

**PREFERENCES FOR FOUR THEORETICALLY  
DERIVED COUNSELING APPROACHES**

**BY**

**MARTHA PENICK ALLENSWORTH**

PREFERENCES FOR FOUR THEORETICALLY DERIVED  
COUNSELING APPROACHES

---

A Research Paper  
Presented to  
the Graduate Council of  
Austin Peay State University

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts

---

by  
Martha Penick Allensworth

August, 1977

To the Graduate Council:

I am submitting herewith a Research Paper written by Martha Penick Allensworth entitled "Preferences for Four Theoretically Derived Counseling Approaches." I recommend that it be accepted in partial fulfillment of the requirement for the degree of Master of Arts, with a major in Psychology.

  
Major Professor

Accepted for the  
Graduate Council:

  
Dean of the Graduate School

## ACKNOWLEDGEMENTS

The writer wishes to express sincere appreciation and gratitude to Dr. Linda Rudolph, for her encouragement and advice throughout my graduate program, and for the significant role she played in this research study.

To my husband, Bill, my son, Stephen, and my family words cannot express my appreciation for your encouragement, patience, and sacrifices throughout my graduate studies.

M. P. A.

# TABLE OF CONTENTS

	Page
APPROVAL.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	v
CHAPTER	
I. INTRODUCTION TO THE PROBLEM.....	1
Relationship or Technique.....	3
Client Perception of the Counselor.....	11
Client's Attitude.....	14
Purpose of the Study.....	15
II. METHODOLOGY.....	19
Subjects.....	19
Procedures.....	19
Instrumentation.....	21
III. RESULTS.....	24
IV. DISCUSSION.....	27
V. SUMMARY.....	30
REFERENCES.....	32
APPENDIX A.....	36
APPENDIX B.....	42

LIST OF TABLES

TABLE	Page
1. Summary of Friedman Two-Way Analysis-of-Variance: Preference and Believed Effectiveness for Behavioral, Client-Centered, Reality, and Rational-Emotive Therapies.....	24
2. Percentages of Subjects' Preferences From Among the Four Counseling Theories for Personal, Vocational, and Academic Counseling.....	26

Introduction to the Problem

A review of the various counseling theories reveals that most theorists claim a high rate of effectiveness or success in treating their clients (Shertzer and Stone, 1974; Patterson, 1974). Some research has indicated that it is the relationship between the client and counselor which accounts for this success (Rogers, 1962; Arbuckle, 1970; Carkhuff and Berenson, 1977); still other researchers have focused on the counselor's techniques as the primary agent in promoting success in the counseling interview (Krumboltz and Thoresen, 1969). It has also been suggested that client's perception of the counselor's behavior determines to a large extent the effectiveness of the counseling interview (Strong, 1968; Schmidt and Strong, 1970; Barah and LaCrosse, 1975). However, little research could be found surveying the attitudes of clients or potential clients toward different methods of counseling (Holen and Kinsey, 1974), i.e. how effective does the subject perceive the counseling method and which method would the subject prefer should he need specific kinds of counseling.

From the perception and writings of counseling theorists, one could conclude that all methods of counseling with clients are highly successful. Shertzer and Stone (1974) cite several statements made by different theorists concerning the predicted outcomes of their own counseling techniques. For example, Albert Ellis predicted that about 90 per cent of his patients showed some improvement after ten or more sessions of his rational-emotive approach. Joseph Wolpe reported an 89 per cent recovery rate using his reciprocal inhibition techniques. Although giving no statistics, other theorists indicate that their techniques and approaches are successful in treating a majority of their clients. In attempting to explain this high rate of success, Patterson (1974) states that "The picture, at least on the surface, is one of diversity. Nevertheless, all schools, given favorable conditions, achieve favorable results: the patient or client gets relief and is often enough cured of his difficulties" (p. 521). Researchers continue to attempt to determine the reasons for the high success rates claimed when the methods and techniques vary widely.

### Relationship or Technique

Some researchers have focused on the relationship between the counselor and the client as the determining factor in successful treatment. These researchers have found that effective counseling is directly related to the type of relationship which is established between the counselor and his client.

Rogers (1962) found from his years of experience that it is the "quality of the interpersonal encounter with the client which is the most significant element in determining effectiveness" (p. 416) in the counseling relationship. It is felt by Rogers that a successful counseling climate is built upon the attitude experienced by the counselor and perceived by the client. Constructive personality growth for Rogers comes only when the client experiences a counseling relationship which is marked by a realness, genuineness, or congruence in the therapist; empathic understanding of the client's feelings by the counselor; and an unconditional positive regard or respect for the client on the part of the therapist.

Based on Rogers' ideas that there are essential ingredients in a counseling relationship which facilitate client growth, Truax, Carkhuff, and Berenson have

written extensively concerning a therapeutic counseling relationship. They specifically have directed their efforts toward studying the effects of the counselors empathic understanding, respect for the client, and counselor genuineness as essential conditions for client growth.

Truax (1963) studied the conditions of counselor's empathic understanding for the client, unconditional positive regard for the client, and therapist self-congruence. In his study, the three therapeutic conditions were investigated to determine their relationship to psychotherapy with schizophrenics. Truax attempted to relate measures of unconditional positive regard, empathic understanding and therapist self-congruence to changes in the patient's personality functioning as measured by psychological pretests and post tests. The results of the Truax study clearly point to the importance of accurate empathy, unconditional positive regard, and congruence in successful treatment of even the most difficult patient populations.

Carkhuff and Berenson (1977) strongly support the importance of respect, genuineness, and empathy for facilitative counseling and have entitled these traits as the "core conditions" for successful counseling.

These researchers believe that "while techniques may be learned and employed to communicate the primary core of facilitative dimensions, the dimensions themselves are integrated parts of the human personality" (p. 7).

Carkhuff and Truax (1967) have developed approaches to measure the extent to which these facilitating conditions are provided in counseling and have designed training programs to teach these conditions to counselors. In summary, Truax and Carkhuff state that "many of the effects on a variety of outcome criteria which we employ to assess our counseling and psychotherapy, may be accounted for by the primary core dimensions" and that "in the context of high levels of helper-offered facilitative interaction a variety of treatment approaches may be successful" (p. 51).

Fielder (1950) investigated the variable of expertness in the counseling relationship. The method which Fielder used consisted of having therapists describe the relationship which they considered ideal by a series of Q-technique ratings. Two investigations were undertaken to discover if theorists from different schools also differed in their conception of the ideal therapeutic relationship. Fielder further attempted to answer the question of whether the therapeutic relationship

is unique to psychotherapy or whether it is more similar to any good interpersonal relationship. This researcher found that the conception of the ideal relationship by better trained therapists of different schools agreed more highly with each other than they agreed with theorists in their own school with less experience. But Fielder also found that the inexperienced counselor was well able to describe the ideal therapeutic relationship. The conclusions drawn by Fielder suggest that the therapeutic relationship may be but a variation of a good interpersonal relationship.

Fielder used his 1950 study as a basis for further research in an attempt to identify the specific variables common to therapeutic relationships created by experts regardless of their school. Fielder's investigation was based on a Q-technique assessment of a tape-recorded interview by each of ten therapists. Four psychoanalytic therapists, four therapists trained in the non-directive approach, and two Adlerian therapists participated. Half of these therapists were considered expert; the remaining therapists were considered non-expert. Results indicated that therapists of one school do not create a relationship which is significantly different from

the relationship provided by other schools. Further, Fielder found the expert differed from the nonexpert in his ability to (1) communicate with and understand his client; (2) his capacity to be a warm and interested counselor without becoming overly involved with the client; and (3) his greater security in the therapeutic situation.

Likewise, Parloff's (1961) study of group therapy indicates that clients who establish good relationships with their therapists tend to show more improvement than other clients in the same therapy group whose relationship with the counselor is not as rewarding. Parloff used two equally expert counselors to treat members of a therapy group. All members were treated alternately by both counselors. Parloff found that the therapist who was judged as helping the client the most was also the therapist with which the client shared the best relationship.

Arbuckle (1970) believes that the relationship between the counselor and client is of importance, but only when there is a degree of humanness on the part of the counselor for his client. Arbuckle states that if the counselor "sees the purpose of his human relationship

as the enhancement of the individual, the development and the flowering of the individual as a free human being, one who is able to live the life of the human; one who does not need certainty, one who does not have to have guarantees of happiness and joy" (p. 221), then the counselor would be one who would help the client to accept responsibility for himself and his own life.

There is a wealth of research indicating the importance of the counseling relationship, however many researchers and writers feel counselor technique is an important part of successful treatment. Brammer and Shostrom (1977) state that "Since a key client goal is to act in some way to solve a personal problem, counselors need methods to help clients move from insight awareness, or understanding to action (deciding, choosing, planning, and doing). We do not assume, as some theorists do, that awareness or insight is sufficient for the client to act appropriately." However, they qualify their statements concerning technique by stating, "It is assumed also that the action strategies...are carried out in the framework of an effective relationship..." (p. 299). Brammer and Shostrum feel that useful techniques are a major way of "defining and redefining

relationships with people" (p. 179), but suggest caution in the use or overuse of techniques.

Techniques based on learning theory have become very popular in recent years. Most of the advocates of learning theory approaches emphasize that the counselor must establish a good relationship with the client, but central to the counseling process is the counselor's responsibility for helping the client define the problem in specific behaviors and then to launch the client on a course of action designed to resolve this problem (Hansen, Stevic, and Warner, 1977).

In resolving this problem, the behavioral counselor may use a variety of techniques. Reinforcement is an example of a behavioral approach which seeks to strengthen certain counselee behavior by positive or negative reinforcement schedules. Hosford's study is cited by Krumboltz and Thoresen (1969) as an example of the reinforcement technique. Hosford used reinforcement techniques to help teachers increase student participation in their classrooms. The results of this project were highly favorable. The reinforced students increased the frequency with which they entered into class discussions significantly more than the control students.

Techniques such as assertive training, relaxation training, and systematic desensitization are attempts to change an inappropriate response to a stimulus to a response that is more appropriate. The procedures are accomplished through the process of counter-conditioning. Other techniques used most often by behavioral counselors include shaping of behavior, extinction, contracting, time out, imitative learning, and cognitive learning. "Thus, in some cases the counselor becomes a behavioral engineer, actually manipulating the individual environment in order to provide an environment that will aid the process of behavioral change" (Hansen, Stavic, and Warner, 1977, p. 184).

Krumboltz and Thoresen (1969) have identified reflection as a technique that is often effective in achieving the goals of counseling. The writers feel that reflection helps the client to feel deeply understood, serves as a clarifier and simplifier by impressing clients with the inference that feelings are causes of behavior, and gives the client the feeling that he has the power of choice. Brammer and Shostrom state that reflection also clarifies the client's thinking so he can see the situation more objectively, and helps the

client examine his deeper motives.

In summary, it would seem that many practitioners who are strong proponents of the idea that the relationship between counselor and counselee is the essential ingredient for effective counseling also use techniques; i.e., reflection, encouragement. Other practitioners who adhere to the behavioral position have stated that the relationship between the counselor and counselee must be good in order for the technique to be effective. Perhaps the diversities between theorists are not as great as they may appear.

#### Client Perception of the Counselor

It has been suggested that the client's perception of the counselor's behavior determines to a large extent the effectiveness of the treatment. Lipkin (1954), in his study of client attitude, concluded that "our data strongly suggests that the client who is positively oriented to the counselor and the counseling experience, and who anticipates that his experience in counseling will be a successful and gratifying one, undergoes more change in personality structure than does the client who has reservations about the counseling experience" (p. 26).

Strong (1968) conceptualized counseling as an interpersonal influence process, and focused his research on opinion change and counseling within a cognitive dissonance framework. He sees counseling as a two phase interpersonal influence process, consisting first of the counselor's manipulation of the perceptual and involvement factors, followed by the second phase in which the counselor uses his resulting power actively to pursue client change. According to Strong, it is fundamental that the counselor present himself in such a way that his client finds him attractive, expert, and trustworthy. He therefore feels that counselors who possess these characteristics are more influential than counselors who lack these qualities.

The Schmidt and Strong (1970) study attempted to determine the counselor behaviors male college students identified as indicating expertness in a counselor. Six males, ranging from a first quarter graduate student to a PhD with five years of counseling experience, interviewed the same male confederate client. Thirty-seven students viewed the first five minutes of these video-taped sessions and rated the interviewer's expertness. The expert counselors were seen as relaxed,

interested, friendly, confident, and attentive; the nonexpert counselors were perceived as tense, unsure, uneasy, and awkward.

Barak and LaCrosse (1975) investigated Strong's findings concerning counselor behavior as seen by the client. Their study focused on Strong's three dimensions: expertness, attractiveness, and trustworthiness. Subjects in this study were asked to rate filmed interviews with Rogers, Ellis, and Perls on these three attributes. The findings supported Strong's dimension hypothesis; these three areas do exist in the perception of the subject and do have an effect on counseling success.

Tyler (1965) asserted that "the client's confidence in the counselor, the assumption that he can believe what this person tells him, is the essential foundation for the whole counseling process" (p. 16). Similarly, trust and confidence in the counselor or the lack thereof are prominent concerns of other researchers. This trust which the client places in the counselor was studied by Kaul and Schmidt (1971). Twenty-four short video-taped scenes of trustworthy and untrustworthy content were presented to a group of graduate and undergraduate students. The subjects then rated the interviewer's trustworthiness on an eight point scale. Analysis of the ratings indicated

the manner in which the interviewer acted influenced ratings more than the content of his communications. This relationship was particularly apparent in the initial interview segments. The researchers concluded that "One major implication of these data is to suggest that the training of counselors should include specific attention to the manner of communication in counseling as well as to the content of the counselor's communication" (p. 548).

### Client's Attitude

A survey of existing research on client perception of the different methods of counseling revealed very little research. Holen and Kinsey (1974) examined differences in potential client preferences and believed effectiveness for counseling methods using behavioral, client-centered, and psychoanalytic approaches. The researchers found a preference for the behavioral approach with no significant differences resulting from ratings of the client-centered or the psychoanalytic approach. Holen and Kinsey suggest that "Both logic and research outlining the impact on outcomes of counselor congruence and empathetic understanding (Loors, 1965; Truax, 1966) imply that a client is unlikely to benefit from a

therapeutic setting he or she finds unacceptable or believes to be ineffective" (p. 21). They further suggest that preference for an approach may be a function of a factor such as the client's problem. The authors conclude that "Perhaps research psychologists have concentrated too heavily on somewhat superficial traits of counselors and clients. The present findings suggest that counseling outcomes should be investigated as a possible function of a largely ignored, but certainly persuasive variable, client acceptance of actual counseling behaviors" (p. 23).

#### Purpose of the Study

The Holen and Kinsey study (1974) was undertaken in order to provide a basis for further investigation of preference and effectiveness of actual counseling behaviors derived from differing theories. Holen and Kinsey studied the perceived differences between the behavioral, client-centered, and psychoanalytic approaches. Client-centered and behavioral counseling are currently widely used methods of counseling, however reality therapy and rational-emotive therapy are also counseling approaches enjoying growing popularity. Each of these four theories is based on differing philosophical premises and employs

different techniques for helping their clients. It would seem worthwhile therefore to study the perceived difference in effectiveness of these four counseling approaches.

Client-centered counseling, developed by Carl Rogers, is a nondirective approach, minimizing counselor intervention. The client-centered therapist believes the client is able to solve his own problems, and that it is his job to establish a warm, accepting climate in which the client feels free to explore his personality and his problems. In this type of atmosphere, it is thought that the client is better able to accept himself and change those aspects of his personality that he feels need to be modified.

Ellis' rational-emotive theory is based on the idea that it is the counselor's job to help clients see that their difficulties are largely due to distorted perceptions and illogical thinking. Particularly important to this approach is the concept that much of the individual's emotional behavior stems from "self talk" or internalized sentences. The main goal of rational-emotive therapy is to demonstrate to clients that their self-verbalizations have been and currently are the

source of their emotional problems.

Behavioral counseling is concerned only with observable behavior. Behavioral counselors believe most behavior is learned and therefore can be unlearned by the process of manipulation and control of learning conditions. Behavioral counselors are more directive and use a wide variety of techniques based on conditioning and counter-conditioning in their counseling.

Reality therapy is based upon Glasser's idea that all patients have a common characteristic: they all deny the reality of the world around them. Reality therapy attempts to lead the patient toward fulfillment of needs in the real world. Glasser's belief is that responsibility is a basic tenet in client treatment. He believes his clients have either not learned or have lost the ability they have to be responsible for their own behavior. In summary, Glasser's treatment would emphasize the three "r's": facing reality, right and wrong, and assuming responsibility.

Inasmuch as preference and believed effectiveness differences appear to affect counseling outcomes, the present study was undertaken (1) to determine the perceived effectiveness of four methods of counseling as viewed by the subjects, and (2) to determine which of

these popular methods would be preferred by the subject for personal, vocational, and academic problems.

## CHAPTER II

### Methodology

#### Subjects

The subjects who served as raters of counselor effectiveness were 20 students enrolled in lower division psychology courses at Austin Peay State University in Clarksville, Tennessee. Subjects were selected on an incidental but nonrandom basis, the only criteria being their willingness to participate and their having no training, treatment, or course work in counseling theories or techniques. The sample included thirteen female raters and seven male raters, all of college age.

#### Procedures

The experimental task consisted of listening to four tapes, each approximately 10 minutes long, of counseling sessions illustrative of each of four theories: behavioral counseling, client-centered counseling, reality therapy, and rational-emotive therapy. Upon entering the testing room each subject was seated and presented with a five-page leaflet containing an introductory or explanatory page, four copies of the Counselor Evaluation Inventory, and a fifth sheet asking the subject to choose the method of counseling he would

prefer for help with a vocational, personal, or academic problem (see Appendix A). The researcher read through the introductory page with each subject. It was then explained to the subject that each tape consisted of a popular counseling approach which they were to evaluate according to their perceptions concerning that approach.

The tapes were randomly assigned the numbers one to four and were varied in order of presentation to counterbalance possible order effects. After listening to each tape, subjects were asked to respond to the tape on the appropriately numbered evaluation form. Beside each question on the evaluation form was a scale ranging from 1, indicating a low degree of the questioned characteristic, to 5, indicating a high degree of the questioned characteristic. The subjects were requested to circle the number which most closely corresponded to their feelings about the particular tape.

At the conclusion of the four tapes, the researcher reviewed the four counseling approaches with the subjects. The subjects were then asked to select a tape for vocational counseling, personal counseling, and academic counseling based on their believed effectiveness in dealing with these types of problems. Thus, it is

believed that the results obtained from each subject reflect his personal general preferences of the theories in particular situations.

### Instrumentation

Counseling Interviews. Excerpts of counseling interviews from the writings or tapes of Albert Ellis, Carl Rogers, William Glasser, and John Krumboltz and Carl Thoresen were rehearsed and role played on audio tape. A male graduate student knowledgeable in counseling theories and techniques and the present researcher acted as counselor and client for the role-played interviews. Each interview tape is approximately the same length, 10 minutes, and includes the same introduction. An effort was made to select counseling interviews discussing a similar type of problem for all four counseling approaches, however the lack of useable interview sessions in reality therapy resulted in the selection of an interview of a more serious nature than the other three theories (see Appendix B for introductory statements and interviews).

Counseling Evaluation Inventory. A modified form of the Counselor Evaluation Inventory-Short Form (CEI-SF) devised by Linden, Shertzer, and Stone (1965) was used

to assess the subjects' perception of the counselor's effectiveness in each of the four audio-taped interviews. The CEI-SF is a revised and shortened version of an earlier evaluation form by Anderson and Anderson (1962) entitled the Interview Rating Scale. Linden, Stone, and Shertzer found the CEI-SF to be a valid indicator of counselor effectiveness when compared to practicum grades. Test-retest reliability coefficients for the CEI-SF ranged from a low of .63 to .83 for the various factors measured. An overall indication of counselor effectiveness may be obtained from the scale, plus a factored score for a measurement of counseling climate, counselor comfort, and client satisfaction.

For the purposes of the present study it was necessary to modify the CEI-SF. The person of some of the rating statements was changed. For example, item 17 states, "I distrusted the counselor." Since the subjects were rating an interview in which they were not the client, it was felt that the statement should be clarified by changing the wording to "As a client, I would have distrusted the counselor." For each statement which referred to "me" or "my" the words "the client" or "his/her" were substituted. Inasmuch as the audio-taped interviews

did not contain the information necessary for the subjects to answer three rating questions, these were omitted from the modified scale. The original scale rated items measuring counselor behaviors as "Always", "Often", "Sometimes", "Rarely", and "Never". The present research used a continuum of 1 to 5, 1 indicating low degree of the questioned characteristic, and 5 indicating a high degree of the questioned characteristic (Appendix A includes the Modified Counselor Evaluation Inventory). Because of these changes, it was felt that the Modified CEI should be used only as an overall indicator of counselor effectiveness.

## CHAPTER III

### Results

The Friedman Two-Way Analysis-of-Variance Test was used to analyze the data derived from the Modified Counselor Evaluation Inventory (see Table 1).

TABLE 1

Summary of Friedman Two-Way Analysis-of-Variance:  
Preference and Believed Effectiveness for  
Behavioral, Client-Centered, Reality,  
and Rational-Emotive Therapies

Theory	Friedman R Value *
Behavioral Counseling	25.5
Client-Centered Counseling	45.0
Reality Therapy	59.5
Rational-Emotive Therapy	68.0

\*  $\chi_r = 18.465$ ,  $df=3$ ,  $p < .001$ ,  $N=20$

The results indicated that there was a significant difference in the subjects' perception and believed effectiveness of the four counseling theories. Further analysis with the Wilcoxon Matched-Pairs-Signed Ranks

Test found a significant difference between rational-emotive and client-centered therapy ( $T=6.5$ ,  $p < .01$ ,  $N=20$ ), between behavioral counseling and reality therapy ( $T=4$ ,  $p < .01$ ,  $N=20$ ), between behavioral and reality therapy ( $T=4$ ,  $p < .01$ ,  $N=20$ ), and between behavioral and client-centered counseling ( $T=46$ ,  $p < .05$ ,  $N=20$ ). The results of these statistics indicate that behavioral counseling was judged by these subjects to be more effective than either reality, rational-emotive, or client-centered counseling. Client-centered counseling was considered more effective than rational-emotive or reality therapy. Rational-emotive and reality therapy were not found to be significantly different.

A second part of the research asked subjects to state preferences from among the four counseling techniques as to which approach they would choose for help with a vocational, academic, and personal problem. The analysis of this data revealed that behavioral counseling was viewed by the research subjects as the most effective method for dealing with personal problems while client-centered therapy was chosen for vocational and academic guidance (see Table 2).

TABLE 2

Percentages of Subjects' Preferences From Among  
the Four Counseling Theories for Personal,  
Vocational, and Academic Counseling

Theory	Percentages		
	Personal	Vocational	Academic
Behavioral	70	20	30
Client-centered	15	40	50
Rational-emotive	0	25	10
Reality	15	15	10

N=20

Discussion

In light of the literature describing the variables facilitating successful counseling, it appears plausible that the client's perception of counseling behaviors and methods may have some bearing on the success of treatment. The present research was undertaken to further investigate subject's preferences and believed effectiveness of four counseling approaches: rational-emotive therapy, reality therapy, client-centered and behavioral counseling.

The results of the present study are in agreement with those of Holen and Kinsey (1974) who found that the behavioral approach was preferred over client-centered and psychoanalytic methods. These authors suggest that their findings could be a function of a factor such as the client's problems. Although the present researcher attempted to obtain counseling interviews of similar content, the possibility exists that the present findings, which indicated a preference for behavioral counseling, are also due to other factors such as the type of problem presented by the client. It should be noted that a higher percentage of subjects

chose behavioral counseling as their preference for help with personal problems and the taped interviews used for the present study were concerned with problems of a personal-social nature.

It was interesting to note the ratings of the subjects on individual questions of the Modified Counselor Evaluation Inventory. For example, the behavioral counselor was given a rating of 5, indicating highest effectiveness, more often on questions evaluating the counselor's acceptance of the client, viewing the client's concerns and problems as important to him, as having a genuine desire to be of service to the client, and as being patient with the client. Apparently, as Krumboltz and Thoresen (1969) state, many behavioral counselors do attempt to form a good relationship with clients before implementing their plan of action to resolve their problems. The client-centered counselor received the most rankings of 5 for making the client feel comfortable in the interview and feel at ease with the counselor. Although second to the behavioral counselor, the client-centered counselor also received a high number of 5 rankings for being very patient with the client. The rational-emotive therapist received the highest number

of 5 rankings for acting cold and distant, as if he were better than the client, and insisting on being right always. This finding is not too surprising in view of the fact that rational-emotive therapy is a very directive method of counseling. The reality therapy approach received a range of from 0 to 7 rankings of 5 for all questions, but did not receive the highest total of 5 rankings for any question.

It is felt by the researcher that the emergence of behavioral counseling as the most preferred and effective technique of counseling merits further empirical investigation. It is possible that the present findings are a result of too small a sample, the particular counseling excerpts used, or are the product of instrument error. Regardless of the limitations of the present study, the possibility exists that perhaps other writers have concentrated too heavily on the superficial traits of the counselor and his client. The present findings and those of Holen and Kinsey (1974) suggest that emphasis on client preferences and believed effectiveness of the counseling method may be of major importance to counseling success.

Summary

The purpose of the present study was to determine if there was a significant difference in the perceived effectiveness of four well known counseling approaches: reality therapy, behavioral counseling, client-centered counseling, and rational-emotive therapy. A sample of twenty college students were asked to rate counselor effectiveness using the Modified Counselor Evaluation Inventory after listening to excerpts from four counseling interviews, each demonstrating a different approach. The results of the study revealed that a significant difference does exist between the four approaches: behavioral counseling was judged as the most effective by the students, followed by client-centered counseling. No significant differences were found between reality therapy and rational-emotive therapy.

A second aspect of the study asked subjects to state preference from among the four counseling approaches for the method they would choose to handle an academic, vocational, and personal problem. Behavioral counseling was judged by the subjects as the most preferred approach

for help with personal problems, while client-centered methods were preferred for academic and vocational problems.

## References

- Anderson, R.P., and Anderson, G.V. Development of an instrument for measuring rapport. Personnel and Guidance Journal, 1962, 41, 18-24.
- Arbuckle, D.S. Counseling: Philosophy, Theory, and Practice. Boston, Mass.: Allyn and Bacon, Inc., 1970.
- Barak, A., and LaCrosse, M. Multidimensional perception of the counselor behavior. Journal of Counseling Psychology, 22, 471-476.
- Brammer, L.M., and Shostrum, E.L. Therapeutic Psychology. Englewood Cliffs, N.J.: Holt, Rinehart, and Winston, Inc., 1977.
- Carkhuff, R.R., and Berenson, B.G. Beyond Counseling and Therapy. New York, N.Y.: Holt, Rinehart, and Winston, Inc., 1977.
- Dinkmeyer, D.C. Use of the encouragement process in Adlerian counseling. Personnel and Guidance Journal, 1972, 51, 177-181.
- Ellis, A. Reason and Emotion in Psychotherapy. New York, N.Y.: Lyle Stuart, Inc., 1962.

- Fielder, F.E. The concept of an ideal therapeutic relationship. Journal of Consulting Psychology, 1950, 14, 239-245.
- Fielder, F.E. Factor analysis of psychoanalytic, non-directive, and Adlerian therapeutic relationships. Journal of Consulting Psychology, 1951, 15, 32-38.
- Glasser, W. Role playing excerpts presented at Glasser Workshop, Augusta College, Augusta, Ga., Dec., 1975.
- Hansen, J., Stevic, R., and Warner, R. Counseling: Theory and Process. Boston, Mass.: Allyn and Bacon, Inc., 1977.
- Holen, M.C., and Kinsey, W.M. Preferences for three theoretically derived counseling approaches. Journal of Counseling Psychology, 1974, 21, 21-23.
- Kaul, T.J., and Schmidt, L.D. Dimensions of interviewer trustworthiness. Journal of Counseling Psychology, 1971, 18, 542-548.
- Krumboltz, J.D., and Thoresen, C. Behavioral Counseling: Cases and Techniques. New York, N.Y.: Holt, Rinehart, and Winston, Inc., 1969.
- Linden, J.S., Stone, S.C., and Shertzer, B. Development and evaluation of an inventory for rating counseling. Personnel and Guidance Journal, 1965, 44, 267-276.

- Lipkin, S. Clients' feelings and attitudes in relation to the outcomes of client-centered therapy. Psychological Monograph, 1954, 68, 372.
- Parloff, M.B. Therapist-patient relationships and outcome of psychotherapy. Journal of Counseling Psychology, 1961, 25, 29-38.
- Patterson, C.H. Theories of Counseling and Psychotherapy. New York, N.Y.: Harper and Row, 1973.
- Rogers, C.R. Client-Centered Therapy. Boston, Mass.: Houghton Mifflin Co., 1951.
- Rogers, C.R. The interpersonal relationship the core of guidance. Personnel and Guidance Journal. 1962, 32, 416-428.
- Schmidt, B., and Stone, S. "Expert" and "inexpert" counselors. Journal of Counseling Psychology, 1970, 17, 115-118.
- Shertzer, B., and Stone, S. Fundamentals of Counseling. Boston, Mass.: Houghton Mifflin Co., 1974.
- Strong, S.R. Counseling: an interpersonal influence process. Journal of Counseling Psychology, 1968, 15, 215-224.
- Truax, C. Effective ingredients in psychotherapy: an approach to unraveling the patient-therapist interaction. Journal of Counseling Psychology, 1963, 10, 256-263.

Truax, C., and Carkhuff, R.R. Toward Effective  
Counseling and Psychotherapy. Chicago, Ill.:

Aldine, 1967.

Tyler, L.E. Comment. Journal of Counseling Psychology,

1965, 12, 16.

APPENDIX A

Counselor Evaluation Leaflet

## Explanatory Page

The following tapes demonstrate four well known methods of counseling. Each tape consists of a short segment from a counseling interview. Since in most cases several sessions are necessary in order to resolve the client's problems, remember in listening to these tapes that they are only part of long term counseling and do not include solutions to the client's problems. Think, instead, of these segments as demonstrating some of the techniques used by the four theories.

I would like you to listen to each of the four counseling tapes and then record your perceptions of the approach on the enclosed evaluation forms. Be sure that the number on the tape and the number at the top of your evaluation form match. You will note that beside each question is a scale from 1, which means a small degree of that characteristic in the approach, to 5, which means a large degree of that characteristic. Please circle the number that most closely corresponds to your feelings. The final sheet indicates which approach you would pick for a particular situation. Please put the number of the tape that you feel would handle the situation best.

The results of this study may be obtained by contacting me by phone. My number is 647-6758. The results of the study may be obtained after August 1, 1977.

## Modified Counseling Evaluation Inventory

	low				high
	1	2	3	4	5
1. I felt the counselor accepted the client as an individual	1	2	3	4	5
2. The client seemed to feel comfortable in his/her interviews with the counselor.	1	2	3	4	5
3. The counselor acted as though he thought the client's concerns and problems were important to him.	1	2	3	4	5
4. The counselor acted uncertain of himself.	1	2	3	4	5
5. The counselor acted cold and distant.	1	2	3	4	5
6. The client seemed to feel at ease with the counselor.	1	2	3	4	5
7. The counselor seemed restless while talking to the client.	1	2	3	4	5
8. In the interview, the counselor acted as if he were better than the client.	1	2	3	4	5
9. The counselor's comments helped the client to see more clearly what he/she needs to do to gain his/her objectives in life.	1	2	3	4	5
10. I believe the counselor had a genuine desire to be of service to the client.	1	2	3	4	5
11. The counselor was awkward in starting the interview.	1	2	3	4	5
12. The client seemed satisfied as a result of his/her talks with the counselor.	1	2	3	4	5

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 13. | The counselor was very patient.  | 1 | 2 | 3 | 4 | 5 |
| 14. | Other students could be helped by talking with this counselor.                       | 1 | 2 | 3 | 4 | 5 |
| 15. | In opening the interview, the counselor was relaxed and at ease.                     | 1 | 2 | 3 | 4 | 5 |
| 16. | As a client I would have distrusted the counselor.                                   | 1 | 2 | 3 | 4 | 5 |
| 17. | The counselor insisted on being right always.  | 1 | 2 | 3 | 4 | 5 |
| 18. | The counselor acted as if he had a job to do and didn't care how he accomplished it. | 1 | 2 | 3 | 4 | 5 |

PLEASE WRITE THE NUMBER OF THE TAPE WHICH YOU FEEL WOULD BEST HANDLE THE PROBLEM.

1. I would pick tape\_\_\_\_\_to handle a personal problem.
2. I would pick tape\_\_\_\_\_to handle a vocational problem.
3. I would pick tape\_\_\_\_\_to handle an academic problem.

APPENDIX B

Counseling Excerpts

## BEHAVIORAL COUNSELING

An illustration of this technique is seen in the following example in which a young man visits a counselor because of social and personal problems.

Counselor: Well...what's been happening?

Subject: Not much...I called up this girl...or I was going to...and I called her...there was no one home...

Counselor: Oh...you did call her up eh?...good...

Subject: After that though...I just really felt...that I really didn't want to go out that bad.

Counselor: You did make that attempt though.

Subject: Yeah...and I figure I'll try again for this weekend.

Counselor: Like you'll call somebody up tonight?

Subject: Yeah. I could but it seems like I'm just not enthusiastic about asking a girl out...

Counselor: When you called her up...were you a little bit anxious...or tense?

Subject: A little. I tried not to be...practiced the deep-breathing and muscle exercises...

Counselor: Good...good...Do you think you could try it again? Perhaps you could call her tonight.

Subject: OK...I'll try...I think that would be all right...

(Later in the same interview.)

Subject: Yeah...I think I know of one guy that sits near me in my English class...He did say hi to me the other day... I'll try that.

Counselor: Again, I'd like to have you record what happens when you try to start a conversation with him...If you get a little nervous... work some of those muscle exercises...or yawn and stretch...That'll be a goal for this week, OK?

Subject: Fine...I think I could do it.

## REALITY COUNSELING

An illustration of this technique is seen in the following dialogue between a young reform school girl, who has recently stabbed a guard and escaped for a period of time, and her counselor.

Counselor: Hey...what's going on?

Subject: What do you mean...what's going on?

Counselor: Well, what's your problem?

Subject: I don't know.

Counselor: Well...you were doing what we felt was a good job...really fine...you were doing great in school, you had gained the trust of the workers, you had worked in the dorms ...everything seemed to be going well for you...

Subject: I just couldn't take it anymore...

Counselor: You know what you've done here...you may have seriously hurt the matron...what your plan...what kind of person are we dealing with?

Subject: I don't know.

Counselor: Are you a violent person?...It seems to me that you are...

Subject: No...No...I don't act like that all the time.

Counselor: Well, you say you don't act like that all the time but are you aware of what you did?

Subject: Sure...

Counselor: Do you want to stay locked up in here for the rest of your life? Is that your plan?...

Subject: No, I'll get out...when I can't take it anymore.

Counselor: Just why should we let you out...we just can't let violent people walk the streets...

Subject: I don't act like that on the outside...

Counselor: How do we know you won't be violent again?

Subject: Because I didn't act like that before I was locked up in this place.

Counselor: But you were violent in here this time... you did do harm to the matron.

Subject: This place did it...

Counselor: You want to get out...does this mean you are willing to kill to get out?

Subject: Yes!

Counselor: Well, that certainly is a good thing to know...What you are saying is that you are willing to kill to get out of this prison. What if I put this in my report... you'll be in a very bad position...is that what you want?

Subject: I didn't mean to hurt her...I wouldn't hurt her. I was just ready to go...I had to go...you're not helping me...I'm worse off now than I was before.

Counselor: Now wait a minute...we'd like to help you but that's not really why you are here... you're here to be punished...you stole a car and it's the law you have to do some time...you have to do six to eight months... you may not like it...but you still have to.

If you attack people in here should we  
just let you go because you want to?  
It just doesn't work that way...

Subject: No...I think I've done fine...I've played  
the game...but it...just gets old...I  
just can't take the crap.

Counselor: Just a minute...what get's old?

Subject: Being here...this place...having to be  
here, having to stay.

Counselor: No freedom!

Subject: Yeah...I just can't take it. I don't think  
it's fair to lock kids up.

Counselor: Well...we could debate that, whether it's  
right or wrong but that isn't really the  
problem...My job is to help you so in the  
future you won't get into trouble, but  
you didn't wait...you got in trouble before  
you left and now we've got a bigger problem.

Subject: I'm fine, fine. I get along fine on the  
outside...I've got no problems.

Counselor: Oh, just steals car...Uh?

Subject: So it happened once...

Counselor: That's what you did...you did steal a car  
or did you? You knew it was stolen...

Subject: So what! Everybody does bad things...  
Some people just don't get caught.

Counselor: Yes, but you did get caught...and the  
difference is you're in here and they  
are not.

Subject: People do worse things.

Counselor: Sure.

- Subject: People do a lot worse things...I'm not bad...you're making me bad...this place is.
- Counselor: What could we do to make things better?
- Subject: You could let me out.
- Counselor: I'm sure sometime you will get out... but it won't be for sometime. What we have to do now is work on this breaking point of yours...instead of you trying to make things worse.
- Subject: I thought I was doing OK...but just one little thing sets you back...one little thing...I take a lot...a whole lot.
- Counselor: Are you saying you've reached your breaking point?
- Subject: Yeah, that's right...I didn't mean to hurt her...I just couldn't take it anymore.
- Counselor: What we need to do now is work on your breaking point. What are you going to do now... what are your alternatives... what are you going to do the next time...
- Subject: I don't want to get into anymore trouble.
- Counselor: OK...we'll work on this breaking point... the next time you reach it let me know... I can help you...even if I have to hold your hand, OK?
- Subject: OK...I guess you might help me.

RATIONAL-EMOTIVE THERAPY

An illustration of the use of this theory is shown in the following dialogue with a client who said that she was terribly unhappy because, the day before this session she had played golf with a group of women and they obviously hadn't liked her.

Therapist: You think you were unhappy because these women didn't like you?

Patient: I certainly was!

Therapist: But you weren't unhappy for the reason you think you were.

Patient: I wasn't? But I was!

Therapist: No, I insist: you only think you were unhappy for that reason.

Patient: Well, why was I unhappy then?

Therapist: It's very simple-as simple as A, B, C, I might say. A, in this case, is the fact that these women didn't like you. Let's assume that you observed their attitude correctly and were not merely imagining they didn't like you.

Patient: I assure you that they didn't. I could see that very clearly.

Therapist: Very well, let's assume that they didn't like you and call that A. Now, C is your unhappiness-which we'll definitely have to assume is a fact, since you felt it.

Patient: Damn right I did!

Therapist: All right, then: A is the fact that the women didn't like you, C is your unhappiness. You see A and C and you assume that A, their not liking you, caused your unhappiness, C. But it didn't.

Patient: It didn't? What did, then?

Therapist: B did.

Patient: What's B?

Therapist: B is what you said to yourself while you were playing golf with those women.

Patient: What I said to myself? But I didn't say anything.

Therapist: You did. You couldn't possibly be unhappy if you didn't. The only thing that could possibly make you unhappy that occurs from without is a brick falling on your head, or some such equivalent. But no brick fell. Obviously, therefore, you must have told yourself something to make you unhappy.

Patient: But I tell you...Honestly, I didn't say anything.

Therapist: You did. You must have. Now think back to your being with these women; think what you said to yourself; and tell me what it was.

Patient: Well...I...

Therapist: Yes?

Patient: Well, I guess I did say something.

Therapist: I'm sure you did. Now what did you tell yourself when you were with those women?

Patient: I...Well, I told myself that it was awful that they didn't like me, and why didn't they like me, and how could they not like me, and...you know, things like that.

Therapist: Exactly! And that, what you told yourself, was B. And it's always B that makes you unhappy in situations like this. Except as I said before, when A is a brick falling on your head. That, or any physical object, might cause you real pain. But any mental or emotional onslaught against you - any word, gesture, attitude, or feeling directed against you - can hurt you only if you let it. And your letting such a word, gesture, attitude, or feeling hurt you, your telling yourself that it's awful, horrible, terrible - that's B. And that's what you do to you.

Patient: What shall I do then?

Therapist: I'll tell you exactly what to do. I want you to play golf, if you can, with those same women again. But this time, instead of trying to get them to love you or think you're a grand gal or anything like that, I want you to do one simple thing.

Patient: What is that?

Therapist: I want you merely to observe, when you're with them and they don't love you, to observe what you say to you. That's all: merely watch your own silent sentences. Do you think you can do that?

Patient: I don't see why not. Just watch my own sentences, what I say to me?

Therapist: Yes, just that.

CLIENT-CENTERED THERAPY

An illustration of this technique is seen in the following example in which a young girl, confused over her social values and personal beliefs, discusses her problems with the counselor. Two different passages will be heard from the first and eighth interviews.

Subject: It seems-I don't know-It probably goes all the way back into my childhood. I've-for some reason I've-my mother told me that I was the pet of my father. Although I never realized it-I mean they never treated me as a pet at all. And other people always seemed to think I was sort of a privileged one in the family. But I never had any reason to think so. And as far as I can see looking back on it now, it's just that the family let the other kids get away with more than they usually did me. And it seems for some reason to have held me to a more rigid standard than they did the other children.

Client: You're not so sure you were a pet in any sense, but more that the family situation seemed to hold you to pretty high standards.

Subject: M-hm. That's just what has occurred to me; and that the other people could sorta make mistakes, or do things as children that were naughty, or "that was just a boyish prank," or "that was just what you might expect," but I wasn't supposed to do those things.

Client: M-hm. With somebody else it would just be just-oh, be a little naughtiness; but as far as you were concerned, it shouldn't be done.

Subject: That's really the idea I've had. I think the whole business of my standards, or my

values, is one that I need to think about rather carefully, since I've been doubting for a long time whether I even have any sincere ones.

Client: M-hm. Not sure whether you really have any deep values which you are sure of.

Subject: M-hm. M-hm.

Client: You've been doubting that for some time.

Subject: Well, I've experienced that before. Though one thing, when I make decisions I don't have-I don't think-It seems that some people have have quite steady values that they can weigh things against when they want to make a decision. Well, I don't and I haven't had, and I guess I'm an opportunist (laughing). I do what seems to be the best thing to do at the moment, and let it go at that.

Client: You have no certain measuring rods that you can use.

Subject: Yes. M-hm. That's what I feel. (Pause.)  
Is our time about up, Mr. L.?

Client: Well, I think there are several minutes more.

Subject: I was thinking about this business of standards. I somehow developed a sort of a knack, I guess, of well-habit-of trying to make people feel at ease around me, or to make things go along smoothly. I don't know whether that goes back to early childhood, or-I mean, to our family situation where there was a large family, and so many differences of opinion and all that there always had to be some appeaser around (laughing) and seeing into the reasons for disagreeing and being sorta the oil that soothed the waters. Well, that is a role that I have taken for a long time. In other words I just wasn't ever-I mean, I didn't find myself ever being set and definite about things. I could see what I thought was needed

in the situation and what was the idea I thought might be interjected to make people feel happy, an I'd do that.

Client: In other words, what you did was always in the direction of trying to keep things smooth and to make other people feel better and to smooth the situation.

Subject: Yes. I think that's what it was. Now the reason why I did it probably was-I mean, not that I was a good little Samaritan going around making other people happy, but that was probably the role that fell easiest for me to play. I'd been doing it around home so much. I just didn't stand up for my own convictions, until I don't know whether I have any convictions to stand up for.

Client: You feel that for a long time you've been playing the role of kind of smoothing out the frictions or differences or what not...

Subject: M-hm.

Client: Rather than having any opinion or reaction of your own in the situation. Is that it?

Subject: That's it. Or that I haven't been really honestly being myself, or actually knowing what my real self is, and that I've been just playing a sort of false role. Whatever role no one else was playing, and that needed to be played at the time, I'd try to fill it in.

Client: Whatever kind of person that was needed to kinda help out that situation you'd be that kind of person rather than being anything original or deeply your own.

Subject: Well, yes. I think so. It seems that it's more-that it's not realistic, or it's not honest, or not-it's not sincere, maybe.

In the eighth interview this passage occurs.

Subject: Now-one of the things that I was doing, ah, something that-that had worried me was getting, well, living at the dorm, it's hard-not to just fall in with a group of people, ah, that aren't interesting, but just around. Well, I, ah, found that I had been spending a lot more time with a group of people that I didn't find interesting-All of them are pleasant people, and there were certain activities I enjoyed with them, but well, there were a lot of things that I didn't have in common. And we had gotten in the habit of eating breakfast together, and lunch together, and dinner together, and sitting around a lot, probably in the evening. So, now I find that I'm ah, able to ah, at least I am getting away from that group a little bit. And ah, being with people who are a little bit more stimulating, and people that I really find I have more interests in common with.

Client: That is, you've really chosen to draw away from the group you're just thrown with by chance, and you pick people whom you want more to associate with. Is that it?

Subject: That's the idea. I-I, ah, I mean I'm not doing anything drastic. I haven't taken any great steps by leaps and bounds. But, well, one of the girls lives on my floor and she would come and knock on the door and say, ah, that she wanted to eat lunch, or all of us are going down to eat at twelve. Well, it used to be hard for me to say, "Well, no." And so I'd drop whatever I was doing and drag down at twelve with the group. Well, now I say occasionally, "I'd rather eat later," or "I'd rather eat earlier." Well, ah, before it was easier for me to say, "OK, I'll go ahead and eat now."

Client: You find it a little more possible, I gather, to express your real attitudes in a social situation, like wanting to go to lunch or not wanting to go to lunch, and also to, ah, to make your own choice of friends, and people

that you want to mix with.

Subject: So, that seems to me-I, ah-that also isn't going ahead by great leaps and bounds but I, ah-

Client: It's a slow process.

Subject: But I, I think I'm getting to that. Ah-and I don't know whether-I mean at first, ah, I tried to see if I was just withdrawing from this bunch of kids I'd been spending my time with, and I'm sincere in thinking that, ah, it's not a withdrawal, but it's more of an assertion of my real interests.

Client: M-hm. In other words, you've tried to be self-critical in order to see if you're just running away from the situation, but you feel really, it's an expression of your positive attitudes.

Subject: I-I think it is.