Counsellor Training in Interviewing Skills

Counsellor Training in Interviewing Skills:

Interpersonal Process Recall

in a Microcounselling Model

by

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ABSTRACT

The feasibility of integrating interpersonal process recall techniques into a microcounselling model to teach certain basic interviewing skills to beginning counsellors was investigated. The skills were eye contact, talk time, verbal following, open questions, counsellor focus, and client focus.

The special treatment group receiving the integrated training approach achieved a significantly higher level of functioning on five of the six skills, open questions being the exception. One comparison group received microcounselling training involving video feedback and modelling. The other group read a description of the target skills. Thirty-nine subjects were randomly assigned to the three groups.

RESUME

La présente recherche porte sur la possibilité d'intégrer les procédés de rappel des rapports inter-personnels dans un modèle de micro-counselling en vue d'enseigner certaines techniques d'entrevue à des con-seillers débutants. Les techniques étudiées sont la fixation visuelle, le temps de parole (l'economie verbale), la continuité d'entretien, les questions ouvertes, le centre d'attention du conseiller et le centre d'attention du client.

Trente-neuf sujets furent répartes au hasard en trois groupes. Le premier groupe formé selon l'approche integrée, obtint des resultats supérieurs quant à cinq des six tech-niques, l'unique exception étant la méthode des questions ouvertes. Le deuxième groupe suivit un stage de micro-counselling comportant une séance de feedback et de démon-stration au moyen de bandes magnétoscopiques. Le troisième groupe eut à lire une description des techniques en question.

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

Counseling is the helping relationship,
which includes (1) someone seeking help,
(2) someone willing to give help, who is
(3) capable of, or trained to help, (4)
in a setting which permits that help to
be given and received. (p.5)

This statement of Hackney and Nye (1973) clearly defines the

nature of counselling and the steps in the counselling pro-

cedure. Further they add:

One skill underlying all systems of coun-
seling is that of communication. Counselors
and clients alike continually transmit and
receive verbal and nonverbal messages during
the interview process. Therefore awareness
of and sensitivity to the kinds of messages
present is an important prerequisite for
counselor effectiveness. (p.6)

Traditionally, counsellor training programs have not

emphasized a systematic approach to training in communication

and interviewing skills. Rather, supervisors of trainees app-

roached the area by reviewing audio and video tapes of coun-

selling interviews, and made comments regarding the positive

and negative aspects of the trainee's ability.

Recent literature and readings in the field of inter-

view training and counsellor education suggest a trend in the

direction of developing and evaluating different methods for

teaching basic interviewing and communication skills to a wide

and varied population of professions. A variety of approaches

appear to be prominent in the literature, and each claims to be successful in some manner with certain populations. Prominent among these training approaches are the Truax and Carkhuff (1967) methods of training in counselling and psychotherapy, interpersonal process recall (Kagan & Krathwohl, 1967), a method to assist counsellors to become more aware of their own reactions and their effects on others, and finally microcounselling (Ivey, Normington, Miller, Morrill, & Haase, 1968; Ivey, 1971), an instructional technique involving a video format for training counsellors and therapists in basic skills of interviewing.

The training of basic interviewing and communication skills is viewed as a relevant and important area of study, and further development and refining of techniques is necessary if counsellor educators are to find the most beneficial and economical route for the training of professional counsellors in these skills.

The purpose of the research to be reported here was to integrate two established, popular, and current approaches to the teaching of certain basic counselling skills, and to determine whether this integration was more effective than other training methods. It is hoped the training procedure involving this integration will add to the growing body of knowledge on training in the field of counsellor education. Counsellor training programs vary widely, but most include content courses,

interviewing skills, and supervised practice; hence this
study may have relevance for all programs where interview-
ing skills are taught and practised.

Specifically, this study was an attempt to integrate
the positive findings on the video training technique called
interpersonal process recall, hereafter referred to as IPR,
and the equally positive findings on the video training tech-
nique called microcounselling. The IPR technique involving
client recall was incorporated into a 45-minute microcoun-
selling model, and the effectiveness of this integration was
measured on three groups of counsellor-trainees who had been
accepted into a counsellor training program, but who had not
yet started formal course work toward their certification.
According to Ivey (1971):

> There is a need to compare the effectiveness
> of the microtraining paradigm with other
> models of interviewing training. It is sug-
> gested at this time that microtraining repre-
> sents a model for developing skills best used
> as a supplement with other models of training.
> (p.127)

In general, the intended contribution of this research
was to determine whether certain basic counselling and inter-
viewing skills could effectively be taught to counsellor-
trainees, in a short period of time, using an integration of
IPR and microcounselling techniques. Ivey and Gluckstern
(1974) state:

The relationship between microcounseling
skills and IPR is only beginning to be
explored and should be a fruitful area for
research and helping training. (p.10)

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Chapter II, the review of the related literature, focuses upon four areas related to this study and to the field of interviewing training. The first two areas deal with the literature concerning the interviewing training techniques called microcounselling and interpersonal process recall. The development, application, research findings, and relationship to counsellor training are reviewed. Since both these training procedures require the use of television playback techniques, a brief review of videotaping in counsellor training is provided. Finally, the literature related to the six dependent variables in this study is reviewed.

Microcounselling

Microcounselling is an extension of the microteaching model into the area of counsellor education. An extensive review of microcounselling studies can be found in Ivey (1971). Microcounselling was derived from the concepts and methods of microteaching developed at Stanford University. Shore (1972) defined microteaching as follows, "Microteaching is real teaching reduced in time, number of students, and range of activities" (p.1). Microteaching provides a miniature controlled teaching situation which contains all the elements of the teaching

act. Microteaching includes two elements that are different from other training procedures:

1. The ease with which the teaching situation can be controlled and manipulated. A certain skill requiring attention on the part of the student teacher can be identified and practised in a brief teaching encounter with a small number of students. A videotape of this encounter is viewed by the student teacher and his supervisor, and suggestions for improvement are made. This is followed by another brief teaching encounter and supervision.

2. The availability of immediate feedback for the student teacher.

Cooper and Stroud (1967) noted that teacher trainees taught by the microteaching method are subjected to a scaled-down version of classroom teaching with a lessened complexity than normally is encountered in regular classroom sessions. The teacher trainee teaches lessons ranging from five to twenty-five minutes duration. The brevity of the teaching encounters is described as providing an opportunity for a close supervisory relationship, while the videotaped recording is used to provide immediate feedback to the teacher trainee.

At Stanford University, the findings from microteaching clinics conducted by Allen during the summers from 1963 to 1966 yielded the following information as reported by Kerrebrock (1971):

1. Candidates trained through microteaching techniques over an eight-week period and spending less than ten hours per week in training, performed at a higher level of teaching competence than a similar group of candidates receiving separate instruction and theory with an associated teacher-aide experience involving a time requirement of between twenty and twenty-five hours per week.

2. Performance in the microteaching experience predicted subsequent classroom performance.

3. Over an eight-week period, there was a significant increase in the accuracy of the candidate's self-perception of his teaching performance through identification of weaknesses as well as strengths.

4. Candidates who received student appraisal of their effectiveness improved significantly more in their teaching performance than candidates who did not have access to such feedback.

5. Ratings of video transcriptions of teaching encounters correlate positively with live ratings of the same encounters.

6. Trainees' acceptance of the value of microteaching was high.

7. Three skills subjected to experimental treatment in microteaching produced significant changes in the performance of the intern teachers. (pp. 51-53)

Microteaching techniques used in teacher education are now used extensively in the field of counsellor education. According to Ivey and his colleagues (1968), microcounselling is defined in the following manner:

Microcounseling is a scaled-down sample of counseling in which beginning counselors talk with volunteer clients during brief five minute counseling sessions which are videorecorded. The scaled-down sessions focus on specific counseling skills or behavior. Microcounseling provides an opportunity for those preparing

to counsel to obtain a liberal amount of
practice without endangering clients.
(p.1)

Microcounselling should not be considered a model of training
in a specific orientation. It is a general training model
adaptable to a variety of theoretical orientations. It is
based on several essential propositions as outlined by Ivey
(1971):

1. It is possible to lessen the complexity
of the counseling or interviewing process
through focusing on single skills.

2. Microtraining techniques provide important
opportunities for self-observation and confron-
tation.

3. Interviewers can learn from observing video
models demonstrating the skills they are seeking
to learn.

4. Microcounseling is a method which can be used
to teach interviewing skills in a wide area of
diverse theoretical and practical frameworks.

5. Microtraining sessions are real interviewing.
(p.8)

A very important consideration in the research and ap-
plication of microcounselling is the counsel-recounsel cycle in-
volving the sequence of training. Review of the literature has
suggested that the ideal teaching format is represented by a
five-minute baseline session which is followed by instruction,
and then a second five-minute session. This is followed by more
instruction and feedback, and a final five-minute session, again
followed by feedback. Similar observations in connection with
the microtraining sequence have been made by Allen (1967). The

present research followed this sequence of training. Most
counsellor educators have spent long hours training counsellors
in the skills of counselling, and most would agree that train-
ing beginners is a difficult and arduous task. Microcounsel-
ling appears to provide a viable framework to simplify coun-
sellor training and make it more effective.

Related Research in Microcounselling

Research employing microcounselling and microtraining
techniques has been reported in a number of studies, and the
findings are encouraging. The most notable of these studies
was conducted by Ivey and his colleagues (1968) at the Univ-
ersity of Massachusetts. This research investigated the
effects of microcounselling training procedures upon three
groups of pre-practicum counselling students. Three different
skills, "attending behaviour," "reflection of feeling," and
"summarization of feeling" were the foci of the studies. Cen-
tral to all the research was "attending behaviour" which is the
counselling skill of attending to a client both verbally and
non-verbally. Significant differences were noted between the
experimental and control groups on the eye contact and verbal
following dimensions of attending behaviour. Clients inter-
viewed by counsellors in the experimental group also rated
their counsellors significantly higher than clients interviewed
by counsellors in the control group. The Ivey study employed

subjective, five-point rating scales on the non-verbal components of attending behaviour.

Moreland, Ivey, and Phillips (1973) utilized a microcounselling model and compared it with traditional psychiatric training for 24 second year medical students in a class in psychiatry at the University of Oregon Medical School. The first group of 12 students received microcounselling training in six skills: attending behaviour, open-ended questions, minimal encourages, paraphrasing, reflection of feeling, and summarization. The second group received didactic training involving lectures and instructional material. They reported that the microcounselling group demonstrated significantly greater improvement than the comparison group on an attending behaviour rating scale and on the quantity of reflection of feeling.

Aldrige and Ivey (1975) examined the microcounselling paradigm as a method for the direct instruction of junior high school students in a basic skill of human interaction, that of attending behaviour. They found that the number of breaks in eye contact proved to be an important variable in differentiating trained and untrained subjects. A large improvement by the trainees was noted. Gross body movement in the form of major shifts in posture declined markedly in the experimental group. Verbal ratings indicated that the interviewer made fewer topic changes, lowered his percentage of talk time, and talked less. Clients who talked with microtrained interviewers rated them

significantly higher on the Counselor Effectiveness Scale pub-
lished in Ivey (1971), even though they did not know whether or
not their interviewer had received microcounselling training.

Frankel (1971) employed a microcounselling model to
clarify further the specific contribution of videotape feedback as
a training technique for counsellors. The target skill at
which these training techniques were aimed was attention to
feeling. Half of the experimental subjects viewed models
first and half received feedback of their own performance first.
A comparison group received instructions only. He found that
a combination of videotaped models plus feedback was most
effective in learning of reflection of feeling. Further, he
found that viewing the model first, followed by feedback or
self-observation, produced more positive change.

Authier and Gustafson (1975) studied the effects of
supervision on the learning of basic clinical interviewing
skills within the microcounselling framework. Twelve para-
professional counsellors were randomly assigned to one of
two microcounselling paradigms. The six subjects in the
supervised condition met a supervisor in groups of three for
a one-hour session once a week for six weeks. The six sub-
jects in the nonsupervised group also met in two groups of
three. Each group was scheduled for a one-hour session once
a week for six weeks, but a supervisor was not present. The
subjects in this group were given explicit instructions re-
garding the steps to be followed in learning each of the six

skills. Each session for each group was concerned with the teaching of one of the following skills: attending behaviour, minimal encouragements to talk, open invitations to talk, reflection of feeling, paraphrasing, and summarization. The hypotheses tested were:

> 1. The paraprofessionals trained via microcounseling with supervision will show a significant increase in their use of the six microtraining skills.
>
> 2. The paraprofessionals trained via microcounseling without supervision will show a significant increase in their use of the six microtraining skills. (p.75)

The study failed to confirm both hypotheses, but both groups used the microcounselling skills significantly more frequently than their respective opposites such as not attending. The supervision versus the lack of supervision results are in contrast to the Moreland study. The authors offer two possible explanations for these conflicting results. First, the trainee population was different, that is medical students versus paraprofessional counsellors; second, the patient populations were quite different, that is psychiatric patients versus drug abuse patients. The Authier and Gustafson study is of interest because it failed to demonstrate the importance of the supervisor effect. The study reported in this dissertation also omitted the supervisory component from the short-term microcounselling group.

DiMattia and Arndt (1974) compared microcounselling

techniques to reflective listening techniques in the teaching
of attending behaviour skills to introductory counselling
students. Reflective listening techniques involve the use of
structured and unstructured responses in teaching trainees to
make clients feel understood. Results of this study revealed
that both microcounselling and reflective listening techniques
were effective in training introductory counselling students
in attending behaviour skills. With the exception of posture,
all skills were significantly changed. There were no sig-
nificant differences between the two groups for any of the cri-
teria.

Kerrebrock (1971) studied the effects of microcoun-
selling procedures upon thirty-six secondary school teachers
who were acting as academic advisors in their respective schools.
Three different skills, attending behaviour, reflection of
feeling, and expression of feeling, were the foci of the research.
The experimental groups received standard microcounselling
training, while the control group subjects conducted an initial
five-minute videotaped interaction and a final five-minute
videotaped interaction with a student. The experimental groups
reached a level of significance on two of the three skills
taught. Both responding to feeling and expression of feeling
were areas where significant differences were noted between
the experimental and control groups.

Haase and DiMattia (1970) demonstrated the efficacy of
training support personnel in human relations skills via the

microcounselling paradigm. Significant changes in attending
behaviour, expression of feeling, and reflection of feeling
were noted following 12 hours of training in these areas.
The absence of a control group in this study severely limits
the nature of generalizations. Gluckstern (1973) utilized
microtraining as a part of a larger training program designed
to develop lay counsellors to work with parents whose children
had drug problems. In a pre-test--post-test design, the effect
of training upon the trainees with regard to counselling skills
showed significant differences in the areas of reflection of
feelings, counsellor focus on the client, and less emphasis on
closed questions.

Toukmanian and Rennie (1975) compared microcounselling
to human relations training in the instruction of empathy,
open invitations to talk, closed questions, and interpretation
and advice. Compared to no-training control groups, all ex-
perimental subjects improved significantly on all training
criteria. The microcounselling subjects, however, gained
significantly more on empathy than did the human relations
training subjects.

Microcounselling techniques are now being applied in
other areas of the helping field. Media therapy (Ivey, 1973),
a derivative of the microcounselling technique, is used ex-
tensively with psychiatric patients who are attempting to master
certain interpersonal skills. The patient and the therapist

design a program of skills requiring modification, engage in
videotaped sessions, review sessions, and watch modelling
tapes demonstrating the skills. Attending skills were found
to be helpful, because listening skills and the ability to stay
on a single topic are basic to most productive human conversation.

The discussion of the studies described above has
illustrated both the positive and negative findings associated
with the microcounselling technique. It has been indicated
that microcounselling is not only an effective-procedure in
counsellor education, but is an effective training technique
for high school students, medical students, paraprofessionals,
lay counsellors, and high school teachers. Recent literature
indicates microcounselling may be a promising therapeutic
tool for assisting patients and clients to acquire interpersonal
skills.

Interpersonal Process Recall (IPR)

A complete and thorough examination of interpersonal
process recall techniques and research is found in Kagan (1975),
and Kagan and Krathwohl (1967).

The rationale for the interpersonal process recall pro-
cedure is provided by Kagan and Krathwohl (1967):

> There are many situations in both teaching
> and counseling where teachers and counselors
> attempt to have a beneficial effect on one
> or more persons. This task would be simplified
> somewhat if they could accurately ascertain

> what the other persons are thinking and why
> they react as they do. The counselor must be
> able to understand what the client really means
> and what he is trying to say. The teacher
> needs to know and understand the dynamics of
> a student's behavior and then to adjust his
> own behavior accordingly. (p.3)

A method to assist the counsellor in understanding the dynamics behind the interaction with his client was developed by a team of counsellor educators at Michigan State University. This project was reported by Kagan and Krathwohl (1967) in Studies in Human Interaction, and was sponsored by the United States Department of Health, Education and Welfare. The project was inspired by the need to develop means of interpreting behaviour for counsellor education. Now the education of counsellors in many institutions consists primarily of having the counsellor trainee audiotape his interview, listen to the recording with a supervisor, and discuss the recording in terms of how he dealt with the session. Videotape recordings are also used in much the same fashion. One-way mirrors provide another means of supervision. All these techniques have almost always overlooked one very important dimension, that of client feedback as to the meaning of his behaviours. Counsellor-trainees and supervisors tend to interpret these behaviours according to their own experience and orientations.

The IPR method developed at Michigan State is summed up in the following manner by Kagan (1970):

> What we observed, in '62, was that if a person
> is videorecorded while he is relating to another
> and is then shown the recording immediately after
> the interaction that he is able to recall his

> thoughts and feelings in amazing detail and
> in depth....If a remote control stop-start
> switch was given to the person so that he
> could stop and start the playback at will,
> usually a wealth of understanding about some
> of the underlying motives, thoughts and
> feelings of the person could be verbalized
> by him. We also found, in these initial ex-
> periences, that the phenomenon could be counted
> on to work more frequently and more information
> about underlying feelings could be elicited if
> the person views the videotape separately from
> the other but in the presence of a third person
> who encourages the subject to verbalize that,
> which is recalled and to concentrate and work
> at the recall task. (p.83)

The role of the third person is to stop the playback and en-

courage the individual to describe his underlying thoughts

and feelings. His task is that of a clinical inquirer.

The interpersonal process recall procedure, as out-

lined in Kagan and Krathwohl (1967), begins when two parti-

cipants enter a room and begin their interview. When the

interview is concluded the tape is rewound and prepared for

replay. The counsellor leaves the room and the inquirer takes

his place. The recall session involves replaying the original

session over a television monitor. A remote control switch

permits either the subject or the inquirer to start and stop

the videotape machine. The inquirer's function is to facili-

tate the subject's self analysis of his underlying thoughts,

feelings, images, expectations, and general pattern of inter-

action with his counsellor. The inquirer attempts to avoid the

formation of another counsellor-client relationship by keeping the

client focused solely on the feelings or content of the original

relationship. The inquirer must possess clinical skill in order to help the subject recognize underlying feelings, but he must act more like a clinical inquirer than like a counsellor or therapist.

Related Research in IPR

IPR did meet with some research failures. Kagan and Krathwohl (1967) assumed that the supervisory process could be replaced by feedback from the client himself through an IPR session. An experimental design involving audio IPR, video IPR, and traditional supervision was created to test this assumption, that the client's statement of his own reaction to the counsellor had greater credibility for the counsellor than the supervisor's interpretation did. This was unsuccessful because the researchers failed to analyze the nature of the many learnings they hoped would emerge from the supervisory process, and failed to establish appropriate learning experiences to accomplish this. They overlooked certain tasks a trainee would have to accomplish successfully in order to obtain the desired knowledge and skill. They had failed to isolate certain tasks that the trainee could concentrate on, and accomplish one at a time.

Ward, Kagan, and Krathwohl (1972) evaluated the use of IPR with videotape, as opposed to more traditional methods in improving the effectiveness of practicum students. The prac-

ticum students were randomly assigned to one of three treat-
ment groups: a video IPR, an audio IPR, and supervision using
an audiotape of a regular counselling session. The results of
this study did not substantiate the expected change in the
practicum students. Possible explanations for the non-sig-
nificant results concerned the use of coached clients who tended
to tell the problem regardless of the practicum student's ef-
fectiveness, and the lack of specificity as to what behaviours
the practicum students should be focusing on. The present study
attempted to avoid both of these problems by utilizing non-
coached clients and focusing on specific interviewing skills.

Bradley (1974) employed a modified form of the IPR
technique to study counsellor performance in a variety of inter-
viewing skills involving facilitative behaviours. Three groups
of practicum students received two different forms of treatment
involving a combination of IPR employing client recall and
typical supervision. One of the experimental groups received
an additional IPR session. Results indicated that on the four
measures the three groups did not differ significantly in
client perceived trainee demonstration of facilitative conditions.
In fact, the two groups that received the short-term IPR im-
proved more than the long-term experimental group. Possible
reasons for these results offered by the author are: (1) fre-
quently repeated exposure to IPR could produce resistance on
the part of both trainee and client, (2) the IPR was simply a

part of a larger structure of supervision experience and could have confounded the results, (3) the lack of control of supervisors and supervisory behaviour, and (4) the lack of sophisticated equipment.

Grzegorek (1970) determined the effects of two approaches involving IPR to counsellor training on the subsequent counselling behaviours of 44 prison counsellors. One approach, designated "experiential-accepting," emphasized counsellor personal growth and affect. The second approach was called "cognitive-intellectual," in which the trainee's own affect was avoided and instead additional time was devoted to client recall and examination of client dynamics and counselling technique. The basic question of this research was, "Must we probe a trainee's own feelings or is it enough to help him learn skills at response modes and knowledge about client dynamics?" Only the affect group made significant pre-post gains in interview behaviour, suggesting that a trainee's exploration of his own affect is a crucial part of IPR.

Dendy (1971) provided a 50-hour IPR program to undergraduate students. Among his findings from the analysis of pre- and post-test training tapes were significant improvement in interviewing skills, significant growth on the affective sensitivity scale, and no loss of skills during a three-month no-training period.

Werner and Schneider (1974) used IPR involving recall methods to teach 87 first-year medical students to communicate and interact with patients more effectively. By pre-course and post-course testing and by evaluating videotaped interviews, the results indicated that students became more aware of their responses to patients and their impact on the doctor-patient relationship. They also learned to use new types of responses and behaviours with patients.

Interpersonal process recall, like microcounselling, is now being used extensively to accelerate client growth in therapy. Woody, Krathwohl, Kagan, and Farquhar (1965) inserted client hypnosis into the IPR treatment to assist in the formation of self-insights with the aim of maximizing the effectiveness of the IPR procedure. Clinical analysis of the videotapes from these case studies support the belief that hypnosis will increase the degree of effectiveness for stimulated recall in psychotherapy, and apparently accelerated improvement in the client's mental health.

Schauble (1970) also found statistically significant results when IPR was used with clients at a college counselling centre, compared to clients receiving traditional therapy in equivalent treatment time. Clients in the IPR group also showed greater positive change differences in the degree to which they felt able to relate to their therapist, and had more positive feelings about coming to their treatment sessions.

Archer, Feister, Kagan, Rate, Spierling, and Van Noord
(1972), in an attempt to further increase the effectiveness of
recall, added an additional feedback mode. Measures of phys-
iological activity were recorded, videotaped, and played back
to subjects as one more basis for understanding of their inter-
personal behaviour. The purpose of the feedback was not to have
a subject control his physiological response, but to encourage
him to use the physiological data to better know himself. Pilot
studies had shown that the introduction of physiological meas-
ures into the IPR process appeared to afford subjects a potent
additional tool for self-exploration. The authors suggest that
with refinement these measures may be extremely useful in clin-
ical education, in acceleration of therapy, and as a new research
tool.

The discussion of the studies described above concern-
ing interpersonal process recall techniques has illustrated the
development of this procedure, and the positive and negative
findings from the studies cited. It is apparent that IPR has
not only proved to be a useful tool in counsellor education,
but has demonstrated its effectiveness in imparting skills to
prison counsellors, undergraduate students, medical students,
and more recently to client growth in psychotherapy.

Videotaping in Counsellor Training

Television playback techniques, due to decreasing
costs, increasing portability, and demonstrated usefulness,

have become an integral part of counsellor training. Stoller
(1968) said that the advantages of videotape were that it provides
a new tool for enhancing the presentation of feedback; it has
a number of advantages in that it involves the audio-visual
channels of information; playback can be immediate or delayed;
selectivity is readily accomplished; repetition of viewing as
well as stopping the action is very easy; and tapes can be
stored over and over again.

Waltz and Johnston (1963) showed that counsellors
changed their self perceptions as a result of viewing their
videotapes. It was found after seeing videotapes of inter-
views that the counsellors used significantly fewer positive
and neutral adjectives to describe their interviews than they
used immediately after the interviews. This indicated that
counsellors felt their interview behaviour was adequate prior
to previewing, but following a viewing session they were able
to find fault with their interviews. Without the availability
of video feedback, many of these areas requiring modification
might have gone undetected. A number of other studies such as those
by Kagan and Krathwohl (1967), Ivey, Normington, Miller, Morrill,
and Haase (1968), and Poling (1968a, 1968b), have suggested a
variety of uses for videotapes in relation to the education of
counsellors. These include the assessment of client-counsellor
interaction, of counsellor effectiveness, and of the acceleration
of client progress in counselling. These studies have been pre-
dicated on the assumption that videotape is an excellent tech-

nique for the recording and playback of counselling interviews, and that it is a useful instructional device for the modification of counsellor and client behavior. An extensive review examining the use of videotape with respect to the training of counsellors and other helping professionals is provided by Marks, Montgomery, and Davis (1975).

Dependent Variables

Attending Behaviour

Ivey and his colleagues (1968) have stated that there are three central aspects of attending behavior which include both verbal and nonverbal components. The first of these is eye contact which is defined as the counsellor simply looking at the client's head and shoulder region. Second is postural position in which the interviewer is in a comfortable position and relaxed physically, demonstrating an attentive posture, and finally, verbal following, which is the counsellor's responding to the last comment or some preceding comment of the client without introducing new data.

Attending behaviour is a basic skill underlying many dimensions of counselling. It is the counselling skill designed to make the counsellor more attentive to the client with whom he is talking, and to communicate this attitude of interest to the client. According to Skinner (1953), "The attention of people is reinforcing because it is a necessary condition for

other reinforcements from them. In general, only people
who are attending to us reinforce our behavior" (p.78).

The research evidence reported in Ivey (1971)
strongly supports the value of attention in promoting be-
haviour change. The concepts of attending appear to be
important components in the process involving human inter-
action. These concepts provide a specific and well defined
set of behaviours through which listening may be taught.
According to Ivey (1971), there are other advantages to the
skill of attending behaviour:

> Most important, attending behavior gives a
> trainee something to do when he simply does
> not know what to do in the session. In such
> awkward moments, the interviewer can simply
> maintain eye contact, retain a relaxed, easy
> body posture, think back to something that
> interested him in the client's earlier dis-
> cussion, make a comment about it, and the
> interview can proceed. (p.53)

Brammer (1973) adds: "Listening skills are basic to all
interviewing whether the purpose be for gaining information,
conducting structured depth interviews, or informal helping"
(p.82).

Eye contact, a nonverbal behaviour component of
attending behaviour, is simply looking at the head and
shoulder region of the client to convey our interest and
awareness of him. In separate studies conducted by Ivey and
his colleagues (1968), and Aldrige and Ivey (1975), both
noted eye contact to be an important variable. Ivey employed

a five-point scale which ranged from poor eye contact to good
eye contact. Aldrige and Ivey employed behavioural counts and
recorded the number of breaks in eye contact. According to
Aldrige and Ivey (1975), "Perhaps most crucial in indicating
to another that you are attending to them is the simple act
of looking" (p.142).

Verbal following is the counselling skill of responding
to the last comment or some preceding comment of the client, with-
out introducing new data. Topic jumping or asking random ques-
tions is common among beginning interviewers. Ivey and his col-
leagues (1968) employed a plus and minus system for assessing
verbal following behaviour. Raters scored a plus for good verbal
following, and a minus for a topic change. They noted a sta-
tistically significant difference in verbal following behaviour in
favour of the experimental subjects who received microcounselling
training. They further noted that as a group their clients rated
them significantly higher on the Counselor Effectiveness Scale.

Counsellor-Trainee Talk Time

Talk time is seen as a relevant behaviour for beginning
counsellors. The counsellor who speaks often allows less
time for the client to express himself. Mattarazzo, Weins,
and Saslow (1966) noted that when the counsellor speaks less
during the interview, his client's verbalizations are facili-
tated. Mattarazzo, Phillips, Weins, and Saslow (1965) found
that the counsellor-trainee who talked more made more errors

and was less favourably rated by his client. The counsellor-trainee who is attending or following what the client is saying would be expected to talk less. Aldridge and Ivey (1975) stated, "If a person or a counselor is to listen to another, it seems important that he stay on the topic and provide time for the other to talk" (p.142).

There do not appear to be figures established that indicate what amount of counsellor talk time in an interview is best in terms of client gains. It is obvious, however, that if the counsellor spends too much time talking, the client has very little opportunity to express himself.

Open Invitation to Talk

Open invitation to talk is concerned with teaching the beginning interviewer to ask open-ended questions which encourage the client to explore his thoughts and feelings. In contrast, the closed question tends to be factual and can be answered with a yes or no. According to Ivey (1971):

> Open invitation to talk may be viewed as
> an extension of attending behavior in that
> it directs attention to the client's needs
> and wishes rather than to those of the inter-
> viewer. By focusing attention on the client's
> communication, it becomes possible to under-
> stand him and his ideas more fully. (p.55)

Benjamin (1969) adds:

> The open question is broad, the closed question
> narrow. The open question allows the interview-
> ee full scope; the closed question limits him to
> a specific answer. The open question invites him

> to widen his perceptual field; the closed
> question curtails it. The open question
> solicits his views, opinions, thoughts and
> feelings, the closed question usually demands
> cold facts only. The open question may
> widen and deepen the contact; the closed
> question may circumscribe it. In short, the
> former may open wide the door to good rapport;
> the latter keeps it shut. (p.64)

Although open invitation to talk was not emphasized in

the training program in the present study, its measurement was

included because of its relevance and importance in relation

to attending behaviour. The counsellor-trainee who is employ-

ing open questions is attending to the client's concerns, and

allowing him to explore the avenues which he chooses. It is

this extension that justifies its inclusion.

Counsellor-Trainee Focus and Client Focus

Counsellor-trainee focus is viewed as a precise and

accurate verbal following. Essentially, the counsellor-trainee

can focus on one of four areas: on himself, which includes

how he feels about an issue confronting the client; on the

topic, which is of concern to the client; on the client him-

self and his feelings about the issue; and finally, on matters

irrelevant to the topic and client.

The client has three options for focus. He can focus

on the counsellor-trainee and his opinions concerning an

issue; on the topic; or on himself and his feelings. Gluckstern

(1973), cited in the review of the literature, found

that counsellors who focus on the client rather than on external topics cause the client to focus more on himself.

Comparing Microcounselling and IPR

Boyd (1973) combined microcounselling and IPR to assess the effectiveness of microcounselling in teaching a counselling verbal response set. Subjects were randomly assigned to two micromodels and to a no-treatment control group. Half of the subjects in each micromodel received three forms of recall interrogation (client, counsellor, and mutual recall) and half received behavioural supervision in which the trainee and the supervisor rated the trainee's responses; and the supervisor utilized suggestion to assist the trainee in performing the focal behaviours. The subjects in the second micromodel participated in two extra practice interviews. His findings were that microtraining, regardless of the micromodel, was effective in teaching the verbal response set, and that behavioural supervision was associated with greater gains than was recall interrogation. This study represents a beginning in terms of integrating the two models.

It appears that both the microcounselling and IPR models are effective training devices and have great potential for counsellor training. Ivey (1971) states:

> One route to achieve the objectives of the competent interviewer, counselor, or therapist may be microtraining. Other important potential routes are interpersonal process recall (Kagan and Krathwohl, 1967), ... and a host of other alternatives. (p.118)

CHAPTER III

METHOD

The purpose of this research was to integrate inter-
personal process recall techniques into a microcounselling
model and to determine whether this integration was more
effective than other training procedures. The studies cited
in the review of the related literature indicate that both
these approaches have relevance for the education of counsellors,
and that only a beginning has been made to combine these two
techniques into an integrated program.

The general pattern of research was a comparison of
three groups of counsellor-trainees who received three different
treatments. A minimal treatment group read a description of the
target skills. A short-term microcounselling group received
microcounselling training involving video feedback and modelling.
A special treatment group received the integrated training in-
volving IPR procedures. A complete description of the training
procedures is on page 33. Six research questions were formulated
to determine whether there would be significant differences among
the three groups on the six selected criterion measures. The .05
level was selected as the criterion of significance.

This chapter will outline in detail the six research
questions, the composition of the three groups, the client pop-
ulation, the treatment procedures, a description of the dependent
variables, and the statistical analysis.

Research Questions

1. Will there be a significant difference in the maintenance of eye contact time among the three groups? In particular, will the special treatment group differ significantly from the other two groups?

2. Will there be a significant difference in counsellor-trainee talk time among the three groups? In particular, will the special treatment group differ significantly from the other two groups?

3. Will there be a significant difference in the number of topic changes among the three groups? In particular, will the special treatment group differ significantly from the other two groups?

4. Will there be a significant difference in the number of open questions used by the three groups? In particular, will the special treatment group differ significantly from the other two groups?

5. Will there be a significant difference in the number of counsellor-trainee statements that focus on the client among the three groups? In particular, will the special treatment group differ significantly from the other two groups?

6. Will there be a significant difference in the
number of statements by the clients that focus on themselves
among the three groups? In particular, will clients from
the special treatment group differ significantly from clients
in the other two groups?

Sample

The subjects for this study were thirty-nine beginning
students admitted to the Master of Education program in Coun-
sellor Education at McGill University in 1973. The students
had not yet started any course work towards their degrees and
were considered to be naive subjects for the purpose of this
study. Some subjects may have had prior experience with
counselling relationships, reading of material on counselling,
or introductory courses in counselling, but subjects were
assigned randomly to one of the three training models so that
each group would hopefully consist of an equal proportion of
such people. All subjects volunteered for the study and only
two of the forty-one students approached did not participate.
The three groups were: the minimal treatment group, the short-
term microcounselling group, and the special treatment group.
Each consisted of 13 subjects.

Clients

The clients were all females between the ages of nine-
teen and twenty-two who had just graduated from a three-year

nursing program at a local community college. The advantages
of this type of client selection included a similar exposure
of client concerns for all counsellor-trainees in the three
training conditions. Although the clients were not coached,
they were to deal with their thoughts and feelings regarding
their chosen profession. Another advantage was that the clients
did not role play, and thus did not maintain a role regardless
of counsellor-trainee responses. A total of twenty clients
volunteered to participate in the study.

Procedure

Treatment conditions for all three groups consisted
initially of a five-minute videotaped counselling session
with a volunteer client. The volunteer clients were system-
atically assigned to all counsellor-trainees in all three
groups. A chart indicating the placement of clients with
counsellor-trainees is available in Appendix A. The system-
atic assignment was done in such a way that no counsellor-
trainee interviewed the same client more than once, and each
client was interviewed by six different trainees with the ex-
ception of client 20 who was interviewed by only three diff-
erent counsellor-trainees. This type of assignment also in-
sured that 13 different clients participated in the client
recall. The clients were instructed to talk with a counsellor-
trainee for five minutes regarding their thoughts and feelings

concerning employment in their chosen profession. The instructions to the clients were the same for all three interviews. The counsellor-trainees were asked to talk with a volunteer client for five minutes and to become acquainted with her. Counsellor-trainees and clients were aware of being videotaped. Following the initial interviewing situation the subjects were instructed to read the Attending Behavior Manual published in Ivey (1971). Briefly, the Attending Behavior Manual defines and describes the three primary types of activities which best characterize good attending behaviour. These activities are: eye contact, postural position, and verbal following. The complete Manual is reproduced in Appendix B. All subjects were instructed to read the Manual at least twice, and were given ten minutes to complete this task.

Following the reading of the Attending Behavior Manual all counsellor-trainees in the three groups conducted a second five-minute videotaped interview with a second client. Both the client and counsellor-trainee were issued the same instructions that they received in interview one.

Minimal Treatment Group

The minimal treatment group did not receive any type of intervention following their second interview, and simply conducted a third five-minute videotaped interview with a third client.

Short-Term Microcounselling Group

Following the second five-minute interview, the sub-
jects in the short-term microcounselling group went individ-
ually to another room equipped with a video playback unit and
viewed a modelling tape on bad and good attending behaviour.
After this modelling tape they viewed the second interview
they had conducted. This sequence, of viewing models followed
by feedback of the trainee's own performance, was found by
Frankel (1971) to be most effective in producing desired
counselling behavioural changes. The total viewing time was
identical to the special treatment group intervention and lasted
twenty minutes. The counsellor-trainees from the short-term
microcounselling group then conducted a third videotaped five-
minute interview with a third client.

Special Treatment Group

Following the second five-minute interview, the clients
who had been interviewed in the second session by the special
treatment counsellor-trainees were then taken to another room
equipped with a video playback unit and a one-way mirror. A
recall session was conducted with the client by a trained in-
quirer. The counsellor-trainee from the special treatment
group was placed behind the one-way mirror and was able to hear
and view both the playback of his interview and the recall sess-
ion. One inquirer was assigned to the study, and his training

followed the methods outlined and described by Kagan and Krathwohl (1967). The inquirer's function in this study was to encourage an analysis by the client about her thoughts and feelings regarding her interaction with the counsellor-trainee. Special attention was devoted to the attending behaviour skills which facilitated or interfered with the communication. The inquirer avoided establishing a counsellor-client relationship, and simply attempted to keep the client focused on the counsellor-trainee--client interaction. The inquirer encouraged the client to stop the video playback machine as often as she wanted in order to elicit her feelings about the original interaction. The recall session lasted 20 minutes, and was terminated at that time regardless of how much of the videotape had been covered. A third five-minute interview then took place for the counsellor-trainees in the special treatment group with a third client. Again the same instructions were given to the client and the counsellor-trainee.

Steps in Training Procedure: Minimal Treatment Group

1. All subjects conducted a five-minute videotaped microcounselling session with a volunteer client.

2. All subjects read the Attending Behavior Manual.

3. All subjects conducted a second, five-minute videotaped microcounselling session with a second volunteer client.

4. All subjects conducted a third, five-minute video-taped microcounselling session with a third client.

Short-Term Microcounselling Group

1. All subjects conducted a five-minute videotaped microcounselling session with a volunteer client.

2. All subjects read the Attending Behavior Manual.

3. All subjects conducted a second, five-minute videotaped microcounselling session with a second volunteer client.

4. All subjects viewed a modelling tape demonstrating both bad and good attending behaviour. Following this they viewed the videotape of their second five-minute interview.

5. All subjects conducted a third, five-minute video-taped microcounselling session with a third volunteer client. The total training time consumed 45 minutes of actual involve-ment.

Special Treatment Group

1. All subjects conducted a five-minute videotaped microcounselling session with a volunteer client.

2. All subjects read the Attending Behavior Manual.

3. All subjects conducted a second, five-minute videotaped microcounselling session with a second volunteer client.

4. All clients from Step 3 engaged in a recall session with a trained inquirer. The counsellor-trainees viewed this

recall session through a one-way mirror, and were able to hear and view both the recall session and the replay of their counselling interview.

     5.   All subjects conducted a third five-minute video-taped microcounselling session with a third volunteer client. The total training time consumed 45 minutes of actual involvement.

Evaluation and Rating

     Evaluation according to the criterion measures for all subjects in all groups was made by two trained raters on the videotapes made for each individual counselling session. The individual videotapes were put on master tapes in a random order and coded to prevent awareness of sequence and training condition. Each videotape was timed to exactly five minutes. In all there were 117 videotaped interviews.

     The two raters recruited for this study were holders of masters degrees in guidance and counselling. The first possessed eight years of counselling experience and the other seven years. Rater training consisted of having each variable defined and modelled. Raters practised their rating skills by rating five-minute tapes of similar counselling interactions. Total training consumed approximately four hours. Both verbal and visual collaboration were avoided by seating the raters approximately ten feet apart and having both face the video

playback monitor.

Rating of Dependent Variables

An important aspect of this study was the use of be-
havioural counts to measure the verbal and non-verbal compon-
ents under investigation. Ivey and his colleagues (1968) em-
ployed an overall rating over time without a count of the spec-
ific behaviours involved. Aldridge and Ivey (1975) utilized
behavioural counts of the non-verbal components of attending
behaviour, but they differed from the methods employed in this
study. A Pearson Product-Moment Correlation Coefficient was
computed for rater agreement with results noted in Table 1.
All rater agreement correlations were higher than 0.93.

Eye contact. For the purpose of this study, eye con-
tact was defined as the time the counsellor-trainee looked at
the client's face or shoulder region. Cameras were set up in
such a manner as to record the entire facial area of the coun-
sellor-trainee. Each time the counsellor-trainee averted his
gaze elsewhere, the raters recorded this movement by means of
a stop-watch until eye contact was reestablished. The time
in seconds that eye contact was not maintained was subtracted
from five minutes in order to obtain the eye contact time.
One rater conducted this rating for all the subjects as the
eye contact variable required only a starting and stopping
of a stop-watch. Ten tapes were later selected at random and

TABLE 1

Pearson Product-Moment Correlation Coefficients
for Two Independent Raters on Six Dependent
Variables

Variables Rated	r
Eye Contact Time	.96
Talk Time	.99
Topic Changes	
a) Interview 1	.99
b) Interview 2	.96
c) Interview 3	.96
Open Invitation to Talk	
a) Open Questions	.93
b) Closed Questions	.97
Counsellor-Trainee Focus	
a) Client	.97
b) Other	.99
Client Focus	
a) Self	.98
b) Other	.98

a second rater conducted the identical procedure to determine
rater reliability. The correlation coefficient for rater agree-
ment was $r = 0.96$. This method of measuring eye contact time
was considered an improvement over the measuring of frequency
of eye contact breaks employed by Aldridge and Ivey (1975).
In their study no consideration was given to the length of the
eye contact break, hence a short or long period without eye

contact received equal weighting.

Counsellor-trainee talk time. Counsellor-trainee
talk time, obtained by means of a stop-watch, was the amount
of time consumed when the counsellor-trainee spoke. As with
eye contact time, one rater conducted this rating for all
the subjects as the recording of this variable is objective
in that it required simply starting the stop-watch when the
counsellor-trainee spoke, and stopping it when he finished.
Ten tapes were selected at random and a second rater conducted
the identical procedure to determine rater reliability. The
correlation coefficient for rater agreement was $r = 0.99$.

Verbal following. For the purpose of this study,
verbal following was measured by the number of topic changes
introduced by the counsellor-trainee. A topic change was de-
fined as the introduction of new or irrelevant topic material
not previously touched upon by the client in the interview.
The number of topic changes was arrived at by the raters.
Raters listened to the tapes and recorded a tally for each
topic change. The correlation for rater agreement was $r = 0.98$
for Interview 1, 0.96 for Interview 2, and 0.96 for Interview 3.

Open invitation to talk. To measure the open invitation
to talk variable, the numbers of open and closed questions were
determined by the two raters for each subject. The raters re-
corded a tally for an open question and one for a closed quest-
ion. The tapes from the third and final interview for each

counsellor-trainee were analyzed to determine the frequency of open and closed questions. Thus thirty-nine tapes were analyzed. The correlation coefficient for rater agreement was $r = 0.93$ for open questions, and $r = 0.97$ for closed questions.

Counsellor-trainee focus. The nature of each coun-sellor-trainee utterance was tallied by the two raters who determined whether the utterance focused on the counsellor-trainee, the topic, the client, or irrelevant material. For the purpose of data analysis, two categories were formed en-titled, "client focus," and "other." The tapes from the final interviews were analyzed to determine the frequency of responses in these two categories. Thirty-nine tapes were analyzed. The correlation coefficient for rater agreement was $r = 0.97$ for client focus and $r = 0.99$ for other.

Client focus. The nature of each client reference was tallied by the two raters to determine whether the client utterance focused on the counsellor-trainee, the topic, or themselves (the client). For the purpose of data analysis two categories were formed for these utterances. They were "self focus," and "other." The third and final interview was anal-yzed for each subject to determine the frequency of self and other focus. Thirty-nine tapes were analyzed. The correlation coefficient for rater agreement was $r = 0.98$ for self focus, and 0.98 for other focus.

It should be noted that only two dimensions of attending behaviour came under scrutiny in this study. These were eye contact and verbal following. Postural position was omitted from the collection of data, as the counsellor-trainees were instructed not to move their chairs or alter their positions in their chairs because the television camera in the interviewing rooms was stationary in the wall and would be unable to record their movements if they moved out of range.

Statistical Analysis

In order to answer questions 1 and 2, dealing with eye contact time and counsellor-trainee talk time, a two factor mixed design, repeated measures analysis of variance was performed on the data (Bruning & Kintz, 1968, p. 54). Following the analysis of variance, planned comparisons (hence justifying the use of t) involving a t test were used to determine exactly at what phase of the training and for which group the differences were located. The t test is the most suitable test to use in these circumstances because it is most likely to indicate the existence of significant differences if they exist.

For planned comparisons comparing means within one training procedure or one treatment a t test for related measures was used (Bruning & Kintz, 1968, p. 12). For planned comparisons comparing means from one training procedure to another, a t test for independent means was used (Bruning & Kintz, 1968, p. 9).

In order to answer question number 3 dealing with topic changes, a three by three contingency table chi-square analysis was performed on the data from the three interviews for the three groups (Bruning & Kintz, 1968, p. 209). A chi-square analysis was appropriate for this variable as the data represent frequency counts.

In order to evaluate questions 4, 5, and 6, dealing with open invitation to talk, counsellor-trainee focus, and client focus, a two by three contingency table chi-square procedure was performed on the data (Bruning & Kintz, 1968, p. 209). The data from the third and final interview for each group in each training procedure were analyzed. Variables 4, 5, and 6 are not mentioned in the Attending Behavior Manual so they were not tested for during interviews one and two. The Attending Behavior Manual deals only with variables 1 and 3.

In both these last two cases the contingency-based calculations of the expected values are appropriate because there are no established parameters for expected values, and the contingency-based calculation is less likely to lead to a spuriously high chi-square.

TABLE 2

Experimental Design

Group	Minimal Treatment	Short-term Microcounselling	Special Treatment
Step 1	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session
Step 2	Read Attending Behavior Manual	Read Attending Behavior Manual	Read Attending Behavior Manual
Step 3	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session
Step 4		Video Modelling Tape and Video Feedback	Client Recall Session
Step 5	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session	5-Minute Videotaped Counselling Session

Evaluation of variables 1, 2, and 3 made from videotapes from Step 1, Step 3, and Step 5.

Evaluation of variables 4, 5, and 6 made from videotapes from Step 5.

CHAPTER IV

RESULTS

Eye Contact Time

The first dependent variable in this experiment was a measure of counsellor-trainee eye contact time obtained on three different occasions for each of the three groups: (1) during the initial five-minute interview, (2) during the second five-minute interview, (3) during the third and final five-minute interview. The mean eye contact scores recorded in seconds for each of the three groups on three occasions are presented in Table 3.

TABLE 3

Means for Counsellor-Trainee Eye Contact Time in Seconds

Group	Interview		
	1	2	3
Minimal Treatment	281.15	281.77	278.08
Short-Term Microcounselling	260.38	268.54	267.38
Special Treatment	265.00	275.38	292.31

A two factor mixed design repeated measures analysis of variance was performed on the data in order to evaluate the changes produced. Table 4 presents the results obtained from the analysis of variance for counsellor-trainee eye contact time.

TABLE 4

Analysis of Variance
for Counsellor-Trainee Eye Contact Time

Source	ss	df	MS	F	p
Total	67762.75	116			
Between Ss	51728.16	38			
Groups	4897.04	2	2448.52	1.88	NS
Error	46831.12	36	1300.86		
Within Ss	16034.59	78			
Interviews	2149.45	2	1074.73	7.38	$< .05$
Int. x Groups	3398.24	4	849.56	5.83	$< .05$
Error	10486.90	72	145.65		

The analysis of variance yielded a nonsignificant over-all F value of 1.88 (2, 36 df; $p > .05$) for the difference between groups. Interviews and the interaction effect of interviews X groups produced significant F values of 7.38 (2, 72 df; $p < .05$) and 5.83 (4, 72 df; $p < .05$) respectively.

The planned comparisons presented in Table 5 following the analysis of variance revealed significant differences in all but one comparison. These planned comparisons were selected because comparisons 1, 2, and 3 would indicate differences following the entire procedure. Since the special treatment group involves the integration of IPR and microcounselling techniques, it is of special interest to look at changes from step to step in the special treatment sequence.

TABLE 5

Planned Comparisons for Counsellor-Trainee
Eye Contact Time

Interviews	df	t values	Confidence level
III & VI	24	1.25	NS
III & IX	24	2.66	.05
VI & IX	24	3.46	.01
VII & VIII	12	2.64	.05
VII & IX	12	3.69	.01
VIII & IX	12	2.97	.05

III indicates third interview of minimal treatment group.

VI indicates third interview of short-term microcounselling group.

IX indicates third interview of special treatment group.

VII indicates first interview of special treatment group.

VIII indicates second interview of special treatment group.

When the third interview of the minimal treatment group (III) was compared to the third interview of the special treatment group (IX) there was a significant difference noted ($p < .05$). The planned comparison between the third interview of the short-term microcounselling group (VI) and the third interview of the special treatment group (IX) also revealed a significant difference in the direction of the special treatment group ($p < .01$). There was no significant difference noted between the third interview of the minimal treatment group (III) and the third interview of the short-term microcounselling group (VI) ($p > .05$). Within the special treatment group, a significant difference was noted between the first and second interview (VII and VIII) ($p < .05$) and the second and third interviews (VIII and IX) ($p < .05$). Finally a significant change was noted from the first interview of the special treatment (VII) to the final interview (IX) for this same group ($p < .01$).

Figure I represents the means of the three groups on eye contact time, presented in graphic form.

Talk Time

The second dependent variable in this experiment was a measure of counsellor-trainee talk time obtained on three different occasions for each of the three groups: (1) during the initial five-minute interview, (2) during the second five-
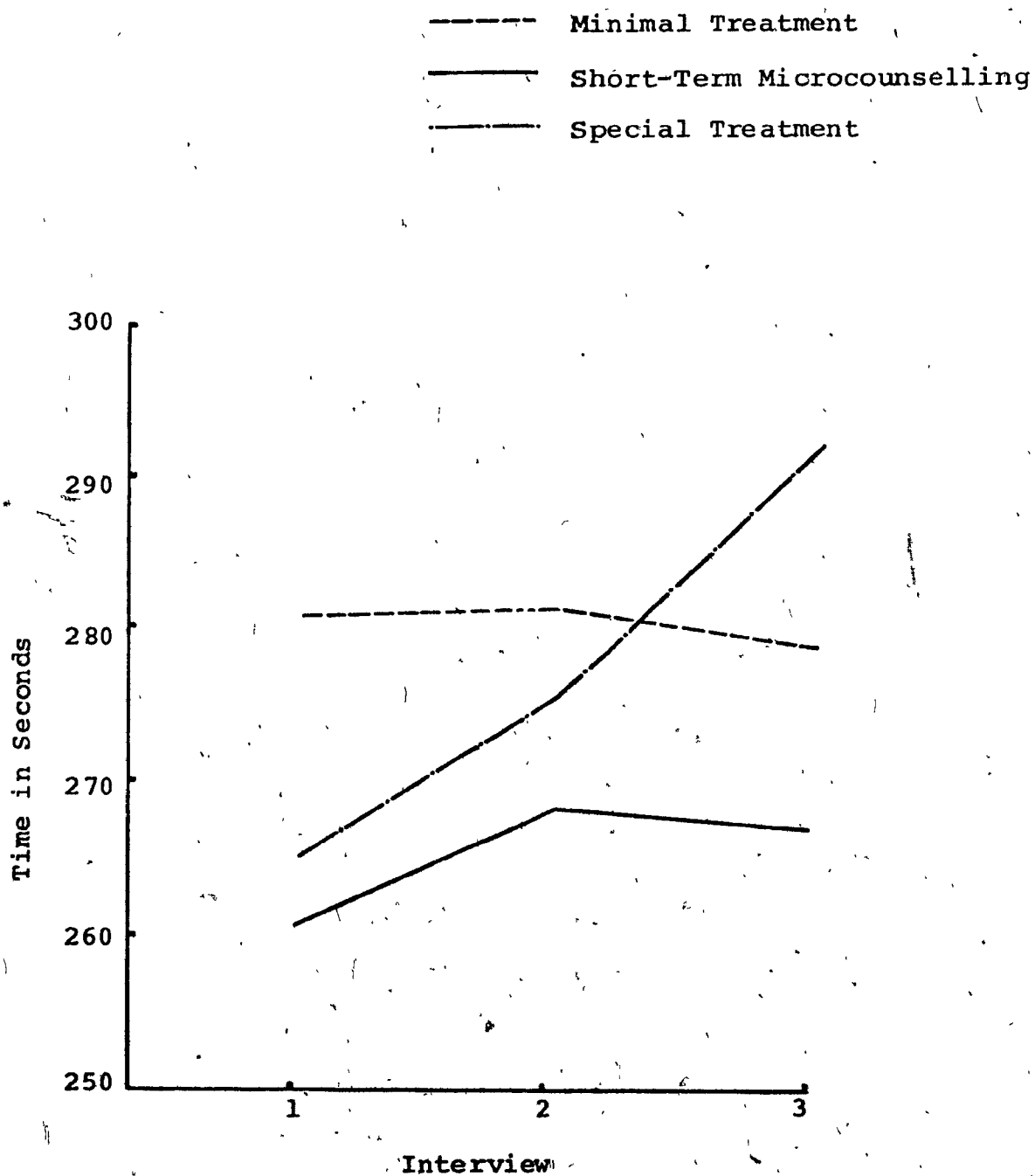
Figure 1. Means for each of the three groups for counsellor-trainee eye contact time.

minute interview, (3) during the third and final five-minute interview. The mean talk time scores recorded in seconds for each of the three groups on three occasions are presented in Table 6.

TABLE 6

Means for Counsellor-Trainee Talk Time
in Seconds

Group	Interview		
	1	2	3
Minimal Treatment	97.76	67.92	79.92
Short-Term Microcounselling	107.92	88.92	91.31
Special Treatment	85.31	60.85	45.92

A two factor mixed design repeated measures analysis. of variance was performed on the data to evaluate the changes produced. Table 7 presents the results obtained from the analysis of variance for counsellor-trainee talk time.

The analysis yielded a significant overall F value of 3.78 (2, 36 $\underline{df}$; $p < .05$) for the difference between groups. Interviews and the interaction effect of interviews X groups produced a significant F value of 11.91 (2, 72 $\underline{df}$; $p < .05$) for the former, and a nonsignificant F value of 1.25 (4, 72 $\underline{df}$;

$p > .05$) for the latter.

TABLE 7

Analysis of Variance
for Counsellor-Trainee Talk Time

Source	SS	df	MS	F	p
Total	181974.00	116			
Between Ss	115783.23	38			
Groups	20087.40	2	10043.70	3.78	$< .05$
Error	95695.83	36	2658.22		
Within Ss	66190.77	78			
Interviews	15639.81	2	7819.91	11.91	$< .05$
Int. x Groups	3289.26	4	822.32	1.25	NS
Error	47261.70	72	656.41		

The planned comparisons shown in Table 8 following the
analysis of variance revealed significant differences in all
but one comparison. Like the eye contact dimension, these planned
comparisons were selected because comparisons 1, 2, and 3 would
indicate differences following the entire procedure. Since the
special treatment group involves the integration of IPR and

microcounselling techniques, it is of special interest to look
at changes from step to step in the special treatment sequence.

TABLE 8

Planned Comparisons
for Counsellor-Trainee Talk Time

Interviews	df	t values	Confidence level
III & VI	24	.65	NS
III & IX	24	2.87	.01
VI & IX	24	3.02	.01
VII & VIII	12	3.25	.01
VII & IX	12	4.55	.01
VIII & IX	12	2.84	.05

III indicates third interview of minimal treatment group.

VI indicates third interview of short-term microcounselling
group.

IX indicates third interview of special treatment group.

VII indicates first interview of special treatment group.

VIII indicates second interview of special treatment group.

When the third interview of the minimal treatment group
(III) was compared to the third interview of the special treat-
ment group (IX) there was a significant change noted ($p < .01$).
The planned comparison between the third interview of the short-

term microcounselling group (VI) and the third interview of the special treatment group (IX) also revealed a significant difference in the direction of the special treatment group ($p < .01$). There was no significant difference noted between the third interview of the minimal treatment group (III) and the third interview of the short-term microcounselling group (VI) ($p > .05$). Within the special treatment group, a significant difference was noted between the first and second interview (VII and VIII) ($p < .01$) and the second and third interview (VIII and IX) ($p < .05$). Finally, a significant change was noted from the first interview of the special treatment group (VII) to the final interview (IX) for this same group ($p < .01$).

Figure 2 represents the means of the three groups on three occasions presented graphically.

Topic Changes

The third dependent variable in this experiment was a measure of counsellor-trainee topic changes. It was expected that the fewer the number of topic changes, the better would be the counsellor-trainee's ability to follow his client verbally. The number of counsellor-trainee topic changes were obtained on three different occasions for each of the three groups: (1) during the initial five-minute interview, (2) during the second five-minute interview, (3) during the third and final five-minute interview. Table 9 presents the observed
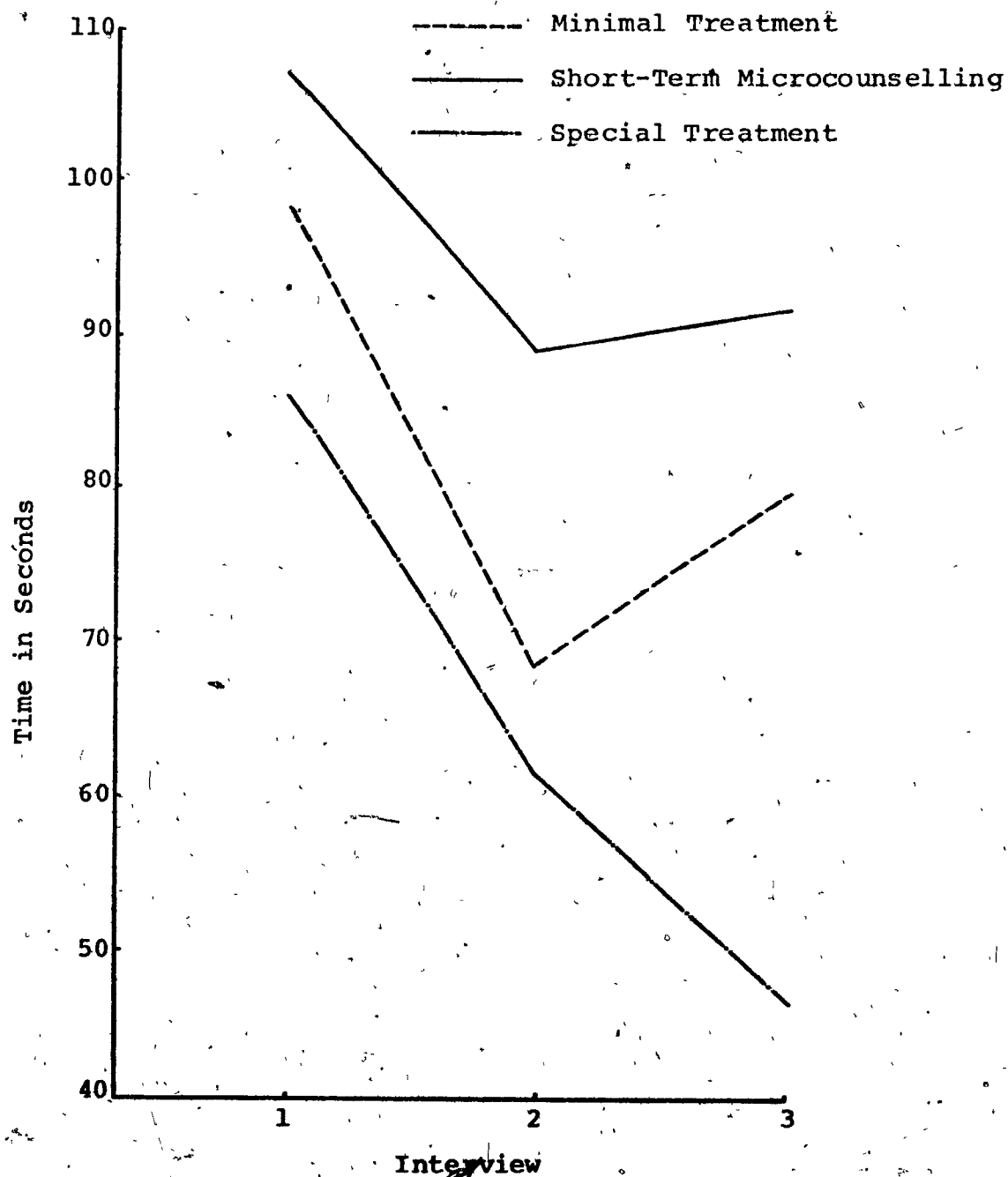
Figure 2. Means for each of the three groups for counsellor-trainee talk time.

and expected frequencies for the total number of topic changes for the three groups. Each cell represents the totals for one occasion. The totals in the observed frequency table represent an average of the two raters.

TABLE 9

Observed and Expected Frequencies
for Counsellor-Trainee Topic Changes

Group	Interview		
	1	2	3
Minimal Treatment	66.5 (71.2)	50.0 (58.2)	56.0 (43.1)
Short-Term Microcounselling	83.5 (93.0)	74.5 (76.1)	67.5 (56.4)
Special Treatment	88.5 (74.3)	70.5 (60.7)	21.0 (45.0)

Expected frequencies in parentheses

Chi-Square = 25.61 (4 $\underline{df}$; $\underline{p}$ < .001)

A three by three contingency table chi-square analysis was performed on the data in order to evaluate the changes. The analysis yielded a significant chi-square value of 25.61 (4 $\underline{df}$; $\underline{p}$ < .001) for the topic change variable. Inspection of the data indicates the special treatment group decreased their number of topic changes over the three interviews, declining to a total of 21.0 on the third interview from 88.5 on the first interview. This drastic decline accounts for the signi-
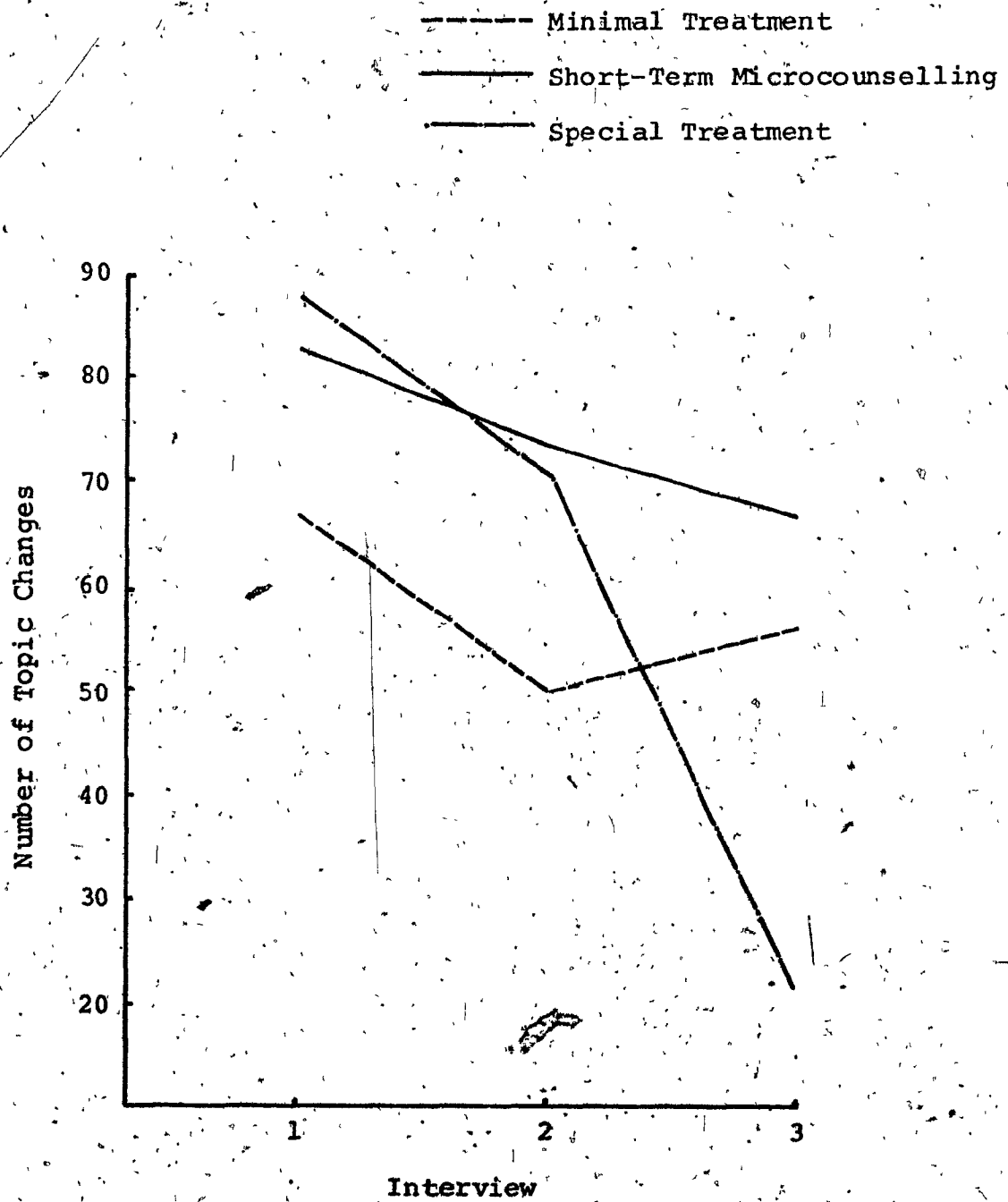
Figure 3. Total number of topic changes for the three groups.

ficant chi-square result. Figure 3 further illustrates graphically the significant improvement in the special treatment group when compared to the other two groups.

Open Questions

The fourth dependent variable in this study dealt with the use of open invitations to talk or open questions. The count for open and closed questions was made on only one occasion, the third and final interview for each group. Table 10

TABLE 10

Observed and Expected Frequencies
for Open and Closed Questions

Group	Questions	
	Open	Closed
Minimal Treatment	24.0 (27.0)	79.5 (76.5)
Short-Term Microcounselling	25.0 (30.7)	92.5 (86.8)
Special Treatment	39.5 (30.8)	78.5 (78.2)

Expected frequencies in parentheses
Chi-Square = 5.20 (2 df; p > .05)

presents the number of observed and expected frequencies for open and closed questions. Expected frequencies are in parentheses. The total for observed frequencies is an average for the two raters.

A two by three contingency table chi-square procedure was performed on the data in order to evaluate the change produced. The analysis yielded a nonsignificant chi-square value of 5.20 (2 df; $p > .05$) for the open questions variable.

Counsellor-Trainee Focus

The fifth dependent variable in this study dealt with the nature and focus of each statement by the counsellor-trainee. Two categories were employed for counsellor-trainee focus, and each statement was rated as either focusing on the client or other. The count for counsellor-trainee focus was made on only one occasion which was the third and final interview for each of the three groups. Table 11 presents the number of observed and expected frequencies of statements that focus on the client or other. Expected frequencies are in parentheses. The observed frequencies represent an average of the two raters.

A two by three contingency table chi-square analysis was performed on the data to evaluate differences among the three groups. The analysis yielded a significant chi-square value of 63.64 (2 df; $p < .001$) for the client and other focus. Inspection of the data indicates the high scores recorded by

the special treatment group versus the low scores recorded by the other two groups produced this significant result.

TABLE 11

Observed and Expected Frequences
for Counsellor-Trainee Focus

Group	Focus	
	Client	Other
Minimal Treatment	65.5 (84.7)	102.5 (83.3)
Short-Term Microcounselling	68.0 (91.0)	112.5 (89.5)
Special Treatment	126.0 (83.7)	40.0 (82.3)

Expected frequencies in parentheses

Chi-Square = 63.64 (2 $\underline{df}$; $\underline{p} < .001$)

Client Focus

The sixth variable under investigation dealt with the nature of the client's statements. Two categories were formed for client focus, and each statement by the client was rated as a self focus or other. The count for client focus was taken on only one occasion which was the third and final interview for each of the three groups. Table 12 presents the number of

observed and expected frequencies of statements made by the
client that focus on either self or other. Expected frequencies
are in parentheses. The observed frequencies represent an aver-
age of the two raters.

TABLE 12

Observed and Expected Frequencies
for Client Focus

Group	Focus	
	Self	Other
Minimal Treatment	58.0 (75.9)	108.0 (90.1)
Short-Term Microcounselling	57.0 (80.0)	118.0 (95.0)
Special Treatment	114.5 (73.6)	46.5 (87.4)

Expected frequencies in parentheses.

Chi-Square = 61.82 (2 $\underline{df}$; $p < .001$)

The analysis yielded a significant chi-square value of
61.82 (2 $\underline{df}$; $p < .001$) for the self and other focus. Inspection
of the data indicates the high scores recorded by the clients
interviewed by the special treatment counsellor-trainees versus
the low scores recorded by the other two groups produced this

significant result. These clients focused on themselves
almost twice as often as clients interviewed by counsellor-
trainees from the other two groups.

CHAPTER V

DISCUSSION

The purpose of this research was to integrate two established, popular, and current approaches to the teaching of basic counselling skills, and to determine whether this integration was more effective than other training procedures. This study evaluated the effectiveness of integrating IPR techniques into a microcounselling paradigm for the teaching of certain basic counselling skills to counsellors.

The overall results appear to support the rationale for this integration. The special treatment group, receiving interpersonal process recall techniques, demonstrated significant improvement in five of the six areas under investigation relative to the minimal treatment group and short-term microcounselling group. Of importance was the fact that the entire training consumed only 45 minutes of actual training time for each subject in the short-term microcounselling and special treatment groups.

Those subjects in the special treatment group who received an integrated IPR-microcounselling form of training, increased their ability to maintain eye contact, talked less, and made fewer topic changes than subjects in comparison groups. Further, these subjects focused more of their references on their clients rather than on other matters. Finally, clients interviewed by the special treatment trainees focused more of

their references on themselves rather than on the topic or on the counsellor-trainee. Although the comparison subjects did show improvement over the training period on the first three variables, with the exception of the minimal treatment group on eye contact time, none of these changes were significant.

Most interesting, and perhaps most important among the findings, was that the counsellor-trainees in the special treatment group made significantly fewer topic changes and lowered their amount of talk time. If a beginning counsellor is to listen to another person it is important that he stay on the topic introduced by the client and allow the client time to talk and express himself. Further, the special treatment counsellor-trainee who stayed on the subject in terms of verbal following was able to focus more on the client rather than on other issues. It appears that once the client started to talk about herself, the special treatment trainee continued talking about the client, who in turn continued to make more self references than were made by clients in comparison groups.

Eye Contact Time

Although there was no overall significant difference (see Table 4) among the three groups over the complete training period in their ability to maintain eye contact, there were significant differences in many of the planned comparisons at different interview times, or different stages of training.

These differences are noted in Table 5. It appears that the
subjects in all three groups started the training program with
high eye contact times. This could be due in part to the fact
that all the subjects in this study had been screened before
being accepted into the counsellor training program at McGill,
and eye contact was almost certainly a factor considered by
individual professors when conducting their interviews with
applicants for the Counsellor Education program. To add to
this, the placement of fixed chairs in the interviewing rooms
did not allow the subjects to move around freely and this facil-
itated eye contact. The fact that significant differences were
noted between the special treatment group and both comparison
groups at interview three, the end of the training sequence,
may indicate that the IPR-microcounselling integration was a
powerful treatment in the improvement of eye contact time.
Figure 1 outlines what occured in each of the three groups and
at what stage of training. Both the minimal treatment and
short-term microcounselling groups showed some improvement
from interview one to two, but both declined slightly during
the third interview. The short-term microcounselling group
demonstrated improvement from interview one to interview three,
where the minimal treatment group declined slightly over the
same period of time. The special treatment counsellor-trainees
also demonstrated improvement following the reading of the
Manual, in fact a significant improvement over eye contact

time recorded in interview one. A significant increase in eye contact time was also noted for the special treatment trainees from interview two to three. It appears that the IPR intervention following interview two may have been instrumental in producing this significant increase in eye contact time. Finally, the special treatment group demonstrated a significant improvement in eye contact time when compared to the minimal treatment group ($p < .05$) and the short-term microcounselling group ($p < .01$) on their third interviews.

Counsellor-Trainee Talk Time

On the counsellor-trainee talk time dimension, all three groups lowered their amount of talk time from interview one to interview two, following the reading of the Manual. Figure 2 indicates that the rate of decline was similar from interview one to interview two for all the groups, and that the special treatment group initially demonstrated lower talk time at interview one. The special treatment group, however, continued to improve by lowering their amount of talk time significantly from interview two to three, while both comparison groups showed increases in their amount of talk time. Both comparison groups did, however, lower their amount of talk time from the first to the third interview. The fact that the special treatment group continued to improve from interview two to three indicates that this improvement was due to the client recall procedure follow-

ing the second interview. Not only did the special treatment
group significantly lower their amount of talk time from inter-
view two to three, as shown in Table 8, they demonstrated signi-
ficantly lower talk time scores than the comparison groups
at interview three. Table 6 shows that the minimal treatment
group and the short-term microcounselling group recorded mean
talk time scores of 79.92 seconds and 91.31 seconds respectively
on interview three. The special treatment group recorded a
significantly lower talk time score of 45.92 seconds. Table
8 indicates that both these differences were significant at
the .01 level.

Verbal Following

Verbal following, the ability of the counsellor-trainee
to stay on the subject introduced by the client and not
jump from topic to topic, was an area in which the special
treatment group demonstrated significant improvement when
compared to the other two treatment procedures. According
to Ivey (1971), "Topic jumping, or asking questions in a
random pattern, is a common occurence among beginning inter-
viewers" (p.41). This pattern was certainly evident in all
groups at interview one, prior to the training procedure.
Table 9 shows that the number of topic changes ranged from 66.5
for the minimal treatment group, to 88.5 for the special treatment
group. All three groups improved in this area, especially the

special treatment group who recorded a very impressive reduction to 21 topic changes following the training procedure. All three groups lowered their frequency of topic changes from interview one to interview three. Table 13 indicates the mean scores for topic changes for each group at the three different phases of their respective training programs. It is a restatement of the totals in Table 9, now presented as means. The topic change

TABLE 13

Means for Counsellor-Trainee Topic Changes

Group	Interview		
	1	2	3
Minimal Treatment	5.1	3.8	4.3
Short-Term Microcounselling	6.4	5.7	5.2
Special Treatment	6.8	5.4	1.6

means for the minimal treatment and short-term microcounselling groups on interview one were 5.1 and 6.4 changes respectively. Subjects in both these groups decreased their number of topic changes following the reading of the Manual to 3.8 in the minimal treatment group, and 5.7 in the short-term microcounselling group. Following the training program, the counts recorded on the third interview show that the minimal treatment group increased their number of topic changes to an average of 4.3 per

subject. This average is still lower than that recorded on interview one. The short-term microcounselling group continued to make fewer topic changes from interview two to three, recording an average of 5.2 topic changes.

The special treatment group trainees initially recorded an average of 6.8 topic changes. Following the reading of the Manual, they reduced this mean to 5.4 topic changes. This total was further reduced to an average of 1.6 topic changes, following the client recall session.

In summary, both the short-term microcounselling and special treatment groups improved by reducing their number of topic changes following the respective interventions made after interview two. Table 9 and Figure 3 show that the special treatment group made greater improvement in this area. From Table 9 of observed and expected frequencies, it is evident that the special treatment trainees made twenty-four fewer topic changes than would be expected by chance alone.

Open Invitation to Talk

Of the six variables under investigation in this study, five indicated that the integration of IPR techniques into a microcounselling framework is a viable method for the training of beginning counsellors in some basic interviewing techniques. The only variable that did not indicate significant differences

among the three groups was the use of open invitation to talk. There were no significant differences among the three groups in their asking open questions rather than closed questions. As mentioned earlier (p.28), there was no specific treatment or training in this area, and this variable was included in the study because open invitations to talk are viewed as an extension of attending behaviour. Table 10 does indicate, however, that the special treatment group, when compared to the minimal treatment group and the short-term microcounselling group, did ask more open questions and fewer closed questions during the third interview, but this difference was nonsignificant.

Counsellor-Trainee and Client Focus

The ability of the counsellor-trainee to verbally follow and stay on the topic introduced by the client and not topic jump or ask questions in a random pattern appears to be related to the fifth and sixth variables under investigation in this study. These variables deal with the nature of the counsellor-trainee's focus and the client's focus. The data in Table 11 reveal that the special treatment group trainees, who exhibited significantly better verbal following, were also proficient in focusing on their clients rather than on other matters. Further, the data presented in Table 12 indicate that the clients counselled by the special treatment trainees focused

more on themselves than on the topic or on the counsellor-trainee.
A typical verbal exchange or counsellor-trainee interaction
between a special treatment trained subject and a client may
have taken the following form: the client made a self refer-
ence in relation to a topic, and the counsellor-trainee respond-
ed to the self reference rather than the topic, then the client
continued to talk about herself and made a self reference.
This example contains accurate verbal following, an example
of the counsellor-trainee making a client reference, and finally,
the client making a self reference.

Table 11 of observed and expected frequencies for the
nature of the counsellor-trainee focus shows that the trainees
from the special treatment group made almost double the number
of client references than each of the other groups. Further,
their use of client references was three times their number of
references considered in the other category. The special treat-
ment group made 42.3 more client references than expected by
chance alone. This highly significant chi-square result indic-
ates the strength of the IPR intervention following the second
interview.

Table 12 of observed and expected frequencies for the
nature of the client focus yields similar information found
in the counsellor-trainee focus table. Here the clients coun-
selled by the special treatment subjects in the third interview
made double the number of self references when compared to the

references made by the clients in the other two groups. Further, they made almost three times the number of self references than other references. Table 12 reveals that these clients made 40.9 more self references than expected by chance alone. The very significant chi-square result indicates that counsellor-trainees exposed to an integration of IPR and microcounselling techniques will bring their clients to focus more on themselves than on other issues. When both the counsellor-trainee focus and client focus variables are considered together, it appears that the counsellor-trainee who possesses the ability to focus on the client, elicits self responses from the client. This research has shown that a counsellor-trainee exposed to IPR techniques in a microcounselling framework does in fact possess this ability.

Implications for Counsellor Training

The results of this study indicate it is possible to introduce certain basic interviewing skills early in counsellor training. Although the ideal time for introducing students to interviewing techniques has not been determined, it appears beginning counsellors are capable of achieving a certain level of skill at this early stage of their training.

Contrary to the early research in IPR (Kagan & Krathwohl, 1967), the findings from this research indicated that the client, through client recall procedures, was able

,to provide useful feedback to the counsellor-trainee. Perhaps
the attention to specific, well-defined skills is essential if
the trainee is to benefit from this experience. In this study,
the client did provide feedback to the counsellor-trainee, and
the latter altered his own interviewing behaviour on the basis
of this feedback.

Most counsellor education programs offer skill training
and practice courses to students preparing to enter the coun-
selling field. Often these courses, of necessity, are concen-
trated and conducted within a short period of time. The type
of training described in this research appeared to provide a
short-term procedure for training in interviewing techniques.
Once certain skills have been mastered by the students, it would
be possible within this framework to add more skills, allowing
each student to progress at his individual rate.

From a manpower economy standpoint, the introduction of
client recall into a microcounselling framework does not appear
to require the involvement of members of a training staff. The
inquirer, as was the case in this study, could be an advanced
counselling student trained in recall techniques. This would
free the counsellor educators to devote more time to other
phases of training and would also provide a useful training ex-
perience for advanced counselling students.

The findings from this research also indicated another
possibility for this training procedure involving the integration

of IPR techniques into a microcounselling framework. Selection
of individuals for counsellor training programs is of the
utmost importance so that the most suitable candidates are
chosen. Along with biographical data, test results, and under-
graduate records, applicants could be exposed to a short train-
ing session such as the procedure outlined in this research.
This would help determine the applicant's ability to perform
certain introductory interviewing skills and serve as an add-
itional criterion for selection.

Implications for Further Research

Many considerations for further research are generated
by a study of this nature. One of the first questions with
regard to research involving the acquisition of skills is
whether these behaviours remain permanent or whether they dis-
appear as a function of time. To answer such a question,
follow-up research is needed involving retesting subjects in
a special treatment group at certain intervals following train-
ing. The possibility that the training method described in
this study may have produced quick growth but that the effects
might diminish must be considered. Guttman and Haase (1972)
found, however, that skills acquired by microcounselling tech-
niques were retained and carried into actual counselling sess-
ions ten to fourteen days following training, showing a loss
of skill commensurate with what one would suspect in terms of
an extinction curve.

Another consideration is that a short-term microcounsell-
ing group with further training may reach the same level of com-
petence demonstrated by a special treatment group of trainees.
Further investigation is therefore indicated in this area.

Client recall in a microcounselling framework produced
significant changes in certain selected interviewing skills.
Further research is indicated to determine whether this inte-
gration would be successful in producing similar results with
other skills. Perhaps this 45-minute technique is successful
when dealing with basic interviewing skills, but would not be
successful when dealing with more advanced skills. Additional
client recall sessions may be necessary to produce changes in
more advanced interviewing techniques.

An area requiring special attention as a result of
this study concerns the specific factors which contributed to
the significant changes in the interviewing behaviour of the
counsellor. It is evident that the IPR intervention, involving
client recall, was almost certainly responsible for producing
these changes, but more research is needed to determine the
specific factors producing these changes. These factors could
include the insight the counsellor-trainees gained from what
they heard and observed from their clients during the recall
session, the feedback from viewing their counselling sessions
while listening to the recall session, the effect of seeing and
listening to their clients with an inquirer, or a combination
of any of the above.

Further research is also indicated before generalizations can be made about the feasibility of integrating IPR techniques into a microcounselling model. Replication studies are necessary with different populations such as lay counsellors, paraprofessionals, peer counsellors, medical students, and other groups in order to determine if similar results would be found with these populations. Also similar studies are needed with comparable samples of counsellor-trainees in other counsellor training institutions to determine if this integration would produce similar results with similar populations.

Finally, the possibility of employing the procedures, described in this study, as a selection device for counsellor education programs needs further research. Studies are needed to determine the validity of this technique for the purpose of selection. The data from this and similar studies need to be analyzed along with practicum and internship grades for the same subjects. Although counsellor-trainees are often subjected to different supervisors throughout their practicum and internship experiences, it is still possible to determine whether this technique has possibilities as a selection device.

APPENDIX A

Systematic Assignment of Clients to Counsellor-Trainees

Subject	Minimal Treatment			Subject	Short-Term Microcounselling			Subject	Special Treatment		
	1	2	3		1	2	3		1	2	3
1	1	5	4	14	2	1	5	27	3	2	1
2	4	3	2	15	5	4	3	28	6	10	9
3	7	6	10	16	8	7	6	29	9	8	7
4	10	9	8	17	11	15	14	30	12	11	15
5	13	12	11	18	14	13	12	31	15	14	13
6	16	20	19	19	17	16	20	32	18	17	16
7	19	18	17	20	20	19	18	33	1	5	4
8	2	1	5	21	3	2	1	34	4	3	2
9	5	4	3	22	6	10	9	35	7	6	10
10	8	7	6	23	9	8	7	36	10	9	8
11	11	15	14	24	12	11	15	37	13	12	11
12	14	13	12	25	15	14	13	38	16	19	18
13	17	16	19	26	18	17	16	39	19	18	17

The assignment of clients is explained on page 33.

APPENDIX B

Attending Behavior Manual

Good attending behavior demonstrates to the client that you respect him as a person and that you are interested in what he has to say. By utilizing attending behavior to enhance the client's self-respect and to establish a secure atmosphere, the interviewer facilitates free expression of whatever is on the client's mind.

The following are the three primary types of activities which best characterize good attending behavior:

1. The interviewer should be physically relaxed and seated with natural posture. If the interviewer is comfortable, he is better able to listen to the person with whom he is talking. Also, if the interviewer is relaxed physically, his posture and movements will be natural, thus enhancing his own sense of well-being. This sense of comfortableness better enables the interviewer to attend to and to communicate with the client.

2. The interviewer should initiate and maintain eye contact with the interviewee. However, eye contact can be overdone. A varied use of eye contact is most effective, as staring fixedly or with undue intensity usually makes the client uneasy. If you are going to listen to someone, look at them.

3. The final characteristic of good attending behavior is the interviewer's use of comments which follow

directly from what the interviewee is saying. By
directing one's comments and questions to the topics
provided by the client, one not only helps him dev-
elop an area of discussion, but reinforces, the
client's free expression, resulting in more spon-
taneity and animation in the client's talking.

In summary, the interviewer's goal is to listen attentive-
ly and to communicate this attentiveness through a relaxed pos-
ture, use of varied eye contact, and verbal responses which
indicate to the client that he is attempting to understand what
the client is communicating. Specific behaviors which may be
utilized are the following:

1. Relax physically; feel the presence of the chair as
   you are sitting on it. Let your posture be com-
   fortable and your movements natural; for example,
   if you usually move and gesture a good deal, feel
   free to do so at this time.

2. Use eye contact by looking at the person with whom
   you are talking.

3. Follow what the other person is saying by taking
   your cues from him. Do not jump from subject to
   subject or interrupt him. If you cannot think of
   anything to say, go back to something the client
   said earlier in the conversation and ask him a
   question about that. There is no need to talk about

yourself or your opinions when you are attending.

A final point is to respect yourself and the other person. Ask questions or make comments about things that interest and seem relevant to you. If you are truly interested in what is being said, attending behavior often follows automatically. But remember, the more interested you are, the harder it sometimes becomes to keep yourself quiet and <u>listen</u> to the other person.

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