more fulfilled. . . ah. . .to find interesting and challenging things to. . .ah. . .get involved in with your life."

"There was a time in my life when I had things like that, when I was going to the University I felt that there were things that I did that I enjoyed. I had many friends, a variety of activities, all of which I was at least fairly good at."

"Ihhmn."

"And that life is gone and I miss it and don't know how to recapture that. . .that enjoyment, that love that I had then."

"You know, that happens to quite a few people that. . .we start out and. . .ah . . .we don't have the responsibilities, we're younger, we're caught up in life, it's pretty exciting. But then. . .ah. . .as time goes by we lose some of that enjoyment, some of the sparkle goes out of things and maybe its time for you at your stage in life now to, you know, maybe try to redevelop some of these. . .ah. . .interests and feelings and to. . .ah. . .see if your life can become a more exciting and turning-on experience."

"But I don't know how I can do that without Phil's help; that somehow those, those exciting enjoyable things that we did together and when I think of doing them again or anything else that is exciting and fulfilling I think of doing them with Phil though the exciting things that he is doing right now really exclude me."

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(female client and female counselor)

"During the last few sessions that we have had together, Ann, you've told me a good many things about yourself. Ah. . .you've shared many of your experiences with me. I'd like to take just a few minutes now to go back over the things that you've told me and sort of organize them to be sure that. . .ah. . .it's all clear in both of our minds. Is that all right with you?"

"Sure Mary, that's fine, go ahead."

"All right, ahm. . .now you told me that you and Phil have been married for seven years and now you're afraid that something is happening to your marriage. . .ah. . .the earlier times between you were very good. You've always enjoyed being in each other's company. . .ah. . .you've shared many happy experiences together. . .ah. . .sex between you has been very satisfying for both of you. . .ah, . .even your problems when they would come up you were always able to talk through and come to some understanding about. By and large, you just really have enjoyed each others company. Then about two years ago, things began to be different between the two of you. Ahm. . .at that time, Phil got the promotion that he's been working very hard to get and. . .ah. . .since that time he's been spending more and more time at the office. When he does come home he brings work home with him and you feel that he is just literally swamped with work all the time. Ahm. . .because of this you. . . ah. . .have really begun to criticize him quite a bit. Ahm. . .when you speak to him its in a very biting manner; when he speaks to you, you harp back at him and. . .ah. . .you feel that now he's beginning to avoid you because of this. Ahm. . .sex between you has become a rather automatic thing; something that you do because you feel like it's expected of you. Ahm. . .and you find that you are just trying to spend as much time with other people as you can rather than just being with him. Does that pretty well sum up everything that you've said to me so far?"

"It does Mary, it sounds pretty bad, doesn't it? Seems like there must have been something I could have done but. . .it's in a pretty big mess now."

"Well, let's see what you and I can do to make it better. Ahm. . .tell me Ann, how would you like for things to be between you and Phil after the counseling is over?"

"Well, I'd like for us to get along better, I'd like for us to be happy like we were before. I suppose I'd just like to be nicer to him."

"All right, you want to get along better. How do you think things would be different then?"

"Well, I guess if we were happier together, he'd be nicer to me and I'd be nicer to him."

"So you want to be nicer to Phil. I want you to tell me something that would indicate specifically that you were being nicer to Phil. What would you do?"

"Well, I do a number of things now that are mean to him. I guess if I left one of them out or some of them out I could say that I was being nicer to him. But see, I guess the worst one is. . .is that I'm so sarcastic, sometimes for no reason at all. . .I'd just make a sarcastic statement to him. And I know it hurts him but at least I get some reaction from him. I get his attention there for a minute. So I guess those sarcastic statements, if I could cut them out I'd really feel like I was being nicer to him."

"All right, you've been making these sarcastic statements to him for some time."

"Yes."

"Probably, over the last two years you've been making them."

"Yes."

"Ahm. . .realistically, how many of them do you think you will cut out starting right now?"

"Well, I suppose it would be unrealistic to say that I would stop them completely right now since its taken me two years to develop this habit but I guess. . .I guess if I could cut out say. . .two of three sarcastic remarks that

I might otherwise say to him, I think that would be an imporvement and I think he'd notice that."

"All right, I think that's a very wise thing, Ann, ahm. . .let's see if we can put that into a goal statement for you. Ah. . .your goal is to cut out two of the three sarcastic statements that you are making to Phil now. Does that sound like something you can live with?"

"Well it sounds like something I'd like to live with. I don't know if I can do it or not. But it sounds like a good thing to me."

"I think it's a good goal statement, Ann."

# APPENDIX E

# GOAL-SETTING SCALE

## GOAL RATING SCALE

| | | |
|---|---|---|
| A. | Behavior | Score |
| | absent | 1 |
| | vague or inappropriate | 2 |
| | specific | 3 |
| | Criterion | |
| | absent | 1 |
| | vague or inappropriate | 2 |
| | specific | 3 |
| B. | No goal or Counselor's goal | 0 |
| | Client's goal or Mutual goal | 1 |
| C. | No goal or Short-term goal (process) | 0 |
| | Long-term goal (target) | 1 |
| D. | Action-oriented or Implements action | 0 |
| | Non-action oriented | 1 |

## RATERS' INSTRUCTIONS

Throughout this study, and therefore in this scale, the word "goal" is used. For this purpose, "goal" is defined as a target behavior and its criterion.

In Dimension A, on the table, you notice that there are six subdivisions: behavior--absent/vague/specific; and criterion--absent/vague/specific. These are defined below:

Dimension A

| BEHAVIOR | CRITERION |
|---|---|
| 1 = No statement of a behavior related to the performance desired by the client in the future. **ABSENT** | 1 = No statement related to the amount of the behavior desired. Direction (more, less) may be included as part of the behavior. |
| 2 = A general, non-specific statement of behavior in terms of: (1) An abstract performance. Examples: "to feel better" "to try harder" or "to handle the situation better." (2) An internal state such as anxiety, embarrassment, guilt, frustration. Examples: "to feel less anxious" "you'd like not to be so frustrated." The behavior stated is not clearly observable or reliably verifiable. **VAGUE** | 2 = A general criterion without discrete quantity. Examples: "pretty soon" or "as early as possible" or "a few more times" or "until you're satisfied" or "a reasonable amount." |
| 3 = Statement of a relatively discrete behavior which is to be performed by the CL and which can be overtly observed and externally verified. Examples: (1) "to be able to say no." (2) "to talk to a salesman for a certain time." (3) "to buy a certain amount." **SPECIFIC** | 3 = A statement related to the behavior and which is reliably quantifiable. Examples: (1) "(to say no) to one (or two) salesmen out of three who approach you.: (2) "(to spend) no more than 15 minutes listening to a sales presentation." (3) "(to spend) $5 or less on products per week." |

Dimension B

0 = No goal (automatic if Dimension A totals "1")

0 = Counselor's goal

1. Outright imposition of CO's goal
2. CO leads CL (CL agrees reluctantly or neutrally)
3. CO ignores, distorts or "interprets" CL statements related to desired outcome

1 = Client's goal or mutual goal

1. Outright statement of CL's desires (perhaps organized with help of CO)
2. After being given information CL is involved with decision
3. A negotiated statement

---

Dimension C

0 = No goal (automatic if Dimension A totals "1")

0 = Short-term goal - a process goal, or an evaluative goal. Example: ". . .why not try that next week and then when you come back we can talk about it," or "let's see if after some assertive training you can try it out for a couple of weeks."

1 = Long-term goal - a target goal, or an outcome, ideal goal (regardless of process). Example: "you want to be able to spend one hour or less talking to salesmen per week." Note: There may no mention of when this goal would be achieved.

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Dimension D

0 = When strategy is mentioned in the summation statement (goal statement)

1 = When no strategy for that session or future sessions is mentioned in the summation statement (goal statement).

Prematurely directing the CL into an intervention.

Such remarks as, "let's role-play this situation and we'll see

if you can become more comfortable," may be appropriate as a follow-up to establishing a goal, but cannot be regarded as synonymous with a goal. It is already involving a strategy for inducing change. Examples: "Why don't you hang up a 'No Solicitation' sign?" "Let's say you try to say 'no' in front of a mirror. Would you be willing to try that?" "Why don't you close your eyes and imagine that you're the salesman? How can you handle a 'no'?"

## REMINDERS

The important things to bear in mind when doing the rating are:

1. Don't be put off by the fluency or lack of it of the subject. Do they earn their score by performance, rather than by attractiveness or glibness.

2. If the subject mentions the behavior or criterion but later does not do so, he/she cannot be said to have accomplished the task, but, instead, to have accidentally touched on these points without giving them their due significance in the interview. It is what the CL hears last and in a clear, organized way which determines the evaluation of the goal-statement.

3. It isn't what to do, how to do it, or why something is done which defines a goal. It is what the CL wants to be able to do. Not HOW to get there, but WHERE do you want to be?

4. The earlier tapes will probably be heard differently from the later ones. Perhaps the ratings will change over subjects because
   a. you will adjust to the dimensions.
   b. you will become inured or fatigued.
   c. you may become more (or less) vigorous in your judgment.

   After several (say, ten) go back over what you've done to see if indeed you have altered your approach in technique. Thereafter, check it out periodically.

5. It's very important to hear the entire tape (of one subject) before you give a final score. Later statements may alter the rating.

6. It is not what the client says but the counselor's statements that are rated.

# APPENDIX F

Instructions to Coached Clients

The subjects in the study will come to you one at a time for an interview. These interviews will be audiotaped. Cassette players and tapes will be furnished. Check each time to see that the machines are in operating order. Each interview should last no more that fifteen (15) minutes. Learn your role thoroughly and remain in character throughout the entire interview. The subjects will attempt to gain information from you and ultimately arrive at a counseling goal statement. As each subject arrives to be interviewed say his/her Subject Number into the microphone before beginning the interview. At the same time record his/her Subject Number and tape code on the Interview Sheet which will be provided. Set your watch at 12:00 at the beginning of each interview and enter lapsed time. As the next subject arrives, reset your watch at 12:00 and so on. Be extremely careful that no interview exceeds fifteen (15) minutes. At the end of the session please give all tapes, machines and Interview Sheets to John Eoyang (or someone designated by him).

# APPENDIX G

Instructions to Subjects

Sitting before you is a graduate student who will play the role of a "client". She has been coached on her role which appears below. Your job is to interview her and gain any information necessary in order to arrive at a mutually agreed upon goal statement. Imagine that you have been talking with her long enough to get the information listed below. Proceed with the interview collecting any further information you want to have, and try to establish with the "client" a reasonable goal or objective as to what the "client" would like to achieve as a result of your help. Do NOT try to offer solutions to the "client's" problem or suggestions as to what she might try to do. Remember: Talk with the "client" briefly and then try to negotiate a goal or objective related to what she desires from counseling. The "interview" will be recorded and limited to fifteen (15) minutes.

The Role

Your client is a young married woman who feels inept in interpersonal dealings. Her recurring problem is that she is particularly dissatisfied with her inability to cope with door-to-door salesmen. They show up on the average of three time per week. This frequency is explained by the fact that she lives in an affluent, newer development of young marrieds, many of who have small children.

Somehow she can't bring herself to say "no" to these salesmen. She's been taught that "no" is rude. So, since she can't say "no" to them, she winds up either by wasting about two hours each time listening to their spiel, or else she gets rid of them by buying something from them, usually something she doesn't want or need.

# APPENDIX H

Instructions to Rehearsal "Client"

In this part of the study you are to play a "client". The object is to allow your partner to practice ways of generating a goal statement similar to those you've just seen on video tape.

You will be given two roles to play (see below). Don't try to help the "counselor" as he/she attempts to arrive at a goal statement; but, also don't try to obstruct the attempt. Just remain in character throughout the exercise.

Take the ten minutes for each of the roles. The "counselor" will try to emulate the tapes he/she has seen and negotiate with the "client" (you) a mutually agreeable counseling goal.

A signal will be given, indicating that you should end the first role-play and go on to the second role-play.

Rehearsal Role #1 -- Client

You are to play the role of a college student who has come to the Counseling Center to get some assistance in losing weight. You realize that you tend to eat too much.

**********
* What's bothering you is that your clothes don't fit *
* anymore. You have only a limited supply of the larger *
* sizes; and, also, you feel that your appearance to the *
* opposite sex is not as attractive as before you gained *
* the weight. *
**********

Therefore, you will be satisfied if you could lose about 30 pounds by June.

Now, assume that you have been talking with this counselor for some time, and begin by summarizing what is in the second paragraph, above. (The boxed paragraph.)

Rehearsal Role #2 -- Client

You are to play the role of someone who has come to a Community Guidance Center for counseling (or therapy). You are in your late twenties and you have taken to spending all your free time at home, usually in front of the TV set. You used to have interests: activities, friends, hobbies; but you've abandoned them all in favor of just sitting idle, not really enjoying yourself, and seemingly unable to break this pattern.

You would be satisfied if you were able to spend less time watching TV and/or more time in other activities.

# APPENDIX I

Instructions to Rehearsal "Counselor"

In this part of the study you are to play the part of a "counselor". You will be aided in this exercise by a fellow-student who will play a "client".

Try to come up with a mutually agreeable goal statement with him/her, in the way shown on the video tape sections "Instruction" and "Modeling".

Take about ten minutes for each of the roles. When a signal is given, end the first role-play and go on to the second role-play.

Rehearsal Role #1 -- Counselor

Your client is a college student who has come to the Counseling Center because he/she is overweight. The person recognizes that he/she tends to eat too much. What is really getting to this client is the growing conviction that his/her appearance is not viewed as attractive to members of the opposite sex.

Review briefly with the client the general situation and try to develop with his/her cooperation the best goal for counseling that you can come up with in about 10 minutes.

Rehearsal Role #2 -- Counselor

Your client just walked into the Community Guidance Center where you are a counselor. He/she has just told you about him/herself. Evenings he/she feels very bored with just sitting in front of the TV set. He/she does not go out, engage in a hobby or even contact friends. This pattern of doing nothing and getting depressed by aimlessness is getting him/her down and he/she would like to get your help in breaking it.

Review the general situation with him/her and try to develop, with his/her cooperation, the best goal for counseling that you can come up with in about 10 minutes.

# APPENDIX J

FOLLOW-UP QUESTIONNAIRE

SUBJECT NUMBER _____

1. How would you rate the first lecture for its resemblance to a typical classroom situation?

unreal ' ' ' ' ' ' real
1 2 3 4 5

2. How would you rate the "client" you worked with in terms of how well he/she played the role?

unreal ' ' ' ' ' ' real
1 2 3 4 5

3. If you saw the role-played model, how would you rate it in terms of its resemblance to a real counseling situation?

unreal ' ' ' ' ' ' real
1 2 3 4 5

4. Describe your overall experience referring specifically to its approximation of typical classroom instruction:

_____

_____

_____

_____

_____

_____

_____

# APPENDIX K

MEANS OF FOLLOW-UP QUESTIONNAIRE RATINGS

| Question | M of Ratings Treatment I | Treatment II | Treatment III |
|---|---|---|---|
| 1 | 3.27 | 4.00 | 3.36 |
| 2 | 4.50 | 4.36 | 4.27 |
| 3 | 3.55 | 3.50 | 3.41 |

Note: All $\bar{X}$ based on n = 22.