

STATEMENT OF PERMISSION TO COPY

In presenting this paper in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this paper for scholarly purposes may be granted by my major professor, or, in his absence, by the Director of Libraries. It is understood that any copying or publication of this paper for financial gains shall not be allowed without my written permission.

Signature 
Date November 29, 1978

Dedicated to Corky Brown Bruno

A VIDEOTAPE FOR COUNSELOR SKILLS TRAINING:
CRITICAL INCIDENTS AND MODEL RESPONSES

by

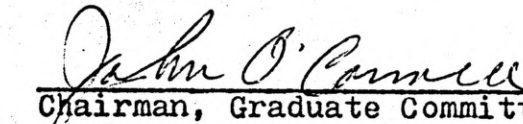
PETER JACKSON [✓]BRUNO

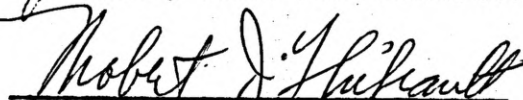
A professional paper submitted in partial fulfillment
of the requirements for the degree

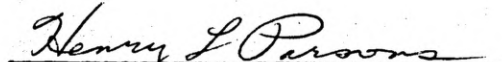
of

MASTER OF EDUCATION
with concentration in
Counseling

Approved:


Chairman, Graduate Committee


Head, Major Department


Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

December, 1978

ACKNOWLEDGMENT

Sincere appreciation is extended to the counselors who did so much to make this project possible: Dr. Richard Horswill; Dr. Charles Lawe; Dr. John O'Connell; Dr. Lois Parker; and Dr. Morley Shaw. Gratitude is expressed to Dr. Ron Green and his acting students for their excellent portrayals of client behavior. Appreciation is accorded to Mr. Paul Marsh for his technical advice and consultation regarding videotape production. Further thanks go to my Committee Chairman, Dr. John O'Connell for his assistance in the preparation of this paper, and to my committee members, Dr. Richard Horswill and Dr. George Rice, for their support throughout my program. Gratefulness is felt towards Dr. George Hossack, Dr. Carol Parker and Dr. Eric Stromeyer for their encouragement along the way. Mrs. Betty Larson, Mrs. Cecelia Mann, Mrs. Betty Smith, Mrs. Linda Tewalt and Mrs. Irma Tiffany all deserve credit for their unwavering cooperation and encouragement. And enduring regard goes to Corky Bruno for all she gave over the last year and a half, including the typing of this paper.

TABLE OF CONTENTS

	Page
VITA.....	iii
ACKNOWLEDGMENTS.....	iv
ABSTRACT.....	vii
CHAPTER	
I INTRODUCTION.....	1
Statement of the Problem.....	1
Contribution to Counselor Training.....	1
General Questions to be Answered.....	2
General Procedure.....	3
Limitations.....	7
Delimitations.....	7
Summary.....	8
II REVIEW OF LITERATURE.....	10
Simulation Training.....	10
Videotape Simulation.....	11
Videotape Stimulation.....	13
Videotape Modeling.....	17
Videotape Stimulation and Modeling Combined...	20
Variables in Videotape Production.....	21
Summary.....	27

CHAPTER	Page
III PROCEDURES.....	29
Resource People.....	29
Videotaping.....	31
Script Selection and Sequencing.....	34
Model Responses.....	35
Format.....	36
Evaluation.....	38
IV VIDEOTAPE FOR COUNSELOR SKILLS TRAINING.....	40
V SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	41
Summary.....	41
Conclusions.....	43
Recommendations.....	44
LITERATURE CITED.....	47
APPENDIX.....	56
Appendix A Rating Sheets.....	56
Appendix B Evaluation Form.....	61
Appendix C Videotape Transcript.....	63
Appendix D Instructor's Manual.....	78

ABSTRACT

The purpose of this project was to combine present-day knowledge regarding effective counselor training via videotape with some training need of the Montana State University Counselor Education Program and to produce a video training tape.

Information was gathered through an intensive review of the literature published from 1967 to 1978 and through evaluations by the Counselor Education Faculty and student counselors who were enrolled in (1) the 1977-78 practicum courses; (2) the mandatory 1978-79 autumn quarter counseling seminar; and (3) the 1978-79 autumn quarter practicum.

Based on these evaluations, a videotape was produced which was directed towards: (1) acquainting practicum students with a variety of difficult-to-respond-to client behaviors; (2) presenting them with an opportunity to respond to these behaviors; and (3) providing them with a variety of model responses to these behaviors. This videotape was produced with the assistance of: (1) acting students and a director; (2) five doctoral level counselors; and (3) a multi-media specialist.

From feedback and evaluations by the Counselor Education Faculty and the 1978-79 autumn quarter practicum class, it was determined that; (1) students who are preparing for theater acting tend to over dramatize their portrayals of clients; (2) counselors and trainees want to know in which session the client behavior occurred; (3) more than 20 seconds is needed for trainees to write a response to a difficult-to-respond-to client behavior; and (4) practicum students found a training session with both parts of the videotape very useful and recommended that it be used for training just prior to the practicum experience of counseling one's first client.

The major recommendations were to: (1) stop the videotape playback during written response training but to use the tape as is for verbal responses; and (2) conduct research to further evaluate the education potential of this videotape.

CHAPTER I

INTRODUCTION

Although videotape has been a popular means of broadening counselor trainee exposure to a wide variety of clients and counseling behaviors since the 1960s (Wilmer, 1967), it has only been recently that counselor educators have begun to systematize and integrate educational technology and research findings regarding the effectiveness of various types of videotape format and methodology (Thayer, 1977b).

Statement of the Problem

The purpose of this project was to combine current knowledge regarding the effective videotape training of student counselors with the training needs of the Montana State University Counselor Education Program.

Contribution to Counselor Training

This project was undertaken because: (1) recent literature has indicated that many benefits may be derived from videotapes in which the students' instructors are modeling or demonstrating counseling skills (Froehle, 1976; Hunt, MacKinnon & Michels, 1975; Sodetz, 1973); and (2) such a videotape had not yet been made for the Counselor Education Program at Montana State University. In addition this project was engaged because: (1) videotape

training has permitted students to experience significant client/counselor incidents while avoiding the possibility of harm to clients through counselor inexperience (Danish, 1971; Kagan, 1970; Spivak, 1973); (2) experience gained through videotape training has been suggested as a way to increase the neophyte counselor's self-confidence (Danish, 1971; Maslon, 1973); (3) instructors and researchers have videotapes of client statements on hand since the client's behavior is held constant on the tape (Berger, 1970; Froehle, 1976); and (4) counseling students at Montana State University have made several requests to see positive examples of counseling behaviors as practiced by the Counseling Faculty.

General Questions to be Answered

1. Of all of the client behaviors which might be shown, which client behaviors should be included in the videotape?
2. Of the various types of videotape format, which one could be most effectively used to present behaviors and teach appropriate responses?
3. How could the client behaviors be presented on a videotape which would have utility for training students in both the school and non-school options of the counsel-

or education program at Montana State University?

4. Once the client behaviors and the videotape format have been determined, how should such a videotape be produced?

General Procedure

To answer these questions the following procedures were employed. The general level of difficulty of the client behaviors which was presented was based on the training needs of the counselor education program at Montana State University as determined by conferring with the Counselor Education Coordinator and by interviewing counseling students who had been enrolled in the practicum course during the 1977-78 academic year. The types of client behavior which were chosen were drawn from: Kagan's (1970, 1972) and Spivak's (1973) critical incidents; (2) Porter's (1950) counselor training text; and (3) the practicum counseling experiences of students enrolled in that course during the 1977-78 academic year, as they were related in practicum class meetings or in interviews during October of 1978. The specific scripts which were: (1) taken from those reviewed in the current literature by Aichison, Merrill and Drury (1974), Kagan (1972), Porter (1950) and Spivak (1973); or (2) written by the author and

a Montana State University Theater Arts Department professor based on practicum students' verbatim accounts of incidents which occurred in practicum counseling sessions during the 1977-78 academic year.

The videotape format, which combined: (1) the teaching of counseling skills through the Montana State University Counseling Faculty modeling their skilled responses to client behaviors; and (2) the presentation of client behaviors to the trainees for response, was developed from the recommendations and research which were reported in the literature between 1967 and 1978. Using a videotape to both elicit trainee responses and present models making appropriate responses was suggested by the reports of Brown (1977) and T.V. Miller (1972) and by the research of Eisenberg and Delaney (1970) and Eskedal (1975). Showing critical incidents of client behavior and requiring counselor trainees to respond was advised by Froelich (1970), Danish (1971), Kagan (1970) and Spivak (1973). Presenting client behaviors as they were being expressed directly to the viewer and presenting extreme examples of client behaviors were both recommended by Danish (1971). Having client behaviors which deal with issues of client rejection of counselor, client sexuality, client fear of coun-

selor and counselor inadequacy was the core of Kagan's (1970) findings. Ordering the client behaviors so they become increasingly difficult to respond to was based on Thayer's (1977b) suggestion. Using acting students to portray the client behaviors was in following with the work of Kagan (1970) and Spivak (1973). Presenting both the clients and the counselors in a full face format was advised by Wilmer (1967). Keeping the counseling setting nondescript so that most of the client behaviors could be occurring in a variety of counseling settings, in order to make a videotape which would be relevant for a diverse group of counselor trainees, was suggested by Spivak (1973) and Thayer (1977b). Making a videotape with a direct and rapid format was endorsed by Vecchio and Dundas (1970). Having model counselors make responses following a brief client statement was based on the reasearch of Eisenberg and Delaney (1970) and Eskedal (1975). Using models plus attentional cues was supported by Brown (1977) and Eskedal (1975). Showing many models has recommended by Eskedal (1975) and Goldstein (1974). And having the Counseling Faculty do the modeling was suggested by Froehle (1976), Hunt et al. (1975) and Sodetz (1973).

In regard to the production of the videotape, the

procedure used was to: (1) select the client behaviors as indicated above; (2) secure the assistance of a professor in the Montana State University Theater Arts Department to select and direct students from acting classes to play the role of clients; (3) obtain technical advice from a specialist in multi-media education at Montana State University; (4) videotape the acting students' renditions of the client behaviors; (5) show the Counselor Education Faculty the client behavior videotapes and provide them with transcripts of the client behaviors, in order to allow them to become familiar with the client and/or to compose their individualized model responses; (6) individually show the Counselor Education Faculty the videotaped client behaviors and videotape their model responses immediately after showing them each client behavior; (7) sequence the client behaviors based on their difficulty as rated by the Counselor Education Faculty and counseling students presently at Montana State University; and (8) edit and combine the client behaviors, counselor responses, attentional cues and titles in accord with the format design.

In addition, the completed videotape was shown to the current practicum class at Montana State University and was evaluated by that class in regard to its format, use

and value.

Limitations

The limitations of this project were: (1) there was only one female counselor employed by the Counselor Education Program at Montana State University during the time of the videotaping, which made it impossible to present an equal number of male and female counselors from the Counselor Education Faculty; (2) video training tapes become dated after a few years due to cultural changes in dress and language; and (3) the videotape equipment available was not capable of producing color recordings or performing sophisticated editing techniques.

Delimitations

This project was delimited by the making of only two tape segments of the recommended 20 minute length while the most useful approach has been to produce several tapes showing a large variety and many different levels of subtlety of client behaviors, thus providing trainees with an intensive experiential background.

Definitions

Attentional Cue: For this project, attentional cue was used in its meaning as a signal in the perceptual field which trainees used to make discrimination.

Full Face: A frontal pictorial image of a person which shows mostly the face.

Interpersonal Process Recall (IPR): A technique developed by Kagan and others (1967) in which: (1) the counselor trainee and client are split screen videorecorded; and (2) immediately after the session, a trained recall interviewer enters the counseling room and conducts a playback of the interview with the participants reliving their experiences and, aided by the recall interviewer, interpreting their feelings, thoughts, body movement and other processes which occurred during their session.

Modeling: A teaching technique in which a model counselor displays desired behaviors in order to modify student behavior through perceptual learning and imitation.

Videotape Modeling: A videotape presentation of model counseling behaviors.

Videotape Simulation: A videotape representation of events which occur in counseling sessions.

Videotape Stimulation: Also referred to as videotape vignettes, these are the videotape presentation of a stimulus client behavior to elicit a trainee response.

Summary

While the use of videotape to present client and

counselor behaviors has been popular since the 1960's, efforts to integrate knowledge gained from research on videotape productions has been a recent development. Since videotape training has been found to be an effective and desirable part of counselor education programs and since it has been reported that videotapes which feature the current Counselor Education Faculty as models result in the most effective learning, the task at hand was determined to be the production of a video training tape which would incorporate both current knowledge regarding videotape training and the counseling skills of the Counselor Education Faculty at Montana State University. To carry this task through, problematical client statements were obtained from the literature and from recent practicum student experiences. The client behaviors were portrayed by acting students who were directed by a professor from the Theater Arts Department of Montana State University. The model counselors were counselors employed on the Counselor Education Faculty and the Testing & Counseling Center Staff at Montana State University. And the videotape production was assisted by technical advice from a specialist from the Montana State University Multi-Media Center.

CHAPTER II

REVIEW OF LITERATURE

Literature pertinent to counselor education by means of demonstration videotapes is presented in this chapter in sections on simulation training, videotape simulation, videotape stimulation, videotape modeling, stimulation and modeling combined, and videotape production variables.

Simulation Training

Many counselor educators have recognized the value of simulation training in counselor education (Carkhuff, 1969; Hummel, Lichtenberg & Shaffer, 1975; Ivey, 1971; Mandel, 1975; Panther, 1950). Some have supported simulation training because it eliminates the possibility of harm that inexperienced trainees could do to clients (Danish, 1971; Kagan, 1970; Spivak, 1973; Thayer, 1977a). Others have endorsed simulation training as time saving, practical and effective (Bellucci, 1972; Froehle, 1976; Miller, G.D., 1975; Stone, 1975; Thayer, 1977b). Many have included simulation as an integral part of competency-based and systematic training (Cormier, Hackney & Segrist, 1974; Delaney, 1969; Froehle, 1976; Maslon, 1973; Thayer, 1977b). And some have called it the bridge between theory and practice (Froehle, 1976; Miller, T.V., 1972). Thus for these reasons, counselor educators have generally found simulation

training to be a desirable part of a counselor education program.

Videotape Simulation

Videotape has been one of the most commonly recommended and used methods of simulation training (Bellucci, 1972; Berger, 1970; Cormier et al., 1974; Delaney, 1969; Thayer, 1977a). It has been reported as:

fast becoming the main communication medium...for teaching and training in psychiatry and allied fields...[because of its] unlimited applications in presenting complex and varied information rapidly and in a manner that is clearly understood and meaningfully retained...[and because it] is a highly personal medium for the individual viewer [which] demands and obtains his participation (Vecchio & Dundas, 1970, p. 254).

As compared to audiotape, videotape simulation has been highly recommended by Berger (1970) because it "expands by geometrical progression that is available to be perceived, reacted to and understood" (p. 37) and because the same tape may be used for many training purposes. It has also been reported to be more valuable than observing in vivo sessions because it can: (1) capture and store important counseling incidents which otherwise might not be observed; (2) be stopped for discussion; and (3) be used to train a large number of students at the same time (Trethowan, 1970).

In regard to effectiveness, educators have discovered

that videotape simulation is a serviceable teaching tool. Froelich (1970) has reported that video simulation: (1) actively involves and motivates the student; (2) helps the student to integrate and organize information; (3) teaches the student how to respond to new problems; and (4) results in learning which the student uses later. In addition, Maslon (1973) has found that videotape simulation has enhanced trainee self-confidence and reduced drop outs.

Many authorities have included videotape simulation in counselor education programs. Kagan (1970) has used it to acquaint neophyte counselors with key concepts such as affect, empathic understanding, concreteness and exploratory leads. Ivey (1971) has included teaching skills through video simulation in his training schema. T.V. Miller (1972) has advocated its use between the lecture and practice phases of counselor training. Cormier et al. (1974) have reported that video simulation has been successfully used as the first step in teaching prepracticum skills. And Thayer (1977b) has supported its use to teach counseling skills before practicum.

While videotape simulation has been used by itself as a teaching tool, the most frequent recommendation has been to augment its use with reinforcement (Cormier et al.,

1974), questions (Danish, 1971), attentional cues (Eskedal, 1975), problem solving exercises (Froelich, 1970), IPR sessions (Kagan, 1970), handouts (Kagan, 1972), small group interaction exercises (Maslon, 1973), or discussion (Thayer, 1977b).

The use of color videotape has not received much attention or support. Although color tape has been found to be more effective in training college students with visual preferences and black and white tape has been more effective for those with auditory preference (Spears, 1976), color tape probably has not been recommended due to the substantially greater cost of color equipment.

Videotape Stimulation

Video stimulation, the type of video simulation which involves the presentation of a simulated or authentic client to trainees as a stimulus to which the trainees respond, has been a widely used method of simulation training because it has made it possible for the instructor to expose each trainee to a wider variety of clients and counseling incidents than would be feasible in practicum (Danish, 1971; Maslon, 1973; Thayer, 1977a). It also has been utilized because it has permitted trainees to both respond and learn how to respond appropriately to critical counseling inci-

dents and issues before coming face to face with them in counseling sessions where inappropriate responses might prove detrimental to clients (Danish, 1971; Kagan, 1970; Spivak, 1973; Thayer, 1977a) or discouraging to the counselor trainee (Maslon, 1973). In addition, videotape stimulation has been popular because the same videotape can be used to: (1) identify crucial issues; (2) explore personal reactions to incidents; (3) try out counseling responses and study their implications for the counseling process; and (4) to work toward effective counseling strategies (Spivak, 1973).

Perhaps the most popular use of videotape stimulation has been to provide counselor trainees experience with certain critical incidents and universally threatening situations (Danish, 1971; Kagan, 1970; Maslon, 1973; Spivak, 1973). Most of these video stimulations have been produced around five of the "universal nightmares" of counseling: (1) counselee fears counselor rejection; (2) counselee fears counselor affection or sexuality; (3) counselor fears counselee hostility; (4) counselor fears counselee affection or sexuality; and (5) counselor fears upsetting the counselee (Kagan, 1970, p. 90). Based on these themes, Kagan (1972) has compiled an extensive collection of statements,

such as:

You think I'm crazy don't you?

You just touch me, hear. I'll have you sued so fast you won't know what happened.

You are just....well, just look at yourself sitting there....I mean you don't take yourself seriously do you?

You've got a fantastic mouth. (pp. 199-205).

Following up on Kagan's work, Spivak (1973) has added another nightmare to the list: The counselor fears appearing inadequate. He has also labeled 18 different critical incidents of client behavior which reportedly stem from the clients fear of rejection: (1) distracting attention away from the problem area; (2) engaging the counselor in a discussion of his role and function; (3) asking the counselor to structure the session; (4) asking for advice; (5) talking about someone else's problems; (6) offering an intellectualized statement as the area of concern; (7) giving a lot of content in order to avoid discussing feelings; (8) being vague, general or abstract; (9) seeking reassurance; (10) avoiding responsibility for behavior; (11) giving positive instances and then negating them; (12) questioning the need for the counselor's assistance; (13) structuring

the end of the session and further sessions; (14) expressing the need for more time; (15) showing dependence on the counselor for advice, structure or support; (16) showing a fear of dependence on the counselor; (17) expressing an uncertainty of the counselor's ability to help; and (18) expressing resistance and/or hostility towards the counselor (p. 264).

While some of the statements that have been generated from the universal fears seem unusually direct, such as, "You want me. Admit it, you want me." (Kagan, 1972, p. 203), trainee experience with uncommon and intense statements has been valuable because such statements have been consistent with trainee's fears (Danish, 1971) and because trainee experiences with these intense statements have resulted in: (1) reduced fear (Danish, 1971); (2) increased self-confidence; and (3) fewer drop outs (Maslon, 1973).

Because of the video stimulations produced from these critical incidents and universal fears can be difficult to respond to, the best way to present them has been in order of increasing difficulty so that the trainee can develop an ability to respond to easier examples before being presented with more difficult ones (Thayer, 1977b).

Over all then, videotape stimulation has been found to

be a most useful training tool because it: (1) permits a broad and controlled exposure to significant counseling experiences; (2) facilitates awareness of personal reactions to client behaviors; (3) enhances the development of effective responses; and (4) results in increasing self-confidence.

Videotape Modeling

Videotape modeling has been another widely used method in counseling training because it has been found to be a flexible, efficient and effective method of teaching counseling skills (Alssid & Hutchison, 1977; Eisenberg & Delaney, 1970; Eskedal, 1975; Goldstein, 1974; Hunt et al., 1975; Sodetz, 1973; Stone, 1975; Trethowan, 1970). In addition, because of these findings videotape modeling has been recommended as an integral part of the design of counselor skills training programs (Bellucci, 1972; Cormier et al., 1974; Froehle, 1976; Thayer, 1977a).

Video modeling of counseling skills has been done both through simulation session segments (Alssid & Hutchison, 1977; Eisenberg & Delaney, 1970; Eskdal, 1975; Froelich, 1970; Miller, T.V., 1972; Stone, 1975; Judah, Note 1) and segments of authentic sessions (Berger, 1970; Forgotson & Sweeney, 1977; Goldstein, 1974; Hunt et al., 1975; Tretho-

wan, 1970; Wilmer, 1967).

Researchers have found video modeling to be a highly effective teaching tool. Considering combinations of training methods, Miller and Shields (1971) found significantly greater ($p < .05$) improvement in counseling skills following a modeling, microcounseling and IPR program. And Toler (1976), while finding programmed instruction to be the best single method of teaching counselor trainees confrontation skills ($p < .001$), has found that the most effective combination for teaching confrontation skills is modeling, programmed instruction and behavior feedback.

In other studies which have compared training methods individually, researchers have found videotaped modeling to be the most effective single method of teaching counseling skills. Eisenberg and Delaney (1970) found video modeling more effective than positive reinforcement for the short term learning of open-ended leads. Hunt et al. (1975) reported that video modeling is a more effective counseling skills teacher than lecturing or audiotape modeling. Stone (1975) has found that video modeling is more effective than an audiotape and an instruction manual. And Alssid and Hutchison (1977) have reported that video modeling is more effective than written materials, operant conditioning and

supervision.

As to the skills which may be taught via videotape modeling, it has been found to be "extremely useful in developing counseling skills of all types" (Miller, T.V., 1972, p. 85) and at all levels (Forgotson & Sweeney, 1977). It can be used to teach attending behaviors, reflection of feeling, summarization of feelings and mutual communication (Ivey, 1971). Video modeling has also been used to improve trainee communication of empathic understanding and responsiveness to client feelings (Sodetz, 1973) and to increase "the level of specific knowledge about the initial counseling relationship" (Eskedal, 1975, p. 154). It has been used to teach active listening, hypothesis generating and testing, information gathering, and immediacy monitoring (Hunt et al., 1975). Simply stated, videotaped models have been recommended for teaching skills from the beginning competencies (Kagan, 1970; Thayer, 1977b) to every skill level (Berger, 1970; Forgetson & Sweeney, 1977; Miller, T.V., 1972).

In regard to the appropriate time to present videotaped models to trainees, the most frequent recommendation has been to present video models after the trainees receive a mini-lecture and/or read a handout describing the skill to

be learned, and before the trainees engage in IPR or role playing exercises (Cormier et al., 1974; Miller, T.V., 1972; Thayer, 1977b).

In short, videotape modeling has been found to have pervasive utility in counselor training due to its effectiveness in teaching skills at all levels of competency.

Videotape Stimulation and Modeling Combined

While much has been reported regarding videotape stimulation and videotape modeling, fewer reports have been made in regard to videotape presentations which combine these two formats.

Eisenberg and Delaney (1970), using 43 graduate students in a counseling program as subjects, found that a combination video modeling/stimulation treatment group gave a significantly ($p < .01$) greater number of target responses directly after the training session than did a target response reinforcement group. In the modeling/stimulation condition, the researchers utilized a 20 minute videotape consisting of a 15 second "client" statement followed by a prerehearsed model statement made by an experienced counselor, and 20 segments of a 15 second "client" statement followed by a 15 second response period during which the "client" image was held on the screen and the trainees gave

a verbal response.

Eskedal (1975), using 56 counseling program graduate students as subjects, found that a 30 minute videotape, showing a combination of client statements and model counseling responses, resulted in significantly ($p < .05$) greater acquisition of skills information than 30 minutes of a class which was comprised of a verbal presentation of the same information followed by discussion.

In addition to the positive results of the Eisenberg (1969, 1970) and Eskedal (1975) studies, the combination approach has been supported by T.V. Miller (1972), who has proposed "an instructional program built around the concept of simulation" (p. 84) including video demonstrations tapes showing client behaviors followed by counseling skills modeling, and by Thayer (1977b) who has recommended a systematic skills training program which incorporates script-based client and counselor statement videotapes.

Variables in Videotape Production

The production of an optimally effective videotape has been a subject of concern for those involved in counselor training through videotape. Thus, much thought and study has gone into the variables which should be considered before videotaping.

Guidelines which counselor educators have set for video training tape production have been to choose: (1) specific training goals (Berger, 1970; Ivey, 1971; Thayer, 1977a); (2) client behaviors which the trainee can master based on their background knowledge and experience (Berger, 1970; Froelich, 1970; Thayer, 1977a); (3) a range of client behaviors which will permit the trainees to progress from simple to complex examples (Thayer, 1977b); (4) a variety of topics and behaviors which will provide trainees with a diverse experience and a broad problem solving background (Danish, 1972; Froelich, 1970; Spivak, 1973; Thayer, 1977a; 1977b); (5) client behaviors which the trainees will probably experience in vivo (Thayer, 1977a); (6) current and contemporary client concerns (Thayer, 1977a); and (7) client concerns which are interesting and easily recognized (Brown, 1977).

There have been three suggestions regarding the setting which appears on the videotape: (1) have the setting be one which will optimize immediate recognition and interest in order to heighten trainee attention (Brown, 1977); (2) have the setting be very similar to the actual situation in which the trainee will later use the skills being taught in order to enhance attention and generalization

(Froehlich, 1970); and (3) have the setting be very neutral and devoid of cues in order to make the tape relevant for more trainees (Spivak, 1973; Thayer, 1977a).

While a few videotape producers have spoken against the use of scripts as being too stilted (Judah, Note 2), most have made videotape stimulations based on scripts (Eisenberg & Delaney, 1970; Danish, 1971; Kagan, 1970, 1972; Spivak, 1973; Stone, 1975) and many have published scripts which are suitable for videotaping (Aitchison et al., 1974; Carkhuff, 1969; Ivey, 1971; Kagan, 1972; Porter, 1950; Spivak, 1973). They have said that the appropriate composition of scripts should be brief (Vecchio & Dundas, 1970), free of restricting specific information (Spivak, 1973) and variable from simple and straightforward to complex and subtle (Thayer, 1977b).

Video producers have drawn their clients from a variety of groups of people and, although they have most commonly used actors and actresses, they have not reported any group as being better than any other. For example, Kagan (1970) used amateur and professional actors and actresses, Eisenberg and Delaney (1970) used graduate assistants, Spivak (1973) used speech and drama majors and graduate students' wives, and Hunt et al. (1975) used psychiatric

patients. While Thayer (1977a) has stated that role playing "clients" should be interviewed and coached in order to maximize their contribution to video stimulations, T.V. Miller (1972) has stressed the need to: (1) protect an authentic client's well-being; and (2) obtain from actual clients a written release which specifies the purpose and audiences with which the tape will be used. As to the sex of the clients, Trotzky (1977) has found a significant ($p < .05$) difference between male and female trainee responses to male and female video-based clients; thus indicating the importance of having both sexes presented on the training videotape.

In regard to the videotape format, producers have found that the best method has been to begin with a few practice trials in order to give the trainees an opportunity to adjust to the format before they are presented with the core of learning materials (Judah, Note 1; Marsh, Note 3). After the practice problems, Froelich (1970) has suggested the presentation of a large number of response trials in order to teach greater skill in responding to new client behaviors and Vecchio and Dundas (1970) have suggested that the presentation of the client behaviors should be brief and rapid. Many other producers have endorsed the idea of

including pauses and requiring trainees to respond to the videotaped clients (Danish, 1971; Eisenberg & Delaney, 1970; Kagan, 1970; Maslon, 1973; Miller, T.V., 1972; Spivak, 1973; Thayer, 1977b; Judah, Note 1). Most have favored about 15 seconds as an appropriate time to allow for trainee response and about 20 minutes for the total length of the videotape (Eisenberg & Delaney, 1970; Forgotsen & Sweeney, 1977; Wilmer, 1967; Judah, Note 1).

The proper camera angle and framing for videotape stimulations has been said to be a full face picture in order to maximize both the impression on the trainees and their involvement with the "client" (Danish, 1971). Likewise in the modeling mode the suggestion has been to go quickly from a wide angle side shot to full face pictures of the client and counselor (Wilmer, 1967).

Counselor educators have carefully considered the choice of appropriate models. Trethowan (1970) suggested the wisdom of using experienced counselors who would not become tense while being videotaped. Sodeltz (1973) advised having the trainees' supervisor do the modeling. Hunt et al. (1975) endorsed the practicum instructor as the best model where the teacher is also a skilled and experienced counselor. In addition, Froehle (1976) recommended the

the Counselor Education Faculty as the appropriate models.

Other characteristics of effective models have been suggested by Bandura (1969), who has reported that models must not be too different than the trainees or they will not be imitated, and by Brown (1977), who has stated that models must be "high in prestige, power and competence" (p. 132). Moreover, Bandura's (1969) statement regarding model-learner similarity and Trotzkey's (1977) finding of a sex-difference effect in trainee responses have suggested the importance of representing counselors of both sexes on modeling videotapes.

In addition to videotaping an appropriate model, the use of multiple models has been encouraged as an important part of videotape modeling because the presentation of a number of models with their variations in approach and style models not only appropriate responses but also that individual styles are appropriate (Eskedal, 1975; Goldstein, 1974).

Both attentional cues and model reinforcement have been important for enhancing the effectiveness of a modeling videotape. Cued modeling was found to produce a significantly ($p .05$) greater acquisition of counseling skills by masters level counseling students than uncued modeling

(Eskedal, 1975) and on tape reinforcement of models has been said to be an important incentive for trainees to emulate the model's behavior (Brown, 1977).

While traditional teaching has stressed the value of providing both positive and negative examples, the recent majority viewpoint in regard to videotape modeling has been that the most effective training tape presents positive examples only. Early contributors to the video modeling literature had recommended showing both positive and negative instances (Ivey, 1971; Miller, T.V., 1972) but all later authorities have favored using only positive examples (Alssid & Hutchison, 1977; Brown, 1977; Hunt et al., 1975; Stewart, 1975). For example, using 18 counselor trainees as subjects, Alssid and Hutchison (1977) found that pure positive video modeling was significantly ($p < .01$) more effective for training introductory level students in open-ended questioning than was positive and inappropriate modeling.

Summary

Simulation training of counselors has been supported for many reasons. Although recently introduced, videotape simulation training has been widely used in either the stimulation/vignette or modeling mode. In the stimulation mode, counselor trainees have been presented with certain

critical counseling incidents as if they were the counselor in a session with the on tape "client". In the modeling mode, counselor trainees have watched experienced counselors interact with clients. Fewer videotapes have been made which combine these two modes but this training technique has been supported. The preparation of a video training tape has involved the consideration of many factors which are the choice of: goals; setting; topics; scripts; clients; practice trials; number of response trials; timing; camera angle and framing; models; attentional cues; model reinforcement; and positive versus positive and negative examples.

CHAPTER III

PROCEDURES

The purpose of this project was to design and produce a videotape for counseling skills training which would integrate present-day video technology and some of the training needs of the Counselor Education Program at Montana State University. Based on a conference with the Counselor Education Coordinator and reports of students who were enrolled in the practicum course during the 1977-78 academic year, the decision was made to produce a videotape which would teach trainees to use counseling skills in response to emotionally provocative client behaviors--behaviors which practicum students have found difficult to deal with.

This chapter describes all of the procedures which went into the production of this videotape, including an account of: (1) the resource people and their roles; (2) the videotaping equipment and how it was used; (3) the selection and sequencing of scripts; (4) the development of model responses; (5) the selection and composition of the format; and (6) the evaluation procedures.

Resource People

Many people were asked to assist in the production of the videotape. An Assistant Professor from the Theater Arts Department at Montana State University volunteered his

expertise to select and direct acting students in their role as clients. This professor also helped the author write up scripts in those cases where scripts were not found in the literature which approximated the practicum session incidents which the 1977-78 academic year practicum students had experienced as difficult to contend with.

Students in several phases of their graduate programs in counseling were involved in several of the procedures. Students enrolled in the practicum course during the 1977-78 academic year determined many client behaviors which were included on the videotape through their reports, in practicum class and in interviews conducted during October of 1978, regarding client behaviors which were difficult for them to deal with. Students enrolled during the autumn quarter of the 1978-79 academic year were one group whose ratings helped to determine the sequence in which the client behaviors were presented on the completed videotape. In addition, students enrolled in the autumn 1978-79 practicum class evaluated the completed videotape after experiencing it in a training session.

An Instructor from the Montana State University Multi-Media Center provided technical consultation and videotape equipment.

Five Montana State University doctoral level counselors, who had four to ten years of counseling experience, volunteered their skills by: providing feedback regarding the videotape production, suggesting which session number to assign to the client's behavior, rating the difficulty for practicum students to respond to the client behaviors, being videotaped while making appropriate counseling responses to the client behaviors, and labeling those responses for attentional cues. The Montana State University counselors who provided these contributions were: (1) three Counseling Psychologists from the Testing and Counseling Center who were also part-time teaching faculty in the Counselor Education Program at the Assistant Professor level; (2) an Assistant Professor of Counseling; and (3) an Associate Professor of Counseling.

Videotaping

To make the "client" and counselor videorecordings, a Sony V0-2600 videocassette recorder was used in conjunction with a Sony AVC-3260 videocamera coupled with an electronic viewfinder and a Shure 565 SD microphone. A Sony V0-2850 videocassette recorder was used in conjunction with a Sony CVM-194 19-inch television to present the client behaviors to the counselors. For editing, the V0-2600 videorecorder

was coupled to the VO-2850 videorecorder, which has editing functions, and both recorders were coupled to two Sony CVM-950 videomonitors and to a Sony RM-400 automatic editing control unit. Five Scotch 60-minute videocassettes were used: Four were used to make the original recordings and one was used to record the edited materials.

Recording the client behaviors was done on the VO-2600 system: (1) the camera and microphone were placed in the recording room and the videocassette recorder was isolated in an adjoining room; (2) the acting student who was to portray a certain client behavior would sit in a chair opposite another chair which was in front of the videocamera; and (3) after a rehearsal or two with the coaching of the director, the acting student would render the client behavior directly to the camera.

Recording the counselors' responses to the client behaviors was done using both videosystems: (1) the camera and the microphone were placed in the recording room and the VO-2600 videorecorder was placed in an adjoining room; (2) a Sony CVM-194 19-inch television was put on a stand above the videocamera and was connected to the VO-2850 video deck, which was also located in the adjoining room; (3) the counselor who was to respond to the client behaviors would sit

in one chair opposite a second chair which was in front of the television set and the videocamera; (4) using the Sony RM-400 automatic editing control unit to operate both video-systems, a client behavior was played back on one system and the counselor's response was recorded on the other.

Recording of the printed attentional cues, credits, introduction and titles was done using the VO-2600 video-system.

Because at least five seconds of running tape were needed as a lead-in before each videotape sequence which was to be edited onto the final tape, all videorecordings were made with 20 seconds of lead-in time and all the printed materials included on the tape were videorecorded onto a separate titles and cues tape preceding the final editing.

Editing was done to: (1) put the client behaviors onto another tape in order to edit out the 20 second lead-ins and present the same client behavior stimulus to the counselors and trainees; (2) edit the client behaviors, introduction, credits, titles, attentional cues, and the five counselors' responses on to one tape; and (3) dub in attention getting music at the beginning and end of the tape.

The sequencing of the taping and editing procedure was: (1) tape the acting students; (2) edit their portrayals for

the client behaviors tape; (3) present the client behaviors tape to each counselor on one videosystem and videorecord his or her response on another; (4) videotape the labels which the counselors used to describe their responses; (5) videotape the titles and credits; (6) videotape an introduction; and (7) edit all of the above onto one videotape.

Script Selection and Sequencing

Twenty "client" scripts were chosen for the video stimulation vignettes from those reviewed by Aitchson et al. (1974), Kagan (1972), Porter (1950), and Spivak (1973). They were chosen on the basis of representing: (1) the universally held fears of counselor trainees (Danish, 1971; Kagan, 1970; Spivak, 1973); and (2) client behaviors which the 1977-78 academic year practicum students reported, either in practicum class or in interviews held with the 50 percent of them still in State during October of 1978, as being difficult for them to deal with. In the few instances in which no script which corresponded to these behaviors was found in the literature, scripts were written by the author and the Montana State University Theater Arts Department Assistant Professor who directed the acting students. These scripts were based on the practicum student's verbatim account of a difficult-to-respond-to incident which

occurred in a practicum session during the 1977-78 academic year.

Based on Thayer's (1977b) suggestion that video stimulation vignettes be presented in order of increasing difficulty, the videotaped client behaviors were rated from one to ten by: (1) the five counselors in regard to their estimate of how difficult it would be for practicum students to make appropriate responses to each behavior; and (2) by the 1978-79 counseling students in regard to their estimate of how difficult it would be for them to make an appropriate counseling response to each client behavior (see Appendix A for rating forms and complete results). As determined by its average rating, each client behavior was edited onto the completed video training tape in response trials of increasing difficulty. However, two response trials were placed later on the tape than their client behavior rating indicated in order to avoid presenting the same actress for three contiguous trials.

Model Responses

The procedure in regard to the development of the counselors' model responses was to: (1) give the counselors the instructions that they should aim for appropriateness and individualism in regard to their responses; (2) ask them

not to confer on responses until after they had given them for the videotape; (3) show them the videotaped client behaviors and give them a typewritten transcript of each client behavior; and (4) ask them to develop their own responses either in advance of or spontaneously during their model response videorecording session. This procedure was chosen in order to: (1) obtain the videomodeling of diverse styles, which was recommended as a positive way of allowing trainees to develop their own style (Eskedal, 1975; Goldstein, 1974); and (2) videomodel only positive examples of counselor behavior, which has been found to be the more effective teaching method (Alssid & Hutchison, 1977; Brown, 1977; Hunt et al., 1975).

Format

The tape was begun with the title: "Critical Incidents and Model Responses" and an attention getting melody, followed by a very brief introduction in accord with the suggestion that editorial comments should be kept to an absolute minimum while action should be kept to a maximum (Brown, 1977). The introductory remarks were followed by two practice trials in order to reduce trainee anxiety while they become accustomed to the format and the time allowed for each response (Judah, Note 1; Marsh, Note 3).

Following the practice trials, which were of identical format as the response trials, there were 18 response trials. These trials were composed of: (1) 15 seconds of a videotaped client behavior followed by a beep-ended 15-second trainee response period; (2) an added five second rest or finish up period; (3) a repeat of the client behavior; and (4) a printed attentional cue followed by the videorecording of the counselor response which it labeled (this cue/counselor response combination was then repeated for the other four counselors' responses).

This format was based on those reviewed in the literature and the experience of other video producers: (1) the 20 15-second client behavior vignettes and response periods were used successfully by Eisenberg and Delaney (1970); (2) the additional five second response time was added so the tape would accommodate group trainees giving written responses as well as individual trainees giving verbal responses as was done in the Eisenberg study; (3) the client behavior vignette was repeated in order to sustain the trainees memory of the client behavior through the five counselors' responses (Marsh, Note 3); (4) the use of the printed attentional cues was drawn from the Eskedal (1975) study; and (5) the showing of all five counselors' responses was done

to optimize the multiple model benefit (Eskedal, 1975; Goldstein, 1974).

The videotaped response trials were divided into two parts in order to keep the training time close to the average recommendation of 20 minutes (Forgotson & Sweeney, 1977). The second nine response trials, which should therefore be viewed after an intermission, were included in order to present a larger variety of client behaviors and problem solving experiences (Froelich, 1970).

After the second part of the response trials, the tape was concluded with a printed presentation which gave credit to those who contributed to the training tape production. These credits were affixed to the end of the tape rather than the beginning in order to minimize extraneous distractions and to create the illusion that the acting students were actual clients.

Evaluation

Preliminary evaluation of the training tape was obtained from two Instructors from the Multi-Media Center at Montana State University and from two of the author's colleagues.

Further evaluation was obtained by using the completed tape in a training session with the autumn 1978-79 practicum

class, and by having them complete an evaluation form regarding the tape format, use and value (see Appendix B for evaluation form and complete results).

CHAPTER IV

VIDEOTAPE FOR COUNSELOR SKILLS TRAINING

For this project, Chapter IV was a videotape entitled "Critical Incidents and Model Responses". A transcript of the entire content of this tape has been provided in Appendix C, while the tape itself has been placed in the Educational Services Office for the convenient use of the Counselor Education Faculty and students.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this project was to combine present-day knowledge regarding the effective videotape training of student counselors with some of the training needs of the Montana State University Counselor Education Program and to produce a video training tape based on that integration. Present-day knowledge about effective videotape training was determined through an intensive review of the literature from 1967 through 1978. The training needs of the Counselor Education Program were ascertained by conferring with the Montana State University Counselor Education Coordinator and counseling students who had been enrolled in the practicum course during the 1977-78 academic year. Based on this evaluation, a videotape was produced at the practicum level with the goals of: (1) acquainting current practicum students with a variety of client behaviors which have been found to be difficult to respond to by beginning counselors; (2) presenting students with an opportunity to give practice responses to these client behaviors; (3) providing students with some model ideas about how to respond to these behaviors; and (4) producing a vehicle to stimulate thought and discussion.

Once those decisions were made, (1) client behaviors were selected from the literature and from practicum students' reports, (2) a professor from the Theater Arts Department at Montana State University was enlisted to select and direct acting students to portray the client behaviors, (3) an Instructor from the Multi-Media Center at Montana State University was enlisted to provide technical advice regarding videotaping, (4) five doctoral level counselors from the Montana State University Counselor Education Faculty and Testing and Counseling Center were enlisted to provide model responses to the client behaviors, (5) the acting students' renditions of the client behaviors were videotaped, (6) the counselors' responses to the videotaped client behaviors were videotaped, (7) attentional cues were determined and recorded, (8) ratings regarding the difficulty of responding to the client behaviors were obtained from the five counselors and from students enrolled during the autumn quarter of the 1978-79 academic year, (9) the client behaviors were sequenced in order of increasing difficulty as determined by those ratings, (10) editing and dubbing-in was done following the format which had been previously determined from those reviewed in the literature, and (11) the tape was submitted to the 1978-79 autumn quarter practicum

class for evaluation.

Conclusions

The experience of producing this videotape has yielded a number of findings: (1) Montana State University Theater Arts Department students have been trained to project their emotions when performing and thus tend to emote excessively on camera in spite of being directed not to do so; (2) it was difficult to achieve natural looking lighting on close-up videorecordings; (3) although it was nowhere mentioned in the literature reviewed, counselors and counselor trainees wanted to know in which session the client behavior had occurred; (4) the counselors had difficulty shifting their eyes from the television screen, on which they viewed the client behaviors, to the videocamera directly below, even with the addition of two black eye-spots placed below the television; (5) experienced counselors may have become somewhat anxious while being videotaped under the novel conditions which were present here; (6) one experienced actor and actress received surprisingly consistent difficulty ratings, suggesting that a part of the difficulty rating was based on the acting ability of the dramatist; (7) titling and editing a videotape of this format took many difficult hours; and (8) students often required more than 20 seconds

to complete written responses to the client behaviors which were presented.

The evaluation forms which the 1978-79 Montana State University autumn quarter practicum class completed after working with the videotape in a training session indicated that they thought: (1) the experience was personally useful and would be useful for others; (2) the videotape would be most usefully presented to students at the prepracticum level; (3) the strong point of the videotape was the presentation of the variety of counselor responses; (4) the entire tape should be seen twice; (5) the two parts should be seen on two separate occasions; and (6) the weak points of the tape were the dramatized client behaviors and response period being too short for them to be satisfied with their written responses (see Appendix B for complete detail of results).

Recommendations

1. In order to avoid the over dramatized videotaped client behaviors, it is suggested that the "clients" used for a similar videotape be either very experienced theater actors, film or television actors, or nonactors role playing a past experience.
2. In order to achieve natural looking lighting, it is

suggested to have a person versed in television lighting actually set up the lighting.

3. In order to assist the counselors in shifting their eyes from the television to the videocamera for a similar videotape, it is suggested that the television be placed on the chair opposite the counselor and that the videocamera be placed above it.

4. In order to warm up the counselors to the novelty of the situation which a videotaping session like this presents, it is suggested that future producers run at least two practice sequences before the counselors respond to the client behaviors which will be used in the complete videotape.

5. When requiring students to give written responses, it is suggested that the video deck be stopped for 15 seconds at the beginning of the response period.

6. Although the tape was originally planned as a training tool for use at the practicum level, it is suggested that it be used: (1) near the end of a prepracticum or competency development class; (2) at the beginning of a practicum class; and (3) for individual practice at any level beyond prepracticum.

7. It is suggested that the tape should be viewed twice by

students and that the two parts should be shown on two separate occasions.

8. It is suggested that research be conducted to formally evaluate this videotape's potential as a teaching tool.

Suggested research would be to: (1) compare the effects of making verbal versus written responses on a measure of learning and/or self-confidence; (2) compare the effects of giving responses versus watching the models respond versus both experiences versus neither experience; (3) compare the effects of each model versus the other models; (4) compare the effects of the male models versus the female model; and (5) compare the effects of the videotraining versus other forms of training.

LITERATURE CITED

- Aitchison, R.A., Merrill, J.M. & Drury, R. Training para-professionals using videotaped behavioral assesment.
Paper presented at the meeting of the Western Psychological Association, San Francisco, April 1974. (ERIC Document Reproduction Service No. ED 105 316)
- Alssid, L.L., & Hutchison, W.R. Comparison of modeling techniques in counselor training. Counselor Education and Supervision, 1977, 17, 36-41.
- Bandura, A. Principles of behavior modification. New York: Holt, Rinehart & Winston, 1969.
- Bellucci, J.E. Microcounseling and imitation learning: A behavioral approach to counselor education. Counselor Education and Supervision, 1972, 12, 88-97.
- Berger, M.M. (Ed.). Videotape technique in psychiatric training and treatment. New York: Brunner Mazel, 1970.
- Berliner, D. Microteaching and the technical skills approach to teacher training. Stanford, Calif.: Stanford Center for Reasearch and Development in Teaching, 1969. (ERIC Document Reproduction No. 034 707)
- Brown, J.H. Developing video models for counselor education. Counselor Education and Supervision, 1977, 17, 131-136.

- Carkhuff, R. Helping and human relations: A primer for lay and professional helpers. Volume 1: Selection and training. New York: Holt Rinehart & Winston, 1969.
- Cormier, L.S., Hackney, H., & Segrist, A. Three counselor training models: A comparative study. Counselor Education and Supervision, 1974, 14, 95-104.
- Danish, S. Film simulated counselor training. Counselor Education and Supervision, 1971, 11, 29-35.
- Delaney, D.J. Simulation techniques in counselor education: A proposal of a unique approach. Counselor and Education and Supervision, 1969, 8, 183-188.
- Eisenberg, S. The development and application of a simulated environment for training counselors (Doctoral dissertation, University of Illinois, 1969). Dissertation Abstracts International, 1969, 30, 984A. (University Microfilms No. 69-15, 299)
- Eisenberg, S., & Delaney, D.J. Using video simulation of counseling for training counselors. Journal of Counseling Psychology, 1970, 17, 15-19.
- Eskedal, G.A. Symbolic role modeling and cognitive learning in the training of counselors. Journal of Counseling Psychology, 1975, 22, 152-155.

Froehle, T.C. (Ed.). Competency-based counselor education: Designing, implimenting, and evaluating criterion referenced insrtuction. Bloomington, Ind.: Indiana University, 1976. (ERIC Document Reproduction No. ED 146 525)

Froelich, R.E. Teaching psychotherapy to medical students through video simulation. In M.M. Berger (Ed.), Vid-eotape techniques in psychiatric training and treatment. New York: Brunner Mazel, 1970.

Forgotson, J.H., & Sweeney, T.J. Use of videotapes to teach child psychiatry to medical students. Journal of Medical Education, 1977, 52, 351-353.

Goldstein, M.Z. In-service training offered in a community mental health/mental retardation center: Interview technique seminar with the use of videotape. Journal of Medical Education, 1974, 49, 789-791.

Hummel, T.J., Lichtenberg, J.W., & Shafer, W.F. CLIENT 1: A computer program which simulates client behavior in an initial interview. Journal of Counseling Psychology, 1975, 22, 164-169.

Hunt, W., MacKinnonm R., & Michels, R. A clinical clerkship in psychiatry. Journal of Medical Education, 1975, 50, 1113.

Ivey, A. Microcounseling: Innovations in interview training. Springfield, Ill.: Charles C. Thomas, 1971.

Kagan, N., Krathwohl, D.R., Goldberg, A.D., Campbell, R.J., Schaube, P.G., Greenberg, B.S., Danish, S.J., Resnikoff, A., Bowes, J., & Bondy, S.B. Studies in human interaction: Interpersonal process recall stimulated by videotape. East Lansing, Mich.: Michigan State University, 1967. (ERIC Document Reproduction Service No. ED 017 964)

Kagan, N. Television in counselor supervision - Education-tool or toy? In M.M. Berger (Ed.), Videotape techniques in psychiatric training and treatment. New York: Brunner Mazel, 1970.

Kagan, N. Influencing human interaction. East Lansing, Mich.: Michigan State University, 1972. (ERIC Document Reproduction Service No. ED 065 793)

Mandel, H.R. Simulations in drug training. American Journal of Drug and Alcohol Abuse, 1975, 2, 215-230.

Maslon, P.J. Preparing counselors for disadvantaged students using videotape and IPR. New York: New York University, 1973. (ERIC Document Reproduction Service No. ED 095 441)

- Miller, G.D. Closing the gap: A study of four counselor education programs and efforts to facilitate role implementation and counselor effectiveness in the school. St. Paul, Minn.: Minnesota State Department of Education, 1975. (ERIC Document Reproduction Service No. ED 119 077)
- Miller, HR., & Shield, E.E. An evaluation of an intensive prepracticum training program. Carbondale, Ill.: Southern Illinois University, 1971. (ERIC Document Reproduction Service No. ED 128 731)
- Miller, T.V. Simulation and insrtuctional objectives in counselor education. Counselor Education and Supervision, 1972, 12, 83-87.
- Panther, E.E. Simulation consulting experience in counselor preparation. Counselor Education and Supervision, 1971, 11, 17-23.
- Porter, E.H., Jr. An introduction to theraputic counseling. Boston: Houghton Mifflin, 1950.
- Sodetz, A.R. The effect of videotape microtraining on counselor behavior (Doctoral dissertation, University of Missouri, 1972). Dissertation Abstracts International, 1973, 34, 1630A-1631A. (University Microfilms No. 73-21, 832)

- Spears, R.E. The effects of color versus black-and-white television on learning for college students with auditory- or visual-modality preference (Doctoral dissertation, East Texas State University, 1976). Dissertation Abstracts International, 1976, 37, 2588A. (University Microfilms No. 76-24, 541)
- Spivak, J.D. Critical incidents in counseling: Simulated video experiences for training counselors. Counselor Education and Supervision, 1973, 12, 263-270.
- Stewart, N.R. Systematic Counseling. Paper presented at the annual meeting of the American Educational Research Association, Washington, D.C., 1975. (ERIC Document Reproduction Service No. ED 108 021)
- Stone, G.L. Effect of simulation on counselor training. Counselor Education and Supervision, 1975, 14, 199-203.
- Thayer, L. Variables for developing simulation counseling vignettes. Counselor Education and Supervision, 1977, 17, 65-68. (a)
- Thayer, L. Video packaging: Intergrating simulation techniques and systematic skill training. Counselor Education and Supervision, 1977, 16, 217-223. (b)

- Toler, H.C. Jr. The relative effectiveness of programmed instruction, cued-videotape modeling, and behavioral feedback on the acquisition and use of interview skills (Doctoral dissertation, Indiana University, 1975). Dissertation Abstracts International, 1976, 36, 5960A-5961A. (University Microfilms No. 76-6354)
- Trethowan, W.H. Teaching psychiatry by closed-circuit television. In M.M. Berger (Ed.), Videotape techniques in in psychiatric training and treatment. New York: Brunner Mazel, 1970.
- Trotzky, A.S. An investigation to determine the existance of sex bias in counselor trainee responses to video-based simulation (Doctoral dissertation, Oregon State University, 1977). Dissertation Abstracts International, 1977, 37, 6962A. (University Microfilms No. 77-10, 450)
- Vecchio, R.D., & Dundas, E. Tele-communications for mental health: Prospects for the seventies and eighties. In M.M. Berger (Ed.), Videotape techniques in psychiatric training and treatment. New York: Brunner Mazel, 1970.

Walter, G.A. Effects of videotape training: Input on group performance. Journal of Applied Psychology, 1975, 60, 308-312.

Wilmer, H.A. Television: Technical and artistic aspects of videotape in psychiatric teaching. Journal of Nervous and Mental Disease, 1967, 144, 207-223.

REFERENCE NOTES

1. Judah, R. (Producer). Videotapes for evaluating interpersonal skills of educators. Athens, Georgia: University of Georgia, 1976. (Videotape)
2. Judah, R. Personal communication, August 3, 1978.
3. Marsh, P. Personal communication, October 12, 1978.

APPENDIX

Appendix A

Counselors' Rating Sheet

DIFFICULTY RATING SHEET

PETE BRUNO

Please rate each client segment on the dimension of difficulty: Your estimate of how difficult it is for practicum students to make an appropriate response to these client behaviors.

	VERY EASY					VERY DIFFICULT				
1.	1	2	3	4	5	6	7	8	9	10
2.	1	2	3	4	5	6	7	8	9	10
3.	1	2	3	4	5	6	7	8	9	10
4.	1	2	3	4	5	6	7	8	9	10
5.	1	2	3	4	5	6	7	8	9	10
6.	1	2	3	4	5	6	7	8	9	10
7.	1	2	3	4	5	6	7	8	9	10
8.	1	2	3	4	5	6	7	8	9	10
9.	1	2	3	4	5	6	7	8	9	10
10.	1	2	3	4	5	6	7	8	9	10
11.	1	2	3	4	5	6	7	8	9	10
12.	1	2	3	4	5	6	7	8	9	10
13.	1	2	3	4	5	6	7	8	9	10
14.	1	2	3	4	5	6	7	8	9	10
15.	1	2	3	4	5	6	7	8	9	10
16.	1	2	3	4	5	6	7	8	9	10
17.	1	2	3	4	5	6	7	8	9	10
18.	1	2	3	4	5	6	7	8	9	10
19.	1	2	3	4	5	6	7	8	9	10
20.	1	2	3	4	5	6	7	8	9	10

Students' Rating Sheet

DIFFICULTY RATINGS

Please rate each client behavior on the dimension of difficulty: Your estimate of how difficult it would be for you to make an appropriate counseling response to these client behaviors.

	VERY EASY					VERY DIFFICULT				
	1	2	3	4	5	6	7	8	9	10
1.	1	2	3	4	5	6	7	8	9	10
2.	1	2	3	4	5	6	7	8	9	10
3.	1	2	3	4	5	6	7	8	9	10
4.	1	2	3	4	5	6	7	8	9	10
5.	1	2	3	4	5	6	7	8	9	10
6.	1	2	3	4	5	6	7	8	9	10
7.	1	2	3	4	5	6	7	8	9	10
8.	1	2	3	4	5	6	7	8	9	10
9.	1	2	3	4	5	6	7	8	9	10
10.	1	2	3	4	5	6	7	8	9	10
11.	1	2	3	4	5	6	7	8	9	10
12.	1	2	3	4	5	6	7	8	9	10
13.	1	2	3	4	5	6	7	8	9	10
14.	1	2	3	4	5	6	7	8	9	10
15.	1	2	3	4	5	6	7	8	9	10
16.	1	2	3	4	5	6	7	8	9	10
17.	1	2	3	4	5	6	7	8	9	10
18.	1	2	3	4	5	6	7	8	9	10
19.	1	2	3	4	5	6	7	8	9	10
20.	1	2	3	4	5	6	7	8	9	10

Results

	Counselors	Students	Combined
1.	5.6	5.125	5.3
2.	7.6	6.5	6.9
3.	5.4	3.25	4.1
4.	5.6	3.875	4.5
5.	6.0	4.125	4.8
6.	7.4	5.5	6.2
7.	9.2	8.75	8.9
8.	4.8	4.0	4.3
9.	4.9	4.25	4.5
10.	6.8	4.25	5.2
11.	6.6	4.875	5.5
12.	6.6	4.0	5.0
13.	6.8	7.625	7.3
14.	7.2	6.25	6.6
15.	7.4	5.625	6.3
16.	7.6	4.75	5.8
17.	7.2	5.875	6.4
18.	8.4	3.75	5.5
19.	7.6	5.375	6.2
20.	6.4	4.125	5.0
	N=5	N=8	N=13

TRANSCRIPT OF CLIENT BEHAVIORS & STATEMENTS

1. "I can't do the things that other people do. I look at them and I wish I were like them. Well you can't imagine the feeling I get watching them have fun. It makes me sick inside."
2. "Groovy day, huh. Yesterday I ripped off a sex book. Boy those ah...women's sex fanta...fanta...fantasies are really kinda...kinda of neat, don't you think? Last night me and my friends we as...went out and got drunk. We had a ball."
3. "I haven't ever told anyone this before...I have a weight problem. It seems the only thing I can do is stick my finger down my throat after I eat."
4. "Sex is just an animal instinct, you can't resist it even though you know it could ruin your character. There's not anything you can do about it, so you've just got to accept it."
5. "You sure make me nervous. I...I don't know what to say. Maybe if we just talked about something else for a while. I just don't know how to start. Why don't you just say something?"
6. "I ah...I don't enjoy sex with my husband. I was raped by my father and my uncle and ah...I'm not so sure whether I can enjoy sex with any man. So much so that I'm considering going gay."
7. "I am a member of the Blessed Trinity. I am holy. The animals of the earth and the birds of the sky talk to me and they...they tell me their secrets."
8. "OK, ok this is dumb but the principal insisted that I come. OK? I had to promise so that's why I'm here. OK?"
9. "There isn't a thing I like about myself. Look at my fingers, my fingernails have ridges on them, my knuckles are stubby, and my face is all gooked up. My hair, My God look at my hair!"
10. "Times up already? Well you know I was just getting to what was on my mind. I have so much more that I want to talk about. Just give me a few more minutes, just a little bit more time."
11. "Oh, you don't look so good today. Is something wrong? Well if there is anything I can do to help, feel free to talk to me. I'd like to help you."
12. "You know sometimes I get feeling so bad I could almost kill myself. I almost did once when...when I was in a black out. You know when I get these black outs...when I come out

of them I feel like I could scream. ...I wonder if I'll be around long enough to make it through graduation."

13. "I could kill them. Wouldn't that be something. I mean this guy is supposed to be my best friend and then he takes my wife. I mean that would be the best way to handle them. Kill them."

14. "This doesn't seem to be getting me anywhere. Look! I've decided that this is not going to help. I honestly think that in spite of everything I can handle this myself!"

15. "Why did you say that? I've tried to change. Now what am I going to do." (Sob. Puts head down in hands)

16. Silent (stares, smiles, quizzical look).

17. "Enough, (slams down hand) that's enough." (turns away)

18. "You know you're really neat. I'm so glad I met you. There aren't many people like you. I'd really like to spend some more time together, without other people...you know what I mean?"

19. "You really let me down. I was expecting a hell of a lot more than this. You...you think you're so great and you're nothing, nothing at all..."

20. "No, no that's not it exactly. Well I can't put my finger on it. You do want me to come again don't you? You do think my problem can be solved don't you? You think I'm a little bit crazy, don't you?"

Appendix B VIDEOTAPE EVALUATION FORM

1. What do you consider to be the strong points of this videotape?
2. The weak points?
3. How useful was it for you to see this videotape?
 Very USELESS Very USEFUL
 1 2 3 4 5 6 7 8 9 10
4. At what level of training would you see viewing this videotape as most useful? Post Practicum
 Practicum
 Prepracticum (Competency Development Course)
 Theory
 Introductory
 Other (please specify)
5. What type of counselor trainees do you think would most benefit from seeing this videotape?
6. Least benefit?
7. How many times should this videotape be seen?
 1 2 3 4 5 6 7 8 9 10 15 20 25 30
8. Should Part one and Part two be shown all at once, with an intermission or on two separate occasions?
 All at once
 With an intermission
 Two separate occasions
9. Would you want to see this videotape again? Yes No
10. When? Hour (s)
 Day (s)
 Week (s)
 Month (s)

Results

1. Variety of counselor responses - 67%
Variety of client problems - 33%
Learning spring board - 33%
Professional structure and content - 33%
2. Not enough time for written responses - 100%
Clients too dramatized - 67%
3. Mean rating=8.33, range 8-9
4. Prepracticum - 100%
5. All who want to counsel - 100%
6. New to the program - 33%
Nonmajors - 33%
Uncommitted to counseling - 33%
Uncomfortable with program - 33%
7. 2 - 100%
8. Two separate occasions - 100%
9. Yes - 67% (33% wanted feedback re. their responses)
No - 33% (This was already second time seen)
10. Within a few weeks - 33%
Within a month or two - 33%

Appendix C VIDEOTAPE TRANSCRIPT

TITLE: CRITICAL INCIDENTS AND MODEL RESPONSES

Introduction: "This videotape has been produced to acquaint you with certain client messages which practicum students have found to be difficult to respond to. In addition, the tape has been designed to give you an opportunity to respond to these client messages before you are confronted with them in a face-to-face session. And finally, this videotape has been made to provide you with some ideas about ways to respond to these client messages. The tape opens with two practice segments."

Printed Cues (PC): PRACTICE 1

SESSION 1

Client Statement (CS): "I haven't ever told anyone this before...I have a weight problem. It seems the only thing I can do is stick my finger down my throat after I eat."

PC: RESPOND

CS: (Repeat of above)

PC: CLARIFICATION/INVITATION TO TALK MORE

Counselor Response (CR): "Well I'm glad that you felt you could tell me that. Could you say some more about it. Tell me a little bit about it."

PC: CONVEYING UNDERSTANDING AND ACCEPTANCE

CR: "That seems kind of hard for you to talk about, the weight problem."

PC: REFLECTION

CR: "You sound frustrated but determined to keep your weight down."

PC: REQUEST FOR INFORMATION

CR: "So we can explore this a little further, when did this first start?"

PC: REFLECTION

CR: "It sounds like that is just a little bit hard to talk about at times, isn't it?"

PC: PRACTICE 2

SESSION 1

CS: "Ok, ok this is dumb but the principal insisted that I come. Ok? I had to promise so that's why I'm here. Ok?"

PC: RESPOND

CS: (Repeat of above)

PC: INTERCHANGEABLE-EMPATHIC RESPONSE/INVITATION TO TALK

CR: "Ok. I know that this is probably the last place you want to be and it sounds like you're pretty angry that you have to be here when you don't really want to be. But you

made a promise. That's ok for right now. What would you like to talk about?"

PC: AFFIRMATION/ALLOWING CLIENT SPACE

CR: "Ok."

PC: REFLECTION/CLARIFICATION/INTERPRETATION

CR: "You're upset right now and resent being here and you're not sure whether or not this could be helpful to you."

PC: PARAPHRASING/REQUEST TO FOCUS ON FEELINGS

CR: "You're here not because you want to be here but because the principal insisted that you be here. Just how does it feel to be here under those circumstances?"

PC: ACCEPTANCE/UNDERSTANDING

CR: "Sure, well whatever you like. If you'd like to talk about something, fine. If not, that's ok too."

PC: PART ONE

NO. 1

SESSION 4

CS: "Sex is just an animal instinct, you can't resist it even though you know it could ruin your character. There's not anything you can do about it, so you've just got to accept it."

PC: RESPOND

CS: (Repeat of above)

PC: EMPATHY/CLARIFICATION/INVITATION TO TALK

CR: "I can tell from the sound of your voice and from what you've said that you've thought a lot about it. It's a concern for you. Maybe we could take a look at that, explore it a little bit. What more could you say about it?"

PC: ATTEMPT TO HAVE CLIENT PERSONALIZE RATHER THAN GENERALIZE

CR: "You use the word you a lot. I'm wondering if what you are talking about is true about you or are you saying that it's true about other people."

PC: INTERPRETATION/CONFRONTATION

CR: "Bill, that sounds a little like a justification to me. I wonder if you might feel guilty about some of your sexual behaviors."

PC: INTERPRETATION WITH REFLECTION OF FEELING

CR: "When it comes to sex you really feel trapped, don't you?"

PC: REFLECTION

CR: "It just sort of controls you."

PC: NO. 2

SESSION 1

CS: "There isn't a thing I like about myself. Look at my fingers, my fingernails have got ridges on them, my knuckles are stubby, and my face is all gooked up. My hair, my God look at my hair!"

PC: RESPOND

CS: (Repeat of above)

PC: INTERCHANGEABLE-EMPATHIC RESPONSE/INVITATION TO WORK

CR: "Things are kind of tough for you right now. There's a lot of things you don't like about yourself. Maybe some changes that you'd like to make. I guess maybe that's one of the reasons why you came here, maybe there are some changes and some things we could take a look at. And I'm glad that you came and I'd be happy to help you with that."

PC: ATTEMPT TO DISCOVER HOW SERIOUS THE PRESENTING PROBLEM IS

CR: "Barbara, how long have you felt this way about your self?"

PC: REFLECTION

CR: "You're really discouraged about the way you look and right now you can't find anything good about yourself to say."

PC: INTERPRETIVE SUMMARY/REQUEST FOR INFORMATION CONCERNING THE REAL SELF

CR: "It seems that the things you don't like about yourself are all concerned with your appearance. What else is there about yourself you don't like?"

PC: REFLECTION OF FEELING

CR: "Huh? There just isn't a thing about yourself that you like, huh?"

PC: NO. 3

SESSION 1

CS: "You sure make me nervous. I...I don't know what to say. Maybe if we just talked about something else for a while. I just don't know how to start. Why don't you just say something?"

PC: RESPOND

CS: (Repeat of above)

PC: RELAXATION TECHNIQUE/FOCUS ON FEELINGS

CR: "I can understand you're being nervous. A lot of people experience that when they come to see a counselor. One of the things that some people are able to do to kind of feel a little bit more comfortable, at least in getting started, is just kind of say how you're feeling. What are

some of your feelings about this situation that you want to talk about? That might be a good place to start."

PC: AFFIRMATION AND PROVIDING SOME STRUCTURE FOR CLIENT WHO WAS WILLING TO TALK BUT NOT SURE WHERE TO BEGIN

CR: "It's ok to be nervous. Would you like to talk about or tell me about what you made the appointment for?"

PC: REFLECTION/INTERPRETATION

CR: "This is a new experience for you and you're a little anxious about it. And I'm new to you and perhaps you're not sure you can trust me."

PC: VALIDATION OF FEELINGS/REFOCUS AND EVOLCATION OF CLIENT'S CONCERNS

CR: "It is sometimes difficult to start but maybe you could just tell me what brought you here today."

PC: SUMMARY CLARIFICATION

CR: "It really is kind of difficult to talk to a person for the first time, isn't it?"

PC: NO. 4

SESSION 5

CS: "You know sometimes I get feeling so bad I feel like I could kill myself. I almost did once when...when I was in a black out. You know when I get these black outs...when I come out of them I feel like I could scream....I wonder if I'll be around long enough to make it through graduation."

PC: RESPOND

CS: (Repeat of above)

PC: EMPATHIC RESPONSE/CLARIFICATION REQUESTING MEDICAL INFORMATION NEEDED FOR CASE HISTORY

CR: "I guess I'm hearing you say that you're and I sense that you're under a lot of pressure. Graduation is coming up; you've got a lot of things to get finished; the pressure seems to be mounting on you. I'm hearing that. I'm sensing that and I'm also concerned that you never mentioned the blackouts before. I'd like to have you say some more about that in terms of it's history and when was the last time you had a blackout. Could you say some more about those please?"

PC: SEEKING INFORMATION ABOUT THOUGHTS WHICH PRECEDE SUICIDAL FEELINGS

CR: "Could you talk more about the feelings that you have. You've stated that you feel so bad that you almost kill yourself. Could you tell me a little bit about those feelings?"

PC: REFLECTION/ADVICE/QUESTION

CR: "You know blackouts sound serious. Have you seen a medical doctor about this?"

PC: SUMMARY/PROCESS STRUCTURING

CR: "First I think that we should check with a physician to see if there is a physical cause for your blackouts. And then you and I can work on this concern about life and death. But I'd like to enter into a contract with you about this urge to kill yourself."

PC: ACCEPTANCE/CLARIFICATION

CR: "I know that is scary to you, but I think we can find out about it if you're willing to work on it a little bit. And I'd sure be willing to listen and to help."

PC: NO. 5

SESSION 1

CS: "No, no that's not it exactly. Well I can't put my finger on it. You do want me to come again don't you? You do think my problem can be solved don't you? You think I'm a little bit crazy, don't you?"

PC: RESPOND

CS: (Repeat of above)

PC: SUPPORT/REINFORCING NEED TO CONTINUE COUNSELING/SOMEWHAT IGNORING CONTENT

CR: "I'm glad that you came today. I feel that we can continue to take a look at what we've started here this afternoon. And no I don't think you're crazy. And I would like to work with you. I'll be looking forward to our session next week."

PC: REASSURING CLIENT ABOUT HER FEARS/BEING REALISTIC ABOUT HER PROBLEM

CR: "I'm not sure what you mean crazy. If you mean psychotic-crazy crazy kind, no I don't. But we've both talked about some of the problems that you're having and I think those kinds of things that we still need to spend some time on."

PC: REFLECTION/INTERPRETATION/CLARIFICATION/SUPPORT

CR: "Mary Ann, you seem a little confused right now; confused about whether or not you can get help with your concern, how serious that concern is, whether I can be helpful with you. Yes, I do think we can figure out some ways to work together and to deal with some of the problems that you're facing right now. And I would like you to come back."

PC: LESS THREATENING RESTATEMENT/REFLECTION OF FEELING/RESTRUCTURING EXPECTATIONS/ESTABLISHING MUTUALITY

CR: "I think you do have a very complex problem. The reassurance that you are looking for will take some time. We can work on it together."

PC: ACCEPTANCE/SELF DISCLOSURE

CR: "No, I really don't, but at times the way you say things and the things that come up kind of confuse me, but that doesn't mean that I think that you're crazy."

PC: NO. 6

SESSION 5

CS: "Oh, you don't look so good today. Is something wrong? Well if there is anything I can do to help, feel free to talk to me. I'd like to help you."

PC: RESPOND

CS: (Repeat of above)

PC: IGNORING CLIENTS MANIPULATION/STRUCTURING/MOTIVATION TO WORK

CR: "No I'm fine. There's nothing wrong. I feel very good today. Uh, we had some interesting things that we talked about last session and I think there may be some areas that we can pick up on today. Where would you like to start today?"

PC: ACKNOWLEDGING CLIENT STATEMENT WITHOUT REINFORCEMENT/STRUCTURING SPACE FOR CLIENT

CR: "Thank you for your concern, but no I feel fine."

PC: ACCEPTANCE AND SUPPORT

CR: "It's nice to know that you're concerned. I'm ok."

PC: VALIDATION OF CONTENT/STRUCTURING SESSION

CR: "I really appreciate your concern but this is your hour and we should spend it talking about your concerns."

PC: CONFRONTATION

CR: "Hah-hah. Falling back into that I'm going to be the helper trap, huh?"

PC: NO. 7

SESSION 3

CS: "Time's up already? Well you know I was just getting to what was on my mind. I have so much more that I want to talk about. Just give me a few more minutes, just a little bit more time."

PC: RESPOND

CS: (Repeat of above)

PC: STRUCTURING INTERVIEW/SETTING LIMITS

CR: "I hear what you're saying and I know that you do have more things to talk about and we have more work to do. But like before, like the session that we had last week, it's important that you know that you start out in the beginning and deal with the most pressing concerns that you have rather than wait until the end. We do have to quit now but we can meet again at the same time next week and that's where we'll pick up. It's important that you know that. And I

think we can work better that way."

PC: ENCOURAGING CLIENT TO BRING UP SERIOUS PROBLEMS EARLY IN SESSION/WHERE NO EVIDENCE OF CRISIS

CR: "I do have another appointment right away now. What I'd like you to do is to remember what it is you wanted to talk about and the next time we meet, why bring that up first thing. And if you're afraid you'll forget it, why write it down and then bring that back in and we'll talk about it at that time. So, I'll see you next time."

PC: SUPPORT/REFLECTION/INTERPRETATION

CR: "I'm glad you brought that up, Mary Ann. You're right. We don't have the time right now. Maybe the next session we can spend some time talking about ways that we can make more productive use of the sessions without having to end so abruptly."

PC: SUPPORTIVELY STRUCTURING AND ESTABLISHING LIMITS

CR: "The time really is up. There's things that you still have on your mind. I suggest that maybe you make a note of them. And those are the things we'll begin with next time. If they are especially urgent then perhaps you should make an appointment right away."

PC: UNDERSTANDING/CLARIFICATION OF OPTIONS

CR: "I'm sorry. I do have another client waiting to see me but let's keep it until next time. I'd really be interested in hearing about it. Huh?"

PC: NO. 8

SESSION 3

CS: "You know you're really neat. I'm so glad I met you. There aren't many people like you. I'd really like to spend some more time together, without other people...you know what I mean?"

PC: RESPOND

CS: (Repeat of above)

PC: REFUSING CLIENT'S MANIPULATION/STRUCTURING CLIMATE AND CONDITIONS

CR: "Well, thanks for the compliment. I appreciate that but the only way that I can work and that we can work effectively in a therapeutic relationship is to just meet here in my office. And that's the way it will have to be and I hope that you can understand that."

PC: DIRECTING SESSION TO DEAL DIRECTLY WITH ISSUE OF SEDUCTIVE BEHAVIOR

CR: "I think I know what you mean. I think we need to talk about this some more."

PC: SUPPORT/POSITIVE CONFRONTATION

CR: "Ya, I realize that our relationship is very special and that I'm special to you. So much so that I don't want to do anything to jeopardize that relationship. And that includes seeing you outside the sessions."

PC: INTERPRETATION/REQUEST FOR CLARIFICATION FOR PURPOSE OF RESTRUCTURING

CR: "It sounds like you may have some expectations from our relationship beyond the counseling sessions. Perhaps we should clarify those expectations--let's talk about them."

PC: CONFRONTATION

CR: "Well, that's just a real nice little trap, isn't it? I suppose we ought to work on that a little bit."

PC: NO. 9

SESSION 1

CS: (Silent, stares, smiles, quizzical look)

PC: RESPOND

CS: (Repeat of above)

PC: REFUSING CLIENT MANIPULATION

CR: "Bet you're wondering what I'm thinking just as much as I'm wondering what you're thinking. Right?"

PC: CONFRONTING CLIENT WITH HER NONVERBAL BEHAVIOR IN A HUMEROUS MANNER/PROVIDING A STIMULUS FOR HER TO RESPOND TO

CR: "You seem to be analysing me. Should we change chairs?"

PC: INTERPRETATION/REFLECTION

CR: "Perhaps you're wondering where to begin right now or what you'd like to say to me?"

PC: INVITATIONAL STRUCTURING

CR: "When you're ready to start, I'm ready."

PC: ACCEPTANCE

CR: "Very hard to say anything for the first few times, isn't it?"

PC: END PART ONE

PART TWO

NO. 1

SESSION 2

CS: "I can't do the things that other people do. I look at them and I wish I were like them. Well you can't imagine the feeling I get watching them have fun. I makes me sick inside."

PC: RESPOND

CS: (Repeat of above)

PC: INTERCHANGEABLE-EMPATHIC RESPONSE

CR: "It's a bitch isn't it; being confined to that wheel-chair wanting to do things you'd like to do but you can't do. It's tough. You're having a hard time with it."

PC: QUESTION SEEKING FEELINGS INVOLVED

CR: "What kind of feeling do you get when you're watching them have fun?"

PC: REFLECTION

CR: "You sound really hurt and discouraged and you tell yourself that you can't do things that other people do and you see yourself as generally incapable."

PC: REFLECTION OF CONTENT/INTERPRETATION/REQUEST TO FOCUS ON FEELINGS

CR: "You really feel that other people are very different than you and this makes you sick. Why don't you talk a little bit about how that sick feeling is?"

PC: REFLECTION OF FEELING

CR: "It makes you pretty upset I guess not to be able to do what other people can do."

PC: NO. 2

SESSION 4

CS: "I ah...I don't enjoy sex with my husband. I was raped by my father and my uncle and ah...I'm not sure whether I can enjoy sex with any man. So much so that I'm considering going gay."

PC: RESPOND

CS: (Repeat of above)

PC: OPEN INVITATION TO TALK

CR: "It's a major concern, not only from the information that you just shared with me, but the way you're saying it. And it is something I would like to explore a lot more with you. There's a lot of places where I'm sure we could start. Maybe if you just talked a little bit more about feelings that you have presently, right now. It sounds like you are making a decision based on these experiences. Maybe we can kind of just take a look at some of that."

PC: REQUEST FOR INFORMATION SO COUNSELOR HAS BETTER UNDERSTANDING

CR: "Has there ever been a time when you found sex to be enjoyable and pleasurable?"

PC: REFLECTION

CR: "Those are very painful experiences you had with your uncle and father. So much so that you are uncertain right now whether or not you can continue to engage yourself sexually with men."

PC: SUMMARY/REFLECTION OF CONTENT WITH AN INTERPRETATION/
REQUEST FOR MORE INFORMATION

CR: "I'm hearing you say two things and, although they are related, maybe we should deal with them separately. First there's the blockages that you feel about your early sex experiences and with your husband in particular; and then we need to explore just where you are with respect to going gay."

PC: ACCEPTANCE/UNDERSTANDING

CR: "I see. Well if you would like to talk about that for a little bit, I'd be very happy to listen to it."

PC: NO. 3

SESSION 6

CS: "You really let me down. I was expecting a hell of a lot more than this. You....you think you're so great and you're nothing, nothing at all..."

PC: RESPOND

CS: (Repeat of above)

PC: IMMEDIACY/ASKING FOR CLARIFICATION/REMAINING OPEN AND NON-DEFENSIVE

CR: "You're having a tough time with that. I know that things maybe haven't been progressing the way you want them to. I'm hearing you say that you have some expectations that somehow I'm supposed to do something for you. What is it that I must do for you? How can I save you? That's what I'm hearing you say; that I must do something. We need to look at that. You're not feeling good about me at all right now. We need to stop right here and look at that."

PC: PUTTING RESPONSIBILITY ON CLIENT BY USING PRONOUN YOU/ DEALING WITH CLIENT'S EXPECTATIONS

CR: "Maybe you were expecting too much from me?"

PC: INTERPRETATION/CONFRONTATION

CR: "Ya, you're really angry and frustrated with me right now. So much so you'd like to do anything to tear me down. What would that do for you?"

PC: REFLECTIVE VALIDATION OF FEELINGS/CONFRONTATIVE REQUEST FOR RESTRUCTURING

CR: "You're feeling some acute pain from the failure of the counseling. Perhaps we should clarify shared responsibility here."

PC: CONFRONTATION

CR: "So I'm to blame for it now. You'd like to have me take responsibility for that?"

PC: NO. 4

SESSION 4

CS: "Why did you say that? I've tried to change. Now what am I going to do." (Sobs and puts head down in hands)

PC: RESPOND

CS: (Repeat of above)

PC: EMPATHY/IMMEDIACY WITH MILD CONFRONTATION/ACCEPTANCE OF CLIENT BEHAVIOR

CR: "It's really tough, I know, to try and change some things, to try and get that gain that you want in your life. It's tough, I know, and I sense your disappointment. I am concerned about that I am kind of picking up that you feel like I'm responsible for you change or that if you don't change that somehow I'm going to be disappointed and that's not true. I won't be dissappointed. I'm with you. But I know it's tough. It's something that takes time. And it's a tough one. Go ahead and you can cry, go ahead."

PC: ALLOWING CLIENT TO EXPERIENCE HER FEELINGS WITHOUT INTERFERENCE

CR: (Sits forward in chair, attending closely to client, remains silent)

PC: SUPPORT/DIRECTIVE CLARIFICATION/POSITIVE CONFRONTATION

CR: "I know you've tried to change. And your progress may seem slow. But let's take a look at some of the things that have happened, things that you have changed and you have done."

PC: SUPPORTIVE VALIDATION OF BEHAVIOR AND FEELINGS

CR: "It's ok to cry. Change is very difficult."

PC: UNDERSTANDING/CLARIFICATION OF OPTIONS

CR: "I understand that's very upsetting and very frustrating for you. Why don't we get into it a little. There must be some other options you haven't looked at, perhaps there's somethings that you can do that you haven't thought of."

PC: NO. 5

SESSION 6

CS: "Enough," (slams down hand) "that's enough." (turns away)

PC: RESPOND

CS: (Repeat of above)

PC: IMMEDIACY BETWEEN COUNSELING AND CLIENT/RESPECT FOR CLIENTS FEELINGS/ASKING FOR CLARIFICATION

CR: "Something I said you didn't like and you didn't want to hear it. It really bothered you. Think about it for a moment, just take a breather and help me out. I need to

understand a little bit more about what it was that did upset you. Help me out."

PC: IDENTIFICATION OF FEELINGS

CR: "Mike, what are you feeling right now?"

PC: SUPPORT/INTERPRETATION/POSITIVE CONFRONTATION

CR: "I'm glad, Bill, that you're able to tell me when there are areas that we are getting into that are tender for you. And perhaps you'd like to avoid this but my guess is that this is something that you need to work on, something you would like to avoid but still know in yourself you need to face."

PC: INTERPRETATION AND REFLECTION OF FEELING

CR: "We really hit a nerve, didn't we?"

PC: REFLECTION OF FEELING

CR: "Really exasperating. You just feel like giving it all up, quitting."

PC: NO. 6

SESSION 2

CS: "This doesn't seem to be getting me anywhere. Look! I've decided that this is not going to help. I honestly think that in spite of everything I can handle this myself!"

PC: RESPOND

CS: (Repeat of above)

PC: CLARIFYING CLIENTS EXPECTATIONS AND REASONS FOR THERAPY

CR: "Ok, fine. I'm hearing you. I hear what you say. Maybe we need to continue on about our last session about your expectations, what it is that you want. How can I help you? What were some of the reasons for coming here. Maybe we need to look at that a little bit more."

PC: AFFIRMATION AND ATTEMPT TO UNDERSTAND THE FEELINGS BEHIND THE STATEMENT

CR: "That maybe true; right now though you sound really frustrated and angry."

PC: REFLECTION/QUESTION/CLARIFICATION/CONFRONTATION

CR: "Susan, you seem frustrated and angry right now about the way the session is going. What would you like to see happen?"

PC: ACKNOWLEDGING THE CLIENT'S PREROGATIVE/CONFRONTATION WITH REFOCUS ON FEELING

CR: "You certainly can terminate anytime you want. My suspicion is however that we are getting close to some very threatening material now."

PC: REFLECTION OF FEELING/ACCEPTANCE

CR: "I see. Ok, you seem really frustrated about it and I guess you're feeling that maybe the best thing to do would be to quit for the time being, huh?"

PC: NO. 7

SESSION 4

CS: "Groovy day, huh. Yesterday I ripped off a sex book. Boy those ah...women's sex fanta...fanta...fantasies are really kinda...kinda of neat, don't you think? Last night me and my friends we ah...went out and got drunk. We had a ball."

PC: RESPOND

CS: (Repeat of above)

PC: STRUCTURING RESPONSE/DIRECTING CLIENT FOR WORK

CR: "I'm glad to hear you're having some fun. What would you like to work on today?"

PC: AFFIRMATION/QUESTION TO SEE IF HE HAS PSYCHOTIC FANTASIES

CR: "Yes it is a nice day, Bob. Can you tell me a little bit about some of the fantasies you have?"

PC: INTERPRETATION

CR: "Jim, I wonder if this is your way of kind of testing me to see what kind of reaction I might give you or whether or not you can trust me, or if I care?"

PC: INTERPRETATION WITH PERSPECTIVE/REFOCUS FROM BEHAVIOR TO FEELINGS

CR: "Sounds like you're really doing a lot of experimenting with life. Is this what you want?"

PC: SUMMARY/REFLECTION/CLARIFICATION

CR: "Seems like your excited and nervous about that at the same time."

PC: NO. 8

SESSION 1

CS: "I could kill them. Wouldn't that be something. I mean this guy is supposed to be my best friend and then he takes my wife. I mean that would be the best way to handle them. Kill them."

PC: RESPOND

CS: (Repeat of above)

PC: EMPATHIC RESPONSE/UNDERSTANDING THE MEANING OF THE CONTENT

CR: "Something like this is that you just weren't totally expecting it; it's the fact that it was your best friend, with you wife. You're so enraged right now, so angry, that you just feel like you could kill them; that it would be the best way out; you could just get back; that's what you want to do, that's what you feel like doing right now, isn't it?"

PC: RESPONSE TO THE ANGRY FEELING BEHIND THE CONTENT

CR: "You sound and look really angry right now. Can you talk about those feelings?"

PC: REFLECTION/CLARIFICATION/CONFRONTATION

CR: "You're really hurt and you're really angry right now, Bill. So much so that you'd like to kill these people who've hurt you. But what would that do to you?"

PC: REFLECTION AND REFOCUSING ON FEELING

CR: "You really feel betrayed, don't you? And you really are angry, aren't you? Let us talk about that anger."

PC: REFLECTION OF FEELING

CR: "You sure are angry about it. I guess maybe if we talked about it a little bit it would help understand the thing a little bit better."

PC: NO. 9

SESSION 3

CS: "I am a member of the Blessed Trinity. I am holy. The animals of the earth and the birds of the sky talk to me and they...they tell me their secrets."

PC: RESPOND

CS: (Repeat of above)

PC: INVITATION TO TALK/ACCEPTING CLIENT EVEN THOUGH PSYCHOTIC

CR: "Well I'm sure that you believe that. You seem to be very genuine about it. Maybe some of the secrets would be interesting if we took a look at what some of them are."

PC: DETERMINING EXTENT OF CLIENT DELUSIONS AND HALLUCINATIONS

CR: "What do the animals and the birds tell you?"

PC: REFLECTION/CONFRONTATION

CR: "That sounds very mystical and meaningful to you, Bill. I'm not sure I understand what you want me to do."

PC: REFLECTION ON CONTENT WITH AMPLIFIED INTERPRETATION/REQUEST TO FOCUS ON FEELINGS

CR: "This feeling of being very special must separate you from the rest of the people. Maybe we should talk about that separateness and how it feels."

PC: ACCEPTANCE/UNDERSTANDING

CR: "Ok, why don't you tell me a little bit about that experience; it's something that's kind of unfamiliar to me."

PC: THE COUNSELORS:

DR. RICHARD HORSWILL

DR. CHARLES LAWE

DR. JOHN O'CONNELL

DR. LOIS PARKER

DR. MORLEY SHAW

PC: THESPIANS DIRECTED BY DR. RON GREEN

PETER EVANS

BEVERLY GREEN

RON GREEN

RALPH FERR

JO KNIGHT

SUE MURDOCH

LAUREN SMITH

PC: TECHNICAL CONSULTANT: PAUL MARSH

PC: PRODUCED BY PETE BRUNO

PC: THE END

Appendix D Instructor's Manual

This two part videotape has been prepared to allow beginning practicum students to experience client behaviors which other practicum students have found to be difficult to respond to. In addition, the beginning counselor is given an opportunity to make a practice response and to observe the responses of five experienced counselors.

Methods of Use

Because this videotape was designed for rapid presentation with a minimum of distractions, it is recommended that the instructor introduce the videotape with a few comments such as,

The videotape that you are about to see consists of examples of client behaviors. Each behavior is preceded by a session number which indicates the session during which the client exhibited the behavior.

Following the client behavior there is a response period during which you will make your response to the client as though you are the counselor with who the client is interacting.

After you have given your response the client behavior is repeated and followed by the responses of five experienced counselors.

There are two methods of presentation of this tape for training:

1) Individual practice--In this mode the recommended procedure is to have the student give verbal responses during the response period and record them on a second video-recorder or on an audiocassette. In this manner, the student will have the additional benefit of practicing spontaneous verbal responses. (Note that should the end-response beeps be distracting to a student in this mode, it is a simple matter to eliminate the beeps by setting the playback mix switch on Channel 2.)

2) Group or class training--In this situation, the recommended procedure is to stop the videoplayer at the beginning of the response periods for 15 seconds while students write the response they would give. This procedure will allow students about 35 seconds to write their response.

As for the evaluation of student responses, there are at least four ways to accomplish this:

- 1) The students may evaluate their own responses as compared to the model counselors' responses.
- 2) The students' responses can be evaluated against a Carkhuff type rating scale.
- 3) The students could receive feedback from the instructor and/or their class mates.
- 4) An IPR could be done in those cases where the student's responses were videorecorded (see Kagan and others, 1967--ERIC ED 017 946).

The appropriate time to show this videotape to counselor trainees has been determined to be at the prepracticum level. The recommended usage is to present the two parts on two different occasions and to repeat the presentation a month or so later or encourage individual students to work with the tape whenever they would benefit.