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COUNSELLOR AND CLIENT PERCEPTIONS OF COUNSELLOR INTENTIONS
AND THEIR RELATION TO OUTCOME
IN TIME-LIMITED COUNSELLING

by
April M. Kamann
B.A., Simon Fraser University, 1984

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (EDUCATION)
in the Faculty
of
Education

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COUNSELLOR AND CLIENT PERCEPTIONS OF COUNSELLOR INTENTIONS

AND THEIR RELATION TO OUTCOME IN TIME-LIMITED COUNSELLING

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ABSTRACT

Current models of counselling process have suggested that the client's ability to understand or "read" the counsellor's intentions may be an important mediating variable between process and outcome. This study investigated the degree of match between counsellor and client perceptions of the counsellor's intentions during counselling, changes in degree of counsellor/client concordance across and within counselling sessions, and related effects upon counselling outcome.

Two experienced counsellors each saw two clients for time-limited personal counselling. Immediately following each session, the counsellor and client rated session impact using Stiles' Session Evaluation Questionnaire, then simultaneously viewed a videotape of the session to identify the counsellor's intentions and to rate the helpfulness of each counselling episode throughout the session. Intention-based episodes were identified during this review by the counsellor who controlled the playback. Counsellor intentions ratings were made using the Counselling Intentions List (CIL) developed for this study.

The data showed only moderate individual differences in intention use among clients, and large differences between the two counsellors who differed in orientation. Clients accurately identified approximately one-third (31%) of all counsellor-reported intentions and matched on at least one of the counsellor's intentions in 39% of episodes. Clients perceived more of the intentions *be aware of my feelings* and *learn how to do something* and less *feel understood* than their counsellors intended. Both across treatment and within sessions, match rates tended to rise until the middle of therapy then decline until termination. The highest match rate was found for the intention *be aware of my feelings*; the lowest for *feel understood* and *understand purpose of the session*. No consistent significant relationships were found between degree of counsellor/client intention match and

overall outcome, session quality or episode helpfulness measures. It is recommended that future studies use the episode unit to investigate a possible interaction between outcome and counsellor/client match on intentions prominent to the counsellor's orientation.

For my grandparents
whose gifts of example and encouragement
will always be with me

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CHAPTER I

INTRODUCTION

• What makes counselling effective? In recent years with the finding that different treatment approaches have essentially comparable effectiveness (Bergin & Lambert, 1978; Frank, 1979; Smith, Glass, & Miller, 1980), the study of comparative outcome has been largely replaced by a search for variables common to all effective counselling. This resurgence of interest in identifying basic elements which promote client change and growth has led to a new emphasis in counselling research on the description, explanation, and prediction of change processes (Greenberg & Pinsof, 1986). Prominent process researchers (eg. Elliott, 1983a; Goldfried, 1980; Greenberg, 1986; Hill, 1982) agree that although counselling processes have been investigated for approximately 30 years, this area of research is still in its infancy. According to Hill (1982), "in many ways we are in very preliminary stages of our conceptualization of how counselling works. And we are struggling with how to translate our conceptualizations into workable designs to study our questions" (p.16).

Counselling process studies have identified and quantified a number of observable behaviors such as counsellor and client verbal and nonverbal responses during counselling. To date, however, participant behavior taxonomies and simple methods of analysis such as frequency counts (eg. number of questions used) have not proven particularly useful in predicting counselling outcome (Elliott, 1983). Methodological advances and new research paradigms have led current researchers to focus less on observable behaviors and more on previously elusive covert behaviors as possible mediators between process and outcome. The mediational importance of cognitions in shaping behaviors, for example, is now extensively recognized (Mahoney & Arnkoff, 1978). The ability to access these variables now allows researchers to study both counsellor behavior and the

counsellor/client interpersonal process at a deeper level than has previously been possible. Among other process researchers (eg. Greenberg & Pinsof, 1986; Rice & Greenberg, 1984), Elliott (1979) has noted the particular importance of accessing both counsellor and client cognitions during counselling as "it has often been argued that it is the helping activity as the client understands, experiences, and later remembers it which results in the client's change and growth" (p.285). He stresses that if these covert cognitions can be recovered and described in systematic fashion, they can be used to help researchers better understand the client processes induced by counsellor interventions. A promising area of research in this vein is the study of counsellor intentions, client perceptions of counsellor intentions, and their relation to outcome within the counselling process.

Counsellor intention may be defined as a counsellor's "covert rationale for selecting a specific behavior, response mode, technique, or intervention to use with a client at any given moment within the session" (Hill & O'Grady, 1985, p.3). For the purposes of this research, counsellor intention is defined more specifically as what the counsellor intends for the client to do, say, think, or feel during the portion of the session being examined, such as *understand purpose of the session or feel understood*. According to Caskey, Barker and Elliott (1984), counsellors are generally aware of their clinical intentions even at the level of "micro-intentions" for individual verbal responses. Hill and O'Grady (1985) contend that counsellors of all orientations act on an intentional basis: they all formulate plans for how they want the client to react whether they plan their strategies prior to or during sessions. These researchers also note that intentions seem to be closer to describing how counsellors think about their experience in sessions than are more frequently researched variables such as response modes and nonverbal behaviors. This is evidenced by the fact that counsellors most often describe their sessions in terms of what they were trying to accomplish rather than in terms of the number of questions

or head nods they were using. Elliott (1979) has also suggested that clients use behavioral cues to infer the intentions or goals underlying counsellor interventions, and that in doing so they respond not only to what the counsellor says and does but also to what they think he or she is trying to do. Therefore, the study of both counsellor intentions and clients' perceptions of them may provide a more relevant, in-depth representation of the counselling process and a further link to understanding divergent therapeutic outcomes. As Greenberg and Pinsof (1986) have concluded: "To understand the process and mechanisms of change, what was "sent" and what was "received" must be examined" (p.14).

Several theorists (eg. Hill & O'Grady, 1985; Martin, 1984) have proposed a "mutual influencing" model to describe the role played by counsellor intentions in the counselling process: Considering the client's previous reactions, the counsellor formulates an intention for what he or she wants the client to do (eg. question the rationality of her thoughts), then chooses an intervention to implement the intention (eg. tells an amusing story). The client reacts to the counsellor's interventions based upon what he or she perceives the counsellor's intentions to be (eg. "he wants me to feel relaxed" or "he wants me to see how silly my thinking is"). Therefore many theorists have hypothesized that outcome may be related to the client's perceptions or misperceptions of the counsellor's intent. Caskey, Barker and Elliott (1984) for example, have suggested that discrepancies between counsellor and client perceptions are commonplace occurrences which likely impede effective therapeutic dialogue. Fuller and Hill (1985) similarly hypothesized that outcome may be enhanced by the client's ability to guess or match the counsellor's reported intentions. Martin (1984) has also theorized that the degree of accuracy of the client's perceptions of counsellor intent will mediate immediate and long-term learning from counselling: the ability to "read" the counsellor's intentions may determine whether clients engage in intended cognitive processing

during counselling and consequently may in part determine the effectiveness of counselling interventions.

Preliminary research investigating counsellor intentions has shown that counsellors are able to recall their intentions and that both counsellor and client perceptions of counsellor intentions can be tapped using videotape-assisted recall procedures (eg. Elliott, 1986; Kagan, Krathwohl, & Miller, 1963). To date, results reported suggest that while some intentions are easier to perceive than others, there is a low to moderate degree of overall accuracy or "match" in client perceptions of counsellor intentions (Fuller & Hill, 1985; Martin, Martin, Meyer, & Slemon, 1986; Martin, Martin, & Slemon, 1986). Recently researchers have also begun to examine the relationship between counsellor/client match on intentions ("counsellor transparency") and counselling outcome. However, perhaps due to the use of a large number of methodological variations in this initial research, the findings reported have been inconsistent. (See also Chapter 2).

As the investigation of counsellor intentions is a relatively young enterprise, counselling theorists still have an incomplete picture of the role of intentions in counselling. In particular, this work has not yet led to an understanding of "developmental" changes in the client's perception of counsellor intentions over time. Although several theorists have described counselling as a succession of stages or phases (eg. Carkhuff, 1980; Egan, 1975; Martin & Hiebert, 1985; Yalom, 1980), others (eg. Rice and Greenberg, 1984) have noted that with the use of analysis techniques which aggregate data across sessions, process researchers have perpetuated "the myth of uniform process" (Kiesler, 1973) implying that all moments in counselling are similar. In contrast, recent research has provided growing evidence that many variables and conditions are highly unstable both within and across sessions. The majority of counselling intentions studies to date have focussed only on a single session or a limited sample of sessions across

treatment. Consequently we know less about counsellor intentions and clients' ability to perceive their counsellor's intentions at all stages of counselling.

In addition to a need for further study of intentions both within and across sessions, Hill and O'Grady (1985) have stressed that further clarification is also needed regarding the relationship between intentions and more general within-session strategies. Preliminary intentions research has focussed on the investigation of "micro" intentions for each speaking turn or for specific counsellor behaviors such as verbal response modes. As Hill, Carter, & O'Farrell (1983) have noted however, larger strategies may be lost with the use of this level of analysis. Measuring both immediate (moment-by-moment) and more long-term within-session goals seems essential to further our understanding of different levels of the counselling process. To this end, Greenberg (1986), borrowing from research in communication and social interaction (Pearce & Cronen, 1980), has proposed the use of three standard, hierarchically organized categories for measuring process, ranging from the smallest unit, the "speech act", to the ongoing "counsellor/client relationship" unit. The intermediate category proposed is the "episode". Counselling episodes may be defined as "meaningful units of therapeutic interaction which, according to the therapeutic approach being used, are designed to achieve an intermediate therapeutic goal" (Greenberg, 1986, p.5). A counselling episode or "subtask" might be the creation of an agenda for the session or the challenging of an irrational belief. Greenberg in particular calls for the use of more episode-level analysis in future change process research. Although process researchers have tended to focus on either the speech act level of analysis or the detail-sacrificing higher level categories, the episode unit seems to be optimal as it allows sufficient detail while representing a therapeutically meaningful exchange. To date, few studies of counsellor intentions have included meaningful, counsellor-defined episode units; most have used speaking turns, counsellor-client-counsellor

interaction units or portions of time.

In view of these gaps in existing intentions research, the present investigation has two primary purposes. The first is to further explore counsellor intentions and possible related effects upon therapeutic outcomes, through the analysis of match in counsellor and client perceptions of counsellor intentions over the course of treatment. A second purpose is to add to existing process research methodology by piloting the use of a counsellor-defined "episode" unit of analysis for studying counsellor intentions and client perceptions within a session.

More specifically, the following research questions are addressed by this study:

1) Do clients accurately perceive what counsellors intend for them to do, say, think, or feel at different times during a counselling session? i.e. What is the overall degree of concordance or "match" between the client's perceptions and the counsellor's report of intentions during counselling?

2) How does concordance between counsellor-reported and client-perceived intentions vary during and across sessions?

3) Is there a relationship between the perceived use of certain counsellor intentions during a counselling episode and the participants' helpfulness ratings of that episode?

4) Are counselling episodes in which the client accurately perceives the counsellor's intentions experienced as being more helpful by the counsellor and/or client?

5) Are sessions in which there is a high degree of concordance between counsellor-reported and client-perceived intentions more positively evaluated by counsellor and/or client than other sessions? Also, do highly concordant counsellor-client pairs report more positive long-term outcome?

CHAPTER II

LITERATURE REVIEW

In order to provide a historical context from which to view current theoretical and methodological advances in research on counsellor intentions and related client perceptions, this chapter opens with a brief overview of the general trends in early counselling process studies. In particular, attention is given to the most related areas of process research: the study of therapist verbal communication and differences among perceptions of counselling process. Following this discussion is a more detailed review of recent theories and studies relating specifically to counsellor verbal response modes, counsellor intentions, client perceptions of counsellor intentions, and the relationship between these variables and counselling outcome. Finally, some methodological considerations relating to the study of counsellor/client match on intentions are discussed.

Brief History of Process Research Studies

The desire to answer the question "What makes counselling effective?" led the first generation of counselling process researchers to an intensive study of counsellor behavior and related counsellor variables as these were assumed to be the primary determinants of therapeutic outcome. In the 1940s and early 1950s, for example, therapist within-counselling attitudes (eg. unconditional positive regard, empathy, genuineness) as well as therapist verbal behavior which communicated these attitudes received much empirical attention. This research program was primarily designed to test Carl Rogers' new theory of nondirective or client-centered therapy. It also reflected the current desire to apply more scientific research methods to the study of psychotherapy process, in contrast to the retrospective case analysis approach used by psychoanalytic researchers (Hill, 1982; Kiesler, 1973). Some of the increasingly objective research practices developed at this time included: use of newly refined audio-tape recording

equipment instead of stenographic recordings or therapist recollections, dividing counsellor/client communication into molecular units such as sentences rather than analyzing whole cases, operationalizing participants' verbal behavior, and using objective scoring by external rather than participant judges.

Typical of this stage in process research was Snyder's (1945) influential work in developing a quantitative measure of psychotherapy: a classification system for therapist and patient responses. Snyder's system included 17 counsellor statement types such as "structuring", "restatement" and "giving information", which were classified by experienced judges (usually Snyder himself) using category definitions. The coding system was applied to typewritten transcripts taken from audio recordings of actual counselling interviews. In most cases, Snyder analyzed the entire series of therapy sessions, dividing each interview into "idea" units. Many of the specific questions addressed in using the system foreshadowed later research. For example: "How can such unstructured material as psychotherapeutic interviews be made into measurable data; ... are the people who think they are using nondirective methods really doing so; ... does the frequency of various types of counselor or of client statements vary throughout the treatment process in any clearly recognizable patterns; ...?" (pp.194-195). Findings reported from the 1945 analysis of 48 therapy sessions suggested that Snyder was successful in creating a quantitative measure which would permit scientific investigation of counselling. He was able to report for example, "in typical nondirective psychotherapy the clarification of feeling comprises about half of the statements made by a counselor. The amount of such clarification in the early stages of treatment comprises 44 percent of all responses and in the late stages of treatment, 26 percent." (p.221). Snyder's concluding remarks also illustrate the believed direct influence of the therapist's behavior on outcome and the orientation-specific focus of research findings reported at this time: "The facts of the

present study clearly support the theory that it is the *nondirective elements* of this type of treatment which *produce the favorable change in the client's behavior*. What directive elements exist are unfavorably received" (pp.222-3, italics mine).

During the 1950s and 1960s, process researchers continued investigating differences in counsellor verbal behavior associated with different counsellor orientations or levels of experience (eg. comparative use of questions, reflections, etc.), and also began to study participant stylistic variables such as counsellor specificity, counsellor depth of interpretation, client depth of experiencing, and client vocal quality. As a result, many more systems for categorizing counsellor and client in-session behavior were developed (Hill, 1982; Kiesler, 1973). Also at this time, Rogers' theory of "the necessary and sufficient conditions of therapeutic personality change" (Rogers, 1957) led to researcher interest in investigating the basic change-producing ingredients of the therapy process, i.e. *how* the association between client and therapist, such as a client-centered relationship, leads to specific changes in the client (Barrett-Lennard, 1962; Pepinsky & Karst, 1964). In contrast to the initial assumption that counselling outcome was directly determined by counsellor behavior, now a second approach to studying variance in counselling outcome began: the investigation of client within-session variables (eg. attitudes, perceptions) as primary determinants of outcome. Barrett-Lennard (1962) for example, conducted an early study designed to examine the relationship between client perception of Rogerian conditions and client change. He postulated that "the *client's experience* of his therapist's response is the primary locus of therapeutic influence in their relationship... [as] it is what the client himself experiences that affects him directly" (p.2). In order to measure the client's experience of therapist interpersonal response qualities, Barrett-Lennard developed a counsellor and client self-report instrument: the Barrett-Lennard Relationship Inventory (BLRI). As the counsellor and client answered the

questionnaire independently, this measure was designed to yield a view of the therapeutic relationship from each participant's frame of reference. Using the BLRI with 42 clients and their 21 therapists (all reporting after 5 therapy sessions), the main experimental hypothesis was confirmed: client perceptions of relationship factors predicted client change more strongly than did corresponding therapist perceptions. Therefore the client's reported experience of therapy was shown to be an important variable in the investigation of counselling process.

The late 1960s and early 1970s were marked by further refinement in the measurement of Rogerian variables as well as an increased focus on the systematic training of counsellors and paraprofessionals in interpersonal skills (Wills, 1982). The current "objective" practice of using trained external judges for rating counsellors and trainees on empathy, warmth and genuineness led researchers to compare different perceptions and evaluations of counselling process in order to determine who is the best judge: the client, therapist or external observer. An illustrative study is that of Mintz, Auerbach, Luborsky and Johnson (1973) who questioned, would these perspectives yield highly discrepant perceptions of therapy qualities or a reasonable degree of consensus? In their study, four therapist-client pairs and observers independently filled out the Therapy Session Report (Orlinsky & Howard, 1967) providing their judgments of 129 therapy content and process items such as "therapist understood patient". Therapist and client participants responded immediately following each of 12 sessions; observers (researchers) made ratings after listening to audiotapes of the sessions. The Mintz et al. findings paralleled other similar studies (eg. Orlinsky & Howard, 1967): although a "reasonable consensus" was reported among client, therapist and observer judges on descriptive aspects of a session (eg. session topics, patient emotional states), consistently poor agreement was found in evaluations of the quality of relationship within a session and the overall quality or

"goodness" of the session. Although all judges were agreed on *what* constituted effective therapy -- all rated sessions highly when the therapist was perceived to be highly involved and active and the client was perceived as deeply involved -- their judgment of *when* this was occurring was highly individual. Gormally and Hill's (1974) summary of research on helper, helpee and objective judgments of counselling, suggests that similar studies have led to the same conclusion: "Research indicates that different views of the same process result in different biases and base-rate expectancies. We do not know who is the most objective judge" (p.543). Similarly, Lambert, DeJulio, and Stein (1978) in their review of a large body of research relating Rogerian interpersonal skills and therapeutic outcome, also reported that there is little relationship among therapist, client, and external judge's ratings of therapy conditions and that contrary to popular views, when compared with the ratings of trained judges, client ratings are as good or better predictors of positive outcome. Lambert et al. concluded that as these rater discrepancies may have contributed to the current inconsistency in results of studies relating interpersonal skills use and outcome, more sophisticated measurement methods would be needed before specific process-outcome predictions could be made.

After more than 30 years of study, at the end of the 1970s many other writers were also reviewing the state of process research to date and noting researchers' lack of ability to clearly specify process-outcome relationships. In particular, although the study of Rogerian relationship variables had been greatly refined, reviewers were now concluding that these conditions were necessary but not sufficient for client change (Gormally & Hill, 1974; Lambert, DeJulio, & Stein, 1978). As researchers began to turn their interest again to other process variables, two important integrating frameworks were developed by Goodman and Dooley (1976) and Russell and Stiles (1979). Goodman & Dooley were concerned that due to the

recent proliferation of counsellor verbal behavior category systems in both the skills training and process research fields, it was becoming increasingly difficult to compare different research results and training procedures: a situation "analogous to chemists in different laboratories working without a standard table of elements" (p. 108). In an attempt to integrate both the process research and training literature, Goodman and Dooley developed a "framework for help-intended communications" including a set of criteria for the future creation and evaluation of suitable verbal response mode category systems and an illustrative pantheoretical list of response modes. In developing the list, Goodman and Dooley postulated that there were six major kinds of helping intentions which could be carried out through six major language acts or response modes: *gathering information* (intention) = Question (response mode); *guiding another's behavior* = Advisement; *providing interpersonal space* = Silence; *explaining or classifying another's behavior* = Interpretation; *expressing sympathy* = Reflection or Paraphrase; and *revealing one's personal condition* = Self-Disclosure. The authors' review of the literature indicated that all of these modes were important in the field and therefore could be assumed to be representative of most therapeutic interactions. Through their framework, Goodman and Dooley hoped to promote the establishment of procedures for analyzing basic "behavioral units" of therapeutic communication regardless of counselling method. Similarly, Russell and Stiles (1979), with concerns about the disorganized state of process research, set out a classification schema to facilitate the comparison and evaluation of alternative language analysis systems. In their framework, they proposed a distinction between three major channels of verbal interaction: the "content" channel (semantic content, eg. mother or death anxiety), the "intersubjective" channel (syntactically implied relationship between communicator and recipient, eg. self-disclosure or question), and the "extralinguistic" channel (vocal noises, tonal qualities, and temporal

patterning, eg. pauses or laughing). By categorizing process studies and systems under these headings, Russell and Stiles were able to summarize the language analysis research to date and conclude that studies using intersubjective categories such as response modes were most successful in providing information about the therapeutic relationship and therapy technique, whereas studies using extralinguistic categories were more successful in investigating the speaker's emotional states.

In recent years, as a result of the perceived lack of progress on process-outcome questions and the organizing influence of comprehensive frameworks and literature reviews, although the focus in the past has been upon validating different orientation-specific training packages and language analysis systems, researchers have now begun a more systematic approach to describing and understanding basic counselling processes (Elliott, Stiles, Shiffman, Barker, Burstein, and Goodman, 1982). According to Hill (1982): "the trend seems to be in two directions. First, researchers are returning to the earlier traditions of developing and refining various category systems for describing in-session behavior. [and] Secondly, ...are searching for new and innovative methods of capturing the total gestalt of the change process in counselling"(p. 8). These trends are particularly evident in the more recent research on verbal response modes in counselling.

Current Verbal Response Modes Research: Methodology and Findings

One major research program designed to investigate the role of participant verbal response modes in effecting client change has been that of Clara Hill and her colleagues. The program began with the development and revision of two pantheoretical Verbal Response Category Systems in accordance with current guidelines for system development (eg. Goodman & Dooléy, 1976; Russell & Stiles, 1979). The revised lists now include 14 counsellor verbal response categories such as "minimal encourager", "information", "interpretation"; and 9

client categories such as "simple response", "request", "insight" (see Hill, 1986). Both lists are coded by three trained judges using typed transcripts which have been divided into response units (grammatical sentences) by trained "unitizers". Using the pantheoretical counsellor category system, Hill has conducted several descriptive analyses of counsellors' verbal behavior. A consistent finding is that counsellors' use of specific response modes seems to be related to their theoretical orientation and training. In one study (Hill, Thames, & Rardin, 1979) for example, a comparison of the verbal behavior of Rogers, Perls and Ellis taken from filmed interviews yielded very different, theoretically consistent profiles: Rogers used mainly minimal encourager (53%) and restatement (11%); Perls used mostly direct guidance (19%), information (12%) and interpretation (12%); and Ellis (the most "active" of the three) used primarily information (30%), direct guidance (21%) and minimal encourager (14%). Similar systematic differences in response mode use by therapists of different schools have been reported by other investigators (eg. Brunink & Schroeder, 1979; Stiles, 1979) using different response mode systems.

Hill has also examined changes and patterns in counsellors' verbal behavior both within and across therapy sessions. In 1978 for example, she analyzed the use of verbal response modes by six counsellors conducting intake sessions at a university counselling center. She found, consistent with her clinical sense of the progress of intake sessions (calming client, gathering information, making a referral), the first two-thirds of sessions had more minimal encouragers, closed questions and restatements, whereas during the final third, counsellors used more information, direct guidance and interpretation. In a later study, Hill, Carter and O'Farrell (1983) charted a counsellor's use of verbal response modes across the course of 12 sessions of time-limited counselling. They reported that during the first four sessions, the counsellor mostly used minimal encourager, interpretation and information in contrast to the final eight sessions, in which fewer

minimal encouragers, more interpretation and more information were used. In this study it was also found that within sessions, patterns of response mode use were very similar to the pattern of use observed across sessions. In summarizing this descriptive research, Hill (1986) noted however, as very few studies have examined across-treatment use of response modes, consequently we know most about counsellors' verbal behavior in initial sessions.

A second major research program is that of Robert Elliott and his associates who have been involved in investigating the comparative effectiveness of different verbal response modes. Elliott (1979) noted that the counselling process and helper training literatures were based on many un-tested assumptions about the meaning and helpfulness of specific counsellor response modes, while very little was actually known about how clients perceived these behaviors. He wondered, for example, would the counsellor and client agree with Goodman and Dooley's (1976) assumption that advisements are meant to guide the client's behavior? Also, Elliott (1986) felt that the assumption that response modes always carried the same meaning regardless of context was unsubstantiated: "Clearly, as a given client and therapist work together, they develop a unique set of shared understandings which shape the meaning of what is currently happening between them" (p. 505). Therefore he reasoned that perceptions of the participants would be more relevant in assessing treatment outcomes than were the frequently used observations of "narrowly trained" third party observers. In order to use participants as informants of the impact of within-session processes, Elliott developed an adaptation of Kagan's (1975) tape-assisted training method: Interpersonal Process Recall (IPR). In Elliott's version created for process research, a recording of the session just completed is played back for the subject and his/her subjective experiences and perceptions are systematically examined -- a procedure which "makes it possible to gather information on the moment-to-moment perceptions,

intentions and reactions of clients and therapists during therapy sessions" (Elliott, 1983, p. 49). Elliott (1986) contends that IPR enhances the accuracy of participants' recall due to several factors: a) the recording acts as a cue which stimulates specific memory traces, b) playback is immediate which ensures that memories are vivid, c) the ability to stop the tape slows down interactions sufficiently to allow informants to process their experiences in words, d) the researcher instructs the informant to focus on perceptions which occurred at the time of the interaction rather than those occurring in retrospect, and e) the informant is in full control of the process and is thus made to feel as "safe" as possible.

Using IPR, Elliott conducted a series of studies to examine client perceptions of counsellor response modes. Typically, the client reviewed a video or audio tape of either researcher-sampled or all counsellor responses, stopping after each speaking turn to rate the response on a helpfulness and/or empathy rating scale. In addition, counsellor speaking turns were categorized according to type of response mode by trained raters using Elliott's (1979) version of Goodman and Dooley's (1976) list. The results of these studies (see Elliott, Barker, Caskey and Pişrang, 1982) suggested that "interpretation" was the most helpful response mode (a "weak but significant" predictor of client helpfulness ratings), "advisement" was the next most helpful intervention, and "question", as reported in previous response modes research, was the least helpful. The researchers also noted however, that generally counsellor response modes account for very little of the variance in client helpfulness ratings and therefore have limited clinical relevance. In later reviewing these and related results, Elliott et al. (1982) concluded: "This negative finding casts doubt on the content of helping skill training packages that attempt to make helpers more helpful by teaching them to switch response modes" (p. 342).

In sum, investigators of verbal response modes have reached conclusions similar to those made concerning the role of Rogerian variables in counselling: "the

response modes form a necessary but not a sufficient condition for understanding the helping process" (Elliott et al., 1982b, p. 353). As a result, researchers have called for the collection of further qualitative data on helpful and hindering interactions and significant change events in counselling (eg. Elliott, 1985; Elliott, James, Reimschuessel, Cislo, & Sack, 1985), as well as further research on other sources of variance in the counselling interaction such as counsellor intentions (Hill, 1986; Hill, Helms, Tichenor, Spiegel, O'Grady, & Perry, 1988).

Counsellor Intentions Research

Martin (1984a) recently noted: "...researchers in the area of counseling effects seldom attempt to access directly the specific cognitive operations of counselors and clients during actual counseling sessions and to link such cognitive data to counseling outcomes" (p.560). Advocates of the study of counsellor intentions (see below) have suggested however that further understanding of such counsellor cognitions is essential for a complete conceptualization of therapeutic interactions. As more psychologists are exploring information processing models and focussing on covert processes as mediators of behavior, researchers have become increasingly interested in testing current assumptions and opening up the "black box" between input and output, process and outcome (Mahoney, 1977; Martin, 1984; Winne, 1982; Winne & Marx, 1977).

Counsellor intentions (see definition p. 2) can be distinguished from counsellor actions such as response modes in that intentions represent the cognitive goal or rationale behind counsellor interventions. According to Hill and O'Grady (1985), "Intentions refer to *why*, whereas interventions or techniques refer to *what* the therapist does" (p.3). Stiles (1986) has also underscored the importance of distinguishing between two common uses of the term "intention" which have appeared in the literature. First, as Goodman and Dooley (1976) and Stiles (1979) have used the term, counsellor intention may refer to the noncovert

intended or pragmatic meaning of a counsellor utterance, in contrast to its grammatical or literal meaning. Stiles (1986) illustrates further: "... the utterance "Could you tell him how angry you are?" is literally a question (grammatical form), but it apparently has advisement intent (counselor means to suggest that the client divulge the anger, not merely to inquire if this is possible)..." (p. 237). This concept of noncovert or "on-record" intended meaning has been useful to response mode coders to help them reliably classify indirect (dual meaning) verbal behaviors within their category systems. The second, more recent use of the term intention is the covert, underlying *purpose* behind counsellor interventions. Hill and O'Grady (1985) contend that a counsellor's covert intention can be implemented by a range of overt counsellor behaviors, both verbal and nonverbal. For example, if the counsellor intends to intensify the client's feelings, he/she can use one or more verbal behaviors such as reflection of feelings or confrontation, and nonverbal behaviors such as modifications in voice, facial expressions, and touch. In contrast to intended meanings, these "off-record" counsellor intentions can only be verified through the counsellor's self-report. Hill and O'Grady further suggest that as different therapists may use the same technique for different purposes (eg. the use of closed questions to get information or to stimulate insight), studying such covert counsellor intentions may provide another piece in the theorist's puzzle to explain why similar interventions result in divergent outcomes.

Theoretical models

One prominent model which incorporates counsellor intention (purpose) as a major variable in the counselling process is Martin's (1984) cognitive mediational theory of counselling. Inspired by related work from instructional psychology on teacher/student interactions (eg. Doyle, 1978; Winne & Marx, 1977, 1982), Martin proposed that during counselling, the counsellor's actions do not have direct influence on client behavior but are mediated by the perceptions and cognitive

operations of the client. More specifically, he stated: "... the degree of correspondence between a client's cognitive perceptions of and reactions to a counselor's behaviors and intentions will mediate the client's immediate and longer term learning from counseling, thus determining how effective counseling will be" (p.562). This counselling process model assumes that: 1) based on their theory of how change occurs, counsellors have intentions for the cognitive activity that they want their clients to engage in, in order to learn or change from counselling; 2) counsellors translate these intentions into interventions designed to promote the desired cognitive processing in their clients; and 3) clients' perceptions of the counsellor's intentions for their cognitive processing (understanding of what they are intended to do) greatly influence what clients do cognitively and behaviorally during counselling.

The cognitive mediational model is similar to the cyclic, two-way influencing theory of counselling process proposed by Hill and O'Grady (1985; see Ch. 1) in that a major emphasis is placed on the mutual influence of counsellor and client on the other's behavior: although counsellor behaviors may affect client behavioral change through the cognitive mediation of clients, client behaviors may affect change in counsellor behavior through the cognitive mediation of counsellors. The model also proposes a major departure from the current process-product paradigm for research on counsellor effects which assumes a direct, one-way process of impact from counsellor to client behavior.

Research investigating aspects of the cognitive mediational model adds to our knowledge of how counselling works in general as it allows us to test theoretical assumptions about what facilitates change. In attempting to further clarify process-outcome links for example, researchers now ask: Did the client *understand* what to do during counselling? Did the client *do* it? Although investigations into the cognitive processing of counsellors and clients during

counselling have not been numerous to date (Fuller, 1984; Martin, 1985), these preliminary studies have generated some interesting findings and methodological questions. In the following review, the often varied methodology used by the major intentions researchers is presented in considerable detail in order to serve as a basis of comparison for the methodological changes introduced in the current study.

Counsellor Intentions Studies

Use of intentions. Studies of counsellors' use of intentions during counselling have shown that counsellor intentions vary both across and within sessions. Hill, Carter, and O'Farrell (1983) for example, examined therapist intentions as one of many process measures in an intensive single case analysis of 12 therapy sessions. The therapist's intentions for all speaking turns were judged from session transcripts by three independent raters. All ratings were made using the authors' newly developed "pantheoretical" list of 15 therapist intentions. Therapist and client response modes for each speaking turn were also rated by independent judges. The analysis of both counsellor response modes and intentions showed that within and across sessions, the counsellor was more supportive at the beginning of treatment, then became more insight-oriented with increased use of *direct change attempts* and *analysis of relationship* as therapy proceeded. In a later, more extensive study, Hill and O'Grady (1985) also examined the therapist's use of intentions during 20 sessions of a single case of time-limited therapy. In this study, judgments of intentions were made by the therapist who used a revised (19 category) version of the 1983 intentions list to mark as many intentions as applied for each speaking turn throughout the session. All ratings were made from transcripts, one to two months following each session. Across treatment, as in the Hill et al. (1983) study, significant decreases occurred for intentions associated with assessing problems and giving support: *set limits, get*

information, support, clarify, hope, and cathart, while increases occurred in intentions related to promoting client change: *insight, change, and reinforce change*. Within sessions, comparing the first third to the final two-thirds of all 20 interviews, decreases again occurred in *get information, clarify, and cathart*. In reviewing the similar within and across-session profiles of intention use, Hill and O'Grady (1985) concluded that the pattern of counsellor cognitive behavior within sessions is similar to the overall pattern across treatment. They also suggested that the observed changes in intention use are supportive of stage models (eg. Carkhuff, 1969) which describe effective counselling as a succession of distinct phases. These results are generally consistent with across and within session trends in intention use reported in other studies employing many methodological variations from Hill's preliminary work. Martin, Martin, Meyer, & Slemon (1986) for example, sampled counsellor intentions from different sessions during time-limited therapy using a counsellor intentions list based in information-processing theory (see also below for further study details). Their analysis showed several clear but statistically unreliable trends in counsellor intentions and behaviors across early, middle, and end sessions that seemed to parallel Hill's findings.

Intention use and theoretical orientation. After reviewing the profile of intentions used by the therapist in their first study, Hill and O'Grady (1985) concluded that "... a profile of intentions usage can provide a process measure of orientation based on actual cognitive behavior" (p. 9-10). In order to determine whether their intentions list was truly pantheoretical and complete, in a second study (also Hill & O'Grady, 1985) they compared use of intentions by 42 experienced therapists of psychoanalytic, humanistic, and behavioral orientations. Only middle sessions from on-going treatment and neurotic adult clients were used to control for stage of treatment and client type. As in the first study, again intentions for each speaking turn were therapist-rated from transcripts one to two months

following each session. Correlational analyses showed that use of intentions was not related to therapist sex and that different counsellors' use of intentions seemed to be representative of their approach: *feelings* and *insight* were associated with the psychoanalytic orientation, *change*, *set limits*, and *reinforce change* with the behavioral orientation, and *therapist needs* with the humanistic approach. Across all orientations, in both Hill and O'Grady studies, intentions most frequently cited by the therapists were: *insight*, *clarify*, *feelings*, and *change*. As their therapists frequently endorsed similar intentions (10 of the 19 intentions were used equally by all 42 therapists in the second study), Hill and O'Grady concluded that their list was a promising pantheoretical measure of counsellor cognitive behavior. Also, as very similar differences in intention use across thirds of sessions were found in both studies, they felt that use of intentions was more related to stage within a session than counsellor orientation.

Martin and colleagues (Martin, Martin, & Slemon, 1986) also found similar differences in the type of intentions primarily used by counsellors of different orientations. As in the Martin, Martin, Meyer, and Slemon (1986) study, counsellor intentions were again measured using intention rating systems based in information-processing theory. For this study however, the lists were specifically tailored to the two counselling approaches used (client-centered and rational-emotive). Sampling instances of counsellor behavior at regular intervals from three sessions (beginning, middle, and end of treatment), the most frequently used intentions were: *Assist client to analyze and/or synthesize thoughts, feelings and/or actions* (55%) for the client-centered therapist, and *Assist client to recode and/or restructure problem- and self- schemata in RET terms* (80%) for the rational-emotive therapist. Using approach-specific rather than generic intentions lists, these researchers found little variation in intention use across sessions, a finding which they attributed to the small number of categories used (3 - 4 for each

orientation) and the high theoretical importance of each of the categories to the counsellor's orientation.

Finally, Fuller and Hill (1985) investigated the influence of different clients on the counsellor's intention use. In this study, four undergraduate student clients each worked with the same four experienced, theoretically-varied counsellors for one session only. Immediately following the session, the counsellors reviewed the videotape and rated all speaking turns using the Hill and O'Grady (1985) intentions list. Across all sessions, it was found that the counsellors differed individually in their general use of the intentions *get information*, *give information* and *focus* and that they altered their use of *insight* and *support* with different clients. Fuller and Hill concluded therefore: "Perhaps theoretical orientation applies more to a preferential intentions profile than it does to intentions used in a first session, which seem to vary more by the counselor's diagnosis of the helpee's needs at the moment" (p.338).

Client Perception of Counsellor Intentions Studies

In addition to investigating which intentions counsellors use at different times during counselling, researchers have also begun to explore the question of what clients think their counsellor intends during counselling and whether their perceptions are accurate. Elliott (1979) first investigated this question by exploring clients' perceptions of specific helper responses in both one-occasion analogue and on-going counselling. Client perceptions of their counsellor's intentions were tapped using a videotape recall procedure (IPR) in which clients reviewed four or five counsellor speaking turns sampled from early, middle and late in their session. Following each turn the client was asked: "What do you think the helper was trying to do in saying that?". Counsellor speaking turns were then independently rated by external judges on the Goodman and Dooley (1976) six-item intentions list and clients' descriptions of perceived intentions were content analyzed and rated on a

corresponding set of intentions. The results showed that counsellor "questions" were consistently perceived by clients as intended to *get information* and "acknowledgments" (eg. "uh-huh") were perceived as intended to *reassure* and *communicate understanding*. It was also noted that clients perceived the intention *guiding* three times more often than the corresponding behavior "advisement" actually occurred and that client perceptions of counsellor intentions were not strongly correlated with the external judges' ratings. As counsellor reports of their actual underlying intentions for each response were not obtained however, degree of counsellor/client match on intentions was not examined at this time.

Counsellor/client agreement on intentions. In a later study designed to examine clients' and therapists' perceptions of individual therapist responses, Caskey, Barker and Elliott (1984) wondered how well these participants would agree on the "micro-intention" implicit in each response (eg. to *gather information*, *communicate understanding*, *use self*, etc.). In this study, three segments containing four counsellor speaking turns were audiotaped from early, middle and late in one session of on-going therapy from sixteen client-therapist pairs. Soon after the session, using IPR, the client then therapist independently provided descriptions of the therapist's intentions for each response, answering the question: "What do you think your therapist was (or what were you) trying to do in saying that?". The free-response descriptions were content analyzed by raters into six intention dimensions derived from Goodman and Dooley (1976) and Elliott (1979). The results showed that average client-therapist correlations on response-by-response reports of intentions were moderate, ranging between .17 and .45, and were statistically significant for: *explaining client*, *gathering information*, *reassuring client*, and *using self* but not for: *communicating understanding* and *guiding client*. The researchers concluded from the generally moderate effect sizes that at the microprocess level, "... client and therapist frequently see the therapy

process in quite different ways" (p.288). Elliott (1983) also conducted a similar study using a more structured rating procedure (Elliott & Feinstein, 1978) which required participants to make direct ratings against a list of intentions. This procedure also produced several small but significant correlations on intentions.

More recently, accuracy of client perceptions of counsellor intentions was again examined in the Martin, Martin, Meyer, and Slemon (1986) study of cognitive mediation during counselling. In this study, the client then counsellor separately viewed time-sampled videotape segments from a recently completed session. For several pre-selected counsellor behaviors, the participant was asked: "What specific thought accompanied your statement ___?" or "Immediately after the counsellor said this ___, do you think the counselor wanted you to be thinking in some special way? Describe that way of thinking". Free responses were later coded by researchers into categories derived from information-processing theory. Matches occurred if codes for both counsellor intentions and client perceptions related to the same cognitive process. Again moderate counsellor/client match rates were found in spite of the many methodological variations used, although it was reported that the study produced a much higher proportion of matches on behavioral variables (eg. counsellor behavior/client behavior: .98) than on cognitive variables such as counsellor intention/client perception of counsellor intention (.51). In view of this finding, Martin et al. concluded: "Apparently it is easier to achieve consistency in one's own thoughts and behaviors, or in matching one's observable behaviors to those of another than it is to "read another's mind" (p. 120).

Fuller and Hill (1985) also recently investigated counsellor/client match on intentions in their interaction study using different counsellor/client pairings. As described above, similar to the Elliott and Feinstein (1978) procedure, this study employed the counsellor and client as coders by having them rate up to three

perceived intentions for each counsellor speaking turn using the Hill and O'Grady intentions list. They found that match rates differed considerably depending on the type of match examined: Speaking turn match (number of speaking turns containing at least one match on intentions chosen, divided by number of speaking turns in the session) a "more generous view of the clients' ability to deduce the therapists' intentions", led to higher match rates ($M=.59$, $SD=.13$); Counsellor criterion match (number of intention matches divided by total number of therapist endorsed intentions in the session) which allows for more than one match or mismatch per speaking turn, a "narrower interpretation of match", yielded substantially lower match rates ($M=.37$, $SD=.07$). These researchers also found that although clients were able to detect the full range of counsellor intentions with the exception of *therapist needs*, match rates varied considerably for different intentions. For example, consistent with Elliott's (1979) findings, the highest match rate was found for *get information*. Comparatively high match rates were also found for *set limits* and *clarify* while low rates occurred for *therapist needs*, *resistance*, *relationship* and *cognitions*. From these results, Fuller (1984) speculated that three intention qualities contribute to high match rates: familiarity (experienced in many other situations); positivity (supportive or encouraging to the client vs. challenging or confronting); and concreteness (behaviorally oriented vs. abstract/requiring more psychological sophistication). She concluded that "... threatening the client's defenses in some way may be the largest obstacle to match" (p.90).

Correlates of match. In addition to the qualities of individual intentions, researchers have postulated other factors which may affect the client's ability to accurately perceive the counsellor's intentions. Caskey et al. (1984) for example examined length of therapeutic relationship and therapist experience as two possible correlates of client-therapist agreement on intentions. They hypothesized that: 1) agreement level would be higher in pairs who had worked together longer

as the therapist may become "increasingly attuned" to the client over time and the client's perceptions may also "converge" with those of the therapist; 2) therapists with more experience would obtain higher levels of agreement with their clients as experienced therapists may be clearer in their intentions and may more clearly convey these intentions during counselling. The study results showed that contrary to expectations, length of relationship was not correlated with client-therapist agreement. Surprisingly, in some cases pairs of longer duration tended to have lower levels of agreement. Therapist experience was also unrelated to agreement on intentions, although inexperienced therapists and their clients tended to agree more as treatment progressed. These researchers cautioned however that the apparent lack of relationship found may have been due to the small sample used in the study. Similarly, the effect of stage of counselling (early, middle, or end) and counsellor experience on intention match was investigated in the Martin, Martin, Meyer, and Slemon (1986) study. Again neither variable was significantly related to match on intentions, however the researchers noted a consistent tendency for interpersonal matches to be more frequent in sessions involving more experienced counsellors and during middle sessions. They postulated that the pattern of increased matching observed in middle sessions might indicate "higher levels of interpersonal confluence" during the middle "productive work" stage of counselling.

Finally, Martin, Martin, and Slemon (1986) also examined the effect of counsellor orientation on counsellor/client matching in their second study which employed counsellor intention lists specific to the client-centered and rational-emotive orientations. As predicted, the rational-emotive condition resulted in a greater number of matches on most of the variables examined. The difference in proportion of counsellor/client intention matches for the two orientations was statistically significant (client-centered = .49, RET = .65). In view of the superiority of the RET condition, the researchers suggested: "... it may be that the more

conceptually explicit, directly instructional character of this form of therapeutic intervention fosters ... more transparent counselor cognitive activity" (p.26).

Relation of Counsellor Intentions and Client Perceptions of Counsellor Intentions to Outcome

Use of intentions and outcome. As researchers have begun to investigate counsellor intentions and clients' ability to perceive intentions, they are also attempting to examine the therapeutic impacts of these variables at both the session and within-session level. Elliott, Barker, Caskey, and Pistrang (1982) for example, in a preliminary study of the helpfulness or "immediate therapeutic impact" of different response modes in middle counselling sessions, found that counsellor and client helpfulness ratings for each response were significantly predicted by the participants' perceptions of the counsellor intention underlying the response. For example, they noted that if the counsellor was perceived as intending to *interpret*, the response was rated more helpful than if the counsellor was intending to *question*. In order to further investigate this association, Elliott (1985) also conducted a more extensive investigation of client-described types of helpful and non-helpful within-session events and their links with specific counsellor intentions. In this study, following a single quasi-counselling session with a graduate student counsellor, 24 student clients reviewed the audiotape of their session, rating each counsellor response on a 9-point Helpfulness Rating Scale (extremely hindering to extremely helpful) then gave a description of the impact of the response. Next, clients again reviewed each of the four most and four least helpful responses and rated underlying counsellor intentions using the Helping Intention Rating Procedure (Elliott & Feinstein, 1978). Counsellors also rated a sample of their responses, including those selected as most and least helpful, using this intentions measure. The results revealed that counsellor-rated intentions *reassure*, *advise*, and *inform* all correlated positively with (client-rated)

helpfulness (mean $r = .22$), whereas *disagree* and *gather information* correlated negatively ($r = -.23, -.16$ respectively). Similarly, client-rated intentions *advise*, *explain*, *reassure*, and *share self* all correlated positively with helpfulness (mean $r = .25$), and *gather information* correlated negatively ($r = -.21$).

Somewhat similar within-session results have also been reported by Hill and colleagues using similar methodology. In their study of counsellor intentions and outcome in single, one-time counselling sessions, Fuller and Hill (1985) again used Interpersonal Process Recall but with a three-point Speaking Turn Helpfulness Rating Scale (unhelpful, neutral, helpful) and the Hill and O'Grady (1985) counsellor intentions list. They found that clients' helpfulness ratings were highest for the intentions *therapist needs*, *resistance*, *cognitions*, and *relationship* and lowest for *set limits*, *get information*, *support*, and *focus*. Reviewing their findings, Fuller and Hill suggested that helpful intentions tend to occur later in sessions and seem more relationship-oriented and therapeutically meaningful whereas less helpful intentions, occurring early in sessions, do not seem to provide the client with any new information.

The few studies conducted to date of the relationship between intention use and session-level outcome have yielded results very similar to within-session findings. Hill, Carter, and O'Farrell (1983) for example, in their single case study of time-limited (12 sessions) therapy, conducted a comparison of intentions used during the best versus the worst sessions as rated by both counsellor and client on the Therapy Session Report. They found that the more effective or satisfying sessions (5 and 6) were those in which the therapist was judged to have used more *ego-strengthening*, *effects of behavior*, *reframing*, *direct and indirect change attempts*, and *analysis of relationship*, and less *structure*, *fact-finding*, *focus*, and *clarification*. Hill and O'Grady (1985) later also found from therapists' ratings of mid-treatment sessions, that theoretically varied therapists are consistent in their views

of what makes a good session: the sessions considered best were ones in which they intended more to focus on and deal with *feelings* than to *get information* and *support*. As seen with client within-session reactions, Hill and O'Grady concluded therefore: "... if therapists get stuck in the preliminary assessment/supportive activities in a session, they are dissatisfied" (p.18). Most recently, Fuller and Hill (1985) have also provided correlational evidence that counsellors and clients likely use different criteria to evaluate session-level outcome following single sessions, perhaps according to what they each need. An analysis of participant ratings of counsellor intentions for each speaking turn as well as ratings of session "depth" (value) on the Session Evaluation Questionnaire indicated that counsellors valued sessions in which they intended to promote client *insight*, whereas clients valued those in which they perceived more of the intention *reinforce change*. Counsellors and clients agreed only that use of the intention *get information* did not lead to a deep session.

Match on intentions and outcome. As many theories of counselling process have predicted that greater counsellor/client match or agreement on what is intended by the counsellor should lead to greater counselling effectiveness (see above), process researchers have recently sought empirical evidence of this relationship. Fuller and Hill (1985) for example, questioned: Are clients more accurate in match when the therapist or client has rated the exchange as helpful? Are clients more accurate in match for those sessions with higher global evaluation ratings? Their results showed that match rate was not related to outcome at the within-session level (speaking turn helpfulness) indicating that clients may sometimes accurately perceive the therapist's intention but not find it therapeutically helpful. At the session level, comparing therapist and client session "depth" and "smoothness" ratings on the SEQ to two kinds of match, only one significant correlation was found, that between client-perceived session depth and

speaking turn match rate ($r = .63$). In every case, match/session outcome correlations were lower for therapists than for clients. Interpreting these findings, Fuller and Hill concluded that therapist outcome ratings have no relationship with clients' ability to match in single sessions, and that while there appears to be some relationship between "deep" sessions and match for clients, "counsellor transparency is apparently not as important to outcome as other factors such as use of specific intentions" (p.336).

Martin and colleagues also examined the intention match/outcome relationship as an important cognitive mediational variable in their investigations. In the first study (Martin, Martin, Meyer, & Slemon, 1986) which sampled sessions from on-going therapy, contrary to theoretical expectations, they found that counsellor/client match on intended cognitive processes was negatively related to counsellors' ratings of session effectiveness ($r = -.44$). Speculating that the true relationship may be obscured with the use of generic coding systems, Martin, Martin, and Slemon (1986) in their second study again examined counsellor transparency and outcome but with orientation-specific intentions lists thought to be more closely linked to outcome. Again contrary to expectation, use of more specific intentions lists did not alter their results: participant session effectiveness ratings were found to be unrelated to counsellor/client intention match and two significant negative correlations were found between intention match and counsellor ratings of counselling effectiveness to date for the rational-emotive condition ($r = -.66$) and between intention match and client ratings of counselling effectiveness to date for the client-centered condition ($r = -.64$). In view of the negative or zero-order relationship between counsellor transparency and various outcome ratings observed in their studies as well as in Fuller and Hill's work, Martin et al. recommended that future studies should further examine these variables at different macroscopic and microscopic levels of analysis before researchers

attempt to explain these puzzling findings.

Summary

Counsellor intentions research conducted to date has been successful in further illuminating the process of counselling as it has led to a preliminary understanding of counsellors' formulation of intentions during counselling and has yielded some unexpected findings regarding clients' ability to perceive their counsellors' intentions. Several studies have confirmed for example that counsellors make use of a variety of intentions in similar patterns within and across counselling sessions. Use of particular intentions appears to be related to both the stage or phase in which the intention occurs and the degree to which it is consistent with the counsellor's theoretical orientation. Several methodologically varied studies have also consistently led to the conclusion that clients have only a low to moderate understanding of their counsellors' intentions. This finding, as Elliott (1986) has noted, suggests that "many interventions have effects on clients which were not intended by their therapists" (p.524). Studies of the impact of different counsellor intentions have also underscored the importance of intentions research to our understanding of counsellor interventions. In particular, client perceptions of the intentions underlying counsellor responses have been shown to be more predictive of client helpfulness ratings than are the well-researched verbal response modes.

To date, intentions research has been less successful in identifying when matching is more likely to occur (i.e. when counsellors are more "transparent") and how degree of counsellor transparency affects outcome. Although research has shown that clients tend to perceive counsellor intentions more accurately during middle sessions and match better on some intentions than others, due to limited sampling in these preliminary studies, it is still unclear whether there are developmental patterns or cycles when clients are more able to match their

counsellors within and across sessions. Similarly, the fact that research to date has shown inconsistent results concerning the relationship between counsellor and client match on intentions and outcome suggests that the true relationship may have been obscured by the sampling method and analysis techniques used in these studies. It is possible for example that a high degree of matching may promote client change more during "therapeutic work" than initial sessions and that a match/outcome relationship is less evident at the microprocess level of analysis than at macroprocess levels. Clearly, further investigations and clarification of methodological issues central to the study of counsellor cognitions and client perceptions are needed before researchers can fully understand the role of intentions in the change process.

Methodological Considerations

As this study is designed both to further examine patterns of matching throughout time-limited therapy and to gain further data on the match/outcome relationship, two points of methodology thought to particularly influence counsellor/client matching are addressed.

Unit of analysis. From the review of intentions research presented above, it is evident that previous studies have primarily analyzed counsellor intentions at a microprocess level relating intentions to specific counsellor behaviors such as verbal response modes. While this speaking turn level of analysis has been appropriate for the study of counsellor and client verbal behavior, it has not been established as optimal for studying counsellor cognitions and their transmission to clients. Other units used less often in intentions research (eg. 100' of audiotape, five-minutes of clock time, five speaking turns from session beginning, middle and end) are more macroscopic but have been selected arbitrarily by the researcher rather than according to their appropriateness for the variable under study. For the current study, it is hypothesized that a mid-process "episode" unit (as defined in

Chapter 1) may better reflect the naturally-occurring segmentation of sessions and therefore may be more suitable to illuminate patterns of change in counsellor intentions and counsellor/client matching. In order to create a meaningful episode level unit for use in the current study, a procedure was designed in which the counsellor is used as a "unitizer" who controls the videotape playback during IPR sessions. By stopping the videotape at each recalled new intention, the counsellor is then asked to identify the beginning of each new episode as it occurred throughout the session. (See also Chapter 3 for procedure.)

Coding items. Also as shown in the above review, in order to tap counsellors' intentions, process researchers have developed a variety of counsellor intention rating systems. For the purposes of the present study, of particular importance to the researchers is the client's ability to use the rating system with ease so that client perceptions of intentions may be accurately measured. Two qualities of previous lists are thought to be potentially problematic for clients. First, many items are worded so that the intention is defined from the counsellor's point of view and therefore may be particularly difficult for the client to use. For example, most focus on the counsellor's response (eg. the counsellor intended to ...) rather than intended client responding. Also, they often include counsellor intentions which do not relate specifically to the client such as intentions for self or for the therapeutic relationship. (For more specific examples, see also Chapter 3: Counselling Intentions List). Second, the lists often include items which are highly theoretical or specific to a particular theoretical orientation or cognitive model. These items may be beyond the understanding of non-psychologically-minded clients and so may be considered inappropriate for research attempting to accurately evaluate client perceptions. For the current study, these difficulties are addressed through the creation of a new measure of counsellor intentions which is described in Chapter 3.

CHAPTER III

METHOD

In order to create a framework for conceptualizing the methodology used in this study, a general overview of the study procedures is provided at the outset of this chapter. This is followed by a more detailed description of the instruments and specific procedures used.

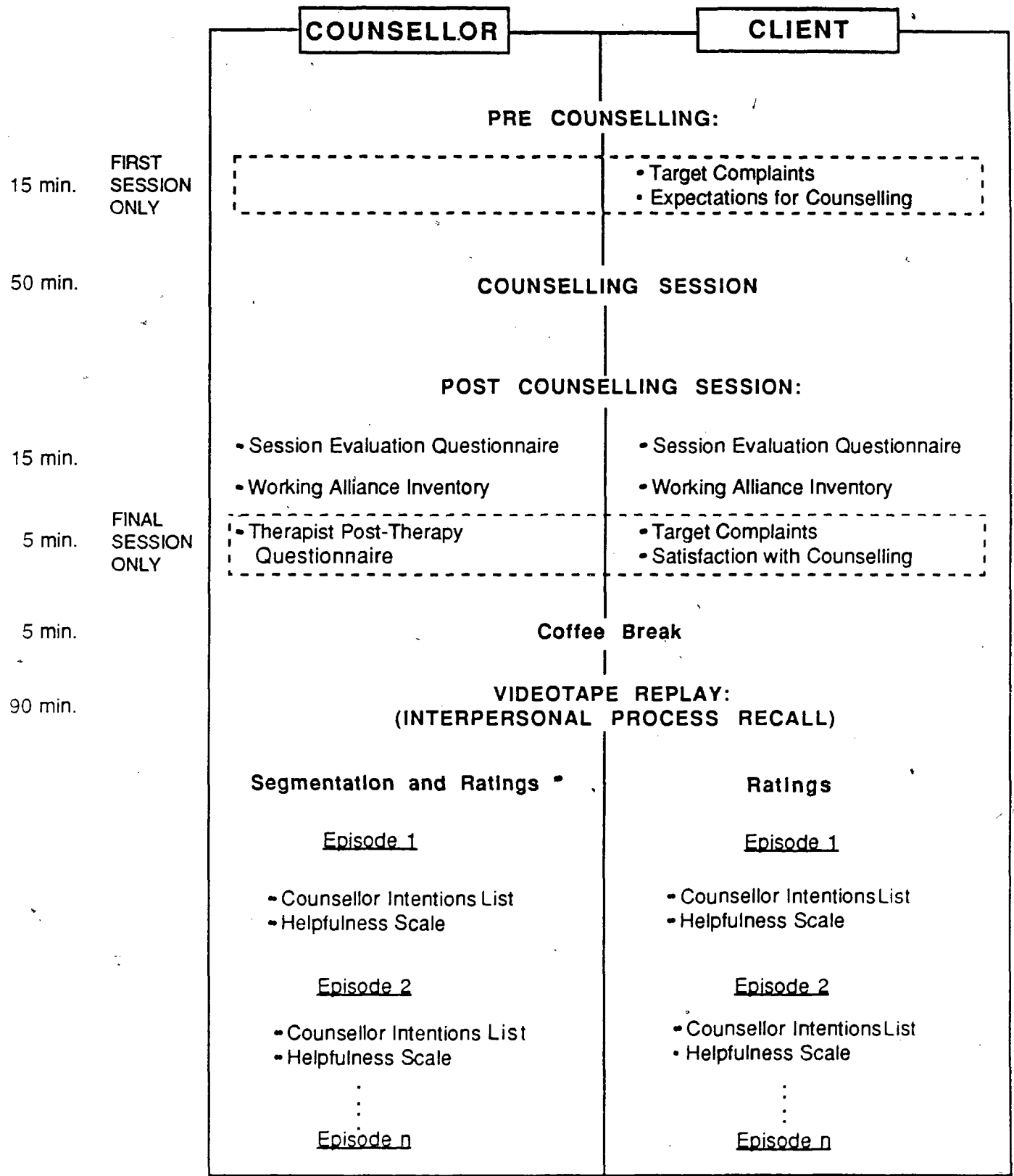
Overview

The data base for the investigation of counsellor and client perceptions of counsellor intentions was generated through the creation of a counselling opportunity for four individuals. Two experienced counsellors (one female and one male) were hired to work with two clients each (one female and one male). The counselling interventions were contractually limited to ten sessions, two sessions per week for approximately five weeks. Prior to the commencement of research, each client was assigned to work with one of the two counsellors based upon gender and times available for counselling.

The researcher and one colleague were primarily responsible for data collection. Two research assistants (one female and one male) were also hired to assist in the study. A back-up research assistant was available in the event that one of the researchers could not attend a session. This person attended all training and other project meetings to ensure comparability with the other research assistants. In only one instance was the back-up person required to collect data.

All counselling sessions were videotaped and took place in a counselling room in the Faculty of Education at Simon Fraser University. Immediately following each counselling session, the counsellor and client were led to separate rooms for data collection. (See Figure 1 for outline of data gathering procedure). First, both subjects made overall evaluations of the session just completed, using the Session Evaluation Questionnaire. Then each completed a second short questionnaire, the

Figure 1 Outline of Procedure For Each Session



* Counsellor stopped tape at beginning of each episode, then rated. Client viewed and rated only.

Working Alliance Inventory, which assessed their developing therapeutic alliance. (Data from this measure were not analyzed in the current study). After a five-minute break, subjects simultaneously viewed the videotape of the session just completed from monitors in adjacent interview rooms using a modified version of Kagan's (1975) Interpersonal Process Recall procedure. (See below for detailed description). The procedure of simultaneous tape-assisted review following shortly after each counselling session was used to maximize participants' recall of cognitive events during counselling. For this review, each counsellor-client pair was randomly assigned to one of four pairs of researchers. Each research pair was made up of one researcher and one research assistant who alternated for every videotape review session to work one session with the counsellor, the next with the client. This procedure was followed to keep to a minimum (two) the number of individuals who would be viewing each client's counselling sessions and to reduce the possibility of researchers having a systematic influence upon raters. Researchers also did not view the counselling session in progress so as to reduce the likelihood of influencing client or counsellor responses during data collection.

For the videotape review, playback equipment consisted of a videotape recorder (VTR) and two black and white monitors, one for the counsellor and another for the client. The counsellor controlled the movement of the videotape using the remote control function of a search computer while watching the session playback. The counsellor stopped the tape at each time in the session that s/he recalled having a new intention for the client. Using this method, the session was divided into "episode" units. When the tape was stopped, both subjects simultaneously recorded what they thought the counsellor intended the client to think, feel, or accomplish in the episode just viewed, using the Counsellor Intentions List. The counsellor used the list to record his or her recalled intention(s) as they occurred at that point in the session. The client recorded his/her

understanding of the counsellor's intention(s) during the counselling episode just viewed. Intercom communication was used whenever the client required a second replay of all or a portion of an episode (a short replay was requested only twice). Immediately following the intentions rating, both counsellor and client also rated the degree of helpfulness of the episode just reviewed using the Episode Helpfulness Scale. When the client had finished rating the current episode, the researcher signalled on an intercom to the second researcher to continue the playback as soon as the counsellor was finished rating. The same stopping and rating procedure was continued for each episode until the entire session had been reviewed. At the end of each rating session, the date and time for the next session was confirmed with both client and counsellor.

The session evaluation, intentions and helpfulness rating scales were presented to subjects using Apple Plus microcomputers, one each for the counsellor and client. Ratings were made directly on the computer screen using a hand-held electronic cursor control and input device (Applemouse) operated by the subject. The computer program recorded all ratings made for the current episode then repeated the presentation of the blank scale to receive new ratings made for the next episode. (See Computer Methodology below). Throughout the rating sessions, all subject ratings were also recorded by the two researchers as a back-up to the computer recordings. Subjects were informed during initial training sessions that all of their ratings would remain confidential -- i.e. clients' reports were not available to counsellors and counsellors' ratings were not given to clients.

Data Gathering Instruments

Computer Methodology

For the Session Evaluation Questionnaire, Counsellor Intentions List and Episode Helpfulness Scale ratings, a computer program was developed which presented all items and rating scales on sequential computer screens, and then

recorded the subject's ratings in a file on the program diskette. (See Appendix L for computer screen presentations). The program was designed so that when all intention(s) and helpfulness ratings were completed for one episode, these ratings were recorded on the diskette and the intentions and helpfulness scales were presented again, ready to be used for the next episode.

For each screen, subjects made ratings directly on the scales presented on the screen using a hand-held cursor control device called a "mouse". As the mouse moved on the tabletop next to the computer, the cursor moved on the monitor screen. A mark was then made at the desired place on the screen by moving the cursor using the mouse, then "clicking" a button on the mouse to register the selection. Ratings could be changed at any time by repeating the procedure to make a new mark on the same line (only the last mark made was registered). Throughout the rating procedure, subjects were able to advance to the next screen or go back to a previous screen if desired by moving the cursor and clicking the mouse over a box on the screen marked 'N' for next or 'P' for previous. If a rating was omitted when the subject tried to advance to the next screen, a warning sound was emitted and the current screen remained until the omission was corrected.

After the initial training session, subjects indicated that moving the free-floating cursor with the mouse was time-consuming and sometimes frustrating. Therefore the program was altered for the following rating sessions so that the cursor was set to move only horizontally and to jump automatically to the zero position on the next line after a rating was made. This change helped the subjects to move more quickly through the rating lists.

Counselling Intentions List (CIL)

Counsellor and client perceptions of the counsellor's intentions were rated using a new counselling intentions classification system developed for this study. The Counselling Intentions List (CIL), was developed in order to attempt to

overcome some of the reported shortcomings of previous counsellor intentions lists (see below) and to maximize clients' ability to report their perceptions of the counselling experience. Specifically, the CIL was designed to be "user friendly", particularly for clients unfamiliar with counselling or therapy. Also, as discussed in Chapter 2 (Methodological Considerations), it represents an attempt to limit the user's focus specifically to "counsellor intentions for client responding".

The CIL was created from a combination of the three major counsellor intention rating systems reported in the literature, particularly those developed by Elliott and Feinstein (1978), Hill and O'Grady (1985), and Martin, Martin, and Stemon (1986). These lists were chosen because they are pantheoretical and well grounded in general counselling theory, all report little overlap between items, and have been used successfully to measure counsellor intentions and client perceptions of intentions.

Elliott & Feinstein's (1978) Helping Intention Rating Procedure consists of ten helping dimensions: *gather information, give information, communicate my understanding, explain, advise, guide, reassure, disagree, share myself and other*. The items were developed to "measure the counselor's point of view of their intention in saying particular verbal utterances" (p.1). For each speaking turn, counsellors are instructed to mark one or more dimensions using the formula: "In saying that, I was trying to ...". For the present study, although the list was presented in common language, the researchers felt that it might still be difficult for clients to use as it was worded from the counsellor's point of view. This list has also been criticized by Hill and O'Grady (1985) who found the system, although useful, to be seemingly incomplete and nonrepresentative of some important intentions from particular theoretical perspectives. In addition, they noted that in many cases there seems to be a lack of differentiation between intentions and response modes. For example, they suggested that the intention "general advisement" and the response

mode "advise" sounded so similar that rather than being two separate concepts, they might just be the same variable judged from two perspectives.

Hill and O'Grady's (1985) list of 19 counselling intentions was created for use by the counsellor following the session, to code each of his or her speaking turns according to the underlying intention(s) which apply. The list was designed to be inclusive of the range of possible counsellor intentions and to have face validity and neutral language acceptable to diverse orientations. For the purposes of the present study, the list could be problematic for use by clients because intention labels contain theoretically biased language such as *cathart*, *resistance*, and *insight*. Many of the items are also worded from the counsellor's point of view (i.e. the therapist intended to: *support*, *reinforce change*, etc.).

Martin, Martin, and Slemon's (1986) list on the other hand, consists of eight "Counselor intentions for client cognitive processing": *Expecting*, *Attending*, *Encoding*, *Associating*, *Rehearsing*, *Retrieving*, *Assembling* and *Metacognizing*. This list was designed for use by external raters in coding counsellors' and clients' verbal responses to process recall questions such as "Do you think the counsellor wanted you to be thinking in some special way? Describe that way of thinking." Although the list is brief, well grounded in cognitive learning theory (eg. Gagné, 1977), and stated in terms of intended client responding, the research group again considered it unsuitable for use with clients as it is presented in highly technical language which is unlikely to be part of a client's general vocabulary.

CIL development. The original system for the new list was first rationally derived through combining the intention categories from the Hill and O'Grady, Martin, Martin, and Slemon, and Elliott & Feinstein classification systems with the goal that all major intentions would be included using the least possible number of categories. The procedure of combining existing major systems was used in order to lend consensual validity to the majority of items in the new system. From this

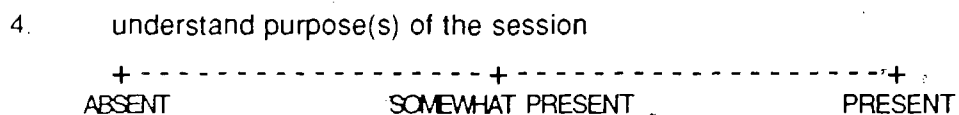
process, 16 categories were created. Next, each new category was reworded so that the intention labels would represent a counsellor's intention for the client (i.e. what the counsellor intended for the client to do rather than what the counsellor intended him/herself to do). Due to this specific focus of the current system, intentions for the counsellor such as Hill and O'Grady's "therapist needs" and "relationship" categories were not included. To keep wording uniform in this regard, each label was created using the item stem: "I intended for my client to ...". All technical language used in previous lists (eg. "cathart", "resistance", "encoding", "metacognizing") was also eliminated and replaced with common language. The reworded list was then reviewed by the senior researchers (two faculty members of the SFU Faculty of Education) who checked the categories for "client-friendly" wording and coverage of the range of counsellor intentions commonly used. Minor revisions were made based on this feedback. Prior to use with subjects, the sixteen intentions identified by this process were presented in random order, with an "other" category added at the end of the list. In addition, parallel forms with wording changed to reflect appropriate counsellor and client gender were created for clarity and ease of use.

Finally, the intentions list was piloted along with the procedures for the present study during ten single analog-counselling sessions with volunteer counselling instructors and graduate counselling students acting as counsellors, and volunteer students as clients. From these trials, a list of intentions stated in the "other" category and feedback from subjects regarding the items was collected. This information was used to make further minor modifications to the list. In general, through the piloting procedure it was found that subjects were able to use the CIL and that the intentions were representative of the majority of the counsellors' intentions for client responding.

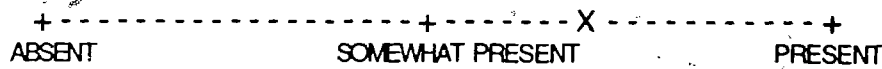
CIL description. The final Counselling Intentions List consisted of 17 items.

Sixteen of the items specified a counsellor's intention for the client to do, say, think, feel or accomplish something in the current session, for example: *be more precise or focussed, understand purpose(s) of the session, or feel more hopeful.* (See Appendix A). Also included in the list of 17 intentions was one "other" category which the counsellor or client could use to state any intention which s/he felt was not covered by the list. Each intention represented the counsellor's cognitive plan for the client for the next counselling episode. Instructions to subjects for using the list (see Appendix I and Procedures below) stressed that more than one intention might be operating during each recalled episode. It was also stated that intentions refer to the relatively immediate effect desired for the client within the session rather than over large portions of sessions.

In the study, a computer presentation was used which displayed the intentions list, three intentions at a time, on six sequential screens. For each subject, a gender-appropriate list was presented. Below each listed intention, a Likert-format rating scale was presented on which subjects indicated the degree to which the intention was present in the current episode. The Likert rating scale consisted of an open line with three anchors: one placed at the beginning of the scale labelled "absent", the second at the midpoint labelled "somewhat present", and the third at the end of the scale labelled "present" as shown below:



(See Appendix L for computer presentation of intentions list). Counsellors and clients rated each intention directly on the computer screen using an electronic mouse to place an "X" at the desired point on the scale between "absent" and present:

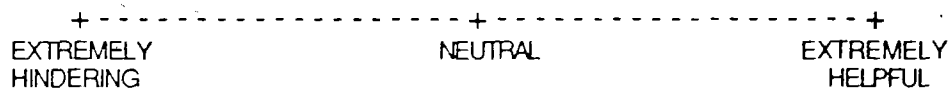


The computer program assigned a value between 0 and 40 to each point on the line with the leftmost point ("absent") equal to 0, the midpoint ("somewhat present") equal to 20, and the last point ("present") equal to 40. In the example above, a value of 28 would be recorded for the rating made.

At the beginning of each rating session, a laminated paper copy of the appropriate intentions list was also given to both counsellor and client. Subjects were encouraged to refer to this list, if desired, while watching the playback or before making computer ratings. Subjects were also instructed to use the 'other' category, if necessary, by first indicating their selection of intention #17 on the rating scale and then stating aloud the perceived intention to be recorded by the researcher.

Outcome Measures

Episode Helpfulness Scale. An evaluation of the helpfulness of each episode was obtained from counsellor and client immediately following the counsellor intentions rating for the episode. Helpfulness ratings were made on a computer screen using an expanded version of a three-point helpfulness scale developed by Elliott (1979). The expanded scale consisted of an open line with three anchors: one placed at the beginning of the scale labelled "extremely hindering", the second at the midpoint labelled "neutral" (neither helpful nor unhelpful), and the third at the end of the scale labelled "extremely helpful" as shown below:



Instructions to client and counsellor, presented above the scale on the computer screen, were: "Please rate how helpful this part of the session was for you(r client)".

(See Appendix L for example of helpfulness scale). Subjects indicated the degree of helpfulness of the episode directly on the computer screen by using the mouse to place an "X" at the desired point on the scale between extremely hindering and extremely helpful. This rating was recorded by the computer program which assigned a value between 0 and 40 to each point on the open line with the leftmost point ("extremely hindering") equal to 0, the midpoint ("neutral") equal to 20, and the last point ("extremely helpful") equal to 40. The computer screen presentation for the scale was used to allow subjects to make fine distinctions between episodes and to allow greater variability than would be possible using only a 3-point scale. This revision of the scale was made in response to the recommendations of Fuller & Hill (1985) who noted that "the use of a single 3-point scale to measure helpfulness has problems in terms of validity and reliability" (p. 336).

Session Evaluation Questionnaire (SEQ), Form 4. Counsellor and client perceptions of the immediate effects or impact of each session were obtained using the Session Evaluation Questionnaire (Stiles, 1980). The SEQ is a self-report instrument consisting of two sets of 12 bipolar adjective scales presented in semantic differential format. (See Appendix E). For the present study, the scales were presented on sequential computer screens, four scales per screen, in the format shown below:

BAD +-----+GOOD

As with the intentions and helpfulness ratings, subjects marked their rating of the therapy experience on the continuum between each adjective pair using a mouse to place an "X" at the desired point on the scale as shown below:

BAD +-----X-----+GOOD

The computer program then recorded each rating as a value between 1 and 40, corresponding to the placement of the mark on the open line with the leftmost point equal to 0, and the last point equal to 40. In the example above, a value of 33 would be recorded for the rating made.

The first half of the SEQ elicited responses to the item stem: "This session was ...". According to Stiles (1980), the responses to these items measured two independent dimensions: "Depth" and "Smoothness". Depth refers to a session's perceived power and value as represented by the mean-rating on the bad-good, valuable-worthless, shallow-deep, full-empty, weak-powerful and special-ordinary scales. Smoothness refers to a session's comfort, relaxation, and pleasantness as represented by the mean rating on the safe-dangerous, difficult-easy, relaxed-tense, unpleasant-pleasant, rough-smooth, and comfortable-uncomfortable adjective pairs. (For these and all other indexes, scoring of items was reversed as appropriate during data analysis so that higher values reflected more positive ratings). The second half of the questionnaire, responses to the item stem, "Right now I feel ...", measured two dimensions of participants' post-session affective state: "Positivity" and "Arousal". Positivity refers to feelings of confidence, clarity, happiness and the absence of fear or anger as represented by the mean rating on the happy-sad, angry-pleased, uncertain-definite, confident-afraid, friendly-unfriendly, and involved-detached scales. Arousal refers to feeling active and excited as opposed to quiet and calm, the mean score from the moving-still, calm-excited, wakeful-sleepy, slow-fast, energetic-peaceful, and quiet-aroused pairs.

In factor analytic studies reported by Stiles (1980) and Stiles and Snow (1984), the SEQ yielded results comparable to the Therapy Session Report used by Orlinsky and Howard (1977), a longer and more detailed postsession self-report measure. These studies also showed the Depth and Smoothness dimensions of the SEQ to be independent and similar to Orlinsky and Howard's "therapist

effectiveness" and "patient distress" factors which they report are statistically the "most substantial" and clinically the "most relevant" of their dimensions of session experiences. While a similar, moderately high level of client-therapist agreement on session qualities was found for both measures, Stiles (1980) noted that clients tended to rate their affective state as more positive after sessions that both they and their therapists rated as smoother and easier (low client distress), whereas therapists tended to rate their affective state as more positive after sessions that both they and their clients rated as deeper and more valuable (high therapist effectiveness).

Target Complaints. Client ratings of the nature and severity of presenting complaints prior to and following therapy were assessed with a Target Complaints interview conducted by one of the primary researchers at the beginning of treatment and subsequently as a paper-and-pencil questionnaire (Battle, Imber, Hoehn-Saric, Stone, Nash, & Frank, 1966). During each client screening interview, the client was asked: 1) "What problems or difficulties do you have that you would like help with?" ... "How long have you had this concern?" 2) "Anything else?".... The researcher recorded each complaint (maximum 3) using the client's own words and asked for clarification only if necessary without probing further into areas not mentioned. Immediately prior to the first counselling session, the client was asked to rate the degree of discomfort caused by each target complaint. For this purpose, a separate box scale was provided for rating each of the client's presenting complaints (See Appendix F). The client's complaint was written at the top of the page along with the instruction: "In general, how much does this problem or complaint bother you?". The descriptor "Not at all" was printed beside the bottom box; "A little" by the fourth box from the bottom; "Pretty much" by the seventh box; "Very much" by the tenth box; and "Couldn't be worse" by the top (13th) box. For scoring purposes, each box was assigned a value between 1 and 13 with the first

box "Not at all" equal to 1 and the thirteenth box "Couldn't be worse" equal to 13. The same paper-and-pencil target complaints questionnaire was readministered to each client following the final counselling session and again after two and four months post counselling by mail.

The use of target complaints as criteria of improvement has been recommended by Waskow and Parloff (1975) who note that this measure is: suitable for use with any population, easy to administer, not offensive to clients, and sensitive to change. In validation studies reported by Battle et al. (1966), target complaints were found to correspond to the complaints obtained in an intensive psychiatric evaluation interview conducted prior to a four-month psychotherapy study and to "correlate to a significant degree" with the four other outcome measures used: client and therapist ratings of overall improvement, client discomfort scale ratings, and social ineffectiveness ratings based on structured interviews. When obtained at different points prior to therapy and by different interviewers, target complaints and corresponding severity ratings using the box scale were also found by these researchers to be highly reliable. The mean change of the severity ratings for the main complaint made before and after a psychiatric evaluation interview (n=20) was only .4 of a point on a 13-point scale. This difference was not significant (Battle et al., 1966).

Expectations for counselling and benefit from counselling scales. Client ratings of their outcome expectations prior to counselling and their judgment of benefit from counselling following treatment were obtained using two informal scales which were appended to the Target Complaints Questionnaire. (See Appendix F). In addition to making initial discomfort ratings for each target complaint on a target complaint scale, clients were asked to indicate "what you expect this level to be after completing the counselling sessions". For these ratings, a second, separate scale was provided for each target complaint. At the end of the

target complaints questionnaire, clients were also asked to rate the degree to which they expected counselling to be beneficial in helping to reduce their complaints on a 5-point scale from 0 "not beneficial at all" to 4 "very beneficial".

At the end of counselling, after making final target complaints ratings, clients were asked to judge the degree of benefit they had received from counselling. Again using the 5-point rating scale, clients responded to the question: "In general, how beneficial did you find the counselling to be in helping you reduce these problems or complaints?" Also at this time, counsellors predicted their clients' post-counselling ratings of benefit from counselling. Using the same scale from "not beneficial at all" to "very beneficial" for each of their clients, counsellors were asked to "Please estimate how effective your client would rate the outcome of your sessions". This scale was presented at the end of the Therapist Post-Therapy Questionnaire (see below).

Therapist Post-Therapy Questionnaire (TPTQ). Counsellors' retrospective views of the counselling experience and changes in each of their clients were obtained using a modified version (Horvath, 1981) of the Therapist Post-Therapy Questionnaire developed by Strupp, Wallach & Wogan (1964). Counsellors were asked to complete the questionnaire along with their predictions of client benefit from counselling ratings following each client's final counselling session. The TPTQ is a brief paper-and-pencil instrument created from major item clusters in the Strupp et al. Patient and Therapist Questionnaires. The questionnaire consists of 15 items, 14 of which are presented in the form of rating scales and 1 as an open-ended question. (See Appendix G.) The first items assess the counsellor's perceptions of the overall success of counselling including the amount of benefit derived by the client from counselling and the counsellor's satisfaction with the results. The remaining items call for more specific "before and after" assessments: the client's "adjustment" before counselling (chronicity of presenting complaints;

degree of disturbance, anxiety, "internal pressure"), amount of change experienced as a result of counselling, amount of change apparent to others, remaining "disturbance", and present adjustment.

In a study comparing therapists' and patients' retrospective views of therapy using the Therapist Questionnaire and more extensive Patient Questionnaire, Strupp et al. (1964) found several substantial correlations on parallel items. The highest agreements were found between outcome as assessed by the therapist and amount of change as rated by the patient. These researchers concluded that "despite their different vantage points, patients and therapists show reasonable agreement on the patient's psychological status after therapy" and that "the therapist's rating of overall success may be accepted as the single most informative rating of therapeutic outcome" (p. 28).

Procedures

Recruitment

Two male and two female clients were sought for participation in the study. Recruitment of clients involved advertising via posting notices and alerting staff at doctors' offices, community counselling services, mental health facilities, and at a University Counselling Service. The notices (See Appendix B) advised of an opportunity to receive counselling from experienced professionals from the community as part of a research study. Respondents were initially screened by telephone for suitability of time schedules and client needs. Potential clients were those who could be available for 2 1/2 hours twice per week and who desired individual counselling for personal problems. Those requesting couples or family counselling were referred elsewhere. Seven potential subjects were then interviewed in person by one of the researchers and informed (both orally and in writing) of the general nature and requirements of the study. In particular, they were informed that their participation would include up to 10 hours of videotaped

counselling, followed by tape-assisted review and rating. In exchange for their participation, they would receive: a) 10, 50-minute hours of personal counselling with experienced counsellors, b) two payments of \$25 for completion of a final evaluation of counselling questionnaire and two follow-up questionnaires, and c) a referral to an appropriate counselling service should they feel the need for further counselling. (See Appendix C & D for explanation to clients and screening questionnaire.)

Only clients who were motivated to enter counselling for specific concerns and who were not organically impaired, severely disturbed, in crisis, or extremely anxious were chosen. Of the four clients selected for the study, none were currently receiving any form of counselling or therapy and none had been previously treated for mental illness. All were in good health and currently were not receiving medication. These stipulations were made due to the time limitations of the treatment and based upon recommendations of previous researchers such as Elliott (1979) due to the "moderately intrusive and potentially reactive" nature of the data collection procedure used. Unsuitable clients were referred to appropriate community counselling services.

Two experienced counsellors were hired to provide a counselling service comparable to services available in the community. Potential participants were located through: 1) a telephone search using the directory of the B. C. Psychological Association and listings of Psychologists in the local telephone directory, and 2) advertising via posting notices at the local university Counselling and Psychology departments. The notices and telephone solicitations informed potential participants that a post-graduate level counsellor was required to provide personal counselling for a research study investigating counsellor intentions. The weekly hours involved for counselling and rating videotapes as well as the rate of pay offered were also outlined. Interested applicants were then interviewed in

person by the researchers. Selection criteria for counsellors included: post-Masters level training, a minimum of five years of counselling experience, and availability during the research time frame. In exchange for providing time-limited (10 sessions) counselling service to two clients, each counsellor was paid a pre-arranged fee following the final counselling session.

Description of Participants

Clients. Client 1 was a 28 year-old white female paraprofessional and part-time student. She had previously received short-term counselling as well as introductory training in Gestalt techniques. From the initial screening interview, her stated target complaints were: a) "confidence in general, growing up", and b) "becoming dependent in relationships". These complaints had been of concern for "a long time".

Client 2 was a 37 year-old black male blue collar worker. His previous experience with counselling had been in short-term marital therapy. He hoped to grow and understand himself better through further counselling. His stated target complaints for counselling were: a) "problems coping with situation of wife wanting to separate", b) "sexual problems", and c) "concerned about future financial situation". All of these complaints had been of short duration.

Client 3 was a 42 year-old white male small business owner/operator. Several years previous he had received short-term therapy for anger control which he found to be unsuccessful. His two stated target complaints were: a) "lack of motivation", and b) "problem dealing with partner's negative attitudes". These complaints had been of concern for approximately three years.

Client 4 was a 49 year-old white female social service administrator. She had received no previous therapy and was interested in entering counselling to "work on her feelings". Her stated target complaint was: "feelings of depression, fatigue and physical symptoms (headaches, insomnia, weight gain, choking

sensation) related to job stress". These symptoms had been present for approximately 4 months.

Counsellors. Counsellor A was a 42 year-old female who held an M.A. in counselling. She had extensive post-Masters training in Gestalt, marriage, and family therapy, and currently had a successful private practice. On a counsellor information form completed prior to commencement of research, she reported her theoretical orientation as: "Gestalt-Adlerian + Egan Model".

Counsellor B was a 42 year-old male who held a Ph.D. in Psychology, and had post-doctoral training in Vocational Counselling, Rational-Emotive Therapy, Neuro-Linguistic Programming, and Brief Therapy. He currently operated a vocational testing/counselling service and private psychotherapy practice. His reported orientations were: "cognitive-behavioral (R.E.T.) and philosophical (N.L.P.)".

Counselling

Environment. All 40 counselling sessions took place in a 4x4 m carpeted interview room equipped with a stationary video camera and two microphones. Furnishings and layout were designed to closely resemble a counselling office setting. For all sessions, recording equipment was pre-set and controlled from an adjacent viewing room, in order to ensure a minimum of distraction. The camera was mounted high on the wall opposite the counsellor and client and was set to take in the full view of both subjects when seated. A digital display of the time in hours, minutes and seconds was also recorded on the lower left corner of the picture through the use of a time generator. Following the fourth session, stationary microphones were replaced with two lavalier microphones for better audio recording. Seating arrangements were also adjusted prior to each session to suit the needs of each counsellor. (See Appendix H for diagrams of room layouts and equipment set-up).

Process. Prior to the first counselling session, the researcher discussed with subjects procedures to be followed for all counselling sessions. The counsellor was asked to make any necessary adjustments to the room set-up to make the setting comfortable. S/he was then instructed (with the client present) to follow the same counselling procedures used in his/her current practice. Both counsellor and client were reminded to note the area that the camera would cover and attempt to remain within this region if possible. Finally, both were informed that their session would not be watched in progress by researchers and that they would be signalled with a knock on the door when 40 minutes had passed, then again at the end of the 50-minute hour. (Both counsellors noted that they used the same signalling procedure in their practice). Prior to each subsequent session, counsellor and client were instructed to proceed as before.

Counsellor A worked with clients 1 and 2. The counselling approach used was generally experiential and insight-oriented within a supportive atmosphere. For both clients, the counsellor solicited the client's assistance in determining a focus for each session rather than following a predetermined treatment plan. In general, a "here-and-now" focus was maintained with some attention to family and past events, but with the goal of encouraging change by having the client perceive or experience self, others and/or life differently.

Counsellor B worked with clients 3 and 4. The approach used was generally directive/instructional and cognitive. The counsellor most often set the agenda for the session, using experiences or thoughts related by the client as an impetus for exposing and challenging self-defeating ways of thinking and behaving. The general goal of the sessions was to modify the client's thinking, feelings and behavior through effecting philosophical change.

Data Gathering Procedures

Tape-assisted intentions rating sessions were conducted simultaneously

with counsellor and client in separate adjacent viewing rooms equipped with video playback equipment and microcomputers. (See Overview and Data Gathering Instruments above for detailed description). Intention rating sessions ranged in length from 75 to 120 minutes. The length of the data gathering sessions tended to decrease as the sessions progressed.

Rating procedures. The first session for each subject was used as a training session for the data gathering procedures. For each training session, the Research Assistant read a statement of instructions to the subject while demonstrating equipment and explaining rating scales. (See Appendix I and J for complete subject instructions and training procedure for first and subsequent sessions).

After making ratings using the Session Evaluation Questionnaire as demonstrated by the researcher, each counsellor was trained in segmenting the tape into episode units and in using the intention rating scales. Instructions given were as follows:

For the rest of the time you will be watching a videotaped replay of your session today. ...As you watch the monitor, we would like you to focus on the client and try to recall as much as possible what you were thinking and feeling as it was happening. You are asked to recall what you were thinking during the session, not to describe your impressions now. As you watch, stop the tape whenever you remember intending your client to do, say, think, feel or accomplish something new. It is VERY important that you limit your responses to what you were thinking during the counselling session. Looking at the list of possible intentions on the computer screens, choose one or more intentions that best match what you remember intending for your client at that time.... Mark the scale below to show the degree to which that intention was present.... If none of the intentions match what you remember intending for

your client at that time, put an "X" on #17 "Other" and tell what you thought the intention was.....

After reading these instructions, the researcher demonstrated how to mark the scale for each intention showing the degree to which that intention was present. (See Appendix L for computer screen presentations).

For the episode helpfulness ratings, counsellors were instructed: "We would also like you to rate how helpful you thought the preceding part of the session was for your client at the time." The researcher then demonstrated where to mark the scale to rate the episode as "helpful", "neutral" or "hindering". Once the counsellor indicated that the instructions were clear, the first session tape was rated. For the first three stops, researchers checked that when the tape was stopped, the counsellor had a new intention for the client and that the ratings made accurately reflected the counsellor's intentions and evaluation of the episode. In both cases, it was noted that the counsellor was at first unsure as to the level of intentions s/he should attend to and therefore how often to stop the tape. At this point the researchers clarified that we were interested in the counsellor's intentions for intermediate subgoals or plans within the session at the level of an in-session event or episode rather than the more microcosmic moment-by-moment intentions for each speaking turn. After segmenting the first session, both counsellors indicated that they now had a clearer understanding of when to stop the tape to create episode-level segments.

During client training sessions, each client was also trained to use the rating scales and mouse beginning with a demonstration on marking the Session Evaluation Questionnaire. For the video replay and ratings of counsellor intention, each client was instructed as follows:

For the rest of the time you will be watching a videotaped replay of your session today....As you watch the monitor, we would like you to focus on the

counsellor and try to recall as much as possible what you were thinking and feeling as it was happening. You are asked to recall what you were thinking during the session, not to describe your impressions now. It is VERY important that you limit your responses to what you were thinking during the counselling session at points we examine on the videotape. When we begin to watch the tape replay, your counsellor will also be watching the video from another monitor and will stop the tape whenever he (she) remembers having a new intention for you. When the tape stops, we would like you to try to recall what you thought your counsellor intended for you to do, say, think, feel, or accomplish during the part of the session that you just reviewed. Looking at the list of possible intentions on the computer screens, choose one or more intentions that best match what you thought your counsellor intended at the time....Mark the scale below to show the degree to which that intention was present.... If none of the intentions match what you thought your counsellor intended at that time, put an "X" on #17 "Other" and tell what you thought the intention was.

Clients were then shown how to use the intentions rating scale. For the episode, helpfulness ratings, clients were instructed to "rate how helpful you thought that part of the session was for you at the time". When the client felt that the instructions were clear, the researcher signalled the counsellor-researcher pair to begin the rating. For the first three stops, the researcher working with the client checked the meaning of each client rating to ensure that the ratings made reflected the client's recollections.

At the beginning of subsequent rating sessions, researchers briefly paraphrased the instructions using the written statement as a guide. The complete instructions were also re-read prior to each client's fifth rating session and each counsellor's tenth rating session (halfway through the study) in order to maintain

consistency in procedures. At this time, in order to obtain additional information and feedback on counsellor segmenting and rating procedures, Counsellor A was interviewed and one rating session with Counsellor B was audiotaped. (See Appendix M for transcripts). Through these interviews it was noted that Counsellor A had been using a different procedure for rating intentions than Counsellor B. After stopping the tape when she intended something new, this counsellor would rate her recalled intentions for the past episode just viewed rather than stating her new intentions for the upcoming episode. As Counsellor A had been consistent in this rating method and expressed a preference for making intention ratings after reviewing an episode (post episode) rather than as the new intention(s) occurred, to maintain consistency of the procedure it was decided that she should continue to rate in the same way.

Final session and follow-up. Immediately following his/her final counselling session, in addition to completing the Session Evaluation Questionnaire and Working Alliance Inventory, each client completed the Target Complaints Questionnaire and Satisfaction with Counselling Scale. These ratings indicated the client's judgment of the post-counselling severity of initial target complaints and his/her overall satisfaction with counselling. Researchers again stressed to clients that these ratings would not be revealed to their counsellors. The counsellors at this time completed the Session Evaluation Questionnaire, the Working Alliance Inventory, and the Therapist Post-Therapy Questionnaire. At the end of the study, each counsellor and client were interviewed briefly by the researcher to obtain participants' feedback about the study, to discuss follow-up and payment procedures, and to set up referrals to appropriate services if desired. Follow-up Target Complaints questionnaires were mailed to clients two and four months after the last counselling session. Clients were paid, as contracted, after the final counselling session and after completion of the follow-up questionnaires.

Data Management

Data recording. Prior to each rating session, counsellor and client computer program diskettes were set up in advance by the researchers with the appropriate session and subject number code so that all data recorded during that session would be labelled with this code. During rating sessions, each subject's Session Evaluation Questionnaire ratings and intention and helpfulness ratings for each episode were coded and saved to his/her program diskette by the computer program. In addition, while the rating session was in progress, both researchers kept back-up records for each episode on a Data Recording Form (see Appendix K). Recordings made by researchers included: videotape time readings for each time the videotape was stopped by the counsellor, intentions and helpfulness ratings made for each episode, and any "other" intentions stated by the subject. After each rating session, data collected on diskettes were printed to create a back-up "hard copy" of the ratings made for that session, then the current data files on the counsellor and client program diskettes were merged. The merged file contained session by session data for counsellor then client including: an identifying code (subject and session) and Session Evaluation Questionnaire ratings, followed by intention and helpfulness ratings for each episode. After printing and merging the data collected from the current rating session, researchers updated the Data Log. The Data Log recordings included the date, session and subject number, and number of cards (lines) printed and merged for both counsellor and client data. This precaution was taken to ensure that all data from program diskettes would be printed and merged to the master file before new data were collected on the diskette.

All paper and pencil questionnaires and session data recording forms were labelled prior to each rating session or follow-up mailing with the appropriate date and ID code for subject and session number.

Preparation for data analysis. All computer print-outs from each rating session were checked against corresponding recordings made by researchers on session data recording sheets. In cases where the researcher noted a rating was "missed" (i.e. the subject indicated that s/he wished to make an additional rating or that the "X" was placed incorrectly and not corrected at the time) a corresponding correction was made on the master merged data file. Verbatim responses from the "other" intention category were also compiled from data recording sheets into a list of "other intentions". Finally, merged files of the data for each counsellor-client dyad were created from the master merged file.

CHAPTER IV

RESULTS

This chapter is organized into five sections: Overall Counselling Outcome Data for each counsellor/client pair; Descriptive Statistics for counselling episodes and intention use data; Counsellor/Client Match Analysis on intentions; Intermediate Outcome Analysis of session-level outcome measures; and Match Rate/Outcome Relationship Analysis. "Outcome" refers to "overall client change" at the across-session level, "session quality" at the session level, and "helpfulness" at the within-session level of analysis.

Counselling Outcome

Severity of Presenting Complaints

Table 1 shows client ratings for each of their target complaints prior to and following counselling. The pre-counselling severity of client complaints on a 13-point scale, ranged from a discomfort rating of 7 ("pretty much" bothered) for clients 1 and 2, to 11 ("very much") for client 4. The grand mean rating across all clients and all complaints was 9.0 ("very much" bothered) ($SD = 1.41$).

Expectations for Change

Also shown in the second column of Table 1 are client ratings of the expected change in severity of each target complaint following counselling. Expected levels ranged from a low discomfort rating of 5 ("a little" bothered), to a high of 8 ("pretty much" bothered), with a mean expected change from pre-counselling levels of -3.0 points ($SD = 1.31$). The grand mean expected rating across all clients and all complaints was 6.0 ("pretty much" bothered) ($SD = 1.07$). Table 2 shows that client ratings of the expected *overall benefit* from counselling, on a 4-point scale, ranged from 2 ("somewhat beneficial") for client 4, to 4 ("very beneficial") for client 1. The grand mean expected benefit rating across all clients was 3.0 (between "somewhat" and "very" beneficial) ($SD = 0.82$).

Table 1 Client Target Complaints Ratings Pre and Post Counselling

Complaint	Rating*				
	Pre-Counselling Actual	(Expected Post- Counselling)	Post-Counselling Actual	Follow-up1 (2 month)	Follow-up2 (4 month)
<u>CLIENT 1:</u>					
a) confidence**	7	(5)	5	4	4
b) relationship	9	(6)	10	6	5
<u>CLIENT 2:</u>					
a) marital issues**	10	(8)	10	4	2
b) sexual problems	7	(6)	11	4	2
c) financial issues	9	(5)	5	4	1
<u>CLIENT 3:</u>					
a) relationship**	10	(7)	2	2	3
b) motivation	9	(5)	3	2	3
<u>CLIENT 4:</u>					
a) job stress **	11	(6)	10	11	10

* severity of complaint (1 = "not at all" bothered, 4 = a little, 7 = pretty much, 10 = very much, 13 = couldn't be worse)

** primary focus of counselling intervention

Table 2 Client Pre-Counselling (Expected) and Post-Counselling Benefit From Counselling Ratings

Client	Rating*	
	<u>Pre-Counselling</u> Expected Benefit From Counselling	<u>Post-Counselling</u> Overall Benefit From Counselling
1	4	3
2	3	4
3	3	4
4	2	3

* 0 = not beneficial at all, 2 = somewhat beneficial, 4 = very beneficial

Overall Outcome Ratings

Clients' actual post-counselling ratings of target complaints immediately following the final counselling session, and at two and four months following counselling, are also presented in Table 1. The post-counselling severity of client complaints ranged from a discomfort rating of 2 ("not at all" bothered) for client 3, to 11 ("very much") for client 2. The grand mean rating across all clients and all complaints was 7.0 ("pretty much" bothered) ($SD = 3.63$). The mean change in severity ratings from actual pre-counselling levels was -1.8 points ($SD = 4.03$). At follow-ups 1 and 2, target complaints ratings dropped to a grand mean of 4.6 and 3.8 respectively ("a little" bothered), with the mean change at follow-up 2 increasing to -5.3 points.

The second column of Table 2 shows that clients' actual post-counselling ratings of overall benefit from counselling varied little between a rating of 3 (halfway between "somewhat" and "very" beneficial) for clients 1 and 4, to 4 ("very" beneficial) for clients 2 and 3 ($M = 3.5$, $SD = 0.58$).

Counsellors' post-counselling ratings of counselling outcome for each of their clients are presented in Table 3. Items from the Therapist Post-Therapy Questionnaire (TPTQ) which relate to the counsellors' assessments of client behavior "before" and "after" counselling, as well as the overall success of the counselling are presented in summary. Counsellors' ratings of clients' degree of disturbance at the beginning of counselling covered the whole range from "not very" disturbed for client 1 to "very much" disturbed for client 3. Their judgment of the degree of client improvement following counselling also varied from "very little - somewhat" improved for client 3 to "considerable" improvement for client 2. Counsellor A was "moderately" and "highly" satisfied with the results of the counselling experiences for her two clients and reported similar levels of improvement to client ratings. Counsellor B was "fairly dissatisfied" in both cases

Table 3 Counsellor Rating Summary: Therapist Post-Therapy Questionnaire and Prediction of Client Benefit From Counselling Ratings

Key Item*		
<u>Counsellor A:</u>	Client 1	Client 2
	1) not very disturbed	1) moderate - much disturbed
	2) somewhat improved	2) considerable improvement
	3) considerable need for more therapy	3) considerable need for more therapy
	4) marked change after 5 hours	4) marked change after 8 hours
	5) counsellor <u>moderately satisfied</u>	5) counsellor <u>highly satisfied</u>
	6) predicted client rating = 3 ✓	6) predicted client rating = 4 ✓
<u>Counsellor B:</u>	Client 3	Client 4
	1) very much disturbed	1) moderately disturbed
	2) very little - somewhat improved	2) somewhat improved
	3) considerable need for more therapy	3) could use more therapy
	4) marked change after 9 hours	4) marked change after 8 hours
	5) counsellor <u>fairly dissatisfied</u>	5) counsellor <u>fairly dissatisfied</u>
	6) predicted client rating = 1	6) predicted client rating = 2

* Key Item Summary:

- 1) degree of disturbance at beginning of therapy
- 2) degree of improvement/benefit from therapy
- 3) degree of need for more therapy
- 4) point in therapy at which marked change was noted
- 5) counsellor satisfaction with therapy
- 6) predicted client rating of benefit from therapy (0 = not at all beneficial, 4 = very beneficial, ✓ = matches client rating)

and reported dissimilar improvement ratings to those of his clients. For all clients, counsellors felt that there was considerable need for further counselling.

Also shown in Table 3 are counsellors' predictions of their clients' post-counselling benefit from counselling ratings. Counsellor A accurately predicted both of her clients' assessments. Counsellor B underestimated both clients' ratings by 2 points for client 3 and 1 point for client 4. (See Tables 2 and 3).

Summary

In general, clients reported being "very much" bothered by target complaints at the start of counselling, "pretty much" bothered at the end of counselling, and "a little" bothered four months after counselling. For three out of four clients, the severity of individual target complaints reached lower than expected levels by the time of the two-month follow-up and remained at this level at the four month follow-up. Overall, clients 2 and 3 reported the most improvement from pre-counselling discomfort levels and rated the counselling experience somewhat more beneficial than expected. Clients 1 and 4 found counselling somewhat less beneficial than expected: client 1 improved moderately; client 4 showed no change, remaining at the "very much" bothered level throughout. In general, counsellors considered the clients to be somewhat improved following counselling with considerable need for further intervention.

Descriptive Statistics

Counselling Episodes

The 39 counselling sessions yielded 335 episodes. The number of episodes identified in individual sessions ranged from 4 to 16 with an overall mean of 8.6 ($SD = 2.69$). For all sessions segmented by Counsellor A, the mean number of episodes per session was 9.1 ($SD = 2.66$). For Counsellor B, the mean was 8.2 ($SD = 2.72$). The average length of an episode was 5.5 minutes for Counsellor A and 6.1 minutes for Counsellor B.

Use of Intentions

For all analyses of counsellor and client use of intentions, data from the first session for each client was omitted as it was noted that during these initial "training" sessions, both counsellors and clients were somewhat distracted in adjusting to the computer program and seeing themselves on videotape for the first time.

Counsellors selected a range between 1.3 and 4.8 intentions per episode in each session. An intention was "selected" if it received a rating greater than 0 ("Absent") on the intention rating scale. The overall mean for counsellors was 2.6 intentions per episode ($SD = 1.74$). Averaging across sessions, Counsellor A tended to select a higher number of intentions per episode ($M = 3.3$, $SD = 0.81$) than Counsellor B ($M = 2.0$, $SD = 0.52$). Client means varied much more than those of the counsellors. The mean number of intentions per episode for clients ranged in individual sessions from 1.6 to 12.0 with an overall mean of 3.6 intentions per episode ($SD = 2.26$). Comparing individual clients, client 3 showed the highest level of intention use per episode ($M = 5.3$, $SD = 3.67$) and client 4 showed the lowest variability across sessions ($M = 2.3$, $SD = 0.85$).

Overall intention use. Counsellor and client use of intentions was examined over 35 sessions. Table 4 presents a summary of the rank order of use for all 17 intentions across treatment, for both counsellor and client groups. These data are also presented graphically in Figure 2 which compares overall percentage use of each intention for counsellors and clients. These percentages represent the number of times an intention was selected by the counsellor or client group across all sessions, divided by the total number of intentions selected by that group. The intentions most commonly used by counsellors: 17 *other*, 3 *make new connections (among actions, thoughts, feelings)*, and 1 *recognize actions, thoughts, or feelings as his/her own*, in total accounted for 45% of the intentions selected by counsellors.

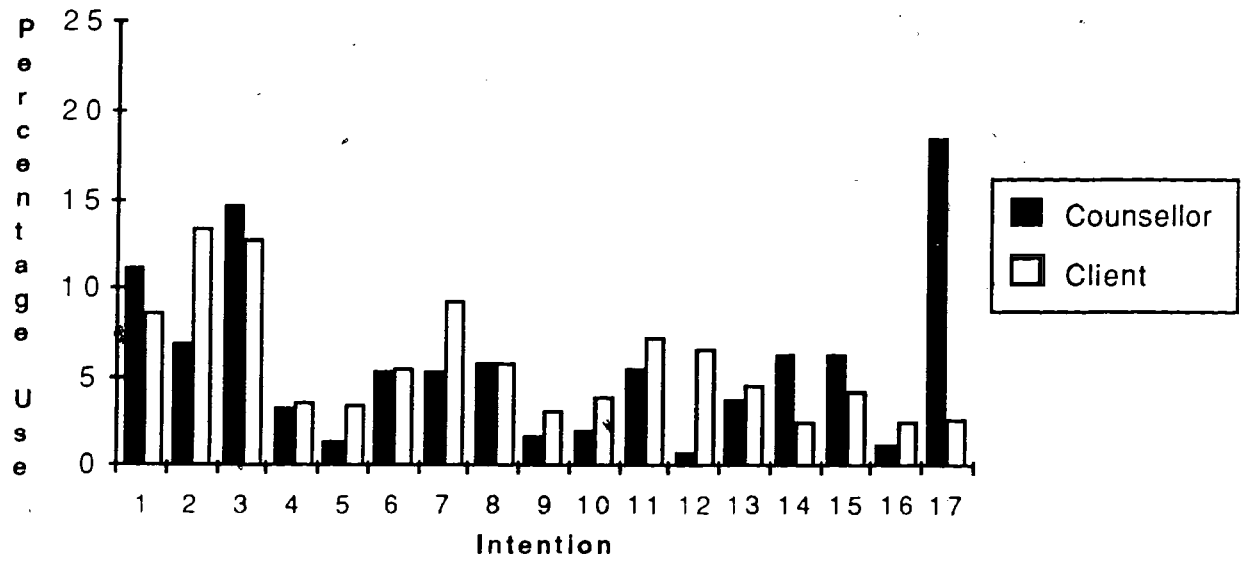
Table 4 Counsellor and Client Use of Intentions in Rank Order:
Aggregated Data Summary

COUNSELLORS' RANKING	INTENTION #	INTENTION
1*	17.	other
2	3.	make new connections (among actions, thoughts, feelings)
3	1.	recognize actions, thoughts, or feelings as his/her own
4	2.	be aware of his/her feelings
5	14.	feel understood, 15. have information (tie)
6	8.	be more precise or focussed
7	11.	experience or relive feelings
8	6.	give me information, 7. question actions, thoughts, or feelings (tie)
9	13.	do more of something
10	4.	understand purpose(s) of the session
11	10.	feel good
12	9.	know what to do
13	5.	stop or do less of something
14	16.	feel more hopeful
15	12.	learn how to do something

CLIENTS' RANKING	INTENTION #	INTENTION
1	2.	be aware of my feelings
2	3.	make new connections (among actions, thoughts, feelings)
3	7.	question my actions, thoughts, feelings
4	1.	recognize actions, thoughts, or feelings as my own
5	11.	experience or relive feelings
6	12.	learn how to do something
7	8.	be more precise or focussed
8	6.	give him/her information
9	13.	do more of something
10	15.	have information
11	10.	feel good
12	4.	understand purpose(s) of the session
13	5.	stop or do less of something
14	9.	know what to do
15	17.	other
16	16.	feel more hopeful
17	14.	feel understood

* 1 = most frequently selected intention

Figure 2 Percentage Use of Intentions - Aggregated Data



The intentions most commonly perceived by clients: 2 *be aware of my feelings*, and 3 *make new connections*, together represented 26% of client-perceived intentions. The greatest differences between counsellors and clients were found in their use of intentions 17 *other*: ranked first for counsellors, fifteenth for clients; 2 *be aware of my feelings*: reported twice as often by clients than counsellors; 14 *feel understood*: ranked fifth in use by counsellors and last among client-perceived intentions; and 12 *learn how to do something*: ranked sixth for clients and last by counsellors.

Individual intention use. Intention use data for individual subjects is shown in Table 5 which lists the intentions most frequently used by the counsellor and client in each of the four dyads. Intention use percentages for each dyad are presented graphically in Figures 3 and 4. Although both counsellors were similar in their relatively high endorsement of intentions 17, 3, and 1, sizeable individual differences were also found. Counsellor A used each of intentions 8 *be more precise or focussed*, 11 *experience or relive feelings*, and 17 *other* at least twice as often as Counsellor B. Counsellor B used intentions 3 *make new connections*, 4 *understand purpose(s) of the session* and 15 *have information* at least twice as often as Counsellor A. Also shown in Figures 3 and 4, for both counsellors only minor differences were found in intention use with different clients. In the client group, while all clients were similar in their high perception of intentions 2, 3, and 1, clients working with Counsellor A were more similar to each other in their top-ranked intentions than were clients working with Counsellor B.

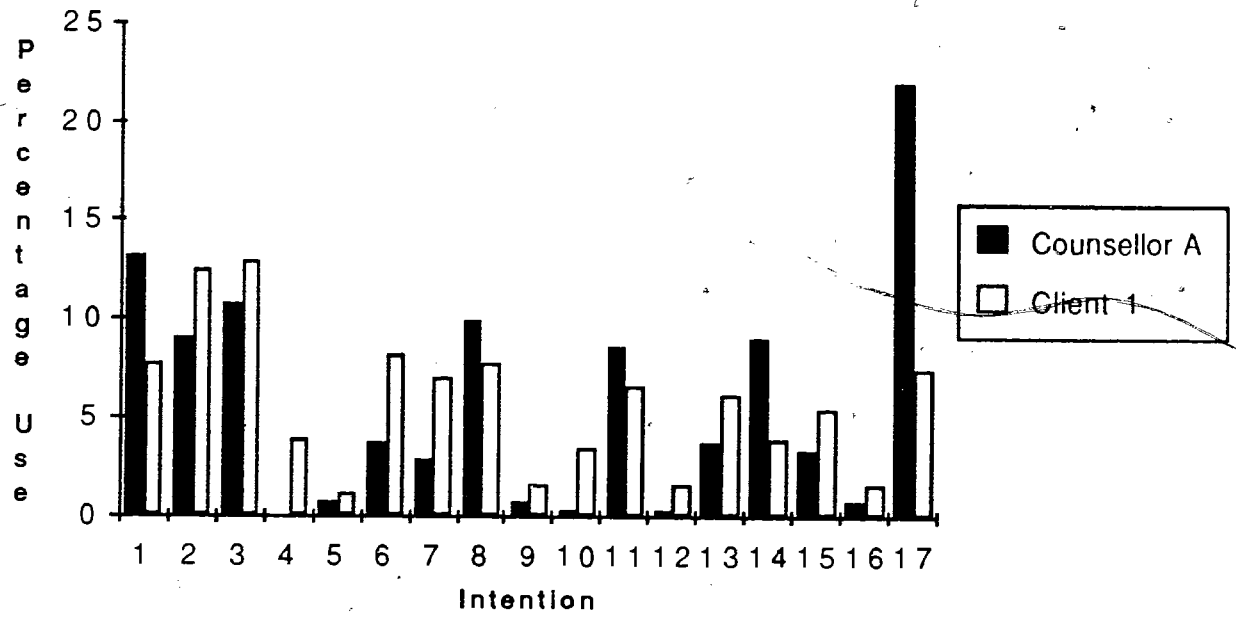
Intention use per session. While all intentions were used at least once during the study, counsellors showed some preferences in their selection of intentions across sessions. Counsellor A used intentions 1 *own actions, thoughts, feelings*, 2 *be aware of feelings*, 3 *make new connections*, and 6 *give me information* in every session, and intention 4 *understand purpose of session*, 5 *stop or do less of something*, 10 *feel good*, and 12 *learn how to do something*,

Table 5 Counsellor and Client Most Frequently Selected Intentions:
Individual Data Summary

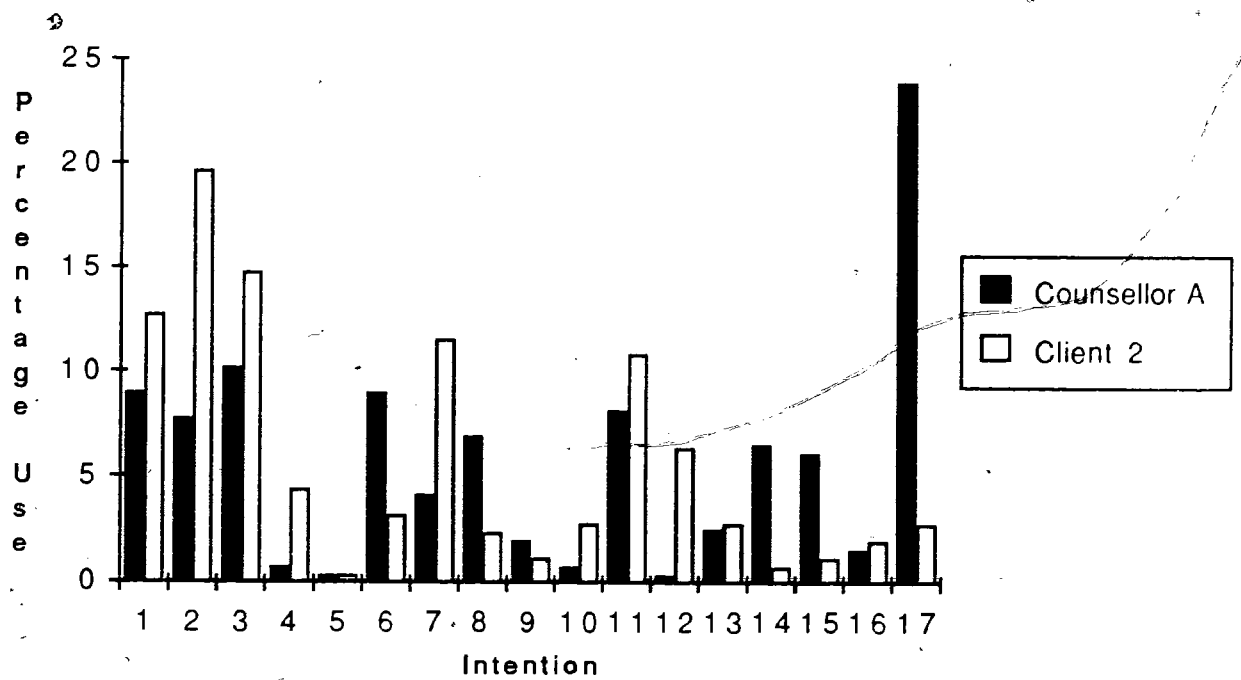
Rank*	Intention**
	<u>COUNSELLOR A:</u>
1	17. other
2	1. own actions, thoughts, feelings
3	3. make new connections
4	8. be more precise or focussed
5	2. be aware of feelings 14. feel understood
6	11. experience or relive feelings
	<u>CLIENT 1:</u>
	3. make new connections
	2. be aware of my feelings
	6. give her information
	1. own actions, ..., 8. be more precise
	17. other
	7. question my actions, thoughts, feelings
	<u>COUNSELLOR A:</u>
1	17. other
2	3. make new connections
3	1. own actions, ..., 6. give me information
4	11. experience or relive feelings
5	2. be aware of his feelings
	<u>CLIENT 2:</u>
	2. be aware of my feelings
	3. make new connections
	1. own actions, thoughts, feelings
	7. question my actions, thoughts, feelings
	11. experience or relive feelings
	<u>COUNSELLOR B:</u>
1	3. make new connections
2	1. own actions, thoughts, ..., 17. other
3	4. understand session 15. have information
4	13. do more of something
5	
	<u>CLIENT 3:</u>
	3. make new connections
	7. question my actions, thoughts, feelings
	2. be aware of my feelings
	1. own actions, thoughts, feelings
	8. be more precise or focussed
	<u>COUNSELLOR B:</u>
1	3. make new connections
2	1. own actions, thoughts, feelings
3	7. question her actions, thoughts, feelings
4	17. other
5	15. have information
	<u>CLIENT 4:</u>
	2. aware of feelings 12. learn how to...
	3. make new connections.
	15. have information

* top cluster of most frequently selected intentions shown only ** short form

Figure 3 Percentage Use of Intentions - Counsellor A Dyads

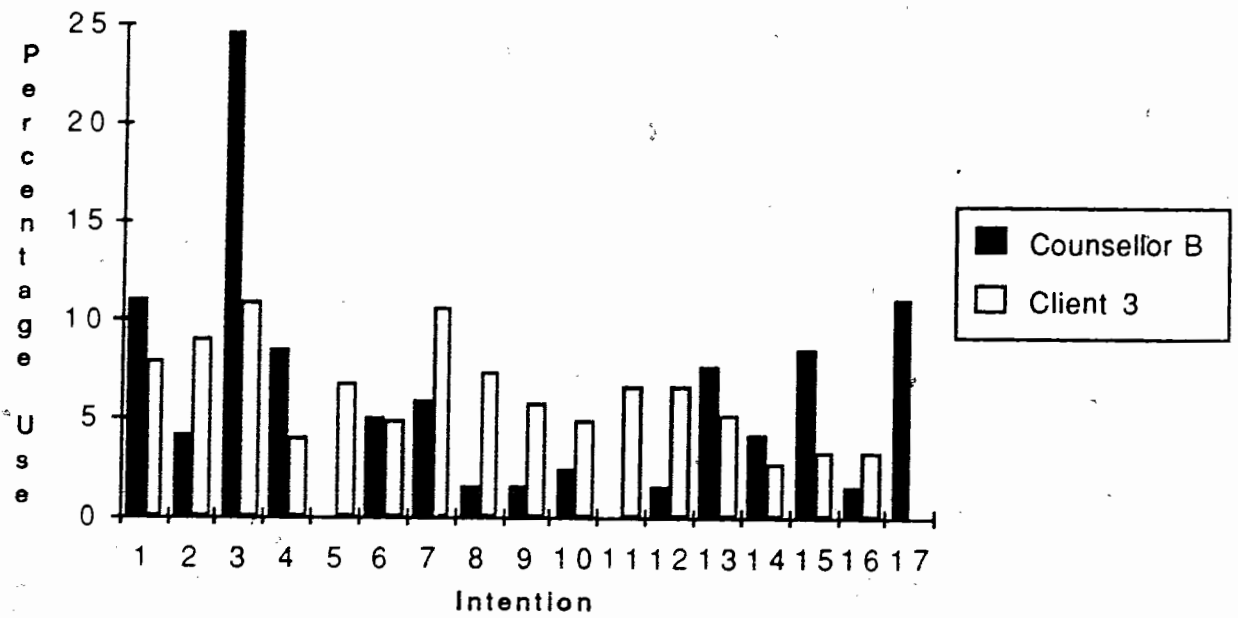


Counsellor A, Client 1

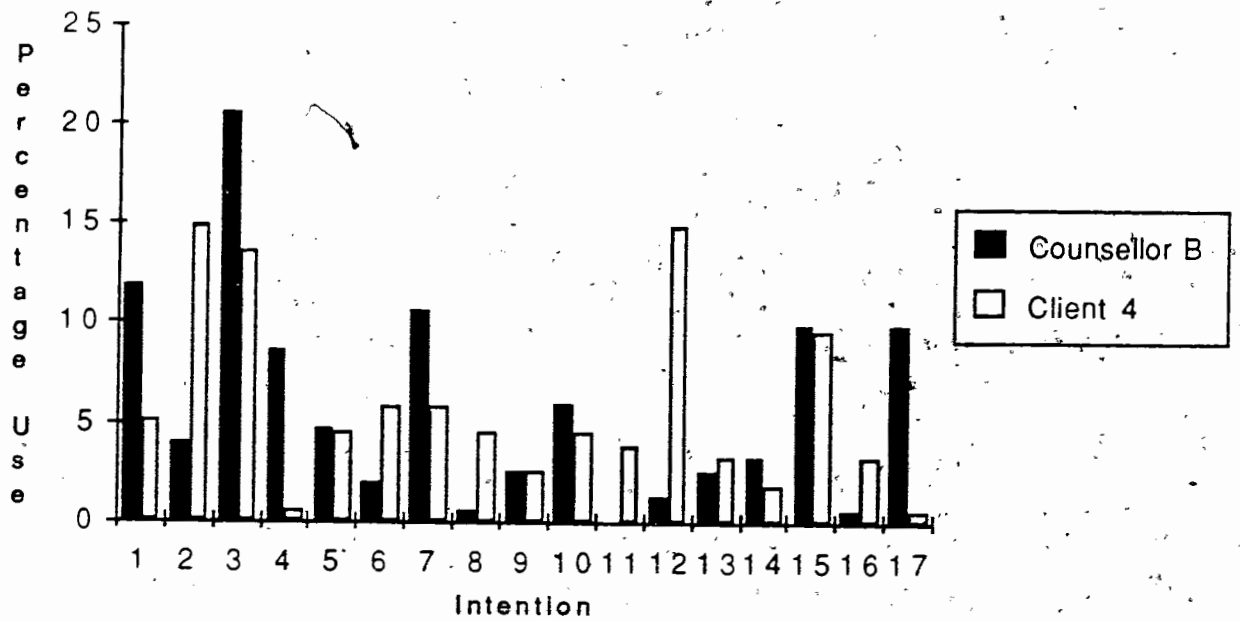


Counsellor A, Client 2

Figure 4 Percentage Use of Intentions - Counsellor B Dyads



Counsellor B, Client 3



Counsellor B, Client 4

consistently very little. Counsellor B used intention 3 *make new connections* in every session, and intentions 12 *learn how to do something* and 16 *feel more hopeful* very little. Also for this counsellor, intention 11 *experience or relive feelings* was not used at all.

All intentions except 17 *other* were used at least once by each of the four clients. Clients 1, 2 and 3 also used each of intentions 1 *own actions, thoughts, feelings*, 2 *be aware of my feelings* and 3 *make new connections* in every session.

Due to very infrequent use of some intentions leading to small n's, a more rigorous comparison of intention use percentages across and within sessions was not possible.

Summary

Counsellors segmented each session into an average of 8.6 counselling episodes. The full range of intentions was used over the 35 sessions analyzed, with counsellors identifying an average of 3 intentions per episode and clients perceiving on average 4 intentions during each episode. Counsellors in this study intended primarily to help clients make cognitive connections among behaviors, thoughts, or feelings related to their problems and to assist clients to recognize and "own" these aspects of themselves. To a lesser extent, they intended to help clients to be aware of their feelings, feel understood, and have information. Clients primarily perceived counsellors as intending them to be more aware of their feelings and to make new connections among their actions, thoughts, and feelings. A comparison of counsellor and client intention use indicated that clients perceived more of the intentions *be aware of my feelings*, and *learn how to do something*, and less *feel understood*, and *other* than was reported by counsellors.

The data showed only moderate differences in intention use among clients and large individual differences between the two counsellors. Counsellor A intended more to have clients focus and experience feelings and Counsellor B

intended clients to make new cognitive connections, understand the purpose of sessions and have information.

Counsellor/Client Match Analysis

Definition of Match

For the purposes of this study, two types of match were defined: Episode Match and Counsellor Criterion Match. An episode match occurred if there was at least one agreement between client and counsellor in the intentions "selected" (rated greater than 0) during an episode. For example, if the counsellor selected intentions 2, 3, and 11 for a given episode, and the client selected intentions 1, 3, 7, and 11, a match would be counted for the episode as there was at least partial agreement. Using this match definition, each episode was coded as matched (containing at least one intention match) or unmatched (containing no common intentions). The second definition of agreement, counsellor criterion match, was used to reflect the number of times that the client matched the counsellor's selection on an intention-by-intention basis rather than an episode-wise basis. As neither the counsellors nor clients were restricted in the number of intentions they could use in rating an episode, using this definition of match, it was possible for the client to match each of the intentions selected by the counsellor in an episode. For example, if the counsellor selected intentions 1, 3, and 15 for a given episode, and the client selected intentions 1, 2, 3, and 11, two counsellor criterion matches (one for intention 1, one for intention 3) would be counted.

Because each counsellor used a different method for rating episodes (Counsellor A rated her intentions for the *previous* episode just viewed, as did all clients; Counsellor B reported his intentions for the *upcoming* episode), all match analyses for Counsellor B were performed using a one-episode lag: the client's ratings for a particular episode were matched with the corresponding counsellor ratings of the previous episode (1 behind). Also, data from the first four "training"

sessions and from intention 17 *other* were not included in match analyses.

Match Results

Overall Episode and Counsellor Criterion Match. As shown in Table 6, the overall episode match rates for each dyad using data from all sessions (excluding the first sessions) were in the moderate range. The percentage figures shown were derived by calculating the number of episodes in a session producing a match, divided by the total number of episodes in that session. The values in this table are adjusted to take into account the number of matches that would be expected to occur by chance alone: The attenuation value used is the product of counsellor and client probabilities for selecting a particular intention in a single episode.

[Probability of intention selection for counsellors = $1/16$ (one in 16 intentions, # 17 *other* omitted) X 2.6 (average # intentions per episode for counsellors); Probability of intention selection for clients = $1/16$ X 3.6 (average # intentions per episode for clients); # expected random intention matches per episode = 4%.] Overall episode match for all dyads was .39 indicating that 39% of all episodes produced at least one match. Table 7 shows that the overall counsellor criterion match rates for each pair were also in the moderate range and were generally lower than episode match rates. Percentages in this table were derived by calculating the number of matches on individual intentions in a session divided by the total number of counsellor-selected intentions for the session (also adjusted for the probability of random matches). The overall counsellor criterion match rate of .31 indicates that across all pairs, clients matched 31% of all intentions selected by their counsellors. Comparing across subjects, the Counsellor B/client 4 dyad produced the lowest match rate for both types of match.

Match per session. Episode and counsellor criterion match rates for each session across treatment for the four dyads are also shown in Tables 6 and 7. Individual sessions ranged widely in episode match rate from .00 to .74 (SD =

Table 6 Episode Match Rate Per Session

SESSION	Match Rate*				Overall
	Counsellor A Client 1	Counsellor A Client 2	Counsellor B Client 3	Counsellor B Client 4	
2	.47	.47	.57	.37	.45
3	.13	.47	.74	.41	.47
4	.54	.54	.42	.27	.42
5	.52	.13	.30	.68	.42
6	.72	.34	.34	.34	.43
7	.33	.55	.34	.00	.33
8	.52	.15	.25	.54	.35
9	.39	.47	.17	.00	.34
10	-	.22	.25	.17	.22
All sessions	.45	.38	.39	.32	.39

** Percentages attenuated for chance matches

Note Intention #17 "other" was not included in calculating match rates.

Table 7 Counsellor Criterion Match Rate Per Session

SESSION	Match Rate*				Overall
	Counsellor A Client 1	Counsellor A Client 2	Counsellor B Client 3	Counsellor B Client 4	
2	.35	.41	.85	.11	.34
3	.23	.58	.86	.23	.42
4	.63	.63	.39	.18	.49
5	.46	.19	.15	.46	.35
6	.65	.17	.36	.33	.39
7	.24	.22	.21	.00	.20
8	.22	.12	.34	.27	.23
9	.19	.30	.09	.00	.21
10	-	.09	.30	.16	.14
All sessions	.36	.30	.40	.20	.31

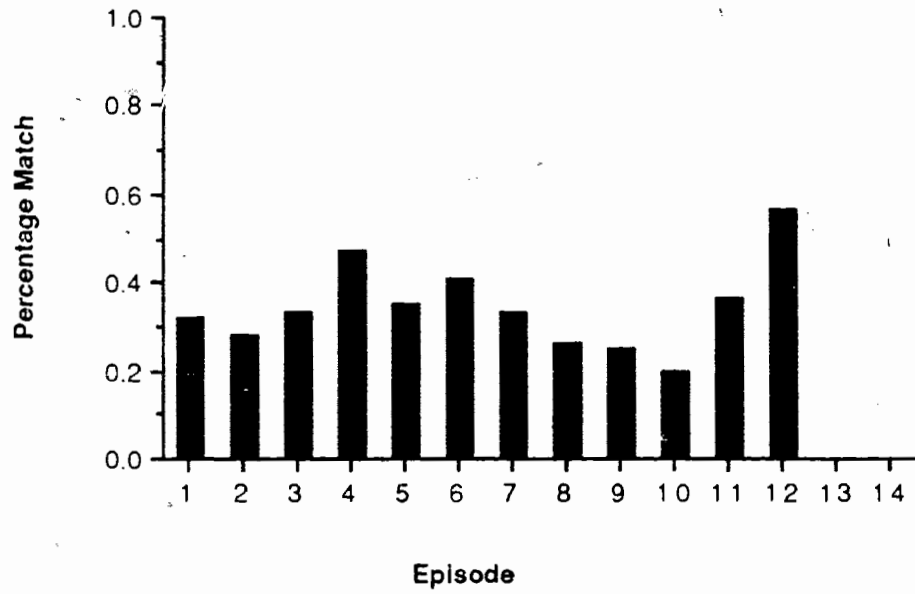
* Percentages attenuated for chance matches.
 Note: Intention #17 "other" was not included in calculating match rates.

0.19). Counsellor criterion match rates for sessions similarly ranged from .00 to .86 (SD = 0.22). The last column of each table shows an overall match rate for each of sessions 2 through 10 using data from the four pairs together. These aggregated percentages show that the frequency of matching tended to be greater during sessions 2 through 6 than for later counselling sessions. For both types of match, match rates tended to decrease over time from a high of approximately 50% down to approximately 20%.

Match per episode. In order to examine where matches tended to occur within sessions, match percentages were calculated for each episode (1 through 12) across all sessions (eg. for episode 1: the number of intention matches which occurred in the first episode across all sessions, divided by the total number of counsellor-selected intentions used in that episode over all sessions). Figure 5 presents these data aggregated across all four dyads. As shown, within sessions, match rates tended to increase until middle episodes (4 through 6) then decrease steadily. In sessions with more than the average number of episodes (8.6), match rates again increased to a higher level near the end of the session (episodes 11 and 12). Figures 6 and 7 present match percentages across episodes for each dyad. These figures indicate that although there were some individual differences in within-session matching patterns between dyads, all pairs showed a similar rise in matching toward the middle of the session and a drop in ability to match at the two-thirds point in the session.

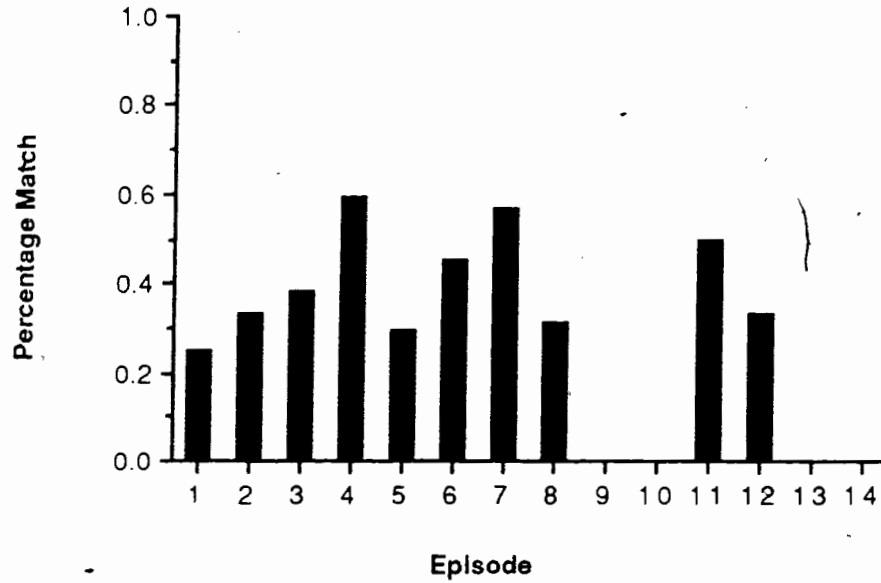
Intention Match. In order to determine whether some intentions were more easily perceived by clients than others, counsellor criterion match was calculated for each of the intentions 1 to 16 (again attenuated to remove the proportion of matches likely due to chance alone). Table 8 shows aggregated counsellor criterion percentages for each intention. These percentages represent the number of matches which occurred for a particular intention, divided by the number of times

Figure 5 Counsellor Criterion Match Per Episode - Aggregated Data

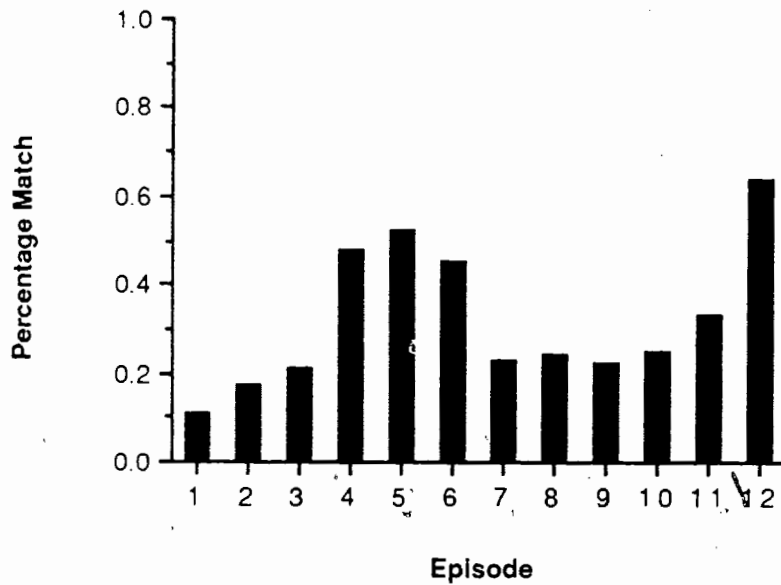


Note: Intention #17 "Other" was not included in calculating match rates.

Figure 6 Counsellor Criterion Match Per Episode - Counsellor A Dyads



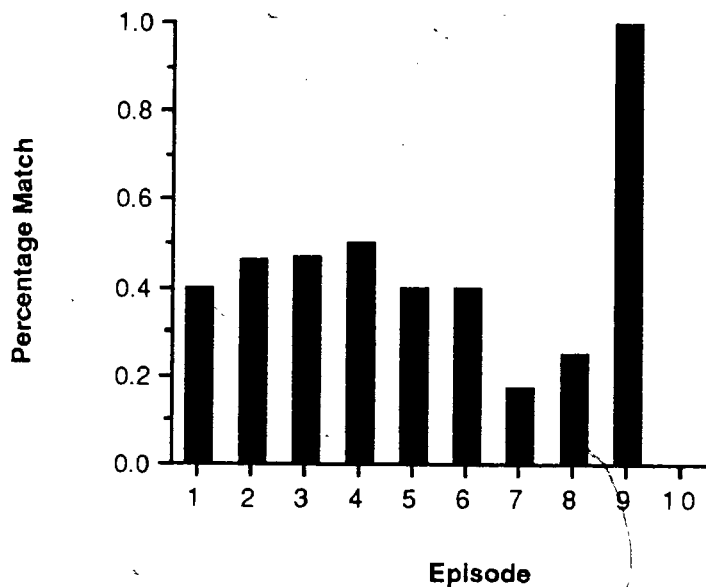
Counsellor A, Client 1



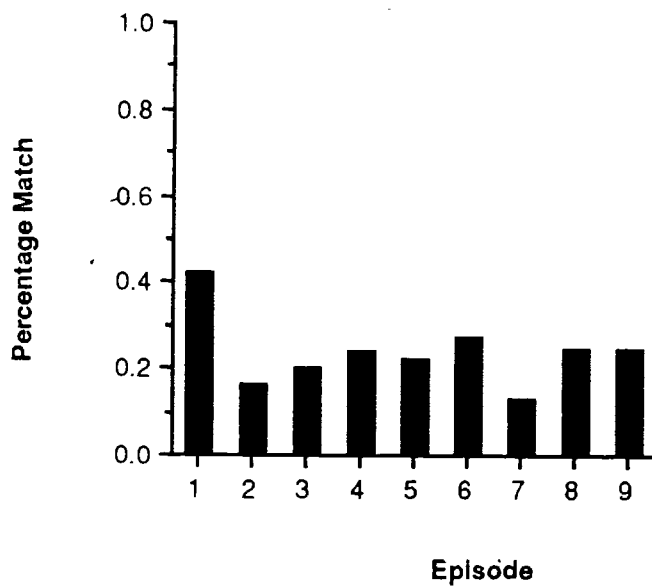
Counsellor A, Client 2

Note: Intention #17 "Other" was not included in calculating match rates.

Figure 7 Counsellor Criterion Match Per Episode - Counsellor B Dyads



Counsellor B, Client 3



Counsellor B, Client 4

Note: Intention #17 "Other" was not included in calculating match rates.

Table 8 Intention Match Rate - Aggregated Data

Intention	N	Match Rate*
1 recognize actions, thoughts, feelings	79	.37
2 be aware of feelings	50	.72
3 make new connections (actions, thoughts, feelings)	100	.46
4 understand purpose(s) of the session	23	.09
5 stop or do less of something	9	.19
6 give me information	40	.31
7 question (actions, thoughts, feelings)	38	.17
8 be more precise or focused	44	.21
9 know what to do	12	.05
10 feel good	12	.21
11 experience or relive feelings	41	.40
12 learn how to do something	5	.36
13 do more of something	23	.18
14 feel understood	47	.05
15 have information	47	.18
16 feel more hopeful	9	.00

* Attenuated for chance matching.

the intention was selected by the counsellor in all sessions. Note that as the frequency of usage was uneven across the intention categories, these values must be interpreted with caution: those for intentions 5, 9, 10, 12 and 16 in particular are based on fewer than 20 ratings and therefore are not included in this discussion. As shown, intention 2 *be aware of feelings* produced the highest match rate consistently for all dyads (overall match rate = .72). The next highest match rates were found for intentions 3 *make new connections*, 11 *experience or relive feelings* (used only by Counsellor A), 1 *recognize actions, thoughts or feelings as his/her own*, and 6 *give me information* which were correctly understood by clients approximately 40% of the time. Intentions which produced the lowest match rates were 14 *feel understood*, and 4 *understand purpose(s) of the session* both correctly identified less than 10% of the time.

Comparing individual counsellor/client pairs, clients working with Counsellor A showed a similar profile of match rates across the intentions list. In particular, these clients matched moderately well on four of the counsellor's high frequency intentions 1 *own actions, thoughts, feelings*, 2 *be aware of feelings*, 3 *make new connections* and 11 *experience or relive feelings*, but not well on frequently used intentions 14 *feel understood* and 15 *have information*. Clients working with Counsellor B were similar only in that they matched moderately well on intention 3 *make new connections*, and mismatched on intention 4 *understand purpose(s) of the session*, both of which were used frequently by their counsellor. Across all clients, client 4 showed the greatest degree of mismatching on the counsellor's high frequency intentions.

Summary

Clients correctly identified 31% of their counsellors' reported intentions and were able to match on at least one of the counsellor's intentions in 39% of all counselling episodes. Across treatment, match rates were highest in sessions 3

and 4 and decreased steadily across later sessions. Within sessions, clients tended to match counsellors most during middle episodes and again at the end of sessions with more than eight episodes. The highest match rate was consistently found for intention 2 *be aware of feelings*. Match rates were lowest for intentions 14 *feel understood* and 4 *understand purpose(s) of the session*.

Intermediate Outcome Analysis

Session Outcome Ratings

Table 9 presents counsellor and client Session Evaluation Questionnaire Depth and Smoothness scale scores from each session. A graphic representation of depth scores reported for each dyad is also shown in Figure 8. Counsellor ratings of session depth ranged from 12 to 37 on a 40-point scale ($M = 22.8$, $SD = 6.28$). Client depth ratings were generally higher than counsellors ($M = 29.8$, $SD = 4.56$) varying only within the upper range between 20 to 40. As shown in Figure 8, for both counsellors and clients, the deepest sessions were generally found mid-treatment (session 4, 5, or 6) and near the end of treatment (session 8 or 9); the most shallow sessions generally occurred one session before treatment was terminated. Counsellor and client session smoothness scores also varied widely from a low of 10 for counsellors and 11 for clients to the maximum score of 40. The mean smoothness rating was 25.0 for counsellors ($SD = 7.12$), and 25.8 for clients ($SD = 6.04$). For three of the dyads, both counsellor and client found later sessions smoother than earlier sessions.

SEQ positivity and arousal scores (evaluation of post-session affect) for each pair are shown in Table 10. Counsellor post-session positivity ratings ranged from 16 to 37 with a mean of 25.8 ($SD = 5.16$). Client positivity scores were highly variable across sessions ranging from a low of 8 to the maximum of 40 ($M = 26.4$, $SD = 6.54$). For clients, higher positivity scores were generally reported in the final sessions. Counsellor arousal ratings ranged from 12 to 28 with an overall mean of

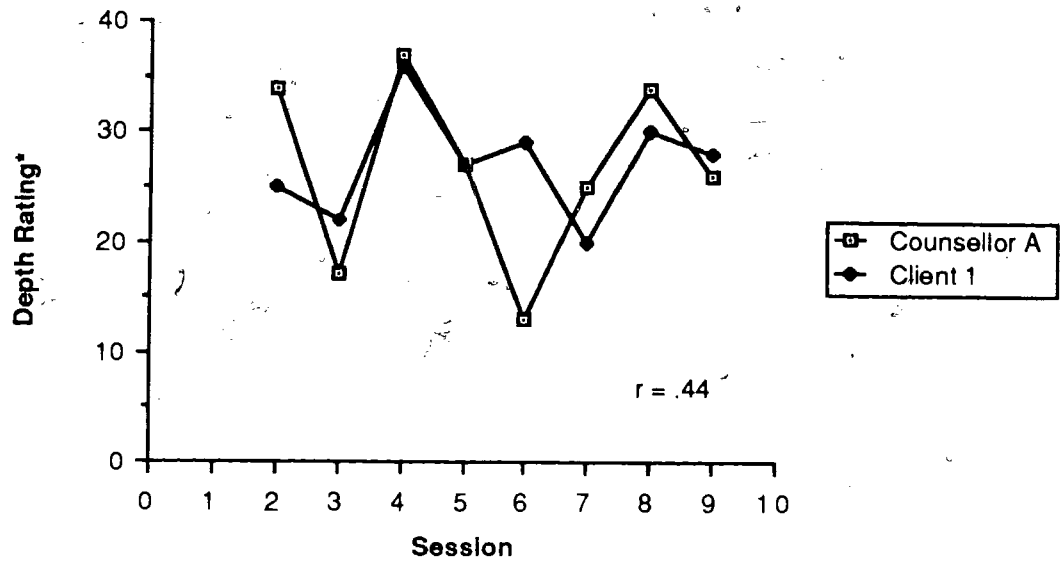
Table 9 Counsellor and Client Individual SEQ Depth and Smoothness Scale Scores For Each Session

SESSION	COUNSELLOR A		CLIENT 1		COUNSELLOR A		CLIENT 2		
	Depth*	Smoothness	Depth	Smoothness	Depth	Smoothness	Depth	Smoothness	
2	34	31	25	26	25	29	35	25	
3	17	17	22	20	22	25	34	25	
4	37	40	36	15	26	24	32	22	
5	27	27	27	11	24	24	33	27	
6	13	30	29	30	22	29	31	24	
7	25	19	20	18	25	33	32	29	
8	34	22	30	19	19	18	34	33	
9	26	38	28	33	34	37	32	30	
10	-	-	-	-	33	37	35	33	
All:	<u>M</u>	26.5	27.8	27.2	21.2	25.4	28.4	32.9	27.5
	<u>SD</u>	8.10	8.47	5.01	7.56	5.01	6.44	1.56	4.05

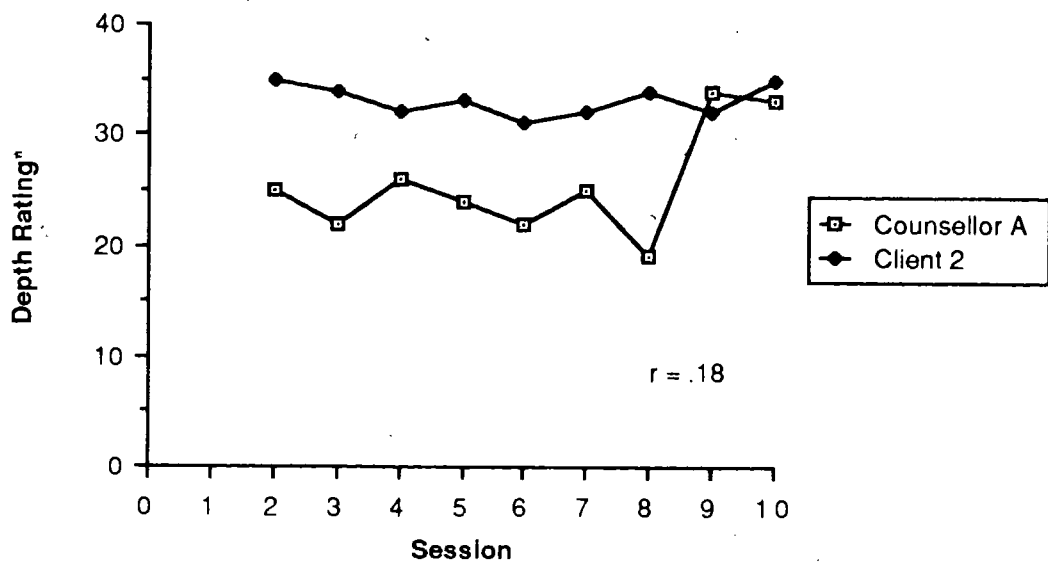
SESSION	COUNSELLOR B		CLIENT 3		COUNSELLOR B		CLIENT 4		
	Depth	Smoothness	Depth	Smoothness	Depth	Smoothness	Depth	Smoothness	
2	16	21	33	37	27	29	25	22	
3	17	19	27	31	28	26	29	17	
4	25	13	30	23	17	26	26	14	
5	15	20	27	40	27	28	31	20	
6	27	29	39	34	12	10	22	14	
7	20	27	40	40	13	12	20	22	
8	13	17	24	40	26	14	27	12	
9	25	23	40	40	20	27	38	15	
10	16	19	31	40	12	34	25	33	
All:	<u>M</u>	19.3	20.8	32.4	36.1	20.1	22.7	26.8	18.6
	<u>SD</u>	5.20	4.98	6.15	5.97	6.81	8.56	5.51	6.57

* Scales presented from 0 - 40. Higher scores indicate greater depth.

Figure 8 Counsellor and Client SEQ Depth Scale Scores For Each Session



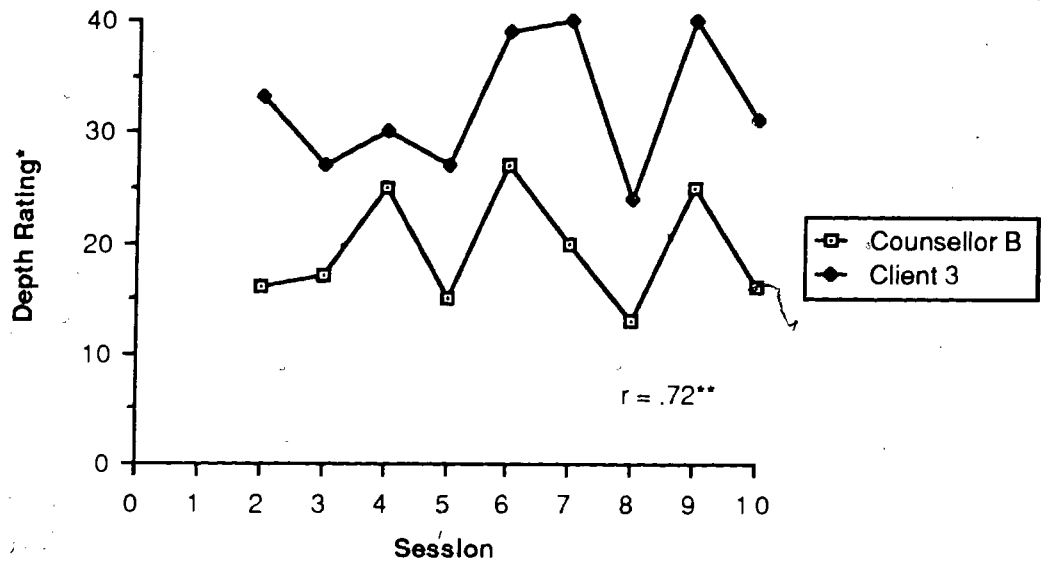
Counsellor A, Client 1



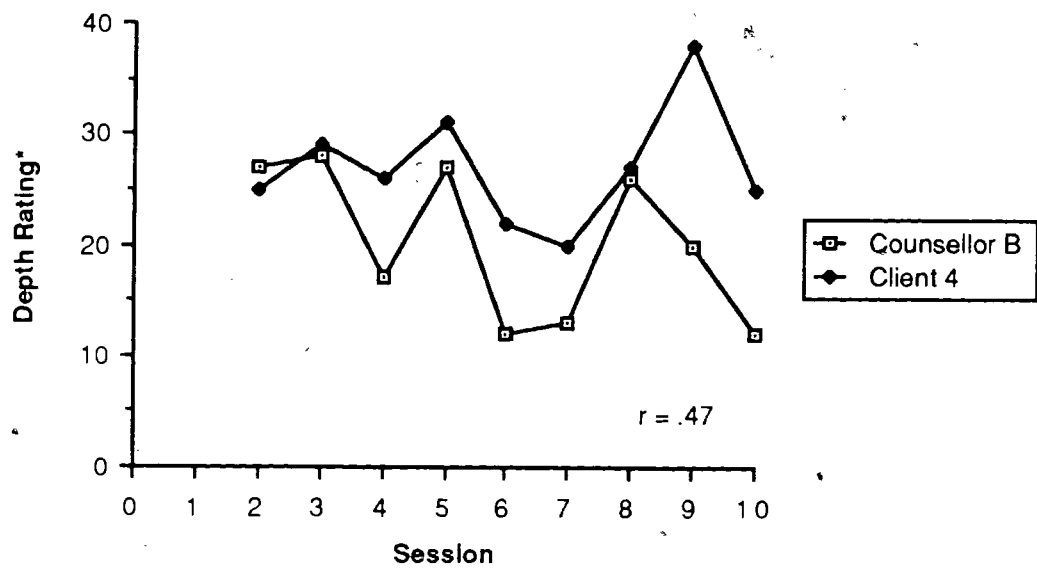
Counsellor A, Client 2

** higher scores indicate greater depth

Figure 8 (Cont.) Counsellor and Client SEQ Depth Scale Scores For Each Session



Counsellor B, Client 3



Counsellor B, Client 4

** higher scores indicate greater depth
 ** $p < .05$

Table 10 Counsellor and Client Individual SEQ Positivity and Arousal Scale Scores For Each Session

SESSION	COUNSELLOR A		CLIENT 1		COUNSELLOR A		CLIENT 2		
	Positivity*	Arousal	Positivity	Arousal	Positivity	Arousal	Positivity	Arousal	
2	37	28	25	26	29	25	32	21	
3	21	15	19	17	25	18	28	22	
4	33	21	30	11	29	24	19	17	
5	27	15	14	20	23	17	32	20	
6	18	12	30	21	25	17	29	24	
7	26	18	18	18	22	16	29	20	
8	34	17	28	21	18	23	35	28	
9	29	17	27	20	35	28	36	25	
10	-	-	-	-	33	15	36	27	
All:	<u>M</u>	28.1	17.8	23.2	18.2	26.4	20.3	30.8	22.5
	<u>SD</u>	6.71	4.70	6.13	3.19	5.30	4.78	5.39	3.46

SESSION	COUNSELLOR B		CLIENT 3		COUNSELLOR B		CLIENT 4		
	Positivity	Arousal	Positivity	Arousal	Positivity	Arousal	Positivity	Arousal	
2	23	21	35	26	26	23	25	22	
3	21	17	23	20	27	13	21	25	
4	29	21	25	19	28	18	16	23	
5	17	23	39	31	27	20	28	30	
6	29	17	27	26	20	27	12	20	
7	30	23	40	40	16	21	16	18	
8	19	17	29	32	28	27	8	21	
9	25	17	40	34	27	20	28	32	
10	22	19	24	25	28	18	28	17	
All:	<u>M</u>	23.7	19.2	31.3	28.0	25.1	20.9	20.2	22.9
	<u>SD</u>	4.56	2.57	7.06	6.76	4.07	4.51	7.58	5.11

* Scales presented from 0 - 40. Higher scores indicate greater positivity.

19.5 ($SD = 4.14$). Client arousal scores ranged between 11 and 40 and were higher on average than counsellor ratings in all four dyads ($M = 22.9$, $SD = 4.63$).

Intercorrelations of the SEQ scale scores for each counsellor/client pair were also examined. For this analysis, the first sessions were again omitted.

Counsellor/client correlations on the four scales (depth, smoothness, positivity and arousal) were nonsignificant for all but the session depth ratings of dyad 3 ($r = .72$, $p < .05$). Across all subjects, the highest correlations were between counsellor depth and counsellor positivity (median $r = .88$, $p < .05$).

Episode Helpfulness Ratings

Counsellor helpfulness ratings for each episode ranged from 17 to 40 on the 40-point rating scale between "extremely hindering" and "extremely helpful". The mean helpfulness rating for counsellors was 27.4 ($SD = 5.93$); the modal rating was 24 "neutral". Only 1% of all episodes were considered somewhat "hindering" (rated < 20) and 15% were "extremely helpful" (rated > 35). Client helpfulness ratings ranged from 15 to 40 with an overall mean of 29.7 ($SD = 5.74$) and a modal rating of 27 "somewhat helpful". Clients found only 2% of episodes "hindering" and 22% "extremely helpful". Correlations between counsellor and client helpfulness ratings within each dyad were low to moderate and non-significant ($r = .23, .15, .47, .32$ for dyads 1-4 respectively).

Table 11 shows counsellor and client episode helpfulness means and standard deviations calculated for each session. Helpfulness means represent the average of all episode helpfulness ratings made in each session. These data are also represented graphically in Figure 9. As shown in Figures 8 and 9, for most subjects, mean helpfulness ratings for each session were similar to SEQ depth ratings of each session: correlations between depth and helpfulness were significant for both counsellors (mean $r = .70$) and for clients 2 and 3 (mean $r = .69$). Helpfulness means were not correlated consistently with the other session-level

Table 11 Counsellor and Client Helpfulness Ratings: Means and Standard Deviations For Each Session

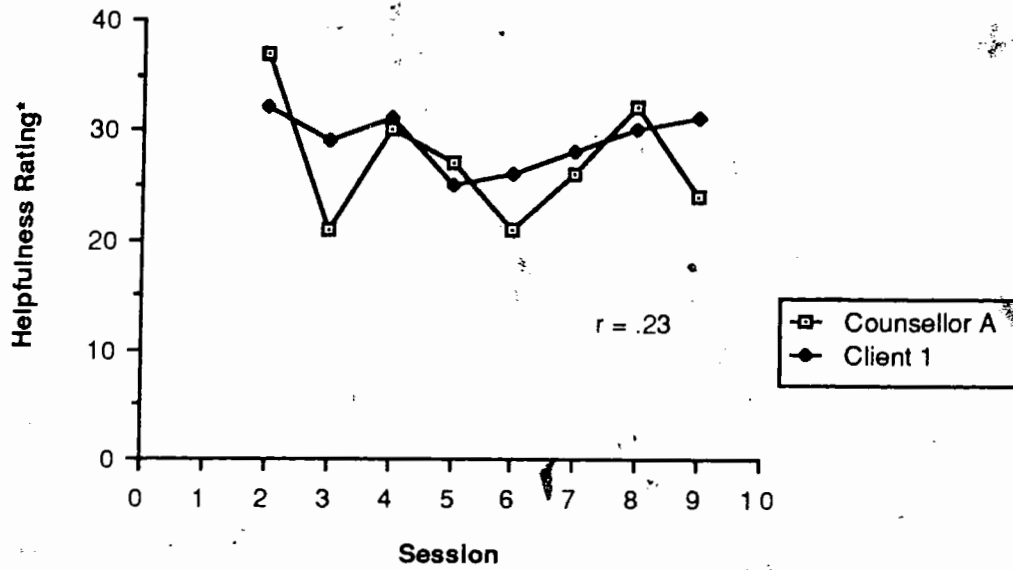
SESSION	COUNSELLOR A		CLIENT 1		COUNSELLOR A		CLIENT 2	
	Mean Rating*	S.D.	Mean Rating	S.D.	Mean Rating	S.D.	Mean Rating	S.D.
2**	37	5.6	32	5.3	24	3.8	34	4.7
3	21	2.1	29	2.0	23	3.5	31	5.1
4	30	6.9	31	7.3	32	7.1	30	5.6
5	27	4.6	25	4.4	23	3.1	32	4.3
6	21	1.4	26	6.6	26	1.5	28	2.6
7	26	2.7	28	2.8	26	4.7	29	3.6
8	32	4.5	30	4.4	26	5.5	27	3.8
9	24	3.6	31	3.2	30	6.8	32	4.3
10	-	-	-	-	31	5.1	38	4.7
All Sessions	26.8	6.08	28.9	4.99	27.0	5.63	30.6	4.78

SESSION	COUNSELLOR B		CLIENT 3		COUNSELLOR B		CLIENT 4	
	Mean Rating*	S.D.	Mean Rating	S.D.	Mean Rating	S.D.	Mean Rating	S.D.
2	29	4.3	30	5.0	34	7.2	30	3.1
3	23	2.6	26	3.5	32	5.9	31	3.1
4	32	7.2	29	7.9	30	8.9	23	2.9
5	25	4.1	32	11.9	31	6.6	32	5.2
6	26	3.5	32	7.7	27	5.6	26	5.0
7	30	3.1	40	0.4	25	2.6	27	4.4
8	23	1.5	27	7.7	29	6.4	27	2.1
9	24	0.5	34	8.7	27	5.0	30	3.7
10	24	0.4	27	9.1	24	0.6	27	4.0
All Sessions	26.6	4.88	31.4	7.60	29.5	6.72	27.8	4.62

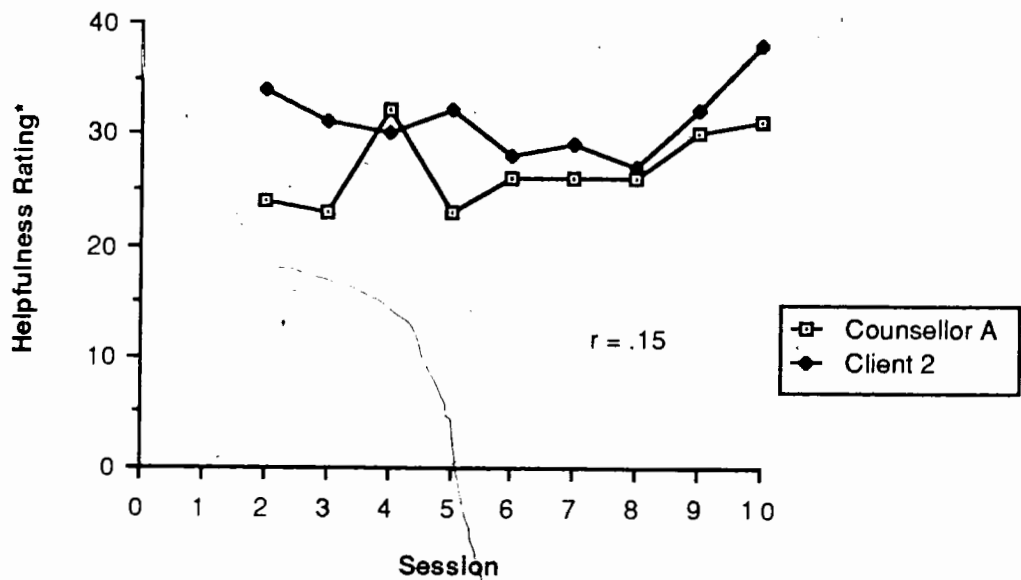
*: 0 = extremely hindering, 20 = neutral, 40 = extremely helpful

** : Data from training sessions (Session #1) has been omitted.

Figure 9 Counsellor and Client Mean Helpfulness Ratings For Each Session



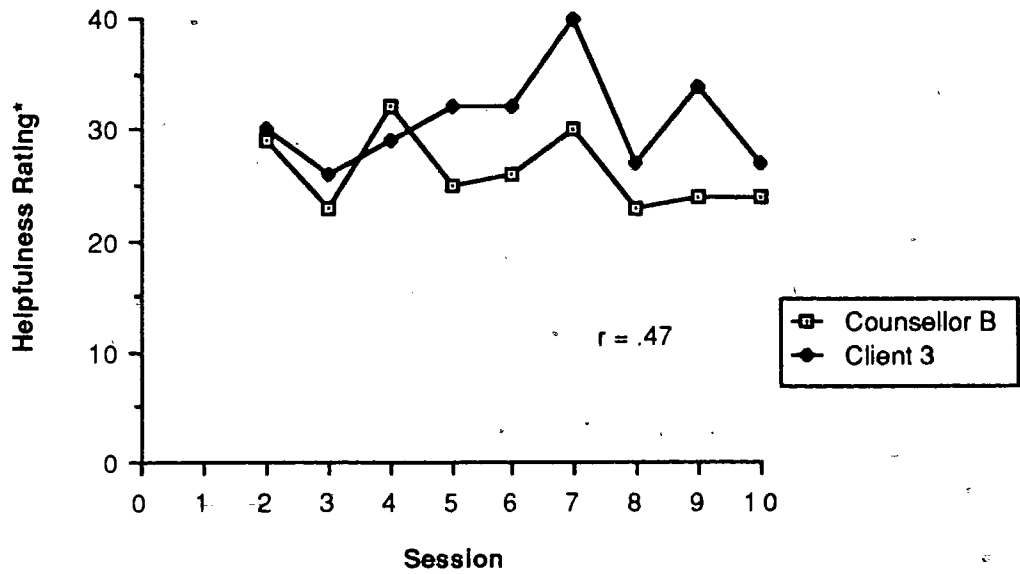
Counsellor A, Client 1



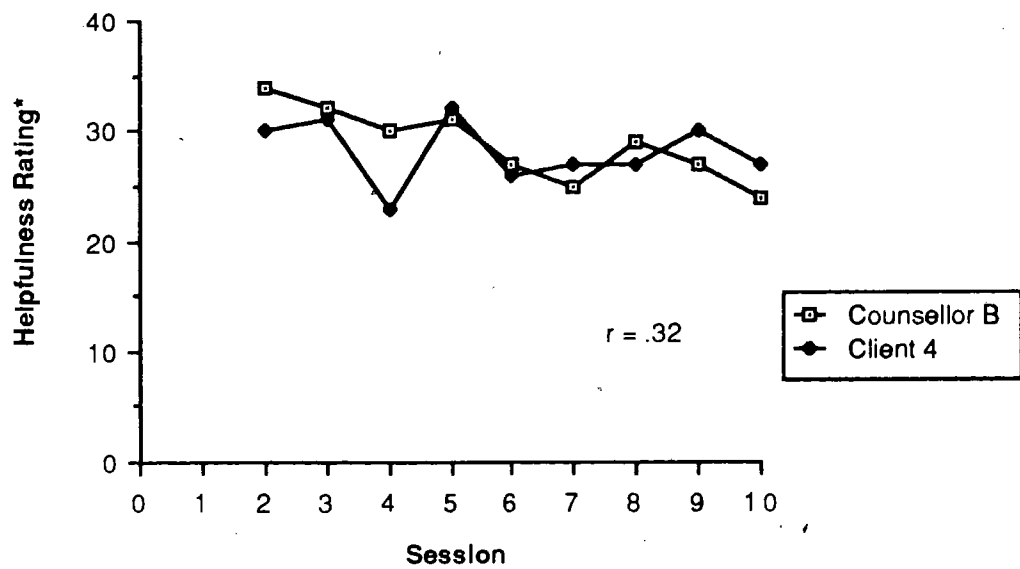
Counsellor A, Client 2

*0 = extremely hindering, 20 = neutral, 40 = extremely helpful

Figure 9. (Cont.)- Counsellor and Client Mean Helpfulness Ratings For Each Session



Counsellor B, Client 3



Counsellor B, Client 4

* 0 = extremely hindering, 20 = neutral, 40 = extremely helpful

evaluations (SEQ smoothness, positivity and arousal scale scores) for either counsellors or clients.

In order to determine whether episode helpfulness was related to the use of specific intentions in an episode, correlations between ratings on helpfulness and each intention were examined. The highest counsellor correlation with episode helpfulness was found for intention 5 *stop or do less of something* ($r = .28$, $p < .05$, $n = 9$); the highest for clients was intention 7 *question my actions, thoughts, feelings* ($r = .20$, $p < .05$, $n = 38$). For both counsellors and clients, small but significant correlations were also found between helpfulness and intentions 1 *recognize actions, thoughts, feelings*, 2 *be aware of feelings*, 3 *make new connections* and 10 *feel good* (mean $r = .18$) and between helpfulness and intention 6 *give me information* (mean $r = -.16$). It should be noted however, that a direct relationship cannot be assumed between helpfulness and these particular intentions as subjects were not rating each intention separately but rather the episode in which they were reported with other intentions.

To assess whether episodes where the client understood the counsellor's intention were also perceived as more helpful than those that were not understood, the differences between the helpfulness ratings associated with episodes containing at least one intention match were contrasted with those containing no matches. The mean counsellor-rated helpfulness for the matched episodes was 27.87 and for the non-matched episodes was 27.05. The difference between these means is not statistically reliable. In contrast, the clients reliably associated more helpfulness with episodes in which there was a match between their intention rating and the counsellor's rating (unmatched mean = 29.04, matched mean = 30.53, $t(286) = 2.22$, $p < .05$). However, the effect size is modest (approx. .27).

The differences between the matched and unmatched episode ratings were also contrasted for the two counsellors separately. For Counsellor B there were no

statistically reliable differences for either his own ratings or his clients' ratings. Counsellor A however, consistently favored the matched episodes in her helpfulness evaluations (unmatched mean = 26.04, matched mean = 27.97, $t(150) = 2.06$, $p < .05$). The effect size, however, was again small (.38).

Summary

Clients found most sessions "deep" but of varying "smoothness". Counsellors considered sessions lower in depth and similarly variable in smoothness. For both, greater depth was reported in middle and final sessions. Sessions also became smoother toward the end of treatment. Post-session affect ratings (positivity and arousal scores) were highly variable across subjects. Little counsellor/client agreement was found overall on session evaluations. All subjects rated episodes as generally "neutral" to "helpful". Very few episodes were considered "somewhat hindering". For most subjects, a positive relationship was found between session helpfulness means and session "depth" ratings. The relationship between helpfulness and other session evaluations (smoothness, positivity, and arousal) was inconsistent. Episodes rated as more helpful by both counsellors and clients contained intentions to help clients recognize, own and make new connections among actions, thoughts, feelings and to feel good but not to give information. While clients reliably rated episodes in which they had accurately perceived their counsellor's intention as more helpful than those in which they had not matched with the counsellor, the effect was minimal.

Match Rate/Outcome Relationship Analysis

Match Rate/Outcome Correlations

Match/SEQ correlations. To examine the relationship between match rate and session qualities reported by subjects, correlations were calculated between episode match rates for each session and each subject's SEQ depth, smoothness, positivity and arousal scale means for each session. Correlational results are

presented in Table 12. Correlations between session match and SEQ ratings varied widely among dyads for each of the four scales. All were non-significant at the .05 level ($r_{crit} = .70$). The highest correlations obtained overall were between session match and client depth ratings for dyad 1 ($r = .65$) and between session match and counsellor depth for dyad 4 ($r = .64$). For dyads 2 and 3, all of the correlations between session match and client ratings of session qualities were negative: the highest correlations were between session match and arousal and session match and smoothness (mean $r = -.55$, $SD = 0.03$).

Match/Episode Helpfulness correlations. Results of correlations between episode match rates for each session and episode helpfulness means for each session were similar to match/session quality findings. Correlations between episode match and counsellor ratings of episode helpfulness were low to moderate and nonsignificant ($p < .05$): $r = .20$ for dyad 1, $.19$ for dyad 2, $.14$ for dyad 3, and $.62$ for dyad 4. Correlations between match and client helpfulness ratings were also nonsignificant and were lower than match/counsellor helpfulness correlations in all dyads: $r = -.26$ for dyad 1, $-.11$ for dyad 2, $-.35$ for dyad 3, and $.29$ for dyad 4 ($p < .05$).

Summary

No significant relationships were found between session match rate and session evaluations (depth, smoothness, positivity, and arousal) reported by subjects. Similarly, no significant relationship was found between match rate and mean episode helpfulness ratings per session for either counsellors or clients. Across all dyads, correlations between client helpfulness ratings and match were lower than those between counsellor helpfulness ratings and match.

Table 12 Correlations Between Episode Match and SEQ Scale Scores

Source	Number of Sessions	Session Evaluation Questionnaire			
		Depth	Smoothness	Positivity	Arousal
Counsellor A	8	.12	.50	.09	-.08
Client 1	8	.65	.12	.52	.17
Counsellor A	9	.18	.32	.32	.31
Client 2	9	-.33	-.53	-.53	-.57
Counsellor B	9	-.16	-.16	-.04	.00
Client 3	9	-.28	-.52	-.39	-.58
Counsellor B	9	.64	.04	.41	.17
Client 4	9	.03	-.23	-.14	.17

Note: All correlations (r), $p > .05$.

CHAPTER V

DISCUSSION

The following discussion of the results and implications of this study is divided into four parts. The first three sections discuss the major study variables with reference to the initial research questions, results of previous studies, and related issues. The final section examines the methodological limitations of the study and implications of the results for further research.

Use of Intentions

A major focus of the current study was the exploratory analysis of counsellors' intentions for their clients during naturally occurring within-session episodes. The two counsellors were able to use the videotape playback segmenting procedure to partition each of their sessions into counselling episodes, resulting in an average of nine episodes per session. These counsellor-defined units appeared to correspond to our sense of natural within-session "pieces" (a term coined by Counsellor B) as they were more variable in length in contrast to the artificially uniform time or behavior-sampled units previously used in process studies.

For each counselling episode, both counsellors generally indicated the presence of multiple intentions, suggesting that their agenda for client responding during these segments was fairly complex. As in previous intentions studies, while the counsellors used the full range of list items provided on the CIL to describe their recalled intentions, not all of the intentions were used equally. Similar to overall intention use findings reported by Hill and O'Grady (1985), the counsellors in this study primarily intended their clients to gain *insight* as indicated by their common frequent endorsement of the intentions *make new connections among actions, thoughts or feelings* and *recognize actions, thoughts or feelings as his/her own*. Substantial individual differences among the relative frequencies of intention use

by the two counsellors also provide further evidence of the effect of counsellor orientation on intention use as previously noted in many intentions studies. Counsellor A for example used intentions related to focusing upon and experiencing *feelings*, consistent with her Gestalt/experiential approach. Counsellor B, consistent with his RET/behavioral orientation focused less on feelings and more on intentions related to *learning* such as *understand purpose of the session* and *have information*. This result lends further support to Hill and O'Grady's (1985) contention that a profile of intentions usage may serve as a process measure of counselling orientation. It is interesting to note that in this study, counsellors did not appear to alter their selection of intentions significantly when working with different clients. This result suggests that the marked counsellor/client interaction effect noted by Fuller and Hill (1985) in single sessions may be diminished when counsellor behavior is averaged across treatment.

Counsellor/Client Match

A second major focus of the study was the analysis of client perceptions of their counsellors' intentions throughout treatment to address the research question: "Do clients accurately perceive what counsellors intend for them to do, say, think, or feel at different times during a counselling session?". The clients in this study, like their counsellors, generally reported multiple intentions for each episode (4 on average). Among clients however, sizeable individual differences were found in the mean number of intentions perceived per episode. As noted by Fuller (1984) who found similar variance in client intention rating activity, a high intention per unit ratio may indicate greater perceived complexity in the counselling, or may suggest rater indecisiveness or confusion. Interestingly, both hypotheses are supported in this study: all participants tended to select more intentions during middle episodes which generally contained the more complex therapeutic work, and the two male clients, on average, used many intentions categories per episode in contrast to the

female clients who had more previous exposure to counselling and whose rating activity showed more discrimination (similar to that of the counsellors).

Across treatment, the four clients showed only moderate individual differences in intention use, primarily perceiving their counsellors as intending them to *be aware of feelings* and *make new connections among actions, thoughts, or feelings*. A comparison of clients' with counsellors' overall frequencies of use for each of the CIL categories revealed some substantial differences in perception. For example, while clients accurately perceived their counsellors' frequent intention for them to *make new connections*, clients also felt their counsellors were using more of the intentions *be aware of feelings* and *learn how to do something* and less *feel understood* than the counsellors actually reported using. This result is similar to the findings of Elliott (1979) and Caskey, Barker, and Elliott (1984) who noted significant differences between counsellor and client levels of use for the intentions *guiding client* and *communicating understanding*. One possible explanation for these particular differences is that client-reported "perceptions" may actually reflect clients' frequent reactions to counselling (eg. aroused feelings, gaining new skills/perspectives, difficulty making self understood) as well as expectations or guesses based on their understanding of what counselling generally involves. As previous researchers (eg. Fuller & Hill, 1985) have noted, when selecting intentions at the speaking turn level, clients may use familiar grammatical cues to infer their counsellors' intentions (eg. counsellor questions = *gathering information*). However, when required to extract one or more intentions from the array of counsellor behaviors contained in an episode unit, it is possible that clients may rely more heavily on their own reactions to identify what the counsellor intended.

Two indicators of clients' overall degree of accuracy in perceiving counsellor intentions were used in this study: Episode match (number of episodes in a session

containing at least one match on intentions chosen, divided by number of episodes in the session) and Counsellor Criterion match (number of matched intentions in a session divided by total number of counsellor-selected intentions in the session). These match calculations (adjusted for the probability of random agreement) provided further evidence that clients in this study understood their counsellors' intentions only moderately well. For example, the overall episode match rate averaged across the four dyads was .39 indicating that clients correctly understood at least one of their counsellor's intentions 39 times out of 100 counselling episodes (approximately 4 episodes out of ten). Counsellor criterion match, which allows for more than one match or mismatch per episode led to a similarly moderate overall match rate of .31, indicating that clients accurately perceived an average of 31% (or approximately one-third) of their counsellors' reported intentions. Across all pairs, for both types of match, match rates generally fell within the 20 to 50% range. Interestingly, the moderate overall levels of counsellor/client match found in this study then are similar to those reported by researchers using smaller speaking turn units. Fuller and Hill (1985) for example, found that in single sessions, clients matched with counsellors on 37% of their counsellors' reported intentions and achieved at least one intention match in 59% of all speaking turns. As noted above, perhaps clients are somewhat better able to obtain a match at the speaking turn level due to the more specific grammatical cues present, in contrast to the episode level where the client must interpret the counsellor's intention from many counsellor behaviors.

While clients in this study were able to detect most of the 16 intentions on the CIL, match rates varied considerably for different intentions. Consistent with the findings of Elliott (1979) and Fuller and Hill (1985) that clients were best able to infer intentions relating to information exchange and making cognitive-behavioral change, moderately high match rates were found for the intentions *make new*

connections among actions, thoughts, or feelings (46% match), *recognize actions, thoughts, feelings as his/her own* (37% match), and *give me information* (31% match). Contrary to the consistent finding that the intention *give me information* yields the highest match rates, in this study *be aware of feelings and experience or relive feelings* proved easiest for clients to match (72% and 40% match respectively). This difference again may be due to the use of a larger, less verbally cued unit of analysis or, alternatively, may reflect the more emotive types of therapy presented to clients in this study. Also surprisingly, the greatest degree of mismatch occurred for the intentions *feel understood* and *understand purpose(s) of the session*, both of which were frequently used by the two counsellors. This result may be a function of the counselling style of the therapists in the study and, if so, may be a particularly important form of negative feedback to these counsellors: it is possible that the counsellors may need to be more explicit in communicating understanding and sharing their intention to have clients understand the purpose of each session particularly as these intentions seem to be important to their work.

The analysis of counsellor/client match across treatment permitted a preliminary exploration of the research question: "How does concordance between counsellor-reported and client-perceived intentions vary during and across sessions?". Across all four dyads, using both episode and counsellor criterion match rates per session, frequency of matching increased up to the middle of treatment (sessions 2 - 6) then decreased until termination of counselling. Similarly, within sessions, all pairs showed a rise in match rate during middle episodes (4 - 6) which was again followed by decreases in match. Although this result is somewhat counterintuitive as it is generally expected that clients' understanding of their counsellors would improve over time (as clients become "trained" and more familiar with the therapy), it is very consistent with the findings of other investigators. In both the studies of Caskey, Barker, and Elliott (1984) and

Martin, Martin, Meyer, and Stemon (1986), for example, although length of relationship or stage in counselling was not significantly related to counsellor/client match, a consistent tendency for matches to occur during middle sessions was noted. One possible explanation for this observed mid-counselling convergence has been provided by Martin et al. (1986) who speculate that higher levels of confluence may occur during middle productive "work" stages of counselling. The fact that both counsellors and clients in this study tended to rate middle sessions and episodes more highly on episode and session level outcome indicators also suggests that counselling participants may be most "in tune" with each other during these intense interactions.

Relation to Outcome

The final focus of the study was the examination of the impact of counsellor intentions and client perceptions of counsellor intentions on counselling outcome. The first research question of interest was: "Is there a relationship between the perceived use of certain counsellor intentions during a counselling episode and the participants' helpfulness ratings of that episode?". In this study, a small but significant relationship was found between the counsellors' use of the intention *stop or do less of something* and counsellor-rated helpfulness ($r = .28$) and between the perceived intention *question my actions, thoughts, or feelings* and client-rated helpfulness ($r = .20$). In other words, these counsellors most highly evaluated episodes in which they intended the client to make a behavioral change, while clients found episodes which they perceived as leading them to question their current way of being to be most helpful. It should be noted however, that as the participants often reported several intentions for an episode but gave only one evaluation rating, data for these calculations are not independent. Across all subjects, episodes rated as comparatively more helpful frequently contained intentions to help clients *recognize, own and connect actions, thoughts or feelings*

and to *feel good*. Less helpful episodes often contained the intention *give me information*. These results seem to be highly consistent with findings reported in earlier intentions studies analyzed at the speaking turn level (eg. Elliott, 1985; Fuller & Hill, 1985) which suggest that helpful intentions (eg. *advise, explain, cognitions*) appear to be those which are more therapeutically meaningful to clients as compared with unhelpful intentions (eg. *gather information*) which are less informative. More recently, Hill, Helms, Tichenor, Spiegel, O'Grady, and Perry (1988) have also found evidence that the relationship between therapist interventions and their effectiveness may be complicated by the effects of the immediate therapeutic context. They found, at low levels of experiencing, both clients and therapists rate interventions aimed at exploration of feelings and behaviors as most helpful; at high client experiencing, however, most interventions are perceived as helpful.

The relationship between counsellor/client match on intentions and counselling outcome at the within-session, session and treatment levels was also addressed. Analyzing within sessions, the researchers questioned: "Are counselling episodes in which the client accurately perceives the counsellor's intentions experienced as being more helpful by the counsellor and/or client?" Counsellor/client match was related to participant episode helpfulness ratings first by comparing the average helpfulness ratings of episodes containing at least one match (matched episodes) with those containing no matches (unmatched episodes). For counsellors, no significant difference was found: both matched and unmatched episodes received similar evaluations. For clients, the mean helpfulness rating for episodes in which they matched the counsellor was significantly higher than for unmatched episodes, although the effect size obtained was small. This suggests that clients slightly favored episodes in which they understood at least one of the counsellors' intentions. A second more stringent test

of this relationship was obtained by calculating the correlation between episode match rates for each session and episode helpfulness rating means for each session. Among the four dyads, correlations between match and helpfulness varied widely and were nonsignificant, ranging between .14 and .62 for counsellors and between -.35 to .29 for clients. These results more closely parallel the findings of Fuller and Hill (1985) who found no relationship between average match rates and counsellor and client-rated helpful, neutral and unhelpful responses. As noted by Fuller and Hill (1985) however, due to the low frequency of use of the lower end of the helpfulness scale (in the current study only 1% of episodes for counsellors and 2% for clients were rated "somewhat hindering") statistical significance was harder to achieve in these analyses. The findings of the current study then seem to support the conclusion that: 1) accurate perception of the counsellor's intention for a within-session counselling event (counsellor "transparency") has little or no bearing on the participants' evaluation of the event, and 2) other factors such as use of specific intentions and context are likely much more important to counsellor and client within-session outcome evaluations.

Further examination of possible intention match/outcome relationships was conducted at the session level to address the question: "Are sessions in which there is a high degree of concordance between counsellor-reported and client-perceived intentions more positively evaluated by the counsellor and/or client than other sessions?" Counsellor and client SEQ post-session ratings of the session qualities of depth and smoothness, as well as ratings of session-related affect (positivity and arousal) were used to assess session outcome. For most subjects, sessions which received a high average episode helpfulness rating (mostly middle sessions) were also perceived as "deep". Little counsellor/client agreement was found overall on session qualities and post-session affect; for example smooth sessions were generally related to positive feelings for clients, while counsellors

felt more positive following deep sessions. Similar to the within-session match/outcome relationship findings, a comparison of session match rates with participant ratings of session depth, smoothness, positivity and arousal revealed consistently non-significant correlations which varied widely among dyads.

Apparently then, for these subjects, both counsellor and client evaluations of the quality of the session and their post-session affective states were not affected by the client's ability to understand the counsellor's intentions in that session. This finding is of particular interest as a point of comparison with previous studies which have generated inconsistent conclusions regarding the importance of counsellor/client intention match to session outcome. Fuller and Hill (1985) for example, similarly found no relationship between counsellor-perceived session depth and speaking turn match but reported a significant positive relationship between match and client-perceived depth. Martin and colleagues (Martin, Martin, Meyer, & Slemon, 1986) also found that match was unrelated to perceptions of session effectiveness to date for clients but negatively related for counsellors. One possible explanation for the inconsistency in these findings may be that counsellors and clients have very different views of what constitutes a valuable session and as for within-session evaluations, this view is more related to use of intentions (or perceived underlying intentions) in the session than to degree of counsellor/client match in the session. In the Fuller and Hill (1985) study for example, sessions which counsellors generally perceive as "deep" have been shown to be characterized by a high degree of use of intentions such as *cathart*, *counsellor needs*, *insight*, and *focus*. As these unfamiliar, more abstract intentions are generally more difficult for clients to perceive, in counsellor-rated deep sessions a low match rate should result and an overall low or negative relationship should be observed between match rate and counsellor perception of session depth depending upon the degree of mismatching which occurs. In sessions which

clients perceive as deep however, as more client-familiar intentions such as *reinforce change* are generally present, a more positive relationship between matching ability and session value should result. In the case of the information-processing intentions used by Martin and colleagues, it is possible that differences between counsellor and client valuation of these abstract tasks may again have led to the significant negative relationships observed between intention match and counsellor-rated session effectiveness.

Finally, the relationship between degree of counsellor/client matching on intentions and overall counselling outcome was examined in the present study, guided by the research question: "Do highly concordant counsellor/client pairs report more positive long-term outcome?" Comparing profiles of match rates for each counsellor/client pair across the intentions list, no pair emerged as clearly superior in ability to match. Dyad 4 however had substantially lower overall match rates for both types of match, showing the greatest degree of mismatching on the counsellor's high frequency intentions: *question actions, thoughts, or feelings* and *own actions, thoughts, or feelings*, as well as the intention chosen most frequently by the client: *be aware of my feelings*. Interestingly, on post-counselling and follow-up target complaints ratings as well as ratings of degree of benefit from counselling, this client is consistently shown to have the poorest outcome. From these indicators, there does appear to be a positive relationship between counsellor transparency and overall outcome in this case. As this client was the most psychologically trained, it is possible that she may have had a more rigid personal agenda and expectations of the counselling process to deal primarily with getting in touch with her feelings of depression, in contrast to her RET counsellor who intended more for her to cognitively question and change her feelings. It should also be noted however that as this client gave the lowest expected benefit from counselling ratings at the outset of counselling (expecting the treatment to be

only "somewhat beneficial") her low expectations for improvement may also have had an influence on outcome. Additionally, there is evidence that poorer overall outcome could also be due to the influence of the sex of therapist and client, as studies (eg. Kaschak, 1978) have consistently noted that female clients in particular are most likely to produce a positive therapeutic outcome through working with same-sex rather than opposite-sex therapists. These rival hypotheses underscore the fact that match rate is only one of many factors which may be contributing to overall outcome.

Study Limitations and Recommendations for Further Research

General Study Limitations

In reviewing the results of the current study, the following general limitations should be taken into account:

1) Generalizability: Although the N of the study is an improvement over the intensive single case-study approach generally used for the analysis of actual counselling sessions, the small sample size used greatly limits the generalizability of the results. The findings then should be considered exploratory in nature. Further replication with larger subject pools is needed to substantiate any inferences made.

2) Recording Effects: Although steps were taken to limit the amount of observer intrusion into counselling sessions, the impact of the continual observation, recording and general research atmosphere on the counselling process raises the question of how representative the four cases studied may be of more typical counselling and to what extent participants altered their responses on rating instruments to be socially desirable. Although all subjects were exposed equally to these influences, it should be noted that in particular, the extensive attention paid to clients by the researchers may have effected some change in outcome

3) Statistical Limitations: The large number of analyses performed increased the likelihood of Type I error. In addition, separate analyses were performed for each intention on the CIL that violate the assumptions of independence of categories and normal distribution of scores (some intentions occurred infrequently). These analyses were necessary because of the small sample size and unsuitability of more complex statistical tests, but the results then should be viewed tentatively as they may prove somewhat too liberal.

4) Rater Bias: Although the method of stimulated recall used in this study may be considered an improvement in the collection of counsellor and client cognitions data over previous methods such as rating transcripts, the task given to subjects of making a large number of ratings during each recall session may have increased the chances that ratings were particularly affected by some of the common sources of rater bias. In this study these were most likely to include: fatigue leading to lack of concentration, waning of effort and sensitivity, and use of rating strategies or response sets (Hill, O'Grady & Price, 1988). There is some evidence of these effects in the fact that the number of intentions selected per episode decreased over time and that in rating on the multi-point scales, participants were generally consistent in either using the full scale or only the extremes. In future, it is recommended that to reduce rating time, where possible, the intentions list should be presented on only one computer screen rather than several consecutive screens.

Implications of the Results and Recommendations for Further Research

The similarity of many of the results of this study to earlier investigations, supports the validity of the Counselling Intentions List. Much further research is needed however to confirm the validity of this new instrument and to provide information regarding its reliability. Contrary to expectations, although the CIL was designed for greater ease of use by clients in reporting their perceptions of

counsellor cognitions, the study did not yield comparatively larger counsellor/client intention match rates. Several possible reasons for this finding may be proposed:

1) Match rate may have been attenuated by the use of a client-friendly intentions list in this study rather than a more counsellor-oriented list as in the past. It appears that using non-sophisticated language, and wording the item stems and intentions from the client's point of view led to diminished ease of use for the counsellors. This conclusion is supported by the high frequency use of the "other" category by the two counsellors, much more than in previous studies, to express therapeutic intentions using their own vocabulary. Marx and Winne (1982) similarly found that teachers had difficulty expressing what they intended students to do following the use of specific teaching cues (eg. "think hard"). It seems that teachers and counsellors are more accustomed to thinking in terms of their own behavior, i.e. what *they* are trying to accomplish rather than what they want the student/client to do. This subtle shift in point of view seems to require a certain amount of "translation" of intent on the part of the counsellor. In an interview regarding rating procedures, Counsellor A confirmed this difficulty: "I'm having to shift and think of it in terms of what do I intend my *client* to do". (See Appendix N -- interview with Counsellor A). This Gestalt counsellor in particular reported feeling uncomfortable with the adequacy of selections made on the list to cover her intentions for an episode, and so made frequent use of the "other" category. Counsellor B used this category much less frequently perhaps as the CIL contained language which was more similar to his cognitive-behavioral orientation. As in the present case, intentions researchers then should be attempting to improve their counsellor intentions/client perception measures to be more appropriate for use from either rater's point of view in order to reduce "translation" and thereby the number of errors made in coding perceptions.

2) The individual intentions presented on the CIL may have been more often

suited to the speaking turn or within-episode level ("micro" portion of a session) rather than the "episode" level of analysis. This is evidenced by the counsellors' frequent use of multiple intentions to describe an episode and by the content of the "other" intentions category. Counsellor A explained that she would often use the "other" category to describe her major intention for the episode using her own counselling terminology (eg. "I wanted to heighten the split between the two parts of himself"), then she would attempt to translate that intention into its smaller components using the list. Much further research regarding the nature of counselling episodes, the relationship between intents at all levels and the types of counsellor intentions appropriate to the episode unit of analysis then is clearly called for.

3) It is possible that the consistent level of counsellor/client match observed in this study (i.e. clients' ability to accurately perceive approximately one-third of their counsellors' intentions), may be representative of an actual "ceiling" or maximum level for understanding a communicator's cognitions which is imposed by the limitations of interpersonal communication and the use of rating list rather than free-response methodology to capture perceptions. The similar low levels of agreement between counsellor and client on outcome measures found in this study and throughout the study of counselling process suggests that there may be limits upon the degree to which two individuals with different points of view and agendas for their interaction can accurately "read each other's minds". It is possible that a future methodology which allows for some combination of both participant rating scales and free response/elaboration may be better able to tap perceptions with the maximum degree of accuracy.

Also similar to many previous intentions studies conducted at a more microscopic level of analysis, this investigation failed to find any significant relationships between the clients' ability to perceive counsellor intentions and

outcome. This result continues to be surprising considering the pivotal role of accurate counsellor/client communication proposed in current theories of effective counselling process. Again some possible explanations for these findings may be suggested:

1) It may be the case that the overall degree of counsellor/client match or ability to match on *all* counsellor intentions is not as important to outcome as the ability to match on those intentions deemed especially important to outcome according to the counsellor's theoretical orientation. Perhaps our understanding of the true relationship between match and outcome, especially at the microprocess level of analysis, has been obscured by the inclusion of matches and mismatches on all of the counsellor's intentions, both those considered of low or neutral importance to client change and those thought to be essential to improved outcome. For example, relatively simple intentions, such as those related to information exchange and assessment, generally occur often in sessions and have been found consistently to be of low immediate helpfulness. When the client's ability to match on these more transparent yet less important intentions is included in the analysis of helpfulness and match rate, the observed relationship may be low or negative to reflect these common associations. This effect may be particularly marked if matching at the microscopic level is related to overall outcome: If a pair matches often, eg. 60% of the time but not on important change-related intentions, this should lead to low client change. Future studies then might obtain a different view of the match/outcome relationship if counsellor evaluations of each intention for its proposed relationship to overall outcome are collected, then used in comparisons of match rates for highly evaluated intentions vs. less important intentions. Perhaps then we will find that increased counselling effectiveness is not related to more frequent "completed communications" such as matching on every speaking turn, but that outcome is enhanced through matching on "therapeutic"

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communications.

2) Our investigations of the intention match/outcome relationship to date have largely neglected the motivational component proposed in the cognitive mediational model of counselling. As Martin (1984) has suggested that client motivation to perform the intended behavior is also a mediating factor in the chain between counsellor behavior and client behavior, perhaps this factor has also obscured match/outcome relationship findings to date. Similarly, our methods generally tap only the immediate effects of counsellor interventions on client outcome, however particularly for the more complex responses (eg., interpretations and confrontations), the effects on the client may not be evidenced until much later (Hill, 1986) and may then be lost in our analyses. These issues again point to the fact that the process/outcome question continues to be highly complex. Therefore further attempts at improving methodology to tap counsellor and client cognitions and these related issues seem warranted and necessary.

Finally, the current study was very successful in developing a procedure for segmenting counselling sessions into intermediate level counsellor-defined "episodes". This unit may be particularly useful for future research as it seems more consistent with intentions within counsellors' awareness (*conscious* intentions) in contrast to the more minute speaking turn intentions which likely occur at a less conscious level (Hill & O'Farrell, 1983). Therefore, future researchers could use these units to learn more about the way that counsellors think about their sessions. For example, the method of creating "episodes" used in the current study might be a useful tool for use when supervising counselling students, in order to discuss what the practising counsellor intended to do, and what his/her intentions were for client responding during a coherent segment of a session rather than the commonly used five-minute segment.

An exploratory review of our collection of the counsellors' "other" intentions

suggests interesting and consistent patterns within sessions and across therapy for each orientation. For example, the Gestalt counsellor in this study generally followed the pattern: join, create agenda, introduce/explain example, work, debrief, work more, debrief (work to help client create a cognitive structure/framework for work just done), closure. For the RET counsellor, sessions generally included the pattern: chat/join, check on week/homework, structure session, do a "piece" (eg. debunk an irrational belief), structure, do a "piece", set homework. Analyzing sessions according to the episodic intentions of counsellors of different orientations may then provide a rich data base for conclusions about the change process in general stages across and within counselling. Similarly, as many current process researchers have called for more convergence of several levels of analysis in the study of counselling process, perhaps episode units could be used in studies of this nature. For example, to more clearly understand which response modes/interventions were used to enact the counsellor's episode-level intention especially in particularly helpful episodes, the counsellor could be asked to unitize the session, then examine his/her choice of within-episode interventions. This line of research would likely be very useful in counsellor education, for teaching the deliberate use of counselling skills for different purposes.

In conclusion, perhaps the most important implication to draw from this study is one for practicing counsellors: As this study has also indicated that the counsellor/client communication process generally leads to only moderately accurate mutual understanding (i.e. some intentions which are important to counsellors are not "coming across" to clients) then importantly, it supports the warning of previous intentions researchers such as Caskey et al. (1984) that "Clearly, therapists need to be cautious in assuming the accuracy of their perceptions of their clients' thoughts and feelings, and also be alert to client misperceptions of the therapeutic process" (p.289).

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APPENDIX A

Counselling Intentions List (Counsellor Form)

Counsellor's List For Identifying What Was Intended For The Client (male client)

I Intended For My Client To:

1. recognize actions/ thoughts/ or feelings as his own
2. be aware of his feelings
3. make new connections (among actions/ thoughts/ feelings)
4. understand purpose(s) of the session
5. stop or do less of something
6. give me information
7. question his actions/ thoughts/ or feelings
8. be more precise or focussed
9. know what to do
10. feel good
11. experience or relive feelings
12. learn how to do something
13. do more of something
14. feel understood
15. have information
16. feel more hopeful
17. other ----- (please state)

APPENDIX A (CONT.)

Counselling Intentions List (Counsellor Form)

Counsellor's List For Identifying What Was Intended For The Client (female client)

I Intended For My Client To:

1. recognize actions/ thoughts/ or feelings as her own
2. be aware of her feelings
3. make new connections (among actions/ thoughts/ feelings)
4. understand purpose(s) of the session
5. stop or do less of something
6. give me information
7. question her actions/ thoughts/ or feelings
8. be more precise or focussed
9. know what to do
10. feel good
11. experience or relive feelings
12. learn how to do something
13. do more of something
14. feel understood
15. have information
16. feel more hopeful
17. other ----- (please state)

APPENDIX A (CONT.)

Counselling Intentions List (Client Form)

Client's List For Identifying What The Counsellor Intended (male counsellor)

The Counsellor Intended For Me To:

1. recognize actions/ thoughts/ or feelings as my own
2. be aware of my feelings
3. make new connections (among actions/ thoughts/ feelings)
4. understand purpose(s) of the session
5. stop or do less of something
6. give him information
7. question my actions/ thoughts/ or feelings
8. be more precise or focussed
9. know what to do
10. feel good
11. experience or relive feelings
12. learn how to do something
13. do more of something
14. feel understood
15. have information
16. feel more hopeful
17. other ----- (please state)

APPENDIX A (CONT.)

Counselling Intentions List (Client Form)

Client's List For Identifying What The Counsellor Intended (female counsellor)

The Counsellor Intended For Me To:

1. recognize actions/ thoughts/ or feelings as my own
2. be aware of my feelings
3. make new connections (among actions/ thoughts/ feelings)
4. understand purpose(s) of the session
5. stop or do less of something
6. give her information
7. question my actions/ thoughts/ or feelings
8. be more precise or focussed
9. know what to do
10. feel good
11. experience or relive feelings
12. learn how to do something
13. do more of something
14. feel understood
15. have information
16. feel more hopeful
17. other ----- (please state)

APPENDIX B

Recruitment Notice

COUNSELLING

SERVICE

OFFERED

WHY?

Clients will receive help with personal problems (relationships, anxiety, grief, unresolved issues, etc.) from experienced professionals in the community as part of a counselling research study.

WHERE?

S.F.U. Faculty of Education (Burnaby).

WHEN?

July 21 - August 22.

To be eligible, you must be able to attend two, 2 1/2 hour sessions a week.

FOR MORE INFORMATION/SIGN UP:

Call 291-3624 (1:00 - 4:30 weekdays) or leave a message at 984-4084.

APPENDIX C

Explanation To Subjects (Counsellor Form)

Explanation to counsellors

This research project is aimed at gaining a better understanding of the different ideas counsellors and clients have about the content of their counselling sessions. To this end, the counselling sessions will be videotaped and both participants (counsellor and client) will be asked to review the tapes independently and to share some of their ideas about what has taken place in the session.

As a counsellor for this project, you will be asked to provide time-limited (ten sessions) personal counselling for two clients exactly as you do in any counselling situation. You will not be restricted in any way as to the type of work you may do with each client or in the use of your own professional judgment and skill as we wish the counselling component of the project to be as representative of actual counselling "in the field" as possible.

Confidentiality and Anonymity

The video recordings of your sessions become the property of the research project and we will take rigorous steps to safeguard their confidentiality. These tapes may be reviewed by members of our research team only for the purpose of data analysis. The members of the research team are constrained to maintain the ethical standards of the British Columbia Psychological Association (B.C.P.A.). A copy of the B.C.P.A. ethical guidelines are available to you on request.

Your full identity will be known only to persons in direct contact with you during the research. In any publication of the research results your anonymity and the confidentiality of the actual content of your sessions will be safeguarded. In addition, your clients will not be informed of your comments on the session nor will we share their comments with you.

Your cooperation with all aspects of the research project is important to us, however if you find that you cannot continue as per our agreement, you may withdraw.

Please feel free to ask questions or discuss any aspect of the research that is unclear to you or that you feel uncomfortable about. Any complaints about this research project can be directed to: Dr. Jaap Tuinman, Dean of Education at Simon Fraser University. Dr. Tuinman's telephone number is 291-3148.

APPENDIX C (CONT.)

Explanation To Subjects (Client Form)

Explanation to clients

This research project is aimed at gaining a better understanding of the different ideas counsellors and clients have about the content of their counselling sessions. To this end, the counselling sessions will be videotaped and both participants (counsellor and client) will be asked to review the tapes independently and to share some of their ideas about what has taken place in the session.

The counselling that we are offering is provided by counsellors with post-graduate training and extensive experience in counselling. They are asked to provide to you the best service they can within the agreed time limitations. The counselling you will receive is **not experimental** in the sense that neither the research staff nor the counsellors are trying some new form of helping. Neither are we restricting your counsellor as to the type of work he/she may do with you. Your counsellor is free to use his/her own professional judgment and skill to assist you the best way she/he can.

We are offering this service at no cost to you in return for your cooperation with the data gathering procedures (videotaping and debriefing after the sessions).

Confidentiality and Anonymity

The video recordings of your sessions become the property of the research project and we will take rigorous steps to safeguard their confidentiality. These tapes may be reviewed by members of our research team only for the purpose of data analysis. The members of the research team are constrained to maintain the ethical standards of the British Columbia Psychological Association (B.C.P.A.). A copy of the B.C.P.A. ethical guidelines are available to you on request.

Your full identity will be known only to persons in direct contact with you during the research. In any publication of the research results your anonymity and the confidentiality of the actual content of your sessions will be safeguarded. In addition, your counsellor will not be informed of your comments on the session nor will we share his/her comments with you.

Your cooperation with all aspects of the research project is important to us, however if you find that you cannot continue as per our agreement, you may withdraw. As we are a research project and not a service agency, we cannot continue to provide service to you if you do not participate in the data gathering procedures as outlined in our agreement. In such case we will attempt to find alternate resources that might be available to you, but we cannot guarantee the availability of the service.

Please feel free to ask questions or discuss any aspect of the research that is unclear to you or that you feel uncomfortable about. Any complaints about this research project can be directed to:

Dr. Jaap Tuinman, Dean of Education at Simon Fraser University. Dr. Tuinman's telephone number is 291-3148.

Client's Agreement

I agree to participate by permitting the research team to videotape my counselling sessions and by reviewing and rating each of these sessions following the counselling interview. I understand that the tape reviewing procedures will take approximately one to one and one-half hours per session.

APPENDIX D

Client Screening Interview

Name:

Telephone #:

Transportation:

1) What problems or difficulties do you have that you would like help with?

Anything else? ... Anything else? ...

PROBLEM 1: (write down using client's own words)

How long have you had this concern?

PROBLEM 2:

How long?

PROBLEM 3:

How long?

2) Have you ever received counselling or therapy before?

a) Yes No

b) If yes, please describe.

3) Have you ever been hospitalized or required help for mental illness?

a) Yes No

b) If yes, for what condition?

4) Are you currently receiving any form of counselling or therapy?

a) Yes b) No`

b) If yes, please describe.

5) Are you in good health?

a) Yes No

b) If no, please explain.

6) Are you presently taking any prescribed medications?

a) Yes No

b) If yes, what?

7) Do you expect to encounter any particularly stressful situations in the next five weeks?

a) Yes No

b) If yes, please explain.

APPENDIX E

Session Evaluation Questionnaire - Form 4

Circle one: Therapist Client

T# _____

Today's date: ____/____/____
 month day year

C# _____

Directions: Please place an "X" on each line to show how you feel about this session.

A. This session was:

BAD	_____	_____	_____	_____	_____	_____	_____	GOOD
SAFE	_____	_____	_____	_____	_____	_____	_____	DANGEROUS
DIFFICULT	_____	_____	_____	_____	_____	_____	_____	EASY
VALUABLE	_____	_____	_____	_____	_____	_____	_____	WORTHLESS
SHALLOW	_____	_____	_____	_____	_____	_____	_____	DEEP
RELAXED	_____	_____	_____	_____	_____	_____	_____	TENSE
UNPLEASANT	_____	_____	_____	_____	_____	_____	_____	PLEASANT
FULL	_____	_____	_____	_____	_____	_____	_____	EMPTY
WEAK	_____	_____	_____	_____	_____	_____	_____	POWERFUL
SPECIAL	_____	_____	_____	_____	_____	_____	_____	ORDINARY
ROUGH	_____	_____	_____	_____	_____	_____	_____	SMOOTH
COMFORTABLE	_____	_____	_____	_____	_____	_____	_____	UNCOMFORTABLE

B. Right now I feel:

HAPPY	_____	_____	_____	_____	_____	_____	_____	SAD
ANGRY	_____	_____	_____	_____	_____	_____	_____	PLEASED
MOVING	_____	_____	_____	_____	_____	_____	_____	STILL
UNCERTAIN	_____	_____	_____	_____	_____	_____	_____	DEFINITE
CALM	_____	_____	_____	_____	_____	_____	_____	EXCITED
CONFIDENT	_____	_____	_____	_____	_____	_____	_____	AFRAID
WAKEFUL	_____	_____	_____	_____	_____	_____	_____	SLEEPY
FRIENDLY	_____	_____	_____	_____	_____	_____	_____	UNFRIENDLY
SLOW	_____	_____	_____	_____	_____	_____	_____	FAST
ENERGETIC	_____	_____	_____	_____	_____	_____	_____	PEACEFUL
INVOLVED	_____	_____	_____	_____	_____	_____	_____	DETACHED
QUIET	_____	_____	_____	_____	_____	_____	_____	AROUSED

APPENDIX F

Target Complaints Questionnaire

(Including Counselling Expectations/Satisfaction Scales)

In general, how much does this problem or complaint bother you?

Please rate what you expect this level to be after completing the counselling sessions.

	Couldn't be worse
	Very much
	Pretty much
	A little
	Not at all

	Couldn't be worse
	Very much
	Pretty much
	A little
	Not at all

In general, how much does this problem or complaint bother you?

Couldn't be worse

Very much

Pretty much

A little

Not at all

Please rate what you expect this level to be after completing the counselling sessions.

Couldn't be worse

Very much

Pretty much

A little

Not at all

In general, how much does this problem or complaint bother you?

Please rate what you expect this level to be after completing the counselling sessions.

Couldn't be worse

Very much

Pretty much

A little

Not at all

Couldn't be worse

Very much

Pretty much

A little

Not at all

In general, how beneficial do you expect the counselling program to be in helping you reduce these problems or complaints?

Not beneficial at all

Very beneficial

0

1

2

3

4

In general, how much does this problem or complaint bother you?

Couldn't be worse

Very much

Pretty much

A little

Not at all

In general, how beneficial did you find the counselling to be in helping you reduce these problems or complaints?

Not beneficial at all

Very beneficial

0

1

2

3

4

APPENDIX G

Therapist Post-Therapy Questionnaire

1. How much more therapy do you feel your client needs now?
 - No need at all
 - Slight need
 - Could use more
 - Considerable need
 - Very great need

2. What determined this choice to terminate with your client now?
 - Client's decision
 - Therapist's decision
 - Mutual agreement
 - External factors

3. How much has your client benefitted from therapy?
 - A great deal
 - A fair amount
 - To some extent
 - Very little
 - Not at all

4. Everything considered, how satisfied are you with the results of your client's psychotherapy experience?
 - Extremely dissatisfied
 - Moderately dissatisfied
 - Fairly dissatisfied
 - Fairly satisfied
 - Moderately satisfied
 - Highly satisfied
 - Extremely satisfied

5. As a therapist/counsellor, how would you describe yourself ?
 - Extremely inexperienced
 - Rather inexperienced
 - Somewhat inexperienced
 - Fairly experienced
 - Highly experienced
 - Exceptionally experienced

6. At the beginning of therapy, how well did you feel your client was getting along?
 - Very well
 - Fairly well
 - Neither well not poorly
 - Fairly poorly
 - Very poorly
 - Extremely poorly

7. How severely disturbed was your client at the beginning of therapy?
- Extremely disturbed
 - Very much disturbed
 - Moderately disturbed
 - Somewhat disturbed
 - Very slightly disturbed
8. How much anxiety did your client experience at the beginning of therapy?
- A tremendous amount
 - A great deal
 - A fair amount
 - Very little
 - None at all
9. How much internal "pressure" did your client experience about these problems when he/she entered psychotherapy?
- Extremely great
 - Very great
 - Fairly great
 - Relatively small
 - Very small
 - Extremely small
10. How much do you feel your client has changed as a result of therapy?
- A great deal
 - A fair amount
 - Somewhat
 - Very little
 - Not at all
11. How much of this change do you feel has been apparent to others?
- (a) People closest to him/her (husband, wife, etc.)
- A great deal
 - A fair amount
 - Somewhat
 - Very little
 - Not at all
- (b) Close friends
- A great deal
 - A fair amount
 - Somewhat
 - Very little
 - Not at all
- (c) Co-workers, acquaintances, etc.
- A great deal
 - A fair amount
 - Somewhat
 - Very little
 - Not at all

12. On the whole, how well do you feel your client is getting along now?
- Extremely well
 - Very well
 - Fairly well
 - Neither well nor poorly
 - Fairly poorly
 - Very poorly
 - Extremely poorly
13. How adequately do you feel your client is dealing with any present problem?
- Very adequately
 - Fairly adequately
 - Neither adequately nor inadequately
 - Somewhat adequately
 - Very inadequately
14. To what extent has your client's complaint(s) or symptom(s) that brought him/her to therapy changed as a result of treatment?
- Completely disappeared
 - Very greatly improved
 - Considerably improved
 - Somewhat improved
 - Not at all improved
 - Got worse
15. How soon after entering therapy did you feel that marked changes had taken place in your client?
- _____ hours of therapy (approximately)

Please estimate how effective your client would rate the outcome of your sessions:

Not beneficial at all

Very beneficial

0

1

2

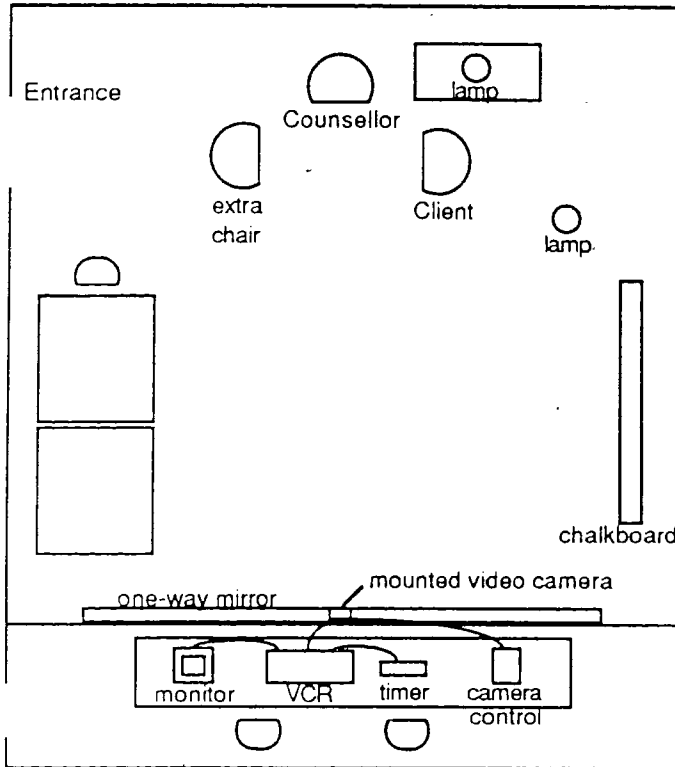
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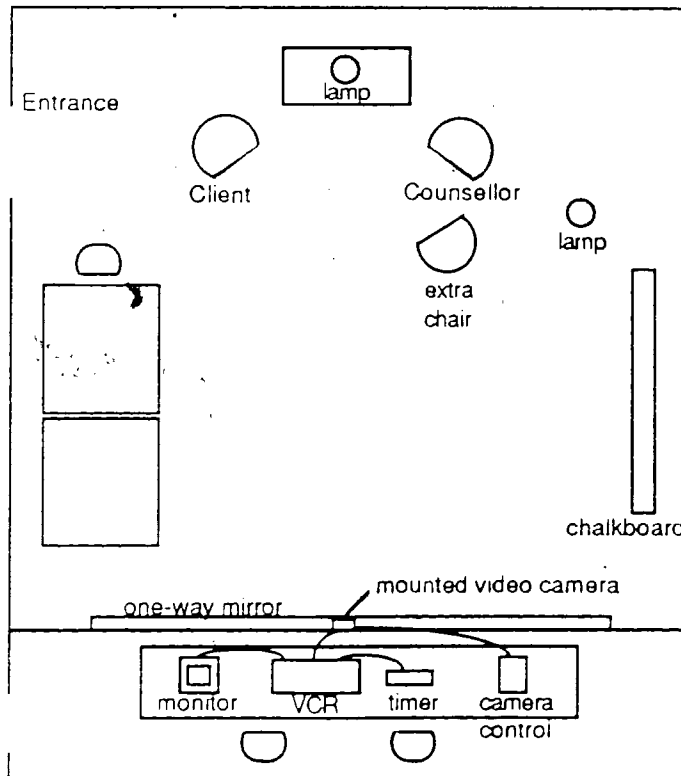
THANK-YOU FOR YOUR PARTICIPATION IN THIS PROJECT

APPENDIX H

Counselling and Viewing Room Layouts



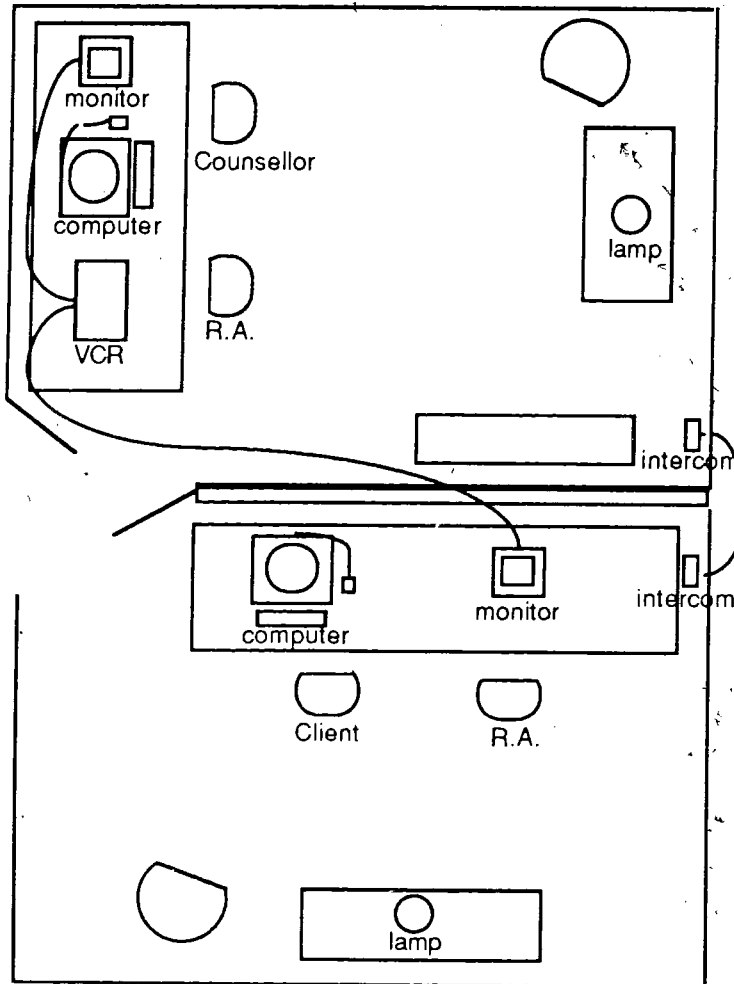
a) Counsellor A: Counselling and Equipment Room Set-up



b) Counsellor B: Counselling and Equipment Room Set-up

APPENDIX H (CONT.)

Counselling and Viewing Room Layouts



Counsellor and Client Rating Room Set-up

APPENDIX I

Instructions To Counsellors

Instructions and Training Procedure for Counsellors (Research Assistant Script)

1) SEQ

1ST SESSION - (Looking at SEQ presented on computer screen) RA reads:

In order to find out how you feel about the counselling session you just had, we would like you to indicate your ratings by placing an "X" on each line of this questionnaire. This will show your judgment on each scale. For example, looking at the first line of part A, if you thought the session was good rather than bad, you would place the X closer to the word "good". If you thought it was neutral, you would mark the middle space. It is important to read each word carefully as the list switches back and forth with a negative adjective first on one side, then on the other. As with the other ratings you will be making, your client will not see your responses. When you have decided where you want to put the "X", move the mouse to that place (demonstrates moving back and forth) and push the button (points to button). Let me know if you have accidentally put the mark in the wrong place. Continue to the end of the questionnaire. If you have any questions, please feel free to ask.

2ND & SUBSEQUENT SESSIONS - First we would like you to rate today's counselling session. As before, please place an "X" on each line to show how you feel about this session. Remember to read each line carefully. As before your client will not see your responses. Please ask if you need any help.

2) INTENTIONS AND HELPFULNESS RATINGS

1ST SESSION - For the rest of the time you will be watching a videotaped replay of your session today. Please let me know if you need the picture or volume adjusted at any time. As you watch the monitor, we would like you to focus on the client and try to recall as much as possible what you were thinking and feeling as it was happening. You are asked to recall what you were thinking during the session, not to describe your impressions now. As you watch, stop the tape whenever you remember intending your client to do, say, think, feel or accomplish something new. It is VERY important that you limit your responses to what you were thinking during the counselling session. Looking at the list of possible intentions on the computer screen, choose one or more intentions that best match what you remember intending for your client at that time. I'll give you a few moments now to read over the list. Let me know if any of the items are unclear. *** As before, move the mouse (demonstrates by moving up, down and sideways along the list) to your choice or choices and then mark the scale below to show the degree to which that intention was present. For example, if you thought that the intention was very much intended during that time, you would place the X closer to

the word "present"; if you thought it was intended to a lesser degree, say, only slightly, you would place the X closer to the word "absent". If none of the intentions match what you remember intending for your client at that time, put an "X" on #17 "Other" and tell what you thought the intention was. Do you have any questions?

*** (Change to Helpfulness Scale) ***

Right after you've finished marking this list, we would also like you to rate how helpful you thought the preceding part of the session was for your client at the time. (moving mouse) If you thought it was helpful, mark it here, hindering - here, or neutral, mark it here. Do you have any questions?

1ST SESSION PRACTICE RUN

We will now have a short practice run with 2 or 3 stops so you can try stopping the tape and making the ratings. Are you ready to start? Watch this monitor and press this button to stop the tape. OK here we go. (Both watch segment until counsellor stops it, then turn to computer screen). So at this point in the session, you had a new intention for your client. (counsellor should confirm) Now using the list, remember to choose one or more intentions that best match your intentions at that time. Great. Now just to check, you've indicated that at that point in the session you wanted your client to _____ (fill in with intention(s) chosen) and that intention was (ex. moderately present). (Do the same for all intentions rated - You also wanted _____). Is that right?* Good. (Go to 2nd rating) Now rate how helpful you thought the preceding part of the session was for your client at the time. ... So at the time you thought it was _____ (fill in with rating chosen, eg. slightly hindering).* Good.

* If an error was made (eg. counsellor states he/she forgot to think back to session - rated current impressions), repeat instructions and have the counsellor try again. For subsequent practice stops, let counsellor rate without prompting unless requested.

AFTER PRACTICE

OK, now that you know what to do, we're going to start over and do it for real this time. We will watch the tape, you will stop it at the points where you had new intentions and then you will indicate what you remember your new intention was for the client and how helpful the counselling was during the preceding part of the session, just like before. Are you ready?

2ND & SUBSEQUENT TIMES

Again we would like you to rate your intentions and the helpfulness of each part of the session. I'll review the instructions for you:

INSTRUCTIONS - 1) INTENTIONS: As you watch the monitor, focus on the client and try to recall as much as possible what you were thinking and feeling as it was happening. Stop the tape when you recall having a new intention for your client to do, say, think, feel, or accomplish something. Choose one or more intentions on the list that best match what you intended at the time and rate the

degree to which each chosen intention was present. When the second rating scale comes up on the screen, rate how helpful you thought the preceding part of the session was for your client at the time. Are you ready to start? Watch this monitor. ***

APPENDIX J

Instructions To Clients

Instructions and Training Procedure for Clients (Research Assistant Script)

1) SEQ

1ST SESSION - (Looking at SEQ presented on computer screen) RA reads:

In order to find out how you feel about the counselling session you just had, we would like you to indicate your ratings by placing an "X" on each line of this questionnaire. This will show your judgment on each scale. For example, looking at the first line of part A, if you thought the session was good rather than bad, you would place the X closer to the word "good". If you thought it was neutral, you would mark the middle space. It is important to read each word carefully as the list switches back and forth with a negative adjective first on one side, then on the other. As with the other ratings you will be making, your counsellor will not see your responses. When you have decided where you want to put the "X", move the mouse to that place (demonstrates moving back and forth) and push the button (points to button). Let me know if you have accidentally put the mark in the wrong place. Continue to the end of the questionnaire. If you have any questions, please feel free to ask.

2ND & SUBSEQUENT SESSIONS - First we would like you to rate today's counselling session. As before, please place an "X" on each line to show how you feel about this session. Remember to read each line carefully. As before your counsellor will not see your responses. Please ask if you need any help.

2) INTENTIONS AND HELPFULNESS RATINGS

1ST SESSION - For the rest of the time you will be watching a videotaped replay of your session today. Please let me know if you need the picture or volume adjusted at any time. As you watch the monitor, we would like you to focus on the counsellor and try to recall as much as possible what you were thinking and feeling as it was happening. You are asked to recall what you were thinking during the session, not to describe your impressions now. It is VERY important that you limit your responses to what you were thinking during the counselling session at points we examine on the videotape. When we begin to watch the tape replay, your counsellor will also be watching the video from another monitor and will stop the tape whenever he (she) remembers having a new intention for you. When the tape stops, we would like you to try to recall what you thought your counsellor intended for you to do, say, think, feel, or accomplish during the part of the session that you just reviewed. Looking at the list of possible intentions on the computer screen, choose one or more intentions that best match what you thought your counsellor intended at that time. I'll give you a few moments now to read over the list. Let me know if any of the items are unclear. *** As before, move the mouse (demonstrates by

moving up, down and sideways along the list) to your choice or choices and then mark the scale below to show the degree to which that intention was present. For example, if you thought that the intention was very much intended during that time, you would place the X closer to the word "present"; if you thought it was only slightly evident, you would place the X closer to the word "absent". If none of the intentions match what you thought your counsellor intended at that time, put an "X" on #17 "Other" and tell what you thought the intention was. Do you have any questions?

*** (Change to Helpfulness Scale) ***

Right after you've finished marking this list, we would also like you to rate how helpful you thought the preceding part of the session was for you at the time. (moving mouse) If you thought it was helpful, mark it here, hindering - here, or neutral, mark it here. Do you have any questions?

1ST SESSION PRACTICE RUN

When we get the signal, we will have a short practice run with 2 or 3 stops so you can try making the ratings. Are you ready to start? Watch this monitor. OK here we go. (Both watch segment until stops, then turn to computer screen). Now remember to choose one or more intentions that best match what you thought your counsellor intended for you at the time. Great. Now just to check, you've indicated that in that part of the session you thought your counsellor wanted you to _____ (fill in with intention(s) chosen) and that intention was (ex. moderately present). (Do the same for all intentions rated - You also thought _____). Is that right?* Good. (Go to 2nd rating) Now rate how helpful you thought that part of your session was at the time. ... So at the time you thought it was _____ (fill in with rating chosen, eg. slightly hindering).* Good.

* If an error was made (eg. client states he/she forgot to think back to session - rated current impressions), repeat instructions and have the client try again. For subsequent practice stops, let client rate without prompting unless requested.

AFTER PRACTICE

OK, now that you know what to do, we're going to start over and do it for real this time. Every time the tape stops, you will indicate what you thought your counsellor intended for you and how helpful the counselling was that part of the session, just like before. Are you ready?

2ND & SUBSEQUENT TIMES

Again we would like you to rate your counsellor's intentions and the helpfulness of each part of your session. I'll review the instructions for you:

INSTRUCTIONS - 1) INTENTIONS: As you watch the monitor, focus on the counsellor and try to recall as much as possible what you were thinking and feeling as it was happening. When the tape stops, you are to try to recall what you thought your counsellor intended for you to do, say, think, feel, or accomplish during the part of the session that you just reviewed. Choose one or more intentions on the list that best match what you thought your counsellor intended at the time and rate the degree to

which each chosen intention was present. When the second rating scale comes up on the screen,
rate how helpful you thought that part of the session was for you at the time. Are you ready to start?
Watch this monitor. ***

APPENDIX L

Computer Screen Presentations

(SESSION EVALUATION QUESTIONNAIRE)

Directions: Please mark the cursor on each line to show how you feel about this session.

This session was:

+-----+ BAD	+-----+ GOOD
+-----+ SAFE	+-----+ DANGEROUS
+-----+ DIFFICULT	+-----+ EASY
+-----+ VALUABLE	+-----+ WORTHLESS

Directions: Please mark the cursor on each line to show how you feel about this session.

This session was:

+-----+ SHALLOW	+-----+ DEEP
+-----+ RELAXED	+-----+ TENSE
+-----+ UNPLEASANT	+-----+ PLEASANT
+-----+ FULL	+-----+ EMPTY

Directions: Please mark the cursor on each line to show how you feel about this session.

This session was:

+-----+ WEAK	+-----+ POWERFUL
+-----+ SPECIAL	+-----+ ORDINARY
+-----+ ROUGH	+-----+ SMOOTH
+-----+ COMFORTABLE	+-----+ UNCOMFORTABLE

Directions: Please mark the cursor on each line to show how you feel about this session.

Right now I feel:

+-----+ HAPPY	+-----+ SAD
+-----+ ANGRY	+-----+ PLEASED
+-----+ MOVING	+-----+ STILL
+-----+ UNCERTAIN	+-----+ DEFINITE

Directions: Please mark the cursor on each line to show how you feel about this session.

Right now I feel:

+-----+ CALM	+-----+ EXCITED
+-----+ CONFIDENT	+-----+ * AFRAID
+-----+ WAKEFUL	+-----+ SLEEPY
+-----+ FRIENDLY	+-----+ UNFRIENDLY

Directions: Please mark the cursor on each line to show how you feel about this session.

Right now I feel:

+-----+ SLOW	+-----+ FAST
+-----+ ENERGETIC	+-----+ PEACEFUL
+-----+ INVOLVED	+-----+ DETACHED
+-----+ QUIET	+-----+ AROUSED

APPENDIX L

Computer Screen Presentations - (Cont.)

(COUNSELLOR INTENTIONS LIST - COUNSELLOR VERSION)

I INTENDED FOR MY CLIENT TO:

1. recognize actions/ thoughts/ feelings as his own
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

2. be aware of his feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

3. make new connections (among actions/ thoughts/ feelings)
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

I INTENDED FOR MY CLIENT TO:

4. understand purpose (s) of the session
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

5. stop or do less of something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

6. give me information
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

I INTENDED FOR MY CLIENT TO:

7. question his actions/ thoughts/ or feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

8. be more precise or focussed
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

9. know what to do
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

I INTENDED FOR MY CLIENT TO:

10. feel good
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

11. experience or relive feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

12. learn how to do something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

I INTENDED FOR MY CLIENT TO:

13. do more of something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

14. feel understood
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

15. have information
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

I INTENDED FOR MY CLIENT TO:

16. feel more hopeful
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

17. other _____ (please state)
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

Please rate how helpful this part of the session was for your client:

+-----+
 EXTREMELY HINDERING NEUTRAL EXTREMELY HELPFUL

APPENDIX L

Computer Screen Presentations - (Cont.)

(COUNSELLOR INTENTIONS LIST - CLIENT VERSION)

THE COUNSELLOR INTENDED FOR ME TO:

1. recognize actions/ thoughts/ feelings as my own
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

2. be aware of my feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

3. make new connections (among actions/ thoughts/ feelings)
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

THE COUNSELLOR INTENDED FOR ME TO:

4. understand purpose(s) of the session
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

5. stop or do less of something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

6. give her information
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

THE COUNSELLOR INTENDED FOR ME TO:

7. question my actions/ thoughts/ or feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

8. be more precise or focussed
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

9. know what to do
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

THE COUNSELLOR INTENDED FOR ME TO:

10. feel good
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

11. experience or relive feelings
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

12. learn how to do something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

THE COUNSELLOR INTENDED FOR ME TO:

13. do more of something
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

14. feel understood
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

15. have information
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

THE COUNSELLOR INTENDED FOR ME TO:

16. feel more hopeful
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

17. other _____ (please state)
 +-----+
 ABSENT SOMEWHAT PRESENT PRESENT

Please rate how helpful this part of the session was for you:

+-----+
 EXTREMELY NEUTRAL EXTREMELY
 HINDERING HELPFUL

APPENDIX M

Interview Transcripts - Counsellor Rating Sessions

INTERVIEW WITH COUNSELLOR A - Session #7 (with client 1)

R = researcher, A = counsellor, RA = research assistant

- R: We would like to find out what procedure you're using to segment the tape. So as you watch it, how do you decide when to stop? If you could explain that a little bit...
- A: OK. As I watch it, I can see that I'm making a shift and that's one of my cues, I know I'm making one. I mean I talk about shifts on the tape. I can see it, that's one. In my mind I'm making a global... I know I've got a global intent such as: I'm working on a split, an internal split, and that's fairly large and it'll go for most of the tape. So when I start that, that's a new intent for me and I'll describe that whole thing but it's so big that then I start to break it down inbetween. And I pick out, I mean there's a lot of stuff going on, I pick out the most major ones, major shifts and then I comment on those, what I'm trying to do there when I'm trying to heighten feelings or when I'm trying to deliberately make connections.
- R: And are you cued by your behavior on the tape, so when you see that 'I'm going into this' is that when you stop it?
- A: Sometimes. A lot of times yes, but not, not always. I know like as I'm watching myself, I know what I'm *thinking* while I'm watching myself. So I know I've got an intent here.
- RA: Sometimes it was before she actually did it. I noticed that.
- A: That's right. Like that conflict resolution one. I was making my shift, like I was getting ready to close it down and so I made my intent. But that's when my intent *happened*. Like OK I'm getting ready to shut her down now, then I'll finish this off.
- R: So where did you decide to stop it?
- A: So I stopped it when I was aware, on the tape, that I'm making a shift here: I did that. Then I finished off that large intent of working on that split.
- R: So when you go to *rate* that, what are you rating?
- A: What do you mean?
- R: You've stopped the tape and now you're going to rate. What are you rating?
- A: I'm rating on my intent for the past section we've just watched. What was I intending to do, accomplish. I usually go on my interventions. Like OK I'm doing an intervention here and I don't usually think of it in what I intend for my *client* to do. It's me thinking what do I intend to do here. And so I'm having to shift and think of it in terms of what do I intend my *client* to do for the purposes of this research. What do I think, what am I intending to accomplish at this point or this section.
- R: Well that sounds just like what we want you to do so that's good. And we found when we were piloting it too, that sometimes people were able to stop it when they had it in their head and other times they couldn't quite remember and they had to see themselves doing it and go 'Oh ya, that's what I was doing there.' So it goes both ways. The main thing is that you both are rating the previous segment. If you were rating the one coming up, that would make it really hard to analyze so we really wanted to check that out.

- A: Ya I don't see how you could do that.
- R: Do you remember when you first started doing this, have you shifted a great deal from the way that you first started doing it to the way that you're doing it now?
- A: I wouldn't say I've shifted a great deal but it's certainly a lot clearer to me now and I know that I was thinking of it between Wednesday and today of what I was doing and how I was doing it and it's become a lot clearer to me. For instance what's been confusing is that there's a lot of little wee intentions in there and do I acknowledge them or do I leave them? And that's been unclear to me but what's clear to me now is I do the major one and some of the minor ones and I leave the little wee ones out. Otherwise I would be stopping it every 5th sentence and it would just take forever so that's clear. It just was fuzzy but now it's clearer to me what I'm doing.
- RA: And therefore it's a little bit easier to do.
- A: Ya it is easier.
- R: Ya. You have to get an overall picture of what we're trying to do here. You've done it twice, now it's three times. (6 sessions).
- A: Ya it's the third time.
- R: How much do you feel you're tied to the intentions list and how do you feel about the list?
- A: That's hard, I mean some of them are fine like because this is an experiential type of therapy of course the 'experiencing feelings' and 'making connections', those are good. I'm really finding that I'm having to shift, put my Gestalt intentions and rephrase them and I feel you know I would really like to phrase this in my Gestalt terms.
- R: They don't always quite fit.
- A: Ya and it's almost like trying to put a square peg in a round hole or something. To some extent I feel that, and that's a conflict within myself and so what I've decided that if I feel the list doesn't cover it then I'm gonna throw stuff in 17 ('other') and let you guys worry about it.
- R: Sure. We might come back and ask you 'does this fit here' or whatever.
- A: But that's the only time. Like trying to put those Gestalt, that terminology and my intentions ...like working on a split: what do I want the client to do? I want them to access the different parts. I want him to separate the different parts of himself, become more aware of each one, the process going on between them, I want to heighten that. I mean, how do I put that in that list? (laughs)
- RA: (Counsellor A) made an interesting comment earlier in saying that as her and (client 2) worked together she was wondering if we would notice a shift in their intentions coming together more with both of them being able to talk in the same terms.
- A: Ya like I see that and my guess is that we're gonna start saying things. OK a₁ and I have the same language because we have the same background. So I should be able to say 'well I'm working on a split'. My guess is that she'll want to say 'she wants me to be aware of my own split'. Well it doesn't fit in there with that language. But I'm teaching it to (client 2) now. I'm telling him 'I want you to be aware of what you do to yourself'. Well I anticipate that he'll want to say that because this list doesn't cover it.
- R: Ya we'll have to make sure that he's aware he can use the 'other' whenever he needs to. We'll

just reinforce that whenever he feels there's something else going on.

- A: Ya especially clients who are not usually involved with research and this kind of stuff don't know that you can do that sort of thing. I mean they feel restricted by the list. But I really feel that's going to happen between us. Not right now. I anticipate it'll happen between (client 1) and I quite soon but with (client 2) it'll take longer.
- R: As he's "trained up".
- A: Well I mean that's what happens. You start using the same language. If it's not there / wanna know it!
- RA: Ya that's sort of another benefit of doing this research for you.
- R: So you don't feel that you're sitting looking at the list and stopping it when you had "one of those". You're just going by what you remember doing.
- A: Yes. But again, I start with my intent: What was I intending to do here. And then I think well what did I want (client 2) or (client 1) to do there and then I try to fit it into the list.
- R: If you were going to be the researcher next time and give the counsellor instructions as to how to do this, what would you tell them to do?...That's a hard one.
- A: If I were going to be the researcher... I'll have to think about that. Off the top of my head I can't think of anything different like I mean what you've said to me so far seemed very clear and I haven't had any difficulty understanding what you want from me.
- R: So we said to stop the tape whenever you had a new intention for the client to do something or say something or feel something. You think that would get them to do what you're doing.
- A: Well again, see that's the confusing part. I don't stop the tape when I want the *client* to do something. I mean I don't think in those terms. I think what *I* intend to do.
- R: Right. You know there's something changing here and then you sort of translate it into what's happening for them.
- A: Or I *want* a change here. And so that's how *my* thinking goes. I don't think about 'now what do I want the client to do but you know yes I do want the client to 'feel this more' so that's 'do more of something' or I want to heighten this for the client, this process, so I do what I need to do to do that. So I want *him* to feel it more. So yes, I *do* want him to do something.
- R: OK that's great. Did you want to add anything?
- A: The only thing I would say is encourage the counsellor to use their own language.
- R: Otherwise it becomes too foreign.
- A: I mean you've already done that. I would just encourage it moreso for the counsellor to use the language.
- RA: So then in a way it's more a matter of the counsellor working out their own process and definition of intention in their own set, their own type of counselling.
- A: Whatever the method. The methods are so different that you can't be more specific on that (the list) but every therapist has his own language.

TRANSCRIPT OF RATING SESSION: COUNSELLOR B - Session #8 (with client 4)

B = counsellor, RA = research assistant

* helpfulness rating scale = 0 - 9

EPISODE 1

B: ...Give her some kind of explanation, I don't want her to feel anxious about it, OK and by coming to this I'm coming to her topic area and establishing rapport. OK so: 'I need your help in putting this together on this thing'. (rating on screen) Um, 'be aware of her feelings'? somewhat I guess. And 'feel understood' - initially. So we'll do 14.

Intentions chosen: #14 - feel understood, #15 - have information
Helpfulness rating: 7

EPISODE 2

B: OK what's happened is now that I identified that she's disassociated, now I want her not to be out there because she's starting to get sad about it, you hear in the earlier comment. So what we want to do intentionally in here is we want to have her get a way to get back out of that place. She moved there, she doesn't know how, and she doesn't know how to get out of that place. So this is information and it's also, so we want to *validate* her feelings and have her get a way to get out of it. So I want to teach her some technique stuff. Alright? That's my intention. Ya.

Intentions chosen: #12 - learn how to do something
Helpfulness rating: 7

EPISODE 3

B: OK all that's happening in here is she's telling me a story about how the therapy's working. She's stroking me a little bit but I also want her to get strokes for having thought about it and changed the way she acts out there, right? (rating on screen) I want her to, 'do more of something' basically I guess and, 'feel good'. So I want her to feel good about it because she's really applied the stuff. I want her to do more of that.

Intentions chosen: #10 - feel good, #13 - do more of something
Helpfulness rating: 8

EPISODE 4

B: In this whole section here...I've given her a book about anger and the book on anger attacks the person's dictatorship person and all that stuff. And since I didn't precede it I want to make *sure* that she doesn't see me as attacking her as a nasty person and that she can see that the anger part that's talked about in the book she really applies to herself. Because it's really her "self-shoulding" that we want to go after in this session.

RA: So this section of the tape is your setting it up.

B: Ya. I'm trying to undo an error from before but I'm also trying to make sure ah, I don't want her guilted, OK I don't want her feeling attacked. It turns out everything's fine OK but I'm really trying to get her to perceive herself as a "self should-er" which is the thing we're working on right now and this lets me introduce the rest of the thing.

Intentions chosen: #4 - understand purpose(s) of the session, #6 - give me information,
#17 - other: "feel supported"
Helpfulness rating: 7.5

EPISODE 5

B: OK what I'm trying to do in here is I'm trying to lead into what is really the issue which is her anxiety. Which is not obvious because she's managed to get her mannerisms down well. But she's really got some very strong fears and I want her to start thinking about them because she can't feel her fears, she doesn't know they're there. So what I'm trying to do is introduce this whole concept of the fact that she's got fears first and then I want to go into later what the fears are. (rating on screen) So I want her to recognize ... that people do this out of fear OK and the possibility that they're hers. Like this is right there at the front eh? (#1).

Intentions chosen: #1 - recognize actions/ thoughts/ or feelings as her own,
#3 - make new connections (among actions/ thoughts/ feelings),
#7 - question her actions/ thoughts/ or feelings
#15- have information

Helpfulness rating: 8

EPISODE 6

B: So I want her to know that she thinks this way. She's making a thinking mistake that she's assumed to be true. She thinks that people need caring, or love, or approval or respect. Of course that's insane. If you believe it you'll fuck yourself right up and other people believe it all over the place. (rating on screen) So I need her to recognize those thoughts as her own OK, and I want her to make some connection in here between those thoughts and musting, cause she has the musting like it happens in isolation: " I just learned to must". It's like saying "Well I just strangle people. I mean there's no psychological meaning to it". OK and the purpose of this session is to get this in there too in the sense that I want her to start getting after the fear part. It's the musting we have to remove to get at it at all. This is the same kind of stuff see.

Intentions chosen: #1 - recognize actions/ thoughts/ or feelings as her own,
#3 - make new connections (among actions/ thoughts/ feelings),
#4 - understand purpose(s) of the session
#7 - question her actions/ thoughts/ or feelings

Helpfulness rating: 9

EPISODE 7

B: I want her to have an awareness about the situation. I want her to understand herself more. There's no category here called 'understanding yourself'. So at this point I'm just going to tell her what the problem is. This is gonna be helpful because she doesn't understand at all why she does it, why she "musts". She now knows it's bad but she doesn't know why she does it. So she thinks it's habit or something else.

Intentions chosen: #1 - recognize actions/ thoughts/ or feelings as her own,
#2 - be aware of her feelings

Helpfulness rating: 9

EPISODE 8

B: Now I want her to know that she actually experiences this. And so I'm teaching now. Now I want her to recognize this is her own, right? So that's what we're trying to do here. See I could say I want to give her that information but that's not really true. I want her to be aware of her feelings more and stuff like that. Let me go back here (goes back on screen). I want her to be aware of her feelings. That's the second one, right? I want her to be aware that this is what she feels here, she's not quite convinced that this is what happens. Ya, what I want her to do is I want her to start to go out there now and actually experience

it: "Am I,...so what if I do this. Will I die?" I want her to see and to recognize that she has this fear. So I want her to do it in action and start being aware of her feelings in that circumstance. This one's there too. Ya I'll go for this. (#17) I want her to think differently and then to notice how she feels. I don't know if that should go under 'other' or not. Maybe we should just let it go. We already dealt with those pieces. We're near the end so let's wait and see if we've got more here.

Intentions chosen: #2 - be aware of her feelings
#3 - make new connections (among actions/ thoughts/ feelings),
Helpfulness rating: 9

EPIISODE 9

B: What I want her to do is, OK. What I want her to notice in here is I want her to have 1) a way to escape the discomfort, about the fatness, and 2) I want her to pull up a new motivation for her to deal with this fear. (rating on screen) So I want to try to get her to make some new connections about things here because her comment about the weight and the shame of it tells me that I have a motivator there so what I want to do is tap into that piece of motivation OK. I want her to... I'm trying to think of a way to phrase it. I want her to ... I'm gonna put it in 17 ('other'). I want her to see this may be the problem that's keeping her overweight so she has more motivation to change. She's doing it theoretically. OK does that make any sense to you? When you're working with a client, you have to find the motive or they won't do the work. OK? Sometimes you have to give them a secret motive. OK this may not be, I don't know how helpful this'll be here so... 'somewhat helpful'.

Intentions chosen: #3 - make new connections (among actions/ thoughts/ feelings),
#17- other: "have motivation to change"
Helpfulness rating: 7.5