COUNSELLOR RESPONSE MODES, COUNSELLOR INTENTIONS

AND CLIENT REACTIONS AT FOUR

LEVELS OF COUNSELLOR EXPERIENCE AND TRAINING

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ABSTRACT

This study examined counsellor verbal responses, intentions, and client reactions for counsellors of four levels of experience and training. Five students at the first year Master level, five students at the second year Master level, five psychologists who had been registered for less than five years, and five psychologists who had been registered for more than five years conducted an initial 30 minute interview with undergraduate volunteers. Dependent measures included the Hill Counsellor Verbal Response Category System, the Therapist Intention List, and the Client Reaction System. Response mode results yielded evidence that Master level counsellors made more frequent use of approval statements and minimal encouragers. The most advanced Doctoral level group of counsellors used more responses from the interpretive cluster. The analyses of therapist intentions suggested that Doctoral level counsellors are more intent than Master level counsellors on educating clients in a first interview. The first-year novice group of counsellors had more intentions to explore client issues and initiate change. The analyses of client reactions revealed differences only between Master level counsellors as a group compared with Doctoral level counsellors. Subjects reported feeling supported more frequently when they were interviewed by M.A. level counsellors. Ph.D. level counsellors received a higher mean number of negative reactions. The results of this study are discussed in the context of the microskills counselling research literature.

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Introduction

Verbal interaction between counsellor and client is the essence of all counselling and psychotherapy. Much of the counselling psychology literature is an attempt to describe the nature and objectives of counsellor verbal responses. The research proposed here focuses upon counsellor verbal responses and the intent of those responses at different levels of counsellor experience and training. A number of themes in the research literature are relevant to this topic.

Microskill Approaches

Microskill approaches to counselling are based upon operationally defined interviewer responses which can be taught and studied systematically. This model is in contrast to training which emphasizes general counsellor attributes such as empathy and unconditional positive regard. Although such general attributes are considered facilitative in the therapeutic process, there is a need to describe behaviourally how to communicate such conditions to a client (Auerswald, 1974). According to Ivey (1988), operational definitions of empathy offered in the microskills approach help to clarify the interviewing process and enable a novice counsellor to enter the interview with specific skills, competencies and concepts.

The microskills model is applicable to beginning interviewers of any psychological orientation in a wide variety of settings (e.g., police departments, businesses, correctional

services). Another benefit of the microskills approach is its capacity to differentiate various psychotherapeutic orientations. This permits practise with different orientations, and also provides a basis for adopting one orientation or at least a distinct subset of counselling skills. For example, classical, nondirective therapists are said to prefer paraphrasing and reflection of feeling, whereas psychodynamic therapists use more interpretations (Galvin & Ivey, 1981). Trainees may consider research related to these specific microskills in evaluating divergent approaches.

A core goal of microskills training is intentionality (Galvin & Ivey, 1981). According to Ivey (1988), the intentional counsellor can "generate alternatives in a given situation and approach a problem from different vantage points, using a variety of skills and personal qualities, adapting styles to suit different cultural groups" (p. 11). Ivey offers a hierarchy of microskills which summarizes the process of intentional interviewing and provides a guideline for training. Basic attending behaviours form the foundation of intentional counselling. As one moves up the hierarchy, advanced skills, such as confrontation and interpretation, are considered in order of increasing complexity. The highest level of mastery involves skill integration and the determination of a personal style and theory.

Counsellor Response Modes

One approach to studying the counselling process is to focus on the verbal responses of the interviewer. In such analyses, the response type or mode (e.g., closed questions, minimal encouragers) is considered. Response modes have been defined as the grammatical structure of the therapist's verbal reply, independent of the topic or content of speech (Hill, 1992). Counsellor response types are deemed important because they are the mode of intervention used with a client (Hill, 1985). Systems of counsellor response types have been used to analyze response modes of novice and experienced counsellors (Pope, Nudler, Van Korff, & McGee, 1974), as well as counsellors before and after training (Hill, Charles & Reed, 1981; Kivlighan, 1989; Pope, Nudler, Norden & McGee, 1976; Thompson, 1986). Response systems used in such studies include the Hill Counsellor Verbal Response Category System (Hill, 1978, 1985, 1986; Hill, Greenwald et al., 1981); Friedlander's revision of the Hill system (Friedlander, 1982); Stiles' Verbal Response Mode Systems (Stiles, 1978, 1979); Elliot's Response Mode Rating System (Elliot, 1985); the Conversational Therapy Rating System (Goldberg et al., 1984); Mahrer's Taxonomy of Procedures and Operations in Psychotherapy (Mahrer, cited in Elliot et al., 1987); and the Classification System for Counselling Responses (Highlen, Lonborg, Hampl, & Lassiter, cited in Lonborg, Daniels, Hammond, Houghton-Wenger, & Brace, 1991).

The Hill Counsellor Verbal Response Category System (HCVRCS) is one of the most widely used content analysis systems (Lonborg et al., 1991). The development of the HCVRCS was based upon the helping skills literature and definitions from other category systems. The initial system consisted of 17 categories, whereas the most recent version contains only 12 (Hill, 1985). There are five hierarchical groups for the HCVRCS response categories, which are arranged in order from least to most difficult in terms of underlying concepts. The hierarchical groups include: (1) supportive interventions, (2) directive interventions, (3) questions, (4) paraphrase, and (5) interpretive interventions (see Appendix A). Minimal encourager and silence categories are considered separately as they are different in form from the other verbal categories (Hill, 1985).

Research has indicated that novice interviewers frequently use reflection, restatement, and information seeking/providing responses (Lee, Uhlemann, & Haase, 1985). Cummings (1989) found reflection, restatement, and minimal encouragers to be common novice responses. A minimal encourager is a short, neutral phrase which encourages client talk and indicates acknowledgement or understanding (Hill, Charles, & Reed, 1981). Lonborg et al. (1991) found novice counsellors to increase their use of minimal encouragers as an initial counselling session progressed in order to encourage client talk. Kivlighan (1989) and Hill, Charles, and Reed (1981) reported an increase in the usage of this response following training, seemingly as a means of

reinforcement. In contrast, Thompson (1986) found a decreased use of minimal encouragers following both specific counsellor training and general psychology training. Thompson suggested that minimal encouragers may constitute a safe response for novice or apprehensive interviewers.

Following graduate training, counsellors have also been reported to reduce the frequency of questioning (Gormally, 1975; Hill, Charles, & Reed, 1981; Kivlighan, 1989). Hill et al. maintained that in normal social situations individuals depend on questions to encourage conversation. With counsellor training, new methods of facilitating client talk may result in a decreased reliance on questions. Thompson (1986) found graduate students to use more open questions following training than a comparison group of non-trained undergraduates. Open questions allow the exploration of client concerns without limiting client responses. Thus, a more thoughtful balance of open and closed questions may result from counsellor training.

Confrontation as a response mode is a more advanced skill. Mitchell and Hall (1971) have indicated that inexperienced counsellors confront clients rarely, and Hill (1975) reported novice confrontations to be primarily positive in nature (i.e., favourable inconsistencies pointed out). Trained counsellors have been found to employ confrontational responses slightly more often than non-trained interviewers (Thompson, 1986) and counsellors with less experience (Tracey, Hays, Malone, & Herman, 1988).

Hill, Helms, Tichenor, Spiegal, O'Grady, and Perry (1988) reported therapist response modes had a small (1%), but significant, effect on measures of the immediate outcome of therapeutic interventions. However, consideration of the interaction between therapist response modes, therapist intentions, client experiencing level, and individual differences among clients explained immediate outcome significantly more. In terms of helpfulness ratings, self-disclosure, interpretations, approval, and paraphrase received some of the highest ratings. Direct guidance and closed questions received the lowest helpfulness ratings.

Contradictory findings in response mode research probably emanate from a number of sources. For instance, the different emphases of various training procedures, which typically are not explicitly outlined in the literature, may influence counsellor response styles (Hill, 1992; Kivlighan, 1989). In addition, the level of analysis in response mode research is limited given the focus on frequency of response types without consideration of quality of responses (Hill, Helms, Tichenor, et al., 1988). Response mode research has also been criticized for lack of attention to individual differences in clients' reactions to responses (Hill, Helms, Tichenor, et al., 1988), and for failure to consider moderating variables (Hill, Helms, Tichenor, et al., 1988; Kivlighan, 1989). Therapist intent is one of the moderating variables between counsellor verbal behaviour and subsequent client impact (Hill, Helms, Tichenor, et al., 1988;

Hill & O'Grady, 1985).

Therapist Intentions

Therapist intentions have been defined as the covert rationale behind the use of specific interventions (Fuller & Hill, 1985). Hill and O'Grady (1985) maintained that counsellor trainees can more profitably examine verbal interventions and subsequent client impact by analyzing their response motives. Experienced counsellors have reported that by examining the intent of responses they have been helped to "clarify often unverbalized reactions" (Hill & O'Grady, 1985, p. 19). For such reasons, Elliot and Feinstein (cited in Elliot, 1985) developed the Helping Intention Rating Procedure to measure counsellor intentions. This self-rating tool consists of 10 overlapping categories ("gather information," "give information," "communicate my understanding," "explain," "advise," "guide," "reassure," "disagree," "share myself," and "other"). In the student version of this procedure, the intentions are rated as either present or absent. In the therapist version, major and minor intentions must be differentiated.

More recently, Hill and O'Grady (1985) developed the Intentions List which defines 19 nominal therapist intentions. The categories were derived through an examination of the treatment goals of therapists from different styles and orientations, and revised through post-session reviews with expert counsellors. The Intentions List is concerned with short-

term intentions that have an immediate effect on the verbal responses of the client. The categories are not mutually exclusive and therefore allow identification of more than one intention at any given time. Additionally, the intentions have been assigned generic names which imply neither a specific theoretical orientation nor focus on problem specific change. Hill (1992) organized the 19 intentions into the following nine clusters: (1) set limits, (2) assessment, (3) support, (4) educate, (5) explore, (6) restructure, (7) change, (8) relationship, and (9) miscellaneous (see Appendix B).

Existing research with the Intention List has revealed that "provide insight," "clarify," "explore feelings," and "change" are the most frequently used counsellor intentions (Hill & O'Grady, 1985). Intentions related to "resistance," "hope," "relationship," and "therapist needs" are said to occur less frequently and to be applicable to specific circumstances only. Hill, Helms, Tichenor, et al. (1988) have recommended an abbreviated version of the original Intentions List which eliminates the less frequently employed "relationship" and "miscellaneous" intention clusters.

Therapist intentions are reported to vary in a consistent manner both within and across sessions (Hill & O'Grady, 1985). The beginning of a session contains primarily "clarify" and "get information" intentions. As the session progresses, "cathart," "insight," and "change" become the most frequent intentions. Across sessions the frequency of some intentions decrease (i.e.,

"set limits," "get information," "support," "clarify," "hope,"
and "cathart"), while the frequency of other intentions increase
(i.e., "insight," "change," and "reinforce change"). It appears
that both across and within sessions, therapists initially appear
to aim at assessment, but as problems become clarified they
intend to work towards promoting insight and change.

Research has indicated some relationship between counsellor
response modes and counsellor intentions, although not on a one-
to-one basis. For example, Hill, Helms, Tichenor, et al. (1988)
found the intention "support" was achieved through response modes
of approval, information, and paraphrase. In addition to
"support," the paraphrase response mode has been associated with
the intention of exploring "behaviour" and "feelings" (Hill,
Helms, Tichenor, et al., 1988). Elliot and Feinstein (cited in
Elliot, 1985) found open and closed questions to be associated
with the intent of "gathering information," and interpretation
responses to be associated with the counsellor intention to
"explain." Hill and O'Grady (1985) found the counsellor intent
of "setting limits" was approached most often through
information, direct guidance, or closed question response modes,
and least often through restatement, interpretation, and
confrontation responses.

Associations have also been reported between therapist
intentions and counselling outcome measures. Specifically,
clients have rated counselling sessions as smoother when
therapists used more "support," less "resistance," and less

"challenge" intentions (Kivlighan & Angelone, 1991). Kivlighan (1990) studied master's level counsellors and found intention clusters of "assessment," "support," and "exploration" to be negatively related to client-rated working alliance. It was suggested that "assessment" and "support" intentions place the client in a more passive role, thereby detracting from alliance formation. Also, novice counsellors may offer global reassurances which might be less effective compared with personal and situationally specific encouragement. Counsellor "explore" intentions may have detracted from the relationship by focusing on issues that clients were not ready to deal with.

Several studies have examined the intentions of novice counsellors and experienced counsellors. Kivlighan (1990) and Kivlighan and Angelone (1991) found no overall significant differences between counsellors. Kivlighan (1989) found novice counsellors to decrease their use of "assessment" intentions and increase "explore" intentions following training. In the latter study, counsellor training altered both overt behaviour (i.e., response modes) and cognitions (i.e., intentions) of counsellors in the counselling process.

Client Reactions

Client reactions to therapist verbal and nonverbal behaviour is one example of an immediate outcome measure of therapeutic interventions. This dimension has been investigated by interviewee ratings of counsellors on dimensions such as warmth,

genuineness, sensitivity and likeability (Pope et al., 1974; Pope et al., 1976), ratings of the overall effectiveness of a session (Hill, Charles & Reed, 1981), ratings of helpful and hindering events in a session (Elliot, 1985), and through structured reaction systems (Hill, Helms, Spiegal, & Tichenor, 1988).

Elliot (1985) proposed the Helpfulness Rating Scale for clients to assess counsellor effectiveness in a response specific fashion. Elliot's scale is a 9-point, adjective anchored system by which clients provide a rating of each therapist response. The scale ranges from "extremely hindering," through "neutral," to "extremely helpful." The Client Reaction System (CRS; Hill, Helms, Spiegal, & Tichenor, 1988) also assesses client perceptions of counsellor interventions. Initially the CRS included client perceptions of helpful and hindering therapeutic events according to Elliot's (1985) taxonomy of therapeutic impacts, as well as client reactions to the Intentions List (Hill & O'Grady, 1985). This 36-category system was revised to a 21-category system of 14 positive and 7 negative client reactions. Hill (1992) organized the 21-category CRS into the following five clusters: (1) supported, (2) therapeutic work, (3) challenged, (4) negative reactions, and (5) no reaction (see Appendix C). Hill, Helms, Spiegal, and Tichenor (1988) maintained that the CRS is easier to use, more comprehensive and more accurate than Elliot's (1985) system.

Therapeutic interventions which result in clients learning something new about themselves, their problems, or the world

(i.e., CRS categories "unstuck," "better understanding," "learned new ways to behave," and "took responsibility") were rated by clients as most helpful (Hill, Helms, Spiegal, & Tichenor, 1988). Interventions which prompted clients to get in touch with their feelings or made them feel understood were the CRS categories perceived as less helpful. Client reactions of feeling "scared" and "worse" received higher helpfulness ratings than the other negative CRS categories, suggesting that clients may have to "feel worse before they can feel better" (Hill, Helms, Spiegal and Tichenor, 1988, p. 33). Although intended as a neutral category, the "no reaction" category received some of the lowest helpfulness ratings.

Rice and Greenberg (1984) suggested that a client's own perception of therapy, along with their goals and intentions, determine their reaction to a therapeutic intervention. Nevertheless, characteristic reactions to certain counsellor intentions and to various response modes have been documented. For example, clients generally give moderate to high helpfulness ratings to counsellor interpretation (Elliot, 1985; Elliot, Barker, Caskey, & Pistrang, 1982; Hill, Helms, Spiegel, & Tichenor, 1988); advisement (Elliot, 1985; Elliot et al., 1982); information (Elliot, 1985); self-disclosure, paraphrase and approval (Hill, Helms, Spiegal, & Tichenor, 1988). In other research, clients have rated open and closed questions as unhelpful (Elliot, 1983; Hill, Helms, Spiegal, & Tichenor, 1988); along with confrontations, information and direct guidance (Hill,

Helms, Spiegal, & Tichenor, 1988). Therapist intentions to "support" and to "instill hope" have been found to coincide with client reactions of feeling supported. Correspondence has also been found between client neutral reactions and counsellors' intentions to "get information" and "clarify" (Hill, Helms, Spiegal, & Tichenor, 1988). Because of the low helpfulness ratings generally assigned to interventions resulting in neutral reactions, it appears that data gathering by the counsellor may be perceived negatively by clients.

Therapeutic success is also related to congruence between therapist intention and client reaction (Hill, Helms, Spiegal, & Tichenor, 1988). However, the client does not have to be aware of the therapist's intent for therapy to be successful (Fuller & Hill, 1985). Thompson and Hill (1991) have found that therapists are better able to identify positive client reactions than negative ones, seemingly due to a tendency for clients to conceal negative reactions. When the therapists were aware of negative reactions, their next intervention was perceived as less helpful. It appears the counsellors in this study had difficulty adequately dealing with negative reactions to their counselling.

Research has found no predictable pattern of client reactions across the stages of therapy (Hill, Helms, Spiegal, & Tichenor, 1988). However, reactions have been found to differ according to the experience and educational level of the interviewer. Pope et al. (1974) found student counsellors to be judged as more sympathetic, accepting, sensitive, and likable,

and experienced interviewers to be rated as more relaxed and as possessing greater skill and competence. Similarly, the undergraduate interviewers of Pope et al. (1976) were rated as more warm and genuine compared with psychiatrists who were considered more experienced and skilled. At the end of a 3-year training program, the Pope et al. (1976) novices were still rated more warm and genuine than experienced professionals; however, the two groups received similar ratings of experience and skill. Pope et al. (1976) concluded that the student interviewers lost none of the advantages of social proximity over the training period but did gain in skills. It should be noted that these studies employed 10-point Likert scales to measure counsellor attributes such as sympathy, acceptance, and sensitivity, rather than a measure with established psychometric properties. Also, the counsellor attributes considered do not necessarily correspond to effective therapeutic interventions.

Rationale For Present Study

The present study investigated counsellor response modes, counsellor intentions, and client reactions in an initial counselling interview across different experience/training levels. Existing research literature attests to the relevance of such variables in the complex counselling process. Moreover, Hill and O'Grady (1985) have proposed a theoretical model in which intentions, responses, and reactions are central to understanding the counselling process. According to this model,

the counsellor initially generates hypotheses about the client from sources such as the client's verbal and nonverbal behaviour, presenting problem, and diagnosis. Subsequently, the counsellor develops immediate and future goals for the therapy session. Depending on the counsellor's intent, therapeutic orientation, and experience, verbal and nonverbal interventions will be selected and implemented. In turn, the client will react and undergo a similar process. Thus, clients integrate the data obtained through their observations, generate hypotheses about therapist responses, experience positive or negative emotional reactions, filter possible responses, and finally, respond. This process is influenced by the client's history and readiness to receive therapist statements. A dynamic, reciprocal interplay ensues in which the therapist reacts, possibly modifies intentions, and responds accordingly. Similarly, the client reacts and responds. Clearly, research examining counsellor responses and intentions, and client reactions has a relevant focus for counselling psychology.

Furthermore, the present study examines these variables across four levels of counsellor experience and training. Existing counselling process research has been interested in examining counsellors at various levels of training (e.g., novice versus expert counsellors, Pope et al., 1974; specifically trained counsellors versus controls, Thompson, 1986; Kivlighan, 1989). However, such comparative research has not sampled multiple points on the training/experience continuum. Sipps,

Sugden, and Faiver (1988) suggest counsellors at different levels of training should be studied longitudinally or cross-sectionally.

Inconsistencies in the literature regarding the effects of counsellor training, and limited research on client reactions to counsellors of different levels of training/experience, made it difficult to formulate precise hypotheses regarding the counsellors of this study. Since it is expected that skill level would increase with training and experience, the Ph.D. interviewers of this study were expected to employ more complex response modes (i.e., interpretations, confrontations, and self-disclosures) than M.A. level counsellors.

METHOD

Subjects

Clients: Twenty Introductory Psychology students (11 female and 9 male) ranging from 18 to 52 years (M = 28.0, SD = 10.7) served as clients in this study. Announcements were made during class to describe the study and obtain volunteers who received credit toward their class grade for participation.

Counsellors: The twenty counsellors in this study were divided into four groups (5 counsellors each) based on the following criteria: (a) first year M.A. students in a Clinical Psychology Programme who had not yet completed a required practicum (MA1); (b) second year M.A. students in a Clinical Psychology programme who had completed a required 400-hour practicum (MA2); (c) psychologists from the community (4 registered, 1 seeking registration) who had been registered within the last five years (PHD1); and (d) registered psychologists from the community who had obtained registration more than five years ago (PHD2).

The MA1 counsellors (4 females and 1 male) ranged in age from 22 to 26 years of age (M = 24.0, SD = 1.6), and had from 0 to 4 years of counselling experience (M = 1.40, SD = 1.95). MA2 counsellors (5 females) ranged in age from 24 to 38 years of age (M = 30.2, SD = 6.4), and had up to one year of experience (M = 1.0, SD = .00). PHD1 counsellors (2 females and 3 males) ranged in age from 30 to 45 years (M = 37.0, SD = 7.8) and had from 4 to 20 years of experience (M = 8.00, SD = 6.75). PHD2 counsellors (5 males)

ranged in age from 39 to 54 years ($M = 47.6$, $SD = 5.4$) and had from 14 to 24 years of counselling experience ($M = 18.40$, $SD = 4.72$). It was not possible to balance the gender of counsellors across groups.

Measures

Hill Counsellor Verbal Response Category System (HCVRCS; Hill, 1985). The HCVRCS was used to analyze the verbal response modes of the counsellors. Content validity for the HCVRCS was established by using existing response mode system categories, and by having expert therapists determine if the categories were representative (Hill, 1978). Therapists of different theoretical orientations have been found to vary in predictable ways in their response mode usage, which establishes construct validity (Elliot et al., 1987; Hill, Helms, Tichenor, et al., 1988). Interrater reliability has also been established for each version of the HCVRCS (Hill, 1978; Hill, Helms, Tichenor, et al., 1988).

Intentions List (Hill & O'Grady, 1985). The Intentions List was employed to provide an objective analysis of a counsellor's intent at each speaking turn. Reliability data for the Intentions List is not available. Hill and O'Grady assert that test-retest reliability would be a measure of memory loss rather than reliability, and also contend that interrater reliability can not be measured as intentions are subjective and therefore unable to accurately be judged by others. Construct validity and concurrent validity have been established by examining the relationship among

therapist intentions, client and therapist session evaluations (Fuller & Hill, 1985), and therapist response mode use (Hill & O'Grady, 1985). Construct validity was also inferred from the consistent, predicted pattern of intentions within and across sessions (Hill & O'Grady, 1985).

Client Reactions System (CRS; Hill, Helms, Spiegal, & Tichenor,1988). The CRS was employed to assess client's specific reactions to each therapist speaking turn. Reliability data is not available for the CRS as Hill, Helms, Spiegal and Tichenor (1988) argue that test-retest and interrater reliability are meaningless with this type of subjective data. Validity has been established through correlations with client symptomatology, therapist intentions, client-rated session outcome, treatment outcome, and time in treatment (Hill, Helms, Spiegal, & Tichenor, 1988).

Procedure

Interview: Ethical approval for this study was obtained through the Lakehead University Ethics Advisory Committee (see Appendix D). The order of interviews was randomized by counsellor group. Each counsellor was matched with a client of the same gender. The researcher followed a script (see Appendix E) to introduce the counsellor and the client to the experimental procedure. Informed consent was obtained from each counsellor and client (see Appendix F). The client was asked to discuss an interpersonal problem of low to moderate seriousness. Concerns discussed included conflict with parents, children, peers, and

co-workers.

The counsellor was instructed to conduct the interview as an initial counselling session and to be as helpful as possible. The minimal duration of each interview was set at 30 minutes, although up to 45 minutes could be used if desired. A clock was placed within the counsellor's view to assist in pacing the interview. The researcher timed the interview and knocked on the door at 30 minutes as a signal. At 45 minutes the interview was ended by the researcher if it had not been terminated by the counsellor. Each session was audiotaped using two tape recorders (one recorder was used as back-up).

Post-interview ratings: Immediately following the session, the counsellor was given the *Intentions List* and the client received the *Client Reaction System*. The researcher explained the *Intentions List* to the counsellor and the *Client Reaction System* to the client. Once an understanding of the rating materials was achieved, the researcher replayed the audiotape, stopping the tape following each counsellor speaking turn. At this point, the counsellor and client each judged the speaking turn according to their respective rating instrument. The researcher identified the number of each speaking turn to ensure accuracy and also recorded key words for later identification of speaking turns. Confidentiality of ratings was ensured by discouraging discussion and having the client sit on the other side of the room from the counsellor.

Transcription: Transcripts were typed for each of the 20

sessions. To ensure accuracy, the researcher listened to each audiotape and typed exactly what was heard including all sighs, repetitions, and stutters. The researcher then reviewed and corrected the printed transcript while listening to the audiotape. A second M.A. level person also reviewed the transcript while listening to the audiotape and made required corrections.

The two transcribers then unitized the transcripts. First, there was a thorough discussion of the rules for unitizing as outlined by Hill (1985). Next, practice transcripts were unitized, compared, and discussed until a 95% agreement level was reached. Each transcriber unitized 10 complete transcripts which were then checked by the other transcriber. Disagreements were discussed until resolved.

Response mode ratings: The two transcribers and another M.A. student, all having previous experience with the HCVRCS, served as judges. The 3 judges received training through discussion of the HCVRCS categories and practice transcripts until a 96% agreement level was reached. Transcripts were then rated in random order, 2 or 3 at a time, and reviewed successively. Disagreements between any two judges were discussed with the help of an additional person familiar with the HCVRCS until a consensus was reached.

RESULTS

Preliminary Analysis

The mean duration of the interviews for the MA1, MA2, PHD1, and PHD2 groups was 34.2, 34.5, 30.5, and 35.0 minutes respectively. The mean number of speaking turns for the MA1, MA2, PHD1, and PHD2 groups was 60.4, 60.8, 48.2, and 79.2 respectively. These means did not differ significantly, $F(13,16)$ = 1.92, p=.17. However, because of the considerable variation across counsellors (28 to 111 speaking turns), frequency counts for intentions, reactions, and response modes were transformed to relative frequencies (i.e., proportion of total responses per counsellor). For the 12 HCVRCS categories, the kappas (agreement corrected for chance) by judge pairs prior to discussion were .93, .94, and .93. For the 5 HCVRCS hierarchical groupings (Hill, 1985), kappas were .93, .97, and .93. The high interjudge agreement rate probably reflects the level of training of the judges and their previous experience with the HCVRCS.

Preparation of Data

For analyses, counsellor response modes, counsellor intentions, and client reactions were organized into clusters according to Hill (1992). Each interview was divided into thirds based on speaking turns since it was expected that response modes and intentions would vary throughout the various phases of an initial interview (Hill & O'Grady, 1985; Lonborg et al., 1991). Consequently, clusters of counsellor response modes, counsellor

intentions, and client reactions were analyzed for each third of the interview and for the total interview.

To test for group differences, profile analysis was used (Tabachnik & Fidell, 1989). The data were prepared and evaluated for profile analysis as follows. First, dependent variables which had a mean frequency of ≤ 2 and a mean relative frequency of $\leq 3\%$ were eliminated. This elimination allowed the data to comply as closely as possible with the profile analysis criterion of having more research subjects in the smallest group than there are dependent variables. Although dependent variables (e.g., up to 8 intention clusters) in most analyses continued to exceed subjects per cell (n=5), equality of sample size contributed to robustness. Second, all variables were standardized using z-scores to ensure equivalence of scaling across dependent variables. Standardized data were screened for outliers, which was defined as a z-score with an absolute value greater than 3.0. When this occurred (1-3% of observations), outliers were kept as extreme scores but changed to one raw score unit above the next highest score (Tabachnik & Fidell, 1989). Third, because it was expected that the individual dependent variables would be fairly normally distributed in the population, multivariate normality was also assumed. Fourth, heterogeneity of variance across groups did occur for most dependent measures. However, the ratio of largest to smallest variance was less than the 20:1 ratio considered to be problematic (Tabachnik & Fidell, 1989). Homogeneity of variance-covariance matrices was assumed based

upon equal group sample size. Fifth, the linearity assumption of profile analysis may have been violated because of small sample size with resulting loss of statistical power. Finally, the dependent variables for each profile analysis were not combinations of each other, nor were they highly correlated (most less than .06, highest .79), thereby averting statistical problems associated with singularity and multicollinearity.

There are three major tests in profile analysis. The first test statistic (parallelism) examines group profiles to determine if they are parallel (i.e., have the same pattern of highs and lows). The second test statistic (levels) determines whether one group, on average, scores reliably higher than other groups on a set of collected measures. The final test statistic (flatness) determines if any of the dependent variables are markedly high or low when combined for all groups. Transformation of the data to z-scores necessitated flatness for all analyses in this study (i.e., counsellor intentions, counsellor response modes, and client reactions).

Counsellor Response Modes

Table 1 shows descriptive statistics for counsellor response mode clusters by successive thirds of the interview. Table 2 provides descriptive statistics for response mode clusters for the entire interview. Response mode clusters exclude "minimal encourager," "silence," and "other" categories. Responses in the "other" category were not analyzed. Minimal encouragers and silences were analyzed as individual categories as suggested by

Table 1

Mean (Standard Deviation) Relative Frequency [1] of Response Mode Clusters for Successive Interview Thirds by Counsellor Groups

			Counsellor Groups		
Response Cluster	Thirds	MA1	MA2	PHD1	PHD2
Supportive	1	.07 (.06)	.04 (.05)	.05 (.05)	.02 (.03)
	2	.14 (.08)	.03 (.03)	.07 (.03)	.05 (.05)
	3	.14 (.03)	.06 (.07)	.05 (.03)	.06 (.04)
Directive	1	.13 (.06)	.10 (.09)	.07 (.04)	.18 (.20)
	2	.12 (.13)	.07 (.04)	.17 (.22)	.12 (.10)
	3	.11 (.07)	.18 (.14)	.20 (.17)	.20 (.16)
Questions	1	.16 (.08)	.26 (.13)	.26 (.16)	.24 (.16)
	2	.14 (.06)	.25 (.10)	.19 (.07)	.20 (.13)
	3	.13 (.03)	.15 (.10)	.14 (.06)	.15 (.08)
Paraphrase	1	.12 (.05)	.17 (.06)	.10 (.02)	.21 (.11)
	2	.15 (.10)	.18 (.10)	.11 (.06)	.22 (.13)
	3	.13 (.03)	.16 (.08)	.11 (.07)	.11 (.10)
Interpret.	1	.08 (.04)	.08 (.10)	.04 (.06)	.09 (.04)
	2	.05 (.05)	.10 (.08)	.13 (.09)	.22 (.21)
	3	.08 (.05)	.10 (.10)	.18 (.12)	.32 (.19)

Note. n=5 for each group.

1 Relative frequencies across interview thirds do not sum to 1.00 since "silence," "minimal encourager," and "other" responses are not included in clusters.

Table 2

Mean (Standard Deviation) Relative Frequency [1] of Total Counsellor Response Mode Clusters by Counsellor Groups

	Counsellor Groups			
Response	MA1	MA2	PHD1	PHD2
Supportive	.11 (.06)	.04 (.03)	.05 (.02)	.05 (.03)
Directive	.12 (.07)	.14 (.09)	.17 (.17)	.17 (.12)
Questions	.14 (.05)	.20 (.11)	.17 (.06)	.19 (.11)
Paraphrase	.13 (.04)	.16 (.07)	.11 (.04)	.17 (.09)
Interpretation	.07 (.04)	.10 (.08)	.13 (.09)	.23 (.14)

Note. n=5 for each group.

1 Relative frequencies across interview do not sum to 1.00 since "silence," "minimal encourager," and "other" responses are not included in clusters.

Hill (1985). Analysis of variance (ANOVA) for these response modes revealed a significant effect for minimal encouragers in the last third of the interview, $F(3,16) = 3.10$, $p = .056$. Significantly more minimal encouragers were used by the MA1 counsellors (relative mean = .42) than by the PHD2 counsellors (relative mean = .18). No significant differences were found for minimal encouragers in the first third, $F(3,16) = 2.23$, $p = .12$; middle third, $F(3,16) = 1.54$, $p = .24$; nor total interview, $F(3,16) = 2.34$, $p = .11$. With regard to silence response modes, no significant differences were found for any third, ($F(3,16) = 1.00$, $p = .42$; $F(3,16) = 1.23$, $p = .33$; $F(3,16) = 1.69$, $p = .21$, respectively) or the total interview, $F(3,16) = 1.59$, $p = .23$.

Profile analyses on response mode clusters for each third of the interview revealed no parallelism or levels tests significant at the .05 probability level. Although the levels test for the total interview was not significant, the parallelism test was $F(12,35) = 2.05$, $p = .05$. This significant result for the total interview was explored through univariate ANOVAs and the Student Newman Keuls procedure for pairwise comparison of group means. For the total interview, there was a significant effect for the response cluster "supportive interventions," ($F(3,16) = 6.38$, $p = .005$). MA1 interviewers used significantly more supportive interventions (i.e., approval statements) than each of the other counsellor groups ($p < .05$). The response cluster "interpretive interventions" approached significance for the total interview, $F(3,16) = 2.55$, $p = .092$. The data in Table 2 suggest that

"interpretive" interventions were used more by the counselling groups with the most training/experience. The response cluster results from the total interview were reflected in some of the interview thirds at probability levels beyond traditional levels of significance. For example, parallelism for the second third was F (12,35) = 1.81, p = .086 and the univariate ANOVA for the "supportive intervention" cluster was F (3,16) = 4.69, p = .02 (MA1 > MA2, PHD1, PHD2). In the final third of the interview, parallelism was F (12,35) = 1.48, p = .178; with ANOVA for "supportive intervention," F (3,16) = 3.97, p =.03 (MA1 > MA2, PHD1, PHD2); and ANOVA for "interpretive interventions," F(3,16) = 3.69, p =.03 (PHD2 > MA1, MA2).

To further explore group differences related to level of training/experience, both M.A. counsellor groups were collapsed and compared with the collapsed data from both Ph.D. counsellor groups. Minimal encourager responses approached significance for the final third of the interview, F(1,18) = 3.35, p = .08. Combined M.A. interviewers were found to employ more minimal encourager responses than combined Ph.D. interviewers. Profile analysis of the response mode clusters for combined M.A. versus combined Ph.D. counsellors revealed no significant differences in any interview third nor for the total interview.

Counsellor Intentions

Table 3 shows descriptive statistics for counsellor intention clusters by successive thirds of the interview. Table 4 provides descriptive statistics for intention clusters for the

Table 3

Mean (Standard Deviation) Relative Frequency of Intention Clusters for Successive Interview Thirds by Counsellor Groups

Intention Clusters	Thirds	Counsellor Groups			
		MA1	MA2	PHD1	PHD2
Set Limits	1	.02 (.01)	.02 (.03)	.01 (.02)	.03 (.04)
	2	.01 (.02)	.01 (.02)	.01 (.02)	.00 (.00)
	3	.00 (.00)	.02 (.03)	.01 (.02)	.02 (.03)
Assess	1	.49 (.21)	.55 (.17)	.53 (.13)	.49 (.11)
	2	.35 (.17)	.52 (.26)	.38 (.14)	.41 (.15)
	3	.36 (.12)	.41 (.25)	.31 (.24)	.31 (.11)
Support	1	.13 (.13)	.18 (.06)	.20 (.10)	.16 (.09)
	2	.22 (.17)	.12 (.08)	.20 (.13)	.14 (.05)
	3	.31 (.09)	.16 (.10)	.20 (.12)	.18 (.07)
Educate	1	.05 (.02)	.02 (.03)	.08 (.07)	.06 (.06)
	2	.03 (.03)	.04 (.03)	.13 (.08)	.06 (.07)
	3	.04 (.06)	.04 (.06)	.11 (.12)	.10 (.06)
Explore	1	.20 (.04)	.09 (.07)	.08 (.09)	.13 (.09)
	2	.20 (.09)	.09 (.07)	.06 (.05)	.11 (.05)
	3	.13 (.10)	.10 (.06)	.11 (.12)	.12 (.06)
Restructure	1	.07 (.05)	.09 (.09)	.08 (.09)	.09 (.05)
	2	.10 (.04)	.17 (.13)	.11 (.09)	.18 (.15)
	3	.10 (.04)	.21 (.14)	.12 (.12)	.11 (.06)
Change	1	.03 (.05)	.00 (.01)	.00 (.00)	.01 (.01)
	2	.08 (.08)	.00 (.01)	.05 (.03)	.03 (.03)
	3	.06 (.06)	.03 (.04)	.10 (.18)	.06 (.04)
Relation-ship	1	.00 (.01)	.01 (.01)	.00 (.00)	.01 (.02)
	2	.00 (.00)	.00 (.00)	.01 (.02)	.03 (.04)
	3	.00 (.00)	.00 (.00)	.00 (.00)	.04 (.04)
Miscellan.	1	.01 (.02)	.05 (.05)	.01 (.02)	.03 (.03)
	2	.02 (.02)	.05 (.05)	.06 (.06)	.04 (.06)
	3	.01 (.02)	.04 (.05)	.05 (.06)	.07 (.05)

Note. n=5 for each group.

Table 4

**Mean (Standard Deviation) Relative Frequency of Total Counsellor
Intention Clusters by Counsellor Groups**

	Counsellor Groups			
Intention	MA1	MA2	PHD1	PHD2
Set Limits	.01 (.00)	.02 (.01)	.01 (.02)	.02 (.02)
Assess	.40 (.15)	.49 (.21)	.38 (.13)	.39 (.09)
Support	.22 (.11)	.15 (.06)	.21 (.07)	.16 (.06)
Educate	.04 (.03)	.04 (.03)	.10 (.07)	.07 (.05)
Explore	.18 (.07)	.09 (.06)	.09 (.05)	.12 (.06)
Restructure	.09 (.01)	.16 (.11)	.11 (.08)	.13 (.07)
Change	.06 (.05)	.01 (.02)	.06 (.06)	.03 (.02)
Relationship	.00 (.00)	.00 (.01)	.00 (.01)	.03 (.03)
Miscellaneous	.02 (.02)	.05 (.04)	.04 (.04)	.05 (.05)

Note. n=5 for each group.

entire interview.

Profile analysis on intention clusters for each third and the total interview revealed no parallelism or levels tests significant at the .05 probability level. However, the parallelism test for the middle third of the interview approached significance, F (21,29) = 1.85, p =.062. This result was explored through univariate ANOVAs and the Student Newman Keuls procedure which revealed a significant effect for the intention cluster "educate," $F(3,16)$ = 3.18, p = .05. PHD1 interviewers had significantly more intentions to give information than did MA2 interviewers. A significant univariate effect in the middle third of the interview was also found for the intention cluster "explore," $F(3,16)$ = 4.12, p = .02. MA1 interviewers had significantly more intentions to explore their client's cognitions, behaviours, and feelings than did MA2 and PHD1 interviewers. The intention cluster "change" approached significance in the middle third of the interview, $F(3,16)$ = 2.92, p = .066. The data in Table 3 suggests that the counsellors with the least training/experience (MA1) had more intentions to assist clients in changing their behaviours and cognitions.

Further investigation of the intention clusters through profile analysis comparing combined M.A. counsellors with combined Ph.D. counsellors revealed no parallelism or levels test significant at the .05 probability level for any interview third or the total interview. However, trends in the univariate data

for those multivariate tests which came closest to significance revealed a similar pattern to the data for the four counsellor groups. For example, parallelism for the middle third of the interview was $F(7,12) = 2.07$, $p = .129$ and the univariate ANOVA for the "educate" intention cluster was $F(1,18) = 5.62$, $p = .03$. Similarly, parallelism for the total interview was $F(7,12) = 1.61$, $p = .22$ and the univariate ANOVA for the "educate" cluster was $F(1,18) = 5.60$, $p = .03$. Ph.D. level counsellors had significantly more intentions to give information in the middle segment of the interview and the entire session (relative means = .10 and .09, respectively), than did M.A. level counsellors (relative means = .03 and .04, respectively).

Client Reactions

Table 5 provides descriptive statistics for client reaction clusters by successive thirds of the interview. Table 6 supplies descriptive statistics for reaction clusters for the entire interview.

Profile analysis on reaction clusters for each third and the total interview revealed no significant effects for any levels or parallelism tests when the four counsellor groups were compared Profile analysis on reaction clusters for the combined M.A. level counsellors and combined Ph.D. level counsellors revealed the parallelism test for the final third of the interview approached significance, $F(4,15) = 2.64$, $p = .075$. Univariate analysis of this result found the reaction cluster "supported" to

Table 5

Mean (Standard Deviation) Relative Frequency of Client Reaction Clusters for Successive Interview Thirds by Counsellor Groups

Reaction Clusters	Thirds	MA1		MA2		PHD1		PHD2	
Supported	1	.54	(.12)	.52	(.07)	.45	(.16)	.45	(.17)
	2	.52	(.08)	.48	(.17)	.45	(.09)	.47	(.12)
	3	.52	(.09)	.47	(.10)	.38	(.21)	.37	(.12)
Therapeutic Work	1	.32	(.19)	.33	(.12)	.25	(.11)	.34	(.23)
	2	.30	(.20)	.36	(.18)	.30	(.14)	.33	(.20)
	3	.35	(.21)	.35	(.17)	.29	(.22)	.45	(.18)
Challenged	1	.03	(.04)	.03	(.05)	.04	(.06)	.05	(.06)
	2	.05	(.05)	.10	(.06)	.04	(.03)	.05	(.08)
	3	.03	(.04)	.07	(.04)	.07	(.11)	.06	(.06)
Negative Reactions	1	.00	(.00)	.03	(.04)	.07	(.03)	.02	(.02)
	2	.01	(.02)	.03	(.06)	.07	(.07)	.04	(.06)
	3	.00	(.00)	.04	(.08)	.08	(.09)	.05	(.04)
No Reaction	1	.12	(.17)	.08	(.06)	.20	(.18)	.15	(.12)
	2	.12	(.23)	.03	(.06)	.14	(.13)	.13	(.12)
	3	.10	(.17)	.08	(.11)	.12	(.16)	.08	(.09)

Note. n=5 for each group.

Table 6

Mean (Standard Deviation) Relative Frequency of Total Client Reaction Clusters by Counsellor Groups

Reaction Cluster	Counsellor Groups			
	MA1	MA2	PHD1	PHD2
Supported	.52 (.08)	.49 (.11)	.43 (.12)	.43 (.13)
Therapeutic	.33 (.20)	.35 (.14)	.29 (.11)	.38 (.20)
Challenged	.04 (.01)	.03 (.05)	.07 (.05)	.03 (.02)
Negative	.00 (.01)	.03 (.05)	.07 (.05)	.03 (.02)
No Reaction	.11 (.19)	.06 (.06)	.14 (.11)	.11 (.09)

Note. n=5 for each group.

be significant for the last third of the interview, $\underline{F}(1,18) =$ 4.33, $\underline{p} = .05$. M.A. level counsellors were perceived as more supporting (i.e., support, understood, and hopeful reactions) (relative mean = .50) than were Ph.D. level counsellors (relative mean = .37). A significant result was found only on parallelism for the total interview, $\underline{F}(4,15) = 3.36$, $\underline{p} = .04$. Exploration of this significant result through univariate ANOVAs and the Student Newman Keuls procedure revealed a significant effect for the cluster "negative reactions," $\underline{F}(1,18) = 3.27$, $\underline{p} = .087$. Clients interviewed by Ph.D. level counsellors indicated feeling more "negative reactions" (relative mean = .05) than did the clients of the M.A. level counsellors (relative mean = .02).

Summary of Results

Counsellor Response Modes

The major finding concerning counsellor response modes are as follows:

1. MA1 interviewers used more "minimal encourager" responses in the last third of the interview compared to PHD2 interviewers (significant).

2. MA1 interviewers used more "supportive" interventions during the total interview compared to the other counsellor groups (significant).

3. PHD2 interviewers used more "interpretive" interventions during the total interview compared to the Master level counsellor groups (approached significance).

4.   Combined M.A. intervierwers used more "minimal encourager" responses in the final third of the interview than did combined Ph.D. intervierwers (approached significance).

Counsellor Intentions

1.   PHD1 interviewers had more "educate" intentions in the middle third of the interview than did MA2 interviewers (approached significance).

2.   MA1 interviewers had more "explore" intentions in the middle third of the interview than did MA2 and PHD1 interviewers (approached significance).

3.   MA1 interviewers had more "change" intentions in the middle third of the interview than the other interviewer groups (approached significance).

4.   No significant differences were found between the profiles of the combined M.A. group and the combined Ph.D. group, however similar trends were noted in the middle third of the interview. Combined Ph.D. interviewers had more "educate" intentions than did M.A. intervierwers (approached significance).

Client Reactions

1.   Combined M.A. interviewers received more "supported" reactions in the final third of the interview than did combined Ph.D. interviewers (approached significance).

2.   Combined Ph.D. interviewers received more "negative" reactions than did combined M.A. interviewers (approached significance).

DISCUSSION

In this study, the verbal behaviour of counsellors at four levels of experience/training was in many ways similar, as were client reactions to the counsellors. However, differences between counsellor groups were also evident and these will be discussed. First, in terms of response modes, M.A. counsellors in their first year of training used more supportive verbal responses (i.e., approval statements) across the total interview than did the other counsellor groups. There was also evidence which suggested that M.A. level counsellors in training were more likely than doctoral level counsellors to use minimal encourager statements during a first interview.

Previous studies have found that training and experience can both increase the use of minimal encouragers (Cummings, 1989; Thompson, 1986), and decrease the use of minimal encouragers (Hill, Charles, & Reed, 1981; Kivlighan, 1989). Increased use of these responses with training may reflect an intentional effort to encourage client talk. Decreased use of minimal encouragers may be a sign that the counsellor has moved beyond responses that are automatic and safe. The current study supports the latter contention. The fact that the least experienced counsellors of this study used more approval response modes also suggests that novices are keen to convey regard for their clients. Thus, the picture that emerges is of a novice style that is cautious (i.e., reliance on minimal encouragers) and positive (i.e., more approval responses).

There was some evidence of response mode differences among the counsellor groups of this study for the interpretive cluster of verbal responses. This cluster includes interpretation, self-disclosure, and confrontation statements. The most experienced Doctoral level counsellors showed more evidence of these responses than the Master level counsellors, with a tendency for this to occur in the final third of the initial interview. This pattern is similar to that of the expert counsellors in a previous study by Hill (1978). It is likely that the experienced Ph.D. counsellors were able to conceptualize the presenting problem more quickly and shift to a working phase of counselling. Thus, by the final third of the interview they were able to provide more responses that offered alternative meanings to their clients.

Interpretation and self-disclosure interventions have received high helpfulness ratings by both clients and therapists (Hill, Helms, Tichenor, et al., 1988), and are considered advanced strategies in Ivey's (1988) hierarchy of interviewing skills. Supportive interventions, including minimal encouragers, are among the basic skills in Ivey's hierarchy of counselling micro skills. The response mode results of the current study are consistent with a model of counsellor training in which the goal is to provide counsellors with more complex verbal interventions.

The analyses of therapist intentions in this study suggested that Doctoral level counsellors are more intent than Master level counsellors on educating clients in a first interview. This was

evident in comparing PHD1 with MA2 counsellors in the middle third of the interview. The difference in "educate" intentions was also evident when Master level counsellors were compared as a group with Doctoral level counsellors. The "educate" intention cluster is defined as a desire to give information to the client in order to correct misinformation and misperceptions, as well as to give reasons for the therapist's behaviour.

Differences in counsellor intent were also noted for the "explore" intentions cluster during the first two-thirds of the interview, as well as in the total session. The Master level counsellors with the least amount of training/experience had more intent to explore maladaptive cognitions, attitudes, behaviours, and feelings, help the client become aware of underlying feelings, and encourage the client to experience feelings at a deeper level. The MA1 novice group of counsellors also had more "change" intentions in the middle portion of the interview as compared to the other groups. The "change" intentions aim to alter maladaptive cognitions and behaviours.

Previous research does not correspond with the findings of the current study. Kivlighan (1989) found counsellor training to result in a decrease in "assessment" intentions and an increase in "explore" intentions. Kivlighan (1990) and Kivlighan and Angelone (1991) found no significant differences between the intentions of their novice counsellors and those of the expert counsellors of Hill and O'Grady (1985).

The intent of the more experienced and trained counsellors of this study appear to have been more appropriate for an initial interview than the intent of the novice counsellors. Correcting a client's misperceptions and providing information on what the therapist is doing can provide a framework for further exploration and behavioural change. Kivlighan and Angelone (1991) found that employing interventions to "explore" too early in the counselling process may be threatening to the client, and therefore negatively affect the counsellor/client working alliance. It seems that the MA1 counsellors' intent to "change" clients' maladaptive behaviours and cognitions may be threatening to the client in the same manner and therefore have a detrimental influence on the working relationship as well.

The analyses of client reactions suggested differences only between Master level counsellors as a group compared with Doctoral level counsellors. During the final third of the interview, subjects reported feeling supported more frequently when they were interviewed by M.A. level counsellors. The supportive reaction cluster includes interviewee reactions such as feeling understood, accepted, reassured, encouraged, pleased, less depressed, anxious or guilty. In this respect, the results of the current study are consistent with previous studies in which student and novice counsellors were rated by clients as more sympathetic, accepting and warm (Pope et al., 1974), and as more warm and genuine (Pope et al., 1976).

Differences between the client reactions to Doctoral versus Master level counsellors were also noted for the total interview. Ph.D. counsellors received a higher mean number of "negative reactions," indicating that the clients felt scared, less hopeful, impatient, bored, confused, and/or misunderstood. It cannot be clear why this occurred without a systematic qualitative analysis of the interviews. One possibility is that the counsellors broached more difficult and sensitive issues with the client. Hill, Helms, Spiegal, and Tichenor (1988) concluded that some painful reactions are required for successful therapy. In other words, gaining new insights and being confronted are essential to successful therapy, but may not be easily accepted by clients initially.

Conclusions

Overall, the findings of this study support the conceptual framework offered by Hill, Charles, and Reed (1981) to describe counsellor behaviour during training. In the first stage, novice counsellors continuously provide positive feedback and reassurance. They are also quick to diminish a client's negative feelings. This supportive atmosphere may seem gratifying to the client, however may limit opportunities to deal with difficult issues and decrease the effectiveness of the therapy. Counsellors at the beginning stage also tend to adopt their supervisor's model of counselling skills. At first, this model is rigidly adhered to, regardless of client needs. A transition period

follows in which students gain exposure to new orientations and increasingly find their rigidness ineffective. At this point, counsellors may become atheoretical and use many approaches simultaneously. Further training and experience enable a counsellor to vary interventions as required, as well as develop a consistent personal counselling style. A truly integrated personal style is said to develop only several years after graduate education, following an abundance of experience.

The counsellors of this study exemplify many aspects of this training framework. First, the counsellors with the least amount of training/experience employed more supportive statements and minimal encouragers in order to explore client issues and initiate change. Their cautious and supporting approach created an atmosphere in which the clients felt supported. The counsellors with the greater level of training/experience demonstrated an increased usage of complex interventions in an attempt to educate their clients. These Doctoral level counsellors received more client negative reactions, suggesting they may have broached more difficult or sensitive issues with their client. Furthermore, at a subjective level, the author noted more evidence of unique personal styles among the Doctoral level counsellors who had completed Doctoral training years before. For example, one counsellor at this level predominately employed self-disclosure interventions, while another typically used statements which offered direct guidance. Two of the other of the most experienced counsellors used mostly analogies as

therapeutic interventions. It seems that these four counsellors had settled on a unique and comfortable style which they adapted to their client's needs.

The counsellors of Hill, Charles, and Reed (1981) reported Doctoral training increased their ability to conceptualize client dynamics, plan treatment strategies, work with resistant and defensive clients, and terminate at an appropriate time. These specific higher order skills could not be assessed in this study since they are not evident in an initial interview. However, qualitative differences were noted in the helpfulness and appropriateness of the suggestions offered by the counsellors of different levels. For example, the supportive interventions offered by many of the novices were of the non-specific, superficial type. Furthermore, the direct guidance interventions of the novice counsellors most often did not involve specific therapeutic techniques (e.g., affirmations, behavioural contracting). Instead, they tended to offer direct advice on decisions a client should make. Also, the increased usage of complex interventions in the last third of the interview by the Doctoral level counsellors suggested that they conceptualized the presenting problem of the client more quickly.

There are a number of strengths and limitations of this study. In comparison to clients voluntarily seeking counselling, undergraduate clients motivated by bonus marks may present different types of problems or react differently to counsellor interventions. Also, the recruited clients entered the

counselling session with expectations of only one interview. Clients who have no expectations as to the number of sessions, or who are expecting long-term counselling may have behaved or reacted differently. A third limitation is that the M.A. counsellors were all enrolled in the same clinical program, and had completed the same "Interviewing and Counselling" course. Lastly, a small sample size may have limited the findings.

In terms of the strengths of the study, entire interviews were analyzed rather than various segments as in other studies (i.e., Kivlighan, 1989; Thompson, 1986). Also, considering counsellor verbal behaviour, intentions, and client reactions provided a more complete understanding of the complex counselling process. Examination of theses variables across four levels of counsellor experience and education sampled various points of the training/experience continuum.

This study suggests a number of avenues for future research. First, replication of these analyses with clients seeking clinical services and a larger number of counsellors per group would be essential to determine the generalizability of the findings. Second, several counselling sessions could be analyzed in order to determine if the counsellor response modes, counsellor intentions, and client reactions differ over several sessions as compared to an initial interview. In such a study, higher-order abilities, such as noted in Hill, Charles, and Reed (1981), could be assessed.

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APPENDIX A

The Hill Counsellor Verbal Response Category System

The Hill Verbal Response Category System

Hill (1985) Response Mode Categories	Hill (1992) Response Mode Clusters
1. Minimal Encourager	1. Supportive Interventions - approval

2. Silence	2. Directive Interventions
	    - information
	    - direct guidance

3. Approval	

4. Information	3. Questions
	    - open questions
	    - closed questions

5. Direct Guidance	
6. Closed Questions	4. Paraphrase

7. Open Questions	5. Interpretive Interventions
	    - interpretations
	    - confrontations
	    - self-disclosures

8. Paraphrase	
9. Interpretation	
10. Confrontation	
11. Self-Disclosure	
12. Other	

APPENDIX B

The Therapist Intentions List

The Therapist Intentions List

Hill and O'Grady (1985) Category Intentions List	Hill (1992) Intention Clusters
1. Set Limits	1. Set Limits

2. Get Information	2. Assessment
	    - get information
	    - focus
	    - clarify

3. Give Information	

4. Support	3. Support
	    - support
	    - instill hope
	    - reinforce change

5. Focus	
6. Clarify	
7. Hope	4. Educate - give information
8. Cathart	

9. Cognitions	5. Explore
	    - cognitions
	    - behaviours
	    - feelings

10. Behaviours	

11. Self-Control	6. Restructure
	    - insight
	    - challenge
	    - resistance

12. Feelings	
13. Insight	
14. Change	7. Change
15. Reinforce Change	8. Relationship

16. Resistance	9. Miscellaneous
	    - cathart
	    - self-control
	    - therapist needs

17. Challenge	
18. Relationship	
19. Therapist Needs	

APPENDIX C

The Client Reaction System

The Client Reaction System

(Hill, Helms, Spiegal & Tichenor, 1988) REACTION CATEGORIES	Hill (1992) REACTION CLUSTERS

1. Understood	1. Supported
	  - understood
	  - supported
	  - hopeful

2. Supported	
3. Hopeful	

4. Relief	2. Therapeutic Work
	  - neg. thoughts & behaviours
	  - better self-understanding
	  - clear
	  - feelings
	  - responsibility
	  - unstuck
	  - new perspective
	  - educated
	  - new ways to behave

5. Negative thoughts or behaviours	
6. Better self-understanding	
7. Clear	
8. Feelings	
9. Responsibility	
10. Unstuck	
11. New perspective	3. Challenged

12. Educated	4. Negative Reactions
	  - scared
	  - worse
	  - stuck
	  - lack direction
	  - confused
	  - misunderstood

13. New ways to behave	
14. Challenged	
15. Scared	
16. Worse	
17. Stuck	5. No reaction
18. Lack of direction	
19. Confused	
20. Misunderstood	
21. No reaction	

APPENDIX D

Ethical Approval

APPENDIX E

Instructions for Client and Counsellor

Instruction Script For Counsellors

Before we start there are just a couple of things I would like to explain to you:

1. As you have been told, this is a study of counsellor-client verbal interaction. A client, who is a first year psychology student will come in in a few minutes. They have been instructed to discuss an interpersonal conflict of a low to moderate intensity. Your instructions are to be as helpful as possible.

2. The interview should last at least 30 minutes. Please do your best to keep it going for at least this long. If you feel you need it, you can have up to 45 minutes for the interview.

3. There is a clock right there so you can keep track of the time yourself, however at 30 minutes I will knock on the door to let you know you can finish at this time. If you have not finished within another 15 minutes, I will again interrupt you and let you know you now must finish.

4. I want to remind you that I will be audiotaping the interview in order to evaluate it afterwards.

5. Immediately following the interview, you will be asked to analyze the interview while listening to the audiotape. I will further explain this at that time.

6. Everything I've just said is covered in this information letter and consent form. You can just take a minute and read and sign it and if you have any questions I'll be happy to answer them for you.

Instruction Script for Client

Before we start there are just a couple of things I want to explain to you:

1. First, as you've been told, we would like you to discuss an interpersonal problem with the interviewer. So, for example you could discuss a conflict between you and someone else such as your room-mate, your parents, your girlfriend or boyfriend, a teacher. Anyone at all. There are basically two guidelines we would like you to follow:

   A. we ask the topic be of a low to moderate intensity so that you're not there discussing something very severe such as a conflict that ended in murder or something like that.

   B. we also ask that the conflict you speak of is rather current and has not been completely resolved.

2. I want to remind you that the interviews will be kept confidential with the exception that if you speak of harm occurring or the potential for harm occurring to someone, we may not be able to keep this confidential.

3. The interview will last a minimum of 30 minutes and it can last up to 45 minutes. However, it is not your job to keep track of the time. I will be knocking at the door and telling you when 30 minutes is up and again at 45 minutes if needed.

4. I want to remind you that I will be audiotaping the interview in order to be able to evaluate it afterwards.

5. Immediately following the interview, you will be asked to analyze the interview while listening to the audiotape but I will

further explain this at that time.

6.   Everything I've just said is covered in this information letter and consent form. You can just take a minute and read and sign it and if you have any questions I'll be happy to answer them for you.

Script for Time Signal

30 minutes: knock, open door and say:

I just wanted to tell you that 30 minutes is up and you can end anytime within the next 15 minutes"

45 minutes: knock, open door and say:

"45 minutes is now up and I must ask you to wrap up the interview now"

Script for Review of the Audiotape

We are now going to analyze the interview. You will both be completing the analysis at the same time, however each of you will be following a different system and looking at different aspects of the interviewer's responses.

Counsellor:

You will be using the List of Intentions to analyze your responses during the interview. This list consists of 19 different intentions. You will mark your intentions using this sheet by putting a check mark under the intentions that best corresponds to each speaking turn. The numbers down the sides here correspond to the speaking turns. You can check up to 3 intentions for each speaking turn. Take your time and try to remember exactly what was going through your mind right at the

time of the response and the reason behind your response. Do not

focus on your thoughts during this review. Rather, try to

remember your thoughts during the session. There are no right or

wrong answers so try to be as honest as possible. Remember this

will be kept confidential. Choose the intentions that best apply

for each speaking turn. Do you have any questions? The

instructions are written at the top of the form so perhaps you

can read them while I provide explanations to _____ .

Client:

You will be using the Client Reaction System to analyze the

interview. It is a list of 21 possible reactions to a

counsellor's responses. You will mark your reactions using this

sheet by putting a check mark under the reactions that best

corresponds to each of the counsellor's speaking turns. The

numbers down the sides here correspond to each speaking turn.

You can check as many reactions as you want for each speaking

turn. Take your time and try to remember how you felt when the

therapist said that particular response to you. There are no

right or wrong answers. Please try to be as honest as possible.

If you had a negative reaction please indicate so. Remember,

this will be kept confidential. Do you have any questions? The

instructions are written at the top of the form so perhaps you

can read them to ensure you understand.

Pause for a few moments until both have read the instructions,

they when they appear ready, say "I will be controlling the tape

recorder and stopping it after each of the counsellor's speaking

turns. Are you both ready? Do either of you have any questions?" Each time the tape recorder is stopped, say "You should both be on speaking turn #_____."

Script for Concluding Session

Let counsellor leave first, say to client: "Can you just wait here for one moment please."

Counsellor:

Take counsellor to the hall and say "Does the client seem to be in any great distress after your interview? Do you think they will be alright to leave?" If they respond no, ask why. If they respond yes, say "Thank you very much for your participation it is very much appreciated. As mentioned in the information letter, if you wish to be informed of the results of this study you can contact me or Dr. Thompson and let us know."

Client:

After counsellor leaves, return to client and say "I just wanted to make sure that you feel comfortable leaving the counselling session. Were there any matters stirred up or left unresolved that are bothering you?" If yes, ask if they feel a need for a further referral and talk for a while on what is bothering them until they feel comfortable leaving. Make sure to get their phone number so you can contact them later regarding a referral. If no, say "Thank you very much for your participation it is very much appreciated. As mentioned in the information letter, if you wish to be informed of the results of this study you can contact me or Dr. Thompson and let us know."

APPENDIX F

Informed Consent

CONSENT FORM

My signature on this form indicates that I agree to participate in a study by Patty Ross, on COUNSELLOR RESPONSE MODES, COUNSELLOR INTENTIONS AND CLIENT REACTIONS AT FOUR LEVELS OF COUNSELLOR EXPERIENCE AND TRAINING. My signature also indicates that I understand the following:

1. I am a volunteer and can withdraw at any time from the study.

2. There is no risk of physical or psychological harm. If I do wish further psychological counselling as a result of issues brought up in this study, an appropriate referral will be made on my behalf.

3. The data I provide will be confidential.

4. I will receive a summary of the project, upon request, following the completion of the project.

I have received explanation about the nature of the study, its purposes and procedures.

Signature of Participant   Date