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Basic Counseling Techniques Training: The Differential Effects of Two Models on Skill Development and Fully Functioning

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Basic Counseling Techniques Training: The Differential Effects of
Two Models on Skill Development and Fully Functioning.

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Counselor Education

by

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Abstract

The purpose of this study is to examine the effects of two models of basic counseling skill training on the development of fully functioning, and the frequency of basic skill utilization as assessed at the end of the course. Two groups of students were taught using the Carkhuff Human Resource Development model (1971) and Egan's Skilled Helper model (2002). They were then given the Strathclyde inventory to assess fully functioning early and at the end of the semester, and skill frequency count was conducted on all participants. Mann-Whitney-Wilcoxon tests were conducted to determine difference between groups in both measures. Additionally, inter-rater reliability was established on the skill frequency count. Analysis demonstrated that change occurred over the course of the semester for both groups in terms of fully functioning, with the group based on Carkhuff's Human Resource Development showing more change. Analysis also demonstrated a larger frequency of empathic responses with the group taught from the Carkhuff model.

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Chapter I: Introduction

Carl Rogers's core conditions are foundational to the field of counseling (Cooper, O'Hara, Schmid, & Bohart, 2013). Later in his career, in a seminal work titled *On becoming a person: A therapist's view of psychotherapy*, Rogers (1967) developed a definition of personal functioning that is characterized by openness to experience, existentially living, and trusting in one's organism. Rogers stated that one who is able to reach this level of functioning is considered a fully functioning person. It was through this fully functioning state that what he described as the "good life" could be lived. He discussed how this could be achieved through an experience which he labeled as optimal: working with a therapist clearly demonstrating the core conditions of empathy, warmth, and congruence/genuineness.

Robert Carkhuff, a student of Rogers, worked to operationalize those core conditions (Carkhuff, 1969a, 1969b, 2009) by developing a helping skill training model he ultimately labeled Human Resource Development (HRD). This model of counseling skill training has a focus on the core conditions which is also shared by Gerald Egan's Skilled Helper model (2002). The importance Rogers placed on fully functioning and the focus of these models on the core conditions provide the foundation for this study.

Purpose of the Study

The purpose of this study is to examine what, if any, effect training in helping skills has on a counselor in training's (CIT) ability to demonstrate basic helping skills and level of fully functioning, as defined by Carl Rogers and measured by the Strathclyde inventory (SI). The SI (Freire, 2007; Freire, Elliott, & Cooper, 2007) was developed as an outcome measure that examines the level of fully functioning and is based on the work of Carl Rogers.

Two different models of helping skills training were provided to master's level students in a counseling program at a large mid-south university. Pre and posttest measures were examined to look for changes over the course of a 15 week semester, and groups were compared to examine differences between models in terms of fully functioning change as well as the frequency of helping skills displayed. Subsequent goals of this study were to examine Carl Rogers's concept of fully functioning (Rogers, 1967) as well as the differential effects of the use of Robert Carkhuff's HRD (Carkhuff, 1969a, 1969b, 2009) model and Gerard Egan's Skilled Helper Model (Egan, 2002) on basic skill development and movement toward a state of fully functioning.

Statement of the Problem

While Carl Rogers's ideals of the core conditions and fully functioning have become foundational to the practice of counseling, there has been little research conducted that examines the impact that basic skill training has on those factors. Rogers's conceptualization of the fully functioning person has characteristics that are consistent with the therapeutic presence he championed, namely a display of congruence and experiential fluidity (Freire, 2007). These characteristics have also been found to be present in the practice of effective counselors (Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1985). Obtaining information about the changes that may occur while enrolled in a counseling skill training course could provide valuable insight into the development of counselors in training.

Significance of the Study

The results of this study will provide insight to what effect basic skill training has on CIT levels of fully functioning and skill development. This is tied to the CIT's ability to demonstrate flexibility, openness, genuineness, and congruence, which are characteristics of both a

developmentally advanced clinician (Loganbill et al., 1982; Stoltenberg & Delworth, 1985) as well as components of Rogers's core conditions (Rogers, 1957, 1959, 1967, 2013). This has the potential to inform teaching methods for future basic technique courses, as well as explore ways that one may help CIT's in obtaining the necessary skills to be fully functioning people as well as skillful clinicians.

Scope of the Study

This study is limited in scope, examining only two models of helper skill training. However, they are directly related to Carl Rogers in the emphasis on core conditions (Carkhuff, 2009; Egan, 2002) or to levels of functioning as defined by the positive psychology movement, namely in terms of subjective wellbeing (Egan, 2002). Another limitation is the number of students participating. The sample is taken from two sections of a class offered over the span of one semester, and due to the nature of the course content enrollment is limited. Finally, the duration of the study is a limitation. This study provides a snapshot of change that occurs in one semester out of many, and should be viewed in that context. All of these factors limit the generalizability of this study.

Assumptions of the Study

This study holds numerous assumptions. Firstly, the researcher holds the assumption that levels of fully functioning change as a part of a developmental process. Also, there is an assumption that the coursework from both models will similarly impact the functioning and skill display of students in the course. Students in the courses also enter with varying levels of skill and experience, which may impact the changes displayed. It is an assumption that the measures are sensitive enough to catch these changes, and change scores will be used to control for starting

levels of functioning. Finally, the researcher assumes that the participants are completing all questions honestly and demonstrating skills to the best of their ability. .

Research Questions

RQ1: Does training in helping skills have an effect on the level of fully functioning, as measured by the SI (Freire, 2007)?

RQ2: What differences, if any, exist between the effects of Robert Carkhuff's (1969a, 1969b, 2009) HRD model and Egan's Skilled Helper (2002) model on levels of fully functioning, as measured by the SI (Freire, 2007)?

RQ3: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the frequency of attending behaviors such as squaring up, open-posture, leaning toward, eye contact, & relaxed state?

RQ4: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to communicate to the helpee that they hear and understand what the helpee is saying through the use of paraphrases, reflections, and summarizations?

RQ5: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to gather additional information and fill in information gaps through the use of exploratory - focus responses & prompts (open-ended statements & questions)?

RQ6: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to communicate an understanding of the helpee's experience (feeling & reason) through empathy responses?

Research Hypotheses

RH1: Students receiving training in helping skills will experience an increase of fully functioning levels as measured by pre and post administrations of the SI (Freire, 2007).

RH2: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of demonstrated change in fully functioning levels as measured by the SI (Freire, 2007).

RH3: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of the frequency of attending behaviors, as measured by an observer rated frequency count.

RH4: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of the ability to communicate to the helpee that they are heard and understood, as measured by an observer rated frequency count of paraphrases, reflections, summations (communication that they are heard), and feeling reflections.

RH5: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of their ability to fill in information gaps as measured by an observer rated frequency count of exploratory-focus responses such as open ended questions and statements.

RH6: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper

model in terms of their ability to communicate primary or basic empathy, as measured by an observer rated frequency count of interchangeable empathic responses.

Definitions and Operational Terms

For this study, the following definitions will apply:

1. *Attending Behaviors*: The way in which a counselor demonstrates they are attending. These include orienting physically - facing, squaring, leaning toward, making eye contact, and appearing relatively relaxed (Carkhuff, 1969a, 1969b, 2009; Egan, 2002; Ivey, Normington, Miller, Morrill, & Haase, 1968).
2. *Congruence*: When one is as one is, being without front or façade, openly being the thoughts or feelings that are flowing in the person (Rogers, 1967).
3. *Communication of helper hearing*: The way in which a counselor demonstrates they are hearing a client. These include paraphrases, reflections of content, reflections of feeling, and summations (Carkhuff, 1969a, 1969b, 2009; Egan 2002).
4. *Communication of Helper understanding*: The way in which a counselor demonstrates they are understanding a client. These include feeling reflections, empathy statements, and interchangeable responses (Carkhuff, 1969a, 1969b, 2009; Egan 2002).
5. *Core conditions*: Empathy, warmth, and congruence (Rogers, 1957, 1959, 1967, 2013).
6. *Empathic listening*: Entering the experiences of others (Carkhuff, 2009), listening that focuses on being with another (Egan, 2002).
7. *Exploration Responses*: The way in which a counselor demonstrates they need additional information. These include open ended questions and prompting statements (Carkhuff, 2009; Egan 2002).

8. *Fully Functioning*: A continually changing state that is characterized by an increased openness to experience, increasingly existential living, and an increased trust in one's organism (Rogers, 1957).
9. *Human Resource Development model*: A model of helping skill development created by Robert Carkhuff that operationalizes and trains students in the implementation of the core conditions (Carkhuff, 1969a, 1969b, 2009).
10. *Skilled Helper Model*: A model of helping skill development created by Gerard Egan built off the foundations of Positive Psychology with an emphasis on subjective happiness (Egan, 2002).
11. *Strathclyde inventory*: An outcome measure developed to test the level of fully functioning, as defined by Carl Rogers (Freire, 2007; Freire et al., 2007).
12. *Warmth* – Non-possessive caring on the part of the therapist towards the client. It is also willingness on the part of the therapist to accept the client, whatever they are feeling or displaying (Rogers, 1967).

Summary

This chapter has provided a brief overview of the need to examine levels of fully functioning & the ability to demonstrate basic helping skills in CIT. It has discussed the gaps in literature, as well as the need to take a closer look at how fully functioning & basic helping skills can be impacted through training in helping skills. Finally, it has provided a quick description of how this study will be carried out, and listed the research questions and research hypotheses.

Chapter II: Review of Literature

This study focuses on the development of counselors, both in terms of basic counseling skills and in terms of levels of fully functioning. Using the writings of Carl Rogers as a foundation, it examines the complex interplay of the personal and professional development of counselors in training (CIT). Specifically, this study builds on Rogers (1957, 1959, 1967, 2013) assertions that core conditions of genuineness (the therapist is without front or facade), congruence (ability of the therapist to listen acceptingly to what is happening within), warmth (caring for the client in a non-possessive way), and empathic responding (sensing the thoughts and feelings of the client and communicating them back) are necessary on the part of the counselor.

Models of basic counseling skills have grown from the ideas put forth by Rogers. One such model, Robert Carkhuff's Human Resource Development (Carkhuff, 1969a, 1969b, 2009), attempts to operationalize these concepts. Carkhuff (1971) placed much emphasis on the relationship, viewing it as holding significant value. Carkhuff believed that the relationship between the helper and the helpee constitutes the core of all effective learning or relearning experiences. Similarly Rogers (1967) believed that it is through these core conditions (empathy, warmth, and congruence) that a client is able to listen to themselves, become more accepting, and ultimately move toward a more congruent state. Through the relationship with the therapist, clients become more open, self-aware, and self-acceptant as well as less defensive. The characteristics needed by the therapist closely parallel the characteristics Rogers (1967) identified as ideal for the client, which he identified as the fully functioning person.

This chapter first examines the concepts of counselor development, core conditions, and the fully functioning person. It then provides an overview of two common models of basic

counselor skill development. Finally, it identifies what skills and concepts are common across models to help establish a basis of comparison.

Counselor Development, Core Conditions, and the Fully Functioning Person

Alternative models of counselor development place an emphasis on factors such as self-awareness, increased autonomy, increased tolerance of ambiguity, and greater flexibility when conceptualizing client issues (Loganbill, Hardy, & Delworth, 1982; Stoltenberg & Delworth, 1985) as present in developed clinicians. Others (e.g. Lambert, 1992; Wampold, 2001) break it down into common factors and place the largest emphasis on the relationship in terms of what a counselor can influence. In the common factors literature, core conditions are included in the overall factor of relationship (Good & Beitman, 2006; Swain, 1995), and the quality of the relationship has been tied to therapeutic outcomes (Martin, Garske, & Davis, 2000). Carkhuff (1969a) identified the skill level of the trainer as critical in terms of training counselors, stating “perhaps the most critical variable in effective counselor training is the level at which the counselor-trainer is functioning on those dimensions related to constructive helpee change” (p. 152).

Examining these effects makes it clear that the level of a clinician’s ability to demonstrate the core conditions is of great importance. The display of these conditions is tied to an increased openness to experience and creativity on the part of the client (Rogers, 1967). The conditions of empathy, warmth, and congruence are foundational to many counseling approaches. As such, they are often taken for granted instead of reinforcing the idea that engaging in the relationship is the therapy (Cooper et al., 2013, p. 5). These characteristics share components of Rogers’s fully functioning person. In particular, the characteristic of congruence are shared with existentially living (living in the moment) and trusting one’s organism (creativity, and flexibility). The factors

of openness to experience, existential living, and trusting one's organism also parallel developmental markers of self-awareness, increased autonomy, increased tolerance of ambiguity, and greater flexibility. The concept of the fully functioning person is tied to the core conditions, and the effective possession and display of these skills is explored below.

The Fully Functioning Person

The idea of fully functioning and self-actualization is a common one. Many are familiar with Maslow's (1968) hierarchy of needs: as needs are met you move closer to an ultimate goal of self-actualization. Rogers's conceptualization of the fully functioning person contrasts Maslow's self-actualized person in that it is a process state of continual becoming instead of a steady state of overall functioning (Bohart, 2013, Rogers 1967)—it holds that “the good life is a process, not a state of being” (Rogers, 1967, p. 186). It is similar to the therapist's endeavor as both are a way of being instead of a way of doing (Elliott & Freire, 2007). The fully functioning person is characterized by “an increased openness to experience”, “increasingly existential living”, and an “increased trust in his organism”. It is through these functions that one is able to achieve “the good life”, which is expressed through the demonstration of free will, creativity, an overall trusting of human nature, and an overall richness of life (Rogers, 1967, p. 187-192). An examination of the concepts of openness to experience, existentially living, and a trust in one's organism follow this section.

Openness to experience.

As defined by Rogers (1967), openness to experience is the polar opposite of defensiveness. Where defensiveness leads to a threatened state and incongruence, a person who is open to experience will instead be able to experience stimuli as it passes throughout the system. As one becomes more functional, one is able to experience all stimuli, either from the

self or the outside world, without the need to subsume and distort the stimuli to make it less threatening. An important part of functioning is to align the ideal self with the real self, moving away from distorted perceptions and incongruence toward a continuing process of congruence and authenticity. Another way to refer to this is to be the self one is (Bohart, 2013; Freire, 2007; Rogers, 1967).

Existential Living.

Rogers (1967) also viewed existential living as an important part of a fully functioning person. Living existentially means that one has an increasing tendency to live fully in each moment. Yalom (1980) identifies this shift as entering an “ontological mode”. In this state, a person is fully aware of being, and engaged completely in the moment. Yalom also describes this as “marveling not about the *way* things are but *that* they are (p. 31). The self and personality emerges from experience, which requires a high level of adaptability as the definition of self is constantly changing and flowing. A fully functioning individual is able to more accurately perceive experience in the moment instead of distorting events to fit preconceived ideas (Freire, 2007).

Trust in one’s Organism.

The final component of the fully functioning person is trusting in his organism (hereafter referenced as trusting in one’s organism in an attempt to make it more gender neutral). This is a truly adaptive trusting of the self and its organismic processes. Instead of relying on preconceived templates of behavior, one is able to experience situations in the moment and have a high level of trust that doing what “feels right” is a competent and trustworthy guide to behavior (Rogers, 1967). Through an increased openness to experience, one is able to have access to all of the extant data, and then through an organismic trust in the self, one is able to determine what

course of action comes closest to satisfying the majority of needs in the moment. Instead of reacting to each moment in terms of our past behaviors, we instead creatively respond differently to each situation. Bohart (2013) clarifies this concept, stating that “behavior in any given situation is a creative application of the general structure to the specific circumstances in that particular situation, always resulting in something slightly new and different than before” (p. 90).

A fully functioning person has their entire self to call upon while navigating the world. As previously noted, these characteristics are present in both the client and the clinician, although referenced using different terms. There are multiple parallels, the principals of congruence parallels with existentially living, as well as an increase in creativity and flexibility, which is tied to an increased trust in one’s organism. To further explore how these characteristics are developed, an examination of basic skills models will follow. Beginning with the Human Resource Development model of Robert Carkhuff (1971), this paper will also examine the Skilled Helper model of Gerard Egan (2002.)

Robert Carkhuff’s Human Resource Development

Robert Carkhuff, a student of Carl Rogers, broke away from Rogers based in his belief about the development of the core conditions. Carkhuff and Rogers ultimately differed in that Rogers believed that the core conditions were attitudes that could not be taught, where Carkhuff believed that they were skills that could be developed (Hill & Lent, 1996). Carkhuff built on the work of Rogers and further developed scales to operationalize the core conditions (Brazier, 1996; Carkhuff, 1969a, 1969b, 2009). Carkhuff viewed these core conditions as critical, both in terms of relationship and of learning and relearning processes (Carkhuff & Berenson, 1967). Together with Charles Truax (Truax & Carkhuff, 1967), Carkhuff examined the extant research and identified that therapy could be “for better or worse” (Carkhuff, 2009), meaning that the ability

to demonstrate core conditions is important in terms of client outcomes. Following a parallel path to Carl Rogers (Rogers, Lyon, & Tausch, 2014), Carkhuff identified that the core conditions had implications in other disciplines as well, including education and other social sciences, going so far as to say they are necessary for social change (Carkhuff, 1971). The model Carkhuff developed was ultimately labeled Human Resource Development (HRD). An examination of Robert Carkhuff's HRD model follows.

HRD.

Carkhuff (1971) built his model on the premise that the relationship between the helper and the helpee constitutes the core of all effective learning or relearning experiences. These deep relationships have the potential to occur in all types of settings, starting with parent relationships and going throughout the lifespan. HRD is characterized by three stages; exploration, understanding, and action. Each stage possesses component skills that can be taught to both professionals and lay persons. An examination of each stage and the subsequent skills follows.

Stage one: Exploration.

The major goal of the first stage is to have the helpee explore their problems (Carkhuff, 1971). This is characterized by the helper focusing on a variety of skills. Important throughout all stages is the act of attending. This involves attending physically, observing, and responding. It begins with the helper facing the helpee squarely, holding an open posture, leaning in, making eye contact, and trying to appear relaxed. Observation of the helpee flows from the ability to attend (Carkhuff, 2009), and is comprised of paying attention to body movement, facial expressions, grooming, and body posture. From this the helper is able to glean information that may be helpful in identifying helpee energy levels, emotional states, and readiness for helping. Through this increased understanding of the helpee, the helper is better able to truly listen and

respond. Responses in this stage are commonly focused on reflecting content and feelings, paraphrasing, exploring empathic responses on the part of the helper (asking “how would I feel if I was the helpee” [p. 106]), developing interchangeable emotions, and communicating accurate reflections.

Stage two: Understanding.

The second stage is characterized by encouraging the helpee to understand themselves (Carkhuff, 1971). Carkhuff (2009) stated that insight leads to action (which then again leads to insight – and so on), and personalization leads to growth, change, and understanding. The development of understanding is necessary to move the helpee to action. This is primarily done through personalization reflections (you feel ____ because ____), which can lead to a better understanding of emotions, meaning, and a personal ownership of goals.

Stage three: Action.

The final goal of HRD is to help the helpee act on the newly developed understanding (Carkhuff, 1971). This stage is characterized by developing goals, defining the “5WH” (who and what is involved, what will be done, why and how goals will be accomplished), defining standards, and communicating the steps. The helper also works with the helpee to establish timelines, follow up on the effectiveness, and provide reinforcement. This may also involve rehearsals of intermediary steps as well as having the flexibility to adapt steps as needed.

Criticism of the HRD model.

Authors such as Hill and Lent (2006) and Lambert and DeJulio (1977) have voiced criticism of the HRD model. Methodological concerns, the subjectivity of the scales used to assess changes, a lack of control groups in many studies, and the subjects’ knowledge of the test criteria during the training have all been cited as concerns. This has caused Hill and Lent (2006)

to dismiss the model out of hand when compared to others. Yet, the model is built off the foundation of the core conditions, and has been utilized as a major training methodology for many years.

Gerard Egan's Skilled Helper Model

Contrasting with Carkhuff's HRD model, Egan's Skilled Helper model (2002) builds off the foundations of positive psychology. Central to positive psychology are the questions of what makes a life worth living as well as how to enhance strengths to increase overall wellbeing and happiness (Chih-Chin et al., 2013). The skilled helper model is characterized by two overall goals of helping: help clients manage problems by effective living and resource management, and helping clients help themselves in their everyday lives, both of which are designed to increase the clients' subjective wellbeing or happiness. This model has three stages, which exist on an action continuum, and which will be explored in more depth below.

Stage one: What's going on? - Identifying key issues calling for change.

The first stage identifies what problems, issues, concerns, or undeveloped opportunities (Egan, 2002) the client may want to work on. This is done through the implementation of three steps (Figure 2.1). Helping clients tell their stories, helping them break through blind spots, and helping them choose the right things to work on. A clinician does this by exploring client stories in terms of problem situations and unused opportunities. They help the client explore the question "what is going on?". Through this process the client identifies blind spots and begins to move toward new perspectives on the situation they find themselves in. Finally, the clinician works with the client to explore what issues are present, and clearly identify which ones have some leverage, and are more likely to make a difference in the client's life (Egan, 2002, p.139).

Figure 2.1 – Gerard Egan’s Skilled Helper Model Stage One

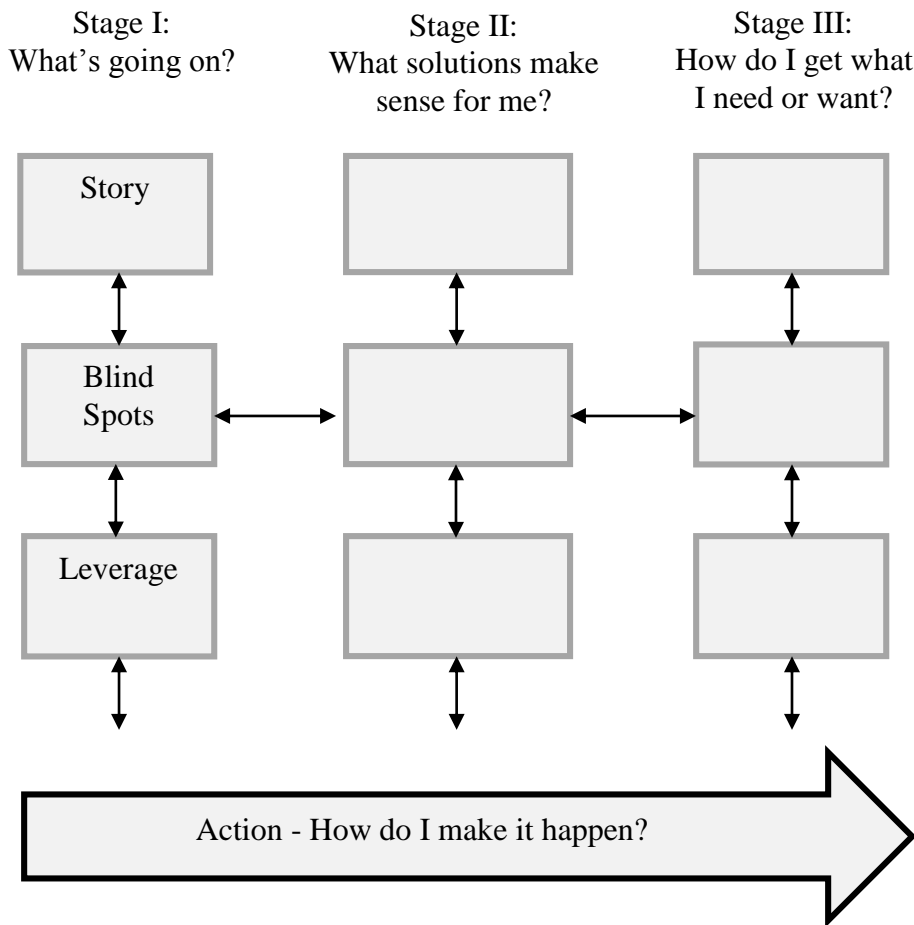


Figure 2.1. Stage one of the skilled Helper Model (Egan, 2002, p. 140).

Stage two: What solutions make sense for me? - Helping client determine outcomes.

The second stage asks “what do you want the future to look like?” (Egan, 2002) and focuses on outcomes. It is also done through a three step process (Figure 2.2). Helping clients identify possibilities for a better future, choose realistic and challenging goals that are real solutions, and helping them find incentives that will aid in commitment. A clinician does this by exploring with the client what possibilities exist for a better future. The goal of this is to help clients develop a sense of hope. This naturally leads the client to the need to make choices about

what they really want and need. The clinician works with the client to identify the goals most likely to meet the identified wants and needs. Finally, the clinician helps the client find incentives for change. This is a deeper examination of change factors than what is done in stage one (Egan, 2002, p.243)

Figure 2.2 – Gerard Egan’s Skilled Helper Model Stage Two

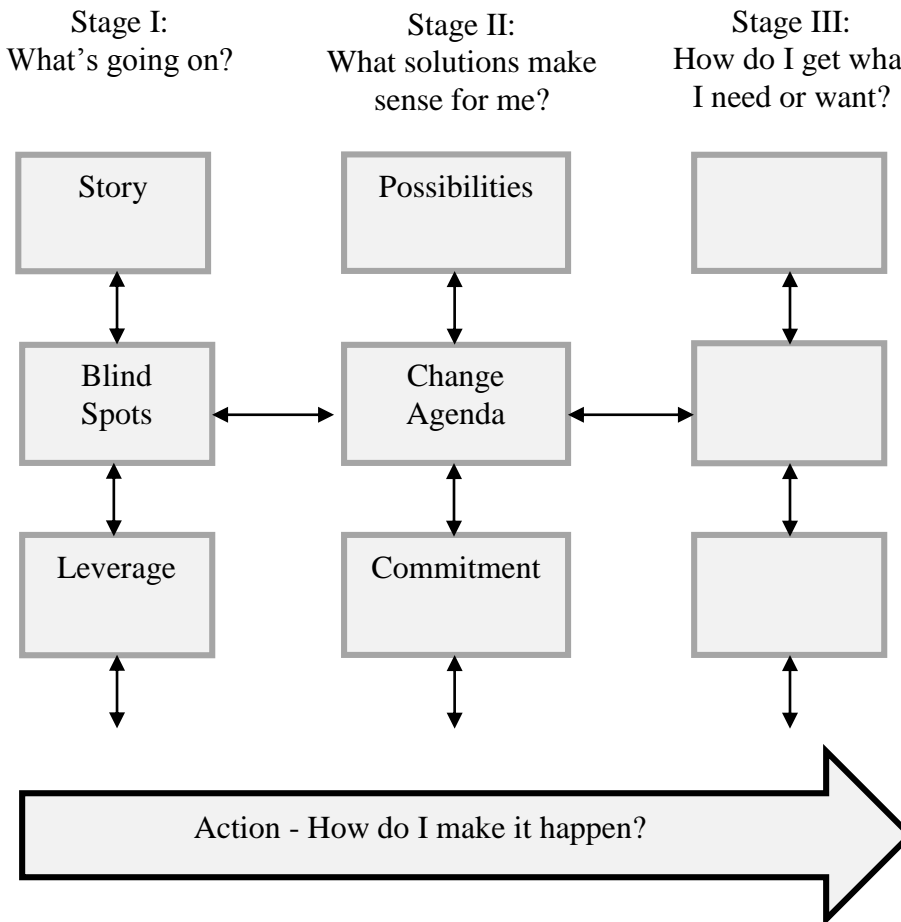


Figure 2.2. Stage two of the Skilled Helper Model (Egan, 2002, p. 244).

Stage three: How do I get what I want or need? - Helping clients develop strategies for reaching goals.

The third stage defines the actions that clients should take to translate goals into accomplishments (Egan, 2002). As with the other stages, this is done through three steps (Figure

2.3): helping clients see that there are many ways to achieve goals, helping them identify best fit strategies, and helping them craft a plan. A clinician does this by helping clients explore and develop possible strategies for accomplishing goals. They also work with the client to identify which actions are the best fit for the clients unique situation. Finally, they work with the client to formulate actionable plans.

Figure 2.3 – Gerard Egan’s Skilled Helper Model Stage Three

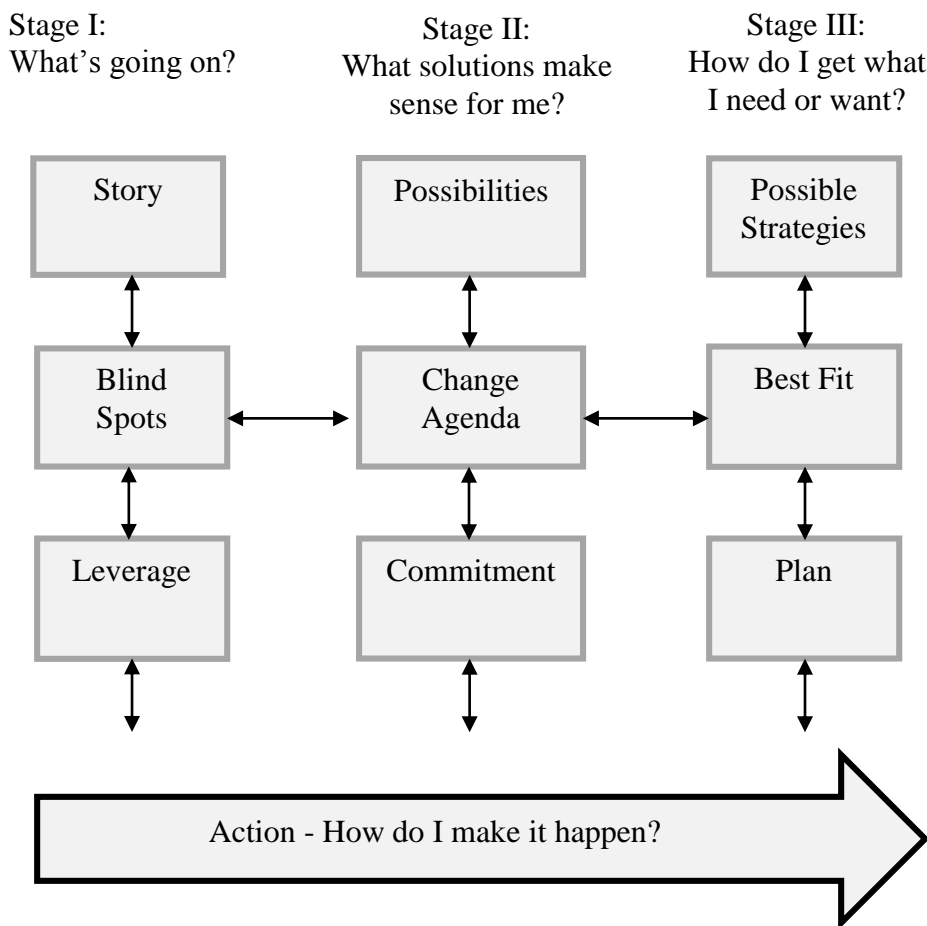


Figure 2.3. Stage three of the Skilled Helper Model (Egan, 2002, p. 312).

Action: Helping clients implement plans.

Action is an overarching component of the Skilled Helper model. This demonstrates the clients need to act throughout the implementation of the model (Egan, 2002). This involves an

ongoing evaluation of the process, and requires flexibility in how the model is used. According to Egan (2002) throughout each stage the clinician works with the client to identify how to answer the action question of “how do I make this happen?” In stage one, leverage acts as a stimulus for client action. This moves a client toward little actions that lead up to a formal plan for change (p. 239). In stage two the clinician focuses on helping the client identify better possibilities, which leads to shift in thinking away from problem orientation towards a future orientation (p. 304). Finally, in stage three the clinician focuses on helping the client develop a plan (p. 335).

Skills Common across Both Models

Both models have some differences in the ways that they are conceptualized and implemented. However, they also share many commonalities in terms of the skills CIT’s are taught. This section will explore basic helping skills that are common across both models. These skills were used to form the basis of comparison in this study.

SOLER.

Both models place a large emphasis on the importance of appropriately physically attending to the client. The way they both describe this is through the use of SOLER. This acronym describes a set of attending behaviors that are used to show the client that the clinician is paying attention to them. First, the clinician sits squarely (S), demonstrating to the client that they are “with them” and available (Carkhuff, 2009, p. 65; Egan, 2002, p. 69). Then they maintain an open (O) posture. This demonstrates a lack of defensiveness that might be present if you were to present with arms or legs crossed (Egan, 2002, p. 69). Clinicians also make a point to lean in (L). This is done at times throughout the engagement, and demonstrates that they are interested in what the client has to say (Carkhuff, 2009, p. 66; Egan, 2002, p. 69). Clinicians

maintain culturally appropriate eye contact (E) as well. This demonstrates to the client that the clinician is tuned in and listening (Carkhuff, 2009, p. 67; Egan, 2002, p. 69). Finally, clinicians attempt to appear relatively relaxed (R). This is characterized by a lack of fidgeting or appearing nervous. It also conveys a level of comfort with the client (Egan, 2002, p. 70).

Communication to Helpee / Client that they are heard and understood.

Communication to the client or helpee that they are understood is made up of a variety of skills: Reflections of content, reflections of feeling, and summations. Reflections of content rephrase the content of what a client says in a helpful and fresh way. It is often expressed like “in other words _____” (Carkhuff, 2009, p. 100). Reflections of feeling identify and correctly label the emotions expressed by the client, and reflect them back to the client. They are often expressed like “you feel _____” (Carkhuff, 2009, p. 107). Summations are paraphrases that provide an overview of the content given by the client. They are phrases similarly to reflections of content (Carkhuff, 2009, p. 102). Egan (2002) discusses these same skills using different language. Using the term “empathic highlights”, he describes reflections using the same prompts but places more emphasis on feelings (p. 99) and summaries (p. 131).

Exploratory-Focus responses.

Exploratory-focus responses are used to gather additional information, fill in gaps and encourage additional exploration on a specific topic. The use of probes, open ended questions or statements, and prompts are common. Egan (2002) discusses the use of probes and questions as a way to move a client toward a more beneficial stage of therapy (p. 123). These skills help both parties gain clarity on what the issues are.

Primary or Basic Empathy Responses.

The use of primary and basic empathic responses are a way to link feelings and content (Carkhuff, 2009, p. 119). These reflections typically use the form “you feel _____ because _____” (Carkhuff, 2009, p.120; Egan, 2002, p. 98). With these empathic responses, the goal is to reflect interchangeable emotions. As a clinician becomes more skilled, they are able to reflect more of the implied meaning, and will also pay attention and reflect non-verbal communication (Egan, 2002, p. 100).

Summary

This chapter has provided an overview of many concepts central to this study. First, it has explored the ideas of Carl Rogers, in terms of his ideas about the core conditions and fully functioning. It examined the components of fully functioning. It also provided an overview of Robert Carkhuff’s HRD model and Gerard Egan’s Skilled Helper model. Finally, it has explored what skills are common across both models.

Chapter III: Methodology

This chapter will cover the following: research design, participants, research questions, research hypotheses, instruments used, variable lists, procedures, and limitations.

Research Design

This study utilized a quasi-experimental design with two basic skills classes: a class which used the Carkhuff HRD model and a class which used the Egan Skilled Helper model. Data were gathered using self-report instruments at two points during the semester (early in the semester and at the end of the semester) and viewing end of semester video tapes of simulated counseling sessions to assess the demonstration of basic helping skills. This design was used due to fact that the students self-selected into the courses. The researcher did not have the ability to randomly assign participants to groups or to randomly assign the intervention. This raises some concern about the possibility of generalizability.

Participants

This study included 22 graduate students from a large state university in the mid-south region. Participants were students enrolled in a basic counseling skills class, and were from the master's program in counseling. Participants were informed that participation was voluntary and they could withdraw at any time with no consequence (see recruitment letter – Appendix A).

Research Questions

RQ1: Does training in helping skills have an effect on the level of fully functioning, as measured by the SI (Freire, 2007)?

RQ2: What differences, if any, exist between the effects of Robert Carkhuff's (1969a, 1969b, 2009) HRD model and Egan's Skilled Helper (2002) model on levels of fully functioning, as measured by the SI (Freire, 2007)?

RQ3: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the frequency of attending behaviors through such behavior as squaring up, open-posture, leaning toward, eye contact, & relaxed state?

RQ4: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to communicate to the helpee that they hear and understand what the helpee is saying through the use of paraphrases, reflections, and summarizations?

RQ5: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to gather additional information and fill in information gaps through the use of exploratory - focus responses & prompts (open-ended statements & questions)?

RQ6: What differences, if any, exist between the effects of the HRD model and the Skilled Helper model on the CIT's ability to communicate an understanding of the helpee's experience (feeling & reason) through empathy responses?

Research Hypotheses

RH1: Students receiving training in helping skills will experience an increase of fully functioning levels as measured by pre and post administrations of the SI (Freire, 2007).

RH2: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of demonstrated change in fully functioning levels as measured by the SI (Freire, 2007).

RH3: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper

model in terms of the frequency of attending behaviors, as measured by an observer rated frequency count.

RH4: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of the ability to communicate to the helpee that they are heard and understood, as measured by an observer rated frequency count of paraphrases, reflections, summations (communication that they are heard), and feeling reflections..

RH5: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of their ability to gather additional information to fill in information gaps as measured by an observer rated frequency count of exploratory-focus responses such as open ended questions and statements.

RH6: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper model in terms of their ability to communicate primary or basic empathy, as measured by an observer rated frequency count of interchangeable empathic responses.

Instruments

The following instruments were used for this study.

Demographic Questionnaire.

Demographic data were collected using a demographic questionnaire (Appendix B). The questionnaire covered sex (male or female), age (18-24, 25-34, 35-44, 45-54, 55-64, or 65+), counseling specialty area (School and Clinical Mental Health/Community), and racial/ethnic

background (White/Caucasian, Asian, Hispanic or Latino(a), Black or African American, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, multiracial, or other).

The Strathclyde Inventory.

The SI (Appendix C), developed by Freire (2007) and Freire et al (2007), is a 31 item self-report outcome measure of the fully functioning person as defined by Carl Rogers. This measure is nonpathological and is “potentially a very useful tool for research on the effectiveness of person centered training and therapy” (Friere, 2007, p. 33). It has shown through factor analysis a sensitivity to experiential fluidity and congruence. Additionally, the SI has shown sensitivity to the “kind of personal experiences and attitudes that characterize a fully functioning individual” (Friere, 2007, p. 31). This was demonstrated in two ways. Firstly, college freshman were shown to have significantly lower scores on the measure than two other groups made up of individuals with some level of experience with person centered counseling. Secondly, the correlation between the Clinical Outcome and Routine Evaluation Outcome Measure was significantly lower with the other groups than with the freshman.

The SI was developed using sentences selected from Carl Rogers’s writings on the fully functioning person in an attempt to find a non-pathology based assessment tool. The measure has shown construct validity with multiple measures used to assess clinical outcomes. These measures are listed below:

- Clinical Outcome and Routine Evaluation Outcome Measure (CORE-OM), developed to assess the domains of subjective wellbeing, symptoms, function, and risk (Evans et al., 2002)

- NEO Five Factor Inventory (NEO-FFI), which examines five personality factors: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (Costa & McCrae, 1992)
- Inventory of Personal Problems (IIP), a measure that identifies a person's interpersonal difficulties (Horowitz, Alden, Wiggins, & Pincus, 1988)
- Toronto Alexithymia Scale (TAS), a measure designed to assess the level of alexithymia or difficulty in identifying subjective emotions and distinguishing between feelings and body sensations of emotional arousal (Taylor, Bagby, & Parker, 2003).

The SI demonstrated the expected negative correlations with the CORE-OM, IIP, and TAS as well as the Neuroticism factors of the NEO-FFI.

The 31 question SI shows internal consistency with a Cronbach's alpha of .94. Factor analysis demonstrated two factors, one which reflected experiential processing, fluidity, congruence, and self-acceptance. The other factor appeared more focused on fear response, interpersonal/experiential constriction and incongruence. These are labeled as Congruence/Experiential Fluidity and Incongruence/experiential constriction.

Basic Helping Skill Frequency Count.

The final skill demonstration from each student was evaluated by the researcher and an independent observer (on a portion of the recordings). A skill frequency count (Appendix D) was conducted by the primary researcher and another researcher and inter-rater reliability was evaluated. This count focused on clearly identifiable skills in the domains of (A) responding to content by demonstrating the following skills: (1) attending (orienting physically - facing,

squaring, leaning toward, making eye contact, and appearing relatively relaxed), (2) communicating to the helpee that one hears and understands what they are saying (paraphrases [e.g. “in other words ____”], reflections of feeling [e.g. “you’re feeling ____”], summations [e.g. “the problem you are wanting to solve is ____”]), (3) responses which gather additional information to fill in gaps and encourage further exploration on a topic (open ended questions [e.g. “what is it about ____ that makes you feel ____”] and prompts [e.g. “can you tell me more about ____”]) and (B) responding to both feeling and content with understanding, (4) empathy statements [e.g. “you feel ____ because ____”], and interchangeable responses [same or similar level of emotional depth reflected]).

Procedures

Sampling Procedures.

Participants were solicited from two sections of a basic counseling techniques class in a large mid-south university. Students self-selected into groups based on enrollment in class. Students were asked to participate, and informed that there would be no penalty for choosing to not participate, or removing themselves from the study and there would be no negative impact on their grades.

Data Collection Procedures.

Participants were asked to use a student ID number on all forms as an identification marker. This allowed scores to be matched for pre and post testing. Students received an invitation to the study and completed the demographic form at the start of the semester. They then completed the measures at the beginning and end of the semester.

Intervention.

The intervention was two classes in basic counseling techniques. One class was based on the Carkhuff HRD model. The second class based on the Egan Skilled Helper Model. Additionally, the final skills demonstration recording for all participants was reviewed to establish the frequency of skills used. Summaries of each follow.

Class 1 followed the Carkhuff HRD model (Syllabus - Appendix E). This course followed the three HRD stages; exploration, understanding, and action. It began with a discussion of the HRD conceptualization of the counseling process, which included an examination of factors that can impact the counseling process for better or worse (setting, client, and counselor). Stages of the process began with a stage titled engagement with the corresponding skills (attending and client involvement). This was followed by stage two (exploration) which is characterized by the use of content, feeling and meaning reflections as well as interchangeable empathy responses and the concepts of respect and concreteness. The third stage (understanding) is characterized by personalizing meaning, problems, and goals, using advanced empathy, and the concepts of self-disclosure, immediacy, and confrontation. The final stage (action) is characterized by initiating action and supporting the client in the action stage. Afterward, disengagement is discussed. Class one used numerous methods of student evaluation. These include 2 exams, 2 skill demonstration tapes, and a paper that outlines how the student plans to continue to develop skills throughout an academic program and subsequent career.

Class two follows the Egan Skilled Helper Model (Syllabus - Appendix F). This curriculum is based from the Skilled Helper model, using it as its primary text. However, it is supplemented with various other instructional materials (e.g. videos from the “Gloria” series –

otherwise known as Three approaches to Psychotherapy (Shostrom, 1964) and skill examples from other models (Ivey et al., 1968). The course examined the skilled helper's overall goals of helping: help clients manage problems by effective living and resource management, and help clients help themselves in their everyday lives. It also focused on the following stages: identifying key issues calling for change, helping clients determine outcomes, helping clients develop strategies for reaching goals, and helping clients implement plans.

The course began with an examination of client factors, ethics, and informed consent. This was followed by an examination of what goes into successful helping. The next class covered empathic listening and attending, with probing and summarizing in the following week. Facilitation of client self-change, problem management, and planning the way forward all followed. Class two used numerous methods of student evaluation. These included eight quizzes, assigned readings, three skill demonstration tapes with transcriptions, two journals, a final exam, and attendance/participation.

Statistical Treatment.

All data collected were compiled and analyzed by the researcher. Group data were entered and compiled, and descriptive statistics were examined. Due to the nature of the demographic, Strathclyde, and skill frequency count measures, the median, frequency counts, percentages, and proportions were examined. A Chi Square Test was run to test hypothesis and determine independence. Additionally, change scores were calculated for the SI to explore what, if any changes occurred. Results were further examined using the Mann-Whitney-Wilcoxon test to determine differences between groups (Giddons, 1993). Finally, internal consistency was examined utilizing inter-rater reliability measures (for the frequency count) and Cronbachs alpha (for the SI).

Limitations

Limitations of this study are primarily due to the lack of randomization of group participants. This raises concerns of generalizability, and as such results will be limited in application to students who are enrolled in a similar course. It does, however, provide insight into how effective each model may be in encouraging the development of characteristics of a fully functioning person, as measured by the SI. This may provide insight into the personal development of counselors in training as well as provide a starting point for further research.

Summary

This study involved multiple steps including the provision of multiple sections of a basic counseling skill course, evaluation of fully functioning using the SI, evaluation of the frequency of basic counseling skills demonstrated, and statistical evaluation of the created data. The measures used have been designed to measure the constructs explored by this dissertation. Finally, limitations of the study have been explored.

Chapter IV: Results

This chapter will cover the statistics used to analyze the data collected in this study. Each statistical test used will be discussed, and findings will be reported. One measure, the SI (Freire, 2007), was collected toward the beginning of the semester and at the end. The other measure, the skill recording, was only collected at the end of the semester. Participants who did not complete the course or complete all items on the SI were removed from analysis. Students who did not complete the minimum 10 minutes needed for analysis, or had issues with the final recording (i.e. no sound) were also removed from analysis. Due to consideration of each test separately, it is possible that a participant completed one form of analysis and not the other.

Demographic Descriptive Statistics

The total sample size for this study was 21. However, due to incomplete answers the sample for the SI was reduced to 19 (N=19). Similarly, the sample for the skill frequency count was reduced to 17 (N=17) due to factors such as the audio not working on one recording, and multiple recordings not reaching the minimum time of 10 minutes.

The sample for the SI consisted of 3 males (15.8%) and 16 females (84.2%). Of these students, 13 (68.4%) were in the age range of 18-24, five (26.3%) in the age range of 25-34, and one (5.3%) in the range of 35-44. Student specialty areas consisted of school counseling (N=3, 15.8%) and clinical mental health/community counseling (N=16, 84.2%). Finally, 13 (68.4%) self-identified as White/Caucasian, two (10.5%) identified as Black or African American, two (10.5%) identified as American Indian or Alaska Native, and two (10.5%) identified as Multiracial.

The sample for the Frequency Count consisted of two males (11.8%) and 15 females (88.2%). Of these students, 11 (64.7%) were in the age range of 18-24, five (29.4%) in the age

range of 25-34, and one (5.9%) in the range of 35-44. Student specialty areas consisted of school counseling (N=4, 23.5%) and clinical mental health/community counseling (N=13, 76.5%). Finally, 11 (64.7%) self-identified as White/Caucasian, two (11.8%) identified as Black or African American, two (11.8%) identified as American Indian or Alaska Native, and two (11.8%) identified as Multiracial.

The following table (Table 4.1) provides a complete summary of the descriptive statistics for both measures.

Table 4.1

Summary of Descriptive Statistics

Variable	SI		Skill Recording	
	Total Percentage	<i>n</i>	Total Percentage	<i>n</i>
Gender				
Male	15.8%	3	11.8%	2
Female	68.4%	16	88.2%	15
Age				
18-24	68.4%	13	64.7%	11
25-34	26.3%	5	29.4%	5
35-44	5.3%	1	5.9%	1
Specialty Area				
School	15.8%	3	23.5%	4
Clinical Mental Health/Community	68.4%	16	76.5%	13
Racial Background				
White/Caucasian	68.4%	13	64.7%	11
Black or African American	10.5%	2	11.8%	2
American Indian or Alaska Native	10.5%	2	11.8%	2
Multiracial	10.5%	2	11.8%	2

Note. N= 19 (SI) and 17 (Skill Recording).

Analysis of the Strathclyde Inventory

Mann-Whitney-Wilcoxon.

Due to the small sample size (N=19) and the resulting nonparametric nature of the data, the Mann-Whitney-Wilcoxon test was deemed to be the best fit. The SI was examined for both the pretest and posttest administrations, and change scores were calculated and analyzed. The pretest indicated that there was no statistically significant differences between groups at pretest. However, the analysis of both posttest and change scores indicate a statistically significant difference between groups. These results are summarized in the following table (Table 4.2).

Table 4.2

Summary of Mann-Whitney-Wilcoxon

Administration	Group 1		Group 2		U	p
	n	M rank	n	M rank		
Pretest	11	10.41	8	9.44	39.50	0.717
Posttest	11	12.91	8	6.00	12.00	0.007**
Change Score	11	12.50	8	6.56	16.50	0.020*

Note. N= 19, *p<.05, **p<.01

Cronbach's Alpha.

In order to assess internal constancy, a Cronbach's alpha analysis was conducted on the pre and posttest administrations of the SI using SPSS. The SI is made up of 31 items, with pretest analysis resulting in a Cronbach's alpha of .89 and posttest resulting in a Cronbach's alpha of .94. This is similar to the reports of internal consistency from the initial validation of the measure ($\alpha = .94$) (Freire, 2007). In both administrations, the measure was found to be highly reliable.

Analysis of the Skill Recording

Frequency counts were conducted on participant's final skill demonstration recording, completed at the end of the semester. Evaluation was conducted in four areas (Appendix D), a 5 point Likert type scale assessing the demonstration of (A) responding to content (1) attending behaviors (sitting squarely, having an open posture, leaning in, maintaining eye contact, and appearing relaxed), (2) communication to helpee that they are heard and understood (paraphrases, summarizations, reflections), (3) filling in information gaps and gathering additional information (exploratory focus responses), and (B) responding to both feeling and content, and (4) communicating empathic understanding (primary empathy responses). A second evaluator examined a portion of the recordings to establish inter-rater reliability, and a Mann-Whitney-Wilcoxon test was conducted to examine differences between groups.

Inter-Rater Reliability.

An independent reviewer examined 9 of the 17 skill recordings (53%), using the technique frequency count form (Appendix D). Inter-rater reliability between the primary investigator and the independent reviewer was conducted using Microsoft Excel. A percentage of agreement was calculated by dividing the total number of items with agreement by the number of participants ($\# \text{ of agreement} / N$) in each category. Overall percentage of agreement was calculated by taking the total number of agreements and dividing it by total number of categories multiplied by the total number of participants ($\text{Total } \# \text{ agreement} / \# \text{ Category} * N$) (Griffin, 2015). The results are summarized in the following table (Table 4.3).

Table 4.3
Summary of Percentages of Agreement

Item	Percent of Agreement
Square Posture	100%
Open Posture	100%
Leaning in	89%
Eye Contact	100%
Appearing Relaxed	67%
Communication of Understanding	89%
Exploratory Responses	89%
Empathic Responses	89%

Note. N=9

Additionally, Cohen’s Kappa was calculated (Table 4.4). Results indicated a low level of interobserver variation with the majority of the measures, with almost perfect agreement on four items (Eye contact, communication that the helpee is understood, exploratory responses, and primary empathic responses), substantial agreement on one item (leaning in) and fair agreement on one item (appearing relaxed) (Viera & Garrett, 2005). Two items were unable to be calculated due to having invariant values (all scores were the same from both observers).

Table 4.4
Summary of Cohen’s Kappa

Item	<i>k</i>
Square Posture	***
Open Posture	***
Leaning in	.63
Eye Contact	1.0
Appearing Relaxed	.34
Communication of Understanding	.86

Exploratory Responses	.87
Empathic Responses	.87

Note. N=9, ** = invariant scores

Mann-Whitney-Wilcoxon.

Due to the small sample size (N=17) and its consequent nonparametric nature, the Mann-Whitney-Wilcoxon test was deemed to be the best fit. The Skill Frequency count was examined using SPSS to identify differences between groups. For this analysis, scores on all attending measures (SOLER) were summed and used as one item (Composite SOLER). These results are summarized in the following table (Table 4.5).

Table 4.5

Summary of Mann-Whitney-Wilcoxon

Item	Group 1		Group 2		<i>U</i>	<i>p</i>
	<i>n</i>	<i>M rank</i>	<i>n</i>	<i>M rank</i>		
Composite SOLER	9	9.33	8	8.62	33.00	0.815
Communication of Understanding	9	10.39	8	7.44	23.50	0.236
Exploratory Responses	9	10.11	8	7.75	26.00	0.37
Empathic Responses	9	12.89	8	4.62	1.00	.000**

Note. N= 17, **p<.01

Summary

The results of the statistical analysis revealed some statistically significant differences between groups in both areas of fully functioning and skill frequencies. With the SI, there were no statistically significant differences between groups at pre-test. However, there were

statistically significant differences between groups in both the second administration ($U = 12, p = .007$) and the overall change scores ($U = 16.5, p = .02$). With the frequency count, there was one statically significant differences between groups: empathic responses ($U = 1.0, p = .000$). Additionally, Cronbach's Alpha was conducted on both the pre and post-test measures to establish consistency, and a percentage of agreement was calculated to establish inter-rater reliability.

Chapter V: Discussion

Introduction

This chapter is broken into three sections. Firstly, it examines why the study was conducted, including the statement of the problem, the way the study was conducted to examine the problem, and the results of the study in context of the stated research hypotheses. Secondly, conclusions that may be drawn from the study and possible implications for counselor education are discussed. Finally, limitations, suggestions for future research and a summary are presented.

Study Summary and Statement of the Problem.

This study was designed to examine concepts put forth by Carl Rogers, namely the importance of fully functioning. The goal was to observe the levels of fully functioning demonstrated by master's level counseling students in a basic skills class, and analyze how they may change through the process of learning counseling skills throughout a single semester. Additionally, due to the different models used to teach the course (Carkhuff's HRD and Egan's Skilled Helper), the study aimed to explore what differences exist between students at the end point in terms of the frequency and accuracy of skills used that are common across both models. This study presents a beginning point for a discussion of the impact of counselor skill development has on the development of Rogers's concepts of core conditions and fully functioning, an area of research that is lacking and little talked about.

Study Procedures.

This study was conducted over the course of one semester at a large, mid-south university. Participants were drawn from a master's level program in counseling, with emphases in both school and clinical mental health. There were two sections of the course offered, taught

by two instructors utilizing different methods and models to reach the same goal of skill development.

Participants consisted of 19 (N=19) students taking the basic counseling skills course over the Fall 2015 semester. All students voluntarily participated in the study. There were 11 (N=11) students in group 1, and eight (N=8) students in group 2. Students were asked to complete a demographic questionnaire, the SI (Freire, 2007), and a consent form at the beginning and end of the semester. Students were then given unique identification numbers to allow for results pairing.

The researcher collected samples from the instructors of all students in both course sections of the final skill recording to analyze. A 10 minute section from the start of each recording were examined by the primary researcher. An independent reviewer also examined 9 tapes to establish rater reliability. All data was coded and entered in an excel document. Participants were then removed who did not complete the measure, had faulty recordings, or did not meet the minimum time set for the recording. Data were then analyzed using SPSS. Multiple analyses were conducted, including the Mann-Whitney-Wilcoxon, Cronbach's Alpha, and percentage of agreement between two raters. A summary of these tests follows.

Results Summary

In this section, research questions and the related research hypotheses are summarized and discussed.

Research Hypotheses.

RH1: Students receiving training in helping skills will experience an increase of fully functioning levels as measured by pre and post administrations of the SI (Freire, 2007).

To answer this question, the researcher conducted the SI early in the semester and at the end of the semester. Change scores were calculated by subtracting the composite score of the post-test from the composite score of the pre-test. A Mann-Whitney-Wilcoxon test was conducted on the change scores to identify differences between groups.

Analysis demonstrated that there was a statistically significant difference between groups in terms of the change scores. In the analysis, group 1(HRD Model) demonstrated a larger mean rank. This suggests that group 1 experienced a greater level of change in terms of fully functioning over the course of the semester.

RH2: There will be no statistically significant differences between students receiving training the HRD and students receiving training in the Skilled Helper models in terms of demonstrated change in fully functioning levels as measured by the SI (Freire, 2007).

To answer this question, the researcher conducted the SI (Freire, 2007) early in the semester and at the end of the semester. A Mann-Whitney-Wilcoxon test was conducted on the pre-test and post-test to identify differences between groups.

Analysis of the pre-test identified no statistically significant differences between groups. However, analysis of the post-test identified a statistically significant difference ($p = .007$), with group 1 (HRD Model) having a higher mean rank (12.91) compared to group 2 (SH Model) (6.0). This analysis suggests that students receiving training using the HRD model demonstrated a greater change in fully functioning levels as measured by the SI than students receiving training using the Skilled Helper model. The null hypothesis is rejected.

RH3: There will be no statistically significant differences between students receiving training using the HRD model and students receiving training using the Skilled Helper

model in terms of the frequency of attending behaviors, as measured by an observer rated frequency count.

To answer this question, the researcher compiled the SOLER Likert items into a composite SOLER score. A Mann-Whitney-Wilcoxon test was then conducted to determine what, if any, differences exist between groups.

Analysis of the composite SOLER scores failed to demonstrate any statistically significant differences between groups suggesting that there were no differences between groups in terms of the frequency of demonstrating attending behaviors. Therefore the null hypothesis is accepted.

RH4: There will be no statistically significant differences between students receiving training the HRD and students receiving training in the Skilled Helper models in terms of the ability to communicate to the helpee that they are heard and understood, as measured by an observer rated frequency count of paraphrases, reflections, summations (communication that they are heard), and feeling reflections.

To answer this question, the researcher examined the number of responses indicating the helpee is heard and understood. A Mann-Whitney-Wilcoxon test was then conducted to determine what, if any, differences exist between groups.

Analysis of the frequency of communication that a helpee is heard and understood failed to demonstrate any statistically significant differences between groups suggesting that both groups were effective in demonstrating the ability to communicate to the helpee that they are heard and understood. Based on the data the null hypothesis is accepted.

RH5: There will be no statistically significant differences between students receiving training in HRD and students receiving training in the Skilled Helper models in terms of

their ability to gather additional information to fill in information gaps as measured by an observer rated frequency count of exploratory-focus responses such as open ended questions and statements.

To answer this question, the researcher examined the number of exploratory responses. A Mann-Whitney-Wilcoxon test was then conducted to determine what, if any, differences exist between groups.

Analysis of the frequency of exploratory responses failed to demonstrate any statistically significant difference between groups suggesting that both groups were effective in demonstrating their ability to gather additional information and fill in information gaps through the use of exploratory responses. This analysis results in an acceptance of the null hypothesis.

RH6: There will be no statistically significant differences between students receiving training the HRD and students receiving training in the Skilled Helper models in terms of their ability to communicate primary or basic empathy, as measured by an observer rated frequency count of interchangeable empathic responses.

To answer this question, the researcher examined the number of empathic responses. A Mann-Whitney-Wilcoxon test was then conducted to determine what, if any, differences exist between groups.

Analysis of the frequency of interchangeable empathic responses demonstrated a statistically significant differences between groups ($p = .000$), with group 1 (HRD Model) having a higher mean rank (12.89) compared to group 2 (SH Model) (4.6) suggesting that students receiving training using the HRD model demonstrated a greater ability to demonstrate empathic responses than students receiving training using the Skilled Helper model. This analysis results in a rejection of the null hypothesis.

Conclusions

Analysis of the results demonstrates that there are some differences apparent between groups of this study. In terms of fully functioning, at pretest there were no differences, however at posttest statistically significant differences are evident. This suggests that training in basic counseling skills may have a growth effect in terms of fully functioning. Additionally, there was a statistically significant difference between groups in terms of how much they changed, with group I (HRD Model) having the larger change. This suggests that group I, which used the Carkhuff model (1971), may lead toward greater levels of CIT growth in terms of fully functioning.

There were fewer statistically significant differences evident between groups in terms of responding to content as seen in the skill recordings. The analysis shows no statistically significant differences between groups in terms of the use of attending behaviors (SOLER), communication to the helpee that they were heard and understood (paraphrases and reflections of content), and exploratory responses (prompts and open ended questions). However, there were differences between groups in terms of responding to feeling & content (empathic understanding), with group I again showing a larger mean rank. It is possible that these differences are due to emphasis placed on ways to empathically respond in the HRD model, with response formulas provided to the students. The skilled helper model also provides a formula for empathic responding, but does not appear to be as operationalized as the HRD model.

Implications for Counselor Educators

Given the limitations of this study (small sample, one semester, etc.) it is difficult to determine the implications it might have to counselor education. It does provide a brief comparison of two models of basic counseling skill training, providing a snapshot of the effects

of these models on the development of counseling students over the course of one semester in terms of basic skill demonstrations and levels of fully functioning. This is potentially impactful, considering the importance placed on fully functioning by Rogers (1967) as well as the need to demonstrate appropriate counseling skills (Carkhuff, 1969, 2009; Egan, 2002). Analysis demonstrated that there are differences between groups in terms of fully functioning (at post-test), change in fully functioning, and the frequency of empathic responses, with group 1 demonstrating higher mean ranks in all areas. This is consequential, as the development of counselors in training skills is necessary for CIT's to follow the maxim "do no harm", particularly in the light of Carkhuff's research demonstrating that counseling can be for better or worse (2009).

Limitations

This study had numerous limitations. Firstly, there was a difference between instructors in terms of experience as counselor educators. Additionally, both instructors were relatively new to the course, with one having not taught it prior and the other having not taught the course in many years. Secondly, this study had a small number of participants, which represented only one program at one school in the mid-south. Thirdly, this study was conducted over only one semester at this university. Additionally, due to the lack of randomization of group participants, there are concerns of generalizability. As such, results must be limited in application to students who are enrolled in a similar course and in a similar situation.

Recommendations for Future Research

Future research must address the limitations of this study. First, controlling for the experience levels of the instructors would be appropriate, with instructors having similar experience as counselor educators. Secondly, administering this study over multiple semesters at

multiple sites would help in the generalizability of the research, as it would aid in securing a larger N and a more representative sample, however it must still be limited to students enrolled in a counselor training program. Finally, a more complete examination of other models of basic counselor skill training would help add to extant research.

Summary

This study examined the results of using two different training models in basic counselor skill development on levels of fully functioning and basic skill use in CIT's. Two classes, one based on the works of Carkhuff (2009) and the other based on the work of Egan (2002), were taught over the course of one semester at a large mid-south state university. The findings of the study were mixed, while both groups showed growth in terms of fully functioning, group I showed a larger amount of change. In terms of basic skill utilization, the only statistically significant differences between groups was in the frequency of empathic responses, with group I showing a larger frequency of empathic reflections. Additional research is needed to further explore the effects that skills training has on CIT's levels of fully functioning.

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Appendix A: Recruitment letter

Dear Counseling Students,

My name is Chris Carver, and I would like to invite you to participate in a study I am conducting under the supervision of Roy Farley at the University of Arkansas. This voluntary study is designed to examine the relationship between functioning, empathy, and basic counseling skill training. This study focuses on the experiences of counseling students who are in a Helping Skills course. There are no identifiable risks to participants.

As a participant, you will be asked to complete a demographic form, the Questionnaire of Cognitive and Affective Empathy (QCAE), and the Strathclyde Inventory. Participants will complete the survey twice, at the beginning and end of the semester. Surveys will be assigned a code number in order to match the surveys. Once the surveys have been paired, the link between your surveys and your names will be destroyed. Data derived from these measures will help counseling professionals develop better classroom and clinical interventions for the training of counselors. It is expected that the completion of the survey will take approximately 10-15 minutes.

This study has been approved by the University of Arkansas IRB board (protocol #). For questions or concerns about research participant rights, please contact Ro Windwalker, the University's IRB Coordinator, at (479) 575-2208 or by e-mail at irb@uark.edu.

Sincerely,

Chris Carver, M.S. LPC (MO)
University of Arkansas

Appendix B: Demographics form

Demographics Form – Name _____

Age:

1. 18-24 _____
2. 25-34 _____
3. 35-44 _____
4. 45-54 _____
5. 55-64 _____
6. 65+ _____

Gender:

1. Male _____
2. Female _____
3. Other (please describe): _____

Counseling Specialty Area:

1. School _____
2. Clinical Mental Health/Community _____

I consider my racial/ethnic background to be:

1. White/Caucasian _____
2. Asian _____
3. Hispanic or Latino(a) _____
4. Black or African American _____
5. Native Hawaiian or other Pacific Islander _____
6. American Indian or Alaska Native _____
7. Multiracial _____
8. Other (Please Specify) _____

Appendix C: Strathclyde inventory

(Freire, 2007)

Please read each statement below and think how often you sense it has been true for you during the last month. Then mark the box that is closest to this. There are no right or wrong answers – it is only important what is true for you individually.

	Never	Only Occasionally	Sometimes	Often	All or Most of the time
1. I have been able to be spontaneous and genuine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I have condemned myself for my attitudes and behavior	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. I have tried to be what others think I should be	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I have trusted in my own feelings and reactions to situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I have experienced very satisfying personal relationships	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I have felt afraid of my emotional reactions	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. I have looked to others for approval or disapproval	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. I have been aware of my own impulses, desires and reactions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I have expressed myself in my own unique way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I have found myself “on guard” when relating with others	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

11. I have made decisions and choices based on my own internal sense of what is right	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. I have listened sensitively to myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. I have felt myself doing things which I could not control at all	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. I have lived fully in each new moment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Never	Only Occasionally	Sometimes	Often	All or Most of the time
15. I have been afraid of some of my feelings	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. I have felt that I have to do things because they are expected of me	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. I have been confident	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. I have been aware of my feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. I have felt that I am a person of worth	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. I have hidden some elements of myself behind a “mask”	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
21. I have taken responsibility for my choices	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22. I have felt truly myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23. I have been able to hear my own inner reactions and feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

24. I have been able to resolve my own conflicts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25. I have felt threatened by others' words or behavior	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
26. I have felt myself doing things that are not me	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
27. I have accepted my feelings and reactions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
28. I have conformed to what others think or want	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
29. I have lived in a way which truly expresses who I am	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
30. I have been able to understand those with whom I had personal contact	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
31. I have felt it is all right to be the kind of person I am	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Age ()

Male () Female ()

Occupation _____

Appendix D: Technique Frequency Count

Participant ID _____

Behavior	Frequency Tally					
Attending behaviors: Rating Skill Displayed: 0 – None 1 – less than half the time 2 – half the time 3 – most of the time 4 – all of the time	S	0	1	2	3	4
	O	0	1	2	3	4
	L	0	1	2	3	4
	E	0	1	2	3	4
	R	0	1	2	3	4
	R	0	1	2	3	4
Communication to Helpee that they are heard and understood: (Paraphrases [reflections of content], reflections of feeling, and summations)						
Exploratory-Focus responses used to gather additional information and fill in information gaps and encourage additional exploration on a specific topic (Open Ended Statements, Questions, and prompts)						
Primary or Basic Empathy Responses: (Empathy Statements and interchangeable responses) i.e. you feel ___ because _____						
Affirmative helpee Replies: (Yea! You got it! Etc.)						
Negative helpee Replies: (No, kind of, gives further clarification)						

Appendix E: IRB Approval



Office of Research Compliance
Institutional Review Board

December 1, 2014

MEMORANDUM

TO: Chris Carver
Roy Farley

FROM: Ro Windwalker
IRB Coordinator

RE: PROJECT MODIFICATION

IRB Protocol #: 14-09-093

Protocol Title: *Helping Instruction and the Fully Functioning Person: Exploring Link between Helping Relationship Models and Ratings on the Strathclyde Inventory*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 12/01/2014 Expiration Date: 09/16/2015

Your request to modify the referenced protocol has been approved by the IRB. **This protocol is currently approved for 50 total participants.** If you wish to make any further modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

Please note that this approval does not extend the Approved Project Period. Should you wish to extend your project beyond the current expiration date, you must submit a request for continuation using the UAF IRB form "Continuing Review for IRB Approved Projects." The request should be sent to the IRB Coordinator, 210 Administration.

For protocols requiring FULL IRB review, please submit your request at least one month prior to the current expiration date. (High-risk protocols may require even more time for approval.) For protocols requiring an EXPEDITED or EXEMPT review, submit your request at least two weeks prior to the current expiration date. Failure to obtain approval for a continuation *on or prior to* the currently approved expiration date will result in termination of the protocol and you will be required to submit a new protocol to the IRB before continuing the project. Data collected past the protocol expiration date may need to be eliminated from the dataset should you wish to publish. Only data collected under a currently approved protocol can be certified by the IRB for any purpose.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.

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